

NYC Medicare Advantage Plus Plan Opt-Out Form

Effective January 1, 2022, City of New York is automatically enrolling Medicare-eligible retirees, along with their eligible dependents, into a premium-free plan: The NYC Medicare Advantage Plus Plan.

Important information for those who choose not to be enrolled in the NYC Medicare Advantage Plus Plan

You acknowledge that:

- You can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in your current retiree health plan.

The opt-out period for the NYC Medicare Advantage Plus Plan is October 1, 2021, to October 31, 2021.

To opt out of the NYC Medicare Advantage Plus Plan and remain in your current health plan, please complete and sign the form on the next page and return it via mail, fax or email. Each Medicare-eligible participant (i.e., retiree, spouse or dependent) must complete a separate opt-out form.

DO NOT complete this opt-out form if you would like to be enrolled in the NYC Medicare Advantage Plus Plan. No action is required by you. You will automatically be enrolled in the NYC Medicare Advantage Plus Plan effective January 1, 2022.

By your signature on the next page, you acknowledge that you **do not** wish to participate in the NYC Medicare Advantage Plus Plan and hereby elect to continue participation in your current health plan option.

If you wish to waive your City of New York retiree health coverage, complete the NYC Retiree *Health Benefits Application/Change Form* available on the Health Benefits Program website at:

<https://www1.nyc.gov/site/olr/health/retiree/health-retiree-forms-and-downloads.page>.

You may reenroll in City retiree health benefits during the next Transfer Period, or experience a qualifying event. During the Transfer Period, you may add the 365-Day Rider under GHI Senior Care if your union provides prescription drug coverage. If you currently have the High Option Rider, the 365-Day Rider is already included.



NYC Medicare Advantage Plus Plan Opt-Out Form

Complete this form if you wish to opt out of the NYC Medicare Advantage Plus Plan.

This section should be completed by the Medicare-eligible participant (each Medicare-eligible participant [i.e., retiree, spouse, or dependent] must complete a separate opt-out form):

First Name: _____ Last Name: _____

Address: _____

City, State and ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Medicare Number: _____

Social Security Number: _____

Date of Birth: _____

Complete this section with the City Retiree's information:

Retiree's First Name: _____ Retiree's Last Name: _____

Retiree's Medicare Number: _____

Retiree's Social Security Number: _____

Date of Birth: _____

City Agency from which the City employee retired: _____

By signing below, I elect to continue participation in my current health plan.

Signature of Participant Opting Out

Date

Return this form no later than October 31, 2021, via one of the following methods:

Complete electronically at: www.empireblue.com/nyc-ma-plus

Mail to: NYC Medicare Advantage Plus Plan, PO Box 173605, Denver, CO 80217

Fax to: 877-494-7195

Phone: 833-325-1190

Email to: NYCMAOPTOUT@empireblue.com