

# CHOICES

For 2012

For Retirees of the State of New York  
and Participating Employers, their Enrolled  
Dependents, COBRA Enrollees with their  
NYSHIP Benefits and Young Adult  
Option Enrollees



December 2011



# Contents

A Message from NYSHIP.....	1	What's New in 2012?.....	12
Your NYSHIP Health Insurance Options .....	2	The Empire Plan .....	12-15
Rates for 2012.....	2	NYSHIP Health Maintenance Organizations.....	15
Changing Your Health Insurance Plan.....	2	The Empire Plan and NYSHIP HMOs: Similarities and Differences .....	16-17
You and Your Dependents Must Enroll in Medicare Parts A and B.....	3	Making a Choice.....	18
Medicare and Your NYSHIP Benefits .....	3-4	How to Use the Choices Benefit Charts .....	18
Non-NYSHIP HMOs .....	4	If You Decide to Change Your Plan.....	19
Medicare Part D.....	4-5	Your New Card.....	19
Keep Your Health Insurance Up to Date.....	5	NYSHIP's Young Adult Option .....	19
Contact the Employee Benefits Division .....	5	NYSHIP Online.....	20-21
Lifetime Sick Leave Credit.....	5	Questions and Answers .....	22-23
Your Retirement Check and "Notice of Change" Document .....	6	Terms to Know.....	24-25
Enrollees Who Pay the Employee Benefits Division Directly .....	6	Plans by County.....	26-27
Comparing Your NYSHIP Options .....	8	The Empire Plan Benefit Chart.....	28-33
Benefits Provided by The Empire Plan and All Non-Medicare Advantage NYSHIP HMOs .....	9	NYSHIP Health Maintenance Organizations' Benefit Charts .....	34-69
Benefits That Must Be Provided by All Medicare Advantage Plans .....	10-11	Young Adult Option Web Site.....	70-71
		NYSHIP Option Transfer Request Form and Instructions .....	72-73
		NYSHIP Enrollment Cancellation Form and Instructions .....	74-75

## **A Message from the New York State Health Insurance Program**

The New York State Health Insurance Program (NYSHIP) is pleased to provide retirees with the comprehensive health insurance that you have earned through your employment with the State. The Department of Civil Service, which administers the health insurance programs for active and retired State workers, has carefully selected these insurance plan options to provide superior coverage that meets the broadest range of needs.

To help you choose the plan that best meets the needs of you and your family, this booklet gives an overview of each option. For more information about a specific plan, you may call The Empire Plan or any of the NYSHIP Health Maintenance Organizations (HMOs) directly. You may also call the Employee Benefits Division of the Department of Civil Service at 518-457-5754 or 1-800-833-4344. For the most up-to-date information about NYSHIP, please visit our web site at <https://www.cs.ny.gov>.

Your option to switch from one plan to another is no longer restricted to a single period. You may change health insurance plans once at any time during any 12-month period.

Wishing you a healthy 2012!





# Information & Reminders

## Your NYSHIP Health Insurance Options

Under the New York State Health Insurance Program (NYSHIP), you may choose either The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. This booklet explains the options available to you. If you still have specific questions after you've read the plan descriptions, contact The Empire Plan carriers and HMOs directly.

## Rates for 2012

*2012 Rates & Information for Retirees of New York State and Participating Employers* will be mailed to your home and posted on the New York State Department of Civil Service web site as soon as rates are approved. To find this information online, go to <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices for the most up-to-date option transfer information. If you still have questions, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

## Changing Your Health Insurance Plan

Consider your health insurance plan carefully. You may change your health insurance plan only once in a 12-month period unless you move or add a new dependent to your coverage under certain conditions. See your *NYSHIP General Information Book* for details.

A change in the providers who participate in your plan is not a reason that permits you to change your health insurance plan more than once in a 12-month period.

**No action is required if you wish to keep your current option and still qualify for that plan.**

**Note:** To enroll in an HMO or remain enrolled in your current HMO, you must live or work\* in the HMO's NYSHIP service area. See the Plans by County section and the individual HMO pages in this booklet for more information.

## You and Your Dependents Must Enroll in Medicare Parts A and B

When you or your covered dependents become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you or your covered dependents must be enrolled in Medicare Part A and Part B, even if you are working for another employer. (If you are retired from New York State or a Participating Employer and return to work in a benefits-eligible position for the same employer, NYSHIP will provide primary coverage while you are on the payroll. **Note:** New York State is considered the same employer regardless of which agency or branch hires you.) If you or your dependents are not enrolled in Medicare Parts A and B when first eligible, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

To avoid a gap in coverage, you must contact your local Social Security office three months before you or your dependent turns age 65. In some cases, enrollment is automatic, but not always. **You must have Medicare coverage in effect on the first day of the month in which you or your dependent reaches age 65.** (Or, if your birthday falls on the first of the month, you must have your Medicare coverage in effect on the first day of the month preceding the month in which you turn age 65.)

\* If Medicare-primary, check with the plan.

If you or a dependent becomes eligible for Medicare before age 65 because of disability or end-stage renal disease (coordination period applies), you or your dependent must enroll in Medicare Parts A and B as soon as eligible.

The publication, *Medicare & NYSHIP*, explains in detail when you must enroll in Medicare and how Medicare enrollment affects your NYSHIP benefits. You can find this publication as well as an order form for the publication and its companion video on our web site at <https://www.cs.ny.gov>. Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 and use the automated system to request a copy. Please indicate whether you would like the video in VHS or DVD format. Read your *NYSHIP General Information Book* for more information on Medicare.

**Note:** For COBRA enrollees, special provisions apply when you become eligible for Medicare. Call the Employee Benefits Division for information.

## Medicare and Your NYSHIP Benefits

The Empire Plan and all HMOs offered under NYSHIP provide broad coverage for Medicare-eligible enrollees, but there are important differences among plans.

### The Empire Plan

If you are Medicare-primary and have secondary coverage under The Empire Plan: The Empire Plan coordinates benefits with Medicare. Since Medicare does not provide

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coverage outside the United States, The Empire Plan pays primary for covered services received outside the United States. See your *NYSHIP General Information Book* and the *Empire Plan Certificate* for details.

## **NYSHIP Health Maintenance Organizations (HMOs)**

### **If you are Medicare-primary and enroll in a NYSHIP HMO that coordinates coverage with Medicare:**

You have original Medicare benefits (Parts A and B) that you may use outside of your HMO. If you receive services not covered by the HMO, you would be responsible for Medicare's coinsurance, deductibles and any other charges not covered by Medicare.

**If you are Medicare-primary and enroll in a NYSHIP Medicare Advantage Plan:** You replace your original fee-for-service Medicare coverage (Parts A and B) with benefits offered by the Medicare Advantage Plan. You also will be enrolled in a Medicare Part D plan for your prescription drug benefits. If you are subject to a separate premium charge by Medicare for Part D coverage, the State will not reimburse you for that charge. To qualify for benefits, all medical care (except for emergency care) must be provided, arranged or authorized by the Medicare Advantage Plan. Most NYSHIP HMO's offer Medicare Advantage Plans.

**Note:** If you or your covered dependents are or become Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will be enrolled in your HMO's Medicare Advantage Plan. Most NYSHIP HMOs offer Medicare Advantage Plans.

The HMO pages in this booklet tell you how each HMO covers Medicare-eligible enrollees. See Terms to Know on page 24 for more information.

**Check with your HMO about benefits when you travel outside of your HMO's service area or outside of the country.**

## **Non-NYSHIP HMOs**

You may receive information from Medicare and from non-NYSHIP HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans. Please be aware that your NYSHIP benefits will be significantly reduced if you join one of these plans. If you join a Medicare Advantage Plan offered outside of NYSHIP, you may have very few or no benefits except the benefits available through that plan.

Before you choose a Medicare Advantage option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

If you cancel your NYSHIP coverage to join a non-NYSHIP Medicare Advantage Plan:

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.
- If you wish to reenroll in NYSHIP, there is a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents are not eligible for Dependent Survivor coverage.

## **Medicare Part D**

Medicare Part D is the Medicare prescription drug benefit for Medicare-eligible persons. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO. Enrolling in a Medicare Part D plan separate from your NYSHIP coverage may drastically reduce your benefits overall. For example:

- If you are Medicare-primary and enrolled in both The Empire Plan and a Medicare Part D plan, you will not be able to use your Empire Plan coverage to receive benefits at the pharmacy. You must use your Medicare drug coverage first. To receive secondary drug coverage, you must submit a claim to The Empire Plan Prescription Drug Program along with documentation of the amount covered by Medicare.

- If you are enrolled in a NYSHIP Medicare Advantage HMO and then enroll in a separate Medicare Part D plan or another Medicare Advantage Plan outside of NYSHIP, Medicare will terminate your enrollment in the NYSHIP HMO.

If you are eligible for the extra help from the Medicare Part D Low Income Subsidy, or if you are interested in additional drug coverage offered by a Medicare Part D plan separate from a NYSHIP HMO, be sure you understand how joining that Medicare prescription drug plan will change your NYSHIP coverage before enrolling. If you do enroll in Medicare Part D outside of NYSHIP, you will not be reimbursed for the Medicare Part D premium.

If you receive prescription drug coverage through a union Employee Benefit Fund, contact the fund for information about Medicare Part D. (Judicial Branch CWA-represented retirees (NUSD) who retired before July 1, 1994 receive prescription drug coverage through a union Employee Benefit Fund.)

## Keep Your Health Insurance Up to Date

You must write to:

New York State Department of Civil Service  
Employee Benefits Division  
Alfred E. Smith State Office Building  
Albany, New York 12239

when changes in your family or marital status affect your coverage or if your address changes.

Be sure to sign the letter and include your Social Security number, address, and telephone number, including area code. You may also make address changes online using MyNYSHIP (see page 20 for more information). Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

## Contact the Employee Benefits Division

Call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement Empire Plan Benefit Card. Please call Monday through Friday between 9 a.m. and 3 p.m. Eastern time to speak to a representative. Please be patient. The wait times can be lengthy during peak periods.

## Lifetime Sick Leave Credit

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium may change each year. If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay may also rise. To calculate the balance you will pay in calendar year 2012, subtract your monthly sick leave credit from the new monthly premium.

*Continued on next page*

## Your Retirement Check and “Notice of Change” Document

Your deductions will change to reflect the 2012 health insurance rates of your 2012 health insurance plan. The 2012 Medicare reimbursement for the standard Medicare Part B premium will be \$99.90.

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. The sample check stub and “Notice of Change” document (for the direct deposit enrollee) shown on page 7 are from the New York State and Local Employees’ Retirement System. If you receive your pension from another retirement program, your check stub and “Notice of Change” document will be different.

### 1. Medicare Part B Premium and Your Credit (Reimbursement)

The cost for the Medicare Part B premium for 2012 is \$99.90 per month.

If you or your dependent are Medicare primary, the State’s reimbursement of the standard Part B premium is shown as a credit in the box, unless you or your dependent receives reimbursement from another source.

### 2. Insurance Premium Deduction

Your share of the NYSHIP premium, less any sick leave credit, is shown as a deduction in this box.

Your retirement check of December 30, 2011, should reflect the 2012 rates.

**IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN:** The correct deduction for your new health insurance plan plus or minus any retroactive adjustment needed will be reflected in your pension check. **The date of the adjustment will depend on when your health insurance plan change is received and processed by the Employee Benefits Division.**

### Enrollees Who Pay the Employee Benefits Division Directly

The 2012 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change is received and processed by the Employee Benefits Division. If you are entitled to Medicare Part B reimbursement, your bill will be credited for the standard Part B premium (\$99.90 per month).



**NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2011.**

Registration #: YTD Federal Tax Withheld:  
 Retirement #:


The credits and deductions which make up your net retirement benefits are shown below for the last month and this month. Items which will change this month are indicated by an "X".

	Last Month	This Month
<b>Benefits</b>		
Normal Allowance		
Cost of Living		
Supplemental Allowance		
Benefit Adjustments		
Gross Benefit		
<b>Miscellaneous Adjustments</b>		
Total Federal Withholding		
Miscellaneous Deductions		
<b>Health Insurance</b>		
Health Ins. Deduction		
Medicare Credit		
Medicare Deduction		
<b>Net Retirement Benefit Paid</b>		

This difference is due to change in the amount of Federal Income Tax already been advised regarding

I hope this information is helpful. If you need more information, contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany, New York area.

You may also call this number to request an Electronic Fund Transfer (EFT) enrollment form. With EFT, funds are deposited directly into your account, replacing the traditional "check in the mail." EFT is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.



**NEW YORK STATE & LOCAL RETIREMENT SYSTEM**

Name: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Retirement #: \_\_\_\_\_ Date: May 31, 2011  
 Registration #: \_\_\_\_\_

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT			GROSS TOTAL
FEDERAL WITHHOLDING	INSURANCE PREMIUM				TOTAL DEDUCTIONS
					CHECK AMOUNT

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER.

If you have any questions, need to order forms and booklets, or to change your mailing address, contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany, New York area.

You may also call this number to request an Electronic Fund Transfer (EFT) enrollment form. With EFT, funds are deposited directly into your account, replacing the traditional "check in the mail." EFT is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

1

2

## Comparing Your NYSHIP Options

Choosing the health insurance plan to cover your needs and the needs of your family requires careful research. As with most important purchases, there is more to consider than cost.

The first step in making a good choice is understanding the similarities and the differences between your NYSHIP options. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and Health Maintenance Organizations (HMOs). The Empire Plan is available to all NYSHIP enrollees. Specific NYSHIP HMOs are available in the various geographic areas of the State. Depending on where you live or work\*, one or several HMOs will be available to you.

The Empire Plan and HMOs are similar in many ways, but also have important differences.

## Benefits

### The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of coverage for hospital, medical/surgical, and mental health and substance abuse services.
- All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund.
- All plans provide certain preventive care services as required by the federal Patient and Protection and Affordable Care Act (PPACA). For further information on preventive care services, visit [www.healthcare.gov](http://www.healthcare.gov).

Benefits differ among plans. Read this booklet and the certificate/contracts carefully for details.

\* If Medicare-primary, check with the plan.

## Exclusions

- All plans contain exclusions for certain services and prescription drugs.
- Workers' compensation-related expenses and custodial care generally are excluded.

For details on a plan's exclusions, read the *NYSHIP General Information Book* and *Empire Plan Certificate*, the HMO contract or check with the plan directly.

## Geographic Area Served

### The Empire Plan

- Benefits for all covered services – not just urgent and emergency care – are available worldwide.

### Health Maintenance Organizations (HMOs)

- Coverage is available in the HMO's specific service area.
- An HMO may arrange care outside its service area, at its discretion in certain circumstances. See the Out of Area Benefit description on each HMO page for more detailed information

The *2012 Rates & Information for Retirees* will be mailed to your home and posted on our web site, <https://www.cs.ny.gov>, as soon as rates are approved.

## Benefits Provided by The Empire Plan and All Non-Medicare Advantage NYSHIP HMOs

Please see the individual plan descriptions in this booklet to determine the differences in coverage and out-of-pocket expenses. See the plan documents for complete information on benefits.

- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency services\*
- Laboratory services
- Radiology services
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care
- Well-child care
- Chiropractic services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Medically necessary bone density tests
- Mammography
- Inpatient mental health services
- Outpatient mental health services
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation
- Inpatient drug rehabilitation
- Outpatient alcohol and drug rehabilitation
- Family planning and certain infertility services (Call The Empire Plan carriers or HMOs for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable medications, self-injectable medications, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- Enteral formulas covered through either HCAP for The Empire Plan or the prescription drug program for the HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

\* Some plans may exclude coverage for airborne ambulance services. See the individual plan pages in this booklet for exclusions.

## Benefits That Must Be Provided by All Medicare Advantage Plans

**Note:** The benefits listed in this table are minimum requirements; some plans may provide higher levels of coverage. Benefits that are listed as “covered” may be subject to copayments, deductibles and/or coinsurance. See the individual HMO Medicare Advantage Plan pages in this booklet for details.

<b>Benefit</b>	<b>Medicare Coverage</b>
Office Visits	Covered.
Specialty Office Visits	Covered when medically necessary.
Chiropractic Services	Covered for manual manipulation of the spine to correct subluxation, not for routine care.
Podiatry Services	Covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. Routine care is not covered.
Diagnostic Tests	Covered when medically necessary. (Medicare does not cover most routine screening tests, such as checking cholesterol.)
Radiology	Covered when medically necessary.
Lab Tests	Covered when medically necessary.
Pathology	Covered when medically necessary.
Physical Exam	Covered for one physical exam within the first 12 months of obtaining Medicare Part B coverage.
Bone Density Test	Covered once every 24 months, more often if at risk.
Colorectal Screening Exams	Coverage varies based on an individual’s risk and the type of test. Most routine screening is limited to people who are at high risk or at age 50 and older.
Mammogram Screening	Covered once every 12 months for women age 40 and older. One baseline mammogram for women between ages 35 and 39.
Pap Smears and Pelvic Exams	Covered once every 24 months or annually for women at high risk.
Prostate Cancer Screening Exams	Digital rectal exam, Prostate Specific Antigen (PSA) test and other related services for men at age 50 or older covered once every 12 months.
EKG/EEG (Part of diagnostic tests)	Covered when medically necessary.
Immunizations	Covered for Flu, Hepatitis B, Shingles (covered under Medicare Part D when medically indicated) and Pneumonia vaccines.
Radiation	Covered when medically necessary.
Inpatient Medical/Surgical Hospital Care	Covered for up to 90 days and may be extended up to 150 days through use of lifetime reserve days.
Skilled Nursing Facility	Covered up to 100 days in a Medicare-certified skilled nursing facility when medically necessary.
Outpatient Medical/Surgical Hospital Services	Covered for physician and outpatient facility services.

<b>Benefit</b>	<b>Medicare Coverage</b>
Emergency Care	Covered when medically necessary. Except under limited circumstances, this coverage is not extended outside U.S.
Ambulance Services	Covered when medically necessary, for land and air services.
Urgently Needed Care	Covered when medically necessary, but not as emergency care. Except under limited circumstances, this coverage is not extended outside U.S.
Home Health Care	Covered benefits include medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.
Hospice	Covered inpatient or outpatient when medically necessary. Includes additional services such as pharmacy and respite care.
Inpatient Rehabilitative Care	Covered when medically necessary, for occupational therapy, physical therapy, speech and language therapy.
Outpatient Rehabilitative Care	Covered when medically necessary, for occupational therapy, physical therapy, speech and language therapy.
Inpatient Mental Health Care	Covered for up to 190-day lifetime limit in a Psychiatric Hospital.
Outpatient Mental Health Care	Covered for most outpatient mental health services including partial hospitalization.
Alcohol and Substance Abuse Detoxification	Covered when medically necessary.
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered when medically necessary.
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered when medically necessary.
Durable Medical Equipment	Covered when medically necessary.
Prosthetic Devices	Covered when medically necessary.
Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies	Covered when medically necessary.
Vision Services	One pair of eyeglasses or contact lenses is covered after cataract surgery. Annual glaucoma screenings covered for people at risk.
Prescription Drugs	All NYSHIP Medicare Advantage plans are required to provide prescription drug benefits through a Medicare Part D prescription drug plan. Medicare Part D Plans include a catastrophic provision when total out-of-pocket spending reaches \$4,700, catastrophic coverage begins. Under this coverage, members will pay \$2.60 for generic drugs or 5%, whichever is greater, \$6.50 for brand-name drugs or 5%, whichever is greater. These amounts change on an annual basis.
Health/Wellness Education	Smoking Cessation is covered if ordered by the treating physician. Includes two counseling attempts within a 12-month period if diagnosed with a smoking-related illness or if taking medicine that may be affected by tobacco.



# The Empire Plan or a NYSHIP HMO

## What's New in 2012?

### The Empire Plan

- Licensed Nurse Practitioners and Convenience Care Clinics are eligible to become participating providers.
- The Empire Plan will guarantee access to primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York.\*
- There are no copayments for oral chemotherapy drugs.
- There is a combined annual deductible amount for medical/surgical and mental health and substance abuse services and a combined coinsurance maximum for hospital, medical/surgical and mental health and substance services.

### NYSHIP HMOs

- Effective January 1, 2012, Empire BlueCross BlueShield HMO (NYSHIP codes 280, 290, 320) will offer its members a Medicare Advantage Plan.

### The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed care features, but enrollees are not required to choose a primary care physician and do not need

\* This benefit does not apply to retirees of Participating Employers.

referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, certain outpatient radiological tests, mental health and substance abuse treatment, home care and some prescription drugs, require preapproval. Coverage is available worldwide. It is not limited to your geographic area. The New York State Department of Civil Service contracts with major insurance companies (carriers) to insure and administer different parts of the Plan.

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care;
- Medical and surgical coverage. Coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Provider Discount Program if you choose a non-participating provider;
- Home care services, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes through the Home Care Advocacy Program (HCAP);
- Physical medicine (chiropractic treatment and physical therapy) coverage;
- Inpatient and outpatient mental health and substance abuse coverage;
- Prescription drug coverage unless it is provided by a union Employee Benefit Fund;
- Centers of Excellence Programs for cancer, transplants and infertility;



- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support;
- Coordination with Medicare; and
- Worldwide coverage.

## Cost Sharing

Under The Empire Plan, benefits are available for covered services when you use a participating or non-participating provider. However, your share of the cost of covered services depends on whether the provider you use is participating or non-participating under the Plan.

**If you use an Empire Plan participating or network provider or facility**, you pay a copayment for certain services; some are covered at no cost to you. The provider or facility files the claim and is reimbursed by The Empire Plan.

You are guaranteed access to network benefits for certain services when you contact the program before receiving services and follow program requirements:

- Inpatient hospital stays;
- Mental Health and Substance Abuse Program services;
- Managed Physical Medicine Program services (physical therapy and chiropractic care); and
- Home Care Advocacy Program (HCAP) services (home care and services, including durable medical equipment).

**If you use a non-participating provider or non-network facility**, benefits for covered services are subject to a deductible and/or coinsurance. For medical/surgical and mental health and substance abuse services, The Empire Plan has a combined annual deductible of \$1,000 per enrollee, \$1,000 per enrolled spouse/domestic partner and \$1,000 per all dependent children combined. The combined deductible must be met before covered services under the Basic Medical Program and non-network expenses under the Mental Health and Substance Abuse Program can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible that is not included in the combined annual deductible.

After you satisfy the combined annual deductible, the Empire Plan pays 80 percent of the reasonable and customary charge for the Basic Medical Program

## Consider Cost

Although New York State pays most of the premium cost for your coverage regardless of which plan you choose, differences in plan benefits among the various health insurance options result in different contributions for coverage. When considering cost, think about all your costs throughout the year. Keep in mind out-of-pocket expenses you are likely to incur during the year such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Add the annual premium for that plan to these costs to estimate the total annual cost under that plan. Subtract your monthly sick leave credit (if this applies to you) from the total for the balance you will pay. Do this for each plan you are considering and compare the costs. Along with this booklet, the *2012 Rates & Information for Retirees of New York State and Participating Employer* flyers provide the information you need to figure your annual cost under each of the available plans.

and non-network practitioner services for Mental Health and Substance Abuse Program and 90 percent of covered services for non-network Hospital Program and approved facility services for Mental Health and Substance Abuse Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the reasonable and customary charge.

The Empire Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 per enrolled spouse/domestic partner and \$3,000 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of the reasonable and customary charge. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

*Continued on next page*

The combined coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program. The Managed Physical Medicine Program and Home Care Advocacy Program do not have a coinsurance maximum.

### **Basic Medical Provider Discount Program**

If you are Empire Plan–primary, The Empire Plan also includes a program to reduce your out-of-pocket costs when you use a non-participating provider. This program, The Empire Plan Basic Medical Provider Discount Program, offers discounts from certain physicians and providers who are not part of The Empire Plan participating provider network. These providers are part of the nationwide MultiPlan group, a provider organization contracted with UnitedHealthcare. Empire Plan Basic Medical Provider Discount Program provisions apply and you must meet the combined annual deductible.

Providers in the Basic Medical Provider Discount Program accept a discounted fee for covered services. Your 20 percent coinsurance is based on the lower of the discounted fee or the reasonable and customary charge. The provider submits your claims and UnitedHealthcare pays The Empire Plan portion of the provider fee directly to the provider if the services qualify for the Basic Medical Provider Discount Program. Your Explanation of Benefits, which details claims payments, shows the discounted amount applied to billed charges.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), choose the Medical Program and ask a representative for help. You can also visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then on NYSHIP Online. Select the group if prompted, and then click on Find a Provider.

The best savings are with participating providers. For more information on coverage provided under The Empire Plan, read the publication, *Reporting On Network Benefits*. You can find this publication on our web site at <https://www.cs.ny.gov>. Or, contact the Employee Benefits Division for a copy.

### **Medicare Crossover Program**

Under the Medicare Crossover Program for Medicare–primary Empire Plan enrollees and dependents, Medicare processes your claim for medical/surgical and mental health/substance abuse expenses and then automatically submits it to The Empire Plan for secondary coverage. You rarely need to file claim forms, regardless of whether you use participating or non-participating providers.

If you are a Medicare–primary Empire Plan enrollee or dependent, you are automatically enrolled in the Medicare Crossover Program, but you may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your Health Insurance Claim (HIC) number assigned by Medicare and your secondary carrier information. You will know you are enrolled when Medicare has sent your claim to The Empire Plan and you receive an Explanation of Medicare Benefits (EOMB) that states your claim has been forwarded to your secondary carrier. If the EOMB does not state that your claim was forwarded to your secondary carrier, you or your provider will have to submit a claim to The Empire Plan. If you are a Medicare–primary Empire Plan enrollee or dependent and are having problems with your claims, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select The Medical Program.

## Providers

Under The Empire Plan you can choose from over 275,000 participating physicians and other providers and facilities nationwide, and from more than 60,000 participating pharmacies across the United States or a mail service pharmacy.

## NYSHIP Health Maintenance Organizations

A Health Maintenance Organization (HMO) is a managed care system in a specific geographic area that provides comprehensive health care coverage through a network of providers.

- Coverage outside the specified geographic area is limited.
- Enrollees usually choose a primary care physician (PCP) from the HMO's network for routine medical care and referrals to specialists and hospitals may be required.
- HMO enrollees usually pay a copayment as a per-visit fee or coinsurance (percentage of cost).
- HMOs have no annual deductible.
- Referral forms to see network specialists may be required.
- Claim forms rarely are required.
- HMO enrollees who use doctors, hospitals or pharmacies outside the HMO's network must, in most cases, pay the full cost of services (unless authorized by the HMO or in an emergency).

**All NYSHIP HMOs** provide a wide range of health services. Each offers a specific package of hospital, medical, surgical and preventive care benefits. These services are provided or arranged by the primary care physician selected by the enrollee from the HMO's staff or physician network.

**All NYSHIP HMOs** cover inpatient and outpatient hospital care at a network hospital and offer prescription drug coverage unless it is provided through a union Employee Benefit Fund.

### **NYSHIP HMOs are organized in one of two ways:**

- A Network HMO provides medical services that can include its own health centers as well as outside participating physicians, medical groups and multispecialty medical centers.
- An Independent Practice Association (IPA) HMO provides medical services through private practice physicians who have contracted independently with the HMO to provide services in their offices.

Members enrolling in Network and IPA model HMOs may be able to select a doctor they already know if that doctor participates with the HMO.

See the individual HMO pages in this booklet for additional benefit information and to learn if the HMO serves your geographic area.

### **NYSHIP HMOs and Medicare**

If you are Medicare Primary, see page 4 for an explanation of how Medicare affects your NYSHIP HMO coverage.

## The Empire Plan and NYSHIP HMOs: Similarities and Differences

### Can I use the hospital of my choice?

#### The Empire Plan:

Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital<sup>1</sup>. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program, or for mental health or substance abuse care in the OptumHealth network.

Network hospital inpatient: Paid-in-full hospitalization benefits.

Network hospital outpatient and emergency care: Subject to network copayments.

Non-network hospital inpatient and outpatient (applies only to Empire Plan-primary enrollees): 10 percent coinsurance<sup>2</sup> up to a combined annual maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see page 13).

#### NYSHIP HMOs:

Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.

### If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?

#### The Empire Plan:

Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers and Basic Medical Provider Discount Program benefits for non-participating providers who are part of The Empire Plan MultiPlan group<sup>1</sup>. (See page 14 for more information on the Basic Medical Provider Discount Program.) Your hospital benefits will differ depending on whether you choose a network or non-network hospital<sup>1</sup>. (See above for details.)

#### NYSHIP HMOs:

You should expect to choose a participating physician and a participating hospital. Under certain circumstances, you may be able to receive a referral to a specialist care center outside the network.

### Can I be sure I will not need to pay more than my copayment when I receive medical services?

#### The Empire Plan:

Yes. Your copayment should be your only expense if you:

- Choose a participating provider<sup>1</sup>;
- Receive inpatient or outpatient hospital services at a network hospital and follow Benefits Management Program requirements.

#### NYSHIP HMOs:

Yes. As long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.

## Will I be covered for care I receive away from home?

### **The Empire Plan:**

Yes. Under The Empire Plan, your benefits are the same wherever you receive care.

### **NYSHIP HMOs:**

Under an HMO, you are covered away from home for emergency care. Some HMOs provide coverage for urgent or routine care. Some HMOs provide coverage for children who are attending college out of state if the care is urgent or if follow-up care has been preauthorized. See the Out of Area Benefit description on each HMO page for more detailed information.

## What kind of care is available for physical therapy and chiropractic care?

### **The Empire Plan:**

You have guaranteed access to unlimited medically necessary care when you follow Plan requirements.

### **NYSHIP HMOs:**

Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.

## What if I need durable medical equipment, medical supplies or home nursing?

### **The Empire Plan:**

You have guaranteed, paid-in-full access to medically necessary care, equipment and supplies<sup>3</sup> through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

### **NYSHIP HMOs:**

Benefits are available and vary depending on the HMO. Benefits may require a greater percentage of cost-sharing.

<sup>1</sup> Access to participating providers for medical services is not guaranteed.

<sup>2</sup> Greater of 10 percent coinsurance or \$75 for outpatient.

<sup>3</sup> Diabetic shoes have an annual maximum benefit of \$500.

**Note:** These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 28 of this booklet, in the *Empire Plan Certificate* (available from the Employee Benefits Division) and in the HMO contract (available from each HMO).

## Making a Choice

Selecting a health plan is an important and personal decision. Only you know your family lifestyle, health, budget and benefit preferences. Think about what health care you and your family might need during the next year. Review the plans available and ask for more information. Here are several questions to consider:

- What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? How much will my prescriptions cost me? (If you receive your drug coverage from a union Employee Benefit Fund, check with your union Employee Benefit Fund to see if your plan will change.) What is my share of the cost? What type of formulary does the plan have? Am I required to use the mail service pharmacy?
- What choice of providers do I have under the plan? (Ask if the provider or facilities you use are covered.) How would I consult a specialist if I needed one? Would I need a referral?
- What is my premium cost for the health plan?
- What will my out-of-pocket expense for health care be?
- Does the plan cover special needs? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health/substance abuse condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you'll have coverage. Ask The Empire Plan carriers or HMOs about your specific treatment.)
- Are routine office visits and urgent care covered for out-of-area college students or is only emergency health care covered?
- How much paperwork is involved in the health plan – do I have to fill out forms?

- How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare Advantage Plan? Does the plan coordinate coverage with Medicare? See pages 3-5 in this booklet for information on Medicare.
- Does the plan cover me when I travel or if I stay out of the area for an extended period of time?

## How to Use the Choices Benefit Charts, Pages 28–69

The Empire Plan and NYSHIP HMOs are summarized in this booklet. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available to enrollees in areas where they live or work.\* Pick the plans that would best serve your needs and call each plan for details.

All NYSHIP plans must include a minimum level of benefits (see pages 9 through 11). For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient medical/surgical hospital care at network hospitals.

Use the charts to compare the plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2012. Make note of differences in coverage that are important to you and your family. See plan documents for complete information on benefit limitations.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service web site. Go to our home page at <https://www.cs.ny.gov>, click on Benefit Programs then NYSHIP Online. Select your group if prompted and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the easy-to-read comparison table.

**Note:** Most benefits described in this booklet are subject to medical necessity and may involve limitations or exclusions. Please refer to plan documents or call the plans directly for details.

\* If Medicare-primary, check with the plan.



## If You Decide to Change Your Plan

If you've reviewed the coverage and cost of your options and decide to change your plan:

1. Complete your NYSHIP Option Transfer Request form on page 73.
2. Mail it to the Employee Benefits Division at the address on the form as early as possible prior to when you'd like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you or your dependent is enrolled in Medicare and you change out of a NYSHIP Medicare Advantage plan, you must also fill out the NYSHIP Enrollment Cancellation form on page 75 prior to the effective date you are requesting coverage. See page 74 for a list of Medicare Advantage plans and instructions.

**No action is required if you wish to keep your current health insurance option and still qualify for that plan.**

## Your New Card

You will receive your Empire Plan Benefit Card(s) or HMO identification card(s) in the mail once your option transfer request is processed. If you need medical services before your new card arrives, and you need help verifying your new enrollment, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

## NYSHIP's Young Adult Option Open Enrollment

During the Option Transfer Period, eligible adult children of NYSHIP enrollees can enroll in the Young Adult Option and current Young Adult Option enrollees will be able to switch plans. This option allows unmarried, young adult children, up to age 30 to purchase their own NYSHIP coverage. The premium is the full cost Individual coverage for the option selected. For more information about the Young Adult Option, go to <https://www.cs.ny.gov/yao> and choose your group.

# NYSHIP Online

NYSHIP Online is designed to provide you with targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and click on Benefit Programs, then NYSHIP Online. Be sure to choose the benefit section for Retirees.

If you don't have access to the internet, your local library may offer computers for your use.

Job Seekers | Employees | Retirees | HR Professionals

Retiree • Your Plan | Change Your Group | Search | Text Version / Text Adjust

**nyshiponline**  
Employee Benefits Division  
Department of Civil Service

Current Topics

- Health Benefits & Option Transfer
- Other Benefits
- Medicare
- Using Your Benefits
- Find a Provider
- Calendar
- What's New?
- MyNYSHIP - Enrollee Self-Service

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## MyNYSHIP Enrollee Self-Service

MyNYSHIP is a secure portion of the Employee Benefits Division's web site, NYSHIP Online, where retirees can log on to view their own personal enrollment record, change their address, order Empire Plan Benefit Cards, compare benefit plans and submit option transfer requests. This online tool is especially helpful since retirees can change their health insurance option at any time, once during a 12-month period.

You can access MyNYSHIP from the NYSHIP Online web site at <https://www.cs.ny.gov>. Click on Retirees, then Health Benefits. Or, you can go directly to <https://www.cs.ny.gov/mynship>. Once you have registered for MyNYSHIP, we will mail an Activation Code to your home address on your enrollment record. For added protection of your personal information, you must enter this code, one time only, before you can submit any option transfer requests or process other transactions through MyNYSHIP. A selection of effective dates will be available for your option transfer request or any other changes to your enrollment record.

## Logging onto NYSHIP Online

### Step 1

To log onto NYSHIP Online, you will be required to identify the type of employer from which you retired and your health plan. This will allow us to customize your NYSHIP benefit information. Select your employer type from the list provided and click Continue.



**You MUST select one of the following to continue.**

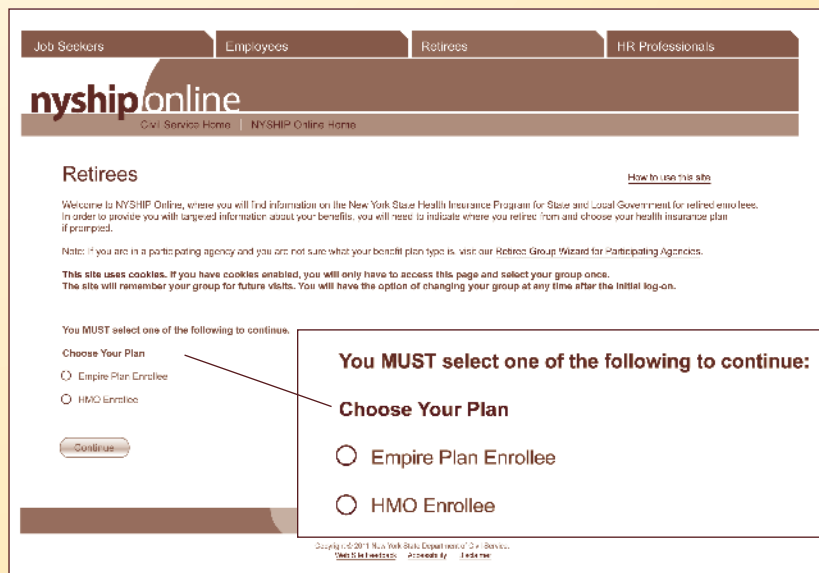
**I retired from:**

- A New York State Agency (NY)
- A Participating Employer (PE)
- A Participating Agency (PA) with The Excelsior Plan
- A Participating Agency (PA) with The Empire Plan

### Step 2

Select your health insurance plan type: Empire Plan or HMO and click the log on button. If you are unsure of your benefits, contact the Employee Benefits Division at 1-800-833-4344.

**NYSHIP Online uses cookies.** If you have cookies enabled, you will only have to select your group once. **The site will remember your group for future visits.** You will have the option of changing your group at any time after your initial log-on by selecting Change Your Group in the NYSHIP Online banner. For more information about cookies, read the information available at <https://www.cs.ny.gov/ebd/welcome/cookies.cfm>.



**You MUST select one of the following to continue:**

**Choose Your Plan**

- Empire Plan Enrollee
- HMO Enrollee

# Questions and Answers

## Questions and Answers

### **Q: Can I join The Empire Plan or any NYSHIP-approved HMO?**

**A:** The Empire Plan is available worldwide regardless of where you live or work. To enroll in a NYSHIP-approved HMO or to continue enrollment, you must live or work\* in that HMO's service area. If you move permanently out of and/or no longer work\* in your HMO's service area, you must change options. See Plans by County on pages 26 and 27 and the individual HMO pages in this booklet to check the counties each HMO serves in 2012.

### **Q: How do I find out which providers participate? What if my doctor or other provider leaves my plan?**

**A:** Check with your providers directly to see whether they participate in The Empire Plan for New York State government employees or in a NYSHIP HMO.

- Visit our web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Find a Provider to link to Empire Plan carriers' online directories.
- Visit the web sites (web site addresses are provided on the individual HMO pages in this booklet) for provider information.
- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.
- If you are considering an HMO, call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

If you choose a provider who does not participate in your plan, check carefully whether benefits would be available to you. Ask if you would need authorization to have the provider's services covered. In most circumstances, HMOs do not provide benefits for services by non-participating providers or hospitals. Under The Empire Plan, you have benefits for participating and non-participating providers.

Participating providers may change during the year. **As a retiree you can change your plan once in a 12-month period. You may not make an additional change sooner just because your provider no longer participates.**

\* If Medicare-primary, check with the plan.

**Q: I have a preexisting condition. Will I have coverage if I change plans?**

**A:** Yes. Under NYSHIP, you can change your plan and still have coverage for a preexisting condition. There are no preexisting condition exclusions in any NYSHIP plan. However, coverage and exclusions differ. Ask the plan you are considering about coverage for your condition.

**Q: What if my dependent or I become eligible for Medicare in 2012?**

**A:** All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences among HMOs. To receive Medicare coverage from some HMOs, you must use the HMO's providers except for emergency care. These are called Medicare Advantage Plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See pages 3-5 in this booklet for more Medicare information.

Read the individual HMO's page in this booklet, call the HMO, tell them you are a NYSHIP member and ask about coverage for Medicare enrollees.

**Remember: Regardless of which option you choose as a retiree, you and your dependent must be enrolled in Medicare Part A and Part B at the time you or your dependent first becomes eligible.**

**Note:** If you or your covered dependents are or become Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will be enrolled in your HMO's Medicare Advantage Plan.

**Q: I am a COBRA dependent in a Family plan. Can I switch to Individual coverage and select a health plan different from that of the rest of my family?**

**A:** Yes. As a COBRA dependent, you may elect to change to Individual coverage in a plan different from that of the enrollee's Family coverage. You may change your health insurance option for any reason at any time during the year. However, once an option change is made, you may not make another change until 12 months later except under certain circumstances (see your *NYSHIP General Information Book* and *Empire Plan Reports/HMO Reports* for details). You may change from an HMO to The Empire Plan, or from The Empire Plan to an HMO or from one HMO to another HMO in your area.

# Terms to Know

- **Coinsurance:** The enrollee's share of the cost of covered services; a fixed percentage of medical expenses.
- **Copayment:** The enrollee's share of the cost of covered services that is a fixed dollar amount paid when medical service is received, regardless of the total charge for service.
- **Deductible:** The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services.
- **Employee Benefits Division:** The Employee Benefits Division, New York State Department of Civil Service, administers the New York State Health Insurance Program (NYSHIP). Call 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or, visit our web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online.
- **Fee-for-service:** A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.
- **Formulary:** A list of preferred drugs used by a health plan. If a plan has a **closed** formulary, you have coverage only for the drugs that appear on the list. An **open** or **incented** formulary encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible** formulary, prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug.
- **Health Maintenance Organization (HMO):** A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network. See NYSHIP Health Maintenance Organizations on pages 15 and 16 for more information on HMOs, including descriptions of the two different types, Network and Independent Practice Association (IPA), that are offered under NYSHIP.
- **Managed Care:** A health care program designed to ensure you receive the highest quality medical care for the lowest cost, in the most appropriate health care setting. Most managed care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He/she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.



- **Medicare:** A federal health insurance program that covers certain people age 65 or older, disabled persons under 65, or those who have end-stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare & Medicaid Services (CMS) and administered by the Social Security Administration.
- **Medicare Advantage Plan:** Medicare option wherein the HMO agrees with Medicare to accept a fixed monthly payment for each Medicare enrollee. In exchange, the HMO provides or pays for all medical care needed by the enrollee. If you join a Medicare Advantage Plan, you replace your original Medicare coverage (Parts A and B) with the benefits offered by the HMO and all of your medical care (except for emergency or out-of-area urgently needed care) must be provided, arranged or authorized by the Medicare Advantage Plan. Most Medicare Advantage Plans include Medicare Part D drug coverage. The benefits under these HMOs are set in accordance with Medicare's guidelines for benefits offered for Medicare Advantage Plans.

Note: If you or your covered dependents are Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will be enrolled in your HMO's Medicare Advantage Plan.

- **Network:** A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.
- **New York State Health Insurance Program (NYSHIP):** NYSHIP covers over 1.2 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.
- **Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan or NYSHIP-approved HMOs within specific geographic areas.
- **Primary/Medicare-primary:** A health insurance plan is primary when it is responsible for paying health benefits before any other group health insurance. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State or a Participating Employer) when you turn 65, become disabled, or have end-stage renal disease (coordination period applies). Read plan documents for complete information.

## Plans by County

### The Empire Plan

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 28-33 for a summary of The Empire Plan.

### Health Maintenance Organizations (HMOs)

Most NYSHIP enrollees have a choice among HMOs. You may enroll, or continue to be enrolled, in any NYSHIP-approved HMO that serves the area where you live or work†. You may not be enrolled in an HMO outside your area. This list will help you determine which HMOs are available by county. The pages indicated will describe benefits available from each HMO.

Page in Choices	28	34	38	42	42	42	46	50	50	50	54	54	56	60	60	62	66	66	66	66	66	
	The Empire Plan	Aetna*	Blue Choice*	CDPHP*	CDPHP*	CDPHP*	Community Blue*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	GHI HMO	GHI HMO	HIP*	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP	
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	058	060	330	340	360	
Albany	•			•				•			•							•				
Allegany	•						•									•						
Bronx	•	•							•				•									
Broome	•				•									•					•			
Cattaraugus	•						•									•						
Cayuga	•													•					•			
Chautauqua	•						•									•						
Chemung	•													•								
Chenango	•				•										•				•			
Clinton	•							•							•							
Columbia	•			•				•			•							•				
Cortland	•													•					•			
Delaware	•				•			•			•				•				•			
Dutchess	•					•				•		•								•		
Erie	•						•									•						
Essex	•				•			•							•							
Franklin	•														•							•
Fulton	•			•				•							•			•				
Genesee	•						•								•	•						
Greene	•			•				•			•							•				
Hamilton	•				•										•			•				
Herkimer	•				•										•				•			
Jefferson	•														•				•			
Kings	•	•							•				•							•		
Lewis	•														•				•			

† If Medicare-primary, check with the plan.

\* Medicare-primary NYSHIP enrollees will be enrolled in this plan's Medicare Advantage Plan.

Page in Choices	28	34	38	42	42	42	46	50	50	50	54	54	56	60	60	62	66	66	66	66	66
	The Empire Plan	Aetna*	Blue Choice*	CDPHP*	CDPHP*	CDPHP*	Community Blue*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	GHI HMO	GHI HMO	HIP*	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP
<b>NYSHIP CODE</b>	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	058	060	330	340	360
Livingston	.		.														.				
Madison	.				.										.				.		
Monroe	.		.														.				
Montgomery	.			.				.							.			.			
Nassau	.	.							.				.								
New York	.	.							.				.								
Niagara	.						.									.					
Oneida	.				.										.				.		
Onondaga	.													.					.		
Ontario	.		.														.				
Orange	.	.				.				.		.								.	
Orleans	.						.									.	.				
Oswego	.													.					.		
Otsego	.				.										.				.		
Putnam	.	.								.		.								.	
Queens	.	.							.				.								
Rensselaer	.			.				.			.							.			
Richmond	.	.							.				.								
Rockland	.	.							.			.								.	
Saratoga	.			.				.			.							.			
Schenectady	.			.				.			.							.			
Schoharie	.			.				.										.			
Schuyler	.													.							
Seneca	.		.														.				
St. Lawrence	.														.						.
Steuben	.													.			.				
Suffolk	.	.							.				.								
Sullivan	.	.								.		.								.	
Tioga	.				.									.					.		
Tompkins	.													.					.		
Ulster	.					.				.		.								.	
Warren	.			.				.			.							.			
Washington	.			.				.			.							.			
Wayne	.		.														.				
Westchester	.	.							.				.								
Wyoming	.						.									.	.				
Yates	.		.														.				
New Jersey	.	.																			

\* Medicare-primary NYSHIP enrollees will be enrolled in this plan's Medicare Advantage Plan.



# The Empire Plan NYSHIP Code #001

The following is a summary of the benefits available under each portion of The Empire Plan as of January 1, 2012<sup>1</sup>.

You'll find specific information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. To reach any Empire Plan carrier, call toll free 1-877-7-NYSHIP (1-877-769-7447). Check the benefits listed below for which carrier to select.

## The Medical/Surgical Program

### UnitedHealthcare

P.O. Box 1600, Kingston, NY 12402-1600

Medical and surgical coverage through:

- **Participating Provider Program** – More than 275,000 physicians and other providers participate, with over 35,000 physicians in Florida alone. Certain services are subject to a \$20 copayment.
- **Basic Medical Program** – If you use a non-participating provider the Program considers up to 80 percent of reasonable and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance is met, the Plan pays up to 100 percent of reasonable and customary charges for covered services. See Cost Sharing (page 13) for additional information.
- **Basic Medical Provider Discount Program** – If you use a non-participating provider who is part of The Empire Plan MultiPlan group. (See pages 14 and 15 for more information about the Basic Medical Provider Discount Program.)

### Home Care Advocacy Program (HCAP) –

Paid-in-full benefit for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes.<sup>2</sup> Guaranteed access to network benefits nationwide. Limited non-network benefits available. (See the *Empire Plan Certificate/Reports* for details.)

### Managed Physical Medicine Program –

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider with a \$20 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

**Benefits Management Program** – If The Empire Plan is your primary coverage, under this Program you must call UnitedHealthcare for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine test unless you are having the test as an inpatient in a hospital.

When arranged by UnitedHealthcare, voluntary, paid-in-full Specialist Consultant Evaluation is available.

Voluntary outpatient Medical Case Management is available to help coordinate services for serious conditions.

## The Hospital Program

### Empire BlueCross BlueShield

NYS Service Center

P.O. Box 1407, Church Street Station  
New York, NY 10008-1407

The following benefit level applies when covered services are received at a BlueCross and BlueShield Association BlueCard® PPO **network hospital**:

- Medical or surgical inpatient stays are covered at no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program if The Empire Plan provides your primary coverage.
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments. Other provider charges will be paid in full if using a network provider. Non-network provider charges will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

The following benefit level applies when services are received at **non-network hospitals** (for Empire Plan–primary enrollees only<sup>3</sup>):

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance<sup>4</sup> up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see pages 13 and 14).

The Empire Plan will approve network benefits at a non-network facility if:

- Your hospital care is emergency or urgent.
- No network facility can provide the medically necessary services.
- You do not have access to a network facility within 30 miles of your residence.
- Another insurer or Medicare provides your primary coverage (pays first).

### **Preadmission Certification Requirements**

Under the Benefits Management Program, if The Empire Plan is your primary coverage, you must call the Hospital Program for certification of any inpatient stay:

- Before a maternity or scheduled (nonemergency) hospital admission,
- Within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission, and
- Before admission or transfer to a skilled nursing facility.

If you do not follow the preadmission certification requirement, you must pay:

- A \$200 penalty if it is determined any portion was medically necessary, and
- All charges for any day determined not to be medically necessary.

Voluntary inpatient Medical Case Management is available to help coordinate services for serious conditions.

## **The Mental Health and Substance Abuse Program**

### **UnitedHealthcare/OptumHealth**

P.O. Box 5190, Kingston, NY 12402-5190

The Mental Health and Substance Abuse (MHSA) Program offers two levels of benefits. If you call the MHSA Program before you receive services and follow their recommendations, you receive:

### **Network Benefits**

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to 3 visits per crisis paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$20 copayment)
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program for substance abuse (\$20 copayment)

If you do **NOT** follow the requirements for network coverage, you receive:

### **Non-network Benefits<sup>4</sup>**

(unlimited when medically necessary)

- For Practitioner Services: the MHSA Program will consider up to 80 percent of reasonable and customary

*Continued on next page*

charges for covered outpatient practitioner services after you meet the combined annual deductible. After the combined annual coinsurance maximum is reached per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services (see page 14).

- For Approved Facility Services: You are responsible for 10 percent of covered billed charges up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined. After the coinsurance maximum is met, the Plan pays 100 percent of billed charges for covered services.

Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined.

## **The Prescription Drug Program**

### **UnitedHealthcare/Medco Health Solutions**

P.O. Box 5900, Kingston, NY 12402-5900

*The Prescription Drug Program does not apply to those who have drug coverage through a union Employee Benefit Fund.*

- When you use a network pharmacy, the mail service pharmacy or the designated specialty pharmacy for up to a 30-day supply of a covered drug, you pay a \$5 copayment for Level 1 or most generic drugs, a \$25 copayment for Level 2, preferred drugs or compound drugs and a \$45 copayment for Level 3 or non-preferred drugs.
- For a 31- to 90-day supply of a covered drug through a network pharmacy, you pay a \$10 copayment for Level 1 or most generic drugs, a \$50 copayment for

Level 2, preferred drugs or compound drugs and a \$90 copayment for Level 3 or non-preferred drugs.

- For a 31- to 90-day supply of a covered drug through the mail service pharmacy or the designated specialty pharmacy, you pay a \$5 copayment for Level 1 or most generic drugs, a \$50 copayment for Level 2, preferred drugs or compound drugs and a \$90 copayment for Level 3 or non-preferred drugs.
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic equivalent, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. Exceptions apply. Please contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- The Empire Plan has a flexible formulary that excludes certain prescription drugs from coverage. An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day for questions on your prescriptions.
- You can use a non-participating pharmacy or pay cash at a participating pharmacy (instead of using your Empire Plan Benefit Card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

<sup>1</sup> These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate* and *Empire Plan Reports/Certificate Amendments*.

<sup>2</sup> If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

<sup>3</sup> Greater of 10 percent or \$75 for outpatient.

<sup>4</sup> You are responsible for obtaining MHSA Program certification for care obtained from a non-network practitioner or facility.



## Specialty Pharmacy

The Prescription Drug Program's Specialty Pharmacy Program offers enhanced services to individuals using specialty drugs, such as those used to treat complex conditions and those that require special handling, special administration, or intensive patient monitoring. (The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.) The Program provides enrollees with enhanced services that include disease and drug education, compliance management, side-effect management, safety management, expedited, scheduled delivery of medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

Most specialty drugs are only covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. When Accredo dispenses a specialty medication, the applicable mail service copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the Medco mail order form. To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 8 a.m. and 8 p.m. Monday through Friday, choose the Prescription Drug Program, and ask to speak with Accredo.

## The Empire Plan NurseLine<sup>SM</sup>

Provides 24-hour access to health information and support. Empire Plan benefits are available worldwide.

The Empire Plan gives you the freedom to choose a participating provider or a non-participating provider.

## Teletypewriter (TTY) Numbers

For callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

## Medical/Surgical Program

TTY only: 1-888-697-9054

## Hospital Program

TTY only: 1-800-241-6894

## Mental Health and Substance Abuse Program

TTY only: 1-800-855-2881

## Prescription Drug Program

TTY only: 1-800-759-1089

## The Empire Plan Centers of Excellence Programs

The Centers of Excellence for Cancer Program includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS). CRS is a nationwide network including many of the nation's leading cancer centers. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program.

The Centers of Excellence for Transplants Program provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program and when The Empire Plan is your primary coverage. Precertification is required.

Infertility Centers of Excellence are a select group of participating providers contracted by UnitedHealthcare and recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000. A travel allowance is available. Precertification is required.

For details on The Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports and Reporting On Centers of Excellence* available at <https://www.cs.ny.gov> or call the Employee Benefits Division and request a copy.

# The Empire Plan

For retirees of the State of New York or Participating Employers, their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option Enrollees

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Non-Participating Provider
<b>Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Diagnostic/Therapeutic Services<sup>2</sup>:</b>			
Radiology	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Lab Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$20 per visit	Basic Medical <sup>3</sup>
EKG/EEG	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/OB GYN<sup>2</sup>:</b>			
Pap Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Mammograms	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>3</sup>
Bone Density Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
<b>Family Planning Services</b>			
<b>Infertility Services</b>	\$40 per outpatient visit	\$20 per visit; No copayment at designated Centers of Excellence <sup>4</sup>	Basic Medical <sup>3</sup>
<b>Contraceptive Drugs and Devices</b> (may also be covered under the Prescription Drug Program <sup>5</sup> subject to drug copayment)		\$20 per visit	Basic Medical <sup>3</sup>
<b>Inpatient Hospital Surgery</b>	No copayment <sup>6</sup>	No copayment	Basic Medical <sup>3</sup>
<b>Outpatient Surgery<sup>7</sup></b>	\$60 per visit	\$20 per visit	Basic Medical <sup>3</sup>
<b>Emergency Room<sup>8</sup></b>	\$70 per visit	No copayment	Basic Medical <sup>3,9</sup>
<b>Urgent Care</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Ambulance</b>	No copayment <sup>10</sup>	\$35 per trip <sup>11</sup>	\$35 per trip <sup>11</sup>
<b>Mental Health Practitioner Services</b>		\$20 per visit; unlimited when medically necessary (MHSA)	Applicable annual deductible <sup>3</sup> , 80% of reasonable and customary; after applicable coinsurance max <sup>3</sup> , 100% of reasonable and customary (See pages 28-30 for details.)
<b>Approved Facility</b>		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after applicable coinsurance max <sup>3</sup> , covered in full (See pages 28-30 for details.)
<b>Mental Health Services</b>		\$20 per visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (MHSA)	Applicable annual deductible <sup>3</sup> , 80% of reasonable and customary; after applicable coinsurance max <sup>3</sup> , 100% of reasonable and customary (See pages 28-30 for details.)
<b>Outpatient Drug/Alcohol Rehabilitation</b>		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after applicable coinsurance max <sup>3</sup> , covered in full (See pages 28-30 for details.)
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment (HCAP) <sup>12</sup>	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> ) <sup>12</sup>
<b>Durable Medical Equipment</b>		No copayment <sup>13</sup>	Basic Medical <sup>3,13</sup> ; \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
<b>Prosthetics</b>			

Orthotic Devices	No copayment <sup>13</sup>	Basic Medical <sup>3, 13</sup>
<b>External Mastectomy Prosthesis</b>		Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>3, 13</sup> (Precertification may be required)
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$20 per visit for outpatient physical therapy following related surgery or hospitalization	\$250 annual deductible, 50% of network allowance
<b>Diabetic Supplies</b>		Basic Medical <sup>3</sup>
<b>Insulin and Oral Agents</b> (covered under the Prescription Drug Program subject to drug copayment)		50% of network allowance (See the Empire Plan Certificate/Reports)
<b>Diabetic Shoes</b>	\$500 annual maximum benefit <sup>12</sup>	75% of network allowance up to an annual maximum benefit of \$500 (See the Empire Plan Certificate/Reports) <sup>12</sup>
<b>Hospice</b>	No copayment, no limit	
<b>Skilled Nursing Facility</b> (Precertification required)	No copayment up to 365 benefit days. No benefits if Medicare-primary.	
<b>Prescription Drugs</b> (see page 30)		
<b>Specialty Drugs</b> (see page 31)		
<b>Additional Benefits</b>		
Dental (preventive)	Not covered	Not covered
Vision (routine only)	Not covered	Not covered
Hearing Aids	Up to \$1,500 per ear every 4 years (every 2 years for children) if medically necessary	Up to \$1,500 per ear every 4 years (every 2 years for children) if medically necessary
Out of Area Benefit	Under The Empire Plan, your benefits are the same wherever you receive care.	
24-hour NurseLine <sup>SM</sup> for health information and support.		
Voluntary Disease Management Programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders.		
Diabetes Education Centers for enrollees who have a diagnosis of diabetes.		

1 Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Non-network hospital coverage provided subject to coinsurance. Provider charges are covered under the Medical Benefits Program.

2 Services considered as preventive under the federal Patient Protection and Affordable Care Act are not subject to a copayment.

3 See pages 13 and 14 (Cost Sharing).

4 Certain Qualified Procedures require precertification and are subject to \$50,000 lifetime allowance.

5 Coverage excludes contraceptive intrauterine devices (IUDs) that do not contain any FDA-approved hormone prescription drug products.

6 Preadmission certification may be required.

7 In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$30 per visit or Basic Medical benefits apply depending upon the

status of the center. (Check with the center or The Empire Plan carriers.)

8 Waived if admitted.

9 Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers covered subject to deductible.

10 If service is provided by admitting hospital.

11 Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.

12 If Medicare is your primary coverage you must use a Medicare approved supplier or your benefits will be reduced in accordance with the "Impact of Medicare on this Plan" section of your *UnitedHealthcare Certificate Amendments*.

13 Benefit paid up to cost of device meeting individual's functional need.



Turning promise into practice®

Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
<b>Annual Adult Routine Physicals</b>	No copayment
<b>Well Child Care</b>	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$20 per visit (initial visit only)
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	No copayment
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit

Benefits	Enrollee Cost
<b>Inpatient Mental Health</b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, max 60 consecutive days	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item
<b>Insulin and Oral Agents</b>	\$20 per item
<b>Diabetic Shoes</b>	No copayment
unlimited pairs when medically necessary	
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, 90-day supply	\$20/\$40/\$70 <sup>2</sup>
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. Aetna Specialty Pharmacy is wholly owned and operated by Aetna, Inc. As a full-service specialty pharmacy, we do not charge for delivery or dispensing fees for injectables. Specialty drugs dispensed through Aetna Specialty Pharmacy are subject to our retail and mail order pharmacy copayment/coinsurance amounts, coverage limits and exclusions.	

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>3</sup> .....	No copayment <sup>4</sup>
<b>Hearing Aids</b> .....	Not covered
<b>Out Of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Eyeglasses</b> .....	Discount Program
<b>Home Health Care (HHC)</b> unlimited (by HHC agency).....	No copayment
<b>Outpatient Home Health Care</b> unlimited visits per 365-day period <sup>5</sup> .....	No copayment
<b>Hospice Bereavement Counseling</b> .....	No copayment

<sup>1</sup> Waived if admitted.

<sup>2</sup> Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.

<sup>3</sup> Routine only (including refraction).

<sup>4</sup> Frequency and age schedules apply.

<sup>5</sup> Four hours of home health aid equals one home care visit.

## Plan Highlights for 2012

Aetna offers an array of quality benefits and a variety of special health programs for every stage of life, access to extensive provider and hospital networks in our multi-state service areas, emergency care covered worldwide and confidence in knowing that most of Aetna's mature HMOs have received the distinction of accreditation by the National Committee for Quality Assurance (NCQA).

## Participating Physicians

Services are provided by local participating physicians in their private offices throughout Aetna's service area. Participating physicians are not employees of Aetna.

## Affiliated Hospitals

Aetna members are covered at area hospitals to which their Aetna participating physician has admitting privileges. Aetna members may be directed to other hospitals to meet special needs.

## Pharmacies and Prescriptions

Aetna members have access to an extensive network of participating pharmacies in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. Aetna offers an **incented formulary**. Please refer to our formulary guide at [www.aetna.com/formulary](http://www.aetna.com/formulary) for prescriptions that require prior approval.

## Medicare Coverage

Medicare-primary enrollees are required to enroll in Aetna's **Medicare Advantage Plan**, The Golden Medicare Plan.

### **NYSHIP Code Number 210**

An IPA HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York and all counties in New Jersey.

### **Aetna**

99 Park Avenue  
New York, NY 10016

### **For information:**

**Customer Service Department:** 1-800-323-9930

**TTY:** 1-800-654-5984

**Medicare Advantage Customer Service:**

1-800-282-5366

**For Preenrollment Medicare Information and a Medicare Packet:** 1-800-832-2640

**Web site:** [www.aetna.com](http://www.aetna.com)

## Medicare Advantage Plan



Turning promise into practice®

Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$20 per visit (initial visit only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	No copayment
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>2</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$20 per visit
<b>Diabetic Supplies</b>	No copayment for strips, lancets and glucometer
<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
<b>Diabetic Shoes</b>	20% coinsurance unlimited pairs when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, <sup>3</sup> 90-day supply	\$20/\$40/\$70
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. If the True Member out-of-pocket costs exceed \$4,700, the member pays the greater of \$2.60 or 5% for generic and multi-source drugs and the greater of \$6.50 or 5% for brand-name drugs - retail or mail order. Please call our Medicare Advantage Customer Service Department at 1-800-282-5366 for more detailed information.	
<b>Specialty Drugs</b>	
Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. Aetna Specialty Pharmacy is wholly owned and operated by Aetna, Inc. As a full-service specialty pharmacy, we do not charge for delivery or dispensing fees for injectables. Specialty drugs dispensed through Aetna Specialty Pharmacy are subject to our retail and mail order pharmacy copayment/coinsurance amounts, coverage limits and exclusions.	



## Additional Benefits

<b>Dental</b> .....	Discounts where available
<b>Vision</b> <sup>4</sup> .....	No copayment
<b>Hearing Aids</b> .....	Discounts where available
<b>Out Of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Eyeglasses</b> .....	Lens Discount
<b>Outpatient Home Health Care</b> unlimited visits per 365-day period <sup>5</sup> .....	No copayment
<b>Hospice Bereavement Counseling</b> 5 days per 365 days.....	No copayment

<sup>1</sup> Waived if admitted.

<sup>2</sup> Covered according to Medicare guidelines: Covered for members who are diabetic or have severe foot disease due to circulatory issues. Not for corrective needs.

<sup>3</sup> Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.

<sup>4</sup> Routine only (including refraction).

<sup>5</sup> Four hours of home health aid service equals one home care visit.

## Plan Highlights for 2012

Aetna offers an array of quality benefits and a variety of health programs for every life stage, access to extensive provider and hospital networks in our multi-state service areas, worldwide emergency care and accreditation by the National Committee for Quality Assurance (NCQA).

## Participating Physicians

Services are provided by local participating physicians in their private offices throughout Aetna's service area. Participating physicians are not employees of Aetna.

## Affiliated Hospitals

Members are covered at area hospitals to which their Aetna participating physician has admitting privileges. Members may be directed to other hospitals to meet special needs.

## Pharmacies and Prescriptions

Members have access to an extensive network of participating pharmacies in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. Aetna offers an **incented formulary**. Please refer to our formulary guide at [www.aetna.com/formulary](http://www.aetna.com/formulary) for prescriptions that require prior approval.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Aetna's **Medicare Advantage Plan**, The Golden Medicare Plan. The Golden Medicare Plan is available in all of the counties listed below. For more information on The Golden Medicare Plan, call toll free 1-800-832-2640.

### NYSHIP Code Number 210

An IPA HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York and all counties in New Jersey.

### Aetna

99 Park Avenue  
New York, NY 10016

### For information:

**Customer Service Department:** 1-800-323-9930

**TTY:** 1-800-654-5984

**Medicare Advantage Customer Service:**  
1-800-282-5366

**For Preenrollment Medicare Information  
and a Medicare Packet:** 1-800-832-2640

**Web site:** [www.aetna.com](http://www.aetna.com)

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
<b>Annual Adult Routine Physicals</b>	No copayment
<b>Well Child Care</b>	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	\$25 per visit
Pathology	\$25 per visit
EKG/EEG	\$40 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 for injection Rx and \$25 office copayment. Max 2 copayments per day.
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment (routine); \$5 copayment (diagnostic)
Mammograms	No copayment (routine); \$5 copayment (diagnostic)
Pre and Postnatal Visits	\$5 per visit (first 10 visits only)
Bone Density Tests	No copayment (routine); \$5 copayment (diagnostic)
<b>Family Planning Services</b>	Applicable copayment applies
<b>Infertility Services</b>	Applicable copayment applies
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	
Physician	Lesser of \$200 copayment or 20% coinsurance
Facility	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	Lesser of \$50 copayment or 20% coinsurance
Outpatient Surgery Facility <sup>1</sup>	\$50 per visit
<b>Emergency Room</b>	\$100 per visit <sup>2</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Physical, Speech and Occupational Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25 for up to a 30-day supply
<b>Insulin and Oral Agents</b>	\$25 for up to a 30-day supply
<b>Diabetic Shoes</b>	50% coinsurance
One pair per year when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days per admission	
360-day lifetime max	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$30 Tier 2/\$50 Tier 3 <sup>3</sup>
Mail Order, up to 90-day supply	\$20 Tier 1/\$60 Tier 2/\$100 Tier 3 <sup>3</sup>
There is a separate copayment for each 30-day supply purchased at a retail pharmacy. You can purchase a 90-day supply for a maintenance medication at a retail pharmacy for a \$30/\$90/\$150 copayment. You can order up to a 90-day supply through our mail order program with two copayments per 90-day supply. A 90-day supply is limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	

## Specialty Drugs

Designated specialty medications are covered only when purchased at a participating network specialty pharmacy. Medications purchased from a specialty pharmacy are subject to the same days supply and cost-sharing requirements that apply to the retail pharmacy benefit. These medications cannot be filled at mail order. A current list of specialty medications and participating specialty pharmacies is available on our web site at [www.excellusbcbcs.com](http://www.excellusbcbcs.com).

## Additional Benefits

- Dental**<sup>4</sup> ..... Not covered
- Vision** ..... \$40 for exams associated with disease or injury only; routine not covered
- Hearing Aids** ..... Children up to age 19: Covered in full for up to two hearing aids every three years
- Out Of Area** ..... Our BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at school, members on extended out-of-town business and for families living apart.
- Maternity** (Physician's charge for delivery) ..... \$50 copayment

<sup>1</sup> Outpatient Surgery Physician: \$40 per visit.

<sup>2</sup> Waived if admitted within 24 hours.

<sup>3</sup> Should a doctor select a brand-name drug when an FDA-approved generic equivalent is available, the member will pay the difference between the cost of the generic and the brand-name plus any applicable copayments.

<sup>4</sup> Covered only for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; \$40 copayment.

## Plan Highlights for 2012

With Blue Choice, count on us to deliver the high-quality coverage you want and the value you need. Rely on Blue Choice for discounts on services that encourage you to develop a healthy lifestyle.

- Two copayments per 90-day supply for prescription drugs purchased through PrimeMail.
- Pay a \$5 copayment for PCP visits for sick children up to age 26.

## Participating Physicians

With over 3,200 providers available, Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Blue Choice is the right plan for you.

## Affiliated Hospitals

All operating hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call the number provided for a directory, or check our web site [www.excellusbcbcs.com](http://www.excellusbcbcs.com).

## Pharmacies and Prescriptions

Blue Choice members may have their prescriptions filled at any of our over 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers an **incented formulary**. Call PrimeMail at 1-866-260-0487 for mail order prescriptions. Fertility, injectable and self-injectable prescription drugs are covered.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Medicare Blue Choice, the Excellus BlueCross BlueShield **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below. Once you become eligible for Medicare, some of your Medicare Blue Choice copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the Medicare Blue Choice number below for further details.

### NYSHIP Code Number 066

A Network HMO serving individuals living or working in Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

### Blue Choice

165 Court Street  
Rochester, NY 14647

### For information:

**Blue Choice:** 585-454-4810 or 1-800-462-0108

**TTY:** 1-877-398-2282

**Medicare Blue Choice:** 1-877-883-9577

**Web site:** [www.excellusbcbcs.com](http://www.excellusbcbcs.com)

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	Not covered
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	Not covered
Bone Density Tests	No copayment
<b>Family Planning Services</b>	Not covered
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs and Devices</b>	Not covered
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$20 copayment
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care<sup>2</sup></b>	\$50 per visit
<b>Ambulance</b>	\$35 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, Unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	
max 190 days per lifetime <sup>3</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>4</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
<b>Outpatient Physical, Speech and Occupational Therapy</b>	
unlimited	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$10/\$25/\$40
Mail Order, 90-day supply	\$20/\$50/\$80
<b>Diabetic Shoes</b>	20% coinsurance
one pair per year when medically necessary	
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
max 100 days	\$25 per day
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/\$25 preferred/ \$40 non-preferred
Mail Order, 90-day supply	\$20 generic/\$50 preferred/ \$80 non-preferred <sup>5</sup>
<p>You can order up to a 90-day supply through our mail order program with two copayments. Should a doctor select a brand-name drug when an FDA-approved generic equivalent is available, the member will pay the difference between the cost of the generic and the brand-name plus any applicable copayments.</p>	
<b>Specialty Drugs</b>	
<p>Designated specialty medications are covered only when purchased at a participating network specialty pharmacy. Medications purchased from a specialty pharmacy are subject to the same days supply and cost-sharing requirements that apply to the retail pharmacy benefit. Mail order does not apply and these medications cannot be filled through the mail order pharmacy. A current list of specialty medications and participating specialty pharmacies is available on our web site at <a href="http://www.excellusbcb.com">www.excellusbcb.com</a>.</p>	

## Additional Benefits

<b>Dental</b> .....	Coverage for preventive services only.
<b>Vision</b> .....	Eyewear - \$120 annual allowance
<b>Hearing Aids</b> .....	\$600 allowance every three years
<b>Out Of Area</b> .....	You pay 20% coinsurance up to the annual maximum of \$5,000 for covered services outside of the Medicare Blue Choice service area.
<b>Routine Eye Exam</b> .....	\$20 per visit
<b>Health and Wellness</b> .....	Silver & Fit Program

<sup>1</sup> Waived if admitted within 23 hours. Worldwide coverage.

<sup>2</sup> You pay a \$50 copayment for covered services to a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$5 PCP copayment.

<sup>3</sup> In a psychiatric facility.

<sup>4</sup> Covered when there is an underlying medical condition. Requires preauthorization.

<sup>5</sup> Mail order and retail.

## Plan Highlights for 2012

With Medicare Blue Choice, count on us to deliver the high-quality coverage you want and the value you need. Rely on Blue Choice for discounts on services that encourage you to develop a healthy lifestyle. The Go Getters Fitness Benefit allows you to select the health club membership or qualified weight management program that is best for you. Pay a low \$5 copayment for PCP visits and routine physicals. Save by paying only two copayments for up to a 90-day supply for prescription drugs through PrimeMail, our mail service pharmacy.

## Participating Physicians

With over 3,200 providers available, Medicare Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Medicare Blue Choice is the right plan for you.

## Affiliated Hospitals

All operating hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call the number provided for a directory or check our web site [www.excellusbcbcs.com](http://www.excellusbcbcs.com).

## Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our over 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Medicare Blue Choice offers an **incented formulary**. Call PrimeMail at 1-866-260-0487 for mail order prescriptions.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Medicare Blue Choice, the Excellus BlueCross BlueShield **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below. Once you become eligible for Medicare, some of your Medicare Blue Choice copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the Medicare Blue Choice number below for further details.

### NYSHIP Code Number 066

A Network HMO serving individuals living or working in Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

### Blue Choice

165 Court Street  
Rochester, NY 14647

### For information:

**Medicare Blue Choice:** 1-877-883-9577

**TTY:** 1-800-421-1220

**Web site:** [www.excellusbcbcs.com](http://www.excellusbcbcs.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>2</sup>
Pathology	\$20 per visit <sup>2</sup>
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment <sup>3</sup>
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$50 per visit <sup>4</sup>
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>5</sup></b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Short-term Physical and Occupational Therapy	
max 30 visits each per calendar year	\$20 per visit
Outpatient Short-term Speech Therapy	
max 20 visits per calendar year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, up to 30-day supply	\$15 per item
Mail Order, up to 90-day supply	Two and a half copayments
<b>Insulin and Oral Agents</b>	
Retail, up to 30-day supply	\$15 per item
Mail Order, up to 90-day supply	Two and a half copayments
<b>Diabetic Shoes</b>	\$15 per pair
one pair per year when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1/\$30 Tier 2/\$50 Tier 3
Mail Order, 90-day supply	Two and a half copayments
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. Over-the-counter drugs listed on the CDPHP formulary are subject to Tier 1 copayment. Have you considered using a generic? Generic drugs are required by law to meet the same standards as their brand-name counterparts at a fraction of the price. They must have the same strength, purity and stability. Generics are safe and effective for most conditions. Talk with your doctor about generic alternatives.	



## Specialty Drugs

Certain specialty prescriptions require prior approval, are subject to clinical management programs and must be filled by a CDPHP-participating specialty pharmacy vendor. It is easy to contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will collect your information, coordinate with your doctor and CDPHP and arrange delivery of your medications. For more information, visit Rx Corner at [www.cdphp.com](http://www.cdphp.com). Specialty drugs are subject to the same copayment tiers as other prescription drugs.

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	Not covered
<b>Hearing Aids</b> .....	Not covered
<b>Out Of Area</b> .....	Coverage for emergency care out of area. College students are also covered for preapproved follow-up care.
<b>Allergy Injections</b> .....	No copayment
<b>Diabetes Self-management Education</b> .....	\$15 per visit
<b>Glucometer</b> .....	\$15 per item

<sup>1</sup> Waived if provider is a preferred center.

<sup>2</sup> Waived if provider is a designated laboratory.

<sup>3</sup> \$20 copayment (initial visit only) to confirm pregnancy.

<sup>4</sup> Waived if admitted within 24 hours.

<sup>5</sup> Excludes shoe inserts.

## Plan Highlights for 2012

As a CDPHP member, you have coverage for emergency care no matter where you travel. Download our free Find-A-Doc mobile app and have our network provider listing at your fingertips. Visit [www.cdphp.com](http://www.cdphp.com) and follow CDPHP on Facebook, Twitter, and LinkedIn. You can also get Health E-Updates sent via email for details on our many free wellness classes. Dedicated member services representatives are available weekdays from 8 a.m. to 8 p.m. to answer benefit questions. Interested in health coaching or wellness support? Call 1-888-94-CDPHP and a health expert will guide you to programs and services that fit your unique needs.

## Participating Physicians

CDPHP is now affiliated with nearly 10,000 participating practitioners and providers.

## Affiliated Hospitals

CDPHP is proud to be affiliated with most major hospitals within our service area. Members are cared for within the CDPHP network, unless an out-of-network facility or a Center of Excellence is approved for special care needs.

## Pharmacies and Prescriptions

CDPHP offers an **incented formulary** with a few select drugs or class of drugs that are not covered. Prescriptions may be filled nationwide at any participating pharmacy. Rx Corner at [www.cdphp.com](http://www.cdphp.com) enables members to log in and view claims history and research cost-saving alternatives. Save money by using mail order. Find forms online or call Member Services at 518-641-3700 or 1-800-777-2273. Certain prescriptions require prior approval, and specialty drugs for a few serious conditions are subject to clinical management programs and must be delivered by a CDPHP-participating specialty pharmacy vendor.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the CDPHP **Medicare Advantage Plan**, the Group Medicare Choice plan. You must be enrolled in Medicare Parts A and B to qualify. For further details, please see pages 44-45.

### NYSHIP Code Number 063

An IPA HMO serving individuals living or working in Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

### NYSHIP Code Number 300

An IPA HMO serving individuals living or working in Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties.

### NYSHIP Code Number 310

An IPA HMO serving individuals living or working in Dutchess, Orange and Ulster counties.

### Capital District Physicians' Health Plan, Inc. (CDPHP)

500 Patroon Creek Boulevard  
Albany, NY 12206-1057

### For information:

**Member Services:** 518-641-3700 or 1-800-777-2273

**TTY:** 1-877-261-1164

**Web site:** [www.cdphp.com](http://www.cdphp.com)

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment <sup>1</sup>
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>2</sup>
Lab Tests	\$20 per visit <sup>2</sup>
Pathology	\$20 per visit <sup>2</sup>
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$75 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$50 per visit <sup>3</sup>
<b>Urgent Care</b>	\$30 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	
max 190 days per lifetime <sup>4</sup>	No copayment <sup>4</sup>
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	30% coinsurance <sup>5</sup>
<b>Prosthetics</b>	30% coinsurance <sup>5</sup>
<b>Orthotics</b>	30% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Physical, Speech and Occupational Therapy	unlimited
	\$20 per visit
Inpatient Rehabilitative Coverage	max 100 days
	No copayment
<b>Diabetic Supplies<sup>6</sup></b>	
up to 30-day supply	30% coinsurance
	or \$10 copayment, whichever is less
<b>Insulin and Oral Agents<sup>6</sup></b>	Applicable Rx copayment applies
<b>Diabetic Shoes</b>	\$15 copayment
	one pair per year when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
max 100 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$3 preferred generic/\$5 generic/ \$30 generic and preferred brand/ \$50 generic and non-preferred brand/ \$55 specialty
Mail Order, 90-day supply	\$6 preferred generic/\$10 generic/ \$60 generic and preferred brand/ \$100 generic and non-preferred brand/ N/A for specialty drugs <sup>7</sup>
No deductible. No coverage gap. Once the total yearly Part D drug costs reach \$2,930: You pay the above-stated copayments for all generic drugs on Tiers 1 through 5. You also will receive a 50% discount on the above-stated copayments for all brand-name drugs (as defined by CMS) on Tiers 3, 4, and 5. You pay this reduced cost-sharing until your Part D total out-of-pocket spending reaches \$4,700. When your total Part D out-of-pocket spending reaches \$4,700, catastrophic coverage begins. You pay the greater of 5% coinsurance or \$2.60 for generics and multiple source brand drugs, and the greater of 5% coinsurance or \$6.50 for all other drugs.	

## Specialty Drugs

Certain prescriptions require prior approval, and specialty drugs for a few serious conditions are subject to clinical management programs and must be delivered by a CDPHP-participating specialty pharmacy vendor.

## Additional Benefits

- Dental**.....\$150 annual reimbursement for dental office visits and cleanings up to two per year
- Vision**.....\$20 per visit
- Hearing Aids**..... \$20 per visit (\$200 allowance each year)
- Out Of Area**..... When you are outside the service area and cannot get care from a network provider, our plan covers urgently needed care that you get from any provider. Emergency care while traveling is always covered. All other routine care requires prior authorization from the plan.
- Eyewear**..... \$80 allowance each year
- SeniorFit**..... No cost gym membership at participating sites, featuring Sunnyview Lifestyle Wellness Center, SilverSneakers® and the Capital District and Glens Falls YMCAs.
- Annual Out-of-Pocket Maximum**.....\$2,500 maximum member responsibility<sup>8</sup>

<sup>1</sup> Covers well baby and child care, including immunizations/inoculations (only for Medicare-eligible children; children MUST have Medicare Parts A & B).

<sup>2</sup> No copayment for specific diagnostic services at preferred radiology or designated laboratory sites.

<sup>3</sup> Waived if admitted.

<sup>4</sup> In a freestanding psychiatric facility.

<sup>5</sup> \$200 maximum out-of-pocket cost per item.

<sup>6</sup> Bayer® Diabetes Care blood glucose monitor and blood glucose test strips - no copayment. Insulin, diabetic insulin needles, syringes, alcohol swabs, gauze - covered under Part D prescription benefits. Supplies (glucose control solutions, lancets, pump tubing/infusion sets) - 30% coinsurance or \$10 copayment, whichever is less for up to a 30-day supply. DME (infusion pumps) - \$15 per item.

<sup>7</sup> Tier 5 drugs limited to a 30-day supply.

<sup>8</sup> Once annual out-of-pocket maximum has been reached, copayments for covered medical services will be waived for the remainder of the calendar year.

## Plan Highlights for 2012

CDPHP is a not-for-profit health plan that earned 4.5 out of 5 stars from CMS\* and is one of the top Medicare Advantage plans in the nation.\*\* CDPHP provides live, knowledgeable customer service based in Albany, NY. At CDPHP we are focused on you. As a CDPHP Medicare member you receive many value-added programs including Senior Fit, Health Ally, disease management and hundreds of wellness classes. Visit [www.cdphp.com](http://www.cdphp.com) to learn more.

\* The Medicare-sponsored rating for CDPHP Medicare Choices HMO plans on [www.medicare.gov](http://www.medicare.gov) as of October 2011

\*\* NCQA's Health Insurance Plan Rankings 2011-12 - Medicare

## Participating Physicians

CDPHP Group Medicare (HMO) plans are now affiliated with more than 10,812 practitioners, including over 1,962 participating primary

care providers and 8,416 participating specialists and mental health providers in New York State.

## Affiliated Hospitals

CDPHP is proud to be affiliated with most major hospitals within our expanded service area. Members are cared for within the CDPHP network, unless an out-of-network facility is approved for special care needs.

## Pharmacies and Prescriptions

CDPHP offers a **closed formulary** and complies with CMS guidelines for the Part D basic and enhanced closed formularies. Prescriptions may be filled nationwide at any participating pharmacy. Rx Corner at [www.cdphp.com](http://www.cdphp.com) enables members to log in and view claims history and research cost-saving alternatives. Save money by using mail order. Find forms online or call member services at 518-641-3950 or 1-888-248-6522.

## Medicare Coverage

We are pleased to offer the CDPHP Group Medicare Rx (HMO) and Group Medicare (HMO) plans, for Medicare-eligible NYSHIP retirees and their spouses. Medicare-primary NYSHIP enrollees who reside in NYSHIP Code Number 063, 300 and 310 are required to enroll in a CDPHP Group **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

### NYSHIP Code Number 063

An IPA HMO serving individuals living or working in Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

### NYSHIP Code Number 300

An IPA HMO serving individuals living or working in Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties.

### NYSHIP Code Number 310

An IPA HMO serving individuals living or working in Dutchess, Orange and Ulster counties.

### Capital District Physicians' Health Plan, Inc. (CDPHP)

500 Patroon Creek Boulevard  
Albany, NY 12206-1057

#### For information:

**Member Services Department:** 1-888-248-6522 or 518-641-3950, 8 a.m. - 8 p.m. EST

**TTY:** 1-877-261-1164

**Web site:** [www.cdphp.com](http://www.cdphp.com)



BlueCross BlueShield  
of Western New York

A Division of HealthCare New York, an Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment <sup>2</sup>
Pre and Postnatal Visits	No copayment <sup>3</sup>
Bone Density Tests	No copayment
<b>Family Planning Services<sup>4</sup></b>	See footnote
<b>Infertility Services</b>	\$10 per visit <sup>5</sup>
<b>Contraceptive Drugs and Devices<sup>6</sup></b>	See footnote
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$10 per visit
Physician's Office	\$10 per visit
Outpatient Surgery Facility	\$10 per visit
<b>Emergency Room</b>	\$50 per visit <sup>7</sup>
<b>Urgent Care</b>	\$10 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited <sup>8</sup>	\$10 per visit
Group, unlimited <sup>8</sup>	\$10 per visit
<b>Inpatient Mental Health</b>	
unlimited <sup>8</sup>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited <sup>8</sup>	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited <sup>8</sup>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits	\$10 per visit
<b>Diabetic Supplies</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 50 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 generic/\$15 formulary brand/ \$35 non-formulary
Mail Order, 90-day supply	\$15 generic/\$45 formulary brand/ \$105 non-formulary
Coverage includes prenatal vitamins, vitamins with fluoride, fertility drugs, injectable/self-injectable medications, enteral formulas, insulin and oral diabetic agents. Most injectable drugs are subject to prior approval. Communication materials will be mailed to the member upon enrollment explaining the process and how to submit a mail order prescription.	
<b>Specialty Drugs</b>	
Available through mail order at the applicable copayment.	

## Additional Benefits

- Dental**<sup>9</sup> .....20% discount at select providers, free second annual exam
- Vision** ..... VisionPLUS Program (details below)
- Hearing Aids** ..... Not covered
- Out Of Area** ..... Worldwide coverage for emergency and urgent care through the BlueCard Program. Guest membership for routine care away from home that enables members on extended business trips or family members away at school to join a nearby Blue HMO for the same benefits.
- VisionPLUS Program** .....Members are entitled to an eyecare program that includes a routine eye exam covered in full and discounts from participating VisionPLUS providers. Low copayments on frames, lenses and a discount on contact lenses and supplies.
- Artificial Insemination** ..... 20% coinsurance<sup>10</sup>

<sup>1</sup> For services at a stand-alone Quest lab or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency room visit will also be paid in full.

<sup>2</sup> Routine only.

<sup>3</sup> \$10 copayment (initial visit only) to confirm pregnancy.

<sup>4</sup> Coverage is provided for diagnostic testing and procedures in conjunction with artificial insemination. The copayments, coinsurance and deductible under your Policy, which apply to hospital, medical or prescription drug benefits, are applicable to the benefits covered under family planning services.

<sup>5</sup> For services to diagnose and treat infertility.

<sup>6</sup> Coverage is provided for prescription drugs approved by the FDA for use in treatment associated with contraception.

<sup>7</sup> Waived if admitted.

<sup>8</sup> Subject to medical necessity.

<sup>9</sup> Preventive.

<sup>10</sup> Other artificial means to induce pregnancy (in-vitro, embryo transfer, etc.) are not covered.

## Plan Highlights for 2012

Members have access to BlueLife wellness programs, which provide innovative wellness and health management programs through online and community-based resources. Discounts are available on acupuncture, massage therapy, nutritional counseling, fitness centers and spas.

## Participating Physicians

Community Blue has over 3,000 physicians and healthcare professionals in our network who see patients in their private offices throughout our service area.

## Affiliated Hospitals

Community Blue contracts with all Western New York hospitals to provide health care services to our members. Members may be directed to other hospitals to meet special needs when medically necessary.

## Pharmacies and Prescriptions

Members may obtain prescriptions from a nationwide network of nearly 45,000 participating pharmacies. Prescriptions are filled for up to a 30-day supply (including insulin) at a participating pharmacy. Community Blue offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, the Community Blue **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

### NYSHIP Code Number 067

An IPA HMO serving individuals living or working in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

### Community Blue

The HMO of BlueCross BlueShield of Western New York  
P.O. Box 80  
Buffalo, NY 14240-0080

### For information:

**Buffalo:** 716-887-8840 or 1-877-576-6440

**Olean:** 716-376-6000 or 1-800-887-8130

**Jamestown:** 716-484-1188 or 1-800-944-2880

**TTY:** 1-888-249-2583

**Web site:** [www.bcbswny.com](http://www.bcbswny.com)



## Medicare Advantage Plan



BlueCross BlueShield  
of Western New York

A Division of Western New York, An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
<b>Office Visits</b>	No copayment
Annual Adult Routine Physicals	No copayment
Well Child Care	Not covered
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	No copayment labs/ \$10 for pathology per visit
EKG/EEG	No copayment PCP/ \$10 per visit specialist
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests <sup>1</sup>	No copayment
Mammograms <sup>1</sup>	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests <sup>1</sup>	No copayment
<b>Family Planning Services<sup>2</sup></b>	See footnote
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs and Devices<sup>3</sup></b>	See footnote
<b>Inpatient Hospital Surgery</b>	No copayment <sup>4</sup>
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	No copayment PCP/ \$10 per visit specialist
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Room</b>	\$50 per visit <sup>5</sup>
<b>Urgent Care</b>	\$10 per visit <sup>6</sup>
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited <sup>4</sup>	45% coinsurance
Group, unlimited <sup>4</sup>	45% coinsurance
<b>Inpatient Mental Health</b>	
max 190 days per lifetime <sup>4,7</sup>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited <sup>4</sup>	45% coinsurance
<b>Inpatient Drug/Alcohol Rehab</b>	
max 190 days per lifetime <sup>4,7</sup>	No copayment
<b>Durable Medical Equipment<sup>4</sup></b>	20% coinsurance
<b>Prosthetics<sup>4</sup></b>	20% coinsurance
<b>Orthotics<sup>4</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited <sup>8</sup>	\$10 per visit
<b>Diabetic Supplies</b>	20% coinsurance
<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
<b>Diabetic Shoes</b>	20% coinsurance
one pair per year when medically necessary	
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
max 100 days per benefit period <sup>4</sup>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	in-network/out-of-network \$0 formulary generic/ \$15 formulary preferred brand/ \$30 formulary non-preferred brand
Mail Order, up to 90-day supply	\$0 formulary generic/ \$30 formulary preferred brand/ \$60 formulary non-preferred brand
Most injectable drugs are subject to prior approval.	
Communication materials will be mailed to the member upon enrollment explaining the process and how to submit a mail order prescription. If total out-of-pocket spending exceeds \$4,700, catastrophic coverage begins.	
<b>Specialty Drugs</b>	
Specialty drugs are available through mail order at the applicable copayment. Costs for Tier 4 Specialty Injectables are \$30 for a 30-day supply and \$60 for a 90-day supply.	



## Additional Benefits

**Dental**.....Members have a \$75 allowance toward preventive services.

**Vision**.....Members have a \$75 allowance toward eyeglasses, frames and lenses per year. This allowance does not cover sick/well visit vision copayments. There is no copayment for: Medicare-covered eye wear (one pair of eyeglasses or contact lenses after cataract surgery). Members pay \$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) and \$10 for each routine eye exam, limited to one exam every calendar year. Discount program also available.

**Hearing Aids**..... \$300 allowance per year

**Out Of Area**.....Worldwide coverage for emergency care.

<sup>1</sup> Routine only.

<sup>2</sup> Maternity care and fetal non stress tests. First visit is PCP/Specialist copayment, then all other visits are no copayment. Lab tests are covered.

<sup>3</sup> Oral contraceptives are on our formulary. Most contraceptives are a Tier 1, some are a Tier 2. An IUD is covered, but member pays Tier 2 copayment along with office surgery copayment (PCP/Specialist).

<sup>4</sup> Prior authorization is required.

<sup>5</sup> Waived if admitted.

<sup>6</sup> Urgent care is covered within the 50 United States only.

<sup>7</sup> In a psychiatric facility.

<sup>8</sup> For each Medicare-covered visit.

## Plan Highlights for 2012

Senior Blue HMO offers a fitness membership at no cost to the member, in addition to innovative wellness and health management programs.

## Participating Physicians

Senior Blue HMO has over 3,000 physicians and health care professionals in our network who see patients in their private offices throughout our service area.

## Affiliated Hospitals

Senior Blue HMO contracts with all Western New York hospitals to provide health care services to our members. Senior Blue HMO members may be directed to other hospitals to meet special needs when medically necessary.

## Pharmacies and Prescriptions

Senior Blue HMO members may obtain prescriptions from a nationwide network of nearly 45,000 participating pharmacies. Senior Blue HMO offers a **closed formulary**. A 90-day supply is available through the mail for two copayments.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, the Community Blue **Medicare Advantage Plan**. To qualify, you must be entitled to Medicare Parts A and B and live in one of the counties listed below. Community Blue is the NYSHIP-primary plan. In the case of a discrepancy, the member's contract will determine the member's cost sharing.

### NYSHIP Code Number 067

An IPA HMO serving individuals living or working in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

### Senior Blue HMO

The HMO of BlueCross BlueShield of Western New York  
P.O. Box 62  
Buffalo, NY 14240-0062

### For information:

1-800-329-2792

**TTY:** 1-877-834-6918

**Web site:** [www.bcbswny.com](http://www.bcbswny.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology <sup>1</sup>	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery<sup>2</sup></b>	No copayment
<b>Outpatient Surgery</b>	
Hospital <sup>2</sup>	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility <sup>2</sup>	\$75 per visit
<b>Emergency Room</b>	\$75 per visit <sup>3</sup>
<b>Urgent Care</b>	\$20 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health<sup>2</sup></b>	
Individual, unlimited	No copayment
Group, unlimited	No copayment
<b>Inpatient Mental Health,<sup>2</sup> unlimited</b>	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>2</sup></b>	No copayment
<b>Inpatient Drug/Alcohol Rehab<sup>2</sup></b>	
As many days as medically necessary	No copayment

Benefits	Enrollee Cost
<b>Durable Medical Equipment<sup>2</sup></b>	20% coinsurance
<b>Prosthetics<sup>2</sup></b>	20% coinsurance
<b>Orthotics<sup>2</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient Physical Therapy	
up to 30 visits per calendar year, combined between home, office, or outpatient facility	\$20 per visit
Home or Office	\$20 per visit
Outpatient Facility	\$20 per visit
Outpatient Speech/Language, Occupational and Vision Therapy	
up to 30 visits per calendar year, combined between home, office, or outpatient facility	\$20 per visit
Home or Office	\$20 per visit
Outpatient Facility	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item, For diabetic DME/supplies up to 52 combined items annually, then covered at 100%
<b>Insulin and Oral Agents</b>	\$20 per item, For diabetic DME/supplies up to 52 combined items annually, then covered at 100%
<b>Diabetic Shoes</b>	\$20 per pair Unlimited pairs when medically necessary for diabetic DME/supplies up to 52 combined items annually, then covered at 100%
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility<sup>2</sup></b>	
max 60 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/ \$25 Tier 2/\$50 Tier 3
Mail Order, 90-day supply	\$20 Tier 1/ \$50 Tier 2/\$100 Tier 3
More information available under Pharmacies and Prescriptions.	

## Specialty Drugs

Specialty medications are only dispensed in 30-day supplies. Enrollees are required to pay the applicable copayment for each 30-day supply.

## Additional Benefits

**Dental**..... Not covered  
**Vision** ..... Not covered  
**Hearing Aids** ..... Not covered  
**Out Of Area** ..... Coverage for members traveling outside the service area may be available through the Guest Membership and/or BlueCard Programs. Guest Membership offers temporary coverage through the local BlueCross and/or BlueShield HMO plan. Contract holders are eligible for Guest Membership if away from home for more than 90 days, but less than 180 days. Full-time students and other eligible dependents are eligible for Guest Membership if away from home for more than 90 days. Coverage is available through the BlueCard Program for an enrollee traveling outside of the service area who may encounter an urgent or emergent situation and is not enrolled in the Guest Membership Program.

<sup>1</sup> For MRI/MRA, CAT, PET and nuclear cardiology services, Empire's network provider must precertify in-network services, or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services.

<sup>2</sup> Empire's network provider must precertify in-network services, or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.

<sup>3</sup> Waived if admitted within 24 hours.

## Plan Highlights for 2012

Empire BlueCross BlueShield HMO provides New York State employees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. Visit our state-of-the-art web site, [www.empireblue.com](http://www.empireblue.com), where your personal healthcare information is yours to manage any time of the day or night. You will instantly be able to find a list of your claims and payment status, email messages, your personal profile and healthcare provider information. Empire BlueCross BlueShield HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

## Participating Physicians

Empire BlueCross BlueShield HMO provides access to a network of over 65,000 provider locations.

## Affiliated Hospitals

Empire BlueCross BlueShield HMO members are covered through a comprehensive network of area hospitals (over 140) throughout our 28-county operating area to which their

participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and web site contain a list of all participating hospitals, including New York City hospitals.

## Pharmacies and Prescriptions

Enrollees with prescription coverage can use local and national pharmacies. Members who use our mail service pay only two copayments for each 90-day supply of medication; a 33 percent savings over filling 90-day prescriptions at the retail level. Coverage includes injectable and self-injectable drugs, fertility drugs and enteral formulas. Empire BlueCross BlueShield HMO offers an **incented formulary**.

## Medicare Coverage

Medicare-primary enrollees are required to enroll in MediBlue, the Empire BlueCross BlueShield **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

### **NYSHIP Code Number 280**

An IPA HMO serving individuals living or working in Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

### **NYSHIP Code Number 290**

An IPA HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties.

### **NYSHIP Code Number 320**

An IPA HMO serving individuals living or working in Dutchess, Orange, Putnam, Sullivan and Ulster counties.

### **Empire BlueCross BlueShield HMO**

11 Corporate Woods Boulevard  
P.O. Box 11800  
Albany, NY 12211-0800

### **For information:**

**Empire BlueCross BlueShield HMO:** 1-800-453-0113

**For Medicare Advantage Plan**

**Preenrollment Information:** 1-866-205-6551

**TTY:** 1-800-241-6894

**Web site:** [www.empireblue.com](http://www.empireblue.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	Not covered
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$10 per visit
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care</b>	\$10 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health<sup>2</sup></b>	\$10 per visit <sup>3</sup>
Individual, unlimited	No copayment
Group, unlimited	No copayment
<b>Inpatient Mental Health<sup>2,3</sup></b>	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>2</sup></b>	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab<sup>2</sup></b>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance

Benefits	Enrollee Cost
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient	No copayment
Outpatient Physical Therapy	\$10 per visit
Home or Office	\$10 per visit
Outpatient Facility	\$10 per visit
<b>Outpatient Speech/Language, Occupational and Vision Therapy</b>	
Home or Office	\$10 per visit
Outpatient Facility	\$10 per visit
<b>Diabetic Supplies</b>	
Retail	\$10 per 30-day supply
Mail Order	\$10 per 30-day supply
<b>Insulin and Oral Agents</b>	
Retail	Applicable Rx copayment applies
Mail Order	Applicable Rx copayment applies
<b>Diabetic Shoes</b>	\$10 copayment
One pair per calendar year of therapeutic custom molded shoes (including inserts provided with such shoes) and two additional pairs of inserts or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes) for people with diabetes who have severe diabetic foot disease, including fitting of shoes or inserts	
<b>Hospice</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 60 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$0 Select Generics/ \$10 Generics, including Specialty Drugs/ \$25 Preferred Brands, including Specialty Drugs/ \$50 Non-Preferred Brands and Non-Formulary Drugs per prescription
Mail Order, 90-day supply	\$0 Select Generics/ \$20 Generics/ \$50 Preferred Brands/ \$100 Non-Preferred Brands and Non-Formulary Drugs per prescription

Your payment responsibility changes after the cost you have paid for prescription drugs reaches your true out-of-pocket cost of \$4,700. Generics, including Specialty: \$2.60 copay or 5% coinsurance, whichever is greater (Specialty is limited to 30-day supply) Select Generics: \$0 copay for Select Generics Preferred and Non-Preferred Brands including Specialty drugs, Vaccines, and Non-Formulary Drugs: \$6.50 copay or 5% coinsurance, whichever is greater (Specialty limited to 30-day supply).

**Specialty Drugs**

Specialty drugs are limited to a 30-day supply at retail and mail service pharmacies.

**Additional Benefits**

**Dental**..... Not covered

**Vision** .....No copayment  
 Limited to a \$50 benefit maximum per year. Routine vision exam is limited to one per year.

**Hearing Aids**..... Not covered  
 Hearing exams are limited to a \$50 benefit maximum per year. Routine hearing exam is limited to one per year.

**Out Of Area** ..... While traveling with this program, you have access to urgent and emergency care across the country or around the world.

<sup>1</sup> Waived if admitted within 24 hours.

<sup>2</sup> Precertification is required.

<sup>3</sup> Biologically-based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy’s Law.

**Plan Highlights for 2012**

Empire BlueCross BlueShield Medicare Advantage HMO provides NYS Medicare Primary participants with a full range of benefits that include low out-of-pocket costs. With our state-of-the-art web site, [www.empireblue.com](http://www.empireblue.com), you will instantly be able to find healthcare provider information.

**Participating Physicians**

Empire BlueCross BlueShield Medicare Advantage HMO provides access to a network of over 28,000 providers.

**Affiliated Hospitals**

Empire BlueCross BlueShield Medicare Advantage HMO members are covered through a comprehensive network of area hospitals (over 140) throughout our 28-county operating area to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and web site contain a list of all participating hospitals, including New York City hospitals.

**Pharmacies and Prescriptions**

Enrollees with prescription drug coverage can use both local and national pharmacies. Members who use our mail order prescription drug service, will pay only two copayments for each 90-day supply of medication – there is a 33 percent savings as opposed to filling maintenance prescriptions at the retail level. Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Empire BlueCross BlueShield Medicare Advantage HMO offers an **open formulary**.

**Medicare Coverage**

Medicare-primary enrollees are required to enroll in MediBlue, the Empire BlueCross BlueShield **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

**NYSHIP Code Number 280**

An IPA HMO serving individuals living or working in Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

**NYSHIP Code Number 290**

An IPA HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties.

**NYSHIP Code Number 320**

An IPA HMO serving individuals living or working in Dutchess, Orange, Putnam, Sullivan and Ulster counties.

**Empire BlueCross BlueShield HMO**

11 Corporate Woods Boulevard  
 P.O. Box 11800  
 Albany, NY 12211-0800

**For information:**

**Empire BlueCross BlueShield Medicare Advantage HMO:**1-800-564-9053 7 days/week  
 9:00 a.m.- 9:00 p.m. EST: 1-800-453-0113

**TTY:**1-800-241-6894

**TTY:**1-800-241-6894

**Web site:** [www.empireblue.com](http://www.empireblue.com)





Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits<sup>1</sup></b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>2</sup>
Lab Tests	No copayment <sup>2</sup>
Pathology	No copayment <sup>2</sup>
EKG/EEG	No copayment <sup>2</sup>
Radiation	No copayment <sup>2</sup>
Chemotherapy	No copayment <sup>2</sup>
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$50 per visit <sup>2</sup>
<b>Urgent Care</b>	\$35 per visit <sup>2</sup>
<b>Ambulance<sup>3</sup></b>	\$50 per trip <sup>2</sup>
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit <sup>2</sup>
Group, unlimited	\$20 per visit <sup>2</sup>
<b>Inpatient Mental Health</b>	
unlimited	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit <sup>2</sup>
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient, max 30 visits combined	\$20 per visit <sup>2</sup>
<b>Diabetic Supplies, 30-day supply</b>	\$20 per item <sup>2</sup>
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$40 per item
<b>Diabetic Shoes</b>	20% coinsurance
unlimited pairs when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days per year	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$20 preferred brand/ \$30 non-preferred brand
Mail Order, 90-day supply	\$20 generic/ \$40 preferred brand/ \$50 non-preferred brand
Subject to drug formulary, coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty drugs are defined as injectable and non-injectable drugs that require frequent dosing amounts, intensive clinical monitoring or specialized product handling. Members are required to pay the copayment for each 30-day supply of specialty medication. No mail order benefit is available for specialty drugs.	



## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>4</sup> .....	\$20 per exam per year
<b>Hearing Aids</b> .....	Not covered
<b>Out Of Area</b> .....	If you are out of the GHI HMO service area and experience a medical emergency, go to the nearest emergency facility for services. To receive non-emergency care, your PCP or the on-call physician must authorize your care as appropriate. In the event you are unable to reach your PCP, call GHI HMO Customer Service Department at 1-877-2GHI-HMO (1-877-244-4466) 24 hours a day, 7 days a week.

<sup>1</sup> No Primary Care Physician (PCP) referral is required for GHI HMO participating providers.

<sup>2</sup> Copayment applies to all covered dependents.

<sup>3</sup> Air ambulance coverage is excluded.

<sup>4</sup> Routine only.

## Plan Highlights for 2012

No referrals are required. Since 1937, GHI has been building a statewide reputation for strength, stability and an exceptional commitment to prompt, responsive service. As the largest not-for-profit health insurer in New York State, GHI introduced its HMO in 1999. GHI HMO's provider network is available in 28 counties in New York State. GHI HMO's primary goal is to provide medical coverage that gives members confidence that they and their families are well covered. GHI is committed to providing individuals, families and businesses with access to affordable, quality healthcare, with outstanding customer service.

## Participating Physicians

Services are provided by participating physicians in their private offices. GHI HMO has over 21,000 member physicians and health care professionals throughout 28 counties in New York State. Please note: To enroll in GHI, NYSHIP members must live or work in one of the 15 NYSHIP-approved counties; however, once enrolled, they may use providers throughout GHI's 28-county service area.

## Affiliated Hospitals

GHI HMO members are covered at area hospitals to which their GHI HMO physician has admitting privileges. GHI HMO members may be directed to other hospitals based on medical necessity when prior approval is obtained and the care is deemed appropriate by a GHI HMO Medical Director.

## Pharmacies and Prescriptions

GHI HMO offers an **incented formulary**. Members may utilize any GHI HMO pharmacy for retail prescription drugs up to a 30-day supply. If a brand-name drug is selected or prescribed and there is a generic equivalent available, the member pays the brand copayment and the difference in price between the generic and the brand-name drug. All maintenance medication is obtained through the mail order program. For a complete list of prescriptions covered under our formulary, or for a list of prescriptions that require prior approval, go to [www.ghi.com](http://www.ghi.com) and click on Pharmacy Plan under Our Plans. For information regarding mail order drug benefits, or to set up your mail order account, contact Medco at 1-866-544-3772.

## Medicare Coverage

GHI HMO offers the same benefits to Medicare-eligible NYSHIP enrollees. GHI HMO **coordinates coverage** with Medicare.

### NYSHIP Code Number 220

An IPA HMO serving individuals living or working in Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties.

### NYSHIP Code Number 350

An IPA HMO serving individuals living or working in Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties.

### GHI HMO

789 Grant Avenue  
Lake Katrine, NY 12449  
or

### GHI HMO

P.O. Box 4181  
Kingston, NY 12401

### For information:

**Kingston:** 1-877-244-4466

**TTY:** 1-877-208-7920

**Web site:** [www.ghi.com](http://www.ghi.com)

# HIP®

HEALTH PLAN OF NEW YORK  
an EmblemHealth Company

Benefits	Enrollee Cost
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment <sup>1</sup>
Chemotherapy	\$5 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services<sup>2</sup></b>	Applicable copayment applies
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	No copayment
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$25 per visit <sup>3</sup>
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	No copayment
Group, unlimited	No copayment
<b>Inpatient Mental Health</b>	
unlimited	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$5 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient, max 90 visits combined	\$5 per visit
<b>Diabetic Supplies</b>	\$5 per prescription
<b>Insulin and Oral Agents</b>	\$5 per prescription
<b>Diabetic Shoes</b>	No copayment
Covered when medically necessary. Precertification must be obtained from the participating vendor prior to purchase	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5
Mail Order, 90-day supply <sup>4</sup>	\$7.50
Subject to drug formulary, coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments are reduced by 50 percent when utilizing the EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	
<b>Specialty Drugs</b>	
Coverage is provided through the EmblemHealth Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison to traditional drugs. Specialty drugs may require prior approval, which can be obtained through the EmblemHealth pharmacy services by the HIP prescribing physician. Specialty drugs are subject to the applicable Rx copayment and Rx formulary.	

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>5</sup> .....	No copayment
<b>Hearing Aids</b> .....	Covered for cochlear implants only
<b>Out Of Area</b> .....	Members are covered for emergency care both in and outside the HMO service area as well as with participating providers and non-participating providers.
<b>Eyeglasses</b> .....	\$45 per pair; one pair every 24 months from selected frames
<b>Laser Vision Correction (LASIK)</b> .....	Discount Program
<b>Fitness Program</b> .....	Discount Program
<b>Alternative Medicine Program</b> .....	Discount Program
<b>Artificial Insemination</b> .....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	No copayment
<b>Dialysis Treatment</b> .....	\$10 per visit

<sup>1</sup> Inpatient and outpatient visits.

<sup>2</sup> Includes the supplies and drugs related to the diagnosis and treatment of infertility.

<sup>3</sup> Waived if admitted.

<sup>4</sup> There is no copayment reduction for using mail order for non-formulary/non-preferred Tier 3 drugs.

<sup>5</sup> Routine only.

## Plan Highlights for 2012

The HIP Prime network has expanded to over 29,000 providers in more than 61,000 locations. Plus, EmblemHealth offers more than 60 years of experience caring for union members and has the support of the New York State Central Labor Council. Our web site, emblemhealth.com, is available in English, Spanish, Chinese and Korean.

## Participating Physicians

The HIP Prime network offers the diversified choice of a traditional network of independent physicians who see patients in their own offices as well as providers in physician group practices that offer most, if not all, of a member's medical needs under one roof. Group practices offer services in most major specialties such as cardiology, ophthalmology and orthopedics, as well as ancillary services like lab tests, X-rays and pharmacy services.

## Affiliated Hospitals

HIP Prime members have access to over 100 of the area's leading hospitals, including major teaching institutions.

## Pharmacies and Prescriptions

Filling a prescription is easy with EmblemHealth's network of over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. HIP Prime members have access to a mail order program through Express Scripts. The HIP Prime Plan offers a **closed formulary**.

## Medicare Coverage

EmblemHealth offers two plans to NYSHIP retirees. Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

### NYSHIP Code Number 050

A Network HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties.

### EmblemHealth

55 Water Street  
New York, NY 10041

### For information:

1-877-861-0175

**TTY:** 1-888-447-4833

**Web site:** emblemhealth.com

## Medicare Advantage Plan

# HIP<sup>®</sup>

HEALTH PLAN OF NEW YORK  
an EmblemHealth Company

Benefits	Enrollee Cost
<b>Office Visits</b>	No copayment
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 per visit
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	No copayment
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$25 per visit <sup>1</sup>
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$5 per visit
Group, unlimited	\$5 per visit
<b>Inpatient Mental Health</b>	
no limit in a general hospital;	No copayment
190-day lifetime limit in a psychiatric facility	

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$5 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$5 per visit
<b>Diabetic Supplies</b>	No copayment
<b>Insulin and Oral Agents</b>	\$5 copayment
<b>Diabetic Shoes</b>	No copayment
Covered when medically necessary. Precertification must be obtained from the participating vendor prior to purchase. One pair of Diabetic Shoes (including insert) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year.	
<b>Hospice</b>	Covered by Medicare
Provided by Medicare-certified hospice. Covered for 180 days plus unlimited 60-day extension if Medicare guidelines are met.	
<b>Skilled Nursing Facility</b>	No copayment
max 100 days per benefit period (non-custodial)	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 generic/\$5 brand/ \$45 non-formulary
Mail Order, 90-day supply	Formulary copayments reduced by 50%
Subject to drug formulary, coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. Formulary copayments are reduced by 50% when utilizing the EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

## Specialty Drugs

Coverage is provided through the EmblemHealth Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison to traditional drugs. Specialty drugs may require prior approval, which can be obtained through the EmblemHealth pharmacy services by the EmblemHealth prescribing physician. Specialty drugs are subject to the applicable prescription copayment and prescription formulary.

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>2</sup> .....	\$5 per visit
<b>Hearing Aids</b> .....	\$500 max/36 months
<b>Out Of Area</b> .....	Members are covered for emergency care both in and outside the HMO service area as well as with participating providers and non-participating providers.
<b>Eyeglasses</b> .....	No copayment per 12 months for selected frames
<b>Podiatry</b> , routine max four visits.....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	No copayment
<b>Dialysis Treatment</b> .....	No copayment

<sup>1</sup> Waived if admitted.

<sup>2</sup> Routine only.

## Plan Highlights for 2012

The EmblemHealth network has expanded to over 29,000 providers in more than 61,000 locations. Plus, EmblemHealth offers more than 60 years of experience caring for union members and has the support of the New York State Central Labor Council. Our web site, emblemhealth.com, is now available in English, Spanish, Chinese and Korean.

## Participating Physicians

EmblemHealth offers the diversified choice of a traditional network of independent physicians who see patients in their own offices as well as providers in physician group practices that offer most, if not all, of a member's medical needs under one roof. Group practices offer services in most major specialties such as cardiology, ophthalmology and orthopedics, as well as ancillary services like lab tests, X-rays and pharmacy services.

## Affiliated Hospitals

EmblemHealth members have access to 91 of the area's leading hospitals, including major teaching institutions.

## Pharmacies and Prescriptions

Filling a prescription is easy with EmblemHealth's network of over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. EmblemHealth also has a mail order program through Medco Health Solutions Inc. EmblemHealth offers an **incented formulary** for VIP Premier (HMO) members.

## Medicare Coverage

Medicare-primary NYSHIP retirees are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

### NYSHIP Code Number 050

A Network HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties.

### EmblemHealth

55 Water Street  
New York, NY 10041

### For information:

1-877-861-0175

**TTY:** 1-888-447-4833

**Web site:** emblemhealth.com



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	\$25 per visit
Pathology	\$25 per visit
EKG/EEG	\$40 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 per visit (first 10 visits only), then covered in full
Bone Density Tests	\$25 per visit
<b>Family Planning Services</b>	
PCP	\$25 per visit
Specialist	\$40 per visit
<b>Infertility Services</b>	Applicable copayment applies
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	Lesser of \$200 copayment or 20% coinsurance
<b>Outpatient Surgery</b>	
Hospital	\$40 per visit
Physician's Office	Lesser of \$50 copayment or 20% coinsurance
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Room</b>	\$100 per visit <sup>1</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit

Benefits	Enrollee Cost
<b>Inpatient Mental Health</b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Physical, Speech and Occupational Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies, 30-day supply</b>	\$25 per item
<b>Insulin and Oral Agents, 30-day supply</b>	\$25 per item
<b>Diabetic Shoes</b>	50% coinsurance three pairs per year when medically necessary
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$30 Tier 2/\$50 Tier 3 <sup>2</sup>
Mail Order, 90-day supply	\$20 Tier 1/\$60 Tier 2/\$100 Tier 3 <sup>2</sup>
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and participating specialty pharmacies is available on our web site.	



## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$40 per visit for eye exams associated with disease or injury
<b>Hearing Aids</b> .....	Children up to age 19: Covered in full for up to two hearing aids every three years, \$40 copay per visit for fittings
<b>Out Of Area</b> .....	The BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at college, members on extended out-of-town business and families living apart.
<b>Hearing Exam</b> .....	\$40 per visit for routine (once every 12 months); \$40 per visit for diagnostic
<b>Maternity</b>	Physician charge for delivery .....lesser of \$200 copayment or 20% coinsurance
<b>Smoking Cessation</b>	
Over the Counter (OTC) .....	Not covered
Prescription.....	Contact us for details
Individual and Group Counseling .....	Contact us for details

<sup>1</sup> Emergency Room copayment waived if admitted as inpatient.

<sup>2</sup> Should a doctor select a brand-name drug (Tier 2 or Tier 3) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost, and the member will pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.

## Plan Highlights for 2012

- No referrals required.
- Customer service hours: Mon–Thurs: 7 a.m.–7 p.m., Fri: 9 a.m.–7 p.m., Sat: 9 a.m.–1 p.m.
- Inpatient hospital care is covered in full.
- Routine preventive services, such as adult physicals, mammograms, pap smears, prostate screenings and routine adult immunizations are covered in full.
- Two copayments for a 90-day Rx drug supply through our mail order program.
- Blue365 offers access to discounts and savings on products and services for healthy lifestyles.
- Our web site makes it easy to do business with us, when it is convenient for you, 24 hours a day, 7 days a week.

## Participating Physicians

HMOBlue is affiliated with more than 4,700 physicians and health care professionals.

## Affiliated Hospitals

All hospitals within our designated service area participate with HMOBlue. Members may be directed to other hospitals to meet special needs when medically necessary.

## Pharmacies and Prescriptions

HMOBlue members may purchase prescription drugs at any participating pharmacy in the FLRx Network. This network has over 60,000 pharmacies nationwide. Specialty medications after the initial fill must be purchased from one of our participating specialty pharmacies. HMOBlue offers an **incented formulary**.

## Medicare Coverage

HMOBlue offers the same benefits to Medicare-eligible NYSHIP enrollees. HMOBlue **coordinates coverage** with Medicare.

### NYSHIP Code Number 072

An IPA HMO serving individuals living or working in Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties.

### HMOBlue

#### Excellus BlueCross BlueShield

Central New York Region  
333 Butternut Drive  
Syracuse, NY 13214-1803

#### For information:

1-800-447-6269

TTY: 1-877-398-2275

Web site: [www.excellusbcbcs.com](http://www.excellusbcbcs.com)

### NYSHIP Code Number 160

An IPA HMO serving individuals living or working in Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties.

### HMOBlue

#### Excellus BlueCross BlueShield

Utica Region  
12 Rhoads Drive  
Utica, NY 13502

#### For information:

1-800-722-7884

TTY: 1-877-398-2275

Web site: [www.excellusbcbcs.com](http://www.excellusbcbcs.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology <sup>1</sup>	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$75 per visit <sup>2</sup>
<b>Urgent Care</b>	\$50 per visit <sup>3</sup>
<b>Ambulance</b>	\$75 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>4</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits combined per year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, up to 30-day supply	\$20 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	\$20 per item or applicable pharmacy rider, whichever is less
<b>Diabetic Shoes</b>	No copayment
one pair per year when medically necessary	
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1, most generic drugs/ \$15 Tier 2, most preferred brand name drugs/ \$30 Tier 3, non-preferred brand-name drugs
Mail Order, 90-day supply	Two and a half copayments for maintenance drugs
	Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. Tier 1 oral contraceptives covered in full.

## Specialty Drugs

Benefits are provided for specialty drugs by two contracted specialty pharmacy vendors, Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs, available through the prescription drug benefit, include select high-cost injectables and oral agents such as oral oncology drugs. Specialty drugs require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication. Members pay one copayment for each 30-day supply.

## Additional Benefits

<b>Dental</b> <sup>5</sup> .....	\$50 per cleaning and 20% discount on additional services at select providers
<b>Vision</b> <sup>6</sup> .....	\$10 per visit once every 12 months
<b>Hearing Aids</b> .....	Discounts available at select locations
<b>Out Of Area</b> .....	While traveling outside the service area, members are covered for emergency and urgent care situations only.
<b>Home Health Care</b> , max 40 visits.....	\$20 per visit
<b>Eyeglasses</b> .....	\$50/single vision lenses; Frames 40% off retail price

## Urgent Care in Service Area

<b>for After Hours Care</b> .....	\$50 per visit
<b>Wellness Services</b> .....	\$250 allowance for use at a participating facility

<sup>1</sup> Office based: \$20 copayment; Hospital based: \$40 copayment.

<sup>2</sup> Waived if admitted.

<sup>3</sup> Within the service area. Outside the service area: \$20 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any. \$50 per visit to a participating After Hours Care Facility.

<sup>4</sup> Excludes shoe inserts.

<sup>5</sup> Preventive.

<sup>6</sup> Routine only.

## Plan Highlights for 2012

Independent Health has led the way in providing Western New York with innovative solutions that set the standard for quality and service for health plans. We've consistently earned top ratings from NCQA, which is why you can feel comfortable and confident choosing us for your health coverage needs.

## Participating Physicians

Independent Health is affiliated with over 4,000 physicians and health care providers throughout the eight counties of Western New York.

## Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their physicians have admitting privileges. Members may be directed to other hospitals when medically necessary.

## Pharmacies and Prescriptions

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 57,000 pharmacies nationwide. Independent Health offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments differ from the copayments of a NYSHIP-primary enrollee. See pages 64-65 and call for detailed information.

### NYSHIP Code Number 059

An IPA HMO serving individuals living or working in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

### Independent Health

511 Farber Lakes Drive  
Buffalo, NY 14221

### For information:

**Customer Service:** 1-800-501-3439

**TTY:** 716-631-3108

**Web site:** [www.independenthealth.com](http://www.independenthealth.com)

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$15 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$10 per visit <sup>1</sup>
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$10 per visit
Physician's Office	\$10 per visit
Outpatient Surgery Facility	\$10 per visit
<b>Emergency Room</b>	\$50 per visit <sup>2</sup>
<b>Urgent Care</b>	\$10 per visit <sup>3</sup>
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
<b>Inpatient Mental Health</b>	
max 190 days per lifetime	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$10 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>4</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies</b>	
Retail, Up to 30-day supply	\$10 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	\$10 per item or applicable pharmacy rider, whichever is less
<b>Diabetic Shoes</b>	No copayment one pair per year when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	up to 100 days per benefit period No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$0 Tier 1/\$5 Tier 2/\$15 Tier 3 \$30 Tier 4/\$15 Tier 5
Mail Order, 90-day supply	Two and a half copayments for maintenance drugs
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. NYSHIP's Medicare Encompass prescription drug coverage is an enhancement to Medicare Part D, and therefore is subject to any changes required by the Centers for Medicare & Medicaid Services for 2012. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a four-tier benefit that covers prescription drugs through the Medicare Part D deductible and coverage gap.	
<b>Specialty Drugs</b>	\$15 Tier 5

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>5</sup> .....	No copayment
<b>Hearing Aids</b> .....	Discounts available through hearing hardware vendors specified on the Independent Health web site.
<b>Out Of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Home Health Care</b> , unlimited <sup>6</sup> .....	No copayment
<b>Eyeglasses</b> .....	\$150 annual allowance

<sup>1</sup> No copayment if preventive. Limit one per year.

<sup>2</sup> Waived if admitted within 24 hours.

<sup>3</sup> Services received in an emergency department of a hospital are subject to a \$50 copayment per ER visit.

<sup>4</sup> Excludes shoe inserts.

<sup>5</sup> Routine only.

<sup>6</sup> Requires authorization.

## Plan Highlights for 2012

Independent Health has led the way in providing Western New York with innovative solutions that set the standard for quality and service for health plans. We've consistently earned top ratings from NCQA, which is why you can feel comfortable and confident choosing us for your health coverage needs.

## Participating Physicians

Independent Health is affiliated with over 4,000 physicians and health care providers throughout the eight counties of Western New York.

## Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their physicians have admitting privileges. Members may be directed to other hospitals when medically necessary. Medicare Encompass members are covered at all Western New York hospitals to which their physicians have admitting privileges. Members may be directed to other hospitals when medically necessary.

## Pharmacies and Prescriptions

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 57,000 pharmacies nationwide. Independent Health offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Medicare Encompass, Independent Health's **Medicare Advantage Plan**. Copayments will differ from the copayments of a NYSHIP-primary enrollee. Call the number below for detailed information.

### NYSHIP Code Number 059

An IPA HMO serving individuals living or working in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

### Independent Health

511 Farber Lakes Drive  
Buffalo, NY 14221

### For information:

**Customer Service:** 1-800-501-3439

**TTY:** 716-631-3108

**Web site:** [www.independenthealth.com](http://www.independenthealth.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit <sup>1</sup>
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$25 per visit
Radiation	\$40 per visit
Chemotherapy	\$40 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$25 per visit (initial visit only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$25 per visit
<b>Infertility Services</b>	
PCP	\$25 per visit
Specialist	\$40 per visit
<b>Contraceptive Drugs and Devices</b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$40 per visit
Physician's Office	\$25 (PCP); \$40 (specialist)
Outpatient Surgery Facility	\$40 per visit
<b>Emergency Room</b>	\$75 per visit <sup>2</sup>
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	
unlimited	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 2 months per condition	No copayment
Outpatient Physical, Speech and Occupational Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25 copayment per boxed item for a 31-day supply
<b>Insulin and Oral Agents</b>	\$25 copayment per boxed item for a 31-day supply
<b>Diabetic Shoes</b>	50% coinsurance unlimited pairs when medically necessary
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/\$30 brand/ \$50 non-formulary
Mail Order, 90-day supply	\$25 generic/\$75 brand/ \$125 non-formulary

If a member requests a brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the brand-name plus the Tier 1 copayment. Coverage includes fertility, injectable and self-injectable medications and enteral formulas. Approved prescription generic contraceptive drugs and devices and those without a generic equivalent are covered at 100% under retail and mail order.



## Specialty Drugs

MVP uses CuraScript, a specialty pharmacy services company. Specific copayments are listed above. Refer to [www.curascript.com](http://www.curascript.com) for additional information.

## Additional Benefits

**Dental**.....\$25 per visit, children up to age 19<sup>3</sup>  
**Vision**<sup>4</sup>..... \$25 per exam/24 months  
**Hearing Aids** ..... Not covered  
**Out Of Area** ..... While traveling outside the service area, coverage is provided for emergency situations only.

<sup>1</sup> PCP Sick Visits for Children (newborn up to age 26) \$10 per visit.

<sup>2</sup> Waived if admitted.

<sup>3</sup> Preventive care.

<sup>4</sup> Routine only.

## Plan Highlights for 2012

Each MVP subscriber receives \$100 HealthDollars to spend on health, wellness and fitness programs! No referrals required! See any specialist in the MVP network without a referral. As an MVP member, you can enjoy significant savings on a wide variety of health-related items, plus special discounts on LASIK eye surgery, eyewear, alternative medicine and health and fitness center memberships! Please visit our web site at [www.discovermvp.com](http://www.discovermvp.com) to learn more about these innovative programs.

## Participating Physicians

MVP Health Care provides services through more than 27,500 participating physicians and health practitioners located throughout its service area.

## Affiliated Hospitals

MVP members are covered at participating area hospitals to which their MVP physician has admitting privileges. MVP members may be directed to other hospitals to meet special needs when medically necessary upon prior approval from MVP.

## Pharmacies and Prescriptions

Virtually all pharmacy “chain” stores and many independent pharmacies within the MVP service area participate with the MVP prescription drug program. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Gold Plan, MVP Health Care’s **Medicare Advantage Plan**. Some of the MVP Gold Plan’s copayments may vary from the MVP HMO Plan’s copayments. The MVP HMO plan coordinates coverage with Medicare in the North Region (360). Please contact our Member Services Department for further details.

### NYSHIP Code Number 058 (Rochester)

An IPA HMO serving individuals living or working in Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties.

### NYSHIP Code Number 060 (East)

An IPA HMO serving individuals living or working in Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

### NYSHIP Code Number 330 (Central)

An IPA HMO serving individuals living or working in Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties.

### NYSHIP Code Number 340 (Mid-Hudson)

An IPA HMO serving individuals living or working in Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties.

### NYSHIP Code Number 360 (North)

An IPA HMO serving individuals living or working in Franklin and St. Lawrence counties.

### MVP Health Care

P.O. Box 2207  
625 State Street  
Schenectady, NY 12301-2207

### For information:

**Customer Service:** 1-888-MVP-MBRS (687-6277)

**TTY:** 1-800-662-1220

**Web site:** [www.joinmvp.com](http://www.joinmvp.com)

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	\$10 per visit
<b>Specialty Office Visits</b>	\$15 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
	(office visit copayment may apply)
Chemotherapy	\$15 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
	(office visit copayment may apply)
Mammograms	No copayment
Pre and Postnatal Visits	\$10 per visit <sup>1</sup>
	(initial visit only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$10 per visit <sup>1</sup>
<b>Infertility Services</b>	\$15 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	Applicable office visit copayment applies
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$65 per visit <sup>2</sup>
<b>Urgent Care</b>	\$15 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$15 per visit
Group, unlimited	\$15 per visit
<b>Inpatient Mental Health</b>	
190-day lifetime max	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	\$15 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Physical, Speech and Occupational Therapy <sup>4</sup>	\$15 per visit
<b>Inpatient Rehabilitation</b>	No copayment
<b>Diabetic Supplies</b>	20% coinsurance
<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
<b>Diabetic Shoes</b>	20% coinsurance
	one pair per year when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	No copayment, days 1-20; \$135 copayment, days 21-100
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$30 Tier 2/ \$60 Tier 3/\$60 Tier 4 <sup>5</sup>
Mail Order, 90-day supply	\$20 Tier 1/\$60 Tier 2/ \$120 Tier 3/\$120 Tier 4 <sup>5</sup>
	Coverage includes fertility, injectable and self-injectable medications and enteral formulas subject to the limitations listed above and in your certificate of coverage.
<b>Specialty Drugs</b>	
	MVP uses CuraScript, a specialty pharmacy services company. Specific copayments are listed above. Refer to <a href="http://www.curascript.com">www.curascript.com</a> for additional information.

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	Routine eye exams covered once every year with a \$15 copayment. \$100 annual allowance towards the purchase of frames or contact lenses.
<b>Hearing Aids</b> .....	\$600 allowance every three years
<b>Out Of Area</b> .....	MVP Gold's travel benefit provides coverage for non-emergency medical care while traveling outside of MVP Gold's service area with 30% coinsurance up to \$5,000 per calendar year.
<b>Acupuncture</b> , max 10 visits .....	50% coinsurance

<sup>1</sup> \$15 per visit specialist.

<sup>2</sup> Waived if admitted.

<sup>3</sup> Includes foot orthotics.

<sup>4</sup> Combined annual maximum of \$1,860 for physical and speech therapy. Annual maximum of \$1,860 for occupational therapy.

<sup>5</sup> Specialty prescription drugs include non-formulary drugs.

## Plan Highlights for 2012

No referrals required! As an MVP Gold member, you can enjoy free fitness center membership benefits through the SilverSneakers Fitness Program. All MVP Gold members receive \$100 in HealthDollars to use toward a variety of health, wellness, and fitness classes or programs. Claim forms are available on our web site, [www.mvphealthcare.com](http://www.mvphealthcare.com).

## Participating Physicians

MVP Health Care provides services through more than 27,500 participating physicians and health practitioners located throughout its service area.

## Affiliated Hospitals

MVP members are covered at participating area hospitals to which their MVP physician has admitting privileges. MVP members may be directed to other hospitals to meet special needs when medically necessary upon prior approval from MVP.

## Pharmacies and Prescriptions

Virtually all pharmacy chain stores and many independent pharmacies within the MVP service area participate with the MVP prescription program. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some of the Preferred Gold Plan's copayments may differ from the MVP HMO Plan's copayments. Please contact our Member Services Department for further details. The MVP HMO Plan **coordinates coverage** with Medicare in the North Region (360).

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An IPA HMO serving individuals living or working in Franklin and St. Lawrence counties.

### MVP Health Care

P.O. Box 2207  
625 State Street  
Schenectady, NY 12301-2207

### For information:

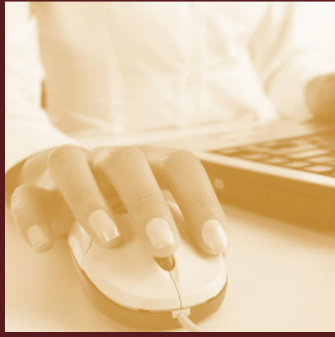
**Customer Service:** 1-888-MVP-MBRS (687-6277);

**Medicare-eligible (Rochester Region only):**

1-800-209-3945

**TTY:** 1-800-662-1220

**Web site:** [www.joinmvp.com](http://www.joinmvp.com)



# Young Adult Option Web Site

This web site provides information about NYSHIP's Young Adult Option. It explains eligibility requirements, how to enroll and provides the rates for The Empire Plan and all NYSHIP HMOs. Go to <https://www.cs.ny.gov/yao> and choose your parent's employer group.

If you don't have access to the Internet, your local library may offer computers for your use.



## Young Adult Option Coverage

### Choose your parent's employer group:

**NY** (with active or retiree benefits) ←

Employed by a New York State agency

**Choose your parent's employer group**

**PE** (with active or retiree benefits)

Employed by a government agency in New York State such as the Thruway Authority or Metropolitan Transit Authority that is maintained and financed from special administrative funds and participates in NYSHIP

**PA** (with active or retiree benefits)

Employed by a city, town, municipality or school district in New York State that participates in NYSHIP

**SEHP**

A graduate student enrolled in the Student Employee Health Plan (SEHP)

From your group specific page, you can download enrollment forms, review plan materials and compare rates. This site is your best resource for information on NYSHIP's Young Adult Option. If you have additional questions, please contact the Employee Benefits Division at 518-474-5754 or 1-800-833-4344.



## Young Adult Option Coverage for New York State Agencies

[Notice](#)

[Forms](#)

[FAQs](#)

[Health Plan Choices](#)

[Rates](#)

← **Download the Young Adult Option Enrollment Form.**

← **Click here for plan materials.**

← **Rates are posted as soon as they are approved.**

## If You Are Changing Your Health Insurance Option

1. Complete the NYSHIP Option Transfer Request form on the opposite page. Enrollee signature is required.
2. Send the completed form to the Employee Benefits Division at the address provided as early as possible prior to the effective date you are requesting. The requested date must be the first of a month. The Employee Benefits Division will send you an option change confirmation letter that will include the effective date of the change.
3. If you are enrolling in one of the following Medicare Advantage Plans...

Option 210	Aetna	Option 320	Empire BlueCross BlueShield HMO
Option 066	Blue Choice	Option 050	HIP Health Plan of New York
Option 063	CDPHP	Option 059	Independent Health
Option 300	CDPHP	Option 058	MVP Health Care (Rochester)
Option 310	CDPHP	Option 060	MVP Health Care (East)
Option 067	Community Blue	Option 330	MVP Health Care (Central)
Option 280	Empire BlueCross BlueShield HMO	Option 340	MVP Health Care (Mid-Hudson)
Option 290	Empire BlueCross BlueShield HMO		

...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required.

As a retiree, you are eligible to change options once in a 12-month period. Under certain circumstances (see page 2) you might be able or required to change more than once within that 12-month period. If you are Medicare-primary and plan to change options into or out of one of the Medicare Advantage HMOs listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment from your current option is effective the last day of the month and enrollment in your new option is effective the first day of the following month. Remember, you must submit this request prior to the effective date of the change.

**Note:** You may also change your option online using MyNYSHIP if you are a registered user. Go to <https://www.cs.ny.gov/mynyship> for more information.



# NYSHIP Option Transfer Request

**Please fill in this form and return it 60 days in advance or as early as possible prior to the effective date you are requesting to:**

NYS Department of Civil Service Employee Benefits Division, Program Administration, Alfred E. Smith State Office Building, Albany, New York 12239

Call us at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you have any questions about this form.

Enrollee Name \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City or Post Office \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Is this a new address?  Yes  No Date of New Address: \_\_\_\_\_

Medicare  Yes  No If Yes: Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_

Dependent Medicare  Yes  No

If Yes: Part A Effective Date \_\_\_\_\_ Part B Effective Date \_\_\_\_\_

Are you or your dependent reimbursed from another source for Part B coverage?  Yes  No

If Yes, by whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Effective \_\_\_\_\_ 1, 20\_\_\_\_\_, please change my health insurance option  
(month) (year)

From: Current Option Code Number \_\_\_\_\_ Current Plan Name \_\_\_\_\_

To: New Option Code Number \_\_\_\_\_ New Plan Name \_\_\_\_\_

Date \_\_\_\_\_ Enrollee Signature (required) \_\_\_\_\_

If you have Family coverage, please complete the following for each dependent enrolled in Medicare (*attach a separate sheet of paper if necessary*):

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (*on his or her Medicare card*) \_\_\_\_\_

Date \_\_\_\_\_ Dependent Signature (required) \_\_\_\_\_

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (*on his or her Medicare card*) \_\_\_\_\_

Date \_\_\_\_\_ Dependent Signature (required) \_\_\_\_\_

I have no Medicare-eligible dependents

If you are enrolling in an HMO, please double check the HMO's page in this booklet. Is the HMO approved by NYSHIP to serve your county?

No action is required if you wish to keep your current health insurance.

**USE THIS FORM FOR OPTION CHANGE ONLY**



## When You Are Enrolled in Medicare and You Leave an HMO

If you or your dependent is enrolled in Medicare and you change out of one of the following Medicare Advantage plans...

- Option 210 Aetna
- Option 066 Blue Choice
- Option 063 CDPHP
- Option 300 CDPHP
- Option 310 CDPHP
- Option 067 Community Blue
- Option 280 Empire BlueCross BlueShield HMO
- Option 290 Empire BlueCross BlueShield HMO
- Option 320 Empire BlueCross BlueShield HMO
- Option 050 HIP Health Plan of New York
- Option 059 Independent Health
- Option 058 MVP Health Care (Rochester)
- Option 060 MVP Health Care (East)
- Option 330 MVP Health Care (Central)
- Option 340 MVP Health Care (Mid-Hudson)

...you must fill out the form on the opposite page and send it to the HMO you are leaving prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page.

**Act quickly! This form is required by federal regulations to disenroll your Medicare coverage from the HMO you are leaving.** If you do not fill out this form and mail it to the HMO prior to the effective date you are requesting, you may have claim problems with your new NYSHIP plan. You may be responsible for the full cost of services that would have been covered by Medicare.

# NYSHIP Enrollment Cancellation

**Effective** \_\_\_\_\_, **please cancel my enrollment in:**

*Enter date here (must be the first of a month)*

Option Code Number \_\_\_\_\_ Plan Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Member's Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Medicare Number (As it appears on your Medicare Card) \_\_\_\_\_

Date \_\_\_\_\_ Enrollee's Signature \_\_\_\_\_

**Please provide the following required information for each enrolled dependent.**

*(Attach an additional 8½" x 11" sheet of paper, if necessary.)*

Dependent's Name \_\_\_\_\_

Dependent's Social Security Number \_\_\_\_\_

Dependent's Medicare Number (if applicable) \_\_\_\_\_

Dependent's Signature \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Social Security Number \_\_\_\_\_

Dependent's Medicare Number (if applicable) \_\_\_\_\_

Dependent's Signature \_\_\_\_\_

**Important: Complete and mail this form to the HMO you are leaving as early as possible prior to the effective date you are requesting. Termination of coverage with this HMO must be coordinated with your new option. You will not be able to receive coverage for medical care from your new option until after the effective date of disenrollment.**

My current option is \_\_\_\_\_

and I want to change my option to \_\_\_\_\_

No action is required if you wish to keep your current health insurance.

**USE THIS FORM FOR OPTION CHANGE ONLY**



# Notes

# Notes

New York State  
Department of Civil Service  
Employee Benefits Division  
P.O. Box 1068  
Schenectady, NY 12301-1068  
<https://www.cs.ny.gov>



*Health Insurance Choices for Retirees*  
*December 2011*

**Please do not send mail or correspondence to the return address above. See page 5 for address information.**

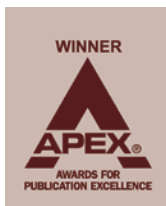
It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Click on Benefit Programs then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA and Young Adult Option Enrollees: contact the Employee Benefits Division.

 Choices was printed using recycled paper and environmentally sensitive inks.



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Choices 2012/Retirees



The New York State Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with NYSHIP carriers and Joint Labor/Management Committees on Health Benefits.

Care has been taken to ensure the accuracy of the material contained in this booklet. However, the HMO contracts and the certificate of insurance from The Empire Plan carriers with amendments are the controlling documents for benefits available under NYSHIP.