GHI-Comprehensive Benefits Plan (GHI-CBP)

With GHI-CBP, you have the freedom to choose any provider worldwide. You can select a GHI participating provider and not pay any deductibles or coinsurance, or go out-of-network and still receive coverage, subject to deductibles and coinsurance.

GHI's provider network includes all medical specialties. When you need specialty care, you select the specialist and make the appointment. Payment for services will be made directly to the provider - you will not have to file a claim form when you use a GHI participating provider.

**Participating Provider Benefits** -- There is a $15 copayment per visit to GHI participating medical providers/practitioners and participating mental health care providers. These include practices such as Family Practice, General Practice, Internal Medicine, OB/GYN, Pediatrics, and providers such as Allergists, Cardiologists, Chiropractors and Gastroenterologists (a full list is available on [www.emblemhealth.com](http://www.emblemhealth.com)).

There is a $20 copayment per visit for GHI participating Surgeons, all Surgical Subspecialties, and Dermatologists. Examples of these providers are those who practice: Cardiothoracic and Thoracic Surgery; Colon and Rectal Surgery; General Surgery; Neurological Surgery; Ophthalmology; Oral Surgery; Orthopedics; and many others (a full list is available on [www.emblemhealth.com](http://www.emblemhealth.com)).

**Home Care Services** -- These services include intermittent home care services, home infusion therapy, private duty nursing and durable medical equipment. Benefits are paid in full when precertified by the GHI Managed Care Department. Contact GHI Coordinated Care at (212) 615-4682 in New York City, or 800-223-9870 outside New York City. Durable medical equipment is subject to an annual $100 per person deductible. Coverage for home infusion therapy is available only through GHI participating providers, but all other services can be obtained through non-participating providers, subject to separate annual deductibles and coinsurance.

**Mental Health and Chemical Dependency Program** -- This plan offers both inpatient and outpatient chemical dependency and mental health benefits. You can choose from over 8,000 psychiatrists, psychologists, social workers and other providers in the metropolitan New York City area who comprise the GHI Behavioral Management provider network. Out-of-network benefits are also available. Complete details on this program are available by calling GHI at 800-NYC-CITY (800-892-2489).

**Centers of Specialized Care** -- This network of specialty hospitals offers focused expertise in cardiac care and certain transplant procedures. These services are paid in full, without deductibles or coinsurance, when provided at a Center of Specialized Care hospital. Details are available by calling GHI at 800-223-9870 or 212-615-4662.

**Non-Participating Provider Benefits** -- When you do not use the services of a participating provider, GHI provides coverage for the services of non-participating providers. Payment for these services is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The rate at which you will be reimbursed for a particular service is contained within the Schedule. These reimbursement rates were originally based on 1988 procedure allowances, and some have been increased periodically. The reimbursement levels, as provided by the Schedule, may be less than the fee charged by the non-participating provider. Please note that certain non-participating provider reimbursement levels may be increased if you have the optional rider. The subscriber is responsible for any difference between the fee charged and the reimbursement, as provided by the Schedule. A copy of the Schedule is available for inspection at GHI.

Non-participating provider reimbursement is subject to calendar year deductibles ($200 per person, up to a maximum of $500 per family).

**Catastrophic Coverage** -- If you choose non-participating providers for predominantly in-hospital care and incur $1,500 or more in covered expenses you are eligible for additional “Catastrophic Coverage”. Under this coverage, GHI pays 100% of the Catastrophic Allowed Charge as determined by GHI.

**Optional Rider (continued)**

- Enhanced schedule for certain services increases the reimbursement of the basic program's non-participating provider fee schedule, on average, by 75%.

**For More Information**

You may contact:

EmblemHealth
441 Ninth Avenue
New York, NY 10001
(212) 501-4444
Empire BlueCross BlueShield Hospital Plan

Effective January 1, 2010, the Empire BlueCross BlueShield Hospital Plan (offering benefits for services provided at hospital and out-patient facilities) of the GHI/Comprehensive Benefits Plan changed to Preferred Provider Organization (PPO) coverage for members, retirees and their dependents. A PPO plan provides coverage for both in-network and out-of-network facility services. However, by using a PPO network facility, you will save money. Because 94% of the nation’s hospitals participate in the Blue Cross and Blue Shield Association BlueCard® PPO Program network, which provides you with access to network care across the county, it should be easy to find a participating facility in a convenient location.

Inpatient Care: If you use an in-network hospital, you will pay a $300 inpatient deductible per person per admission, up to a maximum of $750 in a calendar year. If you use an out-of-network hospital, you will be responsible for a $500 deductible per person per admission/visit up to a maximum of $1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed rate and you will be charged 20% coinsurance for out-of-network services. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing.

Ambulatory Surgery: If surgery or procedures (such as chemotherapy, blood transfusions and pre-surgical testing) are done in-network at a participating ambulatory surgery center or hospital outpatient surgery department, free standing ambulatory surgery center or the outpatient department of a participating hospital, you will be responsible for 20% coinsurance up to a maximum of $200 per person per calendar year. If you choose to use an out-of-network facility, you may have significant out-of-pocket expenses. Depending on the procedure, this can amount to several thousand dollars or more instead of the maximum $200 coinsurance that applies when you use an in-network facility. If you receive care at an out-of-network facility, you will be responsible for a $500 deductible per person per admission/visit up to a maximum of $1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed amount and you will pay 20% coinsurance. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing. Emergency Care: There is a $50 co-payment for emergency room care such as treatment for sudden and serious illness and accidental injury treatment. This co-payment is waived if the patient is admitted to the same hospital. Coverage is provided for emergency room physicians and non-invasive cardiology, radiology and pathology services when provided in an emergency. Charges for specialty doctors and/or medical follow-up care related to the emergency should be submitted to GHI, as your medical carrier.

Skilled Nursing Facility Care: Up to 90 days of skilled nursing facility care is available, which may include 30 inpatient days in a rehabilitation hospital primarily for physical therapy, physical rehabilitation or physical medicine. Benefits are subject to NYC Healthline authorization and approval. You will receive full benefits if you receive covered services at an in-network skilled nursing facility. If you receive care at an out-of-network facility, you will be responsible for a $500 deductible per person per admission/visit up to a maximum of $1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed amount and you will pay 20% coinsurance. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing.

Hospice Care: The Hospital Plan also offers coverage for hospice care for up to 210 days. Full benefits for this service are provided when they are rendered in a licensed Hospice Facility.

Worldwide Protection: If you travel abroad and need emergency inpatient or emergency outpatient care you will receive in-network coverage (subject to in-network deductible, coinsurance or copay) as long as you are admitted to a general hospital.

For More Information

To keep you informed about the Empire BlueCross BlueShield Hospital Plan, Empire has staffed the Dedicated Service Center with customer service representatives specially trained to explain the program.

If you would like additional information about Empire’s Hospital Plan, please call (300) 433-8592. The Center telephone hours are from 8:30 A.M. to 5:30 P.M., Monday through Friday.

You may write the plan at:

Empire BlueCross BlueShield
City of New York
Dedicated Service Center
P.O. Box 1407
Church Street Station
N.Y., NY 10008-3598

www.empireblue.com/nyc

Hospital Pre-Admission and Medical Care Requirements

*Enrollees must call NYC Healthline at 800-521-9574 prior to any scheduled hospital admission or within 48 hours of an emergency admission. Failure to call NYC Healthline may result in a penalty of up to $500.
Empire’s EPO, an Exclusive Provider Organization, provides all active and non-Medicare retirees nationally a health plan choice where they live, work, study (for eligible dependent students) or, in some cases, where they travel. Empire’s EPO provides access to the Blue Cross and Blue Shield Association™ BlueCard® PPO Network. This network is very large with more than 784,000 provider locations and more than 5,800 hospitals nationwide. That’s more than 94 percent of hospitals and 84 percent of physicians in the nation. Plus, you do not need to choose a primary care physician and there are NO REFERRALS NECESSARY to see a specialist for covered services and no claim forms to complete. See your policy for a complete description of how to receive care through the Blue Card Programs and cost share details.

Inpatient hospital care is covered in full when arranged for and authorized by Empire’s Medical Management Program with a $250 co-payment per individual, and a maximum of $625 co-payment per family per admission. Office visits for medically necessary covered services are subject to a $15 co-payment. Other benefits include office, specialist and chiropractic visits, allergy testing, diabetes supplies, diabetes education and management, physical therapy, physical rehabilitation, occupational therapy, speech and vision therapy, one annual physical examination, well-woman care, skilled nursing facility care, hospice care, home health care visits including home infusion, durable medical equipment, X-rays, MRI, lab tests, chemotherapy, radiation therapy, diagnostic screening tests, pap smears, mammography, maternity and related maternity care, and well-child care including immunizations visits. Consult your policy for full details regarding all covered benefits, applicable cost shares and age and frequency limits that may apply. There is a $35 co-payment when you visit the emergency room, which is waived if admitted within 24 hours.

360° HEALTH CAN HELP IMPROVE OUR MEMBERS’ HEALTH

Whether a member is living with a chronic condition, ready to start a weight loss program or needs information on caring for an aging loved one, MyHealth@Empire can help. They can access all kinds of health and wellness tools and resources like the following:

MyHealth Assessment can help members better understand their current health status and identify what positive changes they can make to improve their health.

The Personal Health Record lets members access and manage their medical records, privately and securely over the Internet. Information can be shared with doctors to help ensure they know important details such as history of vaccinations, medications and test results.

The Childhood Immunization Scheduler projects children’s immunization schedules based on current immunization guidelines and their dates of birth. If a child has missed immunizations, the Catch-up Immunization scheduler can help identify which immunizations are needed.

Conditions Centers contain a wealth of information about managing a medical condition. Hundreds of articles and informational resources are available for download.

Anthem Care Comparison offers a side-by-side comparison of the costs for medical procedures at hospitals and other medical facilities. Additionally, Anthem Care Comparison can help members choose the right hospital by giving them access to scores about a hospital’s overall quality, including the number of patients treated in a year, complication rates for a particular procedure, if the hospital is a teaching hospital and more. Please note: This program is only available in certain areas.

Online Communities are a powerful way for members to find support from others going through similar experiences. This is an opportunity for members to relate to others to discuss health-related issues such as smoking, pregnancy, diabetes, depression, diet and nutrition and much more.

Health Videos feature current, trustworthy health information in a convenient and engaging video format.

Updated to reflect benefits effective January 1, 2013.
HIP Prime® POS

HIP Prime® POS is a point-of-service plan offering both in- and out-of-network coverage. Members can go to virtually any doctor or specialist at any location and still take advantage of HIP’s value. Non-referred and out-of-network services are subject to deductibles and coinsurance.

In-Network Benefits – In-network, you and your family receive comprehensive hospital and medical benefits from HIP participating providers. HIP’s New York service area includes the five boroughs of New York City as well as Nassau, Suffolk, and Westchester Counties. Members have access to top quality health care providers through HIP’s alliances with outstanding medical groups and hospitals, including Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital, St. Luke’s Roosevelt Hospital and Beth Israel Medical Center.

You and each family member choose a PCP practicing in a private office or in any of HIP’s convenient neighborhood health care centers. You may visit your PCP as often as necessary. Your PCP coordinates your care and interacts with specialists from virtually every area of medical practice to provide you with the health care you need. Primary Care Physician office visits are subject to a $5 copayment and Specialists visits are subject to $10 copayment. Preventive Care visits will remain at $0 cost to the member.

As a HIP Prime POS member, you and your dependents will be covered for a broad range of in-network hospital and medical services that include routine examinations, medical screenings, X-rays, mammography services, inpatient hospital rehabilitation and skilled nursing facility care, outpatient rehabilitation (physical therapy, occupational therapy, speech therapy) dialysis, home care, well-child care, urgent care, mental health services and Hospital Inpatient admission is subject to a $100 copayment.

Emergency Care

HIP provides coverage for emergency services around-the-clock, whenever and wherever needed subject to a $50 copay for an emergency room visit (waived if admitted). If you experience a medical emergency when traveling outside of the HIP service area – anywhere in the world – you are covered for hospital and medical care. Simply obtain the care you need and notify HIP with 48 hours.

Out-of-Network Benefits

HIP Prime POS offers you the freedom to choose medical and hospital care outside the HIP network. If you choose to bypass your PCP and receive non-referred care or use a physician not affiliated with HIP, you are reimbursed after the deductible for up to 70% of HIP customary charges. Your hospital stay is covered for up to 70% of HIP customary charges as long as it is approved in advance by HIP. Routine preventive care such as periodic health exams, routine immunizations and eye exams are covered only when provided by a participating provider. Routine pediatric and well-child care is covered up to 70% of HIP customary charges. For maternity care, newborn nursing services and mother’s hospital services are covered in full in- and out-of-network.

Following an annual deductible of $750 per individual or $2,250 per family, members receive 70% reimbursement of HIP customary charges. You must pay any charges that exceed HIP customary charges. When the 30% coinsurance reaches $3,000 per individual or $9,000 per family in a calendar year, HIP Prime POS pays 100% of customary charges for the remainder of the calendar year. You must first contact the HIP Member Advocacy Program to obtain prior approval for services such as hospital and skilled nursing facility care, ambulatory surgery, home care, MRI’s, CAT Scans and outpatient alcohol and substance abuse treatment (see your Evidence of Coverage for details and a complete listing of services requiring HIP’s prior approval). Failure to obtain prior approval will result in a 50% penalty.

Updated to reflect benefits effective January 1, 2013.
Health Maintenance Organizations (HMOs)
(For Employees and Non-Medicare Retirees and their dependents)

A Health Maintenance Organization (HMO) is a system of health care that provides managed, pre-paid hospital and medical services to its members. An HMO member chooses a Primary Care Physician (PCP) from within the HMO network, and the PCP manages all medical services, provides referrals, and is responsible for non-emergency admissions. Individuals and/or families who choose to join an HMO can receive health care at little or no out-of-pocket cost, provided they use the HMO's doctors and facilities. Because the HMO provides all necessary services, there are usually no deductibles to meet or claim forms to file. In most plans, if a physician outside of the health plan is used without a referral from the PCP, the patient is responsible for all bills incurred.

The following Health Maintenance Organizations are offered by the Health Benefits Program

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Phone Number</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HMO</td>
<td>(800) 445-8742</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>CIGNA HealthCare</td>
<td>(800) 244-6224</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>Empire HMO</td>
<td>(800) 767-8672</td>
<td><a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a></td>
</tr>
<tr>
<td>GHI HMO</td>
<td>(877) 244-4466</td>
<td><a href="http://www.emblemhealth.com">www.emblemhealth.com</a></td>
</tr>
<tr>
<td>HIP PRIME HMO</td>
<td>(800) 447-6929</td>
<td><a href="http://www.emblemhealth.com">www.emblemhealth.com</a></td>
</tr>
<tr>
<td>Vytra Health Plans</td>
<td>(800) 448-2527</td>
<td><a href="http://www.vytra.com">www.vytra.com</a></td>
</tr>
</tbody>
</table>
Aetna HMO

Aetna is available to City of New York employees and non-Medicare retirees residing in the New York City region (the five boroughs and following counties: Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster and Westchester) the entire states of New Jersey, Connecticut, and Delaware; and a number of counties in Georgia, Maryland, Massachusetts, North Carolina, Pennsylvania, and Washington D.C.

Each Aetna member selects a participating primary care physician to coordinate his/her care and issue specialist and hospital referrals. Primary Care Office visits have a $15 copay, Specialists have a $20 copay, and any preventative care is covered at 100%, no copay. There are no deductibles to pay. Hospital has a copayment of $300 per admission. Ambulatory Services are covered at a $75 copay. There is a Emergency Room copay of $75.

Additionally, members have access to:

**Aetna Navigator™**, Aetna's member website that provides a single source for online health and benefits information 24 hours a day, 7 days a week at www.aetna.com. Through Aetna Navigator, members can change their primary care physician, replace an ID card, research Aetna’s products and programs, contact Aetna directly and access a vast amount of health and wellness information. Aetna Navigator also includes secure, personalized features for members who register on the site including access to claim and benefit status. Additionally, members can contact their designated member services team and customize their home page to meet their individual health needs.

**DocFind**, an online provider list located at www.aetna.com; IntelliHealth®, an online consumer health information network located at www.intellihealth.com; and Informed Health® Line, a telephonic nurse line available 24 hours a day, 7 days a week.

**Aetna Special Medical Programs**

**Disease Management** -- Specific programs are aimed at slowing or avoiding complications of certain diseases through early detection and treatment to help improve outcomes and quality of life. The programs include: Low Back Pain, Asthma, Heart Failure and Diabetes.

**The Moms-to-Babies™ Maternity Management Program** -- A management program to help identify at-risk pregnancies, which are given special attention from nurse case managers.

**Natural Alternatives** -- A discount program that offers contracted discounted rates for alternative types of health care (e.g., chiropractors [for chiropractic care not covered under the medical plan], acupuncturists, massage therapists and nutritional counselors), all available without a referral or precertification.

**Vision One® Discount Program** -- A program that offers significant discounts on eye care needs, such as prescription eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and eye care accessories. Members can call 1-800-793-8618 to find the Vision One® locations nearest to them. This benefit is in addition to, not in place of, members' union welfare fund vision benefits.
Cigna HealthCare

Cigna HealthCare provides comprehensive health care coverage to NYC employees and non-Medicare eligible retirees living in New York, New Jersey, Connecticut, Los Angeles, CA, and Phoenix, AZ. With the Cigna HealthCare Open Access Plus In-Network plan you may visit any doctor who participates in the Cigna HealthCare Open Access Plus network. Cigna's group of highly qualified doctors who meet our standards of care is one of the largest in the New York and New Jersey area with over 30,000 personal doctors and over 150,000 specialists. You're free to choose your own doctors, and each member of your family can elect his or her own Primary Care Physician from our network. You won’t need referrals to see specialists, and quality care is close by at home. If you are traveling on business or vacationing, you have access to our Open Access Plus network that has over 654,000 physicians nationwide. In an emergency, your plan covers your care, 24 hours a day. You are responsible for a $15 copayment for Primary Care Physician office visits, a $25 copayment for each specialist office visit, and a $150 copayment for every hospital admission.

Health and Wellness Programs

Cigna’s commitment to wellness emphasizes prevention and staying well. Cigna’s plans offer comprehensive preventive care and health education programs such as health screenings, including mammography and cholesterol screenings. Through our local and national wellness programs, you receive information and support that help you stay fit and enjoy a healthier life.

Cigna HealthCare Your Health First provides comprehensive health management for those with chronic conditions such as Asthma, Diabetes, Low Back Pain, etc. The program is all delivered through the continuous, personalized support of a dedicated health advocate both telephonically and online.

The Child Health Immunization Program covers important baby and child immunizations. Cigna encourages you to take advantage of these important wellness programs by sending you and your dependents' annual birthday card reminders.

Cigna’s Healthy Babies Program provides free educational materials about pregnancy, and babies, including information from the March of Dimes®. We also provide round-the-clock access to a toll-free information line staffed by experienced registered nurses.

The Healthy Woman’s Program covers annual pap tests, mammograms as needed, and access to OB/GYNs without a referral from a personal doctor.

Cigna LIFESOURCE Transplant Network® gives you access to independent transplant centers that are nationally recognized for their quality care for organ and tissue transplantation.

Cigna HealthCare 24-Hour Health Information Line™ offers the services of trained Registered Nurses who are on call and on duty around the clock, seven days a week. They can answer specific questions on health issues, provide general health information and can help assess emerging symptoms and recommend appropriate settings for care. The Cigna HealthCare 24-Hour Health Information Line also includes an audio library that you can access any time. The library provides confidential pre-recorded general information on hundreds of health and medical topics. If you have a specific question, you can opt out at any time and speak directly with a nurse.

Cigna Healthy Rewards® Program is a group of vendors that Cigna has partnered with to provide discounts to individuals. There are no claim forms or referrals; you pay discounted rates for services and work directly with the vendor. Participating vendors can be located on the online Cigna portal, through the 1-800 lines, or by showing your Cigna medical ID card at the time of service. Some services and vendors include Weight Watchers®, acupuncture, chiropractic care, therapeutic massage, laser vision correction, smoking cessation and more. Cigna also participates in the Global Fit Network, which offers discounted access to health and fitness clubs across the tri-state region. Care Physician office visits, a $25 copayment for each specialist office visit, and a $150 copayment for every hospital admission.

Updated to reflect plan benefit changes effective January 2013.
Empire HMO

Empire HMO is available to employees and non-Medicare eligible retirees who live in our 27-county NY service area, the 7 bordering New Jersey counties of Hudson, Union, Sussex, Passaic, Monmouth, Middlesex, and Bergen, and the 2 bordering Connecticut counties of Fairfield and Litchfield and lets you choose from over 66,000 providers and 200 hospitals in our local service area.

This program features a full range of in-network benefits with low out-of-pocket costs, no claim forms, and access to quality health care for you and your family. With Empire's HMO, every family member can choose his or her own Primary Care Physician (PCP). The PCP must participate in Empire's HMO network and may be selected in any of the following areas of specialization: internists, family practitioners, general practitioners, pediatricians or ob/gyn. Your PCP helps manage your care by making the necessary referrals to specialists in the network.

Inpatient hospital care is covered in full when medically necessary and arranged for and authorized by your PCP, except for a $250 co-payment per individual, with a maximum of $625 co-payment per family. Per admission Office visits for covered services are subject to a $15 co-payment. Other benefits include: Office, specialist, and chiropractic visits; Allergy testing; Diabetes supplies, education, and management; Physical therapy and rehabilitation; Occupational, speech, and vision therapy; One annual physical examination; Well-woman care; Skilled nursing facility; Hospice care; Home health care visits, including home infusion; Durable medical equipment; X-ray, MRI, and lab tests; Chemotherapy and radiation therapy; Diagnostic screening tests; Pap smears and mammography; Maternity and related maternity care. Well child care, including immunizations visits. Consult your policy for full details regarding all covered benefits, applicable cost shares and age and frequency limits that may apply.

Urgent & emergency cares are available to members and their eligible dependents nationwide through the Blue Cross Blue Shield Association's BlueCard Program's provider network. There is a $35 co-payment for visits to the emergency room in an emergency, which is waived if admitted within 24 hours. HMO Guest membership is available for you and/or your eligible dependents if you are temporarily living away from your home HMO service area for at least 90 days.

Special Offers - Lists discounts available to you for healthy living products and services, like fitness club memberships.  

360° HEALTH CAN HELP IMPROVE OUR MEMBERS' HEALTH

Whether a member is living with a chronic condition, ready to start a weight loss program or needs information on caring for an aging loved one, MyHealth@Empire can help. They can access all kinds of health and wellness tools and resources like the following:

MyHealth Assessment can help members better understand their current health status and identify what positive changes they can make to improve their health.

The Personal Health Record lets members access and manage their medical records, privately and securely over the Internet. Information can be shared with doctors to help ensure they know important details such as history of vaccinations, medications and test results.

The Childhood Immunization Scheduler projects children's immunization schedules based on current clinical guidelines and their dates of birth. If a child has missed immunizations, the Catch-up Immunization scheduler can help identify which immunizations are needed.

Conditions Centers contain a wealth of information about managing a medical condition. Hundreds of articles and informational resources are available for download.

Anthem Care Comparison offers a side-by-side comparison of the costs for medical procedures at hospitals and other medical facilities. Additionally, Anthem Care Comparison can help members choose the right hospital by giving them access to scores about a hospital's overall quality, including the number of patients treated in a year, complication rates for a particular procedure, if the hospital is a teaching hospital and more. Please note: This program is only available in certain areas.

Online Communities are a powerful way for members to find support from others going through similar experiences. This is an opportunity for members to relate to others to discuss health-related issues such as smoking, pregnancy, diabetes, depression, diet and nutrition and much more.

Health Videos feature current, trustworthy health information in a convenient and engaging video format. Health videos are securely over the Internet. Information can be shared with doctors to help ensure they know important details such as history of vaccinations, medications and test results.
GHI HMO

This plan is open to employees and retirees residing in the counties of Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schuyl- rie, Sullivan, Ulster, Warren, Washington, and Westchester in New York.

GHI HMO is a Health Maintenance Organization (HMO), offering its members the opportunity to receive health care services at a participating physician's private office. Each GHI HMO member selects his or her own Primary Care Physician (PCP). Physician office visits require a $15 copayment.

As a GHI HMO member, you and each member of your family will choose a PCP from GHI HMO's list of participating providers. For adults, the PCP will specialize in either internal medicine or family practice and, for children, specialization will be in either pediatrics or family practice. Your PCP will coordinate all health care services, including referrals, which must be arranged for and authorized by your PCP.

GHI HMO members receive full coverage for inpatient hospital care when arranged for and authorized by their PCP. Most inpatient care will be provided at a participating hospital where your PCP or Specialist has admitting privileges, including all participating hospitals in the GHI HMO service area. Specialized care not available in local participating hospitals may be referred to GHI HMO's tertiary medical centers. In addition, medically necessary services not provided by GHI HMO participating hospitals or affiliated providers will be arranged by your PCP and covered in full. There is $0 copay for inpatient stays and $0 copay for ambulatory surgical procedures when preformed by a participating physician in a participating hospital.

Comprehensive Coverage

GHI HMO coverage is comprehensive. Routine health care, office visits, allergy tests and treatment, eye and ear exams, laboratory services, X-rays, diagnostic tests, second surgical opinions, health education, well-baby and well-child care, prenatal and post-natal care, services of a physician, surgeon, anesthesiologist, emergency services, skilled nursing care, mental health care, physical therapy and rehabilitation, chiropractic services and acupuncture are all covered.

Emergency Care

Emergency care is covered, provided that the services are authorized by your GHI HMO PCP. For life-threatening emergencies, members receive immediate care and then are expected to call their GHI HMO PCP within 48 hours of receiving care. Members are covered 24 hours per day/7 days per week. Emergency care is covered anywhere in the world. There is a $35 copayment for each emergency room visit that does not result in an admission.

For More Information

Contact GHI HMO at: (877) 244-4466 or (877) 208-7920 (TDD only).

You can also send your questions in writing to:

EmblemHealth
Customer Service Interview Unit
55 Water Street, 1st Floor
New York, New York 10041-8910
HIP Prime HMO

HIP Health Plan of New York was created more than 57 years ago to provide city workers and union members with high quality, affordable health insurance. Today, HIP remains committed to offering city employees and retirees a full range of coverage for medical and hospital services. Members have access to top quality health care providers through HIP’s alliances with outstanding medical groups and hospitals, including Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital, St. Luke’s Roosevelt Hospital and Beth Israel Medical Center.

HIP Prime HMO offers members choice, convenience and access to quality health care. You and each member of your family choose a primary care physician (PCP) practicing in his/her private or group office or at any of the health care centers throughout HIP’s service area. HIP’s service area includes the five boroughs of New York City as well as Nassau, Suffolk, Rockland, Orange and Westchester counties.

You can choose a different PCP for each family member. You may visit your PCP as often as necessary without charge. Simply call for an appointment. Whether it is a routine physical or a specific medical treatment, your PCP coordinates your care and works with specialists from virtually every area of medical practice to provide you with the health care you need.

As a HIP Prime member, you and your dependents will be covered for a broad range of hospital and medical services that include routine examinations, medical screenings, X-rays, mammography services, inpatient hospital rehabilitation and skilled nursing facility care, outpatient rehabilitation (physical therapy, occupational therapy, speech therapy), dialysis, home care, well-child care, urgent care and mental health services. There is a $50 copay for ambulatory surgery and a $100 copayment for an inpatient admission.

Emergency Care

HIP provides coverage for emergency services around-the-clock, whenever and wherever needed subject to a $50 copay for emergency room visit (waived if admitted). If you experience a medical emergency when traveling outside of the HIP service area – anywhere in the world – you are covered for hospital and medical care. Simply obtain the care you need and notify HIP within 48 hours.

Staying Healthy

Special programs focus on the importance of a healthy life-style and preventive health care. HIP offers programs to help you lose weight, stop smoking, reduce stress and exercise regularly. HIP will also help you learn how to prevent illness and manage chronic conditions such as diabetes, heart disease and asthma.

Value Added Programs

Members also have access to value added programs at discounted rates, including laser vision correction, an alternative medicine program, preventive dental services and fitness club memberships. These are not covered benefits, but HIP members have access to a network of providers that offers these services at a discounted rate.

Updated to reflect benefit changes effective January 2013.
Vytra Health Plans offers New York City employees and retirees an opportunity to access quality healthcare in Queens, Nassau and Suffolk counties. More than 13,000 private practice physicians and provider locations are available in the tri-county service area. Through a strict credentialing process and an ongoing quality assurance program, Vytra Health Plans ensures that members receive the best medical care available.

At the heart of Vytra’s healthcare plan is your Primary Care Physician (PCP). This is a family practitioner or internist or in the case of children, a pediatrician, whom you select from our extensive medical directory. Your PCP coordinates all your healthcare needs. This includes providing routine care, prescribing medication, arranging for referrals to specialists, laboratory testing, X-rays and hospital stays when necessary. When you enroll in Vytra Health Plans, you become a member of a comprehensive health care plan designed to promote good health, as well as the delivery of quality care in times of illness or injury.

Preventive Care - Preventive Care, including physical examinations, is covered through your PCP. You pay $5 for each visit to your PCP. Well-child visits are also covered through PCPs. No co-payment is required for well-child visits for members from birth through 18 that are scheduled within the standards of the American Academy of Pediatrics.

Emergency Care - Medically necessary emergency care is covered anywhere in the world. You can call Vytra Health Plans for guidance on emergency care 24 hours a day, 7 days a week. There is a $25 co-pay for medically necessary emergency treatment. This is waived if admitted to the hospital.

Specialty Care - In addition to routine medical care, your PCP helps you get the specialty care you need through a large network of participating providers. When specialty services are necessary, your PCP will refer you to the appropriate specialist. Specialist consultations and treatment, short-term physical, occupational or speech therapy, and allergy testing and treatments are provided at $5 per visit.

OB/GYN - Female members also have the option to select a participating Vytra Health Plans Obstetrician/Gynecologist (OB/GYN) who provides care within his/her specialty without a referral from the PCP. Routine exams, mammography and Pap tests are covered with a $5 co-payment. Maternity care, including prenatal visits, delivery, hospital stay and post-natal care, is covered 100%.

Hospital Coverage - Your admission to any of the tri-county hospitals is based upon your participating physician’s admitting privileges. You will find this information in the Vytra Health Plans medical directory. Hospital services, including pre-admission testing, unlimited room and board in a semi-private room, physician services for surgery and anesthesiology, prescribed medications and diagnostic services are covered at 100%.

Skilled nursing facility care for up to 45 days per calendar year is covered at 100%. Mental health and substance abuse services are also offered.

Health Promotion - Vytra’s commitment to service is demonstrated in various health and wellness programs designed to make staying well easy and convenient. A quarterly wellness magazine, Pulse, provides health, wellness and life-style information, as well as information about your Vytra plan benefits. Wellness Seminars, featuring topic experts, are provided to teach you how to feel well and maintain a healthy life-style. Other health improvement programs include Healthier Living care management, Prime of Our Lives dedicated to women’s health for those over age 45, and Little Stars prenatal and pregnancy management program. Vytra’s Healthy Savings program offers discounts on fitness and health-related services from local Long Island participating businesses. From fitness centers to vision centers, swimming lessons to sailing lessons, over two dozen organizations take part in this discount program.

Updated for January 1, 2013