

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
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
NYSOPBA**	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
Council 82	2022	\$40 (\$70ER)	\$20	\$20	\$20	\$35	\$40/\$20	\$60	\$30
<b>Non-Network Benefits</b>									
<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)		

# ATTACHMENT 30



**Department of  
Civil Service**

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

Student Employee Health Plan (SEHP)	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
GSEU	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.				