

# Health Insurance Choices & Rates for 2003

## New York State Health Insurance Program

For Retirees, Vesteas, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and their Enrolled Dependents and for COBRA enrollees with their NYSHIP benefits

## Statewide

Choose your 2003 Health Insurance Plan by December 31, 2002

Extended  
Option Transfer  
Deadline:  
January 10, 2003

Information and Reminders, Deadlines, Medicare and NYSHIP and More on Medicare.....Inside Cover

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*This is your only notice of rate changes for 2003. See pages 4-5. Save this book through 2003 for plan information even if you are not changing plans.*

**NYSHIP**  
New York State Health Insurance Program

November 2002



George C. Sinnott

## A Message from Commissioner George C. Sinnott

Choosing your health insurance is an important decision. In selecting your health insurance plan for 2003, you want to be sure to choose the one that best meets your individual needs. This booklet will provide you with information you need in order to help you make an informed decision.

Throughout this booklet, you will find explanations of the Empire Plan and the Health Maintenance Organizations (HMOs) available to you under the New York State Health Insurance Program (NYSHIP). Important information on the 2003 premiums and how to change health insurance plans are also included in this booklet.

You may call the Empire Plan carriers and HMOs directly for additional benefits information. Please refer to the plan descriptions in this booklet for the telephone numbers.

For additional information on changing plans or help with determining which plans are available to you, contact the Employee Benefits Division at the New York State Department of Civil Service at 518-457-5754 or 1-800-833-4344, or visit our Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) and click on "Employee Benefits."

Thank you.

George C. Sinnott, Commissioner  
NYS Department of Civil Service

# Information and Reminders

This booklet is your guide to the New York State Health Insurance Program (NYSHIP) choices for 2003. It contains information on plans and rates. December 31, 2002 is the deadline for requesting a change.

## Choose Your Health Insurance Plan for 2003 by December 31, 2002

During the next several weeks, the Option Transfer Period, you may choose your health insurance plan for 2003.

You may choose coverage under the Empire Plan or coverage with a NYSHIP-approved Health Maintenance Organization (HMO) in your area. Read this booklet and other plan materials carefully so that you will be able to make an informed decision.

**No action is required if you wish to keep your current option and still qualify for that plan (see note on page 4).**

## Changing Your Health Insurance Plan Outside the Option Transfer Period

Consider your 2003 health insurance plan carefully. In general, you may change your health insurance plan outside this Option Transfer Period only if you move, and then only under certain conditions. See your *NYSHIP General Information Book* for details.

**You cannot change your health insurance plan outside of the Option Transfer Period because of a change in the providers who participate in your plan.**

## You and Your Dependents Must Enroll in Medicare

When you or your covered dependents become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you or your covered dependents must be enrolled in Medicare Part A and Part B, even if you are working for another employer. (If you return to work in a

benefits-eligible position for New York State or your former Participating Employer, NYSHIP will provide primary coverage while you are on the payroll.) If you or they are not enrolled in Medicare when first eligible, benefits under the Empire Plan or your HMO will be drastically reduced.

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 reaches age 65. (Or, if your birthday falls on the first of the month, you must have your Medicare coverage in effect on the first day of the month preceding the month in which you turn age 65.)

If you or a dependent becomes eligible for Medicare because of a disability, you or your dependent must enroll in Medicare as soon as eligible.

The June 2002 *What NYS Retirees Need to Know about Medicare and NYSHIP* explains in detail when you must enroll in Medicare and how Medicare enrollment affects your NYSHIP benefits. You can find this publication on our Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 and use the automated system to request copies. Read your *NYSHIP General Information Book* for more information on Medicare.

## Medicare and Your NYSHIP Benefits

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

## The Empire Plan

The Empire Plan coordinates benefits with Medicare. Although Medicare does not cover medical expenses incurred outside the United States, Empire Plan benefits are available worldwide. See your *NYSHIP General Information Book and Empire Plan Certificate* for details.

## NYSHIP Health Maintenance Organizations (HMOs)

If you are Medicare-primary and enrolled in a NYSHIP HMO, you will have one of the two following types of coverage:

- Benefits available outside the HMO: With an HMO that coordinates coverage with Medicare, you can choose to receive Medicare benefits outside of your HMO. You would be responsible for Medicare's coinsurance, deductibles and other charges. No payment will be made by the HMO. Most NYSHIP HMOs coordinate coverage with Medicare.
- No benefits outside the HMO: With a Medicare+Choice plan, you must receive all services from your HMO. You must also follow the HMO's requirements and use their providers. You may not receive any Medicare benefits if you choose to receive care outside your HMO.

The HMO pages in this booklet tell you how each HMO covers Medicare-eligible enrollees. See "Terms to Know" on page 7 for more information.

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

## Non-NYSHIP HMOs

You may receive information from Medicare and from non-NYSHIP HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans to supplement or replace your Empire Plan or NYSHIP HMO coverage. Please know your risks. Be aware that your Empire Plan or NYSHIP HMO benefits will be significantly reduced if you join one of these plans. If you join a Medicare+Choice plan offered outside NYSHIP, you may have no benefits except the benefits available through that HMO. If you cancel your NYSHIP coverage, you lose several benefits:

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.
- Your sick leave credit is no longer available to reduce your premium.
- If you wish to re-enroll in NYSHIP, there is a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents are not eligible for Dependent Survivor coverage. Before you choose a Medicare+Choice option outside NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

If you are enrolled in the Empire Plan and have received mailings from non-NYSHIP Medicare+Choice HMOs, before you consider joining one of these plans refer to your October 2002 flyer, *The Empire Plan and Medicare + Choice HMOs - A Special Report for Retirees and Dependent Survivors enrolled in the Empire Plan through New York State Agencies and Participating Employers.*

## Keep Your Health Insurance Up To Date

You must write to the Employee Benefits Division at the NYS Department of Civil Service, The State Campus, Albany, New York 12239, when changes in your family or marital status affect your coverage or if your address changes. Be sure to include your identification number, telephone number and address. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

## To Contact The Employee Benefits Division

Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement New York Government Employee Benefit Card for the Empire Plan. If you would like to speak to a representative, please call Monday through Friday between 9 am and 3 pm Eastern time.

### Lifetime sick leave credit: You pay the balance

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit which reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium may change each year.

**When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2003, subtract your monthly sick leave credit from the new monthly premium.**

# What Your Retirement Check and "Notice of Change" Document Will Show

Your deductions will change to reflect the 2003 health insurance rates of your 2003 health insurance plan. The monthly Medicare reimbursement for the regular cost of Medicare Part B in 2003 will be \$58.70, up 8.7 percent from \$54.00 per month in 2002.

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

## 1 Medicare Premium and Your Credit (Reimbursement) of \$58.70 per Month

The Medicare Part B premium for 2003 is \$58.70 per month.

The State will reimburse you and your enrolled dependents for this amount when Medicare becomes primary to NYSHIP, unless you or your dependent receives reimbursement from another source.

## 2 Insurance Premium Deduction

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

Your retirement check of December 31, 2002 should reflect the 2003 rates.

IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN: You will see the correct deduction for your new health insurance plan and a retroactive adjustment (if necessary) no earlier than your December 31, 2002 or January 31, 2003 pension check. The date will depend on when your health insurance plan change is received and processed.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING March 31, 2002.

Social Security #: 999999999 Fed. Tax Filing Status: MARRIED, HIGHER SINGLE RATE  
 Registration #: 99999999 Number of Exemptions: 2  
 Retirement #: 089999999 YTD Federal Tax Withheld: \$1,140.67

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

Benefits	Last Month	This Month
Normal Allowance	\$1,659.91	\$1,659.91
Cost of Living	00.00	00.00
Supplemental Allowance	00.00	00.00
Benefit Adjustments	00.00	00.00
Gross Benefit	\$1,659.91	\$1,659.91
Miscellaneous Adjustments		
Total Federal Withholding Tax	\$149.59	X 6399.59
Miscellaneous Deductions	00.00	00.00

NEW YORK STATE & LOCAL RETIREMENT SYSTEMS  
 Name: JANE Q. PUBLIC Check #: 001778173  
 SSN: 000100000 Date: August 31, 2002  
 Retirement #: 123456789 Registration #: 12345678

	NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL
Net Retiree	\$4,048.00	\$21.00	\$04.00		\$4,048.00
This change					
Withholding	\$64.87	\$66.57	\$58.90		\$189.94
of \$250.00					
at (518) 4					
					CHECK AMOUNT
					\$3,858.06

In the event of the death of the payor, this check is void and must be returned to the payor.

EMTACH HEPER BHPORP CASHING

## Note to Enrollees Who Pay the Employee Benefits Division Directly:

The 2003 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, you will see a retroactive adjustment in your January or February bill. The amount of your Medicare credit will also be adjusted.

**Note to Retirees, Vestees and Enrollees covered under Preferred List provisions of Participating Employers:** Check with your former agency for information about Medicare premium. Ask whether your former agency continues NYSHIP coverage after you become eligible for Medicare at 65.

# NYSHIP

## Options at a Glance

### The Empire Plan

The Empire Plan is NYSHIP's comprehensive health insurance program that provides:

- Inpatient and outpatient hospital coverage for medical, surgical and maternity care through Empire Blue Cross and Blue Shield. Covered inpatient services are paid in full at hospitals worldwide.
- Medical and surgical coverage administered by United HealthCare. Coverage under the Participating Provider Program, or under the Basic Medical Program if you use a non-participating provider.
- Home care services, diabetic supplies, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP).
- Chiropractic treatment and physical therapy coverage administered by Managed Physical Network, Inc. (MPN).
- Inpatient and outpatient mental health and substance abuse coverage administered by ValueOptions.
- Prescription drug coverage, administered by Express Scripts, unless prescription drug coverage is provided by a union Employee Benefit Fund.
- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support.

### Health Maintenance Organizations (HMOs)

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

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

There are different types of HMOs:

- A Staff Model HMO employs or contracts with physicians and other medical specialists directly and maintains its own health centers. Most centers are equipped with X-ray, laboratory, pharmacy and other services. Members receive most of their care under one roof.
- A Group Model HMO contracts with one or several groups of physicians to provide services. Groups may work for only one HMO, or may be free to contract with others and see fee-for-service patients.
- A Network HMO provides medical services within a "network" that can include its own health centers as well as outside participating physicians, medical groups and multi-specialty medical centers.
- An Independent Practice Association (IPA) HMO provides medical services through private practice physicians who have contracted independently with the HMO to provide services in their offices.

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

### Benefits

#### The Empire Plan & HMOs

All NYSHIP plans provide a wide range of benefits including hospital, medical/surgical, and mental health and substance abuse coverage. All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund. However, benefits differ among plans. Read this book and the certificate/contracts carefully for details.

All plans contain exclusions for certain services and prescription drugs such as those considered cosmetic or experimental. Also, workers' compensation-related expenses and custodial care are generally excluded. For information on exclusions, read your Empire Plan certificate or HMO contract and check with the plan directly.

### Geographic Area Served

#### The Empire Plan

Benefits for covered services are available worldwide.

#### Health Maintenance Organizations (HMOs)

Coverage is available in the HMO's specific NYSHIP service area.

An HMO may, at its option, arrange for care outside its service area in certain situations.

Emergency coverage is available worldwide.

## Cost Sharing

### The Empire Plan

You pay a copayment (\$12 in 2003) for certain covered medical and surgical services by a participating provider. The provider fee, minus your copayment, is paid directly by United HealthCare.

If you use a non-participating provider, you must pay the provider and file a claim for reimbursement under the Basic Medical Program. After the annual deductible is met (\$283 in 2003), covered services are reimbursed at 80 percent of the reasonable and customary charge. Once you meet the annual out-of-pocket coinsurance maximum (\$1362 in 2003), you will be reimbursed at 100 percent of the reasonable and customary charge.

For emergency room and outpatient hospital services, a copayment may be required.

Home care services and supplies received through the Home Care Advocacy Program (HCAP) are paid in full. You have no copayment. Your out-of-pocket expenses vary if you don't use HCAP.

For mental health/substance abuse services under ValueOptions and physical medicine services under Managed Physical Network (MPN), network coverage has modest copayments and no deductible. Benefits for non-network coverage are substantially lower.

If you are covered by the Empire Plan Prescription Drug Program and use your health insurance card at a network pharmacy, you pay only your copayment for generic drugs and for brand-name drugs with no generic equivalent.

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees, Medicare processes your claim and then automatically submits it to the Empire Plan for secondary coverage. You rarely need to file claim forms, regardless of whether you use participating or non-participating providers.

### Health Maintenance Organizations (HMOs)

HMOs have no annual deductible. Referral forms to see network specialists are usually required. Rarely, if ever, are claim forms required.

Most HMOs charge a copayment for certain services, usually in the form of a per-visit fee, or coinsurance (percentage of the cost).

In general, you pay the full cost if you use a provider not approved by your HMO.

## Providers

### The Empire Plan

Choose from over 120,000 physicians and other providers located throughout New York State and in many other states as well. Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina enrollees have access to Empire Plan participating provider benefits through over 57,000 United HealthCare Option PPO network providers. In Florida alone, there are over 18,000 network physicians.

Payment for medical and surgical services by non-participating providers is considered under the Basic Medical Program.

ValueOptions, HCAP and MPN all provide services and/or supplies through network providers. Access to network benefits in the ValueOptions, HCAP and MPN programs is guaranteed nationwide if you call before receiving services and follow program requirements. Medically necessary services and/or supplies from a non-participating provider are covered; but deductibles, coinsurance and benefit limits apply.

The Empire Plan Prescription Drug Program has 47,000 network pharmacies nationwide as well as a mail service pharmacy.

### Health Maintenance Organizations (HMOs)

For routine medical care choose a primary care physician from the HMO's network. Medically necessary visits to network specialists are covered but may require prior authorization.

Use of a non-participating provider is covered only when authorized by an HMO or for emergency services.

## Benefits Provided by the Empire Plan and All NYSHIP HMOs

Please see the individual plan descriptions beginning on page 10 to determine the differences in coverage and out-of-pocket expenses. See the plan documents for complete information on benefits.

- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency services
- Laboratory services
- Radiology services
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care (no cost to you in network)
- Well-child care (no cost to you in network)
- Chiropractic services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Inpatient mental health services (at least 30 days per calendar year)
- Outpatient mental health services (at least 20 visits per calendar year)
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation (at least 30 days per calendar year)
- Inpatient drug rehabilitation (at least 30 days per calendar year)
- Outpatient alcohol and drug rehabilitation (at least 60 visits per calendar year)
- Family planning and certain infertility services (Call the Empire Plan carriers or HMOs for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable medications, self-injectable medications, oral contraceptives and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- Enteral formulas covered through either HCAP for Empire Plan or the prescription drug program for HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

# New York State Health Insurance Program 2003 Rates

**Check your plan – this is your only notice of a rate change.**

Enrollee contributions for Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions. The premium contributions of retirees and some dependent survivors of the Thruway Authority are included in this booklet. Retirees of other Participating Employers: Contact your former employer for 2003 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2003 rates.

Please read this rate sheet carefully to find the rate that applies to you. There are different rates for different groups as a result of legislation and administrative agreements. *COBRA enrollees will be notified of their rates separately.*

To learn more about a plan, turn to the page number listed to the left of each plan.

Note: To enroll in an HMO or to remain enrolled in your current HMO, you must live or work in the HMO's NYSHIP service area. Please see pages 8 and 9 for more information.

Page In CHOICES

Page	Code	Plan and Service Area
10-11	001	<b>The Empire Plan</b> The Empire Plan is available worldwide to enrollees and their eligible dependents.
12	210	<b>Aetna</b> Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York State, and all counties in New Jersey; (For enrollees with retiree benefits only: also serves the Philadelphia and Pittsburgh areas in Pennsylvania)
13	066	<b>Blue Choice</b> Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
14	063	<b>Capital District Physicians' Health Plan</b> Serving Albany, Columbia, Essex, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
14	300	<b>Capital District Physicians' Health Plan</b> Serving Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties
14	310	<b>Capital District Physicians' Health Plan</b> Serving Orange and Ulster counties
15	067	<b>Community Blue</b> Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
*	068	<b>Elderplan</b> Serving people age 65 and over in Kings, New York, Queens and Richmond counties
16	280	<b>Empire's HMO</b> Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
16	290	<b>Empire's HMO</b> Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties
16	320	<b>Empire's HMO</b> Serving Dutchess, Orange, Putnam, Sullivan, and Ulster counties
17	220	<b>GHI HMO</b> Serving Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties
18	050	<b>HIP Health Plan of New York</b> Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties
19	072	<b>HMOBlue</b> Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
19	160	<b>HMOBlue</b> Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego, and St. Lawrence counties
20	059	<b>Independent Health</b> Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
21	060	<b>MVP Health Care</b> Serving Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Fulton, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington counties
22	058	<b>Preferred Care</b> Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties
23	057	<b>Univera Healthcare</b> Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties
24	070	<b>Vytra Health Plans</b> Serving Nassau, Queens and Suffolk counties

\* Plan information for 2003 was not submitted. For information, call Elderplan toll free at 1-800-353-3765 (TTY: 1-800-610-6303)

## Monthly Rates

Rates for retirees do not reflect sick leave credits.  
See page 1 for more information on how sick leave credit impacts your premium.

Retirement Prior to 1/1/83 and all retirees of Thruway Authority Retirees of other Participating Employers: Contact your former employer for 2003 rates.		Retirement on or after 1/1/83 and certain Dependent Survivors Eligible survivors of active employees who died on or after April 1, 1979 or of retirees who retired on or after April 1, 1979. DC-37 Retirees Enrollees covered under Preferred List provisions		Amended Dependent Survivors Eligible survivors of active employees who died between April 1, 1975 and March 31, 1979 Some dependent survivors of Thruway Authority		Vestees and all other Dependent Survivors	
Ind	Fam	Ind	Fam	Ind	Fam	Ind	Fam
0.00	106.70	33.84	140.54	106.70	106.70	338.38	765.18
66.87	284.00	94.84	311.97	128.03	128.03	346.59	858.72
33.14	217.93	62.08	246.87	123.22	123.22	322.60	815.50
0.00	106.47	26.67	134.60	105.55	105.55	266.75	688.97
0.00	119.76	27.20	147.90	107.62	107.62	271.98	702.46
0.00	142.25	28.08	170.40	111.10	111.10	280.78	725.19
0.00	132.35	27.53	161.02	115.19	115.19	275.32	736.08
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	114.78	27.35	143.63	110.09	110.09	273.50	713.85
30.71	233.88	59.48	262.65	128.21	128.21	318.42	831.26
56.40	301.58	85.32	330.50	139.17	139.17	345.64	902.33
73.29	327.76	98.43	352.90	129.89	129.89	324.72	844.29
10.82	137.06	38.63	164.87	104.76	104.76	288.94	708.00
61.23	340.29	89.94	369.00	144.82	144.82	348.32	927.61
131.60	470.76	159.69	498.85	158.72	158.72	412.50	1047.40
0.00	100.97	22.54	123.51	100.97	100.97	225.42	629.30
23.38	213.43	49.52	239.57	117.05	117.05	284.83	753.05
7.14	148.19	34.57	175.62	108.22	108.22	281.48	714.35
0.00	106.41	24.03	130.44	106.41	106.41	240.34	665.99
6.44	177.43	35.09	206.08	120.18	120.18	292.99	773.72

# Making a Choice

## Decision-Making Checklist

Choosing a health insurance plan is an important decision. Review the plans available and ask for more information. Think about what health care you and your family might need during the next year.

Here are a few questions to consider:

- ✓ What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- ✓ What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? How much will my prescriptions cost me? (Retirees of the Unified Court System and certain Participating Employers: Your prescription drug plan won't change if you receive your drug coverage from a union Employee Benefit Fund.)
- ✓ 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? Do I need a referral?
- ✓ What is the cost of the health plan to me?
- ✓ What will my out-of-pocket expenses be?
- ✓ Does the plan cover special needs? Are there any benefit limitations? (If you or one of your dependents has a medical condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you'll have coverage. Ask the Empire Plan carriers or HMOs about your specific treatment.)
- ✓ Are routine office visits covered for out-of-area college students or is only emergency health care available?
- ✓ How much paperwork is involved in the health plan – do I have to fill out forms?
- ✓ How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare+Choice plan? Does the plan coordinate coverage with Medicare? See the inside front cover and page 1 for information on Medicare.
- ✓ Does the plan cover me when I travel?

## What You Need To Do

On the following pages you will find summaries of the Empire Plan and all NYSHIP HMOs. The Empire Plan is available to all NYSHIP enrollees. HMOs are available to enrollees who live or work in the HMO's service area. Pick the plans that would best serve your needs and call each plan for details.

If you decide to change your plan:

1. Compare the coverage and cost of your options.
2. Complete and mail your "Option Transfer Request" form on page 27 by December 31, 2002. Send it to the Employee Benefits Division at the address on the form.

If you need more time, the Employee Benefits Division will accept your changes until January 10, 2003. However, submitting your change later than December 31, 2002 may adversely affect your ability to get services in January. The effective date for your new option will be January 1, 2003. Sending your option transfer request in by December 31, 2002 will help avoid claim and premium deduction problems.

3. If you are Medicare-primary and are enrolled in a NYSHIP Medicare+Choice or Cost plan and cancel your coverage with the HMO, you need to complete an "Enrollment Cancellation" form. Please see page 30 for instructions.

### If you are changing to the Empire Plan:

Steps 2 and 3 above are all you need to take. You will receive your New York Government Employee Benefit Card in four to six weeks.

### If you are enrolling in an HMO:

In addition to steps 2 and 3 above, complete "Notice of Intent to Enroll in an HMO for 2003" on page 29. Send the completed form to your new HMO by December 31, 2002. You will receive identification cards in four to six weeks.

### Your New Card:

If you need medical services before your new card arrives, and you need help verifying your new enrollment, contact the Employee Benefits Division.

## How to Use the Choices Benefit Charts, Pages 11-26

All of the plans in NYSHIP must include a specified minimum level of benefits. Some benefits are the same. For example, the Empire Plan and all of the HMOs pay for inpatient medical/surgical hospital care. Also, all plans cover prenatal care and well-child care.

### **BENEFITS PROVIDED BY ALL PLANS AT THE SAME LEVEL OF COVERAGE (See list on page 3) ARE NOT LISTED ON EACH PLAN'S CHART.**

Use the charts to compare the *differences* between the plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2003. See plan documents for complete information on benefit limitations.

## A Reminder

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.

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

# Questions and Answers

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

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

**Q: Do the plans have different benefits?**

**A:** Yes. This book summarizes the plans. Read plan documents for details and call the Empire Plan carriers or HMOs directly with questions. See the telephone numbers listed with each plan.

**Q: How do I find out which providers participate? What if my doctor or other provider leaves my HMO or the Empire Plan?**

**A:** If you are considering the Empire Plan, check with your providers to see whether they participate in the Empire Plan for New York government employees. Visit our Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Employee Benefits. You'll find a link to the *Empire Plan Participating Provider Directory* including names of participating chiropractors and physical therapists. Call United HealthCare or MPN at 1-800-942-4640 for a Participating Provider list. Call ValueOptions at 1-800-446-3995 about mental health practitioners.

If you are considering an HMO, ask the HMO which providers participate and which hospitals are affiliated.

Participating providers may change during the year. You cannot change your plan outside of the Option Transfer Period because your provider no longer participates.

If you want to use a provider who does not participate in your plan, check carefully on whether benefits would be available to you. Ask what authorization you would need in order to have the provider's services covered. Under most circumstances HMOs do not provide benefits for services by non-participating providers or hospitals.

**Q: I have a preexisting condition. Can I change plans?**

**A:** Yes. Under NYSHIP, you can change your plan during the Option Transfer Period and still have coverage for a preexisting condition. However, coverage and exclusions differ. Ask the plan you are considering about coverage for your condition.

**Q: What if I or my dependent becomes eligible for Medicare in 2003?**

**A:** All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences among HMOs. To receive Medicare coverage from some HMOs, you must use the HMO's providers except for emergency care. These are called Medicare+Choice plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See the inside front cover and page 1 for more Medicare information. Read the individual HMO's page in this booklet, call the HMO and ask about coverage for Medicare enrollees.

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

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

**A:** Yes. As a COBRA dependent, you may elect to change to Individual coverage in a plan different from that of the enrollee's Family coverage. You may enroll in the Empire Plan or choose any of the NYSHIP-approved HMOs in the area where you live or work.

## Terms to Know

• **Employee Benefits Division** – The Employee Benefits Division, State of New York Department of Civil Service, administers NYSHIP. Call 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or visit our Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us).

• **Fee-for-service** – A method of billing for health care services; a provider charges a fee each time you receive a service.

• **Formulary** – A list of preferred drugs used by a health plan. If a plan has a closed formulary, you have coverage only for the drugs that appear on the list. If the plan has an open formulary, use of the list is voluntary.

• **Health Maintenance Organization (HMO)** – A managed health delivery system organized to deliver health care services in a geographic area. An HMO provides a pre-determined set of benefits through a network of selected physicians, laboratories and hospitals for a pre-paid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network.

• **Medicare** – A federal health insurance program that covers certain people who are age 65 or older, disabled persons, or those who have end stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare and Medicaid Services (CMS) and administered by the Social Security Administration.

• **Medicare+Choice Plan** – The HMO agrees to accept a fixed monthly payment for each Medicare enrollee. In exchange, the HMO provides or pays for all medical care needed by the enrollee. If you join a Medicare+Choice plan, you are replacing your original Medicare coverage with the benefits offered by the HMO. These benefits are set in accordance with Medicare's guidelines for benefits offered under a Medicare+Choice plan.

• **Medicare Cost Contract** – Under this plan, you still qualify for original fee-for-service Medicare benefits. If you receive treatment outside your HMO, you are responsible for the Medicare deductible, coinsurance and claim submissions. No payment will be made by the HMO.

• **Network** – A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.

• **New York State Health Insurance Program (NYSHIP)** NYSHIP covers 1.1 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides medical benefits through the Empire Plan or a NYSHIP-approved HMO.

• **Option** – A health insurance plan offered through NYSHIP. Options include the Empire Plan or NYSHIP-approved HMOs within a specific geographic area.

• **Primary/Medicare-primary** – A health insurance plan is primary when it is responsible for paying health benefits before any other group health insurance. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State) when you turn 65, become disabled, or have end stage renal disease. Read plan documents for complete information.

# Plans by Region

## The Empire Plan:

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose the Empire Plan regardless where you live or work. Coverage is worldwide. See pages 10-11 for a summary of the Empire Plan.

## Health Maintenance Organizations (HMOs):

Most NYSHIP enrollees also have a choice of HMOs. You may enroll in (or continue 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. If you no longer live or work in the NYSHIP service area of the HMO in which you are now enrolled, you must change to another plan. Use the list below and the map on page 9 to determine which NYSHIP-approved HMOs are available by region. Then read the HMO page indicated to determine the exact counties served by each NYSHIP-approved HMO. If your county is listed on an HMO page, you may enroll in that HMO. Read the description of the benefits available.

### Western New York Region

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### Central New York Region

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### Upper and Mid-Hudson Region

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Capital District Physicians' Health Plan.....	14
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HMOBlue .....	19
MVP Health Care .....	21

### Lower New York Region (Includes New Jersey)

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# The Empire Plan – NYSHIP Code Number 001

The following is a brief list of the benefits available under each portion of the Empire Plan as of January 1, 2003. These benefits are subject to medical necessity and to limitations and exclusions described in the Empire Plan Certificate of Insurance and Empire Plan Reports/Certificate Amendments.

You'll find specific information in the 2003 *The Empire Plan at a Glance* on the New York State Department of Civil Service Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Employee Benefits. Watch for the announcement of a single new NYSHIP telephone number to connect to Empire Plan carriers in 2003.

## Hospital Benefits Program

### Empire Blue Cross and Blue Shield

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

Medical or surgical inpatient stays are covered with no cost to you at hospitals worldwide.

Under the Empire Plan Benefits Management Program, if the Empire Plan is your primary coverage you must call Empire Blue Cross and Blue Shield for certification of an inpatient stay:

- Before a maternity or scheduled (non-emergency) hospital admission
- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

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

## Medical Benefits Program

### United HealthCare

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

Medical and surgical coverage through:

- Participating Provider Program—over 75,000 physicians and other providers participate, with over 18,000 physicians in Florida alone.
- Basic Medical Program—if you use a provider outside the network. See “Cost Sharing” on page 3 for an explanation of reimbursement under the Empire Plan Basic Medical Program.

Home Care Advocacy Program (HCAP)—paid-in-full benefit for home care, durable medical equipment and medical supplies (including diabetic and ostomy supplies). Guaranteed access to network benefits nationwide. Limited non-network benefits available.

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider with a \$12 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available. Call MPN at 1-800-942-4640.

Under the Empire Plan Benefits Management Program, if the Empire Plan is your primary coverage you must call United HealthCare for:

- Certification before an elective (scheduled) Magnetic Resonance Imaging (MRI)

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

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

**The Empire Plan Nurseline<sup>SM</sup> – provides 24-hour access to health information and support.**

## Mental Health and Substance Abuse Program

### GHI/ValueOptions

P.O. Box 778, Troy, NY 12181-0778

The Empire Plan Mental Health and Substance Abuse Program offers two levels of benefits. If you call ValueOptions before you receive services and follow ValueOptions' recommendations, you receive the following network benefits:

Mental Health Services (unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis Intervention (up to 3 visits paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$15 copayment)

Alcohol/Drug Abuse Services

- Inpatient rehabilitation (paid in full)
- Outpatient rehabilitation (\$12 copayment. Unlimited when medically necessary)

If you do not call ValueOptions or do not follow their recommendations, limited non-network benefits are available for medically necessary care. For non-network care, you have a \$2,000 deductible for inpatient/\$500 deductible for outpatient. The plan then pays 50 percent of the network allowance. There are limits on inpatient and outpatient benefits and annual and lifetime maximums on substance abuse when you use non-network benefits.

## Prescription Drug Program

### CIGNA/Express Scripts

P.O. Box 1180, Troy, NY 12181-1180

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

- Open formulary.
- You pay a \$5 copayment for generic drugs and a \$15 copayment for brand-name drugs that have no generic equivalent. For brand-name drugs that have generic equivalents, you pay a \$15 copayment plus the difference in cost between the brand-name drug and its generic equivalent.
- One copayment covers up to a 90-day supply at either a participating pharmacy or the Express Scripts mail service pharmacy.
- You may fill your prescriptions through the mail service pharmacy. A pharmacist is on call 24 hours a day for urgent questions on your prescription.
- If you use a non-participating pharmacy, you will pay the full cost of the prescription and then submit a claim for partial reimbursement.
- Prior authorization is required for certain drugs.
- Drug Utilization Review (DUR) when you use your card. DUR alerts the pharmacist to potential drug therapy problems, such as drug interactions.

The Empire Plan participates in ONECARD Rx<sup>SM</sup>, the Workers' Compensation/Health Insurance Prescription Drug Program.

Empire Plan benefits are available worldwide.

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

Benefits	Empire Blue Cross and Blue Shield Hospital <sup>1</sup>	Empire Plan Participating Provider	Non-Participating Provider
Office Visit		\$12/visit	Basic Medical <sup>2</sup>
Specialty Office Visits		\$12/visit	Basic Medical <sup>2</sup>
Diagnostic/Therapeutic Services			
X-Rays	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
Lab Tests	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
Pathology	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
EKG/EEG	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
Radiation/Chemotherapy	no cost	no cost	Basic Medical <sup>2</sup>
Women's Health Care/OB GYN			
Pap Tests	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
Mammograms	\$25/visit	\$12/visit	Basic Medical <sup>2</sup>
Pre and Postnatal Visits		no cost	Basic Medical <sup>2</sup>
Family Planning Services		\$12/visit	Basic Medical <sup>2</sup>
Infertility Services		\$12/visit or no cost at designated Centers of Excellence <sup>3</sup>	Basic Medical <sup>2</sup>
Emergency Room	\$35/visit		
Urgent Care		\$12/visit	Basic Medical <sup>2</sup>
Ambulance		\$35 copay	\$35 copay
Outpatient Mental Health		\$15/visit; unlimited when medically necessary (ValueOptions)	\$500 deductible, 50% of network allowance up to 30 visits/year
Inpatient Mental Health		no cost; unlimited when medically necessary (ValueOptions)	\$2000 deductible, 50% of network allowance up to 30 days/year
Outpatient Drug/Alcohol Rehabilitation		\$12/visit; unlimited when medically necessary (ValueOptions)	\$500 deductible, 50% of network allowance up to 30 visits/year
Inpatient Drug/Alcohol Rehabilitation		no cost; 3 stays per lifetime (more may be approved case by case) (ValueOptions)	\$2000 deductible, 50% of network allowance 1 stay per year, 3 stays per lifetime
Durable Medical Equipment		no cost (HCAP)	50% of network allowance
Prosthetics			Basic Medical <sup>2</sup>
Orthotics			Basic Medical <sup>2</sup>
Rehabilitative Care (Not covered in a skilled nursing facility if Medicare-primary)	\$12/visit for physical therapy following related surgery or hospitalization	Physical or occupational therapy \$12/visit (MPN)  Speech therapy \$12/visit	\$250 deductible, 50% of network allowance \$1500 annual maximum benefit  Basic Medical <sup>2</sup>
Diabetic Supplies (insulin is covered under the Empire Plan Prescription Drug Program)		no cost (HCAP)	50% of network allowance
Hospice	no cost, no limit		
Skilled Nursing Facility (precertification required)	no cost; up to 365 benefit days. No benefits if Medicare-primary		
Prescription Drugs (see page 10)			
Additional Benefits			
Dental (preventive)		not covered	not covered
Vision (routine only)		not covered	not covered
Hearing Aids		up to \$1200 every 4 years/ 2 years for children	up to \$1200 every 4 years/ 2 years for children
Transplant Services	No cost at designated Centers of Excellence Precertification required	\$12/visit	Basic Medical <sup>2</sup>

24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support

Disease Management Programs: Cardiovascular Risk Reduction, Asthma and Migraine Management

Complementary and Alternative Medicine discounts (available only in New York State)

ONECARD RX<sup>SM</sup>, the Workers' Compensation/Health Insurance Prescription Drug Program: no copay, no claim forms

<sup>1</sup> Services provided by Empire HealthChoice, Inc. a licensee of the Blue Cross and Blue Shield Association.

<sup>3</sup> Certain Qualified Procedures require precertification and are subject to \$25,000 lifetime allowance.

<sup>2</sup> See page 3 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.



**Benefits**

	<b>Your Cost NYSHIP Primary</b>	<b>Your Cost Medicare Primary</b>
Office Visit .....	\$5/visit	\$5/visit
Non-Office Hours and Home Health Care (by physician) .....	\$10/visit	\$5/visit
Specialty Office Visits .....	\$5/visit	\$5/visit
<b>Diagnostic/Therapeutic Services</b>		
X-Rays .....	\$5/visit	\$5/visit
Lab Tests .....	\$5/visit	\$5/visit
Pathology .....	\$5/visit	\$5/visit
EKG/EEG .....	\$5/visit	\$5/visit
Radiation/Chemotherapy .....	\$5/visit	\$5/visit
<b>Women's Health Care/OB GYN</b>		
Pap Tests .....	\$5/visit	\$5/visit
Mammograms .....	No cost	No cost
Pre and Postnatal Visits .....	\$5/visit	\$5/visit
(no cost after initial visit)		
Family Planning Services .....	\$5/visit	\$5/visit
Infertility Services .....	\$5/visit	\$5/visit
Emergency Room .....	\$35/visit	\$35/visit
Urgent Care .....	\$35/visit	\$35/visit
Ambulance .....	No cost	No cost
Outpatient Mental Health .....	<sup>1</sup>	<sup>1</sup>
Inpatient Mental Health .....	<sup>2</sup>	<sup>2</sup>
Outpatient Drug/Alcohol Rehab, max 60 visits	\$5/visit	\$5/visit
Inpatient Drug Rehab .....	<sup>2</sup>	<sup>2</sup>
Inpatient Alcohol Rehab .....	<sup>2</sup>	<sup>2</sup>
Durable Medical Equipment .....	No cost	No cost
Prosthetics .....	No cost	No cost
Orthotics .....	No cost	No cost
<b>Rehabilitative Care, physical, speech and occupational therapy</b>		
Inpatient, max 60 days .....	No cost	No cost
Outpatient, max 60 visits .....	\$5/visit	\$5/visit
Diabetic Supplies and insulin .....	\$5/item	\$5/item
Hospice, unlimited .....	No Cost	Not covered <sup>3</sup>
Skilled Nursing Facility .....	<sup>4</sup>	<sup>4</sup>
<b>Prescription Drugs</b>		
NYSHIP-primary .....	\$5/prescription/34-day supply	
	\$10/prescription/mail order/90-day supply	
Medicare-primary .....	\$5/prescription/34-day supply	
	\$10/prescription/mail order/90-day supply	
Injectable and self-injectable prescription medications, oral contraceptives and fertility drugs are covered at the regular prescription drug copay.		

<sup>1</sup>NYSHIP-primary, lesser of \$25 or 50% coinsurance, max 20 visits  
Medicare-primary, \$25/visit, unlimited visits

<sup>2</sup>NYSHIP-primary, no cost, max 35 days,  
Medicare-primary, no cost, max 190 days

<sup>3</sup>Provided through the federal Medicare program

<sup>4</sup>NYSHIP-primary, no cost, unlimited,  
Medicare-primary, no cost max 100 day/benefit period  
Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.

**Additional Benefits**

Dental, preventive: NYSHIP-primary, not covered; Medicare-primary, \$2/cleaning/24 months, discount on other services  
Vision, routine only: NYSHIP-primary, \$5/visit; Medicare-primary, \$5/visit  
Eyeglasses: NYSHIP-primary, discount program;  
Medicare-primary, up to \$70/24 months and discount program  
Hearing Aids: NYSHIP-primary, not covered;  
Medicare-primary, up to \$500/36 months  
Home Health Care (HHC), unlimited (by HHC agency): NYSHIP-primary, no cost; Medicare-primary, no cost

**Plan Highlights for 2003**

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

**Participating Physicians**

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

**Affiliated Hospitals**

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

**Pharmacies & Prescriptions**

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

**Medicare Coverage**

Aetna offers a **Medicare+Choice** plan that differs from an active employee or retiree not eligible for Medicare. The Golden Medicare Plan™ is available in the bolded counties listed below. All other Medicare-eligible employees not residing in the bolded counties listed below can select Aetna's benefit plan detailed in the "Your Cost NYSHIP Primary" column on this page. For more information on the Golden Medicare Plan™, call toll-free 1-800-307-4830.

**Aetna**

Nassau Omni West  
333 Earle Ovington Blvd.  
Ste. 502, Uniondale, NY 11553

**NYSHIP Code Number 210**

An IPA HMO serving individuals living or working in **Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester** counties in New York and all counties in New Jersey (**Bergen, Essex, Hudson, Passaic, Sussex, Union, Monmouth, Ocean and Camden**).

For enrollees with retiree benefits only: **Allegheny, Armstrong, Beaver, Barks, Bucks, Butler, Cambria, Carbon, Chester, Cumberland, Dauphin, Erie, Greene, Fayette, Jefferson, Lackawana, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, North Cumberland, Northampton, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Susquehanna, Washington, Wayne, Westmoreland, and York** in Pennsylvania.

**For information, call Aetna**

Customer Services Department at .....1-800-323-9930  
TTY.....1-800-654-5984  
Golden Medicare Plan™ Member Services .....1-800-307-4830  
Or visit our Web site at .....www.aetna.com

## Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary <sup>1</sup>
Office Visit .....	\$5/visit	\$5/visit
Specialty Office Visits.....	\$10/visit	\$10/visit
Diagnostic/Therapeutic Services		
X-Rays .....	\$10/visit	No cost
Lab Tests.....	No cost	No cost
Pathology.....	No cost	No cost
EKG/EEG.....	No cost	No cost
Radiation/Chemotherapy.....	No cost	No cost
Women's Health Care/OB GYN		
Pap Tests .....	No cost	\$10/visit
Mammograms.....	No cost	No cost
Pre and Postnatal Visits .....	No cost	No cost
Family Planning Services .....	\$5/\$10/visit <sup>2</sup>	
Infertility Services.....	\$5/\$10/visit <sup>2</sup>	
Emergency Room .....	\$50/visit	\$35/visit
Urgent Care .....	\$5/\$10/visit <sup>2</sup>	
Ambulance .....	No cost	No cost
Outpatient Mental Health, max 20 visits.....	50% coinsurance S/SC <sup>3</sup>	
Inpatient Mental Health, 30 days annual max, 190 days lifetime max <sup>1</sup>	No cost	No cost
Outpatient Drug/Alcohol Rehab, 60 visits annual max		
	\$10/visit	No cost
Inpatient Drug Rehab, max 30 days .....	No cost	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost	No cost
Durable Medical Equipment .....	No cost	No cost
Prosthetics .....	No cost	No cost
Orthotics .....	No cost	No cost
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient <sup>4</sup> .....	No cost	No cost
Outpatient, max 45 visits; short term.....	\$10/visit	\$10/visit
Diabetic Supplies and Insulin.....	No cost	No cost
Hospice, max 210 days .....	No cost	No cost
Skilled Nursing Facility <sup>5</sup> .....	No cost	No cost
Prescription Drugs .....		
	\$5 generic/\$10 brand	
	from 30 days up to 90-day supply	
Oral contraceptives .....	\$10 copay each 30-day supply	
	30-day/\$10 copay, 60-day/\$20 copay, 90-day/\$30 copay	
Injectable Drugs, 90-day supply.....	\$5 generic/\$10 brand prescription	
Mail Order .....	\$5 generic/\$10 brand up to 90-day supply	

<sup>1</sup> Blue Choice offers two Medicare Cost plans, Blue Choice Senior (S) and SeniorCare (SC)

<sup>2</sup> \$5 Primary Care Physician (PCP) visit/\$10 Specialist visit

<sup>3</sup> Blue Choice Senior (S): no cost; Blue Choice Senior Care (SC): \$5 per visit in center/\$10 per visit out of center

<sup>4</sup> NYSHIP-primary, no cost, max 90 days; Medicare-primary, no cost, unlimited

<sup>5</sup> NYSHIP-primary, no cost, max 120 days; Medicare-primary, first 50 days no charge, 50% coinsurance for the 51st through 100th days; No coverage after 100 days

## Additional Benefits

Vision.....\$10 exam/24 months; and 12 months up to age 19; S:\$10 visit/24 months; SC: \$5 visit in center  
 Eyewear benefit.....\$60/24 months for NYSHIP-primary plans  
 Hearing Aids.....children to age 19, \$600 max, every 3 years S, SC: not covered  
 Acupuncture, max 10 visits/year.....50% coinsurance  
 Complementary Alternative Medicine discounts. After hours medical care for minor emergencies at Lifetime Health. Healthy Choices wellness programs, athletic clubs discounts and nutritional classes.  
 Dental.....Not covered

## Plan Highlights 2003

With Blue Choice, count on us to deliver the high-quality coverage you want and the value you need. Coverage is provided worldwide when life-threatening or approved by your Primary Care Physician. HMO USA provides Away From Home Care for illnesses while traveling in over 200 cities coast-to-coast. Guest Membership - Coverage at an affiliated HMO when living away from home for at least 90 consecutive days. Not available for Medicare Cost plans. Awarded Seal of Excellence - National Committee for Quality Assurance (NCQA).

## Participating Physicians

Over 3,100 providers available, Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Blue Choice is the right plan for you.

## Affiliated Hospitals

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

## Pharmacies & Prescriptions

Blue Choice members may have their prescriptions filled at any of over 52,000 participating pharmacies nationwide. Show the pharmacist your ID card. Blue Choice offers an **open formulary**. Fertility drugs, injectable and self-injectable prescription drugs are covered. Call Express Scripts at 1-877-603-8404 for Mail Order prescriptions.

## Medicare Coverage

Blue Choice offers two different **Medicare Cost** plans, Blue Choice Senior and SeniorCare. Some benefits differ from those listed. Please call Member Services at the number listed below for detailed information.

## Blue Choice

165 Court St.  
 Rochester, NY 14647

## NYSHIP Code Number 066

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

## For information, call

Blue Choice at.....585-454-4810  
 or.....1-800-462-0108

TTY.....1-800-454-2845  
 Or Visit Our Web site.....[www.bcbsra.com](http://www.bcbsra.com)



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Annual Adult Routine Physicals .....	No cost
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit <sup>1</sup>
Lab Tests.....	\$10/visit <sup>1</sup>
Pathology.....	\$10/visit
EKG/EEG.....	\$10/visit
Radiation/Chemotherapy.....	\$10/visit
<sup>1</sup> No cost for specific diagnostic services at preferred radiology or designated laboratory sites.	
Women's Health Care/OB GYN	
Pap Tests .....	\$10/visit
Mammograms.....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit
Urgent Care.....	\$25/visit
Ambulance .....	\$50/trip
Outpatient Mental Health Individual, max 20 visits.....	\$10/visit 1st-4th; \$35/visit 5th-20th
Outpatient Mental Health Group, max 20 visits.....	\$10/visit 1st-4th; \$15/visit 5th-20th
Inpatient Mental Health, max 30 days/calendar year .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost
Durable Medical Equipment .....	20% coinsurance
Prosthetics.....	20% coinsurance
Orthotics (excludes shoe inserts) .....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days .....	No cost
Outpatient short-term PT and OT, max 120 days.....	\$10/visit
Outpatient speech, max 60 days.....	\$10/visit
Diabetic Supplies and Insulin, up to 30 days.....	lesser of 20% coinsurance or \$10/item
Diabetes self-management education.....	\$10/visit
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 90 days .....	No cost
Prescription Drugs, 30-day supply.....	\$5/generic, \$20/brand (includes fertility, injectable/self-injectable drugs and oral contraceptives)
Retail, 30-day supply.....	\$5/generic, \$20/brand
Mail Order, 90-day supply .....	\$10/generic, \$40/brand

## Additional Benefits

Dental.....	Not covered
Allergy injections.....	No cost
Vision, eye exam once every 24 months .....	\$10/visit
Eyeglasses, Hearing Aids.....	Not covered

## Plan Highlights 2003

As a physician-run plan, CDPHP is dedicated to the mission of making quality medical services readily available to our members. CDPHP holds an accreditation status of "Excellent" from the National Committee for Quality Assurance. We are proud to be one of the top-rated health plans in the United States. The New York State Health Accountability Foundation has ranked CDPHP first in customer satisfaction four years in a row. CDPHP's customers enjoy easy, affordable access to area doctors and hospitals. College students are covered for urgent, emergency and preapproved follow-up care. Visit us online at [www.cdphp.com](http://www.cdphp.com) to learn more.

## Participating Physicians

CDPHP is now affiliated with more than 5,000 physicians in New York State.

## Affiliated Hospitals

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

## Pharmacies & Prescriptions

Participating pharmacies include CVS, Eckerd, Hannaford, Kmart, Price Chopper, Rite Aid, The Medicine Shoppe, Stop & Shop and selected independent pharmacies located in the CDPHP service area. CDPHP offers a **closed formulary**.

## Medicare Coverage

CDPHP offers the same benefits to NYSHIP Medicare eligibles. CDPHP **coordinates coverage** with Medicare.

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

Patron Creek Corporate Center  
1223 Washington Ave.  
Albany, NY 12206-1057

## NYSHIP Code Number 063

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

## NYSHIP Code Number 300

Individuals living or working in Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties.

## NYSHIP Code Number 310

Individuals living or working in Orange and Ulster counties.

## For information, call

CDPHP's Marketing Department.....518-641-5000  
or .....1-800-993-7299  
TTY.....1-877-261-1164

Or Visit Our Web site.....[www.cdphp.com](http://www.cdphp.com)



Plan Highlights 2003

Worldwide coverage for emergency and urgent care through the BlueCard program, a network of BlueCross and BlueShield providers across the country and around the world. Guest membership for routine care away from home that enables members on extended business trips or family members away at school to join a nearby Blue HMO and enjoy the same benefits they do at home. Innovative wellness and health management programs provided by Integra that offer discounts on acupuncture, massage therapy, nutritional counseling, fitness centers and spas. ResponseLink 24, a round-the-clock helpline for medical information.

Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$10/visit
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	\$10/visit
Radiation/Chemotherapy .....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests .....	No cost
Mammograms .....	\$10/visit
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit
Urgent Care .....	\$10/visit
Ambulance .....	\$50/trip
Outpatient Mental Health, max 20 visits .....	50% coinsurance
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost
Durable Medical Equipment .....	20% coinsurance
Prosthetics .....	20% coinsurance
Orthotics .....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days .....	No cost
Outpatient, max 20 visits .....	\$10/visit
Diabetic Supplies and Insulin .....	\$10/item
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 50 days .....	No cost
Prescription Drugs, 30-day supply .....	\$5 generic/\$15 formulary brand/ \$35 non-formulary
Mail order, 90-day supply .....	\$15 generic/\$45 formulary brand/ \$105 non-formulary
Includes contraceptives, prenatal and vitamins with fluoride, insulin and oral diabetic agents. Most injectable drugs are subject to prior approval.	
Mail order prescriptions may be ordered by contacting <b>Express Scripts</b> , Suite 800, Troy, NY 12180 - <b>1-800-888-8090</b> .	

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies & Prescriptions

Community Blue members may obtain prescriptions from any of our 350 participating pharmacies. Prescriptions are filled for up to a 30-day supply (including insulin) when filled at a participating pharmacy, nationally or locally. Member's copayment will reflect \$5 generic, \$15 formulary brand, \$35 non-formulary prescriptions. Community Blue offers a **closed formulary**.

Medicare Coverage

Community Blue offers the same benefits to NYSHIP Medicare eligibles. Community Blue **coordinates coverage** with Medicare.

**Community Blue**  
**The HMO of Blue Cross & Blue Shield of Western New York**  
 1901 Main St.  
 Buffalo, NY 14240

**NYSHIP Code Number 067**

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

**For information, call the nearest Member Services Office:**

Buffalo .....	716-884-2800 or 1-800-544-2583
Olean .....	716-376-6000 or 1-800-887-8130
Jamestown .....	716-484-1188 or 1-800-944-2880

TTY .....

Or Visit Our Web site ..... [www.bcbswny.com](http://www.bcbswny.com)

Additional Benefits

Dental, preventive .....20% discount at select providers  
 free second annual exam

VisionPLUS program  
 Community Blue members are entitled to a complete eyecare program that includes routine eye exams and discounts from participating VisionPLUS providers. Discounts included on frames, lenses, contact lenses and supplies.

Hearing Aids.....Not covered



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	No cost
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	No cost
Radiation/Chemotherapy .....	No cost
Women's Health Care/OB GYN	
Pap Tests .....	No cost
Mammograms .....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit <sup>1</sup>
Urgent Care .....	\$10/visit
Ambulance .....	No cost
Outpatient Mental Health, max 20 visits .....	\$25/visit
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	No cost
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost
Durable Medical Equipment .....	No cost
Prosthetics .....	No cost
Orthotics .....	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 30 days .....	No cost
Outpatient, short term .....	\$10/visit <sup>2</sup>
Diabetic Supplies and Insulin, 30-day supply .....	\$5/item
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 60 days .....	No cost
Prescription Drugs, 30-day supply .....	\$5/15/25/prescription
Injectable Drugs, 30-day supply .....	\$5/15/25/prescription
Mail Order, 30-day supply .....	\$5/15/25/prescription
More information available under "Pharmacies & Prescriptions"	

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

<sup>2</sup> Up to 30 visits per year for physical therapy. Inpatient and outpatient have separate 30-day limits. Note: Occupational, speech and vision therapy have a combined limitation of 30 visits in home, office or outpatient facility per year.

## Additional Benefits

Dental .....	Not covered
Vision .....	Not covered
Hearing Aids .....	Not covered

## Plan Highlights 2003

Empire's HMO provides State retirees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. With Empire's state-of-the-art Web site, [www.empireblue.com](http://www.empireblue.com), your personal healthcare information is yours to manage any time of the day or night. You will instantly be able to find a list of your claims and payment status data, e-mail messages, your personal profile and

healthcare provider information. The information is for your eyes only and is password-protected to guarantee your privacy. Guest Membership is available for members and covered dependents who are outside the service area for at least 90 days but not more than 180. If you qualify for the program, you receive similar benefits as if you were home. *Empire's HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).*

## Participating Physicians

Empire's HMO provides access to a network of over 63,000 provider locations.

## Affiliated Hospitals

Empire's HMO members are covered through a network of area hospitals (over 125) to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and Web site contain a list of all participating hospitals, including New York City hospitals.

## Pharmacies & Prescriptions

Enrollees with prescription drug coverage can use both local and national pharmacies. If a member decides to stay within our formulary, a \$5 copayment for generic prescriptions or a \$15 copayment for brand-name prescriptions will be charged for each 30-day supply. If a member chooses a non-formulary prescription, a \$25 copayment will be charged for each 30-day supply. Mail order prescriptions are also available. The same copayments apply for each 30-day supply when using the mail order prescription drug program. Injectable and self-injectable prescriptions, oral contraceptives and prescriptions to treat infertility are covered. Empire's HMO offers an **open formulary**.

## Medicare Coverage

Empire's HMO offers the same benefits to NYSHIP Medicare eligibles. Empire's HMO **coordinates coverage** with Medicare.

## Empire's HMO

A product of Empire BlueCross BlueShield  
11 Corporate Woods Blvd.  
PO Box 11800  
Albany, NY 12211-0800

## NYSHIP Code Number 280 (Upstate)

Individuals living or working in Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

## NYSHIP Code Number 290 (Downstate)

Individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties.

## NYSHIP Code Number 320 (Mid-Hudson)

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

## For information, call

Empire BlueCross BlueShield at .....1-800-662-5193  
TTY.....1-800-241-6894  
Or Visit Our Web site .....[www.empireblue.com](http://www.empireblue.com)



GHI HMO has been awarded New Health Plan Accreditation from the National Committee for Quality Assurance (NCQA).

## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$10/visit
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	No cost
Radiation/Chemotherapy .....	No cost
Women's Health Care/OB GYN	
Pap Tests .....	No cost
Mammograms .....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services.....	50% coinsurance
Infertility Services.....	\$10/visit
Emergency Room .....	\$35/visit
Urgent Care.....	\$10/visit
Ambulance .....	No cost
Outpatient Mental Health, max 20 visits.....	\$10/visit, 1st-5th; \$25/visit, 6th-20th
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost
Durable Medical Equipment .....	20% coinsurance
Prosthetics .....	20% coinsurance
Orthotics .....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days.....	No cost
Outpatient, physical therapy, max 30 visits .....	\$10/visit
Outpatient, speech therapy, evaluation only .....	\$10/visit
Diabetic Supplies and Insulin .....	\$10/item
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 120 days/year .....	No cost
Prescription Drugs, 30-day supply .....	\$5 generic/\$10 preferred brand/ \$20 non-preferred brand
Mail Order, 90-day supply.....	\$10 generic/ \$20 preferred brand/\$40 non-preferred brand

## Additional Benefits

Dental .....	Not covered
Vision, routine only.....	\$10/exam/year
Hearing Aids.....	Not covered

## Plan Highlights 2003

Since 1937, GHI has been building a statewide reputation for strength, stability and an extraordinary commitment to prompt, responsive service. As the largest not-for-profit health insurer in New York State, GHI introduced the GHI HMO in 1999. GHI HMO's provider network is available in 15 counties in New York State. GHI HMO's primary concern is to provide medical coverage that gives our members confidence that you and your family are well covered. With more than three million statewide members, GHI is committed to provide individuals, families and businesses with access to affordable, quality healthcare, supported by outstanding customer service.

## Participating Physicians

Services are provided by local participating physicians in their private offices. GHI HMO has over 10,099 member physicians and health care professionals throughout its 15-county NYSHIP-approved service area.

## Affiliated Hospitals

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

## Pharmacies & Prescriptions

GHI HMO offers an **open formulary**. This includes injectable and self-injectable drugs, oral contraceptives and fertility drugs. Fertility drugs are limited to three cycles per lifetime. Members may utilize any GHI HMO pharmacy for retail prescription drugs up to a 30-day supply. If a brand-name drug is selected or prescribed and there is a generic equivalent available, the member pays the brand copay and the difference in price between the generic and the brand drug. All maintenance medication is obtained through the mail order program. Ask your doctor to prescribe the needed medication for up to 90 days, plus refills, if appropriate. Mail your prescription and the correct copayment in the special order envelope. To help ensure you never run short of your prescription medication, you should reorder on or after the refill date indicated on the refill slip or your medication container, or when you have 14 days of medication left. Mail order medication is pre-paid by check or money order or you may authorize billing to your credit card.

## Medicare Coverage

GHI HMO offers the same benefits to NYSHIP Medicare eligibles. GHI HMO **coordinates coverage** with Medicare.

## GHI HMO

120 Wood Rd.  
PO Box 4181  
Kingston, NY 12401

## NYSHIP Code Number 220

An IPA HMO serving individuals living or working in Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties in New York.

## For information, call toll-free

Albany .....

Kingston .....

TTY.....

Or Visit Our Web site.....



## Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit .....	\$5/visit	\$5/visit
Specialty Office Visits .....	\$5/visit	\$5/visit
Diagnostic/Therapeutic Services		
X-Rays .....	No cost	No cost
Lab Tests .....	No cost	No cost
Pathology .....	No cost	No cost
EKG/EEG .....	No cost	No cost
Radiation/Chemotherapy .....	\$5/visit	No cost
Women's Health Care/OB GYN		
Pap Tests .....	No cost	No cost
Mammograms .....	No cost	No cost
Pre and Postnatal Visits .....	No cost	N/A
Family Planning Services .....	\$5/visit	N/A
Infertility Services .....	\$5/visit <sup>1</sup>	N/A
Emergency Room .....	\$25/visit	\$25/visit
Urgent Care .....	\$5/visit	\$5/visit
Ambulance .....	No cost	No cost
Outpatient Mental Health .....	No cost <sup>2</sup>	\$25/visit <sup>3</sup>
Inpatient Mental Health .....	No cost <sup>4</sup>	No cost <sup>5</sup>
Outpatient Drug/Alcohol Rehab .....	\$5/visit <sup>6</sup>	No cost <sup>3</sup>
Inpatient Drug Rehab .....	No cost <sup>4</sup>	No cost <sup>3</sup>
Inpatient Alcohol Rehab .....	No cost <sup>4</sup>	No cost <sup>3</sup>
Durable Medical Equipment .....	No cost	No cost
Prosthetics .....	No cost	No cost
Orthotics (excludes foot orthotics) .....	No cost	No cost
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient .....	No cost <sup>4</sup>	No cost
Outpatient .....	\$5/visit <sup>7</sup>	\$5/visit <sup>9</sup>
Diabetic Supplies and Insulin .....	\$5/month	No cost
Hospice, max 210 days .....	No cost	No cost <sup>8</sup>
Skilled Nursing Facility .....	No cost <sup>9</sup>	No cost <sup>10</sup>

Prescription Drugs: NYSHIP-primary: \$5/30-day supply (subject to drug formulary)-Oral Contraceptives included. Medicare-primary: \$5/30-day supply and \$45-non formulary/30-day supply. Formulary copays are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day generic or brand-name supply may be obtained. Self-injectables and injectables included.

<sup>1</sup>Includes the supplies and drugs related to the diagnosis and treatment of infertility; <sup>2</sup>Max 20 visits; <sup>3</sup>Unlimited visits; <sup>4</sup>Max 30 days; <sup>5</sup>190-day lifetime max; <sup>6</sup>Max 60 visits; <sup>7</sup>Max 90 visits; <sup>8</sup>Provided by a Medicare-certified hospice; <sup>9</sup>Unlimited days; <sup>10</sup>Max 100 days per benefit period.

## Additional Benefits

Dental .....	Not covered
Vision, routine only	
NYSHIP-primary .....	No cost
Medicare-primary .....	\$5/visit
Eyeglasses	
NYSHIP-primary .....	\$45/pair/24 mos., selected frames
Medicare-primary .....	No cost/12 mos., selected frames
Hearing Aids	
NYSHIP-primary .....	Not covered

Medicare-primary .....	\$500 max/36 mos.
Podiatry, routine, max 4 visits	
NYSHIP-primary .....	Not covered
Medicare-primary .....	\$5/visit
Prostate Cancer Screening	
NYSHIP-primary .....	No cost
Medicare-primary .....	No cost
Artificial Insemination	
NYSHIP-primary .....	\$50/covered procedure
Medicare-primary .....	N/A

## Plan Highlights 2003

HIP's network has expanded to over 18,000 providers in more than 28,000 locations - and we're still growing! Plus, HIP offers over 54 years of experience caring for union members and the support of the AFL-CIO.

## Participating Physicians

### More Choices, More Doctors.

HIP is the only plan in the New York metropolitan area to offer members a true choice of care. Members have access to:

- A large and expanding network of doctors in private practice.
- Health centers operated by some of the top New York City area hospital systems, including Beth Israel Medical Center, Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital and St. Luke's-Roosevelt Hospital Center.
- Health centers operated by private, multi-specialty physician groups.

## Affiliated Hospitals

HIP members have access to 106 of the area's leading hospitals, including major teaching institutions.

## Pharmacies & Prescriptions

Filling a prescription is easy with HIP's network of over 32,000 participating pharmacies nationwide, including 3,500 participating pharmacies within New York State. HIP also has a Mail Order Program through Express Scripts, Inc. HIP offers a **closed formulary**. Generic drugs will be dispensed when available.

## Medicare Coverage

HIP offers two plans to NYSHIP retirees. Retirees who are not Medicare-eligible are offered the same coverage as active employees. For Medicare-eligible retirees, HIP offers HIP VIP® Premier Medicare Plan, a **Medicare+Choice** plan that provides Medicare benefits and more. If you are not Medicare-eligible, refer to the "Your Cost NYSHIP Primary" column on this page which shows the benefits and costs available to you.

## HIP Health Plan of New York

7 West 34th St.  
New York, NY 10001

## NYSHIP Code Number 050

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

HIP participates in the ONECARD Rx<sub>SM</sub> Program.

**For information, call** ..... 1-877-861-0175  
TTY ..... 1-888-447-4833  
Or Visit Our Web site ..... www.hipusa.com

**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	No cost
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	No cost
Radiation/Chemotherapy .....	No cost
Women's Health Care/OB GYN	
Pap Tests .....	No cost
Mammograms .....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit
Urgent Care .....	\$10/visit
Ambulance .....	No cost
Outpatient Mental Health, max 20 visits .....	50% coinsurance
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost
Durable Medical Equipment .....	50% coinsurance
Prosthetics .....	50% coinsurance
Orthotics .....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days .....	No cost
Outpatient, max 60 visits .....	\$10/visit
Diabetic Supplies and Insulin, max 30-day supply .....	\$10/item
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 120 days .....	No cost
Prescription Drugs	
Tier I .....	\$5/prescription
Tier II <sup>1</sup> .....	\$15/prescription
Tier III <sup>1</sup> .....	\$30/prescription

There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments. This includes contraceptives and limited fertility drugs, injectables and self-injectable medications.

<sup>1</sup> Should a doctor select a brand-name drug (Tier II or Tier III) 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.

**Additional Benefits**

Dental .....	Not covered
Vision, routine only .....	\$10/2 years
Hearing Aids .....	Not covered
Hearing Exam, routine only .....	\$10/2 years

**Plan Highlights 2003**

Expanded Network - Members will have access to area providers from 24 counties in our service area. Our low-cost office visits keep you healthy, while saving you money. Through our BluesConnect network, members have access to a national network of BlueCross BlueShield HMOs for emergency/urgent care and our guest membership program provides access to care for students away at college, members on extended out of town business or families living apart.

**Participating Physicians**

HMOBlue is affiliated with more than 4,700 physicians and health care professionals who see patients in their private offices.

**Affiliated Hospitals**

All hospitals within our designated service area participate with HMOBlue. Members are covered at the hospitals to which their HMOBlue physician has admitting privileges. Members may be directed to other hospitals to meet special needs when medically necessary.

**Pharmacies & Prescriptions**

HMOBlue members may purchase prescription drugs at any participating pharmacy in the FLRx Network. This network has over 52,000 pharmacies nationwide, including most major chains. A complete listing of FLRx pharmacies is located on our Web site at [www.bcbscn.org](http://www.bcbscn.org). HMOBlue offers an **open formulary**.

**Medicare Coverage**

HMOBlue offers the same benefits to NYSHIP Medicare eligibles. HMOBlue **coordinates coverage** with Medicare.

**HMOBlue**

**BlueCross BlueShield of Central New York**

344 South Warren Street, PO Box 4712  
 Syracuse, NY 13221-4712

**NYSHIP Code Number 072**

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

**For information, call**.....315-448-6820  
 or .....1-800-447-6269  
 TTY .....315-448-6764  
 Or visit our Web site .....[www.bcbscn.org](http://www.bcbscn.org)

**HMOBlue**

**BlueCross BlueShield of Utica-Watertown**

12 Rhoads Dr., Utica, NY 13502 .....1-800-722-7884  
 50 Dietz St., Ste L, Oneonta, NY 13820 .....1-800-317-5658  
 1116 Arsenal St., Watertown, NY 13601 .....1-800-433-1488  
 11 Broad St., Ste A-B, Plattsburgh, NY 12901 .....1-888-212-6156

**NYSHIP Code Number 160**

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

**For information, call**.....1-800-722-7884  
 Or visit our Web site .....[www.bcbsuw.com](http://www.bcbsuw.com)



## Plan Highlights 2003

Independent Health is one of the most progressive HMOs in the country. Our history of quality coverage, award-winning customer service, wellness programs, and member discounts are just a few of the reasons why so many people trust Independent Health to provide their health care coverage. It's what we do that makes us different.

### Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$15/visit
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	\$10/visit
Radiation/Chemotherapy .....	\$15/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$10/visit
Mammograms .....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit
Urgent Care .....	\$10/visit
Ambulance .....	\$25/trip
Outpatient Mental Health, max 20 visits .....	50% coinsurance
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost
Durable Medical Equipment .....	50% coinsurance
Prosthetics .....	No cost
Orthotics (excludes shoe inserts) .....	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days .....	No cost
Outpatient, max two consecutive months .....	\$15/visit
Diabetic Supplies and Insulin .....	lesser of \$8/copay or 20% coinsurance per 30-day supply
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 45 days .....	No cost
Prescription Drugs.....30-day supply \$5 tier I/ \$15 tier II/ \$30 tier III	
Includes birth control pills. Fertility drugs are covered with the same copay as any other drug. Injectable drugs, 30-day supply \$5 tier I/ \$15 tier II/ \$30 tier III	
Mail Order .....	Not covered

### Additional Benefits

Dental, preventive .....	\$30/cleaning and 20% discount on additional services at select providers
Vision, routine only .....	\$10/visit once every 12 months
Eyeglass lenses copayment range .....	\$35-\$100
Discount of 20-50% on frames at participating providers.	
Hearing Aids.....	Not covered
Home Health Care .....	\$10/visit

### Participating Physicians

Independent Health is affiliated with over 2,900 physicians and health care professionals who see patients in their private offices throughout the service area.

### Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their Independent Health physician has admitting privileges. Independent Health members may be directed to other hospitals to meet special needs when medically necessary.

### Pharmacies & Prescriptions

Over 350 pharmacies including all national chains and most independent pharmacies participate. Members may also obtain prescriptions while outside of the service area using Independent Health's national pharmacy network. Independent Health offers a **closed formulary**.

### Medicare Coverage

Independent Health offers the same benefits to NYSHIP Medicare eligibles. Independent Health **coordinates coverage** with Medicare.

### Independent Health

511 Farber Lakes Dr.  
Buffalo, NY 14221

### NYSHIP Code Number 059

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

### For information, call

the Marketing Department at .....716-631-5392  
or .....1-800-453-1910

TTY .....716-631-3108

Or Visit Our Web site .....[www.independenthealth.com](http://www.independenthealth.com)



## Plan Highlights 2003

MVP Health Care offers great customer service 7 days a week from 8 AM until midnight – so we're here when it's convenient for you! MVP nurses are available evenings and weekends to answer your urgent medical questions.

### Participating Physicians

MVP Health Care provides services through more than 12,000 participating physicians located throughout its service area. Each region has distinctively different physician lists and geographic service areas.

### 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.

### Pharmacies & Prescriptions

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

### Medicare Coverage

MVP offers the same benefits to NYSHIP Medicare eligibles. MVP **coordinates coverage** with Medicare.

### MVP Health Care

PO Box 2207  
625 State St.  
Schenectady, NY 12301-2207

### NYSHIP Code Number 060

An IPA HMO serving individuals living or working in Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Fulton, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington counties.

MVP participates in the ONECARD RX<sub>SM</sub> Program

### For information, call

Customer Service .....1-888-TALK-MVP (825-5687)  
Or Visit Our Web site .....www.joinmvp.com

## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	No cost
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG .....	No cost
Radiation/Chemotherapy .....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$10/visit
Mammograms .....	No cost
Pre and Postnatal Visits .....	No cost after initial \$10/visit
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Emergency Room .....	\$50/visit
Urgent Care (PCP Office Only) .....	\$10/visit
Ambulance .....	No cost
Outpatient Mental Health, max 20 visits .....	\$10/1st visit;
\$20/visits 2nd-5th; lesser of \$40 or 50% coinsurance/visits 6th-20th	
Inpatient Mental Health Physician, max 20 visits .....	lesser of \$40
or 50% coinsurance	
Inpatient Mental Health, max 30 days .....	No Cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost
Durable Medical Equipment .....	20% coinsurance
Prosthetics .....	20% coinsurance
Orthotics .....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 months .....	No cost
Outpatient, max 2 months .....	\$10/visit
Diabetic Supplies and Insulin .....	Lesser of \$10
or 20% coinsurance/item, 31-day supply	
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 45 days .....	No cost
Prescription Drugs, 30-day supply .....	\$5/generic, \$20/brand,
\$40 non-formulary	
Mail Order, 90-day supply .....	\$10/generic, \$40/brand,
\$80 non-formulary	
Prescription drug benefits include coverage for injectable/self-	
injectable medications, oral contraceptives and drugs for the	
treatment of infertility, subject to the limitations listed above.	

## Additional Benefits

Dental, preventive .....	\$10/visit, children to age 19
Vision, routine only .....	\$10/exam/24 months
Hearing Aids .....	Not covered

## Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit .....	\$5/visit	\$10/visit
Primary Care Physician (PCP) Visits for Children, age 0-2 .....	No cost	\$10/visit
Specialty Office Visits .....	\$10/visit	\$15/visit
<b>Diagnostic/Therapeutic Services</b>		
X-Rays .....	\$10/visit	\$15/visit
Lab Tests .....	No cost	No cost
Pathology .....	No cost	No cost
EKG/EEG .....	\$10/visit	\$15/visit
Radiation/Chemotherapy .....	No cost	No cost
<b>Women's Health Care/OB GYN</b>		
Pap Tests .....	No cost	No cost
Mammograms .....	No cost	No cost
Pre and Postnatal Visits .....	No cost	\$10/visit
Family Planning Services .....	\$5/visit	\$10/visit
Fertility Services .....	\$5/visit/PCP \$10/visit/specialist	\$10/visit/PCP \$15/visit/specialist
Emergency Room .....	\$50/visit	\$50/visit
Urgent Care Center .....	\$25/visit	\$10/visit
Ambulance .....	No cost	\$35/trip
Outpatient Mental Health, max 20 visits .....	<sup>1</sup>	<sup>1</sup>
Inpatient Mental Health, max 30 days Medicare-primary (190 days lifetime) .....	No cost	No cost
Outpatient Drug/Alcohol Rehab .....	\$10/visit <sup>2</sup>	\$15/visit <sup>2</sup>
Inpatient Drug Rehab, max 30 days .....	No cost	No cost
Inpatient Alcohol Rehab, max 30 days .....	No cost	No cost
Durable Medical Equipment .....	20% coinsurance	20% coinsurance
Prosthetics .....	20% coinsurance	20% coinsurance
Orthotics .....	20% coinsurance	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>		
Inpatient, unlimited .....	No cost	No cost
Outpatient, max 45 visits .....	\$10/visit	\$15/visit
Diabetic Supplies and Insulin...\$10/30-day supply retail .....	\$5 generic/ \$20/90-day supply mail order	\$15 preferred brand/\$30 non-preferred brand for each 30-day supply retail \$10 generic/\$30 preferred brand/\$60 non-preferred brand for each 90-day supply mail order
Hospice, max 210 days .....	No cost	No cost
Skilled Nursing Facility .....	<sup>3</sup>	<sup>3</sup>
Prescription Drugs.\$5 generic/\$15 preferred brand/\$30 non-preferred brand-name for 30-day supply at retail. \$10 generic/\$30 preferred brand/\$60 non-preferred brand-name for 90-day supply at mail order, including birth control pills, fertility prescriptions and injectable prescriptions. Medicare Primary prescription plan includes insulin and oral agents.		

<sup>1</sup>NYSHIP-primary, 50% coinsurance/visit (maximum 20 visits); Medicare-primary, \$15/1st visit, 50% coinsurance/visit thereafter (unlimited visits when medically necessary).

<sup>2</sup>NYSHIP-primary limited to 60 visits per year; Medicare-primary limited to visits when medically necessary.

<sup>3</sup>NYSHIP-primary, no cost, max 120 days per year and 360 days per lifetime; Medicare-primary, no cost days 1-20, 50% coinsurance days 21-100 (maximum 100 days) with 3-day prior hospitalization stay.

## Additional Benefits

Dental .....	Both plans, Not covered
Vision, annual routine and diagnostic NYSHIP-primary .....	\$10/visit
Medicare-primary .....	\$10/visit for routine, \$15/visit for diagnostic
Eyeglasses .....	Both plans, 20-60% discount
Hearing Aids NYSHIP-primary .....	\$600/3 calendar years for children up to age 19
Medicare-primary .....	Not covered
Acupuncture NYSHIP-primary .....	10 visits/calendar year, 50% coinsurance
Medicare-primary .....	Not covered
Ostomy Supplies .....	20% coinsurance

## Plan Highlights 2003

For the year 2003, we continue to offer the following benefits to our members: For NYSHIP-primary retirees, annual routine eye exam, hearing aids for children and acupuncture are covered. For Medicare-primary retirees, the travel benefit covers you for non-emergency and non-urgently needed care while traveling outside of New York State with \$100 deductible, 30% coinsurance up to \$3,000 per calendar year.

## Participating Physicians and Hospitals

Because Preferred Care takes the quality of your medical care seriously, we make sure all of our 3,100 physicians have the proper training and licenses. We respect their knowledge; therefore they develop our medical policies. When a serious problem arises, we will collaborate with you and your doctor to make sure you get the care you need.

## Pharmacies & Prescriptions

Preferred Care members use any pharmacy and present card. To use an out-of-network pharmacy, members are responsible for the copay plus the costs above the Preferred Care network rate. Preferred Care offers an **open formulary**.

## Medicare Coverage

Preferred Care offers a **Medicare+Choice** plan, the Gold Plan, to retirees who are eligible for Medicare. Refer to the "Your Cost NYSHIP Primary" column if you retire before becoming Medicare-eligible. Once you become eligible for Medicare, some of the Gold Plan's copayments will vary from the copayments of actives or non Medicare-eligible retirees. Please call the number below for further details.

## Preferred Care

259 Monroe Ave.  
Rochester, NY 14607

## NYSHIP Code Number 058

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

For information, call.....585-325-3113  
or .....1-800-950-3224  
Medicare-Eligible:.....585-327-5760 or 1-800-665-7924  
TTY .....716-325-2629  
Or visit our Web site.....www.preferredcare.org



**Benefits**

	<b>Your Cost</b>
Office Visit.....	\$10/visit*
Specialty Office Visits .....	\$10/visit*
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit*
Lab Tests .....	No cost
Pathology .....	No cost
EKG/EEG.....	\$10/visit*
Radiation/Chemotherapy.....	\$10/visit*
Women’s Health Care/OB GYN	
Pap Tests.....	\$10/visit*
Mammograms.....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$10/visit
Infertility Services.....	\$10/visit
Emergency Room .....	\$35/visit
Urgent Care.....	\$10/visit (participating provider’s office only)*
Ambulance .....	\$35/trip
Outpatient Mental Health, max 20 visits.....	50% coinsurance
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$10/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost
Durable Medical Equipment .....	50% coinsurance
Prosthetics .....	50% coinsurance
Orthotics .....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, 2 consecutive months/condition.....	No cost
Outpatient, max 30 visits combined.....	\$10/visit*
Diabetic Supplies and Insulin, 30-day supply.....	\$10/item*
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 45 days .....	No cost
Prescription Drugs	
Retail .....	1 copay per 30-day supply
Mail Order .....	3 copays per 90-day supply
Tier I .....	\$5/prescription
Tier II .....	\$15/prescription
Tier III .....	\$35/prescription
Includes coverage for injectable and self-injectable medications, oral contraceptives, enteral formulas and fertility drugs. Tier I drugs are generally generic drugs. Tier II drugs are brand products with no generic equivalent. Tier III drugs are non-preferred brand drugs with alternate clinically equivalent drugs available in Tier I or Tier II.	

\* Copay is waived for dependents aged 18 and under when services are received in a physician’s office or health center.

**Additional Benefits**

Dental, preventive .....	25% discount
Vision, routine only.....	\$20/annual exam*
Lenses and frames.....	20% discount from participating providers
Hearing Aids.....	Not covered

**Plan Highlights 2003**

**New for 2003:** for your covered dependents 18 and under, there is now no copay for primary care office visits, x-rays and eye exams (see benefits with the \*). In addition, your kids can also access the following services at no copay: specialists' office visits, hearing exams, allergy testing and treatment, routine physicals, and diabetic supplies, equipment and insulin.

**Participating Physicians**

As a Univera member, you choose from our physician network which includes 97% of Western New York’s doctors and more than 3,000 affiliated providers overall.

**Affiliated Hospitals**

Univera participates with all Western New York hospitals. You’ll go to the participating hospital that your doctor selects.

**Pharmacies & Prescriptions**

Univera provides you with access to all major pharmacy chains and most independent drugstores. That’s 370 pharmacies in Western New York and more than 52,000 across the country. Members can also use our mail order services through Express Scripts by calling 1-866-347-3516. Univera offers an **open formulary**.

**Medicare Coverage**

Univera offers these same benefits to NYSHIP Medicare eligibles. Univera **coordinates coverage** with Medicare.

**Univera Healthcare**

205 Park Club Ln.  
Buffalo, NY 14221-5239

**NYSHIP Code Number 057**

A Network HMO serving individuals living or working in Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties.

**To Join, call**.....1-800-427-8490

**Current Members, call**.....1-800-337-3338

TTY .....

Or Visit Our Web site .....www.univerahealthcare.com



## Plan Highlights 2003

Vytra provides comprehensive benefits to cover you and your family including preventive care to promote good health. You and each family member select a primary care physician. Referrals are needed for specialists except obstetricians/gynecologists, chiropractors and podiatrists. Healthy Savings and Wellness Seminars are available to Vytra members.

### Benefits

	<b>Your Cost</b>
Office Visit .....	\$5/visit
Specialty Office Visits .....	\$5/visit
Diagnostic/Therapeutic Services	
X-Rays.....	No cost
Lab Tests.....	No cost
Pathology.....	\$5/visit
EKG/EEG.....	\$5/visit
Radiation/Chemotherapy.....	No cost
Women's Health Care/OB GYN	
Pap Tests.....	No cost
Mammograms.....	No cost
Pre and Postnatal Visits .....	No cost
Family Planning Services .....	\$5/visit
Infertility Services.....	\$5/visit
Emergency Room .....	\$25/visit
Urgent Care.....	\$5/visit
Ambulance .....	No cost
Outpatient Mental Health, max 20 visits.....	\$5/visit 1st-3rd \$25/visit 4th-20th
Inpatient Mental Health, max 30 days .....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$5/visit
Inpatient Drug Rehab, max 30 days .....	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost
Durable Medical Equipment .....	No cost
Prosthetics .....	No cost
Orthotics .....	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 months .....	No cost
Outpatient, max 2 months.....	\$5/visit
Diabetic Supplies and Insulin .....	\$5/item
Hospice, max 210 days .....	No cost
Skilled Nursing Facility, max 45 days .....	No cost
Prescription Drugs, 30-day supply .....	\$5 generic/ \$12 preferred brand/ \$35 non-preferred brand at participating pharmacies
Mail Order, 90-day supply for maintenance type medication	
\$10 generic/\$24 preferred brand/\$70 non-preferred brand	
Vytra Pharmacy Services and Mail Order Program benefits	
information can be obtained by contacting 1-800-477-0210.	
(Coverage includes fertility drugs, injectable/self-injectable	
medications, oral contraceptives and prescription vitamins e.g.	
prenatal and pediatric fluoride.)	

### Additional Benefits

Dental.....	Not covered
Vision .....	Not covered
Eyeglasses.....	Not covered
Hearing Aids.....	Not covered

### Participating Physicians

Vytra is affiliated with physicians and health care professionals who see patients in their private offices. Choose from a list of participating providers located in Nassau, Suffolk and Queens counties.

### Affiliated Hospitals

Vytra members are covered at area hospitals where Vytra physicians have admitting privileges. Vytra members may be directed to other hospitals to meet special needs.

### Pharmacies & Prescriptions

Effective July 1, 2002, Vytra utilizes Vytra Pharmacy Services which includes over 90% of the nation's pharmacies and over 1,000 in Nassau, Queens and Suffolk counties. Vytra offers an **open formulary**. Vytra covers oral contraceptives, injectable and self-injectable prescription medications and fertility drugs at the regular prescription drug copay.

### Medicare Coverage

Vytra offers the same benefits to NYSHIP Medicare eligibles. Vytra **coordinates coverage** with Medicare.

### Vytra Health Plans

Corporate Center  
395 North Service Rd.  
Melville, NY 11747-3127

### NYSHIP Code Number 070

An IPA HMO serving individuals living or working in Nassau, Queens and Suffolk counties.

### For information, call

Vytra Health Plans .....631-694-6565 for current members  
or.....1-800-406-0806 for prospective members

Or Visit Our Web site.....[www.vytra.com](http://www.vytra.com)

# Forms

... To Change Your Option

# If You Are Changing Your Option

1. Complete the "2003 NYSHIP Option Transfer Request" form on the opposite page.
  - **Health Insurance Identification Number**  
This number is on your current health insurance identification card. In most cases, this is the same as your Social Security number. However, if you are a dependent survivor, it may be the Social Security number of your deceased spouse or parent.
  - **Spouse and dependent information**  
Fill in this information only if you are enrolled with Family coverage.
2. Send the completed form to the Employee Benefits Division at the address at the top of the form by December 31, 2002.
3. If you are enrolling in an HMO, also complete the information on page 29, "Notice of Intent to Enroll in an HMO for 2003." See page 28 for instructions.
4. If you are enrolled in Medicare, and you change out of one of the following Medicare+Choice or Cost plans...

Option 210	Aetna
Option 066	Blue Choice
Option 068	Elderplan
Option 050	HIP Health Plan of New York
Option 058	Preferred Care

...you must also complete the "Enrollment Cancellation" form on page 31. See page 30 for instructions.

# 2003 NYSHIP Option Transfer Request

Please fill in this form and return it by December 31, 2002 to:

NYS Department of Civil Service  
Employee Benefits Division, Operations Unit  
The State Campus  
Albany, New York 12239

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

Enrollee's Name		Health Insurance Identification Number	
Address		County	Telephone Number (     )
City or Post Office	State	ZIP Code	Is This a New Address? Date of New Address:

Check One       COBRA     Retiree     Vestee     Dependent Survivor     Preferred List

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

Dependent Medicare    Yes    No                      If Yes: Part A Effective Date:                      Part B Effective Date:

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

If Yes, by whom \_\_\_\_\_ amount \$ \_\_\_\_\_

Current Option

**Effective January 1, 2003, please change my health insurance option to:**

Option Code Number                      Plan Name

If you have Family coverage, Dependents' Social Security Numbers

(Attach separate sheet of paper if necessary.)

Date	Enrollee's Signature
------	----------------------

If you are enrolling in an HMO, please double check the HMO's page in this booklet. Is the HMO approved by NYSHIP to serve your county? Please also complete the form on page 29 and send it to the HMO.



No action is required if you wish to keep your current health insurance.  
**USE THIS FORM FOR OPTION CHANGE ONLY**

# To Enroll

in an HMO

Please fill in the form on page 29 and send it to your HMO by December 31, 2002. Use the address that appears on the appropriate HMO page.

Pay special attention to:

- **Health Center/Primary Physician/Pharmacy**

If you are enrolling in an HMO, fill in the name of the Health Center, Primary Care Physician and Pharmacy you have chosen. Call the HMO for a list of participating providers.

**Remember: You must also send the “2003 NYSHIP Option Transfer Request” form on page 27 to the New York State Department of Civil Service.**

If you are enrolled in Medicare, and you enroll in one of the following Medicare+Choice or Cost plans...

- Option 210 Aetna
- Option 066 Blue Choice
- Option 068 Elderplan
- Option 050 HIP Health Plan of New York
- Option 058 Preferred Care

...you must call the HMO for a special HMO/CMS enrollment form. Act quickly. Federal regulations require that the form be completed and returned to the HMO by December 31, 2002. If the completed form is not submitted on time, you will not be able to receive medical care from the HMO beginning January 1, 2003.

# Notice of Intent to Enroll in an HMO for 2003

Please fill in this form and send it to your HMO by December 31, 2002. Use the address that appears on the appropriate HMO page.

Name		Date of Birth
Street Address		County
City or Post Office		Health Insurance Identification Number
State	ZIP Code	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number ( )	Coverage <input type="checkbox"/> Individual <input type="checkbox"/> Family	If yes: Part A Effective Date:
Health Center/Primary Physician/Pharmacy (Indicate your choices)		Part B Effective Date:

**Effective January 1, 2003, please change my health insurance option to:**

Option Code Number	Plan Name
Date	Enrollee's Signature

**If you have Family coverage, please also complete the bottom portion of this form.**

**Note:** If you have Individual coverage, but want Family coverage, see page 1 for information on how to change.

Name of Spouse/Domestic Partner (If Covered Dependent)		Date of Birth of Spouse/Domestic Partner
Spouse/Domestic Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employed, Name of Employer	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Spouse/Domestic Partner have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Individual <input type="checkbox"/> Family		If Yes: Part A Effective Date:
Health Center/Primary Physician/Pharmacy of Spouse/Domestic Partner		Part B Effective Date:

Name of Child (if Covered Dependent)		Dependent's Date of Birth
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employed, Name of Employer	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Dependent have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Individual <input type="checkbox"/> Family		If yes: Part A Effective Date:
Dependent's Health Center/Primary Physician/Pharmacy		Part B Effective Date:
Any other Enrolled Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If any other information is required, the HMO will contact you.	

I have mailed the "2003 NYSHIP Option Transfer Request" form to the New York State Department of Civil Service. Please indicate date sent \_\_\_\_/\_\_\_\_/\_\_\_\_.



# When you are enrolled in Medicare and you Leave an HMO

If you are enrolled in Medicare and you change out of one of the following Medicare+Choice or Cost plans...

Option 210	Aetna
Option 066	Blue Choice
Option 068	Elderplan
Option 050	HIP Health Plan of New York
Option 058	Preferred Care

...you must fill out the form on the opposite page and send it by December 20, 2002, **to the HMO you are leaving**. Use the address that appears on the appropriate HMO page.

Act quickly! This form is required by federal regulations to disenroll your Medicare coverage from the HMO you are leaving. If you do not fill out this form and mail it to the HMO before December 20, you will 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.

# Enrollment Cancellation

## Effective January 1, 2003, please cancel my enrollment in:

Option Code Number	Plan Name		
Member's Name	First	Middle	Last
Address			
Telephone Number (      )			
Medicare Number (As it appears on your Medicare Card)			
Date	Enrollee's Signature (Required)		

**Important:** Complete and mail this form as soon as possible to the HMO you are leaving, but no later than December 20, 2002. Termination of coverage with this HMO will be effective on the first day of the month following the month the HMO receives this written request. You will not be able to receive coverage for medical care from your new option until after the effective date of disenrollment.

My current option is \_\_\_\_\_,  
and I want to change my option to \_\_\_\_\_.

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

**USE THIS FORM FOR OPTION CHANGE ONLY**



# Notes



[www.cs.state.ny.us](http://www.cs.state.ny.us)



## NYS OnLine: Your Benefits Resource

The NYS OnLine Web site answers many questions for NYSHIP enrollees. "You Should Know..." alerts you to new publications or important benefit information. You can select your group and see current health insurance information, link to the *Empire Plan Participating Provider Directory* online and find useful phone numbers. *Choices* and other Option Transfer publications are available online in the "Choosing a Health Plan?" section as soon as they are approved for printing. Rates are also posted promptly upon approval. NYS OnLine meets universal accessibility standards adopted by New York State for NYS Agency Web sites and has been honored for excellence in health benefits presentation by the WWW Health Awards, National Health Information Awards and APEX Awards. Visit us at [www.cs.state.ny.us](http://www.cs.state.ny.us).

Look here for NYSHIP plans and premium rates for 2003.

# Health Insurance Choices & Rates

for  
2003

**For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and their Enrolled Dependents and for COBRA enrollees with their benefits**

The New York State Department of Civil Service, which administers NYSHIP, produced this book in cooperation with the New York Health Plan Association and the Empire Plan carriers.

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



It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Employee Benefits Division Web site ([www.cs.state.ny.us](http://www.cs.state.ny.us)), which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

 Choices was printed using recycled paper and environmentally sensitive inks.

 Ret SW Choices/03

State of New York  
Department of Civil Service  
Employee Benefits Division  
The State Campus  
Albany, New York 12239  
[www.cs.state.ny.us](http://www.cs.state.ny.us)

*Choices and Rates for 2003 for Retirees (Statewide)  
December 2002*

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