



Department of Civil Service

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



NYSHIP
New York State
Health Insurance Program

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.



PPO
HOSPITAL ONLY

BLUE CROSS
PLAN 303

Blue Cross Prefix: **YLS**



Group# 030500



Bin# 004336

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 Excelsior
Plan**

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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(1-877-769-7447)**

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health benefits, visit
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employee-benefits](http://www.cs.ny.gov/employee-benefits)**

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BLUE CROSS
PLAN 303

Blue Cross Prefix: YLS



United
Healthcare

Group# 030500 Bin# 004336



Submit medical provider claims in accordance with your participating provider agreement.
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NYSHIP
New York State
Health Insurance Program

**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



You must call

**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

**Submit hospital and hospice claims to your
local Blue Plan.** Hospital and related claims services
provided by Empire HealthChoice Assurance, Inc., a
licensee of the BlueCross and BlueShield Association.

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.



**BLUE CROSS
PLAN 303**

**Blue Cross
Prefix: YLS**



Group# 030500



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.