

## IBEW 2022 Medical & Prescription Benefits at a Glance

Medical Plans	United Healthcare (UHC) NYPA Plan		CDPHP HMO Albany, Blenheim-Gilboa, & Marcy, St. Lawrence 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		\$98.25	\$53.84	\$53.84
Bi-Weekly Cost - Family	\$146.15		\$282.39	\$146.15	\$146.15
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 & Behavioral Health: \$0	General Medicine & Behavioral Health: \$0
Primary Care copay	\$35	20% coinsurance*	\$20	\$10 adult / \$25 child	\$15 adult / \$0 child
Specialist copay	\$35	20% coinsurance*	\$20	\$25	\$25
Chiropractic copay	\$35	20% coinsurance*	\$20	\$25	\$25
Urgent Care copay	\$35	\$35	\$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/\$50	\$10/\$30/\$50	\$10/\$25/\$40	\$4/\$15/\$30	\$4/\$15/\$30
Mail Order Prescriptions					
Tier 1 / Tier 2 / Tier 3	\$25/\$75/\$125	N/A	\$20/\$50/\$80	\$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	
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 Out-of-pocket Limit Individual: \$10,000 / Family: \$20,000	
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](mailto:HR.Services@nypa.gov) or 914-287-3114.