# Contract College Health Plan Comparison Chart

**Effective January 1, 2024**

While every attempt has been made to ensure the accuracy of this summary, in the event of any discrepancy, the Summary Plan Description and Plan Document will prevail.

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (per calendar year)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$1250 Per Enrollee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1250 Per Spouse/Domestic Partner and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1250 all Dep. Children Combined</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Not applicable</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-Pocket Max. per calendar year (does not include deductible)</td>
<td>$6,350 Individual</td>
<td>$6,350 Individual</td>
<td><strong>Medical $2,600 Individual</strong></td>
<td><strong>Medical $5,200 Family</strong></td>
</tr>
<tr>
<td></td>
<td>$12,700 Family</td>
<td>$12,700 Family</td>
<td>Rx $1,400 Individual</td>
<td>Rx $2,800 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$3750 Per Enrollee,</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3750 Per Spouse/Domestic Partner and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3750 all Dep. Children Combined</td>
</tr>
</tbody>
</table>

## Preventive, Routine, and Specialty Care

### Routine Physical Exams
- **HMO Blue-CNY:** No copay
- **MVP-CNY (HMO):** No copay
- **Empire Plan:** No cost ($25 copay may apply; some tests have age limitations)

### Hearing Exams
- **HMO Blue-CNY:** $40, once every 12 months for routine
- **MVP-CNY (HMO):** $25 (specialist)
- **Empire Plan:** $25 Copay

### Hearing Aids
- **HMO Blue-CNY:** No cost: up to 2 hearing aids every 3 calendar years for children up to age 19
- **MVP-CNY (HMO):** Not covered
- **Empire Plan:** No network benefit

### Eye Exams
- **HMO Blue-CNY:** Routine: Not Covered Diagnostic: $40 specialist copay
- **MVP-CNY (HMO):** Routine exam $25 copay every 2 years/Diagnostic specialist $25 copay
- **Empire Plan:** Not covered: routine

### Immunizations
- **HMO Blue-CNY:** No cost
- **MVP-CNY (HMO):** No cost
- **Empire Plan:** No cost for select preventative immunizations. (Vaccines received by participating pharmacies in CVS network are covered for patients age 18 or older)

### Allergy Treatment
- **HMO Blue-CNY:** Testing and injections-$25 (PCP), $40 (specialist)/visit
- **MVP-CNY (HMO):** No cost
- **Empire Plan:** $25 Copay for office visit injections. No cost

### Physician Visits/Diagnostic
- **HMO Blue-CNY:** $25 (PCP), $40 (specialist)
- **MVP-CNY (HMO):** No cost ($25 specialist)
- **Empire Plan:** $25 Copay

### Telehealth
- **HMO Blue-CNY:** $25 (PCP); $40 (Specialist); (100% using MD Live)
- **MVP-CNY (HMO):** PCP no copay / specialist $25 (Gia app no copay)
- **Empire Plan:** 80% after deductible

### Pediatric Care (To Age 19)
- **Well Child Visits**
  - **HMO Blue-CNY:** No Cost
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost

- **Immunizations**
  - **HMO Blue-CNY:** No cost
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost for select preventative immunizations (Vaccines received by participating pharmacies in CVS network are covered for patients age 18 or older)

- **Sick Visits**
  - **HMO Blue-CNY:** $25 (PCP), $40 (specialist)
  - **MVP-CNY (HMO):** No cost ($25 specialist)
  - **Empire Plan:** $25 Copay

### Women’s Health Care/OB-GYN
- **Pap Tests**
  - **HMO Blue-CNY:** No cost (routine)
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** $50 (hospital), $25 (office)

- **Mammograms**
  - **HMO Blue-CNY:** No cost (routine)
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost (office)

- **Bone Density Tests**
  - **HMO Blue-CNY:** $40
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** $50 (hospital), $25 (office)

- **Gynecology Visits**
  - **HMO Blue-CNY:** No cost (routine)
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost

- **Pre- and Post-Natal Visits**
  - **HMO Blue-CNY:** No cost
  - **MVP-CNY (HMO):** $25 for initial visit only
  - **Empire Plan:** No cost

- **Hospital Delivery**
  - **HMO Blue-CNY:** Physician: lesser of $200 copay or 20% coinsurance
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost

- **Contraceptive Drugs & Devices**
  - **HMO Blue-CNY:** No cost for certain drugs/devices, otherwise applicable Rx copay applies
  - **MVP-CNY (HMO):** No cost
  - **Empire Plan:** No cost: Generic and drugs without a generic equivalent

### Diagnostic & Therapeutic Services/Outpatient
- **X-Ray**
  - **HMO Blue-CNY:** $40
  - **MVP-CNY (HMO):** $25

- **Lab Tests**
  - **HMO Blue-CNY:** No cost
  - **MVP-CNY (HMO):** No cost

- **Pathology**
  - **HMO Blue-CNY:** No cost
  - **MVP-CNY (HMO):** No cost

- **EKG/EEG**
  - **HMO Blue-CNY:** $40
  - **MVP-CNY (HMO):** $25

- **Radiation/Chemotherapy**
  - **HMO Blue-CNY:** $25
  - **MVP-CNY (HMO):** $25
  - **Empire Plan:** No cost

## Notes
- $25 Copay (Dr. office or participating lab); $50 Copay (hospital); Pathology has no hospital co-pay
- 80% of the allowed amount after deductible
- 80% of the allowed amount after deductible
- Employee or spouse/domestic partner: No coverage under age 50; over 50 covered at 100%; not subject to deductible or coinsurance
- Preventive, Routine, and Specialty Care
- 80% after deductible
- 80% after deductible
- 80% after deductible
- 80% after deductible
- 80% after deductible
- 80% after deductible
- 80% after deductible
- 80% after deductible
- $50,000 Lifetime max
- $50,000 Lifetime max
- $50,000 Lifetime max
- $50,000 Lifetime max
- 80% of the allowed amount after deductible
### Hospital Care/Inpatient

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Private Room</td>
<td>No cost</td>
<td>No cost</td>
<td>No cost</td>
<td>90% of charges reimbursed</td>
</tr>
<tr>
<td>Private Room if Medically Necessary</td>
<td>No cost</td>
<td>No cost</td>
<td>No cost: Isolation</td>
<td>90% of charges reimbursed</td>
</tr>
<tr>
<td>Physician Services</td>
<td>Physician surgery: Lesser of $200 copay or 20% coinsurance</td>
<td>No cost</td>
<td>No cost</td>
<td>80% of R&amp;C after deductible</td>
</tr>
<tr>
<td>Radiation/Chemotherapy</td>
<td>$25</td>
<td>$25</td>
<td>No cost</td>
<td>90% of charges reimbursed</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Anesthesiology, Pathology, Radiology</td>
<td>No cost</td>
<td>No cost</td>
<td>100% Coverage</td>
<td>100% Coverage</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>No copayment at designated center of excel (auth. req.)</td>
<td>No cost</td>
<td>No copayment at designated centers of excellence (precertification required)</td>
<td>80% of allowed amount after deductible</td>
</tr>
</tbody>
</table>

### Hospital Alternatives

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Facility</td>
<td>No cost: Max 45 days</td>
<td>No cost: Max 45 days</td>
<td>No cost: 120 day max (precertification required)</td>
<td>10% of billed charges up to the combined annual coinsurance maximum</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>No cost: Max 40 visits</td>
<td>$25/visit</td>
<td>HCAP no cost (network)</td>
<td>50% Network allowance after deductible</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>No cost: Max 210 Days</td>
<td>No cost: Max 210 days</td>
<td>No cost</td>
<td>Inpatient: 10% coinsurance; outpatient: 10% coinsurance of $75, whichever is greater</td>
</tr>
</tbody>
</table>

### Worldwide Emergency Care

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Home “After Hours” (ER)</td>
<td>$100-waived if admitted</td>
<td>$75/visit</td>
<td>$100 Copay: Waived if admitted</td>
<td>80% of R&amp;C after deductible</td>
</tr>
<tr>
<td>When You Travel (ER)</td>
<td>$100-waived if admitted</td>
<td>$75/visit</td>
<td>$100 Copay: Waived if admitted</td>
<td>80% of R&amp;C after deductible</td>
</tr>
<tr>
<td>Walk-in Center</td>
<td>$35</td>
<td>$15/visit</td>
<td>$30 Copay: $100 if billed as ER</td>
<td>80% of R&amp;C after deductible</td>
</tr>
<tr>
<td>Ambulance - Medically Necessary</td>
<td>$100 (includes air ambulance)</td>
<td>$50 per trip</td>
<td>$70 Copay</td>
<td>$70 Copay</td>
</tr>
</tbody>
</table>

### Mental Health Services

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>No cost; unlimited days</td>
<td>No cost; unlimited days</td>
<td>Carelon - No Cost - No Max Days</td>
<td>90% After deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$25 Copay; unlimited days</td>
<td>$25 copay; unlimited days</td>
<td>Carelon - $25 Copay - No MaxVisits</td>
<td>80% After deductible</td>
</tr>
</tbody>
</table>

### Alcohol/Drug Abuse Services

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification</td>
<td>No cost, unlimited days</td>
<td>No copay, unlimited days</td>
<td>Carelon, No cost</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Inpatient Rehab - Alcohol</td>
<td>No cost, unlimited days</td>
<td>No copay, unlimited days</td>
<td>Carelon, No cost</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Inpatient Rehab - Drug</td>
<td>No cost, unlimited days</td>
<td>No copay, unlimited days</td>
<td>Carelon, No cost</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient Rehab</td>
<td>$25 copay; unlimited days</td>
<td>$25 copay, unlimited days</td>
<td>Carelon - $25 copay; Max 20 visit Substance Use Family Therapy</td>
<td>80% after deductible. Max 20 visit Substance Use Family Therapy</td>
</tr>
</tbody>
</table>

### Rehabilitative Care

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy: Outpatient</td>
<td>$40 copay; Max 30 visits (combined physical, speech &amp; occupational)</td>
<td>$25 copay; Max 30 visits (combined physical, speech, &amp; occupational)</td>
<td>At hospital—after hospitalization: $25 copay; At physical therapy office $25 copay; under MPN program</td>
<td>$250 Deductible: 50% network allowance</td>
</tr>
<tr>
<td>Chiropractic Therapy</td>
<td>$40</td>
<td>$25</td>
<td>$25 copay; no max</td>
<td>$250 deductible; 50% network allowance</td>
</tr>
<tr>
<td>Speech Therapy: Short Term to Restore Normal Speech (with Significant Clinical Improvement)</td>
<td>$40 copay; Max 30 visits (combined physical, speech &amp; occupational)</td>
<td>See physical therapy</td>
<td>HCAP: No cost Participating provider: $25 Copay</td>
<td>80% of the allowed amount after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment &amp; Supplies</td>
<td>50% Coinsurance</td>
<td>50% Coinsurance</td>
<td>HCAP: No cost</td>
<td>50% of network reimbursement after deductible</td>
</tr>
<tr>
<td>Prosthetics and Orthotics</td>
<td>50% Coinsurance</td>
<td>50% Coinsurance</td>
<td>No cost</td>
<td>80% of the allowed amount after deductible</td>
</tr>
</tbody>
</table>

### Prescription Drugs/Outpatient

<table>
<thead>
<tr>
<th>Plan Features*</th>
<th>HMO Blue-CNY</th>
<th>MVP-CNY (HMO)</th>
<th>Empire Plan Participating Providers</th>
<th>Empire Plan Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail – up to a 30 Day Supply (generic/preferred/nonpreferred)</td>
<td>$10/$30/$50</td>
<td>$0 Generic/$30/$50</td>
<td>$5/$30/$60</td>
<td>Non-par. Pharmacy: AWP less appropriate tier copay</td>
</tr>
<tr>
<td>Mail Order – up to a 90 Day Supply (generic/preferred/nonpreferred)</td>
<td>$20/Generic; $60/Preferred brand name; $100/Non-preferred brand name: Up to 90 day supply</td>
<td>$0/Generic; $75/Preferred brand name; $125/Non-preferred brand name</td>
<td>$5/Generic; $55/Preferred brand name; $110/Non-preferred brand name</td>
<td>Non-participating pharmacy: Average wholesale price less appropriate tier copay</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$25 per 30 day supply (incl. insulin and oral agents)</td>
<td>$15 copay, $100 max for a 30-day supply. $0 copay up to age 26 Equipment: No cost under HCAP program; Insulin covered under Rx program</td>
<td>Equip: 50% of network reimb. after deductible; Insulin: AWP less appropriate tier copay under Rx</td>
<td></td>
</tr>
</tbody>
</table>

(1) Based on 275% of the Medicare rates published by the Centers for Medicare & Medicaid Services (CMS)

* Age and maximum limits in this column pertain to HMO Blue-CNY coverage only.

**Empire plan out-of-pocket max does not cross apply

Updated 12/02/2023