



Health Insurance Choices for 2020



November 2019

For retirees, vestees, dependent survivors and enrollees covered under Preferred List provisions of the State of New York and Participating Employers, their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees



NYSHIP
New York State
Health Insurance Program

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239
www.cs.ny.gov/retirees

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A Message from the New York State Health Insurance Program (NYSHIP)

NYSHIP provides comprehensive health benefits to retirees of New York State and Participating Employers that can help you and your families stay healthy and live well. Use this booklet to learn about your NYSHIP options and to choose the plan that best suits your needs. You may change your NYSHIP option once at any time during any 12-month period.

For more information about a specific plan, call The Empire Plan or any of the NYSHIP Health Maintenance Organizations (HMOs) directly. You also can call the Employee Benefits Division of the Department of Civil Service at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands), Monday through Friday between 9 a.m. and 4 p.m. Eastern time. For the most current information about NYSHIP, please visit www.cs.ny.gov/retirees and select Health Benefits. Then, select the group from which you retired and your plan type, if prompted.



NYSHIP
New York State
Health Insurance Program

Information & Reminders

Your NYSHIP Health Insurance Options

Under NYSHIP, you may choose coverage under 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 have read the plan descriptions, contact The Empire Plan program administrators and HMOs directly.

Rates for 2020

2020 Rates & Information for Retirees will be mailed to your home and posted on NYSHIP Online once rates have been approved. This information is also available on NYSHIP Online at www.cs.ny.gov/retirees. Select the link for Health Benefits, then select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. Next, choose Health Benefits & Option Transfer and then 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.

Changing Your Health Insurance Plan

Consider your NYSHIP option carefully. You may change your health insurance plan only once in a 12-month period, unless you add a new dependent to your coverage or move (under certain conditions). See your *General Information Book* for details. A change in the providers who participate in your plan is not a condition that allows you to change your NYSHIP option more than once in a 12-month period.

NO ACTION IS REQUIRED TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION.

Note: To enroll in an HMO or remain enrolled in your current HMO, you must live or work¹ in the HMO's NYSHIP service area. If you are enrolled in an HMO and no longer qualify for that plan based on the live-or-work requirement, you must change your option. See the Plans by County section and the individual HMO pages in this booklet for more information.

¹ If Medicare primary, check with the plan.

² If you are asked to pay a Part A premium, contact the Employee Benefits Division for more information.

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

When you become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you 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 for you and your Medicare-eligible covered dependents 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 have Family coverage, each of your covered dependents also must be enrolled in Medicare Parts A and B when they are first eligible for Medicare coverage that is primary to NYSHIP.

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.²

To avoid a gap in coverage, you must contact your local Social Security office three months before you or your dependent turns age 65. **You must have Medicare coverage in effect on the first day of the month in which you or your dependent turns 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 65.) If you or a dependent becomes eligible for primary Medicare coverage 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 and send a copy of the Medicare card to the Employee Benefits Division.

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 on NYSHIP Online. Select the link for Health Benefits, then select the group from which

you retired and your plan type, if prompted. Then, choose Medicare and scroll down. The *General Information Book* also includes information on Medicare and can be found on NYSHIP Online under Health Benefits & Option Transfer. You may also call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

Note: If you are a COBRA enrollee, special provisions apply when you enroll in Medicare. Call the Employee Benefits Division for information.

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 will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new plan 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 will also rise. To calculate the balance you will pay in calendar year 2020, subtract your monthly sick leave credit from the new monthly premium.

Enrollees Who Pay the Employee Benefits Division Directly

The 2020 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 change request 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 (see page 5). This will result in a reduced monthly bill amount if your NYSHIP plan premium exceeds your Medicare reimbursement or a quarterly refund, depending on your coverage cost.

Keep Your Personal Information Up to Date

You must notify the Employee Benefits Division by phone or in writing if your address changes or if changes in your family or marital status affect your coverage.

Call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday from 9 a.m. to 4 p.m. Eastern time.

Write to EBD at:

New York State Department of Civil Service
Employee Benefits Division
Albany, New York 12239

Be sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan alternate ID number, your address and your telephone number, including area code. You may also make address changes online using MyNYSHIP. Deadlines may apply, so act promptly once you determine a change is needed. See your *General Information Book* for details.

Contact the Employee Benefits Division

The Employee Benefits Division (EBD) administers NYSHIP and is responsible for providing benefits assistance, processing transactions and answering questions. Please call 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday between 9 a.m. and 4 p.m. Eastern time. Please be aware that wait times can be lengthy during peak call periods. You can also contact EBD to request a copy of the *General Information Book*, *Empire Plan Certificate*, other plan documents or a replacement Empire Plan Benefit Card. (For a replacement Empire Plan Medicare Rx Card, please call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx.)

Medicare & NYSHIP

NYSHIP requires you and your dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.

If you or a dependent is eligible for but don't enroll in Medicare Parts A and B, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

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

The Empire Plan

The Empire Plan coordinates benefits with Medicare Parts A and B. See your *General Information Book* and *Empire Plan Certificate* for details. Because Medicare does not provide coverage outside the United States, The Empire Plan pays primary for covered services received outside the United States.

Medicare-primary retirees and dependents covered under The Empire Plan are enrolled automatically in Empire Plan Medicare Rx, a Medicare Part D prescription drug program with expanded coverage designed specifically for NYSHIP. If you are subject to a separate Income-Related Monthly Adjustment Amount (IRMAA) or late enrollment penalty by Medicare for Part D coverage, the State will not reimburse you for that charge. See the following page and the Empire Plan Medicare Rx *Evidence of Coverage* (available from SilverScript) for more information.

NYSHIP Health Maintenance Organizations (HMOs)

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

You have original fee-for-service Medicare benefits (Parts A and B) that you may use outside your HMO service area. If you receive services not covered by the HMO, you will 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 HMO's Medicare Advantage Plan (Part C):

You replace your original Medicare coverage with benefits offered by the Medicare Advantage Plan. The plan also includes Medicare Part D prescription drug benefits. If you are subject to a separate IRMAA or late enrollment penalty 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.

Note: If you or your covered dependents are or become Medicare primary and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will be automatically enrolled in your HMO's Medicare Advantage Plan. However, you cannot be enrolled in a Medicare Advantage Plan if you are not already enrolled in Medicare Parts A and B.

All NYSHIP HMOs offer Medicare Advantage Plans, but they are not always offered in all the HMO's service areas. The HMO pages in this booklet show how each HMO covers Medicare-primary retirees.

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

Non-NYSHIP Plans

You may receive information from Medicare and from non-NYSHIP plans in your area describing Medicare options available to you that are not part of NYSHIP and wonder whether you should join one of these plans. Please keep in mind that **Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Medicare Advantage Plan, a Medicare Part D plan or another Medicare product (including those in which you or your covered dependents may be enrolled through another employer) in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.** You will then have only the benefits available through the non-NYSHIP plan.

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 may be a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents will not be eligible for dependent survivor coverage.

If you have questions about how your NYSHIP benefits will be affected, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

Medicare Part D

Medicare Part D is the Medicare prescription drug benefit for Medicare-primary individuals. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO, but your coverage is coordinated differently depending upon your option and Medicare eligibility status:

- Empire Plan retirees and dependents who are not yet Medicare eligible receive their drug coverage under the Empire Plan Prescription Drug Program (see pages 24–26 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan are each enrolled automatically in Empire Plan Medicare Rx (see pages 25 and 26 for more information). Each Medicare-primary individual will receive a unique ID number and an Empire Plan Medicare Rx card to use at the pharmacy.
- Medicare-primary retirees and dependents covered under a NYSHIP HMO will be automatically enrolled in that HMO's Medicare Advantage Plan, if offered in their service area, which also includes Part D prescription drug coverage.

Remember, if you enroll in a non-NYSHIP Medicare Advantage Plan or Medicare Part D plan in addition to your NYSHIP coverage, you will be automatically disenrolled from NYSHIP coverage.

For example:

- If you are a Medicare-primary Empire Plan retiree with prescription drug coverage through Empire Plan Medicare Rx and then enroll in another Medicare Part D plan outside of NYSHIP, the Centers for Medicare & Medicaid Services (CMS) will terminate your Empire Plan Medicare Rx coverage. Because you must be enrolled in Empire Plan Medicare Rx to maintain Empire Plan coverage, you and your covered dependents will lose all coverage under The Empire Plan.
- If you are enrolled in a NYSHIP HMO's Medicare Advantage Plan and then enroll in a Medicare Part D plan outside of NYSHIP, CMS will terminate your enrollment in the NYSHIP HMO.

People with limited income may qualify for Medicare's Extra Help program, which helps cover prescription drug costs. If you qualify, Medicare could pay up to 75 percent or more of your Medicare Part D drug costs, including monthly prescription drug premiums and copayments. For information about Extra Help, contact:

- The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) (TTY 1-800-759-1089), and press 4 from the main menu for Empire Plan Medicare Rx.
- Your HMO plan, if you are enrolled in a NYSHIP HMO (see the individual HMO pages in this booklet for contact information).
- Your local Social Security office or www.ssa.gov.
- Your state Medicaid office.
- 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week (TTY users should call 1-877-486-2048).

If you receive prescription drug coverage through a union Employee Benefit Fund, contact the fund for information about Medicare Part D.

Your Notice of Change Document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Because you pay for your NYSHIP coverage via a deduction from your monthly pension, your deductions will change to reflect your health plan's 2020 premium. The Notice of Change document (for the direct deposit enrollee) is from the New York State and Local Retirement System (NYSLRS). **Note:** *If you receive your pension from another retirement system, your Notice of Change document will be different.*

| | | |
|---|----------------------------------|-------------------|
| NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2019. | | |
| Registration #: | YTD Federal Tax Withheld: \$0.00 | |
| 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 *. | | |
| | <u>Last Month</u> | <u>This Month</u> |
| <u>Benefits</u> | | |
| Normal Allowance | \$2,955.53 | \$2,955.53 |
| Cost of Living | \$100.00 | \$100.00 |
| Supplemental Allowance | \$0.00 | \$0.00 |
| Benefit Adjustments | \$140.00 | \$140.00 |
| Gross Benefit | \$3,195.53 | * \$2,995.53 |
| <u>Miscellaneous Adjustments</u> | | |
| Tax Federal Withholding | \$0.00 | \$0.00 |
| Medicare Deduction | \$0.00 | \$0.00 |
| <u>Health Insurance</u> | | |
| Health Ins. Deduction | \$364.47 | \$372.25 |
| Medicare Credit | \$134.00 | \$135.50 |
| Medicare Deduction | \$0.00 | \$0.00 |
| Net Retirement Benefit Paid | \$2,725.46 | * \$2,703.18 |
| This difference is due to changes in your basic benefits. You should have already been advised regarding this matter. | | |
| I hope this information is helpful to you. If you have any questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany area. | | |

Medicare Part B Premium and Your Credit (Reimbursement)

When Medicare is primary, NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment) and any IRMAA you must pay for Part B, unless you receive reimbursement from another source or your Medicare premium is paid by another entity on your behalf. The standard Medicare Part B premium depends on your individual circumstances, such as when you first enrolled in Medicare Part B, whether you pay for it through a Social Security deduction or directly to CMS and whether you are subject to the IRMAA additional premium. The Social Security Administration will notify you of your Medicare Part B premium for 2020.

If you are changing your health insurance plan: The correct deduction for your new health insurance plan, plus or minus any retroactive adjustment, will be reflected in your pension check. **The date of the adjustment will depend on when your health insurance plan change request is received and processed by the Employee Benefits Division (EBD).** You will receive information regarding your 2020 NYSHIP premiums from NYSHIP prior to the end of the year. If you have questions about your cost of coverage after reviewing this information, contact EBD (not the retirement system). Please see EBD contact information on page 2.

Comparing Your NYSHIP Options

Choosing the option that best meets your needs and the needs of your family requires careful consideration. As with most important purchases, there is more to consider than cost.

The first step toward 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 NYSHIP-approved HMOs. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available in various geographic areas of New York State. Depending on where you live or work,* at least one HMO will be available to you.

Benefits

The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of hospital, medical/surgical and mental health and substance use coverage.
- All plans provide prescription drug coverage for those who do not receive it through a union Employee Benefit Fund.
- All plans provide coverage for certain preventive care services as required by the federal Patient Protection and Affordable Care Act (PPACA). For more information on preventive care services, visit www.hhs.gov/healthcare/rights/preventive-care or NYSHIP Online.

Benefits differ among plans. Read this booklet and the Empire Plan Certificate (available from the Employee Benefits Division) and HMO contracts (available from each HMO) carefully for details.

Exclusions

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

For details on a plan's exclusions, read the *Empire Plan Certificate*, the *Empire Plan Medicare Rx Evidence of Coverage* (if Medicare primary) or the NYSHIP HMO contract, or check with the plan directly.

Geographic Area Served

The Empire Plan

Benefits for covered services, not just urgent and emergency care, are available worldwide. However, access to **network benefits** is not guaranteed in all states and regions.

Health Maintenance Organizations (HMOs)

- Coverage is available in each HMO's specific service area.
- An HMO may arrange for coverage of care received outside its service area at its discretion in certain circumstances. See the out-of-area benefit description on each HMO page for details.

Finding Providers/Hospitals in Your Network

For Empire Plan provider information:

- Visit NYSHIP Online at www.cs.ny.gov/retirees and select Health Benefits. Select your group and plan, if prompted, and then Find a Provider. **Note:** This is the most up-to-date source for provider information.
- Check with the provider/facility directly.
- 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.

For HMO provider information:

- Visit the HMO websites (addresses are provided on the individual HMO pages in this booklet).
- Check with the provider/facility directly.
- Call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

Note: 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 additional changes sooner if your only reason for the change is that your provider no longer participates.

* If Medicare primary, check with the plan.

The Empire Plan or a NYSHIP HMO

What's New in 2020?

The Empire Plan

- For 2020, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$8,150 for Individual coverage and \$16,300 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Abuse and Prescription Drug Programs. See table below for more information about how out-of-pocket limits apply to each Empire Plan program.
- As a result of a change in policy, **gender affirming surgery** and any other associated surgeries, services and procedures (including those performed to change an enrollee's physical appearance to more closely conform secondary sex characteristics to their identified gender) are now covered if a behavioral health provider determines the surgery or procedure is medically necessary. See your *Empire Plan Report* for more information.

NYSHIP HMOs

- As of January 1, 2020, **the Empire BlueCross BlueShield HMO will no longer be offered as a NYSHIP option**. If you currently have coverage under the Empire BlueCross BlueShield HMO, be sure to review your plan materials and any other related NYSHIP mailings carefully and request to change your option to either The Empire Plan or a different NYSHIP HMO in a timely manner.
- **HMOBlue is offering a Medicare Advantage Plan** in the following counties under Option 160 for the 2020 plan year: Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence.

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 (PCP) and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, certain outpatient radiological tests, certain mental health and substance use treatment/services, home care and some prescription drugs, require preapproval.

The Empire Plan is self-insured, and the New York State Department of Civil Service contracts with qualified companies to administer the Plan.

Providers

Under The Empire Plan, you can choose from more than 300,000 participating physicians and other providers and facilities nationwide and from more than 65,000 participating pharmacies across the United States or a mail service pharmacy.

Some licensed nurse practitioners and convenience care clinics are participating providers under The Empire Plan. Be sure to confirm participation before receiving care.

Under the Guaranteed Access benefit, The Empire Plan provides access to network benefits for covered services provided by PCPs and certain specialists when you are Empire Plan primary and do not have access to a network provider within a reasonable distance from your residence. This benefit is available in New York State and specific counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State. **Note:** This benefit does not apply to retirees of Participating Employers.

2020 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services

| Coverage Type | Prescription Drug Program* | Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, Combined | Total |
|---------------------|----------------------------|---|----------|
| Individual Coverage | \$2,850 | \$5,300 | \$8,150 |
| Family Coverage | \$5,700 | \$10,600 | \$16,300 |

* Does not apply to Medicare-primary enrollees or Medicare-primary dependents.

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 for services received outside the specified geographic area is limited. 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.
- Enrollees usually choose a PCP from the HMO's network for routine medical care and for referrals to specialists and hospitals when medically necessary.
- HMO enrollees usually pay a copayment as a per-visit fee or coinsurance (percentage of cost).
- HMOs have no annual deductible.
- Referrals to network specialists may be required.
- Claim forms are rarely required.

NYSHIP HMOs are organized in one of two ways:

- A network HMO provides medical services through its own health centers, as well as through 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.

A member enrolling in either a network or IPA model HMO may be able to select a doctor he or she already uses if that doctor participates with the HMO.

See the individual HMO pages in this booklet for additional benefit information and to learn which HMOs serve your geographic area.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act.

To view a copy of an *SBC* for The Empire Plan or a NYSHIP HMO, visit www.cs.ny.gov/sbc. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical Program to request a copy of the *SBC* for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO.

NYSHIP's Young Adult Option

This option allows unmarried, young adult children (up to age 30) of NYSHIP enrollees to purchase their own NYSHIP coverage. During the Option Transfer Period, eligible adult children of NYSHIP enrollees can enroll in the Young Adult Option and current Young Adult Option enrollees are able to switch plans. The premium is the full cost of Individual coverage for the option selected.

For more information about the Young Adult Option, go to www.cs.ny.gov/yao and select the young adult's parent's employer group. From your group-specific page, you can download enrollment forms, review plan materials and compare rates for The Empire Plan and all NYSHIP HMOs.

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 (see page 2).

Benefits Overview

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care
- Center of Excellence Programs for cancer, transplants and infertility
- 24-hour Empire Plan NurseLineSM for health information and support
- Coordination with Medicare
- Worldwide coverage

Each NYSHIP HMO provides:

- Inpatient and outpatient hospital care at a network hospital
- A specific package of health services, including hospital, medical, surgical and preventive care benefits, provided or arranged by the PCP selected by the enrollee from the HMO's network

All plans provide:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Inpatient medical/surgical hospital care • Outpatient medical/surgical hospital services • Physician services • Emergency care* • Laboratory services • Radiology services • Chemotherapy • Radiation therapy • Dialysis • Diagnostic services • Diabetic supplies • Maternity, prenatal care • Well-child care • Chiropractic services • Physical therapy • Occupational therapy • Speech therapy • Prosthetics and durable medical equipment | <ul style="list-style-type: none"> • Orthotic devices • Medically necessary bone density tests • Mammography • Inpatient mental health services • Outpatient mental health services • Alcohol and substance use detoxification • Inpatient alcohol rehabilitation • Inpatient drug rehabilitation • Outpatient alcohol and drug rehabilitation • Family planning and certain infertility services (call The Empire Plan administrators or NYSHIP HMOs for details) • Out-of-area emergencies • Hospice benefits (at least 210 days) • Home health care in lieu of hospitalization | <ul style="list-style-type: none"> • Prescription drug coverage including injectable and self-injectable medications, vaccines, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund) • Enteral formulas covered through either The Empire Plan's Home Care Advocacy Program (HCAP) or the NYSHIP HMO's prescription drug program (unless you have coverage through a union Employee Benefit Fund) • Second opinion for cancer diagnosis • Gender affirming care • In vitro fertilization (up to 3 cycles) • Fertility preservation |
|---|--|--|

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

* Some plans may exclude coverage for air ambulance services. Call The Empire Plan or your NYSHIP HMO for details.

Benefits Provided by All Medicare Advantage Plans

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. **Note:** This is not intended to be an exhaustive list. For more information, visit www.medicare.gov.

| Benefit | Medicare Coverage |
|--|---|
| Ambulance Services | Covered when medically necessary, for land and air services. |
| Physical Exam | Covered for one physical exam within the first 12 months of obtaining Medicare Part B coverage and routine exams annually thereafter. |
| Bone Density Test | Covered once every 24 months, more often if medically necessary. |
| Mammogram Screening | Covered once every 12 months for women age 40 and older. One baseline mammogram for women between ages 35 and 39. |
| Cardiovascular Screening and Tests (EKGs, EEGs, etc.) | Covered once every 12 months or when medically necessary. Includes one-time abdominal aortic aneurysm screening for people at risk and intensive behavioral counseling (biannual) for cardiovascular disease. |
| Pap Smears and Pelvic Exams | Covered once every 24 months or annually for women at high risk. |
| Chiropractic Services | Covered for manual manipulation of the spine to correct subluxation, not for routine care. |
| 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. |
| Dental Services | Non-routine dental care is covered in limited circumstances when provided by a physician. |
| Diabetes Self-Management Supplies or Training, Nutrition Therapy | Covered when medically necessary (restrictions may apply). |
| Durable Medical Equipment | Covered when medically necessary (may be limited to specific suppliers). |
| Emergency Care | Covered when medically necessary. Coverage outside the United States depends upon the plan. |
| Health/Wellness Education | Smoking cessation is covered. Includes two counseling attempts (up to four face-to-face visits per attempt) within a 12-month period if diagnosed with a smoking-related illness or if taking medicine that may be affected by tobacco (copayment may apply). |
| Hearing Services | Diagnostic hearing exams and balance evaluations are covered. |

| Benefit | Medicare Coverage |
|---|---|
| HIV Screening | Covered once every 12 months for anyone who asks for the test, more often for people at risk. Pregnant women can receive up to three covered tests during gestation. |
| Home Health Care | Covered benefits include medically necessary, intermittent skilled nursing care; home health aide services and rehabilitation services; social and transportation services; and medical services, equipment and supplies. Some services covered under Medicare Parts A and B with corresponding cost sharing. |
| Hospice | Covered inpatient or outpatient when medically necessary. Includes additional services such as pharmacy and respite care. |
| Immunizations | Covered for flu, Hepatitis B (if at risk), shingles (covered under Medicare Part D when medically indicated) and pneumonia vaccines. |
| Inpatient Rehabilitative Care | Covered when medically necessary for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy. |
| 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. |
| Inpatient Mental Health Care | Covered for up to 190-day lifetime limit in a psychiatric hospital. (No lifetime limit for care received in the psychiatric unit of a general hospital.) |
| Inpatient Alcoholism and Substance Use Rehabilitation | Covered when medically necessary. |
| Alcohol and Substance Use Detoxification | Covered when medically necessary. |
| Radiology | Covered when medically necessary. |
| Radiation | Covered when medically necessary. |
| Lab Tests | Covered when medically necessary. |
| Pathology | Covered when medically necessary. |
| Diagnostic Tests | Covered when medically necessary. (Medicare does not cover some routine screening tests, such as checking cholesterol.) |
| Outpatient Medical/Surgical Hospital Services | Covered for physician and outpatient facility services. |
| Outpatient Mental Health Care | Covered for most outpatient mental health services including partial hospitalization, intensive behavioral counseling for obesity and screening for depression in adults. |

| Benefit | Medicare Coverage |
|--|--|
| Outpatient Rehabilitative Care | Covered when medically necessary for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy. |
| Outpatient Alcoholism and Substance Use Rehabilitation | Covered when medically necessary. |
| Office Visits | Covered. |
| Specialty Office Visits | Covered when medically necessary. |
| Podiatry Services | Covered for medically-necessary foot care, including care for medical conditions affecting the lower limbs. Routine care is not covered. |
| Prescription Drugs | All NYSHIP Medicare Advantage HMOs provide Medicare Part D prescription drug coverage through the coverage gap (donut hole). In 2020, when your true out-of-pocket (TrOOP) spending reaches \$6,350, catastrophic coverage begins and you pay the greater of a 5 percent coinsurance or \$3.60 copayment for generic drugs and a 5 percent coinsurance or \$8.95 copayment for brand-name drugs for the rest of the year. See your plan documents for more information. (Note: These costs are set by Medicare and may change each year.) |
| Prostate Cancer Screening Exams | Digital rectal exam, prostate-specific antigen (PSA) test for men at age 50 or older covered once every 12 months. |
| Prosthetic/Orthotic Devices | Covered when medically necessary (may be limited to specific suppliers). |
| Skilled Nursing Facility | Covered up to 100 days for each benefit period in a Medicare-certified skilled nursing facility when medically necessary. |
| Urgently Needed Care | Covered when medically necessary, but not as emergency care. Except under limited circumstances, this coverage is not extended outside of the United States. |
| Vision Services | One pair of eyeglasses or contact lenses is covered after cataract surgery. Annual glaucoma screenings covered for people at risk. |

Making a Choice

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

- What is my premium for the health plan?
- What benefits does the plan have for office visits and other medical care? 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? What is my share of the cost? What type of formulary does the plan have? Can I use the mail service pharmacy? (If you receive your drug coverage from a union Employee Benefit Fund, ask the Fund about your benefits.)
- Does the plan cover special needs? How are durable medical equipment and other supplies covered? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health/substance use condition requiring specific treatment or other special needs, check the coverage carefully. Don't assume you will have coverage. Ask The Empire Plan program administrators 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?
- What benefits are available for a catastrophic illness or injury?
- 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?
- How much paperwork is required by the health plan? Do I have to fill out forms?
- Does the plan cover me when I travel or if I stay out of the area for an extended period of time?
- 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.)



Understanding the Benefit Information on Pages 20 – 59

This booklet summarizes benefits available under The Empire Plan and NYSHIP HMOs. The Empire Plan is available to all NYSHIP enrollees. You may choose an available NYSHIP HMO based on the area in which you live or work.* HMOs that offer Medicare Advantage Plans will be summarized in two separate charts: one for enrollees who are not Medicare primary and another for Medicare-primary enrollees. Identify the plans that best serve your needs, and call each plan for details before you choose.

All NYSHIP plans must include a minimum level of benefits (see pages 10–12). For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient hospital care at network hospitals.

Use the charts to compare plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2020. 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 NYSHIP Online. Go to www.cs.ny.gov/ retirees and select the link for Health Benefits, then select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. From the NYSHIP Online homepage, 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 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 You Decide to Change Your Option

If you have reviewed the coverage and cost of your options and decide to change your option:

1. Complete the *NYSHIP Option Transfer Request Form* on page 61.
2. Mail it to the Employee Benefits Division at the address on the form as early as possible prior to the coverage effective date you are requesting. (The effective date 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 Medicare Advantage HMO Enrollment Cancellation Form* on page 63 prior to the coverage effective date you are requesting. See page 62 for a list of Medicare Advantage options and instructions.

NO ACTION IS REQUIRED TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION IF YOU STILL QUALIFY FOR THAT PLAN.

Benefit Cards

You will receive your Empire Plan Benefit Card(s) or HMO identification card(s) in the mail once your option transfer request has been processed. If you need medical services before your new card arrives and you need help verifying your new enrollment, contact the Employee Benefits Division (see page 2).

If you and/or any of your dependents are Medicare primary and enrolled in The Empire Plan, each of you will also receive an Empire Plan Medicare Rx Card from SilverScript (see pages 25 and 26). Each card will have a unique ID number, which will be used at network pharmacies specifically for that person's medications and account information. If you need to obtain prescription drugs before your new card arrives, call 1-877-769-7447 and press 4 when prompted for Empire Plan Medicare Rx.

* If Medicare primary, check with the plan.

Questions & Answers

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

A: The Empire Plan is available regardless of where you live or work. To enroll or to continue enrollment in a NYSHIP-approved HMO, you must live or work* in that HMO's service area. See your *General Information Book* for details. See Plans by County on pages 18 and 19 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2020.

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 2020?

A: All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences. See pages 3–5 in this booklet for more Medicare information.

For more information about Medicare and the HMOs listed 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 Parts A and B when either of you first becomes eligible in order to get primary Medicare coverage.

Note: If you or your covered dependents are or become Medicare primary while you are enrolled in a NYSHIP HMO or The Empire Plan, you or your covered dependents will be automatically enrolled in that HMO's Medicare Advantage Plan (if offered in your service area) or the Empire Plan Medicare Rx program, depending upon what coverage you have.

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

A: Yes. As a COBRA dependent, you may elect to change to Individual coverage in a plan different from 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 has been made, you may not make another change until 12 months later, except under certain circumstances (see your *General Information Book* and *Empire Plan Reports/HMO Reports* for details). You may change from an HMO to The Empire Plan, from The Empire Plan to an HMO or from one HMO to another HMO in your area.

* If Medicare primary, check with the plan.

Consider Cost

When considering cost, think about all your costs throughout the year. Keep in mind any 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. Do this for each plan you are considering. Along with this booklet, the *2020 Rates & Information for Retirees* flyer will provide the information you need to determine your annual cost under each of the available plans.

The Empire Plan & NYSHIP HMOs: Similarities & Differences

Will I be covered for medically necessary care I receive away from home?

The Empire Plan:

Yes. The Empire Plan provides worldwide coverage. However, access to **network benefits** is not guaranteed in all states and regions.

NYSHIP HMOs:

With an HMO plan, you are always covered for emergency care. Some HMOs may provide coverage for urgent or routine care outside the HMO service area. Additionally, some HMOs provide coverage for college students away from home 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, or contact the HMO directly.

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. If the doctor you choose participates in The Empire Plan, network benefits will apply for covered services. You have Basic Medical Program benefits for nonparticipating providers and Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of the Empire Plan MultiPlan group (see page 23 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 (see page 17 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:

Your copayment(s) should be your only expense if you receive medically necessary and covered services from a participating provider.

NYSHIP HMOs:

As long as you receive medically necessary and covered services, follow HMO requirements and obtain the appropriate referral (if required), your copayment or coinsurance should be your only expense.

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. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program or, for mental health or substance use care, in the Beacon Health Options network.

Network hospital inpatient stays are paid in full. Network hospital outpatient and emergency care is subject to network copayments.

Empire Plan-primary enrollees are subject to a 10 percent coinsurance for non-network hospital inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum. Under the Mental Health and Substance Abuse Program, non-network hospital services are subject to 10 percent of covered charges up to the combined annual coinsurance maximum (see page 21).

NYSHIP HMOs:

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

What kind of physical therapy, occupational therapy and chiropractic care is available?

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 when 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 home care equipment and supplies* through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

NYSHIP HMOs:

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

* 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 20 of this booklet, in the *Empire Plan Certificate* (available online or from the Employee Benefits Division, see page 2), the *Empire Plan Medicare Rx Evidence of Coverage* (available from SilverScript and online) and in the HMO contracts (available from each HMO).

Plans by County

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP) regardless of where you live or work. Coverage is worldwide.

Many 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 shows which HMOs are available in each county. Medicare-primary NYSHIP HMO enrollees will be enrolled in their HMO's Medicare Advantage Plan, except where noted below.

| | |
|--|---|
| Albany: CDPHP (063), HIP* (220), MVP (060) | Erie: BCBS of Western New York (067), Independent Health (059) |
| Allegany: BCBS of Western New York (067), Independent Health (059) | Essex: CDPHP (300), HMOBlue (160), MVP (360) |
| Bronx: HIP (050) | Franklin: HMOBlue (160), MVP (360) |
| Broome: CDPHP (300), HMOBlue (072), MVP (330) | Fulton: CDPHP (063), HMOBlue (160), MVP (060) |
| Cattaraugus: BCBS of Western New York (067), Independent Health (059) | Genesee: BCBS of Western New York (067), Independent Health (059), MVP (058) |
| Cayuga: HMOBlue (072), MVP (330) | Greene: CDPHP (063), HIP* (220), MVP (060) |
| Chautauqua: BCBS of Western New York (067), Independent Health (059) | Hamilton: CDPHP (300), HMOBlue (160), MVP (060) |
| Chemung: HMOBlue (072) | Herkimer: CDPHP (300), HMOBlue (160), MVP (330) |
| Chenango: CDPHP (300), HMOBlue (160), MVP (330) | Jefferson: HMOBlue (160), MVP (330) |
| Clinton: HMOBlue (160), MVP (360) | Kings: HIP (050) |
| Columbia: CDPHP (063), HIP* (220), MVP (060) | Lewis: HMOBlue (160), MVP (330) |
| Cortland: HMOBlue (072), MVP (330) | Livingston: BlueChoice (066), MVP (058) |
| Delaware: CDPHP (310), HIP* (350), HMOBlue (160), MVP (330) | Madison: CDPHP (300), HMOBlue (160), MVP (330) |
| Dutchess: CDPHP (310), HIP* (350), MVP (340) | Monroe: BlueChoice (066), MVP (058) |

* This HMO does not offer a Medicare Advantage Plan in this county but instead coordinates coverage with Medicare for Medicare-primary enrollees. For more information about how primary Medicare coverage affects NYSHIP, see page 3 and/or ask your HBA for a copy of *2020 Choices for Retirees*.

| | |
|---|---|
| Montgomery: CDPHP (063), HMOBlue (160), MVP (060) | Schenectady: CDPHP (063), HIP* (220), MVP (060) |
| Nassau: HIP (050) | Schoharie: CDPHP (063), MVP (060) |
| New York: HIP (050) | Schuyler: HMOBlue (072) |
| Niagara: BCBS of Western New York (067), Independent Health (059) | Seneca: Blue Choice (066), MVP (058) |
| Oneida: CDPHP (300), HMOBlue (160), MVP (330) | St. Lawrence: HMOBlue (160), MVP (360) |
| Onondaga: HMOBlue (072), MVP (330) | Steuben: HMOBlue (072), MVP (058) |
| Ontario: Blue Choice (066), MVP (058) | Suffolk: HIP (050) |
| Orange: CDPHP (310), HIP* (350), MVP (340) | Sullivan: HIP* (350), MVP (340) |
| Orleans: BCBS of Western New York (067), Independent Health (059), MVP (058) | Tioga: CDPHP (300), HMOBlue (072), MVP (330) |
| Oswego: HMOBlue (072), MVP (330) | Tompkins: HMOBlue (072), MVP (330) |
| Otsego: CDPHP (300), HMOBlue (160), MVP (330) | Ulster: CDPHP (310), HIP* (350), MVP (340) |
| Putnam: HIP* (350), MVP (340) | Warren: CDPHP (063), HIP* (220), MVP (060) |
| Queens: HIP (050) | Washington: CDPHP (063), HIP* (220), MVP (060) |
| Rensselaer: CDPHP (063), HIP* (220), MVP (060) | Wayne: Blue Choice (066), MVP (058) |
| Richmond: HIP (050) | Westchester: HIP (050), MVP (340) |
| Rockland: MVP (340) | Wyoming: BCBS of Western New York (067), Independent Health (059), MVP (058) |
| Saratoga: CDPHP (063), HIP* (220), MVP (060) | Yates: Blue Choice (066), MVP (058) |

* This HMO does not offer a Medicare Advantage Plan in this county but instead coordinates coverage with Medicare for Medicare-primary enrollees. For more information about how primary Medicare coverage affects NYSHIP, see page 3 and/or ask your HBA for a copy of *2020 Choices for Retirees*.

The Empire Plan NYSHIP Code #001

Empire Plan benefits are available worldwide, and the Plan gives you the freedom to choose a participating or nonparticipating provider or facility. This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2020.¹ You may also visit www.cs.ny.gov/retirees or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for additional information on the following programs.

Medical/Surgical Program

UnitedHealthcare

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

Medical and surgical coverage through:

- **Participating Provider Program** – More than 300,000 physicians and other providers participate, with more than 40,000 physicians in Florida alone. Certain services are subject to a \$25 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, the Program considers up to 80 percent of usual and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance maximum is met, the Plan considers up to 100 percent of usual and customary charges for covered services. See Cost Sharing (beginning on page 22) for additional information.
- **Basic Medical Provider Discount Program** – If you are Empire Plan primary and use a nonparticipating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket costs may be lower (see page 23).

Home Care Advocacy Program (HCAP) – Paid-in-full benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes. (Diabetic shoes have an annual maximum benefit of \$500.) Prior authorization is required. Guaranteed access to network benefits nationwide. Limited non-network benefits available (see the *Empire Plan Certificate* for details).

Managed Physical Medicine Program – Chiropractic treatment, physical therapy and occupational therapy through a Managed Physical Network (MPN) provider with a \$25 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, you must call the Medical/Surgical Program for Prospective Procedure Review 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 (see the *Empire Plan Certificate* for details).

When arranged by the Medical/Surgical Program, a voluntary, paid-in-full specialist consultant evaluation is available. Voluntary outpatient medical case management is available to help coordinate services for catastrophic and complex cases.

Hospital Program

Empire BlueCross

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

The following benefit levels apply for covered services received at a BlueCross and BlueShield Association BlueCard® PPO **network hospital**:

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- 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 outpatient hospital copayments.
- Except as previously noted, physician charges received in a hospital setting will be paid in full if the provider is a participating provider under the Medical/Surgical Program. Physician charges for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

¹ These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate*.

If you are an Empire Plan-primary enrollee,² you will be subject to 10 percent coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10 percent coinsurance or \$75 per visit. In either scenario, expenses will be reimbursed only after the applicable combined annual coinsurance maximum threshold (see pages 22-23) has been reached.

The Empire Plan will approve network benefits for hospital services received 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 of the following inpatient stays:

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

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

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

Voluntary inpatient medical case management is available to help coordinate services for catastrophic and complex cases.

Mental Health and Substance Abuse Program

Beacon Health Options, Inc.

P.O. Box 1850, Hicksville, NY 11802

The Mental Health and Substance Abuse (MHSA) Program offers both network and non-network benefits.

Network Benefits

(unlimited when medically necessary)

If you call the MHSA Program before you receive services and follow their requirements, you receive:

- Inpatient services, paid in full
- Crisis intervention, paid in full for up to three visits per crisis; after the third visit, the \$25 copayment per visit applies
- Outpatient services, including office visits, home-based or telephone counseling and nurse practitioner services, for a \$25 copayment per visit
- Intensive Outpatient Program (IOP) with an approved provider for mental health or substance use treatment for a \$25 copayment per day

Non-Network Benefits³

(unlimited when medically necessary)

The following applies if you do **NOT** follow the requirements for network coverage.

- For Practitioner Services: The MHSA Program will consider up to 80 percent of usual and customary charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached, the Program pays up to 100 percent of usual and customary charges for covered services (see pages 22–23).

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

³ You are responsible for ensuring that MHSA Program certification is received for care obtained from a non-network practitioner or facility.

- 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 and per all enrolled dependent children combined. After the coinsurance maximum is met, the Program pays 100 percent of billed charges for covered services.
- Outpatient treatment sessions for family members of an individual being treated for alcohol or substance use are covered for a maximum of 20 visits per year for all family members combined.

Empire Plan Cost Sharing

Plan Providers

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost of covered services depends on whether the provider you use participates in the Plan. You receive the maximum plan benefits when you use participating providers. For more information, read *Reporting On Network Benefits*. You can find this publication on NYSHIP Online at www.cs.ny.gov/retirees or contact the Employee Benefits Division for a copy (see page 2).

If you use an Empire Plan participating or network provider or facility, you pay a copayment for certain services. Some services 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 for:

- Mental Health and Substance Abuse (MHSA) Program services
- Managed Physical Medicine Program services (physical therapy, chiropractic care and occupational therapy)
- Home Care Advocacy Program (HCAP) services (including durable medical equipment)

If you use a nonparticipating provider or non-network facility, benefits for covered services are subject to a deductible and/or coinsurance.

2020 Annual Maximum Out-of-Pocket Limit

Your maximum out-of-pocket expenses for in-network covered services will be \$5,300 for Individual coverage and \$10,600 for Family coverage for Hospital, Medical/Surgical and MHSA programs, combined. Once you reach the limit, you will have no additional copayments.

Combined Annual Deductible

For Medical/Surgical and MHSA Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible of \$1,250 per enrollee, \$1,250 per enrolled spouse/domestic partner and \$1,250 per all dependent children combined. The combined annual deductible must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSA Programs can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined that is not included in the combined annual deductible.

After you satisfy the combined annual deductible, The Empire Plan considers 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSA Program, 50 percent of the network allowance for covered services for non-network HCAP services and 90 percent of billed charges for covered services for non-network approved facility services for the MHSA Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the usual and customary charge for Basic Medical Program and non-network practitioner services for the MHSA Program, 10 percent for non-network MHSA-approved facility services and the remaining 50 percent of the network allowance for covered, non-network HCAP services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum of \$3,750 per enrollee, \$3,750 per enrolled spouse/domestic partner and \$3,750 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of covered charges under the Hospital Program and 100 percent of the usual and customary charges for services covered

under the Basic Medical Program and MHSA Program. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges. You are also responsible for paying all charges in excess of the usual and customary charge.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and MHSA Program. The Managed Physical Medicine Program and HCAP 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 nonparticipating provider. 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 usual and customary charge. Under this Program, 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/Surgical Program and ask a representative for help. You can also go to www.cs.ny.gov/retirees. Select Health Benefits and then the group from which you retired and your plan type, if prompted, and then click on Find a Provider.

The Empire Plan Center of Excellence Programs

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

The Center 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 within the United States, are available only when you are enrolled in the Program. Precertification is required.

The Center of Excellence for Infertility Program is a select group of participating providers recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000 per covered individual. A travel allowance within the United States is available. Precertification is required.

For details on the Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate and Reporting On Center of Excellence Programs* available on NYSHIP Online at www.cs.ny.gov/retirees, or call the Employee Benefits Division (see page 2) to request copies.

Medicare Crossover Program

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees and dependents with no other group coverage, Medicare processes your claim for medical/surgical, hospital and mental health/substance use 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 nonparticipating 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 Medicare Beneficiary Identifier (MBI) and your secondary coverage 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 The Empire Plan. If the EOMB does not state that your claim was forwarded to The Empire Plan, 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 toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical Program.

Prescription Drug Coverage

What You Pay

You pay the copayments shown below for prescriptions covered under either the Empire Plan Prescription Drug Program or Empire Plan Medicare Rx (see pages 24–26). Review your Plan documents for more information.

When you use a network pharmacy:

- For a 1- to 30-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$30 copayment for Level/Tier 2 drugs and a \$60 copayment for Level/Tier 3 drugs.
- For a 31- to 90-day supply of a covered drug, you pay a \$10 copayment for Level/Tier 1 drugs, a \$60 copayment for Level/Tier 2 drugs and a \$120 copayment for Level/Tier 3 drugs.

When you use a network mail service pharmacy:

- For a 1- to 30-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$30 copayment for Level/Tier 2 drugs and a \$60 copayment for Level/Tier 3 drugs.
- For a 31- to 90-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$55 copayment for Level/Tier 2 drugs and a \$110 copayment for Level/Tier 3 drugs.

You can use a non-network pharmacy or pay out of pocket at a network pharmacy (instead of using your Empire Plan Benefit or Medicare Rx 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 or Medicare Rx Card whenever possible.

2020 Annual Maximum Out-of-Pocket Limit*

Your annual maximum out-of-pocket expenses for covered drugs received from a network pharmacy under the Empire Plan Prescription Drug Program will be \$2,850 for Individual coverage and \$5,700 for Family coverage. Once you reach the limit, you will have no additional copayments for prescription drugs.

Prescription Drug Program

for non-Medicare-primary Empire Plan retirees and dependents (see page 25 if you will become Medicare primary in 2020)

CVS Caremark

P.O. Box 6590, Lee's Summit, MO 64064-6590

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

- A one-month supply of your medication covers up to 30 days, and a long-term supply covers up to 90 days.
- 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 (or "ancillary charge"), not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1

* The annual maximum out-of-pocket limit does not apply to Empire Plan Medicare Rx.

of the Advanced Flexible Formulary. Exceptions apply. Please contact the Empire Plan Prescription Drug Program toll free 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. A copy of the 2020 Advanced Flexible Formulary will be mailed to your home with the *2020 At A Glance* in December. You can also find the most up-to-date version of the formulary on NYSHIP Online. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day, seven days a week to answer questions about your prescriptions.
- Oral chemotherapy drugs for the treatment of cancer do not require a copayment.
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer, do not require a copayment. In addition, generic oral contraceptive drugs/devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment. The copayment waivers for these drugs will only be provided if the drug is filled at a network pharmacy.
- Certain preventive adult vaccines for non-Medicare-primary enrollees, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network, do not require a copayment.

See the *Empire Plan Certificate* or contact the Plan for more information.

Specialty Pharmacy

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. This Program provides enhanced services to non-Medicare-primary 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 NYSHIP Online. Go to www.cs.ny.gov/retirees and select Health Benefits. Choose the group from which you retired and Empire Plan, if prompted, then select Using Your Benefits and Specialty Pharmacy Drug List.

The Program provides enrollees with enhanced services that include disease and drug education; compliance, side effect and 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.

Under the Specialty Pharmacy Program, you are covered for an initial 30-day fill of most specialty medications at a retail pharmacy, but all subsequent fills must be obtained through the designated specialty pharmacy. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. To get started with CVS Caremark Specialty Pharmacy, request refills or speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 for the Prescription Drug Program and ask to speak with Specialty Customer Care.

Empire Plan Medicare Rx Program

for Medicare-primary Empire Plan retirees and dependents

SilverScript Insurance Company

(an affiliate of CVS Caremark)

P.O. Box 6590, Lee's Summit, MO 64064-6590

Empire Plan Medicare Rx does not apply to those who have drug coverage through a union Employee Benefit Fund. This is not a comprehensive description of benefits. See Evidence of Coverage (available from SilverScript) or other plan documents or visit www.empireplanrxprogram.com for complete details. Empire Plan Medicare Rx is administered by SilverScript Insurance Company through its contract with the Centers for Medicare & Medicaid Services.

Empire Plan retirees and dependents who are Medicare primary on or after January 1, 2020 will automatically be enrolled in Empire Plan Medicare Rx. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

- A one-month supply of your medication covers up to 30 days, and a long-term supply covers up to 90 days (see page 24 for copayments).

- The 2020 Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.
- If Empire Plan Medicare Rx excludes or limits your coverage of a Part D drug that you take, you or your doctor can request a coverage determination or file an appeal to change a coverage decision. For information on the appeal process for drugs on the supplemental drug list that have coverage limitations, please contact The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).
- Prior authorization is required for certain drugs. Call 1-877-7-NYSHIP (1-877-769-7447) and press 4 to speak with a CVS Caremark customer care representative if you have questions. A full listing of drugs subject to prior authorization is available on NYSHIP Online. Go to www.cs.ny.gov/retirees and choose Health Benefits and then the group from which you retired and Empire Plan, if prompted. Select Find a Provider and scroll down to the Empire Plan Prescription Drug Program website. From there, choose SilverScript, click on the Documents tab and then the 2020 Comprehensive Formulary. This formulary indicates all drugs that require prior authorization with “PA.”
- Certain covered medications may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed over a period of time may be limited. You or your doctor may also need to provide clinical information about your health to ensure your drug is covered correctly by Medicare.
- Prescriptions covered under Medicare Part B are covered under the Empire Plan Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because they are covered under Medicare first and the Empire Plan Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B medications. Most pharmacies already know which drugs each Medicare program covers.

- Once you qualify for catastrophic coverage (see page 12), you pay the greater of a \$3.60 copayment for generic drugs and a \$8.95 copayment for brand-name drugs or five percent coinsurance, not to exceed your usual copayment.
- People with limited income may qualify for Medicare’s Extra Help program, which helps cover their prescription drug costs (see page 4). For more information about Extra Help, contact The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) or your local Social Security office or visit www.ssa.gov. You may also contact your state Medicaid office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Specialty Pharmacy

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. Specialty drugs can be ordered through the



Specialty Pharmacy Program using the CVS Caremark Mail Service Order Form. To request mail service forms or refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 for the Prescription Drug Program and ask to speak with Specialty Customer Care.

Reminder: Enrolling in another Medicare product in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.

Medicare only provides coverage to enrollees living in the United States and its territories (Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands and American Samoa). If your permanent residence is located outside the United States, you are not eligible for Medicare coverage. If you are enrolled in Empire Plan Medicare Rx and plan to move outside the United States, please contact the Employee Benefits Division (see page 2) before you relocate to help prevent a lapse in coverage.



The Empire Plan NurseLineSM

Call The Empire Plan and press or say 5 for the NurseLineSM for health information and support.

Representatives are available 24 hours a day, seven days a week.

Contact The Empire Plan

For additional information or questions on any of the benefits described here, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the applicable program.

Teletypewriter (TTY) Numbers

These numbers are available to callers who use a TTY device because of a disability and are all 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:.....1-855-643-1476

Prescription Drug Program

(for non-Medicare-primary retirees)

TTY only:.....711

Empire Plan Medicare Rx

(for Medicare-primary retirees)

TTY only:.....711

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 ^{1,2} | Participating Provider ² | Nonparticipating Provider |
|---|--|---|---|
| Office Visits ² | | \$25 per visit | Basic Medical ³ |
| Specialty Office Visits ² | | \$25 per visit | Basic Medical ³ |
| Diagnostic Services: ² | | | |
| Radiology | \$50 per outpatient visit | \$25 per visit | Basic Medical ³ |
| Lab Tests | \$50 per outpatient visit | \$25 per visit | Basic Medical ³ |
| Pathology | No copayment | \$25 per visit | Basic Medical ³ |
| EKG/EEG | \$50 per outpatient visit | \$25 per visit | Basic Medical ³ |
| Radiation, Chemotherapy, Dialysis | No copayment | No copayment | Basic Medical ³ |
| Women's Health Care/ Reproductive Health: ² | | | |
| Screenings and Maternity-Related Lab Tests | \$50 per outpatient visit | \$25 per visit | Basic Medical ³ |
| Mammograms | No copayment | No copayment | Basic Medical ³ |
| Pre/Postnatal Visits and Well-Woman Exams | | \$25 per visit | Basic Medical ³ |
| Bone Density Tests | \$50 per outpatient visit | \$25 per visit | Basic Medical ³ |
| Breastfeeding Services and Equipment | | No copayment for pre/postnatal counseling and equipment purchase from a participating provider; one double-electric breast pump per birth | |
| External Mastectomy Prostheses | | No network benefit. See nonparticipating provider. | Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ⁴ |
| Family Planning Services ² | | \$25 per visit | Basic Medical ³ |
| Infertility Services | \$50 per outpatient visit ⁵ | \$25 per visit; no copayment at designated Centers of Excellence ⁵ | Basic Medical ³ |

| Benefits | Network Hospital Benefits ^{1,2} | Participating Provider ² | Nonparticipating Provider |
|--|--|---|---|
| Contraceptive Drugs and Devices | | No copayment for certain FDA-approved oral contraception methods and counseling | Basic Medical ³ |
| Inpatient Hospital Surgery | No copayment ⁶ | No copayment | Basic Medical ³ |
| Outpatient Surgery | \$95 per visit | \$25 per visit ⁷ | Basic Medical ³ |
| Emergency Department | \$100 per visit ⁸ | No copayment | Basic Medical ^{3,9} |
| Urgent Care | \$50 per outpatient visit ¹⁰ | \$30 per visit | Basic Medical ³ |
| Ambulance | No copayment ¹¹ | \$70 per trip ¹² | \$70 per trip ¹² |
| Mental Health Practitioner Services | | \$25 per visit | Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see page 22 for details) |
| Approved Facility Mental Health Services | | No copayment | 90% of billed charges; after applicable coinsurance max, covered in full (see page 22 for details) |
| <p>¹ Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 21).</p> <p>² Copayment waived for preventive services under the PPACA. See www.hhs.gov/healthcare/rights/preventive-care or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.</p> <p>³ See Cost Sharing (beginning on page 22) for Basic Medical information.</p> <p>⁴ Any single external mastectomy prosthesis costing \$1,000 or more requires prior approval.</p> <p>⁵ Certain qualified procedures require precertification and are subject to \$50,000 lifetime allowance.</p> <p>⁶ Preadmission certification may be required.</p> <p>⁷ In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$50 per visit or Basic Medical benefits apply, depending upon the status of the center. (Check with the center or The Empire Plan program administrators.)</p> <p>⁸ Copayment waived if admitted.</p> <p>⁹ Attending emergency department physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers are considered under the Basic Medical Program and are not subject to deductible and coinsurance.</p> <p>¹⁰ At a hospital-owned urgent care facility only.</p> <p>¹¹ If service is provided by admitting hospital.</p> <p>¹² 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.</p> | | | |

The Empire Plan

| Benefits | Network Hospital Benefits ^{1,2} | Participating Provider ² | Nonparticipating Provider |
|--|---|--|---|
| Outpatient Drug/Alcohol Rehabilitation | | \$25 per day to approved Intensive Outpatient Program | Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see page 22 for details) |
| Inpatient Drug/Alcohol Rehabilitation | | No copayment | 90% of billed charges; after applicable coinsurance max, covered in full (see page 22 for details) |
| Durable Medical Equipment | | No copayment (HCAP) ¹³ | 50% of network allowance (see the <i>Empire Plan Certificate</i>) ¹³ |
| Prosthetics | | No copayment ¹⁴ | Basic Medical ^{3,14} \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance |
| Orthotic Devices | | No copayment ¹⁴ | Basic Medical ^{3,14} |
| Rehabilitative Care (not covered in a skilled nursing facility if Medicare primary) | No copayment as an inpatient; \$25 per visit for outpatient physical therapy following related surgery or hospitalization ¹⁵ | Physical or occupational therapy \$25 per visit (MPN) Speech therapy \$25 per visit | \$250 annual deductible, 50% of network allowance Basic Medical ³ |
| Diabetic Supplies | | No copayment (HCAP) | 50% of network allowance (see the <i>Empire Plan Certificate</i>) |
| Insulin and Oral Agents (covered under the Prescription Drug Program, subject to drug copayment) | | | |
| Diabetic Shoes | | \$500 annual maximum benefit ¹³ | 75% of network allowance up to an annual maximum benefit of \$500 (see the <i>Empire Plan Certificate</i>) ¹³ |
| Hospice | No copayment, no limit | | 10% of billed charges up to the combined annual coinsurance maximum |
| Skilled Nursing Facility ^{16,17} | No copayment | | 10% of billed charges up to the combined annual coinsurance maximum |

| Benefits | Network Hospital Benefits ^{1,2} | Participating Provider ² | Nonparticipating Provider |
|--|---|--|---|
| Prescription Drugs (see pages 24–27) | | | |
| Specialty Drugs (see pages 25 and 26) | | | |
| Additional Benefits: | | | |
| Dental (preventive) | | Not covered | Not covered |
| Vision (routine only) | | Not covered | Not covered |
| Hearing Aids | | No network benefit. See nonparticipating provider. | Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary |
| Annual Out-of-Pocket Maximum (In-Network Benefits only) | Individual coverage: \$2,850 for the Prescription Drug Program. ¹⁷ \$5,300 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs. Family coverage: \$5,700 for the Prescription Drug Program. ¹⁷ \$10,600 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs. | | Not available |
| Out-of-Area Benefit | Benefits for covered services are available worldwide. | | |
| 24-hour NurseLine SM for health information and support at 1-877-7-NYSHIP (1-877-769-7447). | | | |
| 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. | | | |
| For more information regarding covered vaccines, tests and screenings, see the <i>Empire Plan Preventive Care Coverage Chart</i> on NYSHIP Online under Publications or visit www.hhs.gov/healthcare/rights/preventive-care . | | | |
| ¹ Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 21). ² Copayment waived for preventive services under the PPACA. See www.hhs.gov/healthcare/rights/preventive-care or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance. ³ See Cost Sharing (beginning on page 22) for Basic Medical information. | | ¹³ 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 <i>Empire Plan Certificate</i> . ¹⁴ Benefit paid up to cost of device meeting individual’s functional need. ¹⁵ Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization. ¹⁶ Up to 120 benefit days; Benefits Management Program provisions apply. ¹⁷ Does not apply to Medicare-primary enrollees. | |

| Benefits | Enrollee Cost |
|---|--|
| Office Visits | \$25 per visit (\$5 for children to age 26) |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$40 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$40 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | \$25 per visit |
| Chemotherapy | \$25 for Rx injection and \$25 office copayment (max two copayments per day) |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment (routine) \$40 copayment (diagnostic) |
| Breastfeeding Services and Equipment must be purchased from a participating Durable Medical Equipment provider | No copayment |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | \$25 PCP, \$40 specialist per visit |
| Infertility Services | Applicable physician/ facility copayment |
| Contraceptive Drugs | Applicable Rx copayment ¹ |
| Contraceptive Devices | Applicable Rx copayment ¹ |
| Inpatient Hospital Surgery | |
| Physician | No copayment |
| Facility | No copayment |

| Benefits | Enrollee Cost |
|---|---|
| Outpatient Surgery | |
| Hospital | \$50 per visit |
| Physician's Office | \$50 copayment or 20% coinsurance, whichever is less |
| Outpatient Surgery Facility | \$40 physician and \$50 facility per visit |
| Emergency Department | \$100 per visit (waived if admitted within 24 hours) |
| Urgent Care Facility | \$35 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual | \$25 per visit (\$5 for children to age 26) |
| Group | \$25 per visit (\$5 for children to age 26) |
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$25 per visit (\$5 for children to age 26) |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 60 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined | \$40 per visit |
| Outpatient Speech Therapy, 30 visits max for all outpatient services combined | \$40 per visit |
| Diabetic Supplies | \$25 per item up to a 30-day supply |
| Insulin and Oral Agents | \$25 per prescription up to a 30-day supply |
| Diabetic Shoes | 50% coinsurance one pair per year when medically necessary |
| Hospice, 210 days max | No copayment |

¹ Generic oral contraceptives and certain OTC contraceptive devices are covered in full in accordance with the Affordable Care Act.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

| | |
|--|--------------|
| Skilled Nursing Facility 45 days max per admission, 360-day lifetime max | No copayment |
|--|--------------|

Prescription Drugs

| | |
|-----------------------|---|
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ² |
|-----------------------|---|

| | |
|---------------------------------|--|
| Mail Order, up to 90-day supply | \$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ² |
|---------------------------------|--|

You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are 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 drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

Annual Out-of-Pocket Maximum

| | |
|-----------------------|---|
| (In-Network Benefits) | \$6,350 Individual, \$12,700 Family per year |
|-----------------------|---|

| | |
|----------------------------|----------------|
| Dental ³ | \$40 per visit |
|----------------------------|----------------|

| | |
|----------------------------|----------------|
| Vision ⁴ | \$40 per visit |
|----------------------------|----------------|

| | |
|---------------------|---|
| Hearing Aids | Children 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 cover routine and urgent care 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 |
|---------------------------------|----------------|

| | |
|---------------------|----------------|
| Telemedicine | \$10 per visit |
|---------------------|----------------|

We have partnered with MDLIVE® to provide you with a faster way to access healthcare for non-emergency medical conditions and behavioral health conditions through telemedicine.

Plan Highlights for 2020

Laboratory and pathology services are covered in full. We deliver high-quality coverage, plus discounts on

services that encourage you to keep a healthy lifestyle. Excellus BCBS, via our partner MDLIVE®, now offers another low-cost way to receive care. Visit with a U.S. board-certified doctor right from your home, office or on the go for non-emergency medical and behavioral health conditions for only a \$10 copayment.

Participating Physicians

With more than 3,200 providers available, Blue Choice offers you more choice of doctors than any other area HMO.

Affiliated Hospitals

All hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please call for a directory, or visit www.excellusbcbs.com.

Pharmacies and Prescriptions

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. Blue Choice offers convenient mail-order services for select maintenance drugs. Blue Choice offers an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For information:

Blue Choice: 1-800-499-1275

TTY: 1-800-662-1220

Medicare Blue Choice: 1-877-883-9577

Website: www.excellusbcbs.com

² If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

³ Coverage for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; routine care not covered.

⁴ Coverage for exams to treat a disease or injury; routine care not covered.

| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$5 per visit |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$5 PCP, \$20 specialist per visit |
| Postnatal Visits | \$5 PCP, \$20 specialist per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | Not covered |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | Not covered |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$50 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$50 per visit |
| Emergency Department¹ | \$50 per visit (waived if admitted within 23 hours) |

| Benefits | Enrollee Cost |
|---|--|
| Urgent Care Facility | \$50 per visit ² |
| Ambulance | \$35 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | 20% coinsurance |
| Group, unlimited | 20% coinsurance |
| Inpatient Mental Health | No copayment |
| 190 days max per lifetime ³ | |
| Outpatient Drug/Alcohol Rehab | 20% coinsurance unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics⁴ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | \$5 per item for a 30-day supply from a preferred supplier |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance one pair per year when medically necessary |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | \$0 copayment per day 100 days max (days 1-20), \$25 copayment per day (days 21-100) |

¹ Worldwide coverage.

² You pay a \$50 copayment for covered services at 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 \$20 copayment.

³ In a psychiatric facility.

⁴ Covered when there is an underlying medical condition. Requires preauthorization.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

Prescription Drugs

| | |
|---------------------------|---|
| Retail, 30-day supply | \$10 Tier 1, \$25 Tier 2, \$40 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁵ |

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

Specialty Drugs

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

Dental..... Coverage for preventive services only

Routine Eye Exam..... \$20 per visit

Vision..... \$120 annual eyewear allowance

Hearing Aids..... \$699 or \$999 copayment
per hearing aid

Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

Out of Area..... 20% coinsurance up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice service area

Health and Wellness..... Silver & Fit Program

Plan Highlights for 2020

With Medicare Blue Choice, count on us to deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle. Take advantage of our Silver & Fit Program, designed to help you get in shape. Pay a low \$5 copayment for PCP visits and no copayment for routine physicals. Save by paying only two copayments for up to a 90-day supply of prescription drugs through Express Scripts or Wegmans Mail Order Pharmacies.

Participating Physicians

With more than 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 hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call for a directory or check our website at www.excellusbcbs.com.

Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Medicare Blue Choice offers an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary from the copayments of NYSHIP-primary enrollees. Please call 1-877-883-9577 for details.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For information:

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-662-1220

Website: www.excellusbcbs.com

⁵ Copayments shown apply for a 90-day supply dispensed via mail order or retail.



| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$10 per visit ¹ |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$18 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$18 per visit |
| Lab Tests | No copayment ² |
| Pathology | No copayment |
| EKG/EEG | \$18 per visit |
| Radiation | \$18 per visit |
| Chemotherapy | \$18 per visit |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$10 for initial visit only ³ |
| Postnatal Visits | \$18 per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | No copayment ⁴ |
| External Mastectomy Prosthesis one per breast per year | No copayment |
| Family Planning Services | \$18 per visit |
| Infertility Services ⁵ | \$18 per visit |
| Contraceptive Drugs | No copayment ⁶ |
| Contraceptive Devices | No copayment ⁶ |
| Inpatient Hospital Surgery | No copayment |

| Benefits | Enrollee Cost |
|---|-----------------|
| Outpatient Surgery | |
| Hospital | \$100 per visit |
| Physician's Office | \$18 per visit |
| Outpatient Surgery Facility | \$100 per visit |
| Emergency Department (waived if admitted) | \$100 per visit |
| Urgent Care Facility ⁷ | \$25 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$10 per visit |
| Group, unlimited | \$10 per visit |
| Inpatient Mental Health unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab unlimited | \$18 per visit |
| Inpatient Drug/Alcohol Rehab unlimited | No copayment |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 45 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 20 visits max ⁸ | \$18 per visit |
| Outpatient Speech Therapy, 20 visits max ⁸ | \$18 per visit |

¹ \$0 copayment for primary care visits for children age 19 and under.

² For services at a standalone 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 department visit are also paid in full.

³ One-time \$10 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

⁴ \$170 allowance towards the purchase of one manual or electric breast pump at a participating provider per pregnancy; you pay the difference for an upgraded model. Rental only for a hospital grade pump, covered for the duration of breastfeeding.

⁵ For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.

⁶ No copayment for contraceptive drugs and devices unless a generic equivalent is available, in which case you are subject to a \$30 (Tier 2) or \$60 (Tier 3) copayment. A mail-order supply costs 2.5 times the applicable copayment.

⁷ Urgent Care is covered outside of our eight-county service area of Western New York.

⁸ Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

| Benefits | Enrollee Cost |
|--|--|
| Diabetic Supplies | \$10 per item |
| Insulin and Oral Agents | \$10 per item |
| Diabetic Shoes | Not covered |
| Hospice 210 days max per year | No copayment |
| Skilled Nursing Facility 50 days max per plan year | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$30 Tier 2, \$60 Tier 3 |
| Mail Order, 90-day supply | \$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3 |
| May require prior approval. Over 600 \$0 preventive drugs available. | |
| Specialty Drugs | |
| Available through mail order at the applicable copayment. | |
| Additional Benefits | |
| Annual Out-of-Pocket Maximum | |
| (In-Network Benefits) | \$3,000 Individual, \$6,000 Family per year |
| Dental | Not covered |
| Vision | Discounts available ⁹ |
| Hearing Aids ¹⁰ | Plan covers up to two TruHearing Flyte hearing aids every year (one per ear per year). |
| Out of Area | Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area. |
| Artificial Insemination & In Vitro Fertilization | |
| 20% coinsurance. Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered. | |
| Wellness Services | \$500 Wellness Card allowance for use at participating facilities |

Plan Highlights for 2020

Wellness allowance may be used for, but not limited to, acupuncture, massage therapy, chiropractic visits and health food stores. Visit www.bcbswny.com for information on discounts and wellness programs. You can use Telemedicine hosted by Doctor on Demand at no copayment. Over 600 \$0 preventive drugs available and no copayment for pediatric PCP visits, age 19 and under.

Participating Physicians

You have access to 7,000+ physicians/healthcare professionals.

Affiliated Hospitals

You may receive care at all Western New York hospitals and other hospitals if medically necessary.

Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions filled up to 30-day supply. BlueCross BlueShield offers an **incented formulary**.

Medicare Coverage

Medicare-primary enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 067

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

BlueCross BlueShield of Western New York

P.O. Box 80, Buffalo, NY 14240-0080

For information:

BlueCross BlueShield of Western New York:

716-887-8840 or 1-877-576-6440

TTY: 711

Website: www.bcbswny.com/NYSHIP

⁹ Call 1-888-497-7419 for discount information.

¹⁰ If you do not use TruHearing, your benefit is subject to 50% coinsurance. TruHearing may be reached at 1-800-334-1807.

MEDICARE ADVANTAGE PLAN



| Benefits | Enrollee Cost |
|--|---|
| Office Visits | \$10 per visit ¹ |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$30 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$30 per test ² |
| Lab Tests | No copayment ^{2,3} |
| Pathology | No copayment |
| EKG/EEG | \$30 per test |
| Radiation | \$30 per test ² |
| Chemotherapy | No copayment ² |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment ⁴ |
| Mammograms | No copayment ⁴ |
| Prenatal Visits | No copayment ⁵ |
| Postnatal Visits | No copayment ⁵ |
| Bone Density Tests | No copayment ⁴ |
| Breastfeeding Services | Classes are \$0; |
| and Equipment | equipment is not covered |
| External Mastectomy Prosthesis | 20% coinsurance |
| one prosthesis per affected breast per year | |
| Family Planning Services | \$10 PCP/ \$30 specialist ⁶ |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment ^{6,7} |
| Contraceptive Devices | No copayment ^{6,7} |
| Part B Medical | |

| Benefits | Enrollee Cost |
|---|---|
| Inpatient Hospital Surgery | No copayment ² |
| Outpatient Surgery | |
| Hospital | \$75 per visit ² |
| Physician's Office | \$10 PCP/\$30 specialist |
| Outpatient Surgery Facility | \$75 per visit ² |
| Emergency Department | \$65 per visit ⁸ |
| Urgent Care Facility | \$35 per visit ⁸ |
| Ambulance | \$100 per trip ² |
| Outpatient Mental Health | \$40 per visit ² |
| Inpatient Mental Health | No copayment ^{2,9} |
| Outpatient Drug/Alcohol Rehab | \$40 per visit ² |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment ^{2,9} |
| Durable Medical Equipment | |
| | \$0 compression stockings; 20% coinsurance on all other items ² |
| Prosthetics | 20% coinsurance ^{2,10} |
| Orthotics | 20% coinsurance ^{2,10} |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment ² |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |

¹ \$0 for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

² Prior authorization is required.

³ All testing must be completed at a Quest Diagnostics lab. Our PCPs/specialists are considered permitted draw sites as long as the testing is completed by Quest.

⁴ No copayment if preventive.

⁵ Members pay the PCP copayment for the first visit to confirm pregnancy. Additional maternity/OB GYN visits are \$0. Maternity care, diagnostic tests and lab tests, including genetic, are covered.

⁶ Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy. Oral contraceptives are on our formulary.

⁷ No copayment for the device when supplied by your physician. In this scenario, the device is covered under your medical coverage. An office copayment may apply. Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy.

⁸ Worldwide Coverage. Waived if admitted within one day.

⁹ 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.

¹⁰ On all items except diabetic shoes/inserts.

| Benefits | Enrollee Cost |
|--|--|
| Diabetic Supplies Part B coverage: glucose monitors, lancets & test strips | No copayment |
| Insulin and Oral Agents | Applicable Rx copayment ^{2,11} |
| Diabetic Shoes one pair per year when medically necessary | No copayment |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility 100 days max per benefit period | No copayment ² |
| Prescription Drugs | |
| Retail, 30-day supply | \$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 ² |
| Mail Order, 90-day supply | \$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, \$100 Tier 5 ² |
| Part D Rx Plan: A five-tier drug benefit with coverage through the coverage gap. Members can fill up to a 90-day supply at any plan pharmacy. Printed formularies will be mailed upon request. | |
| Specialty Drugs² | |
| Your provider may supply and inject drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: Specialty drugs are available at plan pharmacies. You pay the applicable tier copayment. | |
| Additional Benefits | |
| Dental | \$75 allowance for preventive services |
| Vision | \$75 vision allowance (frames, lenses, contacts), \$30 copayment for exams, one routine exam per year. ¹² |
| Hearing Aids | \$699 copayment per aid for advanced model, \$999 copayment per aid for premium model. ¹³ |
| Out of Area | Plan covers emergency care, urgently-needed care and kidney dialysis services outside the service area. |
| SilverSneakers | |
| Fitness Membership | No copayment |
| Telemedicine | \$15 per visit, hosted by Doctor On Demand |

Plan Highlights for 2020

\$0 care management (nurses, health coaches and dieticians).

Participating Physicians

Our network has more than 11,000 physicians and health care professionals.

Affiliated Hospitals

All Western New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

Pharmacies and Prescriptions

Part D Rx Plan: Includes a nationwide network of over 67,000 participating pharmacies and a **closed Part D formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 067

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

BlueCross BlueShield of Western New York

P.O. Box 80, Buffalo, NY 14240-0080

For information:

Senior Blue HMO members should call:
1-800-329-2792

TTY: 711

Website: www.bcbswny.com

¹¹ \$0 Part B medical coverage for insulin via pump. Part D Rx tier copayment applies for oral agents and injectable insulin.

¹² \$0 Medicare-covered eyewear after cataract surgery. Must use EyeMed provider for eyewear, allowance and routine exam.

¹³ Limit of two per year (one per ear per year). You must schedule appointments with TruHearing and use their providers.



| Benefits | Enrollee Cost |
|--|---|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit ¹ |
| Lab Tests | \$20 per visit ² |
| Pathology | \$20 per visit ² |
| EKG/EEG | \$20 per visit ¹ |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Dialysis | \$20 per visit |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$20 initial copayment to confirm pregnancy; no copayment for subsequent visits |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | No copayment |
| External Mastectomy Prosthesis | 20% coinsurance |
| Family Planning Services | No copayment |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | No copayment ³ |
| Contraceptive Devices | No copayment ³ |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |

| Benefits | Enrollee Cost |
|---|--|
| Emergency Department | \$50 per visit (waived if admitted within 24 hours) |
| Urgent Care Facility | \$25 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$20 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics⁴ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 60 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 30 visits max each per calendar year | \$20 per visit |
| Outpatient Speech Therapy, 20 visits max per calendar year | \$20 per visit |
| Diabetic Supplies | |
| Retail, 30-day supply | \$20 per item |
| Mail Order, 90-day supply | \$50 per item |
| Insulin and Oral Agents | |
| Retail, 30-day supply | \$20 per item |
| Mail Order, 90-day supply | \$50 per item |
| Diabetic Shoes | \$20 per pair one pair per year when medically necessary |
| Hospice | No copayment 210 days max |

¹ Waived if provider is a preferred center.

² Waived if provider is a designated laboratory.

³ OTC contraceptives with a written physician order/prescription will be reimbursed at no member cost share. OTC contraceptives without a prescription will not be covered. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.

⁴ Excludes shoe inserts.

| Benefits | Enrollee Cost |
|--|--|
| Skilled Nursing Facility 45 days max | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$30 Tier 2, \$50 Tier 3 |
| Mail Order, 90-day supply | \$12.50 Tier 1, \$75 Tier 2, \$125 Tier 3 |
| Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. OTC formulary drugs are subject to Tier 1 copayment. By law, generics match brand-name strength, purity and stability. Ask your doctor about generic alternatives. | |

Specialty Drugs

Certain specialty drugs, regardless of tier, require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy. Contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will work with your doctor and arrange delivery.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,850 Individual,
\$13,700 Family per year

Dental.....Not covered

Vision.....Not covered

Laser Vision Correction.....\$750 reimbursement
Once per lifetime benefit

Hearing Aids.....20% coinsurance⁵

Out of Area.....Coverage for emergency care out of area. College students are also covered for preapproved follow-up care.

Allergy Injections.....No copayment

Diabetes Self-Management Education.....\$20 per visit

Glucometer.....\$20 per device

Acupuncture.....\$20 per visit
10 visits max

Diabetic Prevention Program.....Copayment varies depending on program, unlimited

Virtual Doctor Visits.....\$20 per visit

Weight Loss Program

Reimbursement.....Members who participate in a weight loss program with a preferred vendor are eligible for a once per benefit period reimbursement of up to \$75 for a completed program.

Fitness Reimbursement.....\$200 enrollee/
\$100 spouse per 50 gym visits; available twice per plan year

⁵ One per ear, every three years.

Plan Highlights for 2020

With Rx for Less, get deep discounts on specified generic prescriptions filled at any CVS, Walmart, Hannaford, ShopRite or Price Chopper/Market 32.

Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

Affiliated Hospitals

CDPHP is affiliated with most major hospitals in our service area. An out-of-network facility or Center of Excellence can be approved for special care needs.

Pharmacies and Prescriptions

CDPHP offers a **closed formulary** with few excluded drugs. Log in to Rx Corner at www.cdphp.com to find participating pharmacies and view claims. Mail order saves money; find forms online or call 518-641-3700 or 1-800-777-2273.

Medicare Coverage

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO). To qualify, you must have Medicare Parts A and B and live in the service area.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 063

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

NYSHIP Code number 300

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

NYSHIP Code number 310

An IPA HMO serving individuals living or working in the following select counties: Delaware, Dutchess, Orange and Ulster.

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: 711

Website: www.cdphp.com



| Benefits | Enrollee Cost |
|--|-------------------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 or \$40 per visit ¹ |
| Lab Tests | \$20 per visit ² |
| Pathology | \$20 per visit |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Dialysis | \$20 per visit |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$20 per visit |
| Postnatal Visits | \$20 per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | Not covered |
| External Mastectomy Prosthesis | 20% coinsurance |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$75 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Emergency Department | \$75 per visit |
| (waived if admitted within 24 hours) | |

| Benefits | Enrollee Cost |
|---|--|
| Urgent Care Facility | \$30 per visit |
| Ambulance | \$75 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |
| Inpatient Mental Health³ | No copayment |
| 190 days max per lifetime | |
| Outpatient Drug/Alcohol Rehab | \$20 per visit |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 100 days max | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies⁴ | 20% coinsurance or \$10 copayment, whichever is less |
| up to a 30-day supply | |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance |
| one pair per year when medically necessary | |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | No copayment |
| 100 days max | |

¹ \$20 copayment for X-rays/ultrasounds. \$40 copayment for advanced imaging tests (CT, MRI, PET).

² No copayment for specific diagnostic services at designated laboratory sites.

³ In a freestanding psychiatric facility.

⁴ 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. Diabetic supplies: 20% coinsurance or \$10 copayment, whichever is less, for up to a 30-day supply. Durable Medical Equipment (infusion pumps): 20% coinsurance per item.

Benefits Enrollee Cost

Prescription Drugs

Retail, 30-day supply \$2 Tier 1, \$10 Tier 2, \$30 Tier 3, \$50 Tier 4, \$55 Tier 5⁵

Mail Order, 90-day supply \$4 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, N/A Tier 5⁵

Specialty Drugs

Certain specialty drugs for serious conditions require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy.

Additional Benefits

Annual Out-of-Pocket Maximum\$2,500⁶

Dental.....\$150 reimbursement for office visits and up to two cleanings annually

Vision.....\$20 per visit

Eyewear.....\$100 allowance each year

Hearing Aids.....\$20 per visit, discount program through Hearing Care Solutions, plus \$200 allowance each year

Out of Area.....Get urgently-needed care from any provider when outside the service area and emergency care worldwide. All other routine care requires prior authorization.

SeniorFit.....No-cost gym membership at participating sites, including Rudy A. Cicotti Center, SilverSneakers and Glens Falls YMCA

Weight Loss Reimbursement.....Members who participate in a weight loss program with a preferred vendor are eligible for a once per Benefit Period reimbursement of up to \$75 for a completed program.

Plan Highlights for 2020

CMS rated CDPHP Medicare Advantage plans 4.5 out of a possible 5 stars for 2019 (www.Medicare.gov, 10/2018). CDPHP Medicare Advantage HMO has ranked 4.5 out of 5 rating for 2018-2019 (NCQA Medicare Health Insurance Plan Ratings 2018-2019).

Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

Affiliated Hospitals

CDPHP is affiliated with most major hospitals in our service area. An out-of-network facility or Center of Excellence can be approved for special care needs.

Pharmacies and Prescriptions

CDPHP offers a **closed Part D formulary** and network pharmacies nationwide. Log in to Rx Corner at www.cdphp.com to find participating pharmacies and view claims. Mail order saves money; find forms online or call 518-641-3950 or 1-888-248-6522.

Medicare Coverage

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO). To qualify, you must have Medicare Parts A and B and live in the service area.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 063

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

NYSHIP Code number 300

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

NYSHIP Code number 310

An IPA HMO serving individuals living or working in the following select counties: Delaware, Dutchess, Orange and Ulster.

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

500 Patroon Creek Blvd, Albany, NY 12206-1057

For Information:

CDPHP Member Services Department:

1-888-248-6522 or 518-641-3950, 8 a.m. to 8 p.m. Eastern time

TTY: 711

Website: www.cdphp.com

⁵ Tier 5 drugs limited to a 30-day supply.

⁶ Once you pay \$2,500 for covered medical services, additional copayments for covered medical services will be waived for the remainder of the calendar year.



HEALTH PLAN OF NEW YORK
an EmblemHealth Company

| Benefits | Enrollee Cost |
|---|---|
| Office Visits | \$5 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$10 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | No copayment |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | No copayment |
| Chemotherapy | \$10 per visit for specialist, no copayment for hospital and PCP |
| Dialysis | \$10 per visit |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | No copayment |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | \$5 PCP, \$10 specialist per visit |
| Infertility Services | \$10 per visit |
| Contraceptive Drugs¹ | No copayment |
| Contraceptive Devices¹ | No copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$5 PCP, \$10 specialist per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Department (waived if admitted) | \$75 per visit |

| Benefits | Enrollee Cost |
|---|---------------------------------------|
| Urgent Care Facility | \$5 copayment |
| Ambulance | No copayment |
| Outpatient Mental Health unlimited | No copayment |
| Inpatient Mental Health unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab unlimited | \$5 PCP, \$10 specialist per visit |
| Inpatient Drug/Alcohol Rehab unlimited | No copayment |
| Durable Medical Equipment | No copayment |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 30 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 90 visits max for all outpatient rehabilitative care | \$10 per visit |
| Outpatient Speech Therapy, 90 visits max for all outpatient rehabilitative care | \$10 per visit |
| Diabetic Supplies | \$5 per 34-day supply |
| Insulin and Oral Agents | \$5 per 34-day supply |
| Diabetic Shoes² when medically necessary | No copayment |
| Hospice 210 days max | No copayment |
| Skilled Nursing Facility unlimited | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$20 Tier 2 |
| Mail Order, 90-day supply | \$7.50 Tier 1, \$30 Tier 2 |
| Subject to drug formulary, includes fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments reduced by 50 percent when utilizing EmblemHealth mail-order service. Up to a 90-day supply of generic or brand-name drugs may be obtained. | |

¹ Covered for FDA-approved contraceptive drugs and devices only.

² Precertification must be obtained from the participating vendor prior to purchase.

Specialty Drugs

Coverage 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 with traditional drugs. Specialty drugs require prior approval, which can be obtained by the HIP prescribing physician. Specialty drugs are subject to the applicable Rx copayment, Rx formulary and distribution from our preferred specialty pharmacy.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,850 Individual,
\$13,700 Family per year

Dental.....Not covered

Vision.....No copayment for routine
and refractive eye exams

Eyeglasses.....\$35 per pair
one pair every 24 months for selected frames

Laser Vision Correction (LASIK).....Discount program

Hearing Aids.....Cochlear implants only

Out of Area.....Covered for emergency care only

Fitness Program.....Discount program

Alternative Medicine Program.....Discount program

Artificial Insemination.....\$10 per visit

Prostate Cancer Screening.....No copayment

Plan Highlights for 2020

The HIP Prime network has more than 69,000 physicians practicing at 219,000 locations. HIP, an EmblemHealth company, has been providing health benefits to hardworking New Yorkers for nearly seven decades and is committed to building a healthy future for you and your family. More information is available at www.emblemhealth.com.

Participating Physicians

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

Affiliated Hospitals

HIP Prime members have access to more than 100 of the area’s leading hospitals, including major teaching institutions.

Pharmacies and Prescriptions

Filling a prescription is easy with more than 40,000 participating pharmacies nationwide, including more than 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**. Tier 1 includes generic drugs; Tier 2 includes brand-name drugs.

Medicare Coverage

Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees who reside in NYSHIP-approved downstate service counties are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area.

Important Note: Only participating providers in the counties listed below are part of this HMO’s network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO’s NYSHIP network.

NYSHIP Code number 050

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

NYSHIP Code number 220

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

NYSHIP Code number 350

An IPA HMO serving individuals living or working in the following select counties: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster.

EmblemHealth

55 Water Street, New York, NY 10041

For information:

Customer Service: 1-800-447-8255

TTY: 1-888-447-4833

Website: www.emblemhealth.com

MEDICARE ADVANTAGE PLAN



| Benefits | Enrollee Cost |
|---|--------------------------------------|
| Office Visits | No copayment |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$5 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | No copayment |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | No copayment |
| Chemotherapy | No copayment |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$5 per visit |
| Postnatal Visits | \$5 per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | Not covered |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | \$0 PCP, \$5 specialist per visit |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Not covered |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$0 PCP, \$5 specialist per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Department (waived if admitted) | \$25 per visit |

| Benefits | Enrollee Cost |
|---|--|
| Urgent Care Facility | \$5 per visit |
| Ambulance | No copayment |
| Outpatient Mental Health unlimited | \$5 per visit |
| Inpatient Mental Health no limit in a general hospital, 190-day lifetime limit in a psychiatric facility | No copayment |
| Outpatient Drug/Alcohol Rehab unlimited | \$5 per visit |
| Inpatient Drug/Alcohol Rehab unlimited | No copayment |
| Durable Medical Equipment | No copayment |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$5 per visit |
| Outpatient Speech Therapy, unlimited | \$5 per visit |
| Diabetic Supplies | \$5 per prescription |
| Insulin and Oral Agents | |
| Retail | \$0 Tier 1 & Tier 2 (preferred pharmacies), \$5 Tier 1 & Tier 2 (standard pharmacies), \$45 Tier 3 |
| Mail Order, 90-day supply | \$0 Tier 1 & Tier 2, \$67.50 Tier 3 |
| Diabetic Shoes¹ when medically necessary | No copayment |
| Hospice | Covered by Medicare Covered for 180 days in a Medicare-certified hospice facility, plus unlimited 60-day extensions if Medicare guidelines are met. |
| Skilled Nursing Facility 100 days max per benefit period (non-custodial) | No copayment |

¹ Precertification must be obtained from the participating vendor prior to purchase. One pair of diabetic shoes (including inserts) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year.

Benefits

Enrollee Cost

Prescription Drugs

Retail \$0 Tier 1 & Tier 2 (preferred pharmacies),
\$5 Tier 1 & Tier 2 (standard pharmacies),
\$45 Tier 3

Mail Order, 90-day supply \$0 Tier 1 & Tier 2,
\$67.50 Tier 3

Specialty Drugs

Specialty drugs include injectables & oral agents.
Specialty drugs require prior approval and are
subject to a copayment and formulary.

Additional Benefits

Dental.....\$5 exam and \$10 cleaning
every 6 months. Dental discounts available.

Vision.....\$5 per visit (routine only)

Eyeglasses.....No copayment for one pair
per 12 months, applies to select frames

Hearing Aids.....\$500 max per 36 months

Out of Area.....Covered for emergency care only

Podiatry.....\$5 per visit
4 visits max, for routine procedures

Prostate Cancer Screening.....No copayment

Plan Highlights for 2020

The HIP Prime network has more than 36,000
physicians practicing at 117,000 locations. More
information is available on our website at
www.emblemhealth.com.

Participating Physicians

The HIP Prime network offers a traditional network
of independent physicians who see patients in their
own offices, as well as providers in physician group
practices. Group practices offer services in most
major specialties plus ancillary services like lab
tests, X-rays and pharmacy services.

Affiliated Hospitals

HIP VIP members have access to more than 100
of the area's leading hospitals, including major
teaching institutions.

Pharmacies and Prescriptions

More than 40,000 pharmacies nationwide, with more
than 4,700 pharmacies in NYS. Mail-order program
through Express Scripts. You pay less for your
medicines when using a retail Preferred Pharmacy or
mail order. Preferred Pharmacies include Walgreens,
Rite Aid and Walmart, to name a few. The VIP Premier
Medicare Plan offers a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP retirees who reside
in NYSHIP-approved downstate service counties
are required to enroll in the VIP Premier (HMO)
Medicare Plan, a **Medicare Advantage Plan** that
provides Medicare benefits and more. To qualify,
you must be enrolled in Medicare Parts A and B
and live in the service area.

Important Note: Only participating providers in the
counties listed below are part of this HMO's network
within NYSHIP. Please be sure to check before
receiving care that your provider participates with
this HMO's NYSHIP network.

NYSHIP Code number 050

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

EmblemHealth

55 Water Street, New York, NY 10041

For Information:

Customer Service: 1-877-344-7364

TTY: 1-888-447-4833

Website: www.emblemhealth.com



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

| Benefits | Enrollee Cost |
|---|---|
| Office Visits | \$25 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$40 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$40 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | \$25 per visit |
| Chemotherapy | \$25 per visit |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits ¹ | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | No copayment |
| Must be purchased from a participating Durable Medical Equipment provider | |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | \$25 PCP, \$40 specialist per visit |
| Infertility Services | Applicable physician/facility copayment |
| Contraceptive Drugs | Applicable Rx copayment ² |
| Contraceptive Devices | Applicable Rx copayment ² |
| Inpatient Hospital Surgery | |
| Physician | \$200 copayment or 20% coinsurance, whichever is less |
| Facility | No copayment |

| Benefits | Enrollee Cost |
|---|---|
| Outpatient Surgery | |
| Hospital | \$40 physician copayment per visit |
| Physician's Office | \$50 copayment or 20% coinsurance, whichever is less |
| Outpatient Surgery Facility | \$50 per visit |
| Emergency Department (waived if admitted) | \$100 per visit |
| Urgent Care Facility | \$35 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$25 per visit (\$5 for children to age 26) |
| Group, unlimited | \$25 per visit (\$5 for children to age 26) |
| Inpatient Mental Health unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab unlimited | \$25 per visit (\$5 for children to age 26) |
| Inpatient Drug/Alcohol Rehab unlimited | No copayment |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 60 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined | \$40 per visit |
| Outpatient Speech Therapy, 30 visits max for all outpatient services combined | \$40 per visit |
| Diabetic Supplies 30-day supply | \$25 per item |
| Insulin and Oral Agents 30-day supply | \$25 per item |
| Diabetic Shoes | 50% coinsurance three pairs per year when medically necessary |

¹ \$200 physician charge for delivery or 20% coinsurance, whichever is less.

² Generic oral contraceptives and certain OTC contraceptive devices covered in full in accordance with the Affordable Care Act.

| Benefits | Enrollee Cost |
|---|--|
| Hospice 210 days max | No copayment |
| Skilled Nursing Facility 45 days max per calendar year | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ³ |
| Mail Order, 90-day supply | \$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ³ |
| Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. | |

Specialty Drugs

Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and pharmacies is available on our website.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,350 Individual,
\$12,700 Family per year

Dental.....Not covered

Vision.....\$40 per visit for eye exams
associated with disease or injury

Hearing Exam.....\$40 per visit
for routine (once every 12 months) and diagnostic

Hearing Aids.....Children to age 19:
Covered in full for up to two hearing aids every
three years; \$40 copayment per visit for fittings

Out of Area.....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

Smoking Cessation.....The Quit For Life program is
an award-winning support program to help you quit
using tobacco for good. Call 1-800-442-8904 or go
to www.quitnow.net/Excellus for more information.

Telemedicine.....\$10 per visit
We have partnered with MDLIVE® to provide you
with a faster way to access healthcare for non-
emergency medical conditions and behavioral
health conditions through telemedicine.

Plan Highlights for 2020

We deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle.

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 from more than 60,000 participating FLRx network pharmacies nationwide. We offer an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 072

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

NYSHIP Code number 160

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

Excellus BlueCross BlueShield

HMOBlue 072

333 Butternut Drive
Syracuse, NY 13214-1803

Excellus BlueCross BlueShield

HMOBlue 160

12 Rhoads Drive, Utica, NY 13502

For information:

HMOBlue Customer Service: 1-800-499-1275

TTY: 1-800-662-1220

Website: www.excellusbcbs.com

³ If a doctor selects 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 have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.

| Benefits | Enrollee Cost |
|--|---------------------------------------|
| Office Visits | \$5 per visit |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Dialysis | No copayment |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$5 PCP, \$20 specialist per visit |
| Postnatal Visits | \$5 PCP, \$20 specialist per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | Not covered |
| External Mastectomy Prosthesis | No copayment |
| Family Planning Services | Not covered |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$50 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$50 per visit |

| Benefits | Enrollee Cost |
|---|---|
| Emergency Department¹ | \$50 per visit |
| Urgent Care Facility² | \$50 per visit |
| Ambulance | \$35 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | 20% coinsurance |
| Group, unlimited | 20% coinsurance |
| Inpatient Mental Health | No copayment |
| 190 days max per lifetime | |
| Outpatient Drug/Alcohol Rehab | 20% coinsurance unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics³ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | \$5 per item for a 30-day supply from a preferred supplier |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance one pair per year when medically necessary |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | \$0 copayment per day 100 days max (days 1-20) \$25 copayment per day (days 21-100) |

¹ Worldwide coverage; waived if admitted within 23 hours.

² You pay a \$50 copayment for covered services at 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 \$20 copayment.

³ Covered when there is an underlying medical condition. Requires preauthorization.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

Prescription Drugs

| | |
|---------------------------|---|
| Retail, 30-day supply | \$10 Tier 1, \$25 Tier 2, \$40 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁴ |

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

Specialty Drugs

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

Dental..... Coverage for preventive services only

Vision.....\$120 annual eyewear allowance

Routine Eye Exam.....\$20 per visit

Hearing Aids.....\$699 or \$999 copayment
per hearing aid

Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

Out of Area.....20% coinsurance
up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice HMO service area.

Health and Wellness..... Silver & Fit Program

Plan Highlights for 2020

With Medicare HMOBlue, count on us to deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle. Take advantage of our Silver & Fit Program, designed to help you get in shape. Pay a low \$5 copayment for up to a 90-day supply of prescription drugs through Express Scripts or Wegmans Mail Order Pharmacies.

Participating Physicians

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

Affiliated Hospitals

All hospitals in the designated 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 website, www.excellusbcbs.com.

Pharmacies and Prescriptions

Medicare Blue Choice HMO members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Medicare Blue Choice HMO offers an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary from the copayments of NYSHIP-primary employees.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 072

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

NYSHIP Code number 160

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

HMOBlue

Excellus BlueCross BlueShield

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

For Information:

Medicare HMOBlue: 1-877-883-9577

TTY: 1-800-662-1220

Website: www.excellusbcbs.com

⁴ Copayments shown apply for a 90-day supply dispensed via mail order or retail.



| Benefits | Enrollee Cost |
|--|-----------------------------|
| Office Visits | |
| Adult (19+) | \$20 |
| Child (0-18) | \$0 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit ¹ |
| Lab Tests | \$10 per visit ² |
| Pathology | \$10 per visit |
| EKG/EEG | \$20 per visit ¹ |
| Radiation | \$20 per visit ¹ |
| Chemotherapy | \$20 per visit ¹ |
| Dialysis | \$20 per visit |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | No copayment |
| External Mastectomy Prosthesis unlimited | No copayment |
| Family Planning Services³ | \$20 per visit |
| Infertility Services | |
| Office | \$20 per visit |
| Outpatient Surgery Facility | \$100 per visit |
| Contraceptive Drugs | No copayment |
| Contraceptive Devices | No copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$100 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$100 per visit |

| Benefits | Enrollee Cost |
|--|--|
| Emergency Department (waived if admitted within 24 hours) | \$100 per visit |
| Urgent Care Facility | |
| Adult (19+) | \$35 per visit |
| Child (0-18) | \$0 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Adult (19+), unlimited | \$20 per visit |
| Child (0-18), unlimited | \$0 per visit |
| Inpatient Mental Health unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab | |
| Adult (19+), unlimited | \$20 per visit |
| Child (0-18), unlimited | \$0 per visit |
| Inpatient Drug/Alcohol Rehab unlimited | No copayment |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 45 days max | No copayment |
| Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined | \$20 per visit |
| Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined | \$20 per visit |
| Diabetic Supplies | |
| Retail, 90-day supply | \$20 per item |
| Mail Order | Not available |
| Insulin and Oral Agents | |
| Retail | \$20 or applicable Rx copayment, whichever is less |
| Mail Order | \$45 or applicable Rx copayment, whichever is less |

¹ Office based: \$20 copayment; hospital based: \$40 copayment. \$0 copayment for child (0-18) in a PCP office.

² No copayment for lab tests drawn and processed in a primary care or specialist setting.

³ Only preventive family planning services are covered in full. Non-preventive services require a copayment.

| Benefits | Enrollee Cost |
|---|---|
| Diabetic Shoes one pair per year when medically necessary | No copayment |
| Hospice unlimited | No copayment |
| Skilled Nursing Facility 45 days max | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | |
| Adult (19+) | \$5 Tier 1, \$30 Tier 2, \$60 Tier 3 |
| Child (0-18) | \$0 Tier 1, \$30 Tier 2, \$60 Tier 3 |
| Mail Order, 90-day supply | |
| Adult (19+) | \$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3 |
| Child (0-18) | \$0 Tier 1, \$75 Tier 2, \$150 Tier 3 |
| Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. | |
| 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. | |

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$4,000 Individual,
\$8,000 Family per year

Dental.....Discount program available

Vision.....\$10 per visit once every 12 months
(routine only)

Eyeglasses.....\$50 for single vision lenses,
frames; 40% off retail price

Hearing Aids.....Discounts available at different tiers
from select providers. Contact plan for details.

Out of Area.....While traveling outside
of the service area, members are covered for
emergency and urgent care center situations only.
In addition, dependents up to age 26 are covered
when seeing a provider in our national network if
they reside outside the service area for more than
90 days but less than 365 days. Please see our
website for details.

Home Health Care\$20 per visit
40 visits max

Wellness Services.....\$400 allowance
for use at a participating facility

**Urgent Care in Service Area
for After-Hours Care**.....\$35 per visit⁴

Plan Highlights for 2020

\$0 copayment for children aged 18 and under for primary care and Tier 1 prescriptions. Wellness card allowance increased to \$400 per plan year.

Participating Physicians

Independent Health is affiliated with more than 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 and 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 58,000 pharmacies nationwide. Independent Health offers a **closed 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. Call our Member Services Department for detailed information.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 059

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

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

For information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Website: www.independenthealth.com

⁴ \$35 copayment for brick-and-mortar freestanding urgent care centers (WNY Immediate Care, WellNow, etc.).
\$20 copayment for urgent care provided in a participating primary care physician's office.

| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Dialysis | No copayment ¹ |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$20 per visit |
| Postnatal Visits | \$20 per visit |
| Bone Density Tests | No copayment |
| Breastfeeding Services and Equipment | \$20 copayment per education visit to PCP or specialist office, equipment subject to 20% coinsurance |
| External Mastectomy Prosthesis | No copayment limit of six post-mastectomy bras per year |
| Family Planning Services | \$20 per visit |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |

| Benefits | Enrollee Cost |
|---|---|
| Emergency Department | \$65 per visit (waived if admitted within 24 hours) |
| Urgent Care Facility | \$35 per visit |
| Ambulance | \$100 per trip ² |
| Outpatient Mental Health | |
| Individual, unlimited | \$40 per visit |
| Group, unlimited | \$40 per visit |
| Inpatient Mental Health | No copayment |
| 190 days max per lifetime | |
| Outpatient Drug/Alcohol Rehab | \$40 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics³ | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | |
| Retail, 30-day supply | No copayment |
| Mail Order | Not available |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | No copayment one pair per year when medically necessary |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | No copayment up to 100 days per benefit period |

¹ Home dialysis equipment is subject to 20% coinsurance.

² 20% coinsurance for air ambulance.

³ Excludes shoe inserts.

Benefits Enrollee Cost

Prescription Drugs

| | |
|---------------------------|--|
| Retail, 30-day supply | \$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 |
| Mail Order, 90-day supply | \$0 Tier 1, \$37.50 Tier 2, \$75.00 Tier 3, \$125.00 Tier 4 |

Coverage includes injectable and self-injectable medications, some fertility drugs and enteral formulas. 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 2020. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a five-tier benefit that covers prescription drugs through the Medicare Part D deductible and coverage gap. Medicare covered Part B drugs will be subject to 10% coinsurance.

Specialty Drugs

\$50 Tier 5 benefits are provided for specialty drugs by Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs 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. A 90-day supply is not available.

Additional Benefits

Dental.....\$20 per visit⁴

Vision.....No copayment for routine eye exam

Eyeglasses.....\$150 annual allowance

Hearing Aids.....Discounts available at different tiers from select providers, contact plan for details.

Out of Area.....While traveling outside the service area, coverage is provided for renal dialysis and urgent and emergency situations only.

Home Health Care.....No copayment unlimited, requires authorization

Brook Personal

Health Companion.....Smart phone app⁵

Plan Highlights for 2020

New preventive dental benefit includes twice annual exams, cleanings and x-rays for a \$20 copayment.

Participating Physicians

Independent Health is affiliated with more than 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 58,000 pharmacies nationwide. Independent Health offers a **closed formulary**.

Medicare Coverage

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

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 059

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

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

For Information:

Member Services Department: 1-800-501-3439

TTY: 716-631-3108

Website: www.independenthealth.com

⁴ Two cleanings, x-rays and oral exams per year, including one full mouth x-ray every 36 months.

⁵ Use for assistance with diabetes and hypertension management. Contact plan for details.



| Benefits | Enrollee Cost |
|---|---|
| Office Visits | \$25 per visit (\$10 for children) ¹ |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$25 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$25 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$25 per visit |
| Radiation | \$25 per visit |
| Chemotherapy | \$25 per visit |
| Dialysis | \$25 per visit |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Breastfeeding Services ² and Equipment | No copayment |
| External Mastectomy Prosthesis ³ | 50% coinsurance |
| Family Planning Services⁴ | \$25 per visit |
| Infertility Services⁴ | \$25 per visit |
| Contraceptive Drugs⁵ | No copayment ⁶ |
| Contraceptive Devices⁵ | No copayment ⁶ |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$25 per visit |
| Physician's Office | \$25 per visit |
| Outpatient Surgery Facility | \$25 per visit |

| Benefits | Enrollee Cost |
|---|---------------------|
| Emergency Department (waived if admitted) | \$75 per visit |
| Urgent Care Facility | \$25 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$25 per visit |
| Group, unlimited | \$25 per visit |
| Inpatient Mental Health unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab⁷ unlimited | \$25 per visit |
| Inpatient Drug/Alcohol Rehab⁷ unlimited | No copayment |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, 2 months max per condition | No copayment |
| Outpatient Physical or Occupational Therapy, 30 visits max combined | \$25 per visit |
| Outpatient Speech Therapy, 30 visits max combined | \$25 per visit |
| Diabetic Supplies⁸ 31-day supply | \$25 per boxed item |
| Insulin and Oral Agents⁸ 31-day supply | \$25 per boxed item |
| Diabetic Shoes unlimited pairs when medically necessary | 50% coinsurance |
| Hospice , 210 days max | No copayment |

¹ PCP sick visits for children (newborn up to age 26): \$10 per visit.

² Please refer to the Certificate of Coverage for requirements/provider specifications regarding Breastfeeding Services and Equipment.

³ Please contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.

⁴ Please refer to the Certificate of Coverage for requirements regarding Infertility Services.

⁵ Over-the-counter contraceptives are not covered.

⁶ Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs, plus the Tier 1 copayment.

⁷ Please refer to the Certificate of Coverage for requirements regarding Substance Use Disorder.

⁸ Please refer to the Certificate of Coverage for requirements regarding Diabetic Supplies.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

| | |
|--|--------------|
| Skilled Nursing Facility 45 days max per calendar year | No copayment |
|--|--------------|

Prescription Drugs

| | |
|-----------------------|--|
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$50 Tier 3 |
|-----------------------|--|

| | |
|---------------------------------|---|
| Mail Order, up to 90-day supply | \$25 Tier 1, \$75 Tier 2, \$125 Tier 3 |
|---------------------------------|---|

If a member requests a brand-name drug over the prescribed generic, they pay the difference between the cost of the generic and the brand-name drug plus the Tier 1 copayment. This includes fertility, injectable and self-injectable medications and enteral formulas. Approved generic contraceptive prescriptions, devices, and those without a generic equivalent are covered at 100% under retail and mail order.

Specialty Drugs

Retail covered as noted in Tier 1, Tier 2 and Tier 3 classes. 30-day supply limit. Prior authorization may be required. 30-day supply available through Specialty Pharmacy. Members required to use Caremark Specialty retail.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,350 Individual,
\$12,700 Family per year

Dental.....\$25 preventive visit (to age 19)

Vision.....\$25 per exam every 24 months (routine only)

Hearing Aids.....Not covered

Out of Area.....Emergencies only

Plan Highlights for 2020

\$600 in WellBeing Rewards. Telemedicine provides access to health care professionals including MDs, behavioral health specialists, psychiatrists and more through a mobile device or computer nearly anywhere in the US at a \$25 copayment.⁹

Participating Physicians

MVP provides services through more than 44,400 physicians and health practitioners throughout its service area.

Affiliated Hospitals

MVP members are covered at participating hospitals to which their MVP physician has admitting privileges. 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. MVP also offers mail-order service for select maintenance drugs. MVP offers a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Preferred Gold Plan, MVP’s **Medicare Advantage Plan**. Some of the MVP Preferred Gold Plan’s copayments may vary from the MVP HMO plan’s copayments. Please contact Member Services for further details.

Important Note: Only participating providers in the counties listed below are part of this HMO’s network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO’s NYSHIP network.

NYSHIP Code number 058

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

NYSHIP Code number 060

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

NYSHIP Code number 330

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

NYSHIP Code number 340

An IPA HMO serving individuals living or working in the following select counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester.

NYSHIP Code number 360

An IPA HMO serving individuals living or working in the following select counties: Clinton, Essex, Franklin and St. Lawrence.

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

Website: www.mvphealthcare.com

⁹ Please refer to the Certificate of Coverage for requirements regarding Wellbeing Rewards.

MEDICARE ADVANTAGE PLAN



| Benefits | Enrollee Cost |
|--|---|
| Office Visits | \$10 per visit |
| Annual Adult Routine Physicals | No copayment |
| Specialty Office Visits | \$15 per visit |
| Diagnostic/Therapeutic Services | |
| 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 |
| Dialysis | No copayment |
| (office visit copayment may apply) | |
| Women's Health Care/Reproductive Health | |
| Pap Tests | No copayment |
| (office visit copayment may apply) | |
| Mammograms | No copayment |
| Prenatal Visits | \$10 PCP, \$15 specialist for initial visit only |
| Postnatal Visits | \$10 PCP, \$15 specialist for initial visit only |
| Bone Density Tests | No copayment |
| Breastfeeding Services | No copayment |
| and Equipment | |
| External Mastectomy Prosthesis | 20% coinsurance |
| Family Planning Services | Not covered |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$10 PCP, \$15 specialist per visit |
| Outpatient Surgery Facility | No copayment |

| Benefits | Enrollee Cost |
|--|-------------------------|
| Emergency Department | \$65 per visit |
| (waived if admitted within 24 hours) | |
| Urgent Care Facility | \$15 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$15 per visit |
| Group, unlimited | \$15 per visit |
| Inpatient Mental Health | No copayment |
| 190-day lifetime max | |
| Outpatient Drug/Alcohol Rehab | \$15 per visit |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient | No copayment |
| Outpatient Physical or Occupational Therapy, | \$15 per visit |
| annual max of \$2,040 for Occupational Therapy, combined annual max of \$2,040 for Physical Therapy & Speech Therapy | |
| Outpatient Speech Therapy, | \$15 per visit |
| combined annual max of \$2,040 for Physical Therapy & Speech Therapy | |
| Diabetic Supplies | 10% coinsurance |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance |
| one pair per year when medically necessary | |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | |
| (days 1-20) | No copayment |
| (days 21-100) | \$135 copayment per day |
| 45 days max per calendar year | |

¹ Specialty prescription drugs include non-formulary drugs.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

Prescription Drugs

| | |
|---------------------------|--|
| Retail, 30-day supply | \$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$60 Tier 4, \$60 Tier 5 ¹ |
| Mail Order, 90-day supply | \$0 Tier 1, \$20 Tier 2, \$60 Tier 3, \$120 Tier 4 ¹ |

Coverage includes injectable and self-injectable medications and enteral formulas, subject to the limitations listed in your Certificate of Coverage.

Specialty Drugs

MVP uses CVS Caremark for specialty drugs. See copayments above.

Additional Benefits

| | |
|---------------------------|--|
| Dental | Not covered |
| Vision | \$15 copayment for annual routine exam, \$100 allowance every 2 years for frames or contact lenses |
| Hearing Aids | \$600 allowance every 3 years. TruHearing discount available, call 1-855-542-1710 for details |
| Out of Area | Non-emergency medical care while traveling outside MVP Gold's service area is covered and subject to 30% coinsurance up to \$5,000 per calendar year. |
| Acupuncture | 10 visits max, 50% coinsurance |
| Telemedicine | no copayment for general office or behavioral health visits |

Plan Highlights for 2020

Members enjoy free fitness center membership benefits through the SilverSneakers Fitness Program. Our reward and incentive program pays up to \$75 per year.

Participating Physicians

More than 41,000 participating physicians and health practitioners located throughout the 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 "chain" stores and many independent pharmacies within the service area participate with the MVP prescription program. Convenient mail-order service for select maintenance drugs. MVP offers a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some copayments may differ from the MVP HMO plan's copayments. Please contact Member Services for further details.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

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NYSHIP Code number 360

An IPA HMO serving individuals living or working in the following select counties: Clinton, Essex, Franklin and St. Lawrence.

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: 1-800-209-3945

TTY: 1-800-662-1220

Website: www.mvphealthcare.com

If You Are Changing Your Health Insurance Option

1. Complete the *NYSHIP Option Transfer Request Form* on the opposite page if you want to switch from The Empire Plan to a NYSHIP HMO, from a NYSHIP HMO to The Empire Plan or from a NYSHIP HMO to another NYSHIP HMO. Enrollee signature is required. (**Note:** If you and your dependent(s) are transferring into The Empire Plan, each Medicare-primary individual will be enrolled automatically in the Empire Plan Medicare Rx program; you do not need to submit an additional form to enroll in that program.)
2. Send the completed form to the Employee Benefits Division (EBD) 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. EBD 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 options that include Medicare coverage...**

| | | | |
|------------|--|------------|------------------------------|
| Option 001 | The Empire Plan | Option 072 | HMO Blue (Central NY) |
| Option 066 | Blue Choice | Option 160 | HMO Blue (Utica) |
| Option 067 | BlueCross BlueShield of Western New York | Option 059 | Independent Health |
| Option 063 | CDPHP (Capital) | Option 058 | MVP Health Care (Rochester) |
| Option 300 | CDPHP (Central) | Option 060 | MVP Health Care (East) |
| Option 310 | CDPHP (Hudson Valley) | Option 330 | MVP Health Care (Central) |
| Option 050 | HIP Health Plan of New York | Option 340 | MVP Health Care (Mid-Hudson) |
| | | Option 360 | MVP Health Care (North) |

...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required. If your mailing address is a P.O. Box, you also must provide your residential mailing address.

As a retiree, you are eligible to change options once in a 12-month period. Under certain circumstances (see page 1), 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 into or out of one of the options 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 requested change.

Note: You may also change your option online using MyNYSHIP if you are a registered user. **It is now necessary to have a personal NY.gov ID to access MyNYSHIP.** For more information and instructions, visit www.cs.ny.gov/mynyship/welcome.

NYSHIP Option Transfer Request

Please complete this form and return it to the address below 60 days in advance
or as early as possible prior to the effective date you are requesting.

NYS Department of Civil Service, Employee Benefits Division, Program Administration, Albany, New York 12239

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

Enrollee Name _____

Social Security Number (SSN) _____

Mailing Address _____

County _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (_____) _____

Is this a new address? ☐ Yes ☐ No Date of New Address _____

Residential Street Address (if different) _____

County _____ City or Post Office _____

State _____ ZIP Code _____

Medicare ☐ Yes ☐ No If Yes, Effective Dates: Part A _____ Part B _____

Dependent Medicare ☐ Yes ☐ No If Yes, Effective Dates: Part A _____ Part B _____

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 Option Name _____

To: New Option Code Number _____ New Option 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) _____ Effective Date Part A: _____

Dependent Signature (required) _____ Effective Date Part B: _____

Dependent Name _____ SSN: _____

Medicare ID # (on his or her Medicare card) _____ Effective Date Part A: _____

Dependent Signature (required) _____ Effective Date Part B: _____

☐ I have no Medicare-eligible dependents

If you are enrolling in an HMO, 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 and/or your covered dependents are enrolled in Medicare and you change out of one of the following NYSHIP Medicare Advantage HMOs...

| | |
|------------|---|
| Option 066 | Blue Choice |
| Option 067 | BlueCross BlueShield of Western New York |
| Option 063 | CDPHP (Capital) |
| Option 300 | CDPHP (Central) |
| Option 310 | CDPHP (Hudson Valley) |
| Option 280 | Empire BlueCross BlueShield HMO (Upstate) [†] |
| Option 290 | Empire BlueCross BlueShield HMO (Downstate) [†] |
| Option 320 | Empire BlueCross BlueShield HMO (Mid-Hudson) [†] |
| Option 050 | HIP Health Plan of New York (Downstate) |
| Option 072 | HMO Blue (Central NY) |
| 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) |
| Option 360 | MVP Health Care (North) |

...you must fill out the *NYSHIP Medicare Advantage HMO Enrollment Cancellation 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! If you do not fill out the *HMO Enrollment Cancellation 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.

Reminder: The *NYSHIP Option Transfer Request Form* (see page 61) also is required for this option change. Please be sure to complete and submit that form to the Employee Benefits Division as early as possible before the effective date of the change.

* For enrollment in or cancellation of a NYSHIP Medicare Advantage HMO, a signature is required for all Medicare-primary persons covered under the contract.

[†] As of January 1, 2020, Empire BlueCross BlueShield will no longer be offered as a NYSHIP HMO. See page 7 for additional information.

NYSHIP Medicare Advantage HMO Enrollment Cancellation

Effective _____, please cancel my enrollment in:
enter date here (must be the first of a month)

Option Code Number _____ Option 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.

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

USE THIS FORM FOR OPTION CHANGE ONLY



Notes



The New York State Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with NYSHIP administrators 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 *Empire Plan Certificate of Insurance* with amendments are the controlling documents for benefits available under NYSHIP.



NYSHIP
New York State
Health Insurance Program

2020 Health Insurance Choices (Retiree) – November 2019

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 NYSHIP Online at www.cs.ny.gov/retirees. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

