

Dear City of New York Employee or Non-Medicare Eligible Retiree:

Through the joint efforts of the City of New York Office of Labor Relations and the City's Unions, represented by the Municipal Labor Committee, there are important changes to your GHI Comprehensive Benefits Plan (CBP) and Empire BlueCross BlueShield Plan effective on July 1, 2016. Please read this notification carefully and keep it with your important papers.

**GHI CBP Medical Plan**

The GHI CBP program will:

- Enhance coverage to provide for **in-network** preventive services\* (such as those listed below.)
  - Routine physicals
  - Immunizations
  - Colonoscopies
  - Mammograms
  - Birth control prescriptions and other preventive prescriptions as listed on **emblemhealth.com/city**

These services will be available with **\$0** copayments. Visit **emblemhealth.com/city** for a full list of preventive services.

- Allow for a **\$0** copayment when you visit a primary care physician (PCP) or specialist affiliated with the multispecialty physician practice of AdvantageCare Physicians (ACPNY). For more information, visit **emblemhealth.com/city** or **acpny.com**.
- Increase or decrease copayments for certain in-network services. (Refer to the table below.)

<b>Benefits Summary</b>	<b>Current Copay</b>	<b>July 1, 2016 Copay</b>	<b>Out-of-Network Cost</b>
<b>ACPNY PCP</b>	\$15 copay	\$0 copay	There will be no changes to your current out-of-pocket costs. You will still pay any applicable out-of-network cost-sharing plus the difference between the provider's fee and GHI's reimbursement (which may be substantial.)
<b>ACPNY Specialist</b>	\$20 copay	\$0 copay	
<b>All other PCPs</b>	\$15 copay	\$15 copay	
<b>All other specialty providers</b>	\$15 or \$20 copay	\$30 copay	
<b>Urgent Care</b>	\$15 copay	\$50 copay	
<b>Diagnostic/Lab</b>	\$15 copay	\$20 copay	
<b>MRI/CAT/Hi-Tech Radiology</b>	\$15 copay	\$50 copay	
<b>Physical Therapy</b>	\$15 copay	\$20 copay	

For a list of Primary Care Physicians, please visit **emblemhealth.com/city**.

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**Empire BlueCross BlueShield Hospitalization Plan**

<b>Benefits Summary</b>	<b>Current Copay</b>	<b>July 1, 2016 Copay</b>	<b>NOTE</b>
<b>Emergency Room</b>	\$50 copay	\$150 copay	Waived if admitted to hospital within 24 hours

**Reminder: New Pre-certification Requirements**

As we previously communicated, many procedures require pre-certification. Your provider should call NYC Healthline at **1-800-521-9574** for pre-certifications including:

- In-patient admissions
- Within 48 hours of an emergency admission
- Ambulatory surgery
- Physical and speech therapy after the 16th visit

**Maximum Out-of-Pocket (MOOP)**

MOOP refers to the maximum amount of in-network cost-sharing expenses that you will pay in each plan year for covered services/essential health benefits received from Participating Providers under the GHI/Empire BlueCross BlueShield plans combined. MOOP includes deductibles, coinsurance and copay charge amounts that you must pay for covered in-network services and any applicable riders in a policy year. Cost-sharing amounts attributable to services received from Non-Participating Providers generally do not count toward MOOP. Amounts incurred for non-covered services and other non-covered expenses, such as amounts in excess of plan allowances as well as any financial penalties do not count toward MOOP. Premiums and/or premium contributions also do not count toward MOOP. The MOOP amount may change from plan year to plan year\*\*.

For July 1, 2016 – December 31, 2016

	<b>Individual MOOP</b>	<b>Family MOOP</b>
<b>GHI Medical MOOP</b>	\$2,175	\$4,350
<b>EBCBS Hospital MOOP</b>	\$1,250	\$2,500

For calendar years beginning January 1, 2017 – December 31, 2017\*\* (*Subject to indexing by the federal government*)

	<b>Individual MOOP</b>	<b>Family MOOP</b>
<b>GHI Medical MOOP</b>	\$4,550	\$9,100
<b>EBCBS Hospital MOOP</b>	\$2,600	\$5,200

**Telehealth**

Effective July 1<sup>st</sup>, you will have access to a telehealth benefit through American Well (AmWell) for a \$15 copayment. This is a telehealth company which uses technology that allows you to access remote clinical health care via online video interaction or telephone. This service is *not* a substitute for visiting your PCP, but rather an alternative method for receiving care for minor, everyday ailments which may not require a visit to your doctor. For more information regarding this new benefit visit **emblemhealth.amwell.com**.

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## **Member ID Cards**

Your new member ID card will be mailed to you approximately 10 days prior to the July 1, 2016 effective date of your plan changes. Please begin using it when claiming benefits, and be sure to destroy your previous card once you receive your new one.

## **Questions?**

If you have any questions about the changes to your GHI CBP medical benefits, please call EmblemHealth Customer Service at **1-800-624-2414**, Monday to Friday, 8 am to 6 pm (closed on weekends.) If you have a hearing or speech impairment and use a TTY/TDD, please call 711. Or, visit the website at **emblemhealth.com/city**. You can also visit the City of New York Office of Labor Relations at **NYC.gov/olr**.

If you have any questions about changes to your Empire BlueCross BlueShield hospital benefits, call **1-800-433-9592**. Or visit the website at **empireblue.com/nyc**.

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## **Additional Enhancements**

### **Zocdoc**

This is an online service you can use to find and book in-network doctors' appointments, often for the same day. For more information regarding this new benefit visit **zocdoc.com/nyc**.

### **Weight Watchers**

Beginning June 1, 2016, employees will be able to take advantage of special NYC employee pricing, along with monthly discounted pricing when they join Weight Watchers. You will be able to attend meetings in your workplace, where available, and unlimited meetings in your local community or follow the plan online with digital and mobile tools through *Weight Watchers OnlinePlus*.

<b>Weight Watchers Meetings</b>		<b>Weight Watchers OnlinePlus</b>	
Special Monthly Pricing	\$30.00	Special Monthly Pricing	\$14.00
NYC/Union Contribution	<u>15.00</u>	NYC/Union Contribution	<u>7.00</u>
<b><i>Employee Monthly Cost</i></b>	<b><i>\$15.00</i></b>	<b><i>Employee Monthly Cost</i></b>	<b><i>\$ 7.00</i></b>

In addition, your spouse/domestic partner will be able to take advantage of the Special Monthly Pricing. Visit **NYC.gov/olr** for more information.

*\*Coverage is available for preventive health services, including the services listed above at times and frequencies recommended by the following sources: Services that have an "A" or "B" rating from the United States Preventive Services Task Force; immunizations pursuant to the Advisory Committee on Immunization Practices ("ACIP") recommendations; preventive care and screenings for infants, children and adolescents provided for in comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA"); and preventive care and screenings for women provided for in comprehensive guidelines supported by "HRSA"*