

# SENIOR BUZZ



The Official Publication of the TWU Local 100 Retirees Association • 195 Montague 3rd Floor • Brooklyn NY 11201



**Director's Letter**  
by James Manzella  
Director, TWU Local 100  
Retirees Association

*Dear Fellow Retirees,*  
I write to give you a preview of changes that will be coming January 1<sup>st</sup> to the health coverage for Medicare-aged retirees. These changes are a result of the recent contract negotiations between TWU Local 100 and management.

As of January 1, Option 1, our **ZERO COPAY** option, will be enhanced.

First, the reimbursement for the Medicare Part B premium will go up from \$297.60 for the retiree only to \$500 each for retiree and covered spouse. That is \$1,000 for a couple. Importantly, in future years, when the Part B premium increases, the following year's reimbursement will increase proportionately.

Additionally, the copay for generic drugs for enrollees in Option 1 goes down to \$0.00. The copay for Tier 2 (formulary) drugs for enrollees in Option 1 will remain \$2.50 a month. Coinsurance for Tier 3 drugs for Option 1 enrollees will drop from 50%, capped at \$95 a month, to

25%, still capped at \$95 a month.

Everything else in Option 1 will remain the same: **ZERO COPAY** for medical and hospitalization plus extras such as hearing aid reimbursement, Silver Sneakers, rides to and from medical appointments, and more. (*See the chart on the inside.*)

Option 2 will remain the same as it is. Option 2 has modest copays but offers full reimbursement of the standard Medicare Part B premium.

CPPO, our oldest option, will end December 31. During Open Enrollment from October 15 through December 7, retirees currently enrolled in CPPO will be able to choose between Option 1 and Option 2 for future coverage. Retirees who forget to choose will

be placed in the **ZERO COPAY** Option 1 to ensure continuous coverage. Look for mailings from Aetna and the MTA in early October.

Our options are good with any Medicare-registered doctor or hospital in the U.S. that accepts payment from Aetna. That includes 99.997% of the doctors and hospitals that retirees use today under CPPO. Reimbursements will rise and copays will fall, but the doctors will stay the same.

These changes will help us to secure quality coverage for retirees for many years to come, while putting more money in the pockets of retirees who have been enrolled in CPPO and Option 1.

# TWU Enhanced Retiree Benefits Coverage

Benefits	Aetna Option 1*	Aetna Option 2*
Deductible	None	None
Out-of-pocket maximum	\$0	\$1,000
Preventive Services	Covered 100%	Covered 100%
Primary Care Physician/Specialist	Covered 100%	\$0 PCP copay \$5 Specialist copay
Routine Eye and Hearing Exam	Covered 100%	Covered 100%
Diagnostic lab & x-ray Outpatient surgery	Covered 100%	Covered 100%
Inpatient hospital	Covered 100%	Covered 100%
Emergency room	Covered 100%	You pay, \$50 copay
Urgent care provider	Covered 100%	You pay, \$50 copay
Ambulance	Covered 100%	You pay, \$50 copay
Vision Benefit – Lens and Frames	\$70 Reimbursement every 24 Months	\$70 Reimbursement every 24 Months
Hearing Aide Reimbursement	\$500 every 36 months	\$500 every 36 months
SilverSneakers Fitness Membership	You pay \$0	You pay \$0
Teledoc	24/7 Urgent Care	24/7 Urgent Care
Healthy Rewards	Up to \$200 in gift cards for healthy activities	Up to \$200 in gift cards for healthy activities
Transportation	24 Rides up to 60 miles for medical appointments	24 Rides up to 60 miles for medical appointments
Meal Delivery	14 Meals following hospital or skilled nursing stay	14 Meals following hospital or skilled nursing stay
Over the Counter Benefit	Annual \$120 benefit used in \$30 increments each quarter for health-related items, including: wound care, vitamins and much more	Annual \$120 benefit used in \$30 increments each quarter for health-related items, including: wound care, vitamins and much more
Prescription Drug: Retail: Generic; Formulary Brand; Non-Formulary Brand	\$0; \$2.50; 25% (\$95 Max)	\$5; \$10; \$45
Mail Order: Generic; Formulary Brand; Non-Formulary Brand	\$0; \$3.75; 25% (\$285 Max)	\$7.50; \$15; \$67.50
Annual Part B reimbursement (2024)	\$500 for retiree & spouse each**	Full Standard Part B premium reimbursement for retiree & spouse each

\* Medical Benefits Provider is subject to change pursuant to the procurement RFP process.

\*\* Reimbursement amount indexed to increase by the same percentage as full standard Medicare Part B premium rate increases

# What Was “Old” in the Old CPPO Plan?

- First, the Medicare Part B reimbursement had been frozen at \$297.60 per year retiree and \$0.00 a year spouse since 1988.
- Second, because it had no federal subsidies, the old CPPO plan was so expensive that it left no room for improvement for Medicare-aged retirees. For example, the Part B reimbursement was frozen for Option 1 at the same level.
- Third, Options 1 and 2 have many federally subsidized extras that CPPO has lacked.
- Winding down the old CPPO plan lets us enhance our coverage ***without diminishing of benefits for Medicare-aged retirees.***

	Old CPPO	New Enhanced Option 1
<b>Administrator / Insurer:</b>	Aetna	Aetna
<b>Eligible medical providers:</b>	~ 1 million	~ 1 million
<b>Part B Premium Reimbursement</b>	<b>\$297.60/year Retiree Only stuck since 1988</b>	\$500 each Retiree and Spouse for 2024 will rise every time Part B premiums rise
<b>Co-Pays: Doctors / Hospitals / Tests / Imaging</b>	\$0.00	\$0.00
<b>Emergency Room</b>	<b>\$100.00 copay</b>	\$0.00
<b>Vision / Eyewear</b>	<b>Not included</b>	\$70 every 24 months
<b>Hearing Aids</b>	<b>Not included</b>	\$500 every 36 months
<b>SilverSneakers Gym &amp; Fitness</b>	<b>Not included</b>	Included
<b>Dental</b>	<b>Not included</b>	NY only: \$5 co-pay, office visits and cleanings. Schedule plan for other in-network services.
<b>Over-the-Counter Supplies</b>	<b>Not included</b>	\$30 in supplies 4 times a year from CVS catalog
<b>Home Meal Delivery after Hospitalization</b>	<b>Not included</b>	14 meals
<b>Transportation to and from Medical Appointments</b>	<b>Not included</b>	<ul style="list-style-type: none"> <li>• 24 one-way rides a year</li> <li>• Up to 60 miles each ride</li> <li>• Pick up prescriptions en route</li> </ul>
<b>Prescription copays for 30-day supply</b>	<ul style="list-style-type: none"> <li>• Generics \$0</li> <li>• <b>Tier 2 drugs \$20</b></li> <li>• Tier 3 drugs \$40</li> </ul>	<ul style="list-style-type: none"> <li>• Generics \$0</li> <li>• Tier 2 drugs \$2.50</li> <li>• Tier 3 drugs 25% coinsurance. Capped at \$95 per drug, per month</li> </ul>

# How Do Our Two Plans Stack Up Against the City's New Medicare Advantage Plan?

You may have heard about the City's new Medicare Advantage plan. It is not the same as either of our two Options.

Both of our Options are less expensive **across the board**.

A comparison is below:

	New City Plan	TWU Option 1	TWU Option 2
<b>Annual Deductible</b>	\$150	Zero	Zero
<b>Annual Maximum Out-of-Pocket</b>	\$1,500	Zero	\$1,000
<b>Doctors: Primary/ Specialist</b>	\$15	Zero	Zero / \$5
<b>Tests/Imaging</b>	\$15	Zero	Zero
<b>Urgent Care</b>	\$15	Zero	\$50
<b>Emergency Room</b>	\$50	Zero	\$50
<b>Hospitalization</b>	\$300 each time, capped at \$750 / year	Zero	Zero
<b>Part D Prescription Premium</b>	\$1,242 a year	Zero	Zero
<b>Drug copays / coinsurance (30 day)</b>	<ul style="list-style-type: none"> <li>• Zero for <i>some</i> generics at CVS</li> <li>• All other drugs, 25% coinsurance.</li> <li>• <b>No cap per drug per month</b></li> </ul>	<ul style="list-style-type: none"> <li>• Zero for all generics</li> <li>• \$2.50 for Tier 2 drugs</li> <li>• Tier 3 drugs 25% coinsurance</li> <li>• Drug costs capped at \$95 per drug per month</li> </ul>	<ul style="list-style-type: none"> <li>• Generics \$5</li> <li>• Tier 2 drugs \$10</li> <li>• Tier 3 drugs \$45</li> </ul>

# About the City's Other Plan

There has been little discussion of the City's other Medicare plan. Here's why: ***that other plan is a Medicare HMO offered by HIP.*** HMO means:

- You can only use HIP's in-network Medicare providers in NYC and 5 suburban counties.
- You can't go outside the network and you can't go outside those 10 counties.

- You can't go to a specialist without a referral from your primary doctor.
- Co-pays:
  - \$30 for a specialist;
  - \$100 for an Emergency Room visit. Maximum out-of-pocket for medical and hospitalization: \$3,400 a year.
  - Medicare Part D (prescription drug) annual premium: \$2,131.

**We do not have an HMO. We have two nationwide Medicare PPO options.** Your choice of Medicare-registered doctors and hospitals. No referrals required. Prescription drug annual premium: \$0. And your choice of ZERO CO-PAY for medical and hospitalization or modest copays with full reimbursement of the standard Medicare Part B premium.