

2025 IBEW NYPA Plan Benefit Summary

Retired Prior to 01/01/2007

Hospital & Major Medical Coverage		
Plan Features	In-Network Benefits	Out-of-Network Benefits
Cost Management Services Program/Pre-Certification	For employees who retired from NYPA after January 1, 2002, pre-certification is required for all inpatient admissions.	
	If pre-certification requirements are not met, there is a \$250 penalty for each confinement that is not pre-certified.	
Inpatient Acute Care General Hospital Services (facility charges)	Paid at 100%	Paid at 100%
	(Semi-Private Room and Board Charge and Miscellaneous Charges)	(Semi-Private Room and Board Charge and Miscellaneous Charges)
	Limited to 365 days for each cause. A Medically Necessary private room is covered.	
Hospital Outpatient Care (Facility Charges)	Paid at 100%	Paid at 100%
	Charges for out-patient treatment and services are covered up to a maximum benefit amount of \$1,500 in any 12 consecutive month period, starting with, to begin when the first date of service is applied to the maximum. Any amount over the \$1,500 will be covered under the Major Medical portion of the plan, subject to copay or deductible and coinsurance, depending on whether the provider is in-network or out-of-network.	
Blood and Plasma Charges	100% up to \$25.00. Charges in excess are paid under the Major Medical portion of the plan, subject to copay or deductible and coinsurance, depending on whether the provider is in-network or out-of-network.	
	For retirees who retire on or after July 1, 2006, 100% up to \$75. Charges in excess are paid under the Major Medical portion of the plan, subject to copay or deductible and coinsurance, depending on whether the provider is in-network or out-of-network.	
Emergency Room (Physician Fees)	Paid at 100%	
Home Health Care	Paid at 75% subject to a separate \$50 annual deductible.	Paid at 75% subject to a separate \$50 annual deductible.
Inpatient Diagnostic X-Ray and Laboratory Services (including interpretations)	Paid at 100%	Paid at 100%

Plan Features	In-Network Benefits	Out-of-Network Benefits
Physician Visits (While confined as an inpatient)	100% of Network Allowance	100% of the Reasonable and Customary (R&C) Charges.
	There is a \$1,800 benefit maximum for each confinement. Charges in excess of \$1,800 are paid at 80% under the Major Medical portion of the plan, subject to copay or deductible, depending on whether the provider is in-network or out-of-network.	
Inpatient Treatment of Alcohol and Substance Abuse	Paid at 100% for approved facility's semi-private room rate. Pre-certification required.	Paid at 100% for approved facility's semi-private room rate. Pre-certification required.
Outpatient Treatment of Alcohol and Substance Abuse	100% of Network Allowance Not subject to copay.	100% of Reasonable and Customary (R&C) Charges. Not subject to deductible.
Medical/Surgical Services and Supplies		
Plan Features	In-Network Benefits	Out-of-Network Benefits
Outpatient Diagnostic X-Ray and Laboratory Services (Interpretation Fee)	100% of Network Allowance	100% of Reasonable and Customary (R&C) Charges.
	If performed on an out-patient basis, tests and physician's fees are applied to the \$1,500 outpatient services maximum benefit. Any amount over the \$1,500 will be covered under the Major Medical portion of the plan, subject to copay or deductible, depending on whether the provider is in-network or out-of-network.	
Surgical Charges (including physician fees and associated expenses)	100% of Network Allowance	100% of Reasonable and Customary (R&C) Charges.
	You must receive a Second Surgical Opinion for the following surgeries: Back Surgery	

Preventive Care		
Plan Features	In-Network Benefits	Out-of-Network Benefits
Routine Pap Smears (Laboratory Fee)	100% of Network Allowance, not subject to deductible and coinsurance. (Limited to one per year)	100% of Reasonable and Customary (R&C) Charges, not subject to deductible and coinsurance. (Limited to one per year)
Mammography (Test and Interpretation Fee)	If performed in a hospital - 100% of the Network Allowance (benefit payment applies toward the \$1,500 outpatient treatment maximum benefit).	If performed in a hospital - 100% of Reasonable and Customary (R&C) Charges (benefit payment applies toward the \$1,500 outpatient treatment maximum benefit).
	If performed in a doctor's office or private lab - \$25 Network Copayment	If performed in a doctor's office or private lab – 80% of Reasonable and Customary (R&C) Charges, subject to deductible.
	Preventive mammography is covered once every three years if age 20-39, and once every year if over age 40. Diagnostic mammography, done because of suspected disease, is covered regardless of age.	
Major Medical Expense Benefits		
Plan Features	In-Network Benefits	Out-of-Network Benefits
Annual Major Medical Deductible	Unless shown otherwise, does not apply.	<u>Retired Prior to 1992</u> \$90 Employee Only \$180 Employee + One \$270 Family <u>Retired Between 1992 and 1/1/02</u> \$100 Employee Only \$200 Employee + One \$300 Family <u>Retired on or After 1/1/02</u> \$200 Employee Only \$400 Employee + One \$600 Family
Network Copayment	\$25 Copayment	Does not apply
Percentage Coinsurance	100% of Network Allowance	80% of the Reasonable and Customary (R&C) Charges.
Maximum: Out of Pocket Cost per Calendar Year (Includes combined in and out of network costs)	Unless shown otherwise, does not apply.	<u>Retired Prior to 1992</u> After you have paid an annual total of \$425 out of your pocket, the plan will begin to pay 100% of major medical expenses (R&C) for the remainder of the plan year. <u>Retired Between 1992 and 1/1/02</u> After you have paid an annual total of \$475 out of your pocket, the plan will begin to pay 100% of major medical expenses (R&C) for the remainder of the plan year.

Plan Features	In-Network Benefits	Out-of-Network Benefits
		<p><u>Retired on or after 1/1/02</u></p> <p>After you have paid an annual total of \$650 out of your pocket, the plan will begin to pay 100% of major medical expenses (UCR) for the remainder of the plan year.</p> <p>Out-of-pocket expenses do not include amounts paid toward deductibles or amounts in excess of Reasonable and Customary (R&C) Charges.</p>
Physician Office Visits	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Virtual Visits	\$15 Copayment per call Talk to a doctor from your mobile device or computer and get help for minor health issues.	Not Covered
Chiropractic Care	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
	Chiropractic Care is limited to 30 visits. After that, the chiropractor must certify that the treatment will result in a medical improvement in your condition. Maintenance care is not covered.	
Out-Patient Psychiatric Care	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges. Coinsurance amounts for out-patient psychiatric treatment are not applied to the out-of-pocket maximum.
Diagnostic X-Ray and Laboratory Services, including interpretation fees (Performed in a Doctor's Office)	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Diabetic Supplies	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Durable Medical Equipment	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Occupational Therapy	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Allergy Injections	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Cardiac Rehabilitation	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges
Foot Orthotics	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Physical Therapy	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.

Plan Features	In-Network Benefits	Out-of-Network Benefits
Speech Therapy	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Chemotherapy	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Kidney Dialysis	\$25 Copayment	80% subject to deductible and Reasonable and Customary (R&C) Charges.
Prescription Drugs		
Plan Features	Non-Participating Pharmacy	Participating Pharmacy
Retail	<p>File a Prescription Drug Reimbursement Form.</p> <p>Reimbursed the reasonable cost for a covered drug less the applicable copayment amount.</p>	<p><u>Retired Prior to 1992</u></p> <p>\$1 copay for each prescription</p> <p>30-day supply or 100 units</p> <p><u>Retired Between 1992 and 12/31/01</u></p> <p>\$0 generic</p> <p>\$2 brand, if no generic available</p> <p>\$8 brand, if generic is available 30-day supply or 100 units</p> <p><u>Retired Between 2002 and 12/31/06</u></p> <p>\$0 generic</p> <p>\$5 brand, if no generic available</p> <p>\$20 brand, if generic is available</p> <p>30-day supply or 100 units.</p>
Mail Order		<p><u>Retired Prior to 1992</u></p> <p>\$0 copay for each prescription</p> <p>90-day supply</p> <p><u>Retired Between 1992 and 12/31/01</u></p> <p>\$0 copay</p> <p>90-day supply</p> <p><u>Retired Between 2002 and 12/31/06</u></p> <p>\$0 generic</p> <p>\$5 brand, if no generic available</p> <p>\$20 brand, if generic is available</p> <p>3-month supply</p>

Contact Information		
UHC Customer Service Number	866-633-2446	866-633-2446
Website	www.myuhc.com	www.myuhc.com
<p>NYPA has established that this plan or coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.</p> <p>This summary is meant to provide a general outline of the main provisions of the IBEW New York Power Authority Medical Plan. Details of these programs are contained in the benefits handbook and addendums. If there is a difference between this summary and the documents or contracts, the documents and contracts will govern in every instance.</p>		