

NYSHIP - BENISTAR MEDICARE COMPARISON

2018

CARRIER	NYSHIP	BENISTAR HIGH OPTION- TransAmerica/Express Scripts	BENISTAR LOW OPTION- TransAmerica/Express
MEDICAL SUMMARY	IN NETWORK ONLY*	NO NETWORKS REQUIRED	NO NETWORKS REQUIRED
PCP OFFICE COPAY	\$20	\$20	\$20
SPECIALIST COPAY	\$20	\$20	\$20
HOSPITAL COPAY	\$0	\$0	\$0
ER COPAY	\$70	\$0	\$0
DEDUCTIBLE	N/A	N/A	N/A
COINSURANCE	N/A	N/A	N/A
OUT OF POCKET MAXIMUM	N/A	N/A	N/A
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited
CALENDER YR DEDUCTIBLE	\$0	\$0	**\$183
PRESCRIPTION DRUG CARD			
PREFERRED GENERIC COPAY	\$5	\$5	\$15
PREFERRED BRAND COPAY	\$25	\$25	\$30
NON PREFERRED COPAY	\$45	\$45	\$50
SPECIALTY TIER COPAY	\$45	\$45	33%
Single Rate	\$444.65	\$453.81	\$334.19
Retiree + Spouse Rate	\$1,213.46	\$907.62	\$668.38

*NYSHIP members incur a \$1,000 non-network deductible.

**2017 Deductible reflected; 2018 TBD by CMS.

For members residing in FL. rates & plan designs may be different than shown above.