

Employee Benefit Cards - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsion Plan, Student Employee Health Plan, and NYS **Insurance Fund Workers' Compensation Prescription Drug Programs**"



The Empire Plan

890000020

EMPIRE.

In-network Out-of-Pocket Limits: Drug: \$3,200, Non-Drug: \$5,900

Non-network Combined Deductible: \$1,250 Non-network Combined Coinsurance Max: \$3,750 Physical Medicine Program Deductible: \$250

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For enrollee services, precertification & provider relations, please call:

1-877-7-NYSHIP (1-877-769-7447)

For details on your health benefits, visit www.cs.ny.gov/ employee-benefits

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan. Hospital and related services provided by Empire HealthChoice Assurance Inc., a licensee of the Blue Cross and Blue Shield Association.





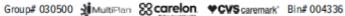
BLUE CROSS PLAN 303

Blue Cross Prefix: YLS









Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Beacon Health Options. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service



NYSHIP **New York State** Health Insurance Program

The Excelsion

Administered by the New York State Department of Civil Service

123456789

JOHN ENROLLEE JEANNIE DEPENDENT JANE DEPENDENT MICHAEL DEPENDENT JAMES DEPENDENT

\$35 Office Visit \$130 Emergency Department

In-network Out-of-Pocket Limits: Drug: \$3,050, Non-drug: \$5,650 (Ind); Drug: \$6,100, Non-drug: \$11,300 (Dep) Non-network Combined Deductible: \$1,500 (Enrollee; Spouse/Partner; all Children combined) Non-network Combined Coinsurance Max: \$4,750 (Enrollee; Spouse/Partner; all Children combined)

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BLUE CROSS

Blue Cross Prefix: YLS



Group# 030500 Bin# 004336 MultiPlan Deacon ♥CVS caremark







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Student Employee **Health Plan**

Administered by the New York State Department of Civil Service

Smith, John 123456789

Effective until 08/31/22 or when coverage ends, whichever is sooner

Hospital benefits

- \$25 ER/\$200 per admission
- . \$15 outpatient visit and hospital-based urgent care
- \$10 P/T

Medical/Surgical benefits

. \$10 office visit, office surgery, labs, radiology, chiropractic treatment, P/T, urgent care

Mental Health/Substance Use benefits

- \$25 ER/\$200 per admission or detox stay
- \$10 outpatient visit

Rx benefits

Retail Pharmacy 30 days/Mail Service or Specialty Pharmacy 31-90 days*

- . \$5/\$5* Level 1 or generic
- . \$25/\$50* Level 2 or preferred brand name
- \$45/\$90* Level 3 or non-preferred brand name

In-network Out-of-Pocket Limits: Drug: \$6,100, Non-Drug: \$11,300 (all dependents, combined) Non-network Combined Deductible: \$100 per person Physical Medicine Program Deductible: \$100 per person



Toll Free 1-877-7-NYSHIP (1-877-769-7447)

Precertification required for:

Admission to a hospital: Select the Hospital Program. For an emergency admission, call within 48 hours.

Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select the Medical/Surgical Program.

MHSU Services: see your At A Glance for precert services. For emergency admissions, call the MHSU Program within 48 hours.

Home Care and Diabetic Supplies/Equipment: Select the Medical/Surgical Program.

For details on your health benefits, visit www.cs.ny.gov/employee-benefits

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local Blue Plan. Hospital and related claims services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association.

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BLUE CROSS PLAN 303

Blue Cross Prefix: YLS



Group# 030500



⑤ beacon ♥CVS caremark Bin# 004336

This card represents but does not guarantee enrollment in the New York State Health Insurance Program. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.