

Newburgh Enlarged City School District
January 1, 2012- December 31, 2012

Benefit Category	NYS Empire Plan		GHI HMO Select \$25 VALUE PLUS PLAN	CDPHP AvidCare 25	MVP Co-Plan \$20 Plus
	In-Network	Out-of-Network			
Primary Care Physician	No PCP Required	No PCP Required	PCP Required	PCP Required	PCP Required
Referral Requirement	No	No	Yes	Yes	No
Pre-Certification	required for certain benefits including admissions, MRI's, Substance Abuse, Mental/Nervous	required for certain benefits including admissions, MRI's, Substance Abuse, Mental/Nervous	Yes	No	No
Deductible	No	Shared annual w/Med/Surg & MHSA \$1000 enrollee, \$1000 spouse \$1000 all dep children combined	No	No	No
Out-of-pocket maximum	None	Shared annual w/Med/Surg & MHSA \$3000 enrollee, \$3000 spouse \$3000 all dep children combined	None	None	None
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
HOSPITAL BENEFITS:					
Inpatient:					
Semi-Private Room	Covered in full up to 365 days per confinement	Covered at 90% up to 365 days per confinement up to \$1500 annually	Covered in full for unlimited number of days	Covered in full for unlimited number of days	Covered in full for unlimited number of days
Mental/ Nervous	Covered in full for unlimited days as long as pre-certified and approved	Covered at 50% of reasonable & customary charges	Covered in full for up to 30 days per year.	Covered in full for up to 30 days per year.	Covered in full for up to 30 days per year.
Alcohol/Substance	Covered in full for unlimited days as long pre-certified and approved	Covered at 50% of reasonable & customary charges up to a \$50,000 maximum payout per individual	Covered in full for up to 7 days	Covered in full for up to 30 days	Covered in full for up to 7 days
HOSPITAL BENEFITS:					
Outpatient:					
Emergency	Covered in full after \$70 Co-pay	Covered in full after \$70 Co-pay	Covered in full after \$100 Co-pay	Covered in full after \$100 Co-pay	Covered in full after \$50 Co-pay
Surgery	Covered in full after \$60 Co-pay	Covered in full after \$60 Co-pay	Covered in full after \$75 Co-pay	Covered in full after \$25 Co-pay	Covered in full after \$20 Co-pay
Lab/X-Ray	Covered in full after \$40 Co-pay	Covered in full after \$40 Co-pay	Covered in full after \$25 Co-pay	Covered in full \$25 Co-pay (waived at designated sites)	Lab-Covered in Full X-ray-\$20 Co-pay
Pre-Admission Testing	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full after \$25 Co-pay	Covered in full \$20 Co-pay
Radiation	Covered in full	Covered in full	Covered in full	Covered in full after \$25 Co-pay	Covered in full \$20 Co-pay
Mammography	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Cervical Cancer Screening	Covered in full	Covered in full	Covered in full	Covered in full after	Covered in full

MEDICAL BENEFITS:					
Office Visits	Covered in full after \$20 Co-pay	Paid at 80% of reasonable & customary charges after \$1000 Deductible	Covered in full after \$25 Co-pay (\$35 Urgent Care Co-Pay)	Covered in full after \$25 Co-pay	Covered in full after \$20 Co-pay
Annual Physicals	Covered in full	Covered in Full	Covered in full	Covered in full	Covered in full
Well Child Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Well Woman Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Inpatient Visits	Covered in full	Paid at 50% of reasonable & customary charges after \$1000 deductible	Covered in full	Covered in full	Covered in full
Maternity	Covered in full after initial visit and \$20 Co-pay	Paid at 50% of reasonable & customary charges after \$1000 deductible	Covered in full	Covered in full after initial visit	Covered in full after initial visit
Surgery	Covered in full	Paid at 80% of reasonable & customary charges after \$1000 deductible	Covered in full after \$25 Co-pay	Covered in full	Covered in full after \$20 Co-pay
Assistant Surgery	Covered in full	Paid at 80% of reasonable & customary charges after \$1000 deductible	Covered in full after \$25 Co-pay	Covered in full	Covered in full
Anesthesiology	Covered in full	Paid at 80% of reasonable & customary charges after \$1000 deductible	Covered in full	Covered in full	Covered in full
Lab/X-Ray	Covered in full after \$20 Co-pay	No Coverage	Covered in full after \$25 Co-pay	Covered in full after \$25 Co-pay	Covered in full after \$20 Co-pay
Mental - Inpatient	Covered in full - unlimited	Covered at 50% of reasonable & customary charges	Covered in full	Covered in full	Covered in full after \$45 Co-pay
Mental - Outpatient	Covered in full - unlimited	Covered at 50%	Covered in full after \$25 Co-pay	Covered in full after \$30 Co-pay	Covered in full after \$35 Co-pay
Physical Therapy/OT	\$20 Co-pay	No Coverage	Covered in full after \$25 Co-pay 30 visits within 60 days	Covered in full after \$25 Co-pay up to 120 days each per diagnosis per year	Covered in full after \$20 Co-pay 30 visits referral required
Durable Medical and Prosthetics	Covered in full	No Coverage	Covered at 80% up to \$10,000 maximum annual	Covered at 80%	Covered at 50%

			payout		
Chiropractic	Covered in full after \$20 Co-pay	Covered at 50% of reasonable & customary charges after \$250 deductible \$1500 annual Max	Covered in full after \$25 Co-pay	Covered in full after \$25 Co-pay Referral required	Covered in full after \$20 Co-pay
Vision Exam	Not Covered	Not Covered	Covered in full after \$25 Co-pay (every 12 months)	Covered in full after \$25 Co-pay	Covered in full after \$20 Co-pay (every 24 months)
PRESCRIPTIONS:					
Retail	up to a 30 day supply Covered in full after a \$5 generic and \$25 name brand Co-pay, \$45 non-formulary Co-Pay 31-90 \$10/\$50/\$90	Covered up to network allowance	Covered in full after \$10 generic and \$20 name brand, \$30 non-formulary Co-pay for up to a 30 day supply	Covered in full after \$10 generic and \$30 name brand, \$50 non-formulary Co-pay for up to a 30 day supply	Covered in full after \$10 generic and \$30 name brand, \$50 non-formulary Co-pay for up to a 30 day supply
Mail Order	31-90 Day supply - covered in full after \$5 Generic, \$50 Name Brand, \$90 Non Formulary Co-Pay	No Coverage	90 Day supply - covered in full after two month Co-pay	90 Day supply - covered in full after two 1/2 month Co-pay	Up to 90 Day supply - covered in full after two month Co-pay