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25 Broadway, 15th Floor • New York, New York 10004

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February 27, 2026

Renee Campion, Commissioner
New York City Office of Labor Relations
22 Cortlandt St., 14th floor
New York, NY 10007

Dear Commissioner Campion,

We have reviewed the materials provided to participants enrolled in the new NYCE PPO plan, specifically the Summary Plan Description (SPD) and the Summary of Benefits and Coverage (SBC). Both documents omit significant and essential information needed for participants to understand their benefits and rights.

Preauthorization requirements

Participants are repeatedly instructed to obtain preauthorization for most covered services. The directive, “You must call 212-501-4444 (TTY: 711) for preauthorization,” appears in nearly every section of both the SPD and the SBC. As you know, obtaining preauthorization for in-network services is the responsibility of the provider, not the participant. When preauthorization is not obtained, the financial consequence falls on the network provider, not the enrollee. The current language is misleading and places inappropriate responsibility on participants.

Appeal rights

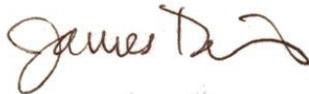
Even self-insured plans and public employee plans are subject to the consumer protections of the Affordable Care Act. The ACA requires that participants in all non-grandfathered health plans, including the NYCE PPO, have the right to appeal denied claims—first through an internal plan appeal and, if the denial is upheld, through an independent external review (often referred to as an Independent Review Organization, or IRO). These rights and procedures must be described in the SPD. The SPD dated February 5, 2026, contains no description of appeal rights or how to obtain them. While the required SBC language on page 6 references these rights, it directs consumers to “the plan” (printed in blue, implying a hyperlink). Ordinarily, “the plan” refers to the SPD, which provides no such information. See Appendix B, page 6 of the U.S. Department of Labor’s *Compliance Assistance Guide: Health Benefits Coverage Under Federal Law*.

Out-of-network costs

The NYCE PPO description in the SPD states: “Out-of-Network provider: After plan deductible is met, you pay the difference between the plan allowance and the provider’s fee.” Unlike the explanation of the CBP out-of-network benefit (page 58), no example is provided for NYCE PPO participants. Without an illustrative example and a description of the fee schedule, participants cannot reasonably estimate their potential financial exposure.

Correcting these omissions will help our members, along with other City workers and early retirees, use their benefits wisely. At the same time, we remain largely uninformed about how the new plan is expected to realize savings. We urge you to release an unredacted copy of the agreement you signed with UMR. Full disclosure is essential for us to function as responsible agents of our members’ benefits.

Sincerely,



James Davis, PSC President

cc: Alan Klinger, Counsel to the NYC Municipal Labor Committee
Kenneth Godiner, Senior Vice Chancellor of University Human Resources and Labor Relations, CUNY

