NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

**CHOICES Guide page -**
**"Health Maintenance Organizations**
**Specifications for the New York State Health Insurance Program"**

## 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
Pap Tests
Mammograms
Prenatal and postnatal visits
Bone density tests
Family planning services
Infertility services
Contraceptive drugs and devices
Inpatient hospital surgery
Outpatient surgery
Emergency department
Dialysis
Urgent Care Facility
Ambulance (must note if airborne ambulance transportation is excluded)
External mastectomy prosthesis
Telemedicine
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

**<u>If no vector file is available:</u>**

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**<br>max # days | $ copayment |
| **Outpatient Drug/Alcohol Rehab**<br>max # visits | $ per visit |
| **Inpatient Drug/Alcohol Rehab**<br>max # days each | $ copayment |
| **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<br>max # days | $ per visit |
| **Diabetic Supplies**<br>max supply | $ per item |
| **Insulin and Oral Agents**<br>max supply | $ per prescription |
| **Diabetic Shoes**<br>max # pairs | $ per pair |
| **Hospice**, max # days | $ copayment |
| **Skilled Nursing Facility**<br>max # days | $ copayment |
| **Prescription Drugs** | |
| Retail, 30-day supply<br>$ generic/$ formulary brand /$non-formulary | |
| Mail Order, up to 90-day supply<br>$ generic/$ formulary brand/$ non-formulary | |
| Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. | |
| **Specialty Drugs**<br>(Describe how drugs are obtained, including copayment/coinsurance amounts, coverage limits, exclusions, etc.) | |

[1] Footnotes here.

## 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

**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.)

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**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