



**Department of
Civil Service**

EXHIBIT 3

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

August 18, 2020

Dr. Michael Edbauer
Executive Vice President, Strategy & Growth Officer
HealthNow New York, Inc.
257 West Genesee Street
Buffalo, NY 14202

VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:

Edbauer.michael@bcbswny.com

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

Dear Dr. Edbauer:

On July 27, 2020, HealthNow New York Inc. (dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York) 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. Attachment 9, Section 4.3, page 2 of 2, of the Administrative Proposal:** Your proposal states HealthNow's contract with Davis Vision is being finalized. Please follow-up related to the outcome for services through 2021.
- 2. Attachment 9, Section 4.3, page 1 of 2, of the Administrative Proposal:** Your proposal states HealthNow's contract with Quest Diagnostics is effective through 2/31/20 with two 1-year renewals. Please confirm if there is coverage through 2021.
- 3. Tab 3. Subcontractors and Suppliers (Attachment 9):** The document that was submitted for plan year 2021 includes only one entry (i.e. CareCore LLC). The document that was submitted for plan year 2020 included more than 12 entries. Please provide an updated document which includes all relevant information regarding key subcontractors.

Technical Proposal:

- 1. Tab 2, Medicare Advantage Offering, Tab 5, Item 2 and Tab 5, Item 16:** The language, “BlueShield of North Eastern New York confirms it will begin to administer the 2021 NYSHIP Medicare Advantage Plan (MAP) in approved service area(s).” Please clarify the service areas where BS NNY intends to offer the MAP.
- 2. Tab 5, The New York State Department of Health Certificate of Authority:** The certificate was not present in HealthNow’s submission. Please provide this certificate for both proposed service areas per Section 1.5.5 of the Specifications.
- 3. Tab 5, Technical Proposal Response:** Some of the answers provided in this section do not indicate if they apply to both the BlueCross BlueShield of Western New York (BCBS WNY) and BS NNY offerings. Please confirm that all narrative answers in this section apply, as written, to both plans. If not confirmed, please clearly state how the two offerings differ.
- 4. Tab 9, Commercial Benefits Chart:** The number of covered days in a Skilled Nursing facility is listed as unlimited on page 1 of the Commercial Benefits Chart, however page 58 of the Certificate cites the benefit is covered for up to 50 days. Please clarify the benefit and submit the corrected document.
- 5. Tab 10, Wellness Chart:** HealthNow only submitted the Wellness Programs/Activities Attachment for the BCBS WNY Offering. Please confirm if BS NNY will provide the same Wellness Programs/Activities.
- 6. Tab 14, Choices MAP:** Weight Loss/Bariatric Surgery appears to be a newly added benefit to the MAP Choices page but was not included in the Side-by-Side Comparison of Benefit Changes 2020 to 2021 MAP HMO document. If this is a new MAP benefit, please update the Side-by-Side document accordingly and submit the corrected document.
- 7. Tab 14, Choices - MAP:** Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. 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)?
- 8. Certificate of Coverage, Schedule of Benefits, NYSHIP Eligibility Rider and other documents marked as “Draft”:** Please confirm that finalized versions of all documents submitted as “Draft” and “Pending” will be distributed to the JLMC as soon as they are available.

9. BS NNY did not provide an Evidence of Coverage (EOC) for its MAP. Please provide an EOC if HealthNow intends to offer a MAP under BS NNY.
10. Please confirm that HealthNow will be the sole contracting entity and is proposing two service areas through their subsidiaries BCBS WNY and BS NNY.
11. Please confirm the Department of Civil Service can utilize the existing Secure File Transfer Protocol (SFTP) connection with HealthNow to send enrollment information for BS NNY via the 834 file.
12. HealthNow is proposing an "Enhanced" vision benefit for 2021. Please detail how this differs from the 2020 "Basic" vision benefit.
13. Please send copies of approval for the following items: BH1R4N0321_0720 Dependent Eligibility Rider (The file cover page indicates this is a draft, but the Certificate/Group Contract/Rider and/or Amendment Summary indicates approved. Please confirm which is correct and if it is a draft, submit the approved copy); CHIC4N0566_NYSHIP Group HMO Certificate of Coverage; and Group HMO Schedule of Benefits.

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

Sincerely,

A black rectangular redaction box covering the signature of James DeWan.

James DeWan
Director
Employee Benefits Division

Administrative Proposal

- 1. Attachment 9, Section 4.3, page 2 of 2, of the Administrative Proposal: Your proposal states HealthNow's contract with Davis Vision is being finalized. Please follow-up related to the outcome for services through 2021.**

Davis is already the established vision vendor in the BlueShield of Northeastern New York (BSNENY) service area and it will be replacing EyeMed in the BlueCross BlueShield of Western New York (BCBSWNY) service area effective 1/1/21.

- 2. Attachment 9, Section 4.3, page 1 of 2, of the Administrative Proposal: Your proposal states HealthNow's contract with Quest Diagnostics is effective through 2/31/20 with two 1-year renewals. Please confirm if there is coverage through 2021.**

We structured our contract with Quest Diagnostics in this manner to allow us the flexibility, if necessary, to change vendors but also have the flexibility to use an option year as a transitional year to internally configure a new vendor. We are issuing an RFP this week to both Quest and LabCorp. Should we make the decision to change vendors, the option years will assure that there is no risk of not having a lab vendor.

- 3. Tab 3. Subcontractors and Supplies (Attachment 9): The document that was submitted for plan year 2021 includes only one entry (i.e. CareCore LLC). The documents that was submitted for plan year 2020 included more than 12 entries. Please provide an updated document which includes all relevant information regarding key subcontractors.**

Our original proposal included the following documents as outlined in the Table of Contents and our Administrative proposal submission:

Tab 3 4.3 Subcontractors or Affiliates

Attachment 9 – CareCore National LLC dba eviCore healthcare

Attachment 9 – Davis Vision Inc_ Davis Vision IPA Inc.

Attachment 9 – Discovery Benefits Inc.

Attachment 9 – National Imaging Associates Inc.

Attachment 9 – Quest Diagnostics Inc.

Attachment 9 – TruHearing, Inc., TruHearing IPA, LLC

Attachment 9 – WebMD Inc.

Technical Proposal

- 1. Tab 2, Medicare Advantage Offering, Tab 5, Item 2 and Tab 5, Item 16: The language, “BlueShield of North Eastern New York confirms it will begin to administer the 2021 NYSHIP Medicare Advantage Plan (MAP) in approved service area(s).” Please clarify the service areas where BS NNY intends to offer the MAP.**

BlueShield of Northeastern New York’s (BSNENY’s) service area remains as was provided in Tab 3 – *Service Area Map*.

This submitted service area includes the following:

- Albany
- Columbia
- Fulton
- Greene
- Montgomery
- Rensselaer
- Saratoga
- Schenectady
- Warren
- Washington

- 2. Tab 5, The New York State Department of Health Certificate of Authority: The certificate was not present in HealthNow’s submission. Please provide this certificate for both proposed service areas per Section 1.5.5. of the Specifications.**

Please find attached a copy of our New York State Department of Health Certificate of Authority as **Exhibit 1**.

- 3. Tab 5, Technical Proposal Response: Some of the answers provided in this section do not indicate if they apply to both the BlueCross BlueShield of Western New York (BCBS WNY) and BS NNY offerings. Please confirm that all narrative answers in this section apply, as written, to both plans. If not confirmed, please clearly state how the two offerings differ.**

Yes, responses written as “BlueCross BlueShield and BlueShield” indicate that they apply to both BlueCross BlueShield of Western New York and BlueShield of Northeastern New York. Responses apply to both entities.

- 4. Tab 9, Commercial Benefits Chart: The number of covered days in a Skilled Nursing facility is listed as unlimited on page 1 of the Commercial Benefits Chart, however page 58 of the Certificate cites the benefit is covered for up to 50 days. Please clearly state how the two offerings differ.**

The contract is accurate with Skilled Nursing limited to 50 days. Please see **Exhibit 2** for an updated Commercial Benefits Chart to reflect that limit.

- 5. Tab 10, Wellness Chart: HealthNow only submitted the Wellness Programs/Activities Attachment for the BCBS WNY Offering. Please confirm if BS NNY will provide the same Wellness Programs/Activities.**

As this was a listing of previously held or scheduled programs/activities, we did not provide one for BlueShield of Northeastern New York (BSNENY) since we have not yet been approved to participate. Should BSNENY receive approval to be offered to NYSHIP members, the listed programs/activities will be offered with different scheduled dates.

- 6. Tab 14, Choices MAP: Weight Loss/Bariatric Surgery appears to be a newly added benefit to the MAP Choices page but was not included in the Side-by-Side Comparison of Benefit Changes 2020 to 2021 MAP HMO document. If this is a new MAP benefit, please update the Side-by-Side document accordingly and submit the corrected document.**

Weight Loss/Bariatric Surgery is not a new benefit for the Medicare Advantage line of business. The type of healthcare has been covered for several years. Our plan provided an answer to all required elements of choices catalog which included the newly requested details for Weight Loss/Bariatric Surgery.

- 7. Tab 14, Choices – MAP: Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. 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)?**

Medicare Advantage is excluded from the Mental health Parity Addiction and Equity Act. Our plan strictly follows the limits administered and required by the Centers for Medicare & Medicaid Services, CMS, who approves our plan structure every year. The limit we offer mirrors what CMS offers. Public health plans like Medicare are not typically considered issuers of health coverage under the regulation in question.

- 8. Certificate of Coverage, Schedule of Benefits, NYSHIP Eligibility Rider and other documents marked as “Draft”: Please confirm that finalized versions of all documents submitted “Draft” and “Pending” will be distributed to the JLMC as soon as they are available.**

All contract-related documents are currently only in “Draft” form. These documents have been submitted to the Department of Financial Services for review but have not yet received approval. Once we receive approval for these documents, we will provide NYSHIP with final copies.

- 9. BS NNY did not provide an Evidence of Coverage (EOC) for its MAP. Please provide an EOC if HealthNow intends to offer a MAP under BS NNY.**

BlueShield of Northeastern New York (BSNENY) will be providing electronic versions of all 2021 Medicare Advantage EOC documents by October 21st. BSNENY is a new service area added to the proposal that is effective 1/1/21. This is the reason why there are no EOC documents for Northeastern New York in plan year 2020. EOC materials will be very similar to what our plan has supplied for BlueCross BlueShield of Western New York (BCBSWNY). The only difference will be branding and service area information. All plan benefits are the same between both markets in 2021.

- 10. Please confirm that HealthNow will be the sole contracting entity is proposing two service areas through their subsidiaries BCBS WNY and BS NNY.**

We confirm that HealthNow is the sole contracting entity and that we are proposing two service areas, BlueCross BlueShield of Western New York (BCBSWNY) and BlueShield of Northeastern New York (BSNENY).

- 11. Please confirm the Department of Civil Service can utilize the existing Secure File Transfer Protocol (SFTP) connection with HealthNow to send enrollment information for BS NNY via the 834 file.**

We confirm that the SFTP can be used to send enrollment information for BSNENY via the 834 file.

12. HealthNow is proposing an “Enhanced” vision benefit for 2021. Please detail how this differs from the 2020 “Basic” vision benefit.

The vision discount program that was offered in 2020 provides a 40% discount on the purchase of lenses. The Enhanced program being offered for 2021 will cover the member’s first purchase of lenses in full, any additional lenses will receive the 40% discount.

13. Please send copies of approval for the following items: BH1R4N0321_0720 Dependent Eligibility Rider (The file cover page indicates this is a draft, but the Certificate/Group Contract/Rider and/or Amendment Summary indicates approved. Please confirm which is correct and if it is a draft, submit the approved copy): CHIC4N0566_NYSHIP Group HMO Certificate of Coverage; and Group HMO Schedule of Benefits.

All contract-related documents are currently only in “Draft” form. These documents have been submitted to the Department of Financial Services for review but have not yet received approval. Once we receive approval for these documents, we will provide NYSHIP with final copies.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 13, 2017

COPY

David Anderson
President and Chief Executive Officer
HealthNow New York, Inc.
257 West Genesee Street
Buffalo, New York 14202-2657

Via Email

Re: Approval of Expansion in Genesee and Niagara Counties for Child Health Plus and Medicaid Managed Care Programs

Dear Mr. Anderson:

The Certificate of Authority (COA) for HealthNow New York, Inc. has been revised to include the addition of the Child Health Plus and Medicaid Managed Care Programs in Genesee and Niagara Counties. A reissued COA reflecting this change for the plan is enclosed. This is the only change being made to the COA.

Please return the previously issued COA for HealthNow New York, Inc. to Mr. Francis Roberts, Bureau of Certification and Surveillance, Corning Tower, OCP-Room # 1609, Albany, New York 12237, within thirty (30) days of receipt of this letter.

If you have any questions, please contact Mr. Roberts at (518) 474-5515 or by e-mail at francis.roberts@health.ny.gov.

Sincerely,

Jonathan Bick
Director
Division of Health Plan Contracting and Oversight

cc: Jared Gross, *HealthNow*
Todd Savage, *HealthNow*
James Steffen, *HealthNow*

New York State Department of Health

Division of Health Plan Contracting and Oversight

Health Maintenance Organization Certificate of Authority



HEALTHNOW NEW YORK INC.
D/B/A
Community Blue, Blue Cross Blue Shield of Western New York
Community Blue, Blue Shield of Northeastern New York
257 West Genesee Street
Buffalo, New York 14202-2657

Has been granted this certificate of authority to operate
Pursuant to Article 44 of the New York State Public Health Law

Issued:

August 1, 1985

Reissued:

April 1, 1991

July 1, 1993

January 1, 1995

August 15, 1995

July 15, 1998

September 15, 1998

January 15, 1999

August 1, 2000

December 5, 2000

June 29, 2001

January 25, 2002

July 12, 2002

January 1, 2003

August 13, 2007

March 7, 2008

May 20, 2011

July 1, 2013

November 3, 2015

December 31, 2016

December 12, 2017


LIMITATIONS AND CONDITIONS

- The Article 44 service area of Community Blue, Blue Cross Blue Shield of Western New York for serving the commercial population shall be designated as Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties.
- The Article 44 service area of Community Blue, Blue Cross Blue Shield of Western New York, for serving the Medicaid, and Child Health Plus population is to be designated as Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties. The provision of health care services in this service area is contingent upon execution of a Medicaid contract.
- The Article 44 service area of Community Blue, Blue Shield of Northeastern New York for serving the Commercial population is to be designated as Albany, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington Counties.
- The counties of Albany, Allegany, Cattaraugus, Chautauqua, Columbia, Erie, Fulton, Genesee, Greene, Monroe, Montgomery, Niagara, Orleans, Rensselaer, Saratoga, Schenectady, Warren, Washington, Wayne, and Wyoming are designated for Medicare Advantage. Such designation is based upon the understanding that HealthNow New York Inc. will operate in accordance with all applicable State and Federal requirements. A comprehensive review of the plan's policies and procedures associated with the operation in the Medicare Advantage Program was not conducted by the Department. All aspects of operation in the Medicare only counties will be governed primarily by the Centers for Medicare and Medicaid Services (CMS), and implementation is contingent upon securing a Medicare contract with the Federal government.



Jonathan Bick
Director
Division of Health Plan
Contracting and Oversight

ATTACHMENT 35



NEW YORK
STATE OF
OPPORTUNITY

**Department of
Civil Service**

Commercial Benefits Chart
“Health Maintenance Organizations
Specifications for the New York State Health Insurance
Program”

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$10; \$0 for children age 19 and under	unlimited	No	\$675.35	\$1,704.20
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance	Section XI Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Surgery (include all settings - Physician-Inpatient, Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility)		Section XI, Inpatient Services, Page 56, Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	Inpatient Hospital Surgery - \$0 Outpatient Surgery Hospital - \$100 Physician's Office - \$18 Outpatient Surg Facility - \$100	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Skilled Nursing Facilities		Section XI, Inpatient Services, Page 58 Section XVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	50 days	No	\$675.35	\$1,704.20
Hospice Benefits	210 Days	Section X, Additional Benefits, Equipment and Devices, Page 53 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$0	210 days per year	No	\$675.35	\$1,704.20
Emergency Room	Covered as required by ACA	Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	No	\$675.35	\$1,704.20
Urgent Care Facility		Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$25	unlimited	No	\$675.35	\$1,704.20
Ambulance indicate both Non-airborne & Airborne		Section VII, Ambulance and Pre-Hospital Emergency Medical Services, Page 34 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 125	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Lab Tests	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Pathology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
EKG/EEG	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	675.35	1704.2
No									
All Members - 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 blood pressure	Covered as required by Federal and NYS law and/or regulation, and ACA	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
<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 law and/or regulation	Section VI, Preventive Care, Page 31 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
<u>Men's Health</u> - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation	Section VI, Preventive Care, Page 33 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
<u>Children's Health</u> - 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 law and/or regulation	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$10 for initial visit	unlimited	No	\$675.35	\$1,704.20
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling	Section VI, Preventive Care, Page 32 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002 and 2019	Section IX, Outpatient and Professional Services, Page 41 Section XXVII, Schedule of Benefits, Page 123	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit	Section VI, Preventive Care, Page 32 Section XIII, Prescription Drug Coverage, Page 64 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Applicable Drug or Surgery Copayment	unlimited	No	\$675.35	\$1,704.20
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care		Section XI, Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	45 days per year, aggregate PT/OT/ST	No	\$675.35	\$1,704.20
Outpatient Rehabilitative Care		Section IX, Outpatient and Professional Services, Page 44 Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	\$18	20 days per year, aggregate PT/OT/ST	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	Section X, Additional Benefits, Equipment and Devices, Page 48 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Prescription Drugs: 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		Section XIII, Prescription Drug Coverage, Page 63 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$5/\$30/\$60; \$0 Preventive Drugs Mail Order = 2.5 copays	N/A	New benefit - Brand and generic preventive drug list	\$675.35	\$1,704.20
Other									
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Diabetic Shoes		Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	Not covered	Not Covered	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	50%	unlimited	No	\$675.35	\$1,704.20
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 functionally necessary	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	No	\$675.35	\$1,704.20

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	No	\$675.35	\$1,704.20
Additional Benefits		Section XIV, Wellness Benefits, Page 73 Section XXVII, Schedule of Benefits, Page 131	N/A	Pending Approval from DFS	\$500 allowance for Individual, \$600 allowance for Family	unlimited	Yes, change,\$600 allowance for family.	\$675.35	\$1,704.20

ATTACHMENT 35



NEW YORK
STATE OF
OPPORTUNITY

**Department of
Civil Service**

Commercial Benefits Chart
“Health Maintenance Organizations
Specifications for the New York State Health Insurance
Program”

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$10; \$0 for children age 19 and under	unlimited	N/A	\$755.00	\$1,905.21
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance	Section XI Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
Surgery (include all settings - Physician-Inpatient , Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility		Section XI, Inpatient Services, Page 56, Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	Inpatient Hospital Surgery - \$0 Outpatient Surgery Hospital - \$100 Physician's Office - \$18 Outpatient Surg Facility - \$100	unlimited	N/A	\$755.00	\$1,905.21
Skilled Nursing Facilities		Section XI, Inpatient Services, Page 58 Section XVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	50 days	N/A	\$755.00	\$1,905.21
Hospice Benefits	210 Days	Section X, Additional Benefits, Equipment and Devices, Page 53 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$0	210 days per year	N/A	\$755.00	\$1,905.21
Emergency Room	Covered as required by ACA	Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Urgent Care Facility		Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$25	unlimited	N/A	\$755.00	\$1,905.21
Ambulance indicate both Non-airborne & Airborne		Section VII, Ambulance and Pre-Hospital Emergency Medical Services, Page 34 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	N/A	\$755.00	\$1,905.21
Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 125	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Lab Tests	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
Pathology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
EKG/EEG	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
No									
<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 blood pressure	Covered as required by Federal and NYS law and/or regulation, and ACA	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	N/A	\$755.00	\$1,905.21
<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 law and/or regulation	Section VI, Preventive Care, Page 31 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	N/A	\$755.00	\$1,905.21
<u>Men's Health</u> - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation	Section VI, Preventive Care, Page 33 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
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 law and/or regulation	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	N/A	\$755.00	\$1,905.21
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$10 for initial visit	unlimited	N/A	\$755.00	\$1,905.21
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling	Section VI, Preventive Care, Page 32 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002 and 2019	Section IX, Outpatient and Professional Services, Page 41 Section XXVII, Schedule of Benefits, Page 123	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit	Section VI, Preventive Care, Page 32 Section XIII, Prescription Drug Coverage, Page 64 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Applicable Drug or Surgery Copayment	unlimited	N/A	\$755.00	\$1,905.21
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care		Section XI, Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	45 days per year, aggregate PT/OT/ST	N/A	\$755.00	\$1,905.21
Outpatient Rehabilitative Care		Section IX, Outpatient and Professional Services, Page 44 Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	\$18	20 days per year, aggregate PT/OT/ST	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$10	unlimited	N/A	\$755.00	\$1,905.21
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	Section X, Additional Benefits, Equipment and Devices, Page 48 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$18	unlimited	N/A	\$755.00	\$1,905.21
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	N/A	\$755.00	\$1,905.21
Prescription Drugs: 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		Section XIII, Prescription Drug Coverage, Page 63 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$5/\$30/\$60; \$0 Preventive Drugs Mail Order = 2.5 copays	N/A	N/A	\$755.00	\$1,905.21
Other									

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	Rider Number					Individual	Family
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	N/A	\$755.00	\$1,905.21
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	N/A	\$755.00	\$1,905.21
Diabetic Shoes		Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	Not covered	Not Covered	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	50%	unlimited	N/A	\$755.00	\$1,905.21
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 functionally necessary	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	N/A	\$755.00	\$1,905.21

Offeror Name:

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ 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	
		Contract/ COC	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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	N/A	\$755.00	\$1,905.21
Additional Benefits		Section XIV, Wellness Benefits, Page 73 Section XXVII, Schedule of Benefits, Page 131	N/A	Pending Approval from DFS	\$500 allowance for Individual, \$600 allowance for Family	unlimited	N/A	\$755.00	\$1,905.21



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

September 15, 2020

Dr. Michael Edbauer
Executive Vice President, Strategy & Growth Officer
HealthNow New York, Inc.
257 West Genesee Street
Buffalo, NY 14202

VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:

Edbauer.michael@bcbswny.com

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

Dear Dr. Edbauer:

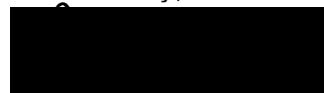
On July 27, 2020, HealthNow New York Inc. (dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York) submitted a proposal in response to the Department of Civil Service's above solicitation. In addition to the clarifying questions sent to you on August 18, 2020, the Department is requesting the following clarifying information:

Technical Proposal:

1. HealthNow indicates BlueShield of Northeastern New York will be providing electronic versions of all 2021 Medicare Advantage Evidence of Coverage documents to the Joint Labor Management Committee (JLMC) by October 21, 2020. The JLMC is requesting hard copies be mailed in addition to providing electronic copies. JLMC recipients are identified in Attachment 13 of the Specification.

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. We look forward to your timely response and advancing to the next stage of the implementation process.

Sincerely,



James DeWan
Director
Employee Benefits Division



BlueCross BlueShield of Western New York
257 West Genesee Street • Buffalo, New York 14202

September 15, 2020

NYS Department of Civil Service
Agency Building #1, 17th Floor
Empire State Plaza
Albany, New York 12239

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

HealthNow New York, Inc. dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York hereby confirms that hard copies of all 2021 Medicare Advantage Evidence of Coverage documents will be mailed to the Joint Labor Management Committee (JLMC) by October 21, 2020, in addition to receiving electronic copies.

Sincerely,

A black rectangular redaction box covers the signature of Michael Edbauer.

Michael Edbauer, D.O.
Executive Vice President, Chief Strategy and Growth Officer



Department of
Civil Service

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

September 21, 2020

VIA ELECTRONIC MAIL & US POSTAL MAIL

Dr. Michael Edbauer
Executive Vice President, Strategy & Growth Officer
HealthNow New York, Inc.
257 West Genesee Street
Buffalo, NY 14202
Edbauer.michael@bcbswny.com

RE: Communications Clarification Request
Solicitation entitled "Health Maintenance Organizations Specifications for the New York State
Health Insurance Program"

Dear Dr. Edbauer:

On July 27, 2020, HealthNow New York Inc. (dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Department identified the following sections of your proposal that require clarification:

2021 NYSHIP Choices Publication:

1. **Choices, Commercial and MAP:** Logo files - The logo files previously submitted for the BlueCross BlueShield of Western New York and BlueShield of Northeastern New York *Choices* pages do not meet required specifications. Please provide new logos that fit the following description:

Logo Specifications

Vector (Adobe Illustrator) file
Any text must be outlined

If no vector file is available:

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

Resolution should be a minimum of 300 ppi in Photoshop

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

A response to this request is due no later than September 25, 2020.

Sincerely,

Daniel Yanulavich
Director, Employee Insurance Programs
Employee Benefits Division



BlueCross BlueShield of Western New York
257 West Genesee Street • Buffalo, New York 14202

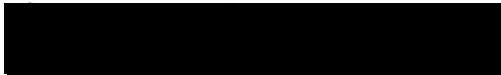
September 23, 2020

NYS Department of Civil Service
Agency Building #1, 17th Floor
Empire State Plaza
Albany, New York 12239

RE: Communications Clarification Request Solicitation entitled "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

HealthNow New York, Inc. dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York confirms we have provided updated logos that meet NYSHIP's specifications.

Sincerely,



Elayne M. Messana
Account Executive III
Consumer Markets
BlueCross BlueShield of Western New York



BlueShield
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