



ANDREW M. CUOMO  
GOVERNOR

STATE OF NEW YORK  
DEPARTMENT OF CIVIL SERVICE  
ALBANY, NEW YORK 12239  
www.cs.ny.gov

JERRY BOONE  
COMMISSIONER

PA14-27

## MEMORANDUM

**TO:** Health Benefits Administrators of Participating Agencies with The Empire Plan  
**FROM:** Employee Benefits Division  
**SUBJECT:** Empire Plan Annual Maximum Out-of-Pocket, Deductible and Coinsurance  
Maximum Amounts for 2015  
**DATE:** October 23, 2014

The Empire Plan has annual maximum out-of-pocket limits for covered, in-network services and combined annual deductible and coinsurance maximum amounts for non-network (Basic Medical Program) services. In 2015, the maximum out-of-pocket limits for covered, in-network services will be split between the Prescription Drug Program\* and the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined. The combined annual deductible and coinsurance maximum amounts for non-network (Basic Medical Program) services will be shared among the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs\*\*.

Attached is a chart showing the annual maximum out-of-pocket, deductible and coinsurance maximum amounts for 2015. Please distribute or post this chart within your office.

\* Does not apply to Medicare-primary enrollees.

\*\* Each deductible and maximum coinsurance amount is combined among the Hospital Program (coinsurance only), Home Care Advocacy Program (deductible only), Medical/Surgical Program and Mental Health and Substance Abuse Program. Please note: There is a separate deductible for non-network services in the Managed Physical Medicine Program.

Please post until March 1, 2015

### 2015 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	\$2,300	\$4,300	\$6,600
Family Coverage	\$4,600	\$8,600	\$13,200

\* Does not apply to Medicare-primary enrollees.

### 2015 Empire Plan Combined Annual Deductible and Coinsurance Maximum Amounts for Non-Network (Basic Medical Program) Services\*

Combined Annual Deductible* (per enrollee; per spouse or domestic partner; per all dependent children combined)	Combined Coinsurance Maximum* (per enrollee; per spouse or domestic partner; per all dependent children combined)
\$1,000	\$3,000

*\*Under The Empire Plan, each deductible and maximum coinsurance amount is combined among the Hospital Program (coinsurance only), Home Care Advocacy Program (deductible only), Medical/Surgical Program and Mental Health and Substance Abuse Program. Please note: There is a separate deductible for non-network services in the Managed Physical Medicine Program.*

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Note: You have no deductible or coinsurance when you use The Empire Plan Participating Provider Program.