



**Department of
Civil Service**

CHOICES Guide

"Health Maintenance Organizations
Specifications for the NYSHIP"

Choices Guide Page – General Instructions

Review these general instructions along with the sample *Choices* pages provided. All plans must include coverage levels and enrollee costs for the following benefits:

- Physician services
- Specialist services
- Radiology: (X-rays, CAT scans, MRIs, ultrasounds)
- Lab tests
- Pathology
- EKG/EEG
- Radiation
- Chemotherapy
- Dialysis
- Pap Tests
- Mammograms
- Prenatal and postnatal visits
- Bone density tests
- Breastfeeding Services
- External Mastectomy Prothesis
- Family planning services
- Infertility services
- Contraceptive drugs and devices
- Inpatient hospital surgery
- Outpatient surgery
- Emergency department
- Urgent Care Facility
- Ambulance (must note if airborne ambulance transportation is excluded)
- Telemedicine (includes use of smart phones or computers to access network providers or online providers)
- Outpatient mental health (Individual)
- Outpatient mental health (Group)
- Inpatient mental health
- Outpatient drug/alcohol rehabilitation
- Inpatient drug/alcohol rehabilitation
- Durable medical equipment
- Prosthetic devices
- Orthotic devices
- Inpatient rehabilitative care (physical, speech & occupational therapy)
- Outpatient Rehabilitative Care (physical, speech & occupational therapy)

Diabetic supplies
Insulin & oral agents
Diabetic shoes
Hospice
Skilled nursing facility
Prescription drugs
Specialty drugs
Dental
Vision
Hearing aids
Out of area services
Breastfeeding services & equipment
Weight loss/bariatric surgery

In its electronic submission, an HMO will be asked to specify the associated amount of out-of-pocket expense to the member for each benefit and the basis upon which the expense will be charged. For example: \$/visit; \$/1st - 10th visits then \$/visit thereafter; \$/item; % coinsurance.

If there is no out-of-pocket expense associated with a specific benefit, the appropriate response is "No copayment". If the benefit is not covered, indicate "Not covered".

An HMO will be asked to enter the maximum number of visits, the maximum number of days or the number of days' supply as appropriate.

The description of an HMO's prescription drug benefit must include the type of Prescription Drug Formulary employed by the HMO (e.g., Open, Closed or Incented Formulary).

An HMO will be asked to indicate the applicable copayment per prescription and associated number of days for the prescription drug supply for the retail and mail order prescription drug benefit. (The copayment for self-injectable drugs, including fertility drugs, must be the same as the copayment for other covered drugs.) If the HMO has more than a single copayment benefit structure, include additional copayment lines as necessary. For example:

Retail, #-day supply

\$\$ Tier 1

\$\$ Tier 2

\$\$ Tier 3

Mail Order, #-day
supply

\$\$ Tier 1

\$\$ Tier 2

\$\$ Tier 3

An HMO will be asked to include its website address in the HMO ePage tool, which is the electronic *Choices* page interface that an HMO completes on an annual basis.

Two additional pages will be allowed in Retiree *Choices* for HMOs that offer an approved Medicare Advantage Plan. Such an HMO will submit information for both its Commercial and Medicare Advantage plans via two separate tabs in the HMO ePage tool.

Recommended Logo Specifications:

Vector (Adobe Illustrator) file

Any text must be outlined

If no vector file is available:

High resolution (high quality) .jpg, .tif or press-quality pdf

Resolution should be a minimum of 300 ppi in Photoshop

For Photoshop files, logo dimensions should be at least 3" wide by 1" high

HMO NAME/LOGO

Benefits	Enrollee Cost
Office Visits	\$ per visit
Annual Adult Routine Physicals	\$ per visit
Well Child Care	\$ per visit
Specialty Office Visits	\$ per visit
Diagnostic/Therapeutic Services	
Radiology	\$ per visit
Lab Tests	\$ per visit
Pathology	\$ per visit
EKG/EEG	\$ per visit
Radiation	\$ per visit
Chemotherapy	\$ per visit
Dialysis	\$ per visit
Women's Health Care/Reproductive Health	
Pap Tests	\$ per visit
Mammograms	\$ per visit
Prenatal Visits	\$ per visit
Postnatal Visits	\$ per visit
Bone Density Tests	\$ per visit
Breastfeeding Services	\$ per visit
External Mastectomy Prosthesis	\$ copayment
Family Planning Services	\$ per visit
Infertility Services	\$ per visit
Contraceptive Drugs	\$ copayment
Contraceptive Devices	\$ copayment
Inpatient Hospital Surgery	
Physician	\$ copayment
Facility	\$ copayment
Outpatient Surgery	
Hospital	\$ copayment
Physician's Office	\$ copayment
Outpatient Surgery Facility	\$ copayment
Emergency Department	\$ per visit
Urgent Care Facility	\$ per visit
Ambulance	\$ per trip

Benefits	Enrollee Cost
Outpatient Mental Health	
Individual	\$ per visit
Group	\$ per visit
Inpatient Mental Health	\$ copayment
max # days	
Outpatient Drug/Alcohol Rehab	\$ per visit
max # visits	
Inpatient Drug/Alcohol Rehab	\$ copayment
max # days each	
Durable Medical Equipment	\$ per item
Prosthetics	\$ per item
Orthotics	\$ per item
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, max # days	\$ copayment
Outpatient, max # visits	\$ per visit
Outpatient Speech Therapy	\$ per visit
max # days	
Diabetic Supplies	\$ per item
max supply	
Insulin and Oral Agents	\$ per prescription
max supply	
Diabetic Shoes	\$ per pair
max # pairs	
Hospice, max # days	\$ copayment
Skilled Nursing Facility	\$ copayment
max # days	
Prescription Drugs	
Retail, 30-day supply	
	\$ generic/\$ formulary brand /\$non-formulary
Mail Order, up to 90-day supply	
	\$ generic/\$ formulary brand/\$ non-formulary
Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	
Specialty Drugs	
(Describe how drugs are obtained, including copayment/coinsurance amounts, coverage limits, exclusions, etc.)	

¹ Footnotes here.

1 Choices 20XX/Active

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....per Individual,
per Family per year

Dental.....\$ per visit

Vision.....\$ per visit

Hearing Aids\$

Out of Area

Describe coverage available to enrollees while
traveling outside the HMO service area.

Maternity

Physician's charge for delivery\$ copayment

Telemedicine

.....\$ per visit

Virtual Portal.....\$ per visit

**HMO may also list other benefits not covered
by the minimum benefit requirements.**

Examples: Wellness Services, Smoking Cessation

Plan Highlights for 20XX

(New highlights for upcoming plan year)

Participating Physicians

(Descriptive text)

Affiliated Hospitals

(Descriptive text – refer enrollees to customer
services number if volume of hospitals is too
extensive to list.)

Pharmacies and Prescriptions

(Descriptive text – include **Incented Formulary**,
Open Formulary or Closed Formulary)

Medicare Coverage

(Descriptive text – include **Medicare Advantage
Plan** or **Coordinates Coverage with Medicare**
as appropriate.)

Important Note: Only participating providers in the
counties listed below are part of this HMO's network
within NYSHIP. Please be sure to check before
receiving care that your provider participates with
this HMO's NYSHIP network.

NYSHIP Code Number

(To be determined for new HMOs only).

A (model type) HMO serving Individuals living
or working in the following select counties

(HMO Service Area as approved by the Joint Labor
Management Committees on Health Benefits).

HMO Name

HMO Address

For information:

Customer Service: 800-XXX-XXXX

TTY: 800-XXX-XXXX

Web site: www.hmoname.com

Note: An HMO will have approximately 4,250 characters in which to describe all benefits on these
pages, not including the section that includes the NYSHIP Code Number, HMO service area and HMO
contact information. An HMO may elaborate within many of the other sections, but please keep the overall
character limit in mind.

² Footnotes continued