

# ATTACHMENT 30



**Department of  
Civil Service**

## Benefits by Bargaining Unit - RFP entitled: “Mental Health and Substance Use (MHSU) Disorder Program”

Ratified Group (Represented and Unrepresented)	Year	Hospital Outpatient Copay	MH/SU Network Copay	Network Chiro/PT Copay	Par Provider Specialist Copay	Ambulance Service	Urgent Care (Hospital Affiliated /Independent)	Outpatient Surgery	Ambulatory Surgery Center
APSU	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
CSEA (**) (***)	2022	\$40 (\$90ER)	\$25	\$25	\$25	\$70	\$40/\$30	\$75	\$50
Council 82 (Effective 1/1/2023)	2023	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
DC-37**	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
M/C (**) (***)	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
NYSCOPBA**	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
OCA (UCS) (**) (***)	2022	\$40 (\$90ER)	\$25	\$25	\$25	\$70	\$40/\$30	\$75	\$50
PBA	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
PEF**	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
PIA	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
UUP**	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
PE***	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
PA***	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
NYS Retirees (***)	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
Other (***)	2022	\$50 (\$100ER)	\$25	\$25	\$25	\$70	\$50/\$30	\$95	\$50
Excelsior Plan (PA enrollees only)	2022	\$85 (\$130ER) \$250 for inpatient stay	\$35	\$35	\$35	\$70	\$85/\$40	\$130	\$95
<b>Non-Network Benefits</b>									
<b>Combined Annual Deductible (Medical, HCAP, and MHSU)</b>	Empire Plan: \$1,250 Enrollee, \$1,250 Spouse, \$1,250 Children (combined); **1/2 rate for enrollees and dependents in title grade 6 and below Excelsior Plan: \$1,500 Enrollee, \$1,500 Spouse, \$1,500 Children (combined)			<b>Combined Annual Coinsurance Maximum (Hospital, Medical, and MHSU)</b>			Empire Plan: \$3,750 Enrollee, \$3,750 Spouse, \$3,750 Children (combined); **1/2 rate for enrollees and dependents in title grade 6 and below Excelsior Plan: \$4,750 Enrollee, \$4,750 Spouse, \$4,750 Children (combined)		
Non-Ratified Group (Represented)	Year	Hospital Outpatient Copay	MH/SU Network Copay	Network Chiro/PT Copay	Par Provider Specialist Copay	Ambulance Service	Urgent Care (Hospital Affiliated /Independent)	Outpatient Surgery	Ambulatory Surgery Center
n/a									
<b>Non-Network Benefits</b>									

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Civil Service**

**Benefits by Bargaining Unit - RFP entitled:  
“Mental Health and Substance Use (MHSU)  
Disorder Program”**

<b>Combined Annual Deductible (Medical, HCAP, and MHSU)</b>	\$1,000 Enrollee, \$1,000 Spouse, \$1,000 Children (combined)			<b>Combined Annual Coinsurance Maximum (Hospital, Medical, and MHSU)</b>			\$3,000 Enrollee, \$3,000 Spouse, \$3,000 Children (combined). Plans pays 80% of Usual and Customary Rate (UCR) until coinsurance is met. After the combined annual coinsurance maximum is reached, the Plan pays benefits for covered services at 100 percent of the UCR. UCR is the lowest of the actual charge, the provider’s usual charge or the usual charge within the same geographic area. The Plan generally utilizes FAIR Health© rates at the 90th percentile to determine the allowable amount.  ***Beginning July 1, 2023, members will be reimbursed at 275% of the Medicare Physician Fee Schedule in effect on the date of service. Benefits will continue to be subject to deductible, coinsurance, and calendar year maximums. Future ratified groups will receive this out of network reimbursement benefit.		
<b>Student Employee Health Plan (SEHP)</b>	<b>Year</b>	<b>Hospital Outpatient Copay</b>	<b>MH/SU Network Copay</b>	<b>Network Chiro/PT Copay</b>	<b>Par Provider Specialist Copay</b>	<b>Ambulance Service</b>	<b>Urgent Care (Hospital Affiliated /Independent)</b>	<b>Outpatient Surgery</b>	<b>Ambulatory Surgery Center</b>
<b>GSEU</b>	2022	\$15 (\$25ER) \$200 for inpatient stay	\$10 (15-visit limit)	\$10 (15-visit limit)	\$10 (15-visit limit)	\$15	\$15/\$10	\$15	\$10 (15-visit limit)
<b>Non-Network Benefits</b>									
<b>Combined Annual Deductible (Medical, HCAP, and MHSU)</b>		\$100 per covered individual			If services are received from a non-par provider or the member has exceeded the 15-visit limit, the plan pays 80% of allowable charges after the \$100 deductible is met per individual.				