

2011 NYSCOPBA NEW YORK STATE HEALTH INSURANCE PLAN (NYSHIP)

Following completion of enrollment, coverage begins on the 57th day of employment.

This is a summary of some of the most popular types of medical services individuals seek. You may want to obtain costs for other types of services you might utilize. This is simply a guide designed to assist you in choosing a plan for yourself and your dependents, if applicable. Pre-authorization is required for some services/prescriptions. Additional costs may apply, as well.

Employees are eligible to enroll in an HMO based on the county in which they work or reside. In addition to the plans below, GHI HMO serves individuals residing in Delaware, Albany and some other surrounding counties.

Review all available information about all plans and contact the carrier(s) for more information before making a decision.

	EMPIRE PLAN Code 001 (1-877-769-7447)	CDPHP Code 063/300 (1-800-777-2273)	HMO Blue Code 072/160 (1-800-722-7884)	MVP Code 060/330 (1-888-687-6277)
Type of plan	PPO	HMO	HMO	HMO
Primary care physician required	No	Yes	Yes	Yes, but no referrals are required to see a specialist
Deductible for out of network services; 80%/20% coverage thereafter	\$388	N/A	N/A	N/A
Office co-pay	\$18	\$20 \$25 urgent care	\$25 \$35 urgent care \$40 specialty office visits	\$25 adults \$10 sick child (age 0 – 25) \$40 specialty office visits
Emergency room	\$60	\$50	\$100	\$75
Ambulance	\$0 if provided by admitting hospital; otherwise \$35	\$50	\$100	\$50
Hospital In-patient care Out-patient care	\$0 \$18 lab/radiology \$60 surgery	\$0 \$20 lab/radiology \$75 surgery	\$0 \$25 lab/\$40 radiology Various fees for surgery	\$0 \$0 lab/\$25 radiology \$40 surgery
Prescriptions				
Retail, 30-day supply	\$ 5 generic \$15 formulary brand \$30 non-formulary brand	\$ 5 generic \$30 formulary brand \$50 non-formulary brand	\$10 generic \$30 formulary brand \$50 non-formulary brand	\$10 generic \$30 formulary brand \$50 non-formulary brand
Retail, 31-90 day supply	\$10 generic \$30 formulary brand \$60 non-formulary brand	(Mail order, 31 – 60 day supply: \$10/\$60/\$100)		
Mail order, 31-90 day supply	\$ 5 generic \$20 formulary brand \$55 non-formulary brand	\$ 12.50 generic \$ 75 formulary brand \$125 non-formulary brand	\$ 20 generic \$ 60 formulary brand \$100 non-formulary brand	\$ 25 generic \$ 75 formulary brand \$125 non-formulary brand
Dependent children	Covered through the last day of the month in which they turn age 26	Covered through the last day of the month in which they turn age 26	Covered through the last day of the month in which they turn age 26	Covered through the last day of the month in which they turn age 26
Bi-weekly cost** Individual plan Family plan	All of New York State \$ 27.26 \$ 115.12	Albany area^ Otsego area^ \$ 24.70 \$ 60.72 \$ 122.01 \$ 215.18	Broome area^ Otsego area^ \$ 81.28 \$ 63.70 \$ 260.53 \$ 243.08	Albany area^ Otsego area^ \$ 22.13 \$ 33.74 \$ 102.58 \$ 146.51

^HMOs offer the same benefits for different rates based on employees' counties of residence. If you live in a different county, know the applicable premium **BEFORE** enrolling.

If you choose your premiums to be deducted on a pre-tax basis you are **NOT permitted to switch from family to individual coverage or cancel your coverage completely without a "qualifying event".