



August 18, 2020

Mr. George Babitsch  
Senior Vice President, Account Management  
EmblemHealth  
55 Water Street  
New York, NY 10041

**VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:**  
[gbabitsch@emblemhealth.com](mailto:gbabitsch@emblemhealth.com)

**RE:** Clarification Request #1 - Solicitation entitled: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Dear Mr. Babitsch:

On July 24, 2020, Health Insurance Plan of Greater New York (dba EmblemHealth) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Joint Labor Management Committee (JLMC) identified the following sections of your proposal that require clarification:

**Administrative Proposal:**

1. **Tab 3. Subcontractors and Affiliates:** Please confirm EmblemHealth will notify the JLMC of any changes to subcontractors that occur after the submission of its proposal and prior to the end of the contract with the Department. We note several contracts that expire during this timeframe in your proposal.
2. **Page 16, Tab 3. Subcontractors and Affiliates:** Please provide the contract beginning and end dates for Cognizant, who is providing Call Center and Claims Processing services.

**Technical Proposal:**

1. **Page 21, Question 5:** Delaware and Columbia Counties each have minimal to no specialty provider access in many areas. Saratoga County does not have any radiology facilities; Sullivan County has less than 50% access to allergists and optometrists; Washington County does not have access to any rheumatologists, clinical labs, radiology facilities and OB/GYNs. What has contributed to the

deficiencies and what actions are being taken by EmblemHealth to ensure access will improve?

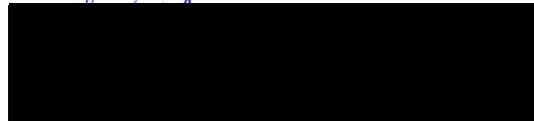
2. **Page 23, Question 5:** In accordance with Section 5.1.5 of the Specifications, please submit a Network Access snapshot that includes the entire proposed Medicare Advantage Plan (MAP) service area.
3. **Page 28, Question 13:** Per Exhibit 7, there were no external appeals filed by NYSHIP members. Please confirm if this is correct.
4. **Page 30, Question 17:** EmblemHealth indicates that it has maintained a 3-Star CMS rating since the 2019 plan year. Please advise how EmblemHealth plans to improve this rating.
5. **Page 30, Question 18:** EmblemHealth states Medicare enrollments can be reported up to a bi-weekly basis, which is contrary to the requirement to provide weekly notification as stated in Section 3.4.1.b.xii. Please confirm that EmblemHealth will supply this file on a weekly basis.
6. **Page 48, Question 1 (Attachment 14):** Please provide the number of times per year changes are made to the Prescription Drug Formulary.
7. **Page 278 and 299, Prime Schedule of Benefits:** This document indicates a \$75 copay for an observation stay. If this is a change for 2021, please add it to the Side-by-Side comparison. This change should be included in *Choices* as well.
8. **Page 742, Attachment 35, HMO Benefits for 2021:** This document indicates an increase in the chemotherapy copay when performed in a specialist office to \$10, but it is already \$10 for 2020. Please submit a corrected copy.
9. **Pages 765, Side-by-Side:** This document indicates a change in copay for chemotherapy in a specialist's office from \$5 to \$10, but the 2020 copay is already \$10. Please submit a corrected copy.
10. **Pages 781, 782, 785 and 786, The HIP Prime HMO 2020 Summary of Benefits:** This document should indicate 2021, not 2020. Please submit a corrected copy. Additionally, why are pages 783 and 787 included as they relate to 2020?
11. **Pages 789 and 799, Summary of Benefits and Coverage:** This document indicates no charge for emergency room care, but there should be a \$75 copay for the Commercial HMO and a \$25 copay for the MAP. Please submit a corrected copy.

- 12. Pages 790 and 800, Summary of Benefits and Coverage:** This document indicates 40 visits per plan year for home health care, but it should be 200 visits as listed in Commercial Schedule of Benefits on page 269. Please submit a corrected copy.
- 13. Pages 790 and 800, Summary of Benefits and Coverage:** The SBC indicates a benefit of 30 days per plan year for skilled nursing care. However, the Commercial Benefits Chart indicates no such limitation and the Medicare Advantage Benefits Chart indicates a 100-day limit for the MAP. Please confirm which documents are correct and submit revised versions of the incorrect materials.
- 14. Pages 790 and 800, Summary of Benefits and Coverage:** The SBC indicates Durable Medical Equipment (DME) is not covered, but in the Commercial Schedule of Benefits, on page 276, it should indicate covered at no copay. Please submit a corrected copy.
- 15. Page 844, Website Access:** Please provide dummy login credentials so that the JLMC may review the member portal.
- 16. NYSHIP Eligibility Rider, Evidence of Coverage and other documents marked as “Draft”:** Please confirm that finalized versions of all submitted “Draft” and “Pending” documents will be distributed to the JLMC as soon as they are available.
- 17. Choices - Commercial:** The following services appear to be newly added to the Commercial *Choices* page and were not included in the Side-by-Side Comparison Benefit Changes 2020 to 2021 Commercial HMO document. If these services/cost sharing requirements are a change, please update the Side-by-Side Comparison accordingly and submit the corrected document for Outpatient Surgery - Physician’s Office - No Copayment; Telemedicine - \$5 PCP/\$10 Specialist.
- 18. Choices - MAP:** Regarding Inpatient Mental Health for the MAP, there is a 190-day lifetime limit for psychiatric facilities. Please explain how this is consistent with the Mental Health Parity Addiction and Equity Act (MHPAEA). Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?
- 19. Choices - MAP:** Please provide what the cost sharing is for Air Ambulance for participating and non-participating providers.
- 20. The Certificate of Coverage:** The age limits for infertility treatments (ages 21-44) should be removed per New York State legislation.

21. EmblemHealth did not include Optional Marketing Materials in its submission. Please confirm if EmblemHealth does not intend to send any Optional Marketing Material to NYSHIP members for the 2021 Plan Year. If not confirmed, please submit proposed Optional Marketing Materials.
22. The MAP charges a \$5 copay per visit for pre- and post-natal visits. Is this allowed per PPACA?
23. Please update all Communications materials to members where the 2021 benefit levels are not properly reflected.

A response to this request is due no later than August 25, 2020. Please email your response to [DCSProcurement@cs.ny.gov](mailto:DCSProcurement@cs.ny.gov). We look forward to your timely response and advancing to the next stage of the solicitation process.

Sincerely,



James DeWan  
Director  
Employee Benefits Division



## Clarification Request #1

# Health Maintenance Organizations Specifications for the New York State Health Insurance Program (NYSHIP)

August 25, 2020

**Submitted to:**

**New York State Department of Civil Services**  
**Attn:** Brian Bopp, Assistant Director of Financial Administration  
Office of Financial Administration, Floor 17  
Agency Building 1, Empire State Plaza  
Albany, New York 12239  
**Phone:** (518) 473-2726  
**Email:** [DCSprocurement@cs.ny.gov](mailto:DCSprocurement@cs.ny.gov)





## Disclaimer Information

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EmblemHealth benefit plans are underwritten by Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), and HIP Insurance Company of New York.

GHI, HIP, HIP Insurance Company of New York, and EmblemHealth Services Company, LLC are all EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to EmblemHealth companies.

## Corporate Headquarters

**EmblemHealth**  
55 Water Street  
New York, NY 10041  
[emblemhealth.com](http://emblemhealth.com)

## Contact Information

**Bonnie Benson**  
Director, Account Management  
**Phone:** (518) 446-8024  
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## **A. Clarifying Questions: Administrative Proposal**

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- 1. Tab 3. Subcontractors and Affiliates:** *Please confirm EmblemHealth will notify the JLMC of any changes to subcontractors that occur after the submission of its proposal and prior to the end of the contract with the Department. We note several contracts that expire during this timeframe in your proposal.*

Confirmed. We will ensure proper notification is provided to the JLMC should any subcontractors change at any time throughout the duration of the contract. Note that we do not anticipate any subcontractor changes and all contracts will continue to be renewed.

- 2. Page 16, Tab 3. Subcontractors and Affiliates:** *Please provide the contract beginning and end dates for Cognizant, who is providing Call Center and Claims Processing services.*

EmblemHealth's contract with Cognizant was signed on April 14, 2016 and is valid through April 14, 2023. We also have three one-year renewal options available as well.





## B. Clarifying Questions: Technical Proposal

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1. **Page 21, Question 5:** *Delaware and Columbia Counties each have minimal to no specialty provider access in many areas. Saratoga County does not have any radiology facilities; Sullivan County has less than 50% access to allergists and optometrists; Washington County does not have access to any rheumatologists, clinical labs, radiology facilities and OB/GYNs. What has contributed to the deficiencies and what actions are being taken by EmblemHealth to ensure access will improve?*

EmblemHealth's network access results are performed based on our current NYSHIP members' census information, including our members' known zip codes where they are currently residing, since there is no general census provided by the Department. In addition, the results are run according to our established access standards as shown in our original *Exhibit 2. Access Standards* on page 19 of our Technical Proposal submission. Therefore, some areas may show limited or no access based on our current census. For example, if we only have a few members that reside within one zip code of rural Delaware County, but the providers available are all based in the main town of Delhi in a separate zip code, then our results could show no access if the providers are outside of our established access standards.

EmblemHealth maintains access to providers to serve all members within our proposed service area. Some members that reside in a rural area may need to go to the other side of their county or to a neighboring county to receive service. Many rural counties, such as Delaware, have no access to some specialty providers since there are no licensed providers based in that county. Some counties also only have a single licensed provider. To ensure sufficient access when little to no providers are available, we go to neighboring counties to ensure access. Please see *Attachment 1. Network Access* for our analysis conducted for the counties noted. In the far-right hand column, we have included access information to note where the county may have no licensed providers, or are limited to a single provider, due to the rural nature of the county.

As for the facilities noted, EmblemHealth leverages the EviCore network of providers for free-standing radiology. We do have a radiology facility in network in Saratoga located at:

- Adirondack Radiology Associates PC *dba* Saratoga Imaging Center  
3 Care Lane, Suite 100  
Saratoga Springs, NY 12866

Once again, our network access table noted 0 for Radiology Facility in Saratoga since the EmblemHealth members we have in Saratoga were outside of our established radius based on our access standards. These members may live in a remote part of the rural county and not near the main town.



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As for Washington County, there are no free-standing radiology facilities in this county to recruit into our network. However, there is one provider participating in neighboring Warren County located at:

- Adirondack Radiology Associates, PC *dba* North Country Imaging Center  
11 Murray Street  
Glens Falls, NY

Finally, EmblemHealth's Provider Relations and Provider Network Teams continually monitor for new providers and emerging practices and facilities so that as new providers become available, they are actively targeted and recruited into our network. We will continue to actively recruit new providers and maintain our existing provider network to continue to ensure appropriate access for all members, including those who reside in rural parts of the state.

**2. Page 23, Question 5:** *In accordance with Section 5.1.5 of the Specifications, please submit a Network Access snapshot that includes the entire proposed Medicare Advantage Plan (MAP) service area.*

EmblemHealth's Network Access snapshot was run based on our current NYSHIP membership since no general census was provided. Therefore, the counties which were left off of our original information provided had no EmblemHealth Medicare Advantage members and therefore no access information could be run and determined for those areas. Many of those counties showed no members due to the fact that they are newly added counties to our proposed Medicare Advantage service area. With no member census data (zip codes) to run, the table results would simply show as 0 at this time.

EmblemHealth continuously monitors its Medicare Advantage network in our proposed counties and meets all current CMS network adequacy requirements as defined under 42 C.F.R. 422.116. Please see *Attachment 2. CMS Adequacy Standards* for this excerpt containing the final rule on adequacy criteria that applies to Medicare Advantage plans depending on the county designation. In addition, CMS network adequacy criteria includes provider and facility specialty types that must be available consistent with CMS number, time, and distance standards. Access to each specialty type is assessed using quantitative standards based on the local availability of providers and facilities to ensure that organizations contract with a sufficient number of providers and facilities to furnish healthcare services without placing undue burden on the enrollees seeking covered services.

EmblemHealth is required to submit network adequacy reports, including details on our network providers and facilities, as required by CMS. Please see our *Attachment 3. Facility File Adequacy Report* and *Attachment 4. Provider File Adequacy Report* for the latest information submitted. In addition, please see our provider files (Attachments 6 and 7) included within our original Technical Proposal submission which further demonstrate



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access to all counties within our proposed Medicare Advantage service area. In addition, as we move forward and gain membership in these counties, future Network Access snapshots will include these counties since we will have member data to run our provider network against.

- 3. Page 28, Question 13:** *Per Exhibit 7, there were no external appeals filed by NYSHIP members. Please confirm if this is correct.*

Confirmed. The information as originally provided in Exhibit 7 is correct.

- 4. Page 30, Question 17:** *EmblemHealth indicates that it has maintained a 3-Star CMS rating since the 2019 plan year. Please advise how EmblemHealth plans to improve this rating.*

EmblemHealth has implemented many internal and external initiatives to improve our Star rating. We are continuing to closely track and monitor our internal data processes, cross collaborate with key business partners, and offer our members rich plan benefits. We are closely monitoring and implementing changes based on CMS guidance and recommendations with a focus that aligns all of our business areas on our member experience.

Further, we continue to enhance our data collection and exchange processes with our network provider groups and have developed Physician Engagement Teams to partner with these provider groups to drive high quality outcomes for our members. Member engagement and satisfaction is at the core of all of our improvement efforts, and we serve as a resource for our members through our member portal, preventive care education, care management programs, and outreach teams who focus on helping members close gaps in care, schedule medical appointments, and arrange transportation, and act as a resource for all of our members' healthcare needs.

- 5. Page 30, Question 18:** *EmblemHealth states Medicare enrollments can be reported up to a bi-weekly basis, which is contrary to the requirement to provide weekly notification as stated in Section 3.4.1.b.xii. Please confirm that EmblemHealth will supply this file on a weekly basis.*

Confirmed. EmblemHealth will provide all required reporting on a weekly basis.



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- 6. Page 48, Question 1 (Attachment 14):** *Please provide the number of times per year changes are made to the Prescription Drug Formulary.*

**EmblemHealth tries to minimize member disruption by limiting negative formulary changes to twice a year for our commercial plans.** All members that are impacted are provided with advance notification of the changes to their formulary. All formulary changes are reviewed and approved by EmblemHealth's Pharmacy and Therapeutics Committee.

Our Pharmacy & Therapeutics Committee consists of licensed pharmacists and board certified primary care and specialty physicians. The committee meets quarterly (four times per year) to provide advice and/or consent regarding the development and regular review and revision of EmblemHealth's pharmaceutical management procedures. In addition, the committee performs regular review of new drugs and drug classes to determine placement on the formulary.

The goal is to determine and promote the most effective and safe prescription medications for treating particular conditions and/or diseases. As the FDA approves new drugs, they are reviewed for formulary placement in comparison to similar competing drugs from other manufacturers. Recommendations for formulary placement occurs throughout the year as new information becomes available. Decisions made are based on, but not limited to, scientific evidence, clinical studies, standards of practice, safety and efficacy, utilization, and pharmacoeconomic studies.

**EmblemHealth limits negative formulary changes to once a year for our Medicare plans.** All members that are impacted are provided advance notification of the changes to their formulary as required by CMS. EmblemHealth sends impacted members a Plan "Annual Notice of Change" (ANOC) each fall. The ANOC includes any changes in coverage, costs, and/or service area that will be effective in January.

- 7. Page 278 and 299, Prime Schedule of Benefits:** *This document indicates a \$75 copay for an observation stay. If this is a change for 2021, please add it to the Side-by-Side comparison. This change should be included in Choices as well.*

Not Applicable – The \$75 copay for an observation stay is not a change for 2021.

- 8. Page 742, Attachment 35, HMO Benefits for 2021:** *This document indicates an increase in the chemotherapy copay when performed in a specialist office to \$10, but it is already \$10 for 2020. Please submit a corrected copy.*

Our Commercial Benefits Chart has been updated to remove the change previously noted on the \$10 copay increase in a Specialist office for Chemotherapy since this was not a change from 2020. Please see our updated *Attachment 5. Updated Commercial Benefits Chart* included with our response.



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- 9. Pages 765, Side-by-Side:** *This document indicates a change in copay for chemotherapy in a specialist's office from \$5 to \$10, but the 2020 copay is already \$10. Please submit a corrected copy.*

EmblemHealth's Side-by-Side Comparisons of Benefit Changes from 2020 to 2021 have been updated for both of our Active HMO plans (originally shown in pages 763 and 765) to remove the bullet "Performed in a Specialist Office" under the Chemotherapy benefit since this was not a change from 2020.

Please see *Attachment 6. Updated Side-by-Side Comparison of Benefit Changes 2020 to 2021 Actives with Rx* and *Attachment 7. Updated Side-by-Side Comparison of Benefit Changes 2020 to 2021 Actives without Rx* for this updated information.

- 10. Pages 781, 782, 785 and 786, The HIP Prime HMO 2020 Summary of Benefits:** *This document should indicate 2021, not 2020. Please submit a corrected copy. Additionally, why are pages 783 and 787 included as they relate to 2020?*

The member-facing materials we originally submitted were draft versions only since these were not able to be fully updated prior to the submission deadline. Pages 783 and 787 are not applicable for this coming enrollment year since, unlike previous years, there were benefit changes made for 2021. Final copies will be provided as required to the JLMC contact members for review at least one week prior to our member mailings by the October 21, 2020 deadline.

As required, please see the following updated attachments included with our response:

- *Attachment 8. Updated Commercial Member-facing Summary of Benefits - Actives with Rx*
- *Attachment 9. Updated Commercial Member-facing Plan Benefit Comparison - Actives with Rx*
- *Attachment 10. Updated Commercial Member-facing Summary of Benefits - Actives without Rx*
- *Attachment 11. Updated Commercial Member-facing Plan Benefit Comparison - Actives without Rx*

- 11. Pages 789 and 799, Summary of Benefits and Coverage:** *This document indicates no charge for emergency room care, but there should be a \$75 copay for the Commercial HMO and a \$25 copay for the MAP. Please submit a corrected copy.*

Please see our updated Summary of Benefits and Coverage (SBCs) included with our submission. Our SBCs have been labeled as *Attachment 12. Updated Commercial SBC with Rx* and *Attachment 13. Updated Commercial SBC without Rx*.



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**12. Pages 790 and 800, Summary of Benefits and Coverage:** *This document indicates 40 visits per plan year for home health care, but it should be 200 visits as listed in Commercial Schedule of Benefits on page 269. Please submit a corrected copy.*

Confirmed. This has now been updated and reflected in our *Attachment 12. Updated Commercial SBC with Rx* and *Attachment 13. Updated Commercial SBC without Rx* submitted with our response.

**13. Pages 790 and 800, Summary of Benefits and Coverage:** *The SBC indicates a benefit of 30 days per plan year for skilled nursing care. However, the Commercial Benefits Chart indicates no such limitation and the Medicare Advantage Benefits Chart indicates a 100-day limit for the MAP. Please confirm which documents are correct and submit revised versions of the incorrect materials.*

Our Commercial SBCs have been updated to correctly reflect “Unlimited days. Preauthorization required.” for skilled nursing care. Please see *Attachment 12. Updated Commercial SBC with Rx* and *Attachment 13. Updated Commercial SBC without Rx* submitted with our response.

**14. Pages 790 and 800, Summary of Benefits and Coverage:** *The SBC indicates Durable Medical Equipment (DME) is not covered, but in the Commercial Schedule of Benefits, on page 276, it should indicate covered at no copay. Please submit a corrected copy.*

Confirmed. Our SBCs have now been updated to correct this error. Please see *Attachment 12. Updated Commercial SBC with Rx* and *Attachment 13. Updated Commercial SBC without Rx* submitted with our response.

**15. Page 844, Website Access:** *Please provide dummy login credentials so that the JLMC may review the member portal.*

As a standard, EmblemHealth does not provide dummy accounts for our member portal. However, to support the JLMC in understanding the content and self-service functions available through our portal, we can provide a live demo upon request.

**16. NYSHIP Eligibility Rider, Evidence of Coverage and other documents marked as "Draft":** *Please confirm that finalized versions of all submitted "Draft" and "Pending" documents will be distributed to the JLMC as soon as they are available.*

Confirmed. All documents will be distributed to the JLMC as final versions become available. Note that since our original submission, our NYSHIP Eligibility Rider has been approved. Please see *Attachment 14. Approved NYSHIP Eligibility Rider* included with our response.



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**17. Choices - Commercial:** *The following services appear to be newly added to the Commercial Choices page and were not included in the Side-by-Side Comparison Benefit Changes 2020 to 2021 Commercial HMO document. If these services/cost sharing requirements are a change, please update the Side-by-Side Comparison accordingly and submit the corrected document for Outpatient Surgery - Physician's Office - No Copayment; Telemedicine - \$5 PCP/\$10 Specialist.*

After reviewing the information originally provided, there are no changes required for these items. The Outpatient Surgery in a Physician's Office copay and our Telehealth coverage are not changes from the prior year. Note that Telemedicine is the current wording used in the online Choices pages; however, EmblemHealth covers Telehealth as a covered benefit and has covered Telehealth in prior years. Our footnote #2 as originally provided for Telemedicine was added to clarify that "Telemedicine should read as Telehealth".

EmblemHealth provides Telehealth coverage today under our Commercial HIP Prime HMO Plan so this is not a change from the prior year. Our Telehealth coverage enables a physician in network to conduct a Telehealth appointment in lieu of an in-person appointment if needed. Telehealth services are subject to the same cost sharing that would apply if the member had physically gone to that participating provider for care. Members are responsible for a \$5 copay for a Primary Care Physician (PCP) visit and a \$10 copay for a Specialist visit as noted in our Choices pages submitted.

Apart from our Telehealth coverage already provided, EmblemHealth has an established partnership with Teladoc® to provide Telemedicine services to covered enrollees via online, virtual physicians 24 hours a day, seven days a week. This is a separate, new benefit that is not included today but could be added to support Commercial and/or Medicare enrollees at an additional cost for 2021. We are including this separate, additional price with our rate submission due by September 1, 2020 so that Telemedicine services can be added if desired.

**18. Choices - MAP:** *Regarding Inpatient Mental Health for the MAP, there is a 190- day lifetime limit for psychiatric facilities. Please explain how this is consistent with the Mental Health Parity Addiction and Equity Act (MHPAEA). Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?*

The group is not subject to ERISA because it is a governmental plan and therefore is not subject to the MHPAEA.

**19. Choices - MAP:** *Please provide what the cost sharing is for Air Ambulance for participating and non-participating providers.*

Cost sharing for Air Ambulance is at 20% coinsurance, with prior authorization required for non-emergent travel.



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**20. The Certificate of Coverage:** *The age limits for infertility treatments (ages 21-44) should be removed per New York State legislation.*

Our Commercial Benefits Chart, and not our Certificate of Coverage, noted this age limit on page 743 of our original Technical Proposal submission. This has now been updated to remove the age limit in the Infertility Services benefit and to include the limitation of three cycles per lifetime of in vitro fertilization for Advanced Infertility Services. Please see our updated *Attachment 5. Updated Commercial Benefits Chart* for this revised information.

**21. EmblemHealth did not include Optional Marketing Materials in its submission. Please confirm if EmblemHealth does not intend to send any Optional Marketing Material to NYSHIP members for the 2021 Plan Year. If not confirmed, please submit proposed Optional Marketing Materials.**

Yes, EmblemHealth is also including our NYSHIP Enrollment Member Guide which will be an additional material provided to members for 2021. Please see *Attachment 15. NYSHIP Enrollment Member Guide* for our current draft copy included in our submission.

**22. The MAP charges a \$5 copay per visit for pre- and post-natal visits. Is this allowed per PPACA?**

CMS permits Medicare Advantage plans to apply a copay for each specialist visit. Cost share is not applied to applicable preventive services per the following link:  
[https://www.cms.gov/medicare/prevention/prevntiongeninfo/medicare-preventive-services/mps-quickreferencechart-1.html#HEP\\_B\\_SCREEN](https://www.cms.gov/medicare/prevention/prevntiongeninfo/medicare-preventive-services/mps-quickreferencechart-1.html#HEP_B_SCREEN)

**23. Please update all Communications materials to members where the 2021 benefit levels are not properly reflected.**

Confirmed. For our Commercial plan, please see the following attachments noted previously in our response:

- *Attachment 8. Updated Commercial Member-facing Summary of Benefits - Actives with Rx*
- *Attachment 9. Updated Commercial Member-facing Plan Benefit Comparison - Actives with Rx*
- *Attachment 10. Updated Commercial Member-facing Summary of Benefits - Actives without Rx*
- *Attachment 11. Updated Commercial Member-facing Plan Benefit Comparison - Actives without Rx*





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In addition, our Commercial cover letters have also been updated, labeled as:

- *Attachment 16. Updated Commercial Member-facing Cover Letter - Actives with Rx*
- *Attachment 17. Updated Commercial Member-facing Cover Letter - Actives without Rx*

Finally, our Medicare member-facing materials have also been updated which include:

- *Attachment 18. Updated Medicare Member-facing Cover Letter - Retirees with Rx*
- *Attachment 19. Updated Medicare Member-facing Cost Sharing Guide - Retirees with Rx*
- *Attachment 20. Updated Medicare Member-facing Plan Benefit Comparison – Retirees with Rx*
- *Attachment 21. Updated Medicare Member-facing Cover Letter - Retirees without Rx*
- *Attachment 22. Updated Medicare Member-facing Cost Sharing Guide - Retirees without Rx*
- *Attachment 23. Updated Medicare Member-facing Plan Benefit Comparison – Retirees without Rx*



Better care. Better value. Better outcomes. For everyone.

**Contact:** Bonnie Benson  
Director, Account Management  
Phone: (518) 446-8024  
Email: [bbenson@emblemhealth.com](mailto:bbenson@emblemhealth.com)



MYRELLE CASTRO	MD	1639216179	Allergy and Immunology	92 OLD ROUTE 9W	STE 200	NEW WINDSOR	NY	12553	ORANGE	Only 1 provider in the market for Sullivan County; the remaining providers are in surrounding counties
BETH LOUIE	MD	1205802055	Allergy and Immunology	30 RONALD REAGAN BLVD		WARWICK	NY	10990	ORANGE	Only 1 provider in the market for Sullivan County; the remaining providers are in surrounding counties
MIHAI BUSUIOC		1679539266	Optometry	343 BROADWAY		MONTICELLO	NY	12701	SULLIVAN	
MICHAEL GEORGESCU		1730150921	Optometry	343 BROADWAY		MONTICELLO	NY	12701	SULLIVAN	
ELLEN COSGROVE	MD	1992735245	Rheumatology	161 CAREY RD		QUEENSBURY	NY	12804	WARREN	Only 1 provider in the market for Washington County; the remaining providers are in surrounding counties
TEJ BHAVSAR	MD	1689725301	Rheumatology	6 CARE LN		SARATOGA SPRINGS	NY	12866	SARATOGA	Only 1 provider in the market for Washington County; the remaining providers are in surrounding counties
JESSICA CHAPMAN	MD	1871814756	Rheumatology	1 WEST AVE	STE 330	SARATOGA SPRINGS	NY	12866	SARATOGA	Only 1 provider in the market for Washington County; the remaining providers are in surrounding counties
FAISAL CHAUDHARY	MD	1194986257	Rheumatology	6 CARE LN		SARATOGA SPRINGS	NY	12866	SARATOGA	Only 1 provider in the market for Washington County; the remaining providers are in surrounding counties
REBECCA ADLER	MD	1427443308	OB/GYN	9 CROSSING BLVD	STE 200	CLIFTON PARK	NY	12065	SARATOGA	No providers servicing in market in Washington county, only surrounding
STEFANIE ALLISON	MD	1265626642	OB/GYN	1 WEST AVE	STE 305	SARATOGA SPRINGS	NY	12866	SARATOGA	No providers servicing in market in Washington county, only surrounding
WILLIAM ANYAEBUNAM	MD	1699722624	OB/GYN	2 EMMA LN	STE 202	SARATOGA SPRINGS	NY	12065	SARATOGA	No providers servicing in market in Washington county, only surrounding
KENNETH BAKER	MD	1760489157	OB/GYN	2215 BURDETT AVE	STE 200	TROY	NY	12180	RENSELAER	No providers servicing in market in Washington county, only surrounding
JENNIFER BASHANT	MD	1841411618	OB/GYN	45 HUDSON AVE		GLENS FALLS	NY	12801	WARREN	No providers servicing in market in Washington county, only surrounding
DEBORAH BASSO	MD	1740238203	OB/GYN	2109 15TH ST		TROY	NY	12180	RENSELAER	No providers servicing in market in Washington county, only surrounding

equal to 49,999 persons with a population density greater than or equal to 1,000 persons per square mile and less than or equal to 4999.9 persons per square mile.

(3) *Micro*. A micro designation is assigned to any of the following combinations of population sizes and density parameters:

(i) A population size greater than or equal to 50,000 persons and less than or equal to 199,999 persons with a population density greater than or equal to 10 persons per square mile and less than or equal to 99.9 persons per square mile.

(ii) A population size greater than or equal to 10,000 persons and less than or equal to 49,999 persons with a population density greater than or equal to 50 persons per square mile and less than 999.9 persons per square mile.

(4) *Rural*. A rural designation is assigned to any of the following combinations of population sizes and density parameters:

(i) A population size greater than or equal to 10,000 persons and less than or equal to 49,999 persons with a population density of greater than or equal to 10 persons per square mile and less than or equal to 49.9 persons per square mile.

(ii) A population size less than 10,000 persons with a population density greater than or equal 50 persons per square mile and less than or equal to 999.9 persons per square mile.

(5) *Counties with extreme access considerations (CEAC)*. For any population size with a population density of less than 10 persons per square mile.

(d) *Maximum time and distance standards*—(1) *General rule*. CMS determines and annually publishes maximum time and distance standards for each combination of provider or facility specialty type and each county type in accordance with paragraphs (d)(2) and (3) of this section.

(i) Time and distance metrics measure the relationship between the approximate locations of beneficiaries and the locations of the network providers and facilities.

(ii) [Reserved]

(2) *By county designation*. The following base maximum time (in minutes) and distance (in miles) standards apply for each county type designation, unless modified through customization as described in paragraph (d)(3) of this section.

TABLE 1 TO PARAGRAPH (d)(2)

Provider/Facility type	Large metro		Metro		Micro		Rural		CEAC	
	Max time	Max distance	Max time	Max distance	Max time	Max distance	Max time	Max distance	Max time	Max distance
Primary Care .....	10	5	15	10	30	20	40	30	70	60
Allergy and Immunology .....	30	15	45	30	80	60	90	75	125	110
Cardiology .....	20	10	30	20	50	35	75	60	95	85
Chiropractor .....	30	15	45	30	80	60	90	75	125	110
Dermatology .....	20	10	45	30	60	45	75	60	110	100
Endocrinology .....	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology .....	30	15	45	30	80	60	90	75	125	110
Gastroenterology .....	20	10	45	30	60	45	75	60	110	100
General Surgery .....	20	10	30	20	50	35	75	60	95	85
Gynecology, OB/GYN .....	30	15	45	30	80	60	90	75	125	110
Infectious Diseases .....	30	15	60	40	100	75	110	90	145	130
Nephrology .....	30	15	45	30	80	60	90	75	125	110
Neurology .....	20	10	45	30	60	45	75	60	110	100
Neurosurgery .....	30	15	60	40	100	75	110	90	145	130
Oncology—Medical, Surgical Oncology—Radiation/Radi- ation Oncology .....	20	10	45	30	60	45	75	60	110	100
30	15	60	40	100	75	110	90	145	130	
Ophthalmology .....	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery .....	20	10	30	20	50	35	75	60	95	85
Physiatry, Rehabilitative Med- icine .....	30	15	45	30	80	60	90	75	125	110
Plastic Surgery .....	30	15	60	40	100	75	110	90	145	130
Podiatry .....	20	10	45	30	60	45	75	60	110	100
Psychiatry .....	20	10	45	30	60	45	75	60	110	100
Pulmonology .....	20	10	45	30	60	45	75	60	110	100
Rheumatology .....	30	15	60	40	100	75	110	90	145	130
Urology .....	20	10	45	30	60	45	75	60	110	100
Vascular Surgery .....	30	15	60	40	100	75	110	90	145	130
Cardiothoracic Surgery .....	30	15	60	40	100	75	110	90	145	130
Acute Inpatient Hospitals .....	20	10	45	30	80	60	75	60	110	100
Cardiac Surgery Program .....	30	15	60	40	160	120	145	120	155	140
Cardiac Catheterization Serv- ices .....	30	15	60	40	160	120	145	120	155	140
Critical Care Services—Inten- sive Care Units (ICU) .....	20	10	45	30	160	120	145	120	155	140
Surgical Services (Outpatient or ASC) .....	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities .....	20	10	45	30	80	60	75	60	95	85
Diagnostic Radiology .....	20	10	45	30	80	60	75	60	110	100
Mammography .....	20	10	45	30	80	60	75	60	110	100
Physical Therapy .....	20	10	45	30	80	60	75	60	110	100
Occupational Therapy .....	20	10	45	30	80	60	75	60	110	100
Speech Therapy .....	20	10	45	30	80	60	75	60	110	100
Inpatient Psychiatric Facility Services .....	30	15	70	45	100	75	90	75	155	140
Outpatient Infusion/Chemo- therapy .....	20	10	45	30	80	60	75	60	110	100



H3330	7/1/1987	Network At Columbia, I '33200	Active	Micro	'052	Inpatient P N	N/A	N/A	N/A	N/A	3232	3009	28	19	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Columbia, I '33200	Active	Micro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	19	14	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'040	Acute Inpa N	18	9234	8781	Yes	9234	8781	35	32	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	48	47	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	62	62	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'043	Critical Car N	N/A	N/A	N/A	N/A	22216	22208	84	83	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	44	39	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	1150	1150	22	22	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	36	33	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	17	14	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	34	31	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	31	29	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	32	29	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'052	Inpatient P N	N/A	N/A	N/A	N/A	2909	2909	15	15	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Delaware, I '33220	Active	Rural	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	14	12	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'040	Acute Inpa N	83	3588	3588	Yes	3588	3588	15	15	80	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	17	11	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	20	12	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'043	Critical Car N	N/A	N/A	N/A	N/A	2680	2662	14	12	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	35	30	80	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	2232	2231	33	32	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	30	24	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	26	22	90	N/A	N/A	99.2	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	26	21	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	23	20	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	23	19	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'052	Inpatient P N	N/A	N/A	N/A	N/A	14617	7441	57	33	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Dutchess, I '33230	Active	Metro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	15	13	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'040	Acute Inpa N	20	4135	3083	Yes	4135	3083	23	18	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	49	49	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	66	66	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'043	Critical Car N	N/A	N/A	N/A	N/A	22328	22320	89	88	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	49	43	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	2119	1722	33	26	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	35	29	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	21	15	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	33	26	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	29	24	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	29	24	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'052	Inpatient P N	N/A	N/A	N/A	N/A	3408	2733	19	17	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Greene, NY '33300	Active	Micro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	15	11	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'040	Acute Inpa N	362	10093	10093	Yes	10093	10093	21	21	80	CON State	100	Yes	100	Yes	Pass	
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	27	27	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	32	31	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'043	Critical Car N	N/A	N/A	N/A	N/A	11313	11313	34	34	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	98	96	80	CON State	100	Yes	100	Yes	Pass	
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	22160	22160	111	111	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	94	94	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	117	112	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	63	63	90	N/A	N/A	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	57	57	90	N/A	N/A	100	Yes	100	Yes	Pass

H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr '051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	58	58	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr '052	Inpatient P N	N/A	N/A	N/A	N/A	20526	20209	79	78	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Kings, NY '33331	Active	Large Metr '057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	39	39	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '040	Acute Inpa N		259	15316	9439	Yes	15316	9439	37	25	80 CON State	100 Yes	100 Yes	Pass	
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	36	31	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	43	40	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '043	Critical Car N	N/A	N/A	N/A	N/A	12809	5357	43	27	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	105	69	80 CON State	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '046	Skilled Nur: N	N/A	N/A	N/A	N/A	32010	24253	166	131	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	112	74	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	129	90	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	89	59	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '050	Occupatior N	N/A	N/A	N/A	N/A	N/A	N/A	70	46	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	70	46	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '052	Inpatient P N	N/A	N/A	N/A	N/A	23978	21887	104	93	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Nassau, NY '33400	Active	Large Metr '057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	53	38	90	100 Yes	99.9 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '040	Acute Inpa N		276	10952	10952	Yes	10952	10952	28	28	80 CON State	100 Yes	100 Yes	Pass	
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	30	29	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	32	31	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '043	Critical Car N	N/A	N/A	N/A	N/A	14462	14462	40	40	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	112	110	80 CON State	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '046	Skilled Nur: N	N/A	N/A	N/A	N/A	24918	24918	129	129	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	111	110	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	131	126	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	80	79	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '050	Occupatior N	N/A	N/A	N/A	N/A	N/A	N/A	71	71	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	72	72	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '052	Inpatient P N	N/A	N/A	N/A	N/A	20160	20137	77	76	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At New York, I '33420	Active	Large Metr '057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	49	49	90	100 Yes	100 Yes	Pass		
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '040	Acute Inpa N		90	5144	4994	Yes	5144	4994	21	20	80 CON State	N/A	N/A	93.9 Yes	Pass
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	29	20	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	34	23	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '043	Critical Car N	N/A	N/A	N/A	N/A	4061	4061	20	20	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	42	40	80 CON State	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '046	Skilled Nur: N	N/A	N/A	N/A	N/A	4474	3196	46	40	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	41	35	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	34	30	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	37	32	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '050	Occupatior N	N/A	N/A	N/A	N/A	N/A	N/A	31	28	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	31	28	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '052	Inpatient P N	N/A	N/A	N/A	N/A	22360	20876	93	81	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Orange, NY '33540	Active	Metro '057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	17	16	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '040	Acute Inpa N		27	5669	4751	Yes	5669	4751	24	17	80 CON State	N/A	N/A	100 Yes	Pass
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	27	19	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	35	25	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '043	Critical Car N	N/A	N/A	N/A	N/A	4460	3657	23	15	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	47	34	80 CON State	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '046	Skilled Nur: N	N/A	N/A	N/A	N/A	6751	4034	61	43	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	45	34	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	44	32	90	N/A	N/A	100 Yes	Pass	
H3330	7/1/1987	Network At Putnam, N '33580	Active	Metro '049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	42	30	90	N/A	N/A	100 Yes	Pass	





H3330	7/1/1987	Network At Rockland, N '33620	Active	Metro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	114	108	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Rockland, N '33620	Active	Metro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	100	96	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Rockland, N '33620	Active	Metro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	99	95	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Rockland, N '33620	Active	Metro	'052	Inpatient P N	N/A	N/A	N/A	N/A	25957	24853	116	109	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Rockland, N '33620	Active	Metro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	70	66	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'040	Acute Inpa N		68	1384	1384	Yes		1384	1384	8	8	80 CON State	N/A	N/A	100	Yes	Pass
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	4	4	90	N/A	N/A	99.3	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	6	6	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'043	Critical Car N	N/A	N/A	N/A	N/A	1391	1391	6	6	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	19	17	80 CON State	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	268	267	7	6	90	N/A	N/A	92.2	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	13	12	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	3	3	90	N/A	N/A	99.9	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	10	9	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	9	8	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	9	8	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'052	Inpatient P N	N/A	N/A	N/A	N/A	1254	1002	8	6	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Saratoga, N '33640	Active	Metro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	5	5	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'040	Acute Inpa N		46	1384	1384	Yes		1384	1384	8	8	80 CON State	N/A	N/A	100	Yes	Pass
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	4	4	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	6	6	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'043	Critical Car N	N/A	N/A	N/A	N/A	1098	1098	5	5	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	16	15	80 CON State	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	267	265	6	4	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	12	11	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	2	2	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	9	8	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	8	7	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	8	7	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'052	Inpatient P N	N/A	N/A	N/A	N/A	1254	1002	8	6	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Schenectac '33650	Active	Metro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	4	4	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'040	Acute Inpa N		280	7857	6941	Yes		7857	6941	22	20	80 CON State	99.5	Yes	94.2	Yes	Pass
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	41	39	90		100	Yes	99.7	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	44	28	90		100	Yes	99.9	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'043	Critical Car N	N/A	N/A	N/A	N/A	2478	1975	19	16	90		99.5	Yes	94.1	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	42	36	80 CON State		99.5	Yes	94.6	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	8271	7005	50	44	90		99	Yes	95.1	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	35	29	90		99.5	Yes	94.6	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	57	46	90		99.5	Yes	96.5	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	45	39	90		99.5	Yes	95.2	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	26	20	90		99.5	Yes	94.1	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	25	21	90		99.5	Yes	94.1	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'052	Inpatient P N	N/A	N/A	N/A	N/A	5931	5186	37	33	90		99.9	Yes	98	Yes	Pass	
H3330	7/1/1987	Network At Suffolk, NY '33700	Active	Large Metr	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	21	16	90		99	Yes	92.3	Yes	Pass	
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'040	Acute Inpa N		28	11625	11625	Yes		11625	11625	39	39	75 CON State	N/A	N/A	100	Yes	Pass
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	49	49	85		N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	66	66	85		N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'043	Critical Car N	N/A	N/A	N/A	N/A	22328	22328	89	89	85		N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	45	45	75 CON State	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	4202	4118	49	48	85		N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	47	46	85		N/A	N/A	100	Yes	Pass	

H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	35	34	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	44	44	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	38	38	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	38	38	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'052	Inpatient P N	N/A	N/A	N/A	N/A	23103	22789	98	93	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Sullivan, NY '33710	Active	Micro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	19	19	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'040	Acute Inpai N	57	2727	1427	Yes	2727	1427	15	10	80	CON State	N/A	N/A	99.8	Yes	Pass	
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	10	8	90	N/A	N/A	99.9	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	13	12	90	N/A	N/A	99.9	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'043	Critical Car N	N/A	N/A	N/A	N/A	2275	1416	14	11	90	N/A	N/A	99.3	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	36	31	80	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	2234	1721	35	25	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	31	22	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	25	16	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	28	22	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	25	20	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	25	20	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'052	Inpatient P N	N/A	N/A	N/A	N/A	3043	2058	22	14	90	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Ulster, NY '33740	Active	Metro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	13	9	90	N/A	N/A	99.2	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'040	Acute Inpai N	29	1384	1384	Yes	1384	1384	8	8	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	10	7	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	18	13	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'043	Critical Car N	N/A	N/A	N/A	N/A	3616	2726	21	14	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	20	19	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	269	268	8	7	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	13	12	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	3	3	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	10	9	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	9	8	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	9	8	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'052	Inpatient P N	N/A	N/A	N/A	N/A	1002	1002	6	6	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Warren, NY '33750	Active	Micro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	5	5	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'040	Acute Inpai N	23	1384	1384	Yes	1384	1384	8	8	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	11	8	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	19	13	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'043	Critical Car N	N/A	N/A	N/A	N/A	4488	2789	23	15	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	20	19	75	CON State	N/A	N/A	100	Yes	Pass	
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	269	268	8	7	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'047	Diagnostic N	N/A	N/A	N/A	N/A	N/A	N/A	13	13	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'048	Mammogr: N	N/A	N/A	N/A	N/A	N/A	N/A	3	3	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'049	Physical Th N	N/A	N/A	N/A	N/A	N/A	N/A	10	10	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'050	Occupatio N	N/A	N/A	N/A	N/A	N/A	N/A	9	9	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'051	Speech The N	N/A	N/A	N/A	N/A	N/A	N/A	9	9	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'052	Inpatient P N	N/A	N/A	N/A	N/A	1254	1002	8	6	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Washington '33760	Active	Micro	'057	Outpatient N	N/A	N/A	N/A	N/A	N/A	N/A	5	5	85	N/A	N/A	100	Yes	Pass		
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'040	Acute Inpai N	171	7395	6568	Yes	7395	6568	27	24	80	CON State	100	Yes	96.4	Yes	Pass	
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'041	Cardiac Sur N	N/A	N/A	N/A	N/A	N/A	N/A	35	32	90	N/A	N/A	100	Yes	96.5	Yes	Pass
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'042	Cardiac Cat N	N/A	N/A	N/A	N/A	N/A	N/A	40	33	90	N/A	N/A	100	Yes	96.5	Yes	Pass
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'043	Critical Car N	N/A	N/A	N/A	N/A	8233	7987	23	21	90	N/A	N/A	100	Yes	96.4	Yes	Pass
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'045	Surgical Sei N	N/A	N/A	N/A	N/A	N/A	N/A	50	43	80	CON State	100	Yes	99	Yes	Pass	
H3330	7/1/1987	Network At Westcheste '33800	Active	Large Metr	'046	Skilled Nur: N	N/A	N/A	N/A	N/A	16544	15536	100	94	90	N/A	N/A	100	Yes	98.7	Yes	Pass

H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'047	Diagnostic	N	N/A	N/A	N/A	N/A	N/A	N/A	59	52	90	100	Yes	96.4	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'048	Mammogr	N	N/A	N/A	N/A	N/A	N/A	N/A	66	55	90	100	Yes	98.4	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'049	Physical Th	N	N/A	N/A	N/A	N/A	N/A	N/A	50	44	90	100	Yes	98.1	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'050	Occupatio	N	N/A	N/A	N/A	N/A	N/A	N/A	44	38	90	100	Yes	96.4	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'051	Speech The	N	N/A	N/A	N/A	N/A	N/A	N/A	77	70	90	100	Yes	99.7	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'052	Inpatient P	N	N/A	N/A	N/A	N/A	17012	16120	62	56	90	100	Yes	98.9	Yes	Pass
H3330	7/1/1987	Network A	Westchest	'33800	Active	Large Metr	'057	Outpatient	N	N/A	N/A	N/A	N/A	N/A	N/A	31	26	90	100	Yes	96.4	Yes	Pass























H3330	7/1/1987	Network A	Westchestr '33800	Active	Large Metr '033	Urology	N	2	269	197	Yes	90	100	Yes	99.8	Yes	Pass
H3330	7/1/1987	Network A	Westchestr '33800	Active	Large Metr '034	Vascular Su	N	1	214	199	Yes	90	100	Yes	100	Yes	Pass
H3330	7/1/1987	Network A	Westchestr '33800	Active	Large Metr '035	Cardiothor	N	1	235	222	Yes	90	100	Yes	100	Yes	Pass

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32		Approved 12/13/19	\$5 Copay per visit	Unlimited	No	-\$3.28	-\$8.04
Specialty Office Visit	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32		Approved 12/13/19	\$10 Copay per visit	Unlimited	No	-\$6.86	-\$16.79
Chiropractic Care	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 28		Approved 12/13/19	\$10 Copay per visit	Unlimited	No	Included in Standard package cost	Included in Standard package cost
Inpatient Hospital Care	Covered as required by Federal and NYS laws and/or regulation, not subject to deductibles, copays or coinsurance	COC, Sec. XI, Page 43		Approved 12/13/19	\$0 Copay per continuous confinement	Unlimited	No	\$843.58	\$2,066.76
Surgery (include all settings)		COC, Sec. IX, Page 28; Sec. XI, Page 43		Approved 12/13/19		Unlimited	No	Included in Standard package cost	Included in Standard package cost
Physician-Inpatient					\$0 Copay				
Physician-Outpatient (at a hospital, facility or surgery center)					\$0 Copay				
Physician's Office					*PCP: \$0 Copay *Specialist: \$0 Copay *The Member is responsible for their office visit copay and not an additional copay for surgery.				
Outpatient Surgery Facility					\$0 Copay				



**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Skilled Nursing Facilities		COC, Sec. XI, Page 45		Approved 12/13/19	\$0 Copay	Unlimited	No	\$4.09	\$10.01
Hospice Benefits	210 days	COC, Sec. X, Page 40		Approved 12/13/19	\$0 Copay	210 days	No	Included in Standard package cost	Included in Standard package cost
Emergency Room	Covered as required by ACA	COC, Sec. VIII, Pages 26, 27		Approved 12/13/19	\$75 Copay per visit	Unlimited	No	-\$7.77	-\$19.05
Urgent Care Facility		COC, Sec. VIII, Page 27		Approved 12/13/19	\$5 Copay per visit	Unlimited	No	-\$0.11	-\$0.28
<u>Ambulance:</u> Non-airborne  Airborne		COC, Sec. VII, Pages 24, 25		Approved 12/13/19	\$0 Copay	Unlimited	No	Included in Standard package cost	Included in Standard package cost
<b>Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings</b>									
Radiology	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32; Sec. XI, Page 43		Approved 12/13/19	Hospital: \$0 Copay  Medical/Surgical (Professional):  Performed in a PCP office: \$5 Copay  Performed in a Specialist office: \$10 Copay  Performed in a Freestanding Radiology Facility: \$0 Copay  Performed as Outpatient Hospital Services: \$0 Copay	Unlimited	Yes, increase in Copays as follows:  Performed in a PCP office: \$5 Copay increase  Performed in a Specialist office: \$10 Copay increase	Included in Standard package cost	Included in Standard package cost

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Lab Tests	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XI, Page 43; Sec. IX, Page 32			Hospital: \$0 Copay  Medical/Surgical (Professional):  Performed in a PCP office: \$5 Copay  Performed in a Specialist office: \$10 Copay  Performed in a Freestanding Laboratory Facility: \$0 Copay  Performed as Outpatient Hospital Services: \$0 Copay	Unlimited	Yes, increase in Copays as follows:  Performed in a PCP office: \$5 Copay increase  Performed in a Specialist office: \$10 Copay increase	Included in Standard package cost	Included in Standard package cost
Pathology	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XI, Page 43; Sec. IX, Page 32			Hospital: \$0 Copay  Medical/Surgical (Professional): PCP: \$0 Copay Specialist: \$0 Copay	Unlimited	No	Included in Standard package cost	Included in Standard package cost

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
EKG/EEG	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32; Sec. XI, Page 43		Approved 12/13/19	Hospital: \$0 Copay  Medical/Surgical (Professional):  Performed in a PCP office: \$5 Copay  Performed in a Specialist office: \$10 Copay  Performed in a Freestanding Radiology Facility: \$0 Copay  Performed as Outpatient Hospital Services: \$0 Copay	Unlimited	Yes, increase in Copays as follows:  Performed in a PCP office: \$5 Copay increase  Performed in a Specialist office: \$10 Copay increase	Included in Standard package cost	Included in Standard package cost
Radiation	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32; Sec. XI, Page 43		Approved 12/13/19	Hospital: \$0 Copay  Medical/Surgical (Professional):  Performed in a Specialist office: \$10 Copay  Performed in a Freestanding Radiology Facility: \$0 Copay  Performed as Outpatient Hospital Services: \$0 Copay	Unlimited	Yes, \$10 Copay increase in a Specialist office		

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Chemotherapy	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 28; Sec. XI, Page 43		Approved 12/13/19	Hospital: \$0 Copay  Medical/Surgical (Professional):  Performed in a PCP office: \$5 Copay  Performed in a Specialist office: \$10 Copay  Performed as Outpatient Hospital Services: \$0 Copay	Unlimited	Yes, increase in Copay as follows:  Performed in a PCP office: \$5 Copay increase	Included in Standard package cost	Included in Standard package cost
<b>Preventive Services</b>									
<u>All Members</u> - including but not limited to: annual wellness visit/ physical, standard immunizations (recommended by ACIP), colonoscopy, screening for STDs, HIV. Alcohol/ substance abuse, tobacco use, cholesterol, diabetes and high	Covered as required by Federal and NYS laws and/or regulation, and ACA	COC, Sec. VI, Pages 21, 22		Approved 12/13/19	\$0 Copay	1 visit per Plan Year	No	Included in Standard package cost	Included in Standard package cost
<u>Women's Health</u> - including but not limited to: mammograms, bone density, pap tests, anemia, iron deficiency, etc. for pregnant women	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. VI, Pages 22, 23		Approved 12/13/19	\$0 Copay	→ 1 baseline mammogram for Members age 35 through 39; → Upon the recommendation of the Member's Provider, an annual mammogram for Members age 35 through 39 if Medically Necessary; and → 1 mammogram annually for Members age 40 and over.  → 1 annual cytology	No	Included in Standard package cost	Included in Standard package cost

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Men's Health - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. VI, Page 23		Approved 12/13/19	\$0 Copay	→ Prostate Cancer Screening at any age with a prior history of prostate cancer; and → annually for men age 50 and over who are asymptomatic and age 40 and over with a family history of prostate cancer or other prostate cancer risks.	No	Included in Standard package cost	Included in Standard package cost
Children's Health - including but not limited to: certain newborn screenings, metabolic screenings, vision, autism, lead and TB screenings, obesity counseling	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. VI, Page 21		Approved 12/13/19	\$0 Copay	1 visit per plan year	No	Included in Standard package cost	Included in Standard package cost
<b>Women's Health Care/OB GYN</b>									
Pre- and Post Natal Visits	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. IX, Page 32		Approved 12/13/19	\$0 Copay	Unlimited	No	Included in Standard package cost	Included in Standard package cost
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling	COC, Sec. VI, Pages 22, 23		Approved 12/13/19	PCP: \$5 Copay per visit Specialist: \$10 Copay per visit	Unlimited The Copay is waived if it is an ACA preventive care service	No	Included in Standard package cost	Included in Standard package cost
Infertility Services	Covered as required by Federal and NYS laws and/or regulation and the infertility mandates of 2002 and 2019	COC, Sec. IX, Pages 30, 31		Approved 12/13/19	\$10 Copay per visit	Advanced Infertility Services limited to 3 cycles per lifetime of in vitro fertilization	No	Included in Standard package cost	Included in Standard package cost
Contraceptive Drugs and Devices	Covered as required by ACA and NYS laws and/or regulation whichever provides the higher level of benefit	COC, Sec. XIII, Page 51		Approved 12/13/19	\$0 Copay	Unlimited	No	Included in Standard package cost	Included in Standard package cost

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
<b>Rehabilitative Care, Physical, Speech &amp; Occupational Therapy</b>									
Inpatient Rehabilitative Care		COC, Sec. XI, Pages 44, 45		Approved 12/13/19	\$0 Copay	30 days per Plan Year	No	Included in Standard package cost	Included in Standard package cost
Outpatient Rehabilitative Care		COC, Sec. IX, Page 33		Approved 12/13/19	Performed in a PCP office: \$5 Copay per visit  Performed in a Specialist office: \$10 Copay per visit  Performed in an Outpatient Facility: \$0 Copay	90 visits per Plan Year (total visits include those received for Speech, Occupational, Respiratory and/or Physical Therapies)	Yes, decrease in Copays as follows:  Performed in a PCP office: \$5 Copay decrease  Performed in an Outpatient Facility: \$10 Copay decrease	\$2.04	\$5.00
<b>Mental Health/Substance Abuse</b>									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XII, Pages 47, 48		Approved 12/13/19	\$0 Copay	Unlimited	No	\$18.04	\$44.19
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XII, Page 47		Approved 12/13/19	\$0 Copay	Unlimited	No	\$14.43	\$35.35
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	COC, Sec. X, Pages 36, 37		Approved 12/13/19	PCP: \$5 Copay per visit Specialist: \$10 Copay per visit	Unlimited	No	Included in Standard package cost	Included in Standard package cost
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XII, Page 48		Approved 12/13/19	\$0 Copay	Unlimited	No	\$1.11	\$2.72
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. XII, Page 48		Approved 12/13/19	Office Visit: \$5 Copay per visit All Other Outpatient Services: \$5 Copay per visit	Unlimited	Yes, \$5 Copay decrease when performed at All Other Outpatient Services	\$1.11	\$2.72

**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	COC, Sec. XII, Page 48		Approved 12/13/19	\$0 Copay	Unlimited	No	\$7.93	\$19.44
<b>Prescription Drugs:</b> Medically necessary federal legend and state restricted drugs, compounded medications and injectable insulin. Coverage must include contraceptive drugs and devices, fertility drugs and enteral formulas. (The copayment for injectable drugs, including fertility drugs, must be the same as the copayment for other covered drugs except drugs limited to 30 days supply at dispensing.) No annual or lifetime maximum permitted.									
Prescription Drugs		COC, Sec. XIII, Pages 50 - 62		Approved 12/13/19	Retail 30-Day Supply: \$5 Copay generic / \$20 Copay brand  Mail-Order 90-Day Supply: \$7.50 Copay generic / \$30 Copay brand	Unlimited	No	\$290.69	\$712.17
<b>Other</b>									
Diabetic Supplies	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. X, Pages 38, 39		Approved 12/13/19	\$5 Copay per 34 day supply	Unlimited	No	-\$0.20	-\$0.49
Oral Agents and Insulin	Covered as required by Federal and NYS laws and/or regulation	COC, Sec. X, Pages 38, 39		Approved 12/13/19	\$5 Copay per 34 day supply	Unlimited	No	Included in Standard package cost	Included in Standard package cost
Diabetic Shoes		COC, Sec. X, Pages 38, 39, 40		Approved 12/13/19	\$0 Copay	Limitations subject to prior approval requirements	No	Included in Standard package cost	Included in Standard package cost

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HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Durable Medical Equipment (DME)	Medically necessary DME which can with- stand repeated use & primarily used to serve a medical purpose must be covered. Examples include but not limited to: wheelchairs, walkers, respiratory equip, oxygen supplies, replacements, repairs & maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary.	COC, Sec. X, Pages 39, 40		Approved 12/13/19	\$0 Copay	Limitations subject to prior approval requirements	No	\$7.28	\$17.85
Prosthetic Devices	Medically necessary prosthetic devices that aid body functioning or replace a limb or body part in order to correct a defect of body form or function must be covered. Examples of prosthetic devices include but are not limited to: artificial limbs, pacemakers, heart valve replacements, artificial joints, external breast prostheses & Ostomy Supplies. Replacements, repairs and maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when	COC, Sec. X, Page 41		Approved 12/13/19	\$0 Copay	Limitations subject to prior approval requirements	No	Included in Standard package cost	Included in Standard package cost



**ATTACHMENT 35  
HMO BENEFITS FOR 2021 -- Commercial Plan**

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days. Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
		COC - Form # 155-23-LGHMOCERT	Rider Number					Individual	Family
Orthotic Devices	Medically Necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot must be covered. Orthopedic shoes and other supportive devices for treatment of weak, strained, flat, unstable or unbalanced feet should not be included for coverage. Replacements, repairs and maintenance, not provided for under a manufacturer's warranty or purchase agreement, must be covered when functionally necessary.	COC, Sec. X, Pages 39 - 42		Approved 12/13/19	\$0 Copay	Limitations subject to prior approval requirements	No	\$1.18	\$2.89
Additional Benefits	Who is Covered - NYSHIP Eligibility Rider  Prescription Drug Rider for Certain Drugs  Transportation, Lodging and Meal Expenses for Transplants Rider		155-23-NYSHIP ELIGIBILITY (07/20)  155-23-LGHMOwRX (11/19)  155-23-LGHMOTRANS PLANTS (07/16)	Filed and pending DFS approval  Approved 12/13/19  Approved 10/21/16		→ Adds certain coverage for the NYSHIP plan without Prescription Drug benefits.  → Coverage is \$10,000 per transplant. → Maximum daily coverage for lodging and meals is \$200. → Expenses are for recipient and 1 companion (2 if candidate is a minor) when travelling outside a 50 mile radius from recipient's home. → Coverage also for donor and 1 companion (2 if donor is a minor) when traveling outside a 50 mile radius from donor's	No	\$0.00	\$0.00

**ATTACHMENT 25**

**Health Insurance Plan of Greater New York (HIP)  
Side-by-Side Comparison  
For New York State Employees  
2020 to 2021**

<b>MODIFIED BENEFIT</b>	<b>2020 Benefit Level</b>	<b>2021 Benefit Level</b>
<b>PROFESSIONAL SERVICES and OUTPATIENT CARE</b>		
Advanced Imaging Services <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay	\$10 Copay
Allergy Testing and Treatment <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> </ul>	\$10 Copay	\$5 Copay
Cardiac Rehabilitation <ul style="list-style-type: none"> <li>Performed as Outpatient Hospital Services</li> </ul>	\$10 Copay	\$0 Copay
Chemotherapy <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> </ul>	\$0 Copay	\$5 Copay
Diagnostic Radiology Services <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Dialysis <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Freestanding Center</li> <li>Performed as Outpatient Hospital Services</li> </ul>	\$10 Copay \$10 Copay \$10 Copay	\$5 Copay \$0 Copay \$0 Copay

NYSHIP Active Employees with RX  
Calendar Year 2021

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

# HIP PRIME HMO



MODIFIED BENEFIT	2020 Benefit Level	2021 Benefit Level
<b>PROFESSIONAL SERVICES and OUTPATIENT CARE – continued</b>		
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in an Outpatient Facility</li> </ul>	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Infusion Therapy <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> <li>Home Infusion Therapy</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	\$5 Copay \$10 Copay \$10 Copay
Laboratory Tests <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in an Outpatient Facility</li> </ul>	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Therapeutic Radiology Services <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay	\$10 Copay
<b>MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES</b>		
Outpatient Alcoholism and Substance Abuse Rehabilitation <ul style="list-style-type: none"> <li>All Other Outpatient Services</li> </ul>	\$10 Copay	\$5 Copay

NYSHIP Active Employees with RX  
 Calendar Year 2021

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

**ATTACHMENT 25**

**Health Insurance Plan of Greater New York (HIP)  
Side-by-Side Comparison  
For New York State Employees  
2020 to 2021**

<b>MODIFIED BENEFIT</b>	<b>2020 Benefit Level</b>	<b>2021 Benefit Level</b>
<b>PROFESSIONAL SERVICES and OUTPATIENT CARE</b>		
Advanced Imaging Services <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay	\$10 Copay
Allergy Testing and Treatment <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> </ul>	\$10 Copay	\$5 Copay
Cardiac Rehabilitation <ul style="list-style-type: none"> <li>Performed as Outpatient Hospital Services</li> </ul>	\$10 Copay	\$0 Copay
Chemotherapy <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> </ul>	\$0 Copay	\$5 Copay
Diagnostic Radiology Services <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Dialysis <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Freestanding Center</li> <li>Performed as Outpatient Hospital Services</li> </ul>	\$10 Copay \$10 Copay \$10 Copay	\$5 Copay \$0 Copay \$0 Copay

NYSHIP Active Employees without RX  
Calendar Year 2021

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

# HIP PRIME HMO



MODIFIED BENEFIT	2020 Benefit Level	2021 Benefit Level
<b>PROFESSIONAL SERVICES and OUTPATIENT CARE – continued</b>		
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in an Outpatient Facility</li> </ul>	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Infusion Therapy <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> <li>Home Infusion Therapy</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	\$5 Copay \$10 Copay \$10 Copay
Laboratory Tests <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in an Outpatient Facility</li> </ul>	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Therapeutic Radiology Services <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> </ul>	\$0 Copay	\$10 Copay
<b>MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES</b>		
Outpatient Alcoholism and Substance Abuse Rehabilitation <ul style="list-style-type: none"> <li>All Other Outpatient Services</li> </ul>	\$10 Copay	\$5 Copay

NYSHIP Active Employees without RX  
 Calendar Year 2021

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

# HIP Prime HMO 2021 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
<b>Physician Services</b>	<b>Primary Care Physician Office Visits</b>	
	Adults	\$5 per visit
	Sick-Child Visits (Age 0-25)	\$5 per visit
	Laboratory Services	\$5 per visit
	X-ray Services	\$5 per visit
	<b>Specialist Office Visits</b>	
	Office Visits	\$10 per visit
	Laboratory Services	\$10 per visit
	Refractive Eye Exams	\$0
	X-ray Services	\$10
	<b>Inpatient Hospital Services</b>	
	Anesthesiology	\$0
Radiology Visits/Consultations	\$0	
<b>Preventive &amp; Wellness Care Services</b>	Well-Baby, Child Care, and Immunizations	\$0
	Adult Physical	\$0
	Mammography & Prostate Cancer Screening	\$0
	Annual Pap Test & OB/GYN Exam	\$0
	Immunizations for Adults	\$0
	Colonoscopy & Sigmoidoscopy Screening for Adults	\$0
	Bone Density Tests	\$0
	<b>Hospital</b>	Hospital Inpatient
Hospital Outpatient Surgery		\$0
Hospital Outpatient X-ray		\$0
Hospital Outpatient Laboratory		\$0
<b>Maternity</b>	Physician Services	\$0
	Hospital Services	\$0
	Nursery Care	\$0
<b>Emergency Room (ER) Visit</b>		\$75 per visit
<b>Ambulance</b>		\$0
<b>Chiropractic Benefit</b>		\$10 per visit
<b>Durable Medical Equipment</b>		\$0
<b>Mental Health</b>	Inpatient	\$0
	Outpatient	\$0
<b>Substance Abuse Diagnosis &amp; Treatment</b>	Inpatient	\$0
	Rehabilitation Outpatient:	
	· Primary Care Physician Office	\$5 per visit
· Specialist Office	\$5 per visit	
<b>Physical/Occupational/Speech Therapy</b>	Outpatient	\$0; Combined 90 visits per year
	Primary Care Physician Office	\$5 per visit

(Continued)

# HIP Prime HMO 2021 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
<b>Home Health Care</b>		\$0 – 200 visits per calendar year
<b>Prescription Coverage<sup>1</sup></b>	Retail 30-Day Supply Mail Order 90-Day Supply	\$5 generic / \$20 brand \$7.50 generic / \$30 brand
<b>Lifetime Maximum Coverage</b>		No maximums
<b>Additional Benefits</b>		
<b>Autism Spectrum Disorder</b>	Inpatient Outpatient: • Primary Care Physician Office • Specialist Office Assistive Communication Devices	\$0 \$5 per visit \$10 per visit \$10 per visit
<b>Diabetic Supplies</b>		\$5 per 34-day supply
<b>Dialysis Treatment</b>	Primary Care Physician Office Freestanding Center Outpatient Hospital	\$5 per visit \$0 \$0
<b>Hospice Care</b>		\$0 – 210 days
<b>Out-of-Pocket Maximum (per calendar year)</b>		\$6,850 per individual \$13,700 per family
<b>Skilled Nursing Facility Care</b>		\$0
<b>Urgent Care</b>		\$5 per visit

<sup>1</sup> Drugs are dispensed in accordance with HIP's Drug Formulary. Please refer to your Prescription Drug Rider for details.

Except for emergency care, the above benefits and services are covered only when provided or referred by a HIP primary care physician and/or approved in advance by our HIP Care Management Program. HIP participating physicians and providers have contracted with HIP to provide care to our members; they are not employees, agents, servants, or representatives of HIP. This summary is provided for information only; it does not contain complete details of the Plan, which are available only in the Contract or Certificate of Coverage, and it does not constitute an Agreement.

# HIP Prime HMO Plan Benefit Comparison

For New York State Employees — 2020 TO 2021

**There are benefit changes to your HIP Prime HMO plan for 2021.**

<b>MODIFIED BENEFIT</b>	<b>2020 BENEFIT LEVEL</b>	<b>2021 BENEFIT LEVEL</b>
<b>Professional Services and Outpatient Care</b>		
Advanced Imaging Services • Performed in a Specialist Office	\$0 Copay	\$10 Copay
Allergy Testing and Treatment • Performed in a PCP Office	\$10 Copay	\$5 Copay
Cardiac Rehabilitation • Performed as Outpatient Hospital Services	\$10 Copay	\$0 Copay
Chemotherapy • Performed in a PCP Office	\$0 Copay	\$5 Copay
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Specialist Office	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center • Performed as Outpatient Hospital Services	\$10 Copay \$10 Copay \$10 Copay	\$5 Copay \$0 Copay \$0 Copay
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) • Performed in a PCP Office • Performed in an Outpatient Facility	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Infusion Therapy • Performed in a PCP Office • Performed in a Specialist Office • Home Infusion Therapy	\$0 Copay \$0 Copay \$0 Copay	\$5 Copay \$10 Copay \$10 Copay
Laboratory Tests • Performed in a PCP Office • Performed in a Specialist Office	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) • Performed in a PCP Office • Performed in an Outpatient Facility	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Therapeutic Radiology Services • Performed in a Specialist Office	\$0 Copay	\$10 Copay
<b>Mental Health And Substance Use Disorder Services</b>		
Outpatient Alcoholism and Substance Abuse Rehabilitation • All Other Outpatient Services	\$10 Copay	\$5 Copay



# HIP Prime HMO 2021 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
<b>Physician Services</b>	<b>Primary Care Physician Office Visits</b>	
	Adults	\$5 per visit
	Sick-Child Visits (Age 0-25)	\$5 per visit
	Laboratory Services	\$5 per visit
	X-ray Services	\$5 per visit
	<b>Specialist Office Visits</b>	
	Office Visits	\$10 per visit
	Laboratory Services	\$10 per visit
	Refractive Eye Exams	\$0
	X-ray Services	\$10
<b>Inpatient Hospital Services</b>	Anesthesiology	\$0
	Radiology Visits/Consultations	\$0
<b>Preventive &amp; Wellness Care Services</b>	Well-baby, Child care, and Immunizations	\$0
	Adult Physical	\$0
	Mammography & Prostate Cancer Screening	\$0
	Annual Pap Test & OB/GYN Exam	\$0
	Immunizations for Adults	\$0
	Colonoscopy & Sigmoidoscopy Screening for Adults	\$0
	Bone Density Tests	\$0
<b>Hospital</b>	Hospital Inpatient	\$0 per continuous stay
	Hospital Outpatient Surgery	\$0
	Hospital Outpatient X-ray	\$0
	Hospital Outpatient Laboratory	\$0
<b>Maternity</b>	Physician Services	\$0
	Hospital Services	\$0
	Nursery Care	\$0
<b>Emergency Room (ER) Visit</b>		\$75 per visit
<b>Ambulance</b>		\$0
<b>Chiropractic Benefit</b>		\$10 per visit
<b>Durable Medical Equipment</b>		\$0
<b>Mental Health</b>	Inpatient	\$0
	Outpatient	\$0
<b>Substance Abuse Diagnosis &amp; Treatment</b>	Inpatient	\$0
	Rehabilitation Outpatient:	
	<ul style="list-style-type: none"> <li>• Primary Care Physician Office</li> <li>• Specialist Office</li> </ul>	\$5 per visit \$5 per visit
<b>Physical/Occupational/Speech Therapy</b>	Outpatient	\$0; Combined 90 visits per year
	Primary Care Physician Office	\$5 per visit

(Continued)

# HIP Prime HMO 2021 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
<b>Home Health Care</b>		\$0 – 200 visits per calendar year
<b>Lifetime Maximum Coverage</b>		No maximums
<b>Additional Benefits</b>		
<b>Autism Spectrum Disorder</b>	Inpatient Outpatient: • Primary Care Physician Office • Specialist Office Assistive Communication Devices	\$0 \$5 per visit \$10 per visit \$10 per visit
<b>Diabetic Supplies</b>		\$5 per 34-day supply
<b>Dialysis Treatment</b>	Primary Care Physician Office Freestanding Center Outpatient Hospital	\$5 per visit \$0 \$0
<b>Hospice Care</b>		\$0 – 210 days
<b>Out-of-Pocket Maximum (per calendar year)</b>		\$6,850 per individual \$13,700 per family
<b>Skilled Nursing Facility Care</b>		\$0
<b>Urgent Care</b>		\$5 per visit

Except for emergency care, the above benefits and services are covered only when provided or referred by a HIP primary care physician and/or approved in advance by our HIP Care Management Program. HIP participating physicians and providers have contracted with HIP to provide care to our members; they are not employees, agents, servants, or representatives of HIP. This summary is provided for information only; it does not contain complete details of the Plan, which are available only in the Contract or Certificate of Coverage, and it does not constitute an Agreement.

# HIP Prime HMO Plan Benefit Comparison

For New York State Employees — 2020 TO 2021

There are benefit changes to your HIP Prime HMO plan for 2021.

MODIFIED BENEFIT	2020 BENEFIT LEVEL	2021 BENEFIT LEVEL
<b>Professional Services and Outpatient Care</b>		
Advanced Imaging Services • Performed in a Specialist Office	\$0 Copay	\$10 Copay
Allergy Testing and Treatment • Performed in a PCP Office	\$10 Copay	\$5 Copay
Cardiac Rehabilitation • Performed as Outpatient Hospital Services	\$10 Copay	\$0 Copay
Chemotherapy • Performed in a PCP Office	\$0 Copay	\$5 Copay
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Specialist Office	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center • Performed as Outpatient Hospital Services	\$10 Copay \$10 Copay \$10 Copay	\$5 Copay \$0 Copay \$0 Copay
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) • Performed in a PCP Office • Performed in an Outpatient Facility	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Infusion Therapy • Performed in a PCP Office • Performed in a Specialist Office • Home Infusion Therapy	\$0 Copay \$0 Copay \$0 Copay	\$5 Copay \$10 Copay \$10 Copay
Laboratory Tests • Performed in a PCP Office • Performed in a Specialist Office	\$0 Copay \$0 Copay	\$5 Copay \$10 Copay
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) • Performed in a PCP Office • Performed in an Outpatient Facility	\$10 Copay \$10 Copay	\$5 Copay \$0 Copay
Therapeutic Radiology Services • Performed in a Specialist Office	\$0 Copay	\$10 Copay
<b>Mental Health And Substance Use Disorder Services</b>		
Outpatient Alcoholism and Substance Abuse Rehabilitation • All Other Outpatient Services	\$10 Copay	\$5 Copay

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

EmblemHealth : HIP Prime HMO

Coverage for: Individual/Family

Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-624-2414. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.emblemhealth.com](http://www.emblemhealth.com) or call 1-800-624-2414 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	In network medical and hospital services are not subject to a deductible.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For in network providers \$6,850 Individual / \$13,700 Family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.EmblemHealth.com">www.EmblemHealth.com</a> or call 1-800-447-8255 for a list of participating providers.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). <b>Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</b>
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes, written approval is required to see a specialist.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		*Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$5 co-pay visit	Not covered	----None----
	<u>Specialist</u> visit	\$10 co-pay visit	Not covered	----None----
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	Applies to Well Child Visits; Adult Annual Physical Exams; Well Woman Exams; Bone Density Testing.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	PCP office: \$5 co-pay visit SCP office: \$10 co-pay visit	Not covered	----None----
	Imaging (CT/PET scans, MRIs)	PCP office: \$5 co-pay visit SCP office: \$10 co-pay visit	Not covered	Preauthorization required
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.EmblemHealth.com">www.EmblemHealth.com</a> .	Generic drugs (Tier 1)	Retail: \$5 co-pay/30 day supply Mail Order: \$7.50 co-pay/90 day supply	Not covered	Tier 1 and Tier 2 drugs are covered.
	Preferred brand drugs (Tier 2)	Retail: \$20 co-pay/30 day supply Mail Order: \$30 co-pay/90 day supply	Not covered	
	Non-preferred brand drugs (Tier 3)	Not Covered	Not covered	
	<u>Specialty drugs</u>	Tier 1: \$5 co-pay/30 day supply Tier 2: \$20 co-pay/30 day supply	Not covered	Written referral required.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Preauthorization required
	Physician/surgeon fees	No charge	Not covered	----None----
If you need immediate medical attention	<u>Emergency room care</u>	\$75 co-pay	\$75 co-pay	Applies to facility charge, waived if admitted.
	<u>Emergency medical transportation</u>	No charge	No charge	----None----
	<u>Urgent care</u>	\$5 co-pay visit	Not covered	Applies to facility charge.

\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).

Common Medical Event	Services You May Need	What You Will Pay		*Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization required
	Physician/surgeon fee	No charge	Not covered	-----None-----
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$5 co-pay visit	Not covered	Unlimited visits. For Substance Abuse care, up to 20 visits per plan year may be used for family counseling
	Inpatient services	No charge	Not covered	Preauthorization required. However, Preauthorization is not required for emergency admissions.
<b>If you are pregnant</b>	Office visits	No charge	Not covered	Office visit copay applies to first visit only. No charge thereafter.
	Childbirth/delivery professional services	No charge	Not covered	-----None-----
	Childbirth/delivery facility services	No charge	Not covered	Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Preauthorization required
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	Not covered	200 visits per plan year. Preauthorization required.
	<a href="#">Rehabilitation services</a>	Inpatient: No charge Outpatient Facility: No charge PCP office: \$5 co-pay visit	Not covered	Inpatient: 30 days per plan year combined therapies. Preauthorization required.
	<a href="#">Habilitation services</a>	Inpatient: No charge Outpatient Facility: No charge PCP office: \$5 co-pay visit	Not covered	Outpatient: 30 visits per plan year combined therapies. Preauthorization required.
	<a href="#">Skilled nursing care</a>	No charge	Not covered	Unlimited days. Preauthorization required.
	<a href="#">Durable medical equipment</a>	No charge	Not covered	Preauthorization required
	<a href="#">Hospice services</a>	No charge	Not covered	210 days per lifetime. Preauthorization required.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	Not covered	Refractive eye exam
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	\$5 co-pay/visit	Not covered	One oral exam every six months

\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).

**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Most coverage provided outside the United States</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine eye care</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)	
<ul style="list-style-type: none"> <li>• Bariatric surgery (Prior Approval required)</li> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment (Prior Approval required)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: New York State Department of Financial Services at 1-800-342-3736 or [www.dfs.ny.gov/](http://www.dfs.ny.gov/), U.S. Department of Health and Human Services at 1-877-267-2323 x1565 or [www.cciio.cms.gov](http://www.cciio.cms.gov/), U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/contactEBSA/consumerassistance.html](http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your right, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

<p><b><u>EmblemHealth</u></b>  <b>By Phone:</b>                  Please call the number on your ID card.  <b>In writing:</b>                  EmblemHealth                  Grievance and Appeals Department                  P.O. Box 2801                  New York, NY 10116-2807                  Website: <a href="http://www.emblemhealth.com">www.emblemhealth.com</a></p>	<p><b><u>For All Coverage Types</u></b>  <b>New York State Department of Financial Services</b>  <b>By Phone:</b> 1-800-342-3736  <b>In writing:</b>                  New York State Department of Financial Services                  Consumer Assistance Unit                  One Commerce Plaza                  Albany, NY 12257                  Website: <a href="http://www.dfs.ny.gov">www.dfs.ny.gov</a></p>
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\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).

<p><b><u>For HMO Coverage</u></b>  <b>New York State Department of Health</b>  <b>By Phone:</b> 1-800-206-8125  <b>In writing:</b>                  New York State Department of Health                  Office of Health Insurance Programs                  Bureau of Consumer Services – Complaint Unit                  Corning Tower – OCP Room 1607                  Albany, NY 12237                  Email: <a href="mailto:managedcarecomplaint@health.ny.gov">managedcarecomplaint@health.ny.gov</a>                  Website: <a href="http://www.health.ny.gov">www.health.ny.gov</a></p>	<p><b><u>Consumer Assistance Program</u></b>  <b>New York State Consumer Assistance Program</b>  <b>By Phone:</b> 1-888-614-5400  <b>In writing:</b>                  Community Health Advocates                  633 Third Avenue, 10<sup>th</sup> Floor                  New York, NY 10017                  Email: <a href="mailto:cha@cssny.org">cha@cssny.org</a>                  Website: <a href="http://www.communityhealthadvocates.org">www.communityhealthadvocates.org</a></p> <p><b><u>For Group Coverage:</u></b>  <b>U.S. Department of Labor</b>  <b>Employee Benefits Security Administration</b> at 1-866-444-EBSA (3272)                  Website: <a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a></p>
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**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-624-2414
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-624-2414
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-624-2414
- Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-624-2414

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).





**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is having a baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$60

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

<b>Total Example Cost</b>	\$12,800
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**In the example, Peg would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$125
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$185</b>

**Managing Joe's type 2 diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$55

**This EXAMPLE event includes services like:** Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

<b>Total Example Cost</b>	\$7,400
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**In the example, Joe would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$725
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$55
<b>The total Joe would pay is</b>	<b>\$780</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$0

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

<b>Total Example Cost</b>	\$1,900
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**In the example, Mia would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$80
<a href="#">Co-insurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$80</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

**ATTENTION:** Language assistance services, free of charge, are available to you. Call **1-877-411-3625**. TTY/TDD: **711**.

**Español (Spanish)**

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

**中文 (Traditional Chinese)**

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

**Русский (Russian)**

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

**Kreyòl Ayisyen (Haitian Creole)**

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

**한국어 (Korean)**

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

**Italiano (Italian)**

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

**אידיש (Yiddish)**

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

**বাংলা (Bengali)**

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

**Polski (Polish)**

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

(Arabic) العربية

يُرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: 711).

**Français (French)**

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : 711).

(Urdu) اردو

توجه دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ **1-877-411-3625** (TTY/TDD: 711) پر کال کریں۔

**Tagalog (Tagalog)**

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: 711).

**Ελληνικά (Greek)**

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): 711).

**Shqip (Albanian)**

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: 711).

## NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### EmblemHealth:

- Provides free aids and services to people with disabilities to help
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-624-2414. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.emblemhealth.com or call 1-800-624-2414 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	In network medical and hospital services are not subject to a deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For in network providers \$6,850 Individual / \$13,700 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.EmblemHealth.com or call 1-800-447-8255 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). <b>Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</b>
Do you need a referral to see a specialist?	Yes, written approval is required to see a specialist.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		*Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$5 co-pay visit	Not covered	----None----
	<a href="#">Specialist</a> visit	\$10 co-pay visit	Not covered	----None----
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	Applies to Well Child Visits; Adult Annual Physical Exams; Well Woman Exams; Bone Density Testing.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	PCP office: \$5 co-pay visit SCP office: \$10 co-pay visit	Not covered	----None----
	Imaging (CT/PET scans, MRIs)	PCP office: \$5 co-pay visit SCP office: \$10 co-pay visit	Not covered	Preauthorization required
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.EmblemHealth.com">www.EmblemHealth.com</a> .	Generic drugs (Tier 1)	Not covered	Not covered	
	Preferred brand drugs (Tier 2)	Not covered	Not covered	
	Non-preferred brand drugs (Tier 3)	Not covered	Not covered	
	<a href="#">Specialty drugs</a>	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Preauthorization required
	Physician/surgeon fees	No charge	Not covered	----None----
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$75 co-pay	\$75 co-pay	Applies to facility charge, waived if admitted.
	<a href="#">Emergency medical transportation</a>	No charge	No charge	----None----
	<a href="#">Urgent care</a>	\$5 co-pay visit	Not covered	Applies to facility charge.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization required
	Physician/surgeon fee	No charge	Not covered	----None----

\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).

Common Medical Event	Services You May Need	What You Will Pay		*Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$5 co-pay visit	Not covered	Unlimited visits. For Substance Abuse care, up to 20 visits per plan year may be used for family counseling
	Inpatient services	No charge	Not covered	Preauthorization required. However, Preauthorization is not required for emergency admissions.
<b>If you are pregnant</b>	Office visits	No charge	Not covered	Office visit copay applies to first visit only. No charge thereafter.
	Childbirth/delivery professional services	No charge	Not covered	-----None-----
	Childbirth/delivery facility services	No charge	Not covered	Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Preauthorization required
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	Not covered	200 visits per plan year. Preauthorization required.
	<a href="#">Rehabilitation services</a>	Inpatient: No charge Outpatient Facility: No charge PCP office: \$5 co-pay visit	Not covered	Inpatient: 30 days per plan year combined therapies. Preauthorization required. Outpatient: 30 visits per plan year combined therapies. Preauthorization required.
	<a href="#">Habilitation services</a>	Inpatient: No charge Outpatient Facility: No charge PCP office: \$5 co-pay visit	Not covered	Outpatient: 30 visits per plan year combined therapies. Preauthorization required.
	<a href="#">Skilled nursing care</a>	No charge	Not covered	Unlimited days. Preauthorization required.
	<a href="#">Durable medical equipment</a>	No charge	Not covered	Preauthorization required
	<a href="#">Hospice services</a>	No charge	Not covered	210 days per lifetime. Preauthorization required.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	Not covered	Refractive eye exam
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	\$5 co-pay/visit	Not covered	One oral exam every six months

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**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Most coverage provided outside the United States</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine eye care</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)	
<ul style="list-style-type: none"> <li>• Bariatric surgery (Prior Approval required)</li> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment (Prior Approval required)</li> </ul>

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<p><b><u>EmblemHealth</u></b>  <b>By Phone:</b>          Please call the number on your ID card.  <b>In writing:</b>          EmblemHealth          Grievance and Appeals Department          P.O. Box 2801          New York, NY 10116-2807          Website: <a href="http://www.emblemhealth.com">www.emblemhealth.com</a></p>	<p><b><u>For All Coverage Types</u></b>  <b>New York State Department of Financial Services</b>  <b>By Phone:</b> 1-800-342-3736  <b>In writing:</b>          New York State Department of Financial Services          Consumer Assistance Unit          One Commerce Plaza          Albany, NY 12257          Website: <a href="http://www.dfs.ny.gov">www.dfs.ny.gov</a></p>
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<p><b><u>For HMO Coverage</u></b>  <b>New York State Department of Health</b>  <b>By Phone:</b> 1-800-206-8125  <b>In writing:</b>                  New York State Department of Health                  Office of Health Insurance Programs                  Bureau of Consumer Services – Complaint Unit                  Corning Tower – OCP Room 1607                  Albany, NY 12237                  Email: <a href="mailto:managedcarecomplaint@health.ny.gov">managedcarecomplaint@health.ny.gov</a>                  Website: <a href="http://www.health.ny.gov">www.health.ny.gov</a></p>	<p><b><u>Consumer Assistance Program</u></b>  <b>New York State Consumer Assistance Program</b>  <b>By Phone:</b> 1-888-614-5400  <b>In writing:</b>                  Community Health Advocates                  633 Third Avenue, 10<sup>th</sup> Floor                  New York, NY 10017                  Email: <a href="mailto:cha@cssny.org">cha@cssny.org</a>                  Website: <a href="http://www.communityhealthadvocates.org">www.communityhealthadvocates.org</a></p> <p><b><u>For Group Coverage:</u></b>  <b>U.S. Department of Labor</b>  <b>Employee Benefits Security Administration</b> at 1-866-444-EBSA (3272)                  Website: <a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a></p>
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**Does this plan provide [Minimum Essential Coverage](#)? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the [Minimum Value Standards](#)? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-624-2414
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-624-2414
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-624-2414
- Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-624-2414

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

\* For more information about limitations and exceptions, see the plan or policy document at [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc).



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is having a baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$96

**This EXAMPLE event includes services like:**  
Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

<b>Total Example Cost</b>	\$12,800
---------------------------	----------

**In the example, Peg would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$125
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$96
<b>The total Peg would pay is</b>	<b>\$221</b>

**Managing Joe's type 2 diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$4,313

**This EXAMPLE event includes services like:** Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

<b>Total Example Cost</b>	\$7,400
---------------------------	---------

**In the example, Joe would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$725
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,313
<b>The total Joe would pay is</b>	<b>\$5,038</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist \(cost sharing\)](#) \$10
- [Hospital \(facility\) cost sharing](#) \$0
- [Other cost sharing](#) \$0

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

<b>Total Example Cost</b>	\$1,900
---------------------------	---------

**In the example, Mia would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$80
<a href="#">Co-insurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$80</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

**ATTENTION:** Language assistance services, free of charge, are available to you. Call **1-877-411-3625**. TTY/TDD: **711**.

**Español (Spanish)**

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

**中文 (Traditional Chinese)**

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

**Русский (Russian)**

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

**Kreyòl Ayisyen (Haitian Creole)**

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

**한국어 (Korean)**

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

**Italiano (Italian)**

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

**אידיש (Yiddish)**

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

**বাংলা (Bengali)**

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

**Polski (Polish)**

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

(Arabic) العربية

يُرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: 711).

**Français (French)**

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : 711).

(Urdu) اردو

توجه دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ **1-877-411-3625** (TTY/TDD: 711) پر کال کریں۔

**Tagalog (Tagalog)**

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: 711).

**Ελληνικά (Greek)**

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): 711).

**Shqip (Albanian)**

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: 711).

## NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### EmblemHealth:

- Provides free aids and services to people with disabilities to help
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

## Section V

### Who is Covered

This Rider amends Your Certificate by deleting in its entirety “Section V – Who is Covered” and replacing with the following:

#### A. Definitions.

Terms used in this Rider are defined as follows. (Other defined terms can be found in the Definitions section of the Certificate).

1. **“Young Adult”** means an unmarried child, including adopted and stepchild through the age of 29 (until the Young Adult’s 30<sup>th</sup> birthday) of an employee or member insured under NYSHIP, regardless of financial dependence, who is not insured by or eligible for coverage under any employee health benefit plan as an employee or member, whether insured or self-insured, and who lives, works or resides in New York State or the service area of the insurer and who is not covered under Medicare.
2. **“Young Adult Option”** means the right of a Young Adult who exceeds the age for dependent coverage under his or her parent’s health insurance policy to independently purchase coverage through the parent’s policy through the age of 29.

#### B. NYSHIP Eligibility.

The Subscriber, as a result of his or her relationship with the Group, is covered hereunder, and if such person has selected family coverage, the following family members of the Subscriber are also covered:

1. Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.
2. Your Domestic Partner. You may cover your same or opposite sex domestic partner as your dependent under NYSHIP. A domestic partnership, for eligibility under NYSHIP, is one in which you and your partner are 18 years of age or older, unmarried and not related in a way that would bar marriage, living together, involved in an exclusive mutually committed relationship and financially interdependent. To enroll a domestic partner, you must have been in the partnership for six months and be able to provide proof of 6 months of cohabitation and 6 months of financial interdependence. There is a one year waiting period from the termination date of your previous partner’s coverage before you may again enroll a domestic partner.
3. Your children under 26 years of age are eligible. This includes your natural children, legally adopted children, children in a waiting period prior to finalization of adoption, your stepchildren and children of your domestic partner who are covered without regard to financial dependence, residency with you, student status or employment. Other children who reside permanently with you in your household, who are chiefly dependent on you and

for whom you have assumed legal responsibility, in place of the parent, also are eligible; you must verify eligibility and provide documentation to your Employer upon enrollment and every two years thereafter. For “other children,” legal responsibility by you must have commenced before the child reached 19.

4. For purposes of eligibility for health insurance coverage as a dependent, you may deduct from your dependent’s age up to four years for service in a branch of the U.S. Military between the age of 19 and 25 for those dependents that return to school on a full-time basis, are unmarried and are otherwise not eligible for employer group coverage. You must be able to provide written documentation from the U.S. Military. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required by the HMO for verification.
5. Your unmarried dependent children 26 or over who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap who became so incapable prior to attainment of the age at which dependent coverage would otherwise be terminated are eligible.

The HMO will accept determinations of total disability under the above standards made by other group health plans provided that there has not been a break in coverage between plans.

6. Your unmarried children, including adopted, stepchildren and children of your domestic partner through age twenty-nine (“Young Adult”), who live, work, or reside in New York State or the service area of the HMO’s network-based NYSHIP policy and who:
  - a) are not insured by or eligible for coverage through the Young Adult’s own employer-sponsored health plan, whether insured or self-funded, provided that the health plan includes both hospital and medical benefits; and
  - b) are not covered under Medicare;

are eligible for coverage under the Young Adult Option.

In addition:

- c) the Young Adult need not live with the parent, be financially dependent upon the parent, or be a student;
- d) the Young Adult’s eligibility for health insurance coverage through a former employer under federal COBRA or State continuation coverage does not disqualify the Young Adult from electing the Young Adult Option under NYSHIP;
- e) the Young Adult’s children are not eligible for coverage under the Young Adult Option, but may be eligible for health insurance coverage under other programs, such as the Child Health Plus program;

- f) the parent need not have family coverage for the Young Adult to enroll in the Young Adult Option; and
- g) the Young Adult need not have been previously covered under the parent's NYSHIP coverage.

The HMO must accept all NYSHIP determinations of eligibility for enrollment in this coverage. Coverage of a Young Adult as described in this paragraph shall consist of coverage which is identical to the coverage provided to a NYSHIP enrollee. If the parent is enrolled in the HMO, coverage is available for the Young Adult who lives, works or resides outside of the parent's HMO service area but within New York State. However, the parent of the Young Adult need not be enrolled in the HMO in order for the Young Adult to have NYSHIP coverage through the plan in which he/she is enrolling as long as the Young Adult lives, works or resides in that HMO's service area. The parent must only be a NYSHIP enrollee (including under COBRA).

Coverage shall terminate on the first of the following to occur:

- a) the Young Adult voluntarily terminates coverage;
- b) The Young Adult's parent no longer is enrolled in NYSHIP;
- c) the Young Adult no longer meets the eligibility requirements for the Young Adult Option as outlined above;
- d) the NYSHIP premium for the Young Adult is not paid in full within the 30-day grace period; or
- e) the group contract is terminated and not replaced.

The dependent child does not have a separate federal COBRA or New York State continuation right at the time coverage through this option terminates.

A Young Adult and his/her parent have the following opportunities to enroll in the Young Adult Option:

1. When the Young Adult Would Otherwise Lose Coverage Due to Age

Coverage may be elected within 60 days of the date that the Young Adult otherwise would lose eligibility for coverage as his/her parent's dependent due to age. Coverage is retroactive to the date that the Young Adult otherwise would have lost coverage due to age. This is the only circumstance in which the Young Adult Option will be effective on a retroactive basis.



2. When the Young Adult is Newly Qualified Due to a Change in Circumstances

Coverage may be elected within 60 days of the date that the Young Adult newly meets the eligibility requirements for the Young Adult Option, such as due to loss of coverage through his/her employer; moves his/her residence into New York State; or gets divorced. It is possible for a Young Adult to elect coverage under this option on multiple occasions due to changes in the Young Adult's eligibility over time. Coverage will be effective prospectively, no later than 30 days after NYSHIP receives written notice of the election and payment of the first premium.

3. During the Young Adult Option Annual 30-Day Open Enrollment Period

Coverage may be elected during the Young Adult Option's annual 30-day open enrollment period which is expected to coincide with NYSHIP's Annual Option Transfer Period. Coverage under this option will be effective prospectively.

**C. Controlling Certificate.**

All of the terms, conditions, limitations, and exclusions of Your Certificate to which this Rider is attached shall also apply to this rider except where specifically changed by this Rider.

HEALTH INSURANCE PLAN OF GREATER NEW YORK

(1)[Karen Ignagni  
President and CEO]



# Taking Care of Health Care

EmblemHealth's 2021 HIP Prime HMO Plan for New York State Employees and Early Retirees



# Health care plans that suit New Yorkers.

EmblemHealth offers quality, affordable health plans, convenient community resources, and access to top doctors and hospitals across the New York tristate area. We're committed to creating healthier futures for our members and our community.



# HIP Prime HMO: Your Health Care Plan for 2021

New York State offers our HIP Prime HMO plan as one of the health care plans you can choose for your 2021 health benefits.

It's a choice you can feel good about.

## Plan Features

**When you enroll in the 2021 HIP Prime HMO plan, you can count on:**

- More than 71,000 doctors and health care professionals to choose from across New York State.
- Low out-of-pocket costs and copays (the amount you pay for health services).
- Access to leading hospitals throughout your plan's service area.
- Health and wellness programs, as well as discounts on gym memberships, weight loss services, hearing aids, and more.
- Drug coverage, through retail pharmacies and our home delivery drug program.
- Access to online tools at myEmblemHealth to help you take care of your health needs and meet your personal wellness goals.

## Questions?

If you have questions, call us at **877-861-0175 (TTY: 711)**. Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help. Or, visit **[emblemhealth.com](https://www.emblemhealth.com)**.

**If you are already enrolled in the HIP Prime HMO plan, you don't need to do anything. You will continue to be covered through the end of 2021.**

# Our Prime Network: Connect with the Care You Need

Our HIP Prime HMO plan gives you access to quality health care. You may even have no copays for some services. A copay is the set dollar amount you pay for health services each time you use them.

Plus, there are no out-of-pocket costs like deductibles (the amount you pay before your plan starts to pay) or coinsurance (the percentage you pay after your plan starts to pay).

The HIP Prime HMO plan uses our Prime Network. A network is a group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members. You'll usually pay less when you use your network.

The Prime Network has over 71,000 private and group practice doctors, health care professionals, facilities, and 144 hospitals in 28 New York State counties — all five boroughs of New York City (the Bronx,\* Brooklyn, Manhattan, Queens, and Staten Island), plus Nassau, Suffolk, Orange, Rockland, and Westchester counties and upstate areas that stretch north of Albany.

The Prime Network also includes:

- **ConnectiCare HMO Network**, which has over 21,000 primary care providers and specialists, and 28 hospitals in all eight counties in Connecticut.
- **QualCare HMO Network**, which has over 28,000 primary care providers and specialists, and 73 hospitals in all 21 counties in New Jersey.

You also have coverage at many of the area's most acclaimed hospitals, such as:

- Hospital for Special Surgery
- Montefiore Medical Center
- NYU Hospital Center
- Lenox Hill Hospital
- North Shore LIJ Health System
- Staten Island University Hospital

## Your Doctor: A Partner in Good Health

The first thing you should do when you enroll in the HIP Prime HMO plan is choose a primary care doctor for yourself and your enrolled family members.

Your primary care doctor is the doctor who provides your everyday care. They help you and your family stay healthy. Your primary care doctor:

- Provides most of your health and preventive care.
- Refers you to specialists.
- Arranges for hospital admissions, when necessary.

You can change your primary care doctor at any time, by phone or online.

When you call to make an appointment with your doctor, tell them you're a HIP Prime HMO plan member. Remember to bring your member ID card to your appointment.

## Find Out More

If you have questions, visit [emblemhealth.com](https://www.emblemhealth.com) or call **877-861-0175 (TTY: 711)**.

Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help.

\* BronxDocs medical offices are affiliates of AdvantageCare Physicians, an EmblemHealth partner.



# 2021 HIP Prime HMO Plan Benefit Highlights for NYSHIP

SERVICE CATEGORY/COVERAGE	COPAY*
<b>Physician Services</b>	
Primary Care Doctor (PCP) Office Visits:	
Adults	\$5
Sick-child visits (age 0-25)	\$5
Laboratory services	\$5
X-ray services	\$5
Specialist Office Visits:	
Office visits	\$10
Laboratory services	\$10
Refractive eye exams	\$0
X-ray services	\$10
Inpatient Hospital Services:	
Anesthesiology	\$0
Radiology visits/consultations	\$0
<b>Preventive and Wellness Care Services</b>	
Well-baby, child care, and immunizations	Covered in full
Adult physical	Covered in full
Mammography and prostate cancer screening	Covered in full
Annual Pap test and OB/GYN exam	Covered in full
Immunizations for adults	Covered in full
Colonoscopy and sigmoidoscopy screening for adults	Covered in full
Bone density tests	Covered in full
<b>Hospital</b>	
Hospital inpatient	\$0 per continuous stay
Hospital outpatient surgery	\$0
Hospital outpatient x-ray	Covered in full
Hospital outpatient laboratory	Covered in full
<b>Maternity</b>	
Physician services	\$0
Hospital services	\$0
Nursery care	Covered in full
<b>Emergency Room Visit</b>	\$75 per visit
<b>Ambulance</b>	\$0
<b>Chiropractic Benefit</b>	\$10 per visit
<b>Durable Medical Equipment</b>	Covered in full
<b>Mental Health</b>	
Inpatient	\$0
Outpatient	\$0
<b>Substance Use Diagnosis and Treatment</b>	
Inpatient	\$0
Rehabilitation outpatient:	
PCP office	\$5 per visit
Specialist office	\$5 per visit



SERVICE CATEGORY/COVERAGE	COPAY*
<b>Physical/Occupational/Speech Therapy</b>	
Outpatient	\$0 per visit; Combined 90 visits per year
Primary Care Physician Office	\$5 per visit
<b>Home Health Care</b>	200 visits per calendar year; Covered in full
<b>Prescription Coverage<sup>1</sup></b>	
Retail 30-day supply	\$5 generic / \$20 brand
Mail-order 90-day supply	\$7.50 generic / \$30 brand
<b>Lifetime Maximum Coverage</b>	No maximum
<b>ADDITIONAL BENEFITS</b>	<b>COPAY</b>
<b>Autism Spectrum Disorder</b>	
Inpatient	\$0
Outpatient:	
PCP office	\$5
Specialist office	\$10
Assistive communication devices	\$10
<b>Diabetes Supplies</b>	\$5 per 34-day supply
<b>Dialysis Treatment</b>	
Primary Care Physician Office	\$5 per visit
Freestanding Center	\$0
Outpatient Hospital	\$0
<b>Hospice Care</b>	210 days; Covered in full
<b>Skilled Nursing Facility Care</b>	\$0
<b>Urgent Care</b>	\$5 per visit

**Annual Out-of-Pocket Maximum:** The highest amount you have to pay for in-network services in a calendar year is \$6,850 per individual and \$13,700 per family.

\*Copays for active employees and early retirees. A copay is the set dollar amount you pay for health services each time you use them.

<sup>1</sup>Drugs are dispensed in accordance with HIP's Drug Formulary. Please refer to your Prescription Drug Rider for details.

Except for emergency care, the above benefits and services are covered only when provided or referred by a HIP Primary Care Physician and/or approved in advance by our HIP Care Management Program. HIP Participating Physicians and Providers have contracted with HIP to provide care to our members; they are not employees, agents, servants, or representatives of HIP. This summary is provided for information only; it does not contain complete details of the Plan, which are available only in the Contract or Certificate of Coverage, and it does not constitute an Agreement.

Full details of the Plan are set forth in the Certificate of Coverage. Please refer to HIP certificate form number 155-23-HMOCERT (3/99).

To get a copy of the Summary of Benefits and Coverage (SBC), visit [emblemhealth.com/SBC](http://emblemhealth.com/SBC). To get a printed copy, call Customer Service at **800-447-8255 (TTY: 711)**. Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help.

If you have questions about your plan, visit [emblemhealth.com](http://emblemhealth.com) or call the Customer Service number above.



Convenient neighborhood locations  
in Manhattan, Brooklyn, Queens, the  
Bronx,\* Staten Island, and Long Island.



# Caring for the Whole You: AdvantageCare Physicians

Complete health starts with a complete picture of you: your health history, your daily habits, your ups and downs.

## **We're in your neighborhood.**

With locations in all five boroughs\* and Long Island, we have an office near where you live, where you work, and in between.

## **Our care is comprehensive.**

Across our practice, you'll find diagnostic, lab, and other services, and virtual visits — all designed to give you access to convenient, complete care.

## **We get to know you.**

Your Primary Care Provider leads a Care Team that shares all information about your care. Together, they make sure you get the right type of care, when you need it.

## **With us, you're connected.**

Through your **myACPNY** patient portal account, information and history about your care is safely shared across our entire practice, so your records go wherever you go.

For more information about AdvantageCare Physicians, visit [acpny.com](https://www.acpny.com).

\*BronxDocs is an affiliate of AdvantageCare Physicians.



# Neighborhood Care

Wellness is about much more than just your physical health. It's about the different dimensions of wellness, including physical, financial, intellectual, social, and emotional.

EmblemHealth Neighborhood Care offers in-person customer services\* to help you navigate your total health, including free health and wellness classes, and resources to manage your health — right in your neighborhood.

There are 12 Neighborhood Care locations across Manhattan, Queens, Brooklyn, and Staten Island — with more coming soon. Each EmblemHealth Neighborhood Care is tailored to the unique needs of your community, with different programs and classes in each location.

Our free classes and programs include:

- Zumba
- Chair Yoga
- Tai Chi
- Art Therapy
- Diabetes Management
- Cell Phone Literacy
- Spanish 101
- Support Groups

Neighborhood Care isn't just for EmblemHealth members; we're a resource for the entire community. Members and non-members can visit Neighborhood Care and take advantage of our classes, tools, and face-to-face support.

Visit [emblemhealth.com/neighborhood](https://emblemhealth.com/neighborhood) for upcoming classes and programs at Neighborhood Care.

\*Due to the COVID-19 virus, please check our website for more information about the availability of in-person services.



# myEmblemHealth

## Your Secure Health Services Website

Having the right information and tools like **myEmblemHealth** can help you stay healthy. **myEmblemHealth** keeps your personal health care information in one convenient place.

To register for **myEmblemHealth**, go to [emblemhealth.com/sign-in](https://emblemhealth.com/sign-in). The information you enter is secure.

Once you're registered, you can check:

- The status of a claim, approval, or the amount you have paid toward your deductible, if any. A deductible is the amount you pay before your plan starts to pay.
- Descriptions of your health benefits.
- Messages in your secure Document Center. You can also send secure messages to us.
- A list of your covered drugs.

You can also order member ID cards, download forms, and update your email address.

## Get Your Documents Online

When you register for **myEmblemHealth**, you can go paperless by signing up to get your documents online. They will be neatly stored in your secure Document Center on **myEmblemHealth**.

**You can choose to get:**

- Explanations of Benefits (EOBs).
- Alerts about when your claims are processed.
- Personalized information about your health.
- Your plan newsletter.
- Updated information about your coverage and benefits.

## Manage Your Health Online

**myEmblemHealth** has lots of tools to help you take care of your health and meet your personal wellness goals.

- **Health Assessment:** Gives you an overall picture of your health and shows you steps you can take to make healthy lifestyle changes. Both you and your covered dependents can fill out your own individual Health Assessment.
- **Health Action Plans:** These personalized programs help you make healthy choices and manage your health conditions. Each Action Plan is based on your personal choices to help you change things like sleep and nutrition habits or improve your blood pressure and cholesterol. They can last anywhere from a few days to a few weeks, depending on your unique needs..

## myEmblemHealth Mobile App

With the **myEmblemHealth** mobile app, you have useful benefit and plan information at your fingertips. Sign in to manage your health benefits whenever and wherever you want.

The **myEmblemHealth** app is available for download from the App Store or from Google Play.

# Your Health and Wellness Are Important to Us

We know good health is worth holding onto. That's why we want to make staying healthy as easy as possible for you, with programs, tools, and more to help you stay fit and enhance your quality of life.

In addition to your doctor's care, when you enroll in this plan, you may have access to the following services that help you and your enrolled family members stay healthy.

To see the full list, visit [emblemhealth.com/stayhealthy](https://emblemhealth.com/stayhealthy).

- Heart disease support.
- Diabetes support.
- Preventive cancer screenings.
- Domestic and intimate partner violence victim support and resources.
- Pregnancy management and support after giving birth.
- Help to stop smoking.
- Chronic obstructive pulmonary disease (COPD) support.
- Checkups and immunizations for children and adults.

We know good health is worth holding onto. That's why we want to make staying healthy as easy as possible for you, with programs, tools, and more to help you stay fit and enhance your quality of life.

## More Than Just Coverage

In addition to your doctor's care, when you enroll in this plan, you'll have access to a range of services, programs, and discounts that help you and your enrolled family members stay healthy, including:

- **Wellness Programs** that provide you with a personalized approach to managing your health and wellbeing.
- **Healthy Futures**, a program with helpful resources, education, and support for expecting mothers.
- **Tobacco-Free Quit Smoking Program**, designed to help you quit smoking and tobacco use for good.
- **Care Management**, available to EmblemHealth members, at no additional cost, who have multiple health conditions or behavioral health issues.
- **Telehealth**, so you can see a doctor anytime, day or night, on a computer, mobile device, or phone.

Learn more about all our [benefits and programs](#). We also have helpful health information on a range of topics like preventive health guidelines, and managing chronic conditions like asthma and diabetes on our [Live Well](#) site.





## Mental Health and Substance Use

Dealing with life's ups and downs is difficult. And this year, living in the time of coronavirus (Covid-19) has made it more important than ever to remember that caring for your mind is just as important as caring for your body.

Maybe you're going through a divorce, recently had a death in the family, have been diagnosed with a chronic illness, or are struggling with the effects of COVID-19 on your family life. Or, perhaps you have been drinking alcohol more often or fear you have developed an addiction problem.

Don't worry — we're here to help. Our Emblem Behavioral Health Services program can help you understand your coverage for behavioral health and substance use treatments and explain your eligibility for additional support services and programs.

To find out more about the mental health and substance abuse services we offer, visit our [Mental Health and Substance Use](#) page.

For more information about COVID-19, visit [Coronavirus \(COVID-19\) Frequently Asked Questions](#).





## Healthy Futures Program: Understanding Your Health Needs During Pregnancy

It's important to take good care of yourself and your baby during your pregnancy. That's why we offer the **Healthy Futures Program\***, at no additional cost to you. This program can help you better understand your pregnancy and your health needs. We can work with your doctor or midwife to make sure you have the healthiest pregnancy possible.

The program includes:

- Weekly emails with pregnancy tips, resources, and program updates starting from 20 weeks all the way through your delivery and postpartum care. These emails will include nutritious recipes, tips to increase your physical activity, what to pack in your hospital bag and more.
- Free access to question-and-answer sessions with our medical experts, virtual meet-ups with other moms and moms-to-be, and online classes with Neighborhood Care.
- Toll-free telephone access to a nurse who can answer your questions about pregnancy, child care, family planning, and more. You can call **877-444-7988**, 24 hours a day, seven days a week throughout your pregnancy, and up to six weeks after your baby is born.
- Three health assessments with a nurse case manager throughout your pregnancy. The first assessment will be done early in your pregnancy, the second one will be done about halfway through, and the third one will be done after you deliver your baby.
- Resources to help you navigate a high-risk pregnancy or your other chronic conditions.
- A free EmblemHealth onesie for your baby.

Once you become an EmblemHealth member, it's easy to join.

- Sign up for the Healthy Futures Program at [emblemhealth.com/healthypregnancy](https://emblemhealth.com/healthypregnancy).
- Call us at **888-447-0337 (TTY: 711)** Monday through Friday, from 9 am to 5 pm Resources to help you navigate a high-risk pregnancy or your other chronic conditions.



## Healthy Discounts\*

Just for being an EmblemHealth member, you get access to discounts on health-related services. From weight loss to massage therapy, we're here to make sure you get what you need at an affordable price.

- **Weight loss services:** Save on programs including Jenny Craig® and Nutrisystem®.
- **Health club memberships:** We've partnered with American Specialty Health to give you discounted health club membership rates.
- **Massage therapy:** Save up to 25% on therapeutic massage.
- **Acupuncture therapy:** Save up to 25% on acupuncture therapy.
- **Registered dietitians:** Save up to 25% on nutrition counseling from credentialed dietitians.
- **Vitamins and natural supplements:** Order online and save up to 45%.
- **Hearing care:** Save on hearing aid purchases and get other discounts through HearX, HearUSA, and Amplifon centers. At Amplifon centers, you also get a low-price guarantee on hearing aids, free batteries, follow-up care, screenings, and a 60-day trial period with a 100% money-back guarantee.
- **Vision Affinity discount program:** Get discounts on certain vision care services at participating EyeMed centers.
- **Laser vision care:** Save as much as 15% on laser vision correction.

For more information about these services, call us at the number on the back of your member ID card or visit our Healthy Discount page.

\* Please note: Services included in the Healthy Discounts program are available only through participating vendors. These discount programs are not health care benefits and we do not insure them. For more about these services, please visit [emblemhealth.com/healthydiscounts](https://www.emblemhealth.com/healthydiscounts).







## Make HIP Prime<sup>®</sup> HMO your choice today.

This booklet provides general information about the HIP health insurance program. Coverage will be subject to the terms, conditions, limitations, and exclusions set forth in the Certificate of Coverage. Refer to HIP certificate form number **155-23-HMOCERT (3/99)**.



55 Water Street, New York, NY 10041-8190

**Important plan information**

MONTH DD, YYYY

25400 JP51160  
<FIRSTNAME> <LASTNAME>  
<ADDRESS1>  
<ADDRESS2>  
<CITY,> <STATE> <ZIPCODE>  
<IMB BAR CODE, IF NEEDED>

Dear <FIRSTNAME> <LASTNAME>,

When you enroll in the 2021 HIP Prime plan, you can count on:

- More than 71,000 doctors and health care professionals to choose from.
- Low out-of-pocket costs and copays (the set dollar amount you pay for health services each time you use them).
- Access to leading hospitals throughout your plan’s service area.
- Benefits and services that help keep you healthy, plus discounts on weight loss programs, acupuncture, massages, and more.
- Drug coverage available through network retail pharmacies and our home delivery program.

Enclosed are the following:

- **Plan Benefit Comparison:** This shows there are benefit changes to your plan for 2021.
- **2021 Summary of Benefits:** This shows some of the products and services your health plan covers.

If you have any questions, visit [emblemhealth.com](http://emblemhealth.com) or call us at **800-447-8255 (TTY: 711)**. Our hours are 8 a.m. to 6 p.m., Monday to Friday. A Customer Service representative will be happy to help.

We’re committed to supporting you.

Sincerely,

George Babitsch  
Senior Vice President, Account Management  
Enclosures



55 Water Street, New York, NY 10041-8190

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George Babitsch  
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- More than 71,000 doctors and health care professionals to choose from.
- Low out-of-pocket costs and copays (the set dollar amount you pay for health services each time you use them).
- Access to leading hospitals throughout your plan’s service area.
- Benefits and services that help keep you healthy, plus discounts on weight loss programs, acupuncture, massages, and more.
- Drug coverage through retail pharmacies and our home delivery program.

Enclosed are the following:

- **Plan Benefit Comparison:** This shows there are benefit changes to your plan for 2021.
- **2021 Cost Sharing Guide:** This shows what your share of the cost is for some of the plan’s products and services.

**Prescription drug coverage benefit for 2021**

The HIP VIP Premier Medicare plan offers drug coverage.

When you get your prescription drugs at a pharmacy that offers “preferred” cost-sharing, you will pay less for medicines and refills. Cost-sharing means that you and EmblemHealth share the costs of some services that are covered in your plan. These costs include premiums, deductibles, copayments, and coinsurance.

(Continued)



To find a “preferred” pharmacy, visit our website at **emblemhealth.com/medicare**, and look in “Find a Pharmacy.” Or, call us at **877-344-7364**. Our hours are 8 a.m. to 8 p.m., seven days a week. A Customer Service representative will be happy to help.

Since your eligibility may be different than the guidelines listed in your contract, please refer to your New York State Health Insurance Program (NYSHIP) general information booklet for complete guidelines.

If you have any questions, visit **emblemhealth.com** or call us at **877-344-7364 (TTY: 711)**. Our hours are 8 a.m. to 8 p.m., seven days a week. A Customer Service representative will be happy to help.

We’re committed to supporting you.

Sincerely,

George Babitsch  
Senior Vice President, Account Management

Enclosures



**VIP PREMIER (HMO) GROUP (NYSHIP)  
2021 Cost-Sharing Guide**

**For Medicare Members Residing in Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington Counties**

Benefits	Your Cost-Sharing
<b>Deductible</b> – The amount you pay before your plan starts to pay.	\$0
<b>Maximum out-of-pocket</b> – The most you will have to pay for services. This does not include prescription drugs.	\$3,400 per year. This includes copays (the set dollar amount you pay for health services each time you use them) and deductibles.

Inpatient Hospital Coverage	
<b>Inpatient hospital coverage*</b> – You pay this amount if you are admitted to a hospital.	\$0

Outpatient Hospital Coverage	
Ambulatory surgery*	\$0
Outpatient surgery*	\$0
Renal (Kidney) dialysis	\$0

Doctor Visits	
Primary care provider	\$0 per visit
Specialist	\$5 per visit
Routine foot care	\$5 per visit
Chiropractic care*	\$5 per visit

<b>Preventive Care (e.g., annual physical exam, flu, and pneumonia vaccines)</b>	Covered in full
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<b>Emergency Care</b>	\$25 per visit \$0 if admitted within 1 day Worldwide coverage
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<b>Urgently Needed Services</b>	\$5 per visit
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Diagnostic Services/Labs/Imaging*	
Diagnostic services including MRIs, MRAs, PET, and CAT scans	\$0
Lab tests	\$0
X-ray	\$0
Radiation therapy	\$0



VIP PREMIER (HMO) GROUP (NYSHIP)  
2021 Cost-Sharing Guide

For Medicare Members Residing in Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington Counties

<b>Hearing Services</b>	
Medicare-covered hearing exam	\$5
Routine hearing exam	\$5 per yearly visit
Hearing aid	Plan pays up to \$500 toward the purchase of a hearing aid every 36 months

<b>Dental Services</b>	
Preventive dental care	Not covered
Comprehensive dental care	Not covered
Dental discount	\$5 for one examination (comprehensive or periodic) every 6 months \$10 per visit for one prophylaxis (cleaning) every 6 months Additional services, including but not limited to x-rays, fillings, crowns or dentures, will be provided at a discounted rate subject to a fee schedule.

<b>Vision Services</b>	
Routine eye exam	\$5 per yearly visit
Medicare-covered eyewear	\$0 if you get a new prescription as a result of cataract surgery
Routine eyewear	\$0 for one pair of eyeglasses or contact lenses

<b>Mental Health Services*</b>	
Inpatient: no limit in a general hospital; 190-day lifetime limit in a psychiatric facility	\$0
Outpatient mental health therapy	\$5 per visit

<b>Skilled Nursing Facility*</b>	
Nursing home following hospital stay Up to 100 days per benefit period	\$0 Prior hospital stay not required

<b>Substance Abuse Services*</b>	
Outpatient alcohol and substance abuse therapy	\$0 per visit



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<b>Rehabilitation Therapies*</b>	
Physical therapy	\$5 per visit
Speech therapy	\$5 per visit
Occupational therapy	\$5 per visit
Cardiac/pulmonary rehabilitation	\$0 per visit
Supervised exercise therapy (SET)	\$0 per visit

<b>Transportation</b>	
Ground ambulance	\$0 per trip
Routine transportation	Not covered

<b>Part B Drugs*</b>	\$0
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<b>Prescription Drug Coverage</b>				
<b>Tier Level</b>	<b>Initial Coverage and Coverage Gap \$0 – \$6,550</b>			<b>Catastrophic Over \$6,550</b>
	<b>At Preferred Pharmacies 30-day supply</b>	<b>At Standard Pharmacies 30-day supply</b>	<b>Mail Order 90-day supply</b>	<b>You Pay</b>
Tier 1: Generic	\$0	\$5	\$0	\$3.70 or 5% of the cost
Tier 2: Preferred Brand	\$0	\$5	\$0	\$9.20 or 5% of the cost
Tier 3: Non-Preferred Drug	\$45	\$45	\$67.50	\$3.70, \$9.20 or 5% of the cost

<b>Other Benefits</b>	
Durable medical equipment (DME)*	\$0
Diabetic supplies and services (non-Part D)	\$5
Home health care (non-custodial) *	\$0
Acupuncture	\$5 per visit Up to 20 visits per year for chronic low back pain
Fitness benefit - SilverSneakers®	Not covered



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2021 Cost-Sharing Guide

For Medicare Members Residing in Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington Counties

Hospice care	Not covered
Private duty nursing	Not covered
Over-the-counter medication (OTC)	Not covered
Telehealth	PCP: \$0 per visit Specialist: \$5 per visit Individual Session - Mental Health: \$5 Individual Session - Psychiatry: \$5 Individual Session - Substance Abuse: \$0; Unlimited visits

\* Prior authorization rules may apply.

**IMPORTANT INFORMATION**

You can find a full list of the preventive services in your Evidence of Coverage (EOC) at [emblemhealth.com/Medicare](http://emblemhealth.com/Medicare).

All services covered in this cost-sharing guide are subject to medical necessity review.

For an actual description of your benefits, including exclusions, limitations or specific conditions, see your 2021 Medicare Plan EOC. In the event of a discrepancy between the information contained in the guide and the provisions of your 2021 Medicare EOC, the specific provisions of the EOC shall prevail over the cost-sharing guide.

This information is not a complete description of benefits. Call 877-344-7364 (TTY: 711) for more information.

If you have questions, or want to request a copy of the EOC, call Customer Service at 877-344-7364 (TTY: 711). Our hours are 8 a.m. to 8 p.m., seven days a week. Or, visit us at [emblemhealth.com/medicare](http://emblemhealth.com/medicare).

# VIP Premier (HMO) Medicare Plan Benefit Comparison

For New York State Employees — 2020 TO 2021

**There are benefit changes to your VIP Premier (HMO) plan for 2021.**

<b>MODIFIED BENEFIT</b>	<b>2020 BENEFIT LEVEL</b>	<b>2021 BENEFIT LEVEL</b>
Outpatient Mental Health Therapy	\$0 per visit	\$5 per visit
Acupuncture	N/A	\$5 Copay per visit; Up to 20 visits per year for chronic low back pain
Telehealth	N/A	PCP: \$0 Copay Specialist: \$5 Copay Individual Session - Mental Health: \$5 Copay Individual Session - Psychiatry: \$5 Copay Individual Session - Substance Abuse: \$0 Copay; Unlimited visits
<b>Prescription Drug Coverage</b>		
Initial Coverage and Coverage Gap	\$0 - \$6,350	\$0 - \$6,550
Catastrophic Coverage: Tier 1 – Generic	Catastrophic Coverage over \$6,350 You Pay: \$3.46 or 5% of the cost	Catastrophic Coverage over \$6,550 You Pay: \$3.70 or 5% of the cost
Catastrophic Coverage: Tier 2 – Preferred Brand	Catastrophic Coverage over \$6,350 You Pay: \$8.95 or 5% of the cost	Catastrophic Coverage over \$6,550 You Pay: \$9.20 or 5% of the cost
Catastrophic Coverage: Tier 3 – Non-Preferred Drug	Catastrophic Coverage over \$6,350 You Pay: \$3.46, \$8.95 or 5% of the cost	Catastrophic Coverage over \$6,550 You Pay: \$3.70, \$9.20 or 5% of the cost



55 Water Street, New York, NY 10041-8190

**Important plan information**

MONTH DD, YYYY

25400 JP51160  
<FIRSTNAME> <LASTNAME>  
<ADDRESS1>  
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<CITY,> <STATE> <ZIPCODE>  
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- More than 71,000 doctors and health care professionals to choose from.
- Low out-of-pocket costs and copays (the set dollar amount you pay for health services each time you use them).
- Access to leading hospitals throughout your plan's service area.
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Since your eligibility may be different than the guidelines listed in your contract, please refer to your New York State Health Insurance Program (NYSHIP) general information booklet for complete guidelines.

If you have any questions, visit [emblemhealth.com](http://emblemhealth.com) or call us at **877-344-7364 (TTY: 711)**. Our hours are 8 a.m. to 8 p.m., seven days a week. A Customer Service representative will be happy to help.

(Continued)

We're committed to supporting you.

Sincerely,

George Babitsch  
Senior Vice President, Account Management

Enclosures





**VIP Rx Carveout (HMO) Group (NYSHIP)  
2021 Cost-Sharing Guide  
For Medicare Members Residing in  
Richmond, Nassau, Bronx, Kings, New York, Queens,  
Suffolk, Westchester, Albany, Columbia, Delaware,  
Dutchess, Greene, Orange, Putnam, Rensselaer,  
Saratoga, Schenectady, Sullivan, Ulster, Warren and  
Washington counties**

Benefits	Your Cost-Sharing
<b>Deductible</b> – The amount you pay before your plan starts to pay.	\$0
<b>Maximum out-of-pocket</b> – The most you will have to pay for services. This does not include prescription drugs.	\$3,400 per year. This includes copays (the set dollar amount you pay for health services each time you use them) and deductibles.

Inpatient Hospital Coverage	
<b>Inpatient hospital coverage*</b> – You pay this amount if you are admitted to a hospital.	\$0

Outpatient Hospital Coverage	
Ambulatory surgery*	\$0
Outpatient surgery*	\$0
Renal (Kidney) dialysis	\$0

Doctor Visits	
Primary care provider	\$0 per visit
Specialist	\$5 per visit
Routine foot care	\$5 per visit
Chiropractic care*	\$5 per visit

<b>Preventive Care (e.g., annual physical exam, flu, and pneumonia vaccines)</b>	Covered in full
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<b>Emergency Care</b>	\$25 per visit \$0 if admitted within 1 day Worldwide coverage
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<b>Urgently Needed Services</b>	\$5 per visit
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Diagnostic Services/Labs/Imaging*	
Diagnostic services including MRIs, MRAs, PET, and CAT scans	\$0



**VIP Rx Carveout (HMO) Group (NYSHIP)  
2021 Cost-Sharing Guide  
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Suffolk, Westchester, Albany, Columbia, Delaware,  
Dutchess, Greene, Orange, Putnam, Rensselaer,  
Saratoga, Schenectady, Sullivan, Ulster, Warren and  
Washington counties**

Lab tests	\$0
X-ray	\$0
Radiation therapy	\$0
<b>Hearing Services</b>	
Medicare-covered hearing exam	\$5
Routine hearing exam	\$5 per yearly visit
Hearing aid	Plan pays up to \$500 toward the purchase of a hearing aid every 36 months

<b>Dental Services</b>	
Preventive dental care	Not covered
Comprehensive dental care	Not covered
Dental discount	\$5 for one examination (comprehensive or periodic) every 6 months \$10 per visit for one prophylaxis (cleaning) every 6 months Additional services, including but not limited to x-rays, fillings, crowns or dentures, will be provided at a discounted rate subject to a fee schedule.

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Routine eye exam	\$5 per yearly visit
Medicare-covered eyewear	\$0 if you get a new prescription as a result of cataract surgery
Routine eyewear	\$0 for one pair of eyeglasses or contact lenses

<b>Mental Health Services*</b>	
Inpatient: no limit in a general hospital; 190-day lifetime limit in a psychiatric facility	\$0
Outpatient mental health therapy	\$5 per visit

<b>Skilled Nursing Facility*</b>	
Nursing home following hospital stay Up to 100 days per benefit period	\$0 Prior hospital stay not required



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<b>Substance Abuse Services*</b>	
Outpatient alcohol and substance abuse therapy	\$0 per visit

<b>Rehabilitation Therapies*</b>	
Physical therapy	\$5 per visit
Speech therapy	\$5 per visit
Occupational therapy	\$5 per visit
Cardiac/pulmonary rehabilitation	\$0 per visit
Supervised exercise therapy (SET)	\$0 per visit

<b>Transportation</b>	
Ground ambulance	\$0 per trip
Routine transportation	Not covered

<b>Part B Drugs*</b>	\$0
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<b>Other Benefits</b>	
Durable medical equipment (DME)*	\$0
Diabetic supplies and services (non-Part D)	\$5
Home health care (non-custodial)*	\$0
Acupuncture	\$5 per visit Up to 20 visits per year for chronic low back pain
Fitness benefit - SilverSneakers®	Not covered
Hospice care	Not covered
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DRAFT

# VIP Premier (HMO) Medicare Plan Benefit Comparison

For New York State Employees — 2020 to 2021

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**Department of  
Civil Service**

**ANDREW M. CUOMO**  
Governor  
**LOLA W. BRABHAM**  
Commissioner

September 15, 2020

Mr. George Babitsch  
Senior Vice President, Account Management  
EmblemHealth  
55 Water Street  
New York, NY 10041

**VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:**

[gbabitsch@emblemhealth.com](mailto:gbabitsch@emblemhealth.com)

**RE:** Clarification Request #2 - Solicitation entitled: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Dear Mr. Babitsch:

On July 24, 2020, Health Insurance Plan of Greater New York (dba EmblemHealth) submitted a proposal in response to the Department of Civil Service's above solicitation. In addition to the clarifying questions sent to you on August 18, 2020, the Department is requesting the following clarifying information:

**Technical Proposal:**

1. Please confirm that TeleDoc® services are not factored into the current premium rates that are under consideration for the NYSHIP plans. The Department, in consultation with the JLMC, is unwilling to incur additional premium costs on behalf of NYSHIP enrollees for enhanced telemedicine or telehealth services. If EmblemHealth is amenable to including this service at no additional premium cost, the Department and JLMC would offer no objection.

A response to this request is due no later than September 21, 2020. Your response should be sent to the Department at [DCSprocurement@cs.ny.gov](mailto:DCSprocurement@cs.ny.gov). We look forward to your timely response and advancing to the next stage of the implementation process.

Sincerely,

James DeWan  
Director  
Employee Benefits Division



## Clarification Request #2

# Health Maintenance Organizations Specifications for the New York State Health Insurance Program (NYSHIP)

September 17, 2020

**Submitted to:**

**New York State Department of Civil Service**  
**Attn:** Jim DeWan, Director, Employee Benefits Division  
Swan Street Building Core 1  
Albany, New York 12239  
**Phone:** (518) 473-1977  
**Email:** [DCSprocurement@cs.ny.gov](mailto:DCSprocurement@cs.ny.gov)





## Disclaimer Information

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EmblemHealth benefit plans are underwritten by Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), and HIP Insurance Company of New York.

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## Corporate Headquarters

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## **A. Clarifying Question: Technical Proposal**

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Confirmed. Teladoc services have not been factored into our premium rates. To avoid further costs, EmblemHealth is hereby removing the Teladoc option.



Better care. Better value. Better outcomes. For everyone.

**Contact:** Bonnie Benson  
Director, Account Management  
Phone: (518) 446-8024  
Email: [bbenson@emblemhealth.com](mailto:bbenson@emblemhealth.com)