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**PAEX14-27**

## **MEMORANDUM**

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

The Excelsior 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 Medical/Surgical Program, Home Care Advocacy Program (deductible only) and outpatient expenses for the Mental Health and Substance Abuse Program.

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.

*Please post until March 1, 2015*

### **2015 Excelsior Plan Maximum Out-of-Pocket Limits for In-Network Services**

<b>Coverage Type</b>	<b>Prescription Drug Program</b>	<b>Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs Combined</b>	<b>Total</b>
<b>Individual Coverage</b>	\$2,300	\$4,300	\$6,600
<b>Family Coverage</b>	\$4,600	\$8,600	\$13,200

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

<b>Combined Annual Deductible*</b> (per enrollee; per spouse or domestic partner; per all dependent children combined)	<b>Combined Coinsurance Maximum*</b> (per enrollee; per spouse or domestic partner; per all dependent children combined)
\$1,250	\$4,000

*\* Under The Excelsior Plan, each deductible and maximum coinsurance amount is combined among the Medical/Surgical Program, Home Care Advocacy Program (deductible only) and outpatient expenses for the Mental Health and Substance Abuse Program.*

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Note: You have no deductible or coinsurance when you use the Participating Provider Program.