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**PAEX 13-16**

**To:** Chief Operating Officers and Agency Health Benefit Administrators  
of Agencies Offering the Excelsior Plan

**From:** Robert W. DuBois, Director of the Employee Benefits Division

**Subject:** New York State Health Insurance Program (NYSHIP) Excelsior Plan  
Benefit Changes for 2014

**Date:** November 8, 2013

The following information concerns changes to the 2014 Excelsior Plan combined annual deductible, coinsurance maximum amounts for non network services, and prescription drug copayments. These changes are effective January 1, 2014 and apply to PA enrollees who are Active Employees, Retirees, Dependent Survivors or COBRA enrollees with Excelsior Plan benefits. Enrollees will receive several publications and notices of these changes. First, a postcard (see attached) was mailed alerting them of their updated Summary of Benefits and Coverage (SBC) for 2014, which is posted online ([www.cs.ny.gov/sbc/index.cfm](http://www.cs.ny.gov/sbc/index.cfm)). Hard copies are available upon request by calling the toll free number and pressing 1. The 2014 Excelsior Plan At A Glance, with new copayment cards, the 2014 drug list and the 2014 Preventive Care Chart will be mailed to enrollee homes in early December. An Empire Plan Report will be mailed in late December or early January 2014. These publications will be available online once approved for printing and will address these changes in greater detail.

#### **Combined Annual Deductible**

Effective January 1, 2014 The Excelsior Plan combined annual deductible is \$1,250 for the enrollee, \$1,250 for the enrolled spouse/domestic partner and \$1,250 per all dependent children combined. The combined deductible must be met before non-network expenses under the Medical/Surgical Program, Home Care Advocacy Program and Mental Health and Substance Abuse Program are considered for reimbursement.

#### **Combined Coinsurance Maximum**

Effective January 1, 2014, The Excelsior Plan combined annual coinsurance maximum (out-of-pocket) is \$4,000 for the enrollee, \$4,000 per spouse/domestic partner and \$4,000 per all dependent children combined. The combined annual coinsurance maximum for non-network services will be shared among the Hospital Program, Medical/Surgical Program and Mental Health and Substance Abuse Program.

**Prescription Drug Program Copayment Changes for Level 2 and Level 3\***

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy or designated Specialty Pharmacy

Level 1.....\$10

**Level 2..... \$40**

**Level 3 .....\$70**

31 to 90-day supply of a covered drug from a Network Pharmacy

Level 1.....\$25

**Level 2.....\$95**

**Level 3.....\$180**

31 to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy

Level 1.....\$20

**Level 2.....\$95**

**Level 3.....\$180**

**The Excelsior Plan 2014 Formulary:**

The 2014 Excelsior Plan Formulary Drug List will be included with the At A Glance publication that will be mailed to enrollees in December. It will also be posted online as soon as it's available.

If you have any questions about any of the information in this memo, please contact the HBA Help Line at 1-800-HBA-EMS1 for assistance.

Enclosure

**\*Note:** Copayments for Level 1 drugs remain the same for 2014.