



**Building Service 32BJ Health Fund**  
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www.32bjfunds.org  
 800-551-3225 Benefits Information

Kyle E. Bragg, *Chairman*  
 Howard I. Rothschild, *Secretary*  
 Peter Goldberger, *Executive Director*  
 Sara Rothstein, *Fund Director*

June 3, 2021

Dear 32BJ Health Fund Plan Participant,

I am writing to let you know that the 32BJ Health Fund Trustees have decided to remove NewYork-Presbyterian (NYP) hospitals from our network as of January 1, 2022, due to an unacceptable agreement between NYP and Empire BlueCross BlueShield. The agreement between NYP and Empire did not address our concerns about NYP’s high prices and would have required the Fund to end its current \$0 clinical programs with high-quality providers. The decision to remove NYP from our network was not an easy one, but it was necessary in order to maintain the high quality and affordability of your benefits.

Some of the factors that led to this decision include:

**NYP is more expensive than other hospitals in New York City**

We analyzed the cost of routine procedures performed at NYP and other hospitals and outpatient facilities. Our analysis showed significant difference in costs for these procedures:

Type of Care	NYC Hospitals, Average Costs	NYP, Average Costs
Inpatient Care		
Bariatric Surgery	\$41,742	\$51,490
Having a Baby, Cesarean-Section	\$29,553	\$41,219
Having a Baby, Vaginal Delivery	\$19,933	\$28,035
Outpatient Care		
Colonoscopy	\$3,638	\$8,991

**Who pays these higher prices?**

You do. The 32BJ Health Fund is self-insured. This means that we use Empire BlueCross BlueShield to provide our network, authorize medical care, and pay claims. But Empire pays those claims with our dollars, and the Fund pays Empire a flat administrative fee. Every dollar we spend on higher priced healthcare is a dollar we can’t use to make other kinds of care more affordable for you.

**NYP would not permit us to continue to offer you our current clinical programs with \$0 copay**

The 32BJ Health Fund has worked hard to ensure you have access to high-quality and affordable care. Today, plan participants have access to joint replacement surgery and bariatric surgery at Mount Sinai for \$0 copay. Plan participants can also enroll in the 32BJ Maternity program, which offers high-quality maternity care and \$0 copay after rebate for the hospital admission for having a baby. Plan participants who use these programs tell us that getting high-quality care with \$0 copay gives them peace of mind about their health and the cost of care. NYP would not permit us to continue to offer these programs as they exist today. This could lead to higher copays for joint replacement surgery, bariatric surgery, and maternity care. And this could also stop the 32BJ Health Fund from creating new clinical programs.

We will be sharing additional information with you over the summer and fall about how to stay in-network when you need care. Here is some helpful information:

**Are there other in-network high-quality hospital systems?** Yes. There are over 100 New York hospitals that will remain in-network without any change to the current co-pays. Included are world renowned hospital systems such as Mount Sinai Health System, Montefiore Medical Center, Memorial Sloan Kettering Cancer Center, and Hospital for Special Surgery.

**What can I do now to make sure I get high-quality affordable health care?**

Call the 32BJ Benefit Funds at 800-551-3225. We can help you get the care you need from in-network providers.

**Will NYP doctors be removed from the network?**

Doctors who are only affiliated with NYP will have an opportunity to become affiliated with another health system. They will be removed from the network if they continue to only be affiliated with NYP.

**What happens if I use my out of network benefits at NYP?**

Going out of network can leave you with big bills. You will have high out of pocket costs if you choose to see this provider.

- **You have to pay the Out of Network deductible.**
- **You will also pay a percent of the Allowed Amount in coinsurance.**
- **You will also pay the difference between the Allowed Amount and the Provider charges:** The Allowed Amount is not what the provider charges you. It is the amount that the Plan will pay for a covered service with an in-network provider, and it is generally a much lower amount than what the out of network provider charges you. You must pay the difference.

While many out of network providers will tell you that they take “32BJ” or Empire coverage, they may not accept Plan coverage as payment in full. They are allowed to bill you directly for charges that are over the Plan’s Allowed Amount. You should ask your provider if he or she would accept the plan’s payment as payment in full (excluding your deductible or co-insurance requirements). If your provider agrees to accept the plan’s payment as payment in full, you should get their agreement in writing.

Charges by out of network providers vary, and are usually a lot more than the Allowed Amount.

**If you have questions**

You can call the 32BJ Benefit Funds at 800-551-3225 with any questions you have about changes to the 32BJ Health Fund network.

Sincerely,



Peter Goldberger,  
Executive Director of the 32BJ Benefit Funds