

Medical & Prescription Benefits at a Glance IBEW 2021

Medical Plans	United Healthcare (UHC) NYPA Plan		CDPHP HMO Albany, Blenheim-Gilboa & Clark, plus Dutchess & Orange Counties	Independent Health HMO Flex Fit Active Buffalo/Niagara	Independent Health HMO Flex Fit Family Buffalo/Niagara
Bi-Weekly Cost – Employee Only	\$53.84		\$94.68	\$53.84	\$53.84
Bi-Weekly Cost - Family	\$134.61		\$261.69	\$134.61	\$134.61
Type of Services	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Preventive Care copay	\$0	20% coinsurance*	\$0	\$0	\$0
Virtual Visit copay	\$15	N/A	\$20	General Medicine: \$10 adult / \$25 child	General Medicine: \$15 adult / \$0 child
Primary Care copay	\$30	20% coinsurance*	\$20	\$10 adult / \$25 child	\$15 adult / \$0 child
Specialist copay	\$30	20% coinsurance*	\$20	\$25	\$25
Chiropractic copay	\$30	20% coinsurance*	\$20	\$25	\$25
Urgent Care copay	\$30	20% coinsurance*	\$30	\$35	\$35
Emergency Room Visit copay**	\$45	\$0 up to \$1500 then 20% coinsurance	\$50	\$150	\$150
Hospitalization copay	\$0	\$0	\$0	\$0	\$0
Retail Prescriptions					
Tier 1 / Tier 2 / Tier 3	\$10/\$30/\$45	\$10/\$30/\$45	\$10/\$25/\$40	\$4/\$15/\$30	\$4/\$15/\$30
Mail Order Prescriptions					
Tier 1 / Tier 2 / Tier 3	\$25/\$75/112.50	N/A	\$25/\$62.50/\$100	\$10/\$37.50/\$75	\$10/\$37.50/\$75
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$2,100	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
				Out-of-network Deductible Individual: \$1,000 / Family: \$2,000 (20% coinsurance)	
Out-of-pocket Limit	Individual: \$7,150 Family: \$14,300	Individual: \$900 Family: \$2,400	Individual: \$8,550 Family: \$17,100	Individual: \$6,350 Family: \$12,700	Individual: \$6,350 Family: \$12,700
				Out-of-network Deductible Individual: \$10,000 / Family: \$20,000 (20% coinsurance)	
Out-of-network Benefits	Yes		No	Yes	Yes

*After deductible ** Waived if admitted

For questions regarding benefits, contact HR Services at HR.Services@nypa.gov or 914-287-3114.