Group Health Plan Compliance Mandates – January 2022 (*updated January 2023*)
NYSUT Member Benefits Catastrophe Major Medical (CMM) Insurance Trust-sponsored CMM Plan

Considering recent regulatory compliance mandates applicable to Group Health Plans (GHP), the NYSUT Member Benefits Catastrophe Major Medical (CMM) Insurance Trust-sponsored CMM Plan understands that as a supplemental (i.e., post service out-of-pocket reimbursement) plan, it is not subject to the currently applicable requirements of the Transparency in Coverage Rule (TiC Final Rule) and the No Surprises Act.

The TiC Final Rule generally requires GHPs to provide machine readable files relating to the fee schedules negotiated between plans and in-network and out-of-network providers. The No Surprises Act includes surprise billing protections relative to emergency services and out-of-network services and providers. As a post service out-of-pocket reimbursement plan, compliance with these mandates by the CMM Plan would be both duplicative to your Basic Plan's (i.e., your primary medical insurance plan's(s')) compliance with these mandates, as well as impossible or impractical. The CMM Plan does not have a network of any sort (either medical or prescription) and only reimburses out-of-pocket costs under your Basic Plan pursuant to the CMM Plan's terms, which are described in general below.

The CMM Plan generally pays 100 percent of Covered Charges (less whatever payments the participant's Basic Plan made) for providers and services that are considered in-network by the participant's Basic Plan.

The CMM Plan generally pays 70 percent of Covered Charges (less whatever payments the participant's Basic Plan made) for providers and services that are considered out-of-network by the participant's Basic Plan.

The Plan generally pays 100 percent of Covered Charges (less whatever payments the participant's Basic Plan made) for prescription drugs covered as an in-network drug under the participant's Basic Plan and 70 percent of Covered Charges (less whatever payments the participant's Basic Plan made) for prescription drugs covered as an out-of-network drug under the participant's Basic Plan.

More information on how benefits are calculated under the CMM Plan is available in the CMM Plan Document, as amended.

Please contact your Basic Plan for price information required under the TiC Final Rule and for more information on the protections that are available to you under the No Surprises Act. You may also contact HealthSmart Benefit Solutions at 844-552-7805 or Association Member Benefits Advisors (AMBA) at 888-386-9788, as applicable, with any questions about your coverage under the CMM Plan.