NEW YORK CITY EMPLOYEES PPO (NYCE PPO) PLAN - AVAILABLE JANUARY 1, 2026

Notice: All current members in the GHI-CBP Plan will be automatically enrolled into the new NYCE PPO plan, effective January 1, 2026.

Quality coverage in New York and nationwide





With NYCE PPO, you'll have access to care from an

expanded EmblemHealth network of more than 78,000 world-class doctors and health care professionals in New York City, Long Island, and the Hudson Valley (Dutchess, Orange, Putnam, Rockland, Ulster and Westchester counties) – up from 64,000 in the current network. This includes access to care at hospitals in downstate New York, including premier institutions like Hospital for Special Surgery and Memorial Sloan Kettering Cancer Center. You will have access to care from more mental/behavioral health providers as well, with 39,000 providers in New York state, an increase from 12,000 in the current network.

Now with this partnership, your access to care will expand through the UnitedHealthcare national Choice Plus network. You can choose from more than 1.6 million physicians and health care professionals outside of the EmblemHealth coverage area nationwide as part of your network. Mental/behavioral health providers will also increase nationally, from 61,000 to 418,000.

New in 2026

You can now visit NYC Health + Hospitals, Memorial Sloan Kettering Cancer Center (MSK) for cancer treatment and the Hospital for Special Surgery (HSS) for orthopedic treatment, and your hospital copays will be lowered or waived when you use these hospitals. If you prefer, you can still go to any hospital of your choice and your benefits and costs will remain the same as they are today.



At a glance		
Plan type:	PPO	
Geographic service area	Nationwide	
Does this plan use a network of providers?	Yes	
	EmblemHealth covers the downstate 13 counties (Bronx, Dutchess, Ulster, Orange, Putnam, Westchester, Rockland, New York, Kings, Queens, Richmond, Nassau and Suffolk).	
	UnitedHealthcare Choice Plus covers all other areas outside of the EmblemHealth coverage area nationwide.	
	MAPFRE covers Puerto Rico.	
	For a list of participating medical providers, hospital and out-patient facilities. visit nyceppo.com or call 212-501-4444 (TTY: 711)	
Do I need a referral to see a specialist?	No	
Contact Information	For general inquiries:	
	NYCE PPO	
	55 Water Street	
	New York, NY 10041	
	212-501-4444 (TTY: 711) (8 a.m. to 6 p.m., Monday through Friday)	
	For claims:	
	NYCE PPO	
	P.O. Box 21534	
	Eagan, MN 55121	
	212-501-4444 (TTY: 711) (8 a.m. to 6 p.m., Monday through Friday)	
Website	nyceppo.com	

Plan Features	Cost		
What is the overall medical deductible for this plan?	In-network: \$0 Out-of-network: \$200 individual/\$500 family		
What is the out-of-pocket limit on my expenses?	For $1/01/26 - 12/31/26$, the total out-of-pocket maximum is \$7,150 person / \$14,300 family in-network.		
	Unlimited out-of-network annual total out-of-pocket maximum.		
	\$200 person participating / \$2,000 person out-of-network annual coinsurance out-of-pocket maximum. Not all benefits apply to coinsurance maximum.		
	\$1,250 person out-of-network annual copay out-of-pocket maximum. Not all benefits apply to copay maximum.		
What are the costs for preventive services? Visit nyceppo.com for a full list of preventive services.	Preventive services are available with \$0 copayments when using a preferred or participating provider.		
What are the costs when you visit preferred providers, Advance Care Physicians (ACPNY), NYC Health + Hospitals (H+H), Memorial Sloan Kettering (MSK), and Hospital for Special Surgery (HSS) in downstate New York?	 Primary care visit to treat an injury or illness: \$0 copay/visit Specialist visit: \$0 copay/visit Inpatient hospital stay: No charge 		
What are the costs when you visit a health care provider's office?	 Primary care visit to treat an injury or illness: Preferred provider: \$0 copay/visit Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. Specialist visit: Preferred provider: \$0 copay/visit Participating: \$30 copay/visit Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. Preventive care/screening/immunization: Preferred provider: \$0 copay/visit Participating: \$0 copay/visit Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. 		
What are the costs when you use Teladoc Health?	Teladoc Health is an easy, convenient way to access doctors for treatment of non-emergency conditions, including cold and flu symptoms, respiratory infections, sinus problems, bronchitis, skin problems, and allergies. • Teladoc Health: \$10 copay/visit Visit Teladochealth.com or call 800-835-2362 (800-Teladoc) (TTY: 711) to set up your account. Once you register, you are just a call or tap away from getting treatment.		

What are the costs if you have a test?

- Diagnostic test (X-ray, blood work):
 - Preferred provider: \$0 copay/visit
 - Participating: \$20 copay/visit
 - Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.
- Imaging (CT/PET scans, MRIs):
 - Preferred provider: \$50 copay/visit, H+H \$25 copay/visit
 - Participating: \$100 copay/visit
 - Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.
 - You must call 212-501-4444 (TTY: 711) for preauthorization.

What are the costs if you have outpatient surgery?

- Hospital facility fee:
 - Preferred provider: No charge
 - Participating: 20% coinsurance up to \$200 per calendar year.
 - Out-of-Network provider: \$500 copay/visit up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year; and you pay the difference between the plan allowance and the provider's fee.
- Physician/surgeon fees:
 - Preferred provider: No charge
 - Participating: No charge
 - Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.
 - You must call 212-501-4444 (TTY: 711) for preauthorization.

What are the costs if you need immediate medical attention?

- Emergency room services:
 - Participating: \$150 copay/visit; Copay waived if admitted within 24 hours.
 - Out-of-Network provider: \$150 copay/visit; Copay waived if admitted within 24 hours.
- Emergency medical transportation:
 - Participating: No charge air and ground; Not covered nonemergency ground.
 - Out-of-Network provider: No charge; Deductible waived air and ground; Not covered nonemergency ground
 - You must call 212-501-4444 (TTY: 711) for preauthorization for nonemergency air services.
- · Urgent care:
 - Preferred provider: \$25 copay/visit H+H; \$50 copay/visit
 - Participating: \$50 copay/visit. \$100 copay/visit CityMD and ProHealth for downstate New York service area.
 - Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.

What are the costs if you have a hospital stay?

- Hospital facility fee (e.g., hospital room and all inpatient services)
 - Preferred provider: No charge
 - Participating: \$300 copay per admission up to \$750 per calendar year combined with skilled nursing care.
 - Out-of-Network provider: \$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year and you pay the difference between the plan allowance and the provider's fee.
- Physician/surgeon fees:
 - Preferred provider: No charge
 Participating: No charge

	 Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.
	 You must call 212-501-4444 (TTY: 711) for preauthorization. If you don't get preauthorization, benefits could be reduced by \$250 per day up to a \$500 maximum of the total cost of the service for out-of-network only.
What are the costs if you are pregnant?	 Prenatal and postnatal visits: Preferred provider: No charge Participating: No charge Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. Physician delivery and inpatient physician/surgeon services: Preferred provider: No charge Participating: No charge Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. Facility delivery and all inpatient services: Preferred provider: No charge Participating: \$300 per admission up to \$750 per calendar year. Out-of-Network provider: \$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year and you pay the difference between the plan allowance and the provider's fee.

What are the costs if you have mental health, behavioral health, or substance abuse needs?

Service	 Preferred provider: \$0 copay/visit Participating: \$15 copay/visit Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. Hospital facility fee (e.g., hospital room and all inpatient services) Preferred provider: No charge Participating: \$300 copay per admission up to \$750 per calendar year combined with skilled nursing care. Out-of-Network provider: \$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year and you pay the difference between the plan allowance and the provider's fee. Physician/surgeon fees: Preferred provider: No charge Participating: No charge Out-of-Network: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. You must call 212-501-4444 (TTY: 711) for preauthorization. If you don't get preauthorization, benefits could be reduced by \$250 per day up to a \$500 maximum of the total cost of the service for out-of-network only. 	
Mental/Behavioral health Outpatient services		
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Substance use Outpatient services	 Preferred provider: \$0 copay/visit Participating: \$15 copay/visit Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. 	

Substance use •	Hospital facility fee (e.g., hospital room and all inpatient services)	
Inpatient services	Preferred provider: No charge	
	 Participating: \$300 copay per admission up to \$750 per calendar year combined with 	
	skilled nursing care.	
	 Out-of-Network provider: \$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year and you pay the difference between the plan allowance and the provider's fee. 	
•	Physician/surgeon fees:	
	Preferred provider: No charge	
	Participating: No charge	
	Out-of-Network provider: After plan deductible is met, you pay the difference between	
	the plan allowance and the provider's fee	
	 You must call 212-501-4444 (TTY: 711) for preauthorization. If you don't get 	
	preauthorization, benefits could be reduced by \$250 per day up to a \$500 maximum of	
	the total cost of the service for out-of-network only.	

What are the costs if you need help recovering or have other special health needs?

Service Cost		
Home health care	 Preferred provider: No charge Participating: No charge Out-of-Network provider: \$50 copay per episode; 20% coinsurance and you pay the difference between the plan allowance and the provider's fee. Does not apply to copay out-of-pocket maximum. You must call 212-501-4444 (TTY: 711) for preauthorization. 200 maximum visits per calendar year preferred and participating: 40 maximum visits per calendar year out-of-network. Preauthorization for certain home health visits is required. 	
Skilled nursing care	 Hospital facility fee (e.g., hospital room and all inpatient services) Preferred provider: No charge Participating: \$300 copay per admission up to \$750 per calendar year combined with inpatient hospital. Out-of-Network provider: \$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year and you pay the difference between the plan allowance and the provider's fee. Physician/surgeon fees: Preferred provider: No charge Participating: No charge Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider's fee. You must call 212-501-4444 (TTY: 711) for preauthorization. 90 maximum days per calendar year; If you don't get preauthorization, benefits could be reduced by \$250 per day up to a \$500 maximum of the total cost of the service for out-of-network only. 	
Durable medical equipment (DME)	 Preferred provider: \$100 deductible per calendar year combined DME and prosthetics. Participating: \$100 deductible per calendar year combined DME and prosthetics. Out-of-Network provider: \$100 deductible per calendar year and you pay the difference between the plan allowance and the provider's fee. You must call 212-501-4444 (TTY: 711) for preauthorization. Preauthorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases. 	
Hospice service	 Preferred provider: No charge Participating: No charge Out-of-Network provider: You pay the difference between the plan allowance and the provider's fee. 	

BASE BENEFIT DRUG COVERAGE AND OPTIONAL RIDER — PRESCRIPTION DRUGS PROVIDED THROUGH NYCE PPO

What is the cost if you need drugs to treat your illness or condition?

	Retail	Home Delivery
Base benefit – ACA mandated and diabetic	Insulin: \$0; Diabetic supply only: generic \$5, brand \$15; Opioid withdrawal medication: Tier 1 20% coinsurance w/ \$5 min charge, Tier 2 40% coinsurance w/ \$25 min charge, Tier 3 50% coinsurance w/ \$40 min charge.	Home delivery: 90-day supply. Diabetic supply only: Generic \$12.50, brand \$37.50 Opioid withdrawal medication: same copays as retail The 90-day supply can be obtained through Amazon or Duane Reade/ Walgreens locations.
	ACA prescription drugs covered at \$0.	ACA prescription drugs covered at \$0.
Optional Drug Rider Generic drugs (Tier 1)	Retail: 30-day supply - 2 refills; 20% coinsurance with minimum charge of \$5 or actual cost, if less.	Home delivery: 90-day supply; \$12.50 copay. Prescriptions will not be filled at retail after 2 refills. The 90-day supply can be obtained through Amazon or Duane Reade/ Walgreens locations.
Optional Drug Rider Preferred brand drugs (Tier 2)	Retail: 30-day supply - 2 refills; 40% coinsurance with minimum charge of \$25 or actual cost, if less.	Home delivery: 90-day supply; \$50 copay. Prescriptions will not be filled at retail after 2 refills. Preauthorization is required for certain brand name medications. The 90-day supply can be obtained through Amazon or Duane Reade/ Walgreens locations.
Optional Drug Rider Non-preferred brand drugs (Tier 3)	Retail: 30-day supply - 2 refills; 50% coinsurance with minimum charge of \$40 or actual cost if less.	Home delivery: 90-day supply; \$75 copay. Prescriptions will not be filled at retail after 2 refills. The 90-day supply can be obtained through Amazon or Duane Reade/Walgreens locations.
Specialty drugs*	Covered (cost based on above categories)	You must call Prime Therapeutics (Rx) 833-998-5430 (TTY: 711) for preauthorization.

^{*}Must be dispensed by a specialty pharmacy.