

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

Quality coverage in New York and nationwide

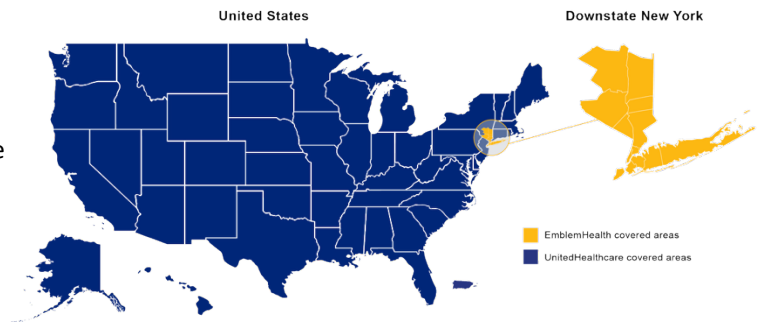


With NYCE PPO, you'll have access to care from an expanded EmblemHealth network of more than 78,000 world-class doctors and health care professionals in New York City, Long Island, and the Hudson Valley (Dutchess, Orange, Putnam, Rockland, Ulster and Westchester counties) – up from 64,000 in the current 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?	<p>Yes</p> <p>EmblemHealth covers the downstate 13 counties (Bronx, Dutchess, Ulster, Orange, Putnam, Westchester, Rockland, New York, Kings, Queens, Richmond, Nassau and Suffolk).</p> <p>UnitedHealthcare Choice Plus covers all other areas outside of the EmblemHealth coverage area nationwide.</p> <p>MAPFRE covers Puerto Rico.</p> <p>For a list of participating medical providers, hospital and out-patient facilities, visit nyceppo.com or call 212-501-4444 (TTY: 711)</p>
Do I need a referral to see a specialist?	No
Contact Information	<p>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)</p> <p>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)</p>
Plan information	For information on medical benefits, covered medical benefits, exclusions, claims and appeals procedures, see the NYCE PPO Summary Plan Description .
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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: <ul style="list-style-type: none"> • 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.* • Specialist visit: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. ** See What are the costs when you use an Out-of-Network provider.
- 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. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment.

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. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment.

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. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. 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	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • 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.*
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • Hospital facility fee (e.g., hospital room and all inpatient services) <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.* <p>You must call 212-501-4444 (TTY: 711) for preauthorization. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. 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.</p>

Substance use Outpatient services	<ul style="list-style-type: none"> • 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 Inpatient services	<ul style="list-style-type: none"> • Hospital facility fee (e.g., hospital room and all inpatient services) <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.* <p>You must call 212-501-4444 (TTY: 711) for preauthorization. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. 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.</p>

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

Service	Cost
Home health care	<ul style="list-style-type: none"> • 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. <p>You must call 212-501-4444 (TTY: 711) for preauthorization. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. 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.</p>
Skilled nursing care	<ul style="list-style-type: none"> • Hospital facility fee (e.g., hospital room and all inpatient services) <ul style="list-style-type: none"> • Preferred provider: No charge • Participating: \$300 copay per admission up to \$750 per calendar year combined with inpatient hospital. • Out-of-Network provider: \$500 co-pay 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: <ul style="list-style-type: none"> • 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.* <p>You must call 212-501-4444 (TTY: 711) for preauthorization. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. 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.</p>

<p>Durable medical equipment (DME)</p>	<ul style="list-style-type: none"> • 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.* <p>You must call 212-501-4444 (TTY: 711) for preauthorization. While providers are responsible for obtaining all prior authorizations, it is the member's responsibility to confirm with their provider that all authorizations have been obtained before treatment. Preauthorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases.</p>
<p>Hospice service</p>	<ul style="list-style-type: none"> • Preferred provider: No charge • Participating: No charge • Out-of-Network provider: You pay the difference between the plan allowance and the provider's fee.*

*** What are the costs when you use an Out-of-Network provider?**

Service	Cost
<p>Out-of-network provider fee</p>	<p>The plan allowance reimbursement amount for covered expenses received from providers, including physicians or health care facilities, who are not in-network are determined based on one of the following:</p> <ul style="list-style-type: none"> • Fee(s) that are negotiated with the Physician or facility; or • The amount that is usually accepted by health care providers in the same geographical area (or greater area, if necessary) for the same services, treatment, or materials; or • Current publicly available data reflecting the costs for health care providers providing the same or similar services, treatment or materials adjusted for geographical differences plus a margin factor; or • 100% of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for the same or similar service within the geographic market. <ul style="list-style-type: none"> ○ A gap methodology may be utilized when CMS does not have rates published for certain procedural codes.

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	<p>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.</p> <p>ACA prescription drugs covered at \$0.</p>	<p>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.</p> <p>ACA prescription drugs covered at \$0.</p>
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.	Retail: 30-day supply - 2 refills; 20% coinsurance with minimum charge of \$5 or actual cost, if less.
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.