

Basic Information/Frequently Asked Questions

Retiree Health Coverage for Medicare-Eligible Retirees & Dependents

Updated and Re-Numbered on June 19, 2023

NEWSFLASH: Due date to waive NYC health coverage has been changed to July 10, 2023

There are new Questions & Answers: #3, 5, 8, 9, 22, 28

And Updated/Corrected Answers to other Questions: #1, 2, 7, 13, 14, 17, 24, 27

Question #17 updated on June 26, 2023

1. What health care coverage changes are happening on September 1, 2023, for most Medicare-eligible NYC retirees and dependents?
 - All Medicare-eligible NYC (& CUNY) retirees¹ and Medicare-eligible dependents will be automatically enrolled in the new Aetna Medicare Advantage (MA) Group Plan—except those enrolled in the HIP VIP Medicare Advantage HMO.²
 - The new Aetna MA Group Plan will replace traditional Medicare. Senior Care and all other NYC plans for Medicare-eligible retirees will no longer be available, except HIP VIP, including the old Aetna retirees' plan. (Retirees will no longer be charged premiums.³) Emblem will send a letter to individual covered retirees confirming termination of coverage effective 9/1/23.
 - Medicare-eligible retirees' dependents who are not Medicare eligible will be covered by the CBP plan (GHI/Empire Blue Cross), even if they are not currently covered by that plan now *except those currently enrolled in the Aetna EPO or Empire EPO plans*. All dependents of retirees in HIP VIP who are under 65 will be covered by HIP HMO.⁴
 - **All 65+ PSC retirees who are otherwise eligible will continue to be enrolled in the PSC-CUNY Welfare Fund for their prescription drug, dental, vision and hearing benefits, even if they waive NYC health coverage, as will their dependents.** (The Aetna MA drug plan will NOT apply to you.)
 - Everyone will continue to have Medicare Part B premiums deducted from their Social Security benefit (and IRMAA, if applicable), whatever their coverage.
 - Only those with NYC health coverage (Aetna or HIP VIP) will continue to be reimbursed by NYC for their Medicare Part B premiums, including IRMAA, if applicable.
2. What if I do not want to be in a Medicare Advantage plan and want to stay enrolled in traditional Medicare?

¹ Non-Medicare-eligible retirees and their dependents who are not 65+ will continue to be covered under their current health plans. (If their dependents are Medicare-eligible, they will be enrolled in Aetna MA or stay in HIP VIP.)

² 65+ retirees who have formally "waived" NYC health coverage because they have other health coverage, by having previously submitted a waiver form on the OLR Employee Benefits Program website, will NOT be automatically enrolled in the Aetna MA plan.

³ Payment for 365-day hospital coverage under Senior Care will no longer be deducted from pension payments.

⁴ Dependents under age 65 will have the opportunity to transfer between plans (GHI CBP, Aetna EPO, Empire EPO or HIP HMO) during the annual fall transfer period.

- You must waive NYC health coverage altogether by filling out and submitting the Special Retiree Enrollment/Waiver Form on the OLR website, by July 10, 2023.
<https://www.nyc.gov/assets/olr/downloads/pdf/health/aetna-ma-docs/2023-retiree-special-enrollment-form.pdf> For “Agency,” put CUNY—X College. The OLR Employee Benefits Program will mail letters confirming receipt of the Special Form immediately after the deadline.
- You do not need to fill out an additional waiver form for your spouse. When the retiree waives NYC health coverage, all dependents are dropped from NYC health coverage. Nor do you need to submit your Medicare card.
- ****NOTE:** If you contact Aetna to “opt out” between May 1st and July 10, 2023, you will be automatically enrolled in HIP VIP. Aetna will be sending a letter from the OLR Employee Benefits Program confirming that you have “opted out” and that you understand “opting out” means you are enrolled in a different Medicare Advantage plan (HIP VIP), not traditional Medicare. (The letters will be mailed weekly through 7/10/23.)
- You will likely want to purchase a Medigap plan (similar to Senior Care) to cover the 20% of allowable outpatient costs that Medicare does not cover and the inpatient deductible. Read this document for help in understanding Medigap plans:
<https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>
Use the Medicare website to price plans in your area:
<https://www.medicare.gov/plan-compare>
Here are some plan comparisons that may be helpful:
<https://psc-cuny.org/wp-content/uploads/2023/06/Medigap-comparison-chart.pdf>
See additional FAQs below as well.
- Even if you waive NYC health coverage, if you are otherwise eligible, you will continue to receive PSC-CUNY Welfare Fund benefits.
- *While you may be politically opposed to Medicare Advantage and the privatization of Medicare, it may work for you to at least try the Aetna MA Group Plan. PSC encourages all retirees to study carefully the health care and cost implications of waiving NYC health coverage as well as the coverage the Aetna plan provides and whether it can work for you, so you can make an informed choice, particularly if you do not live in NY, MA or CT. **See FAQs 17-20 below for important information about the issues involved and the effects of waiving NYC health coverage.***

3. If you, the NYC retiree, want to be enrolled in the Aetna MA plan, but your (currently covered by NYC) spouse wishes to remain in traditional Medicare and not be enrolled in Aetna MA, what should you do?
 - You should drop your spouse from NYC coverage—which will mean they will not be reimbursed for their Medicare Part B and IRMAA deductions.
 - To do so, you should fill out the regular Retiree Application/Change Form and submit it by July 10, 2023.

<https://www.nyc.gov/assets/olr/downloads/pdf/health/retiree-health-benefits-application.pdf>

- Under A, do not check anything.
- Under B, check spouse/domestic partner and check Drop and put the effective date 9/1/23. No documentation is required.
- Under C, do not check anything.
- Under D, retiree fills in all requested information. For “Agency,” put CUNY—your College.
- Under E, do not fill out anything.
- Under F, do not fill out unless other dependents are also being dropped.
- Under G, do not fill out.
- The NYC retiree should sign and date the form and submit it to the OLR Employee Benefits Program by 7/10/23.

4. What if I want to transfer from HIP VIP to the NYC Aetna MA Plan?

- Fill out and submit the Special Retiree Enrollment/Waiver Form on the OLR website.

<https://www.nyc.gov/assets/olr/downloads/pdf/health/aetna-ma-docs/2023-retiree-special-enrollment-form.pdf>

- To compare plans, see the comparison chart on the OLR website.

<https://www.nyc.gov/assets/olr/downloads/pdf/health/aetna-ma-docs/plan-comparison-chart-seniorcare-hip-aetna.pdf>

5. Why is July 10th (formerly June 30, 2023) the deadline for waiving NYC retiree health coverage or for dropping coverage for a spouse who does not want to be enrolled in MA on September 1st?

- Aetna must submit a list of Medicare-eligible retirees and dependents who will be enrolled in the Aetna MA PPO Plan to CMS (federal Medicare) so they can be disenrolled from traditional Medicare. (NOTE: Those who wish to remain enrolled in traditional Medicare must waive (NYC retiree) or drop (retiree’s spouse) NYC coverage.)
- It will take several weeks for the NYC Employee Benefits Program and Aetna to finalize their lists of Aetna MA enrollees to send to CMS to be certified.
- In the meantime, through August 31, 2023, retirees and dependents will continue to be covered by their current health plans and traditional Medicare.

At the end of May, nine NYC retirees and the NYC Organization of Public Service Retirees sued New York City to stop implementation of the Aetna MA Plan. The lawsuit includes a request for an injunction to require NYC to continue paying for existing health insurance coverage, including the supplemental plan to traditional Medicare, and an injunction against both automatic enrollment in Aetna MA and enforcement of the June 30th deadline to waive NYC coverage. The deadline to waive was moved to July 10th voluntarily by the parties to the lawsuit, so the judge will have time to hear arguments and issue a ruling before July 10th regarding requested injunctions.

6. Are “opt-out” forms submitted to NYC prior to 2023 still applicable?

- No.

7. I have ongoing medical treatments or a procedure/operation scheduled for the fall and have submitted a Continuity of Care form to Aetna; why do they say they will they not get back to me until August?

- Aetna representatives say that, while they can collect information, federal CMS rules do not permit them to coordinate patients' care with providers until patients are enrolled in the plan. Enrollments effective September 1st will not be finalized until August.
- Aetna will send letters acknowledging receipt of Continuity of Care forms and explaining what to expect going forward.
- Aetna says they will not penalize retirees on approved Part B drug refills and infusion regimens for the first 90 days after enrollment in the Aetna MA plan. These are drugs not covered by the Welfare Fund's Rx drug plan and usually administered in a doctor's office. See Aetna's listing:

<https://www.nyc.gov/assets/olr/downloads/pdf/health/aetna-ma-docs/22-cny-0025-prior-authorization-brochure-single-pages.pdf>

After that, in-network providers will need to seek prior authorizations, but Aetna says they will not force patients off their current drugs. (Non-network providers are not required to seek prior authorizations after the 90-day window, but claims may be denied retrospectively, if Aetna determines the care is not "medically necessary" or within the scope of Medicare-required treatments.)

- Aetna says they will not penalize retirees with scheduled procedures and ongoing treatments for the first 120 days after enrollment in the Aetna MA plan. After that, in-network providers will need to seek pre-certifications for inpatient stays and certain treatments, but not for office visits, unless involving treatment with a Part B drug.

8. How does Aetna work if I am living in an assisted living or memory care facility?

- For retirees in assisted living facilities, Aetna MA only covers medical care services, not living expenses.
- If you need continuing care after a hospital stay, Medicare (and therefore MA) covers it in a Medicare-certified skilled nursing facility for a limited time. Transfer from a hospital to a nursing home requires precertification from Aetna. It is the responsibility of the facility, not the member, to get approval.
- A member in a memory care facility—who may not know their health coverage has changed—will have their medical care services covered by Aetna, and, again, it is the responsibility of the facility to contact Aetna and make the necessary changes. Aetna MA does not cover living expenses.

9. How is hospice care covered if I need it?

- Hospice care is covered by traditional Medicare after a doctor certifies that you are terminally ill, and hospice providers are experienced in navigating the coverage.
- Coverage for medical care services unrelated to the medical reason for being in hospice is provided by Aetna MA, and the hospice provider will know how to handle that coverage.

10. Why can the Aetna MA plan charge me co-pays when a judge ruled that Senior Care cannot?
- The co-pays Aetna will charge were specified in the contract between Aetna and NYC, and Senior Care involves a different insurance provider.
11. Does the NYC Aetna MA plan provide health care coverage internationally?
- Urgent and emergency care internationally are covered, but subject to review for medical necessity. You must pay up front and submit receipts to Aetna for reimbursement which will be at Medicare rates. If Aetna denies the claim, you can appeal, but if you lose you are liable for the expense. Drugs purchased outside the US are not covered. Medicare does not cover non-emergency medical care internationally; neither does Aetna.
12. If my doctor/provider does not accept Medicare, can I submit the bill to Aetna for reimbursement? Can I submit it to Medicare?
- No, neither Aetna nor Medicare will reimburse the expense (even if you stay in traditional Medicare) if the provider does not accept Medicare.
13. What if my doctor/provider does accept Medicare but is not part of the Aetna “network”?
- Most doctors who participate in Medicare accept Medicare Advantage payments, even if they are not in the network. Check with your doctor.
 - Ask the provider to bill Aetna directly. According to Aetna, there is an online pre-authorization provider portal “Ability” which walks the provider through the necessary steps. Aetna also has a customer service phone number for providers.
 - If you are required to pay up front, you can seek reimbursement from Aetna at the Medicare rate. Within 12 months you must submit an Aetna claim form which you can find on their website, and, according to Aetna, you can use the online member portal to upload the provider’s bill with the needed ICD9 and CPT codes and your receipt/proof of payment. Put your member ID# on every page. Copies can also be submitted by mail.
 - The process for provider payment or your being reimbursed is also explained— somewhat confusingly—in the Evidence of Coverage document that was mailed to retirees in April or is available as a link on the OLR website. See Chapter 3, Section 2.3, pp.21-22.
<https://www.nyc.gov/assets/olr/downloads/pdf/rfp/ma-hearing/cony-ma-eoc-soc-02102023.pdf>
 - Be aware that Aetna might refuse payment if, after the fact, they deem the care “not medically necessary.” The Aetna Evidence of Coverage recommends asking for a “pre-visit coverage decision” to confirm that services are covered and medically necessary.
 - There are appeal processes— see Chapter 7 of the Evidence of Coverage
14. What happens if I am currently retired and turn 65 after 9/1/23?
- First of all, you should apply for Medicare (Part A and Part B—go to www.medicare.gov) starting 60 days before your 65th birthday. The OLR Employee Benefits Program says they send out a notice of your options 3 months before your birthday.

- Medicare takes effect the first of the month you turn 65, as will Medicare Advantage. If you are in ongoing treatment, inform your providers of your change in coverage, and you should have the same 120-day transition period described under Q# 7.
- If you are already retired and turn 65 during September 2023, you will be automatically enrolled in Aetna MA effective September 1st. (If you are in HIP, you will be enrolled in HIP VIP.) (*For both plans, you must be enrolled in Medicare.*) If you wish to waive NYC coverage starting 9/1/23, fill out and submit the usual Retiree Application/Change Form (below). (Use of the Special Form expires 6/30/23.) There is a section where you can indicate your wish to waive coverage. For “Agency”, put “CUNY—your college.” <https://www.nyc.gov/assets/olr/downloads/pdf/health/retiree-health-benefits-application.pdf>
- If you are already retired and turn 65 after September 2023, Medicare takes effect the first of the month you turn 65, as will Aetna MA (or HIP VIP) unless you waive coverage.

15. What happens if I am 65 or older and retire in August 2023 or later?

- Your college HR department should provide you with the necessary paperwork for health coverage in retirement—if you are eligible for it—several months in advance of your retirement date. You will need to complete the Retiree Application/Change Form which you can download from the OLR Employee Benefits Program website and which must be certified by CUNY HR. That form allows you to choose which retiree health plan you want or if you wish to waive NYC coverage.
- Be sure to apply for Medicare Part A and Part B.
- You will have two NYC retiree health plans to choose from: Aetna Medicare Advantage Group Plan or HIP VIP (a Medicare Advantage HMO). (*For both plans, you must be enrolled in Medicare.*) To waive NYC health coverage, indicate that on the Retiree Application/Change Form.
- Your current health coverage will continue until the end of the month in which you retire. If you are in ongoing treatment, inform your providers of your change in coverage.

16. If a 65+ retiree has received no mailings from OLR or Aetna this spring and discovers belatedly that their health coverage is changing/has changed, what should they do?

- Contact the NYC Employee Benefits Program at 212-513-0470
- Contact the Aetna Call Center for Aetna MA Group Plan information: 855-648-0389
- The Aetna MA Group Plan Evidence of Coverage states that any medical expenses incurred since the effective date of your enrollment, if it is retroactive, will be paid by Aetna (at the Medicare rate)—see Chap. 5, Section 1.3, p. 38—if you submit a claim.
- All the Aetna information mailed in April 2023 is available as links on the OLR website.

<https://www.nyc.gov/site/olr/health/retiree/health-retiree-responsibilities-assistance.page>

FAQs about Waiving NYC Health Coverage to Stay Enrolled in Traditional Medicare

17. What will be the effects for me and my dependents of waiving NYC health coverage (not being covered by either Aetna MA or HIP VIP), *if the retirees’ lawsuit is not successful?*

- You will remain enrolled in traditional Medicare which will pay 80% of the Medicare-approved rate for Part B after you meet the annual deductible for doctor, lab, x-ray, home care and other non-hospital health care services and pay for inpatient hospital care minus a deductible which is charged to you.
- For coverage of some or all of the additional 20% and deductibles (which current supplemental plans like Senior Care cover), you must purchase a Medigap plan. Each state regulates the cost of Medigap plans and the rules around enrolling in them. See: <https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>
- To price Medigap plans around the country, start with the Medicare page <https://www.medicare.gov/plan-compare>
- NYC will no longer reimburse you for your Medicare Part B premium or IRMAA (if applicable) premium (which are deducted from your monthly Social Security benefit). For 2023, Part B basic premium payments will total nearly \$2,000 per person.
- Your dependents will lose NYC health coverage. A dependent who is eligible for and enrolled in traditional Medicare will continue to be covered by traditional Medicare.
- If you are currently eligible for PSC-CUNY Welfare Fund benefits, you and your dependents will continue to receive them. (You will NOT need to purchase a Part D drug plan.)
- Review the following:
 - An article from the Retirees' Newsletter about costs of waiving NYC coverage: <https://psc-cuny.org/issues/protect-our-healthcare/what-retirees-need-to-know-to-make-a-decision-about-their-healthcare/the-costs-of-waiving-nyc-health-insurance/>
 - An article on Medigap plans and how they work: <https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>
 - An article comparing the cost of Medigap plans most like Senior Care: <https://psc-cuny.org/wp-content/uploads/2023/06/Medigap-comparison-chart.pdf>
- If you encounter a reference to needing a “certificate of continuous coverage,” it does not apply to you if you are already on Medicare. Medicare is your continuous coverage. You might need to provide the date when you began being covered by both Medicare Parts A & B.

18. What if I am currently enrolled in another Medicare Advantage plan (through a spouse, former employer, or the open market)?

- If you have previously waived NYC health coverage, nothing will happen.
- If you have not previously waived NYC coverage and are enrolled in both Senior Care and another MA plan, you will be automatically enrolled in the NYC Aetna MA plan and disenrolled from your current MA plan, because, under federal rules, you cannot be enrolled in two MA plans at the same time.

- If you wish to remain in the other MA plan—not Aetna—you must formally waive NYC retiree health coverage, find, fill out and submit the Special Retiree Enrollment/Waiver Form on the OLR website by July 10th. After that date, waive NYC coverage by using the regular Retiree Application/Change Form on the OLR website.
19. When should I sign up for a new Medigap plan if I waive NYC health coverage?
- You should start studying the options in your state now and consider your out-of-pocket costs and what health care services they will cover.
 - The effective date for your new Medigap plan would be September 1, 2023.
 - Remember: You have the option to wait and waive NYC health coverage at a later time. See below “Transitioning Between the Aetna MA Group Plan and Traditional Medicare.”
20. If I waive NYC health coverage effective September 1, 2023, will NYC reimburse me for my Medicare Part B and IRMAA payments for a portion of 2023?
- Yes, NYC will reimburse you for 8 months of payments, January through August 2023.
21. Why can’t PSC or the PSC-CUNY Welfare Fund establish a Medigap insurance plan for retired members?
- Neither organization is an insurance company, so they cannot establish a plan, and neither has the administrative or fiscal capacity to take on managing a plan provided by an outside insurance company. Other unions that manage their own plans contract directly with insurance providers.
 - Because of economies of scale, such a plan would not be more affordable or more comprehensive than what is currently available in the market.
22. For PSC retirees in TIAA: What happens now to the money in my TIAA account I had to set aside for health insurance?
- Nothing has changed except that the \$3.25 for the hospitalization rider (if you chose it) that is currently being deducted from your monthly annuity payments will no longer be deducted starting 9/1/23. When you retired, you were required to take \$10,000 of your TIAA accumulations and purchase an annuity that provides modest monthly payments. This annuity is considered to be the equivalent of a NYC pension and is what entitles you to receive NYC retiree health benefits. You will continue to receive this monthly payment as long as you live, whether you are on the city health plan or not.
 - When you retired, you were also required to retain an additional \$40,000 in reserve with TIAA, in case it was necessary to pay higher premiums for your retiree health insurance. Some retirees annuitized that additional amount; others did not. The PSC will be exploring whether this requirement in the contract between CUNY and TIAA can be changed.

Transitioning Between the NYC Aetna MA Plan and Traditional Medicare

23. What if I try the Aetna MA plan for a few months and want to get back into traditional Medicare?
- You can do so by notifying Aetna. Aetna will inform you of the date when the change becomes effective, when you will be re-enrolled in traditional Medicare.

- If Aetna is the first Medicare Advantage plan in which you have enrolled (Many current non-Senior Care NYC supplemental plans are MA plans.)⁵, you have a 12-month “trial period” during which period you can disenroll and be eligible to purchase a Medigap plan in any state without constraints concerning pre-existing conditions. See: <https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>
- Since you will want supplemental coverage, check out the Medigap plans and rules in your state to find out if and when you can enroll and when coverage becomes effective. See the link above to the article on Understanding Medigap.

24. What if I try the Aetna MA plan and want to return to traditional Medicare after more than 12 months?

- Your right to Medicare coverage is permanent, and there is no penalty for disenrolling or re-enrolling in an MA plan. As the above article explains, your right to buy a Medigap policy after the MA “trial period” (or if it does not apply to you) can be constrained by state regulations, and rules about pre-existing conditions vary from state to state. <https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>
Aetna MA will continue to cover you until traditional Medicare coverage is effective.
- The most feasible time to make a change is during the annual NYC retiree open enrollment period, in November each year, to be effective the following January. See the 2nd bullet under Question #25 for other options for the timing of a plan change.
- NYC will also honor the federal period for disenrolling from Medicare Advantage plans, January 1 – March 31 each year, but enrolling in a Medigap plan to supplement traditional Medicare may be an issue so be sure to understand your options and their limitations and costs before disenrolling.

25. What if I waive NYC coverage now and later want to re-enroll in NYC coverage?

- NYC retirees who waive NYC health coverage now and want to enroll at a later time in the Aetna MA Group Plan (or HIP VIP) may do so.
- Because the Aetna MA Group Plan is an employer-sponsored MA plan, NYC rules for when you can change plans will likely apply:
 - You can enroll in NYC coverage during the annual NYC retiree open enrollment period, in November each year. The plan change will take effect the following January (*The NYC Employee Benefits Plan will also honor the longer Medicare open enrollment period, October 15th to December 7th each year; plan change will also take effect the following January*); or

⁵ HIP VIP is a Medicare Advantage plan, as are the current Aetna, Cigna, Empire MediBlue, United Health Group and Humana plans that cover some retirees.

- NYC retirees can exercise their “**once in a lifetime**” right to change health plans outside the normal open enrollment period (if they have not used it already)⁶, once they have been retired for a year, to take effect the following month⁷; or
- If there is a “qualifying event” (such as the death of a spouse) so that non-NYC health coverage for a retiree had is no longer available, you can enroll in NYC coverage to take effect the following month. (See footnote #7.)

26. How frequently can I move back and forth between NYC coverage and traditional Medicare?

- Generally speaking, once a year. See potential exceptions above.

27. Can I change coverage every year if I do it during the open enrollment period?

- Yes, subject to the caveats about Medigap plan enrollment in “Understanding Medigap”.
<https://psc-cuny.org/wp-content/uploads/2023/06/PSC-Help-in-Understanding-Medigap-updated-060523.pdf>

28. If I die and my covered spouse wishes to stay on the Aetna MA plan, what should he or she do?

- The spouse can be covered under COBRA by paying \$15 per month — billed by Aetna— for up to 36 months.
- The spouse should also contact the PSC-CUNY Welfare Fund and to determine the cost arrange to arrange to pay COBRA to continue Welfare Fund benefits, if needed.

⁶ Note that federal and state rules about access to Medigap plans still apply, but Aetna MA will continue to cover you until traditional Medicare coverage is effective.

⁷ If the enrollment change is requested mid-month or later, the new coverage will be effective the first of the month after the following month due to the federal “21-day rule.” For help with NYC and Medicare because of transitioning coverage in an emergency situation, contact the PSC-CUNY Welfare Fund.