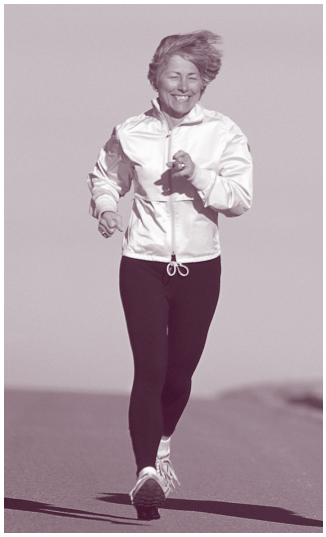
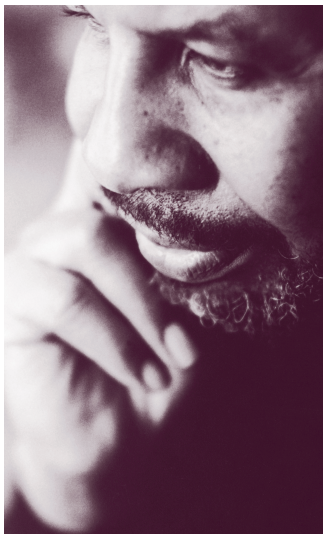
Upper Region • October 2003

Health Insurance Choices for 2004

NYSHIP
New York State Health Insurance Program





New York State Health Insurance Program

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 NYSHIP benefits

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A Message from Commissioner George C. Sinnott

George C. Sinnott

NEW I am pleased to advise you that this year we are implementing a more flexible health insurance option transfer policy for NYSHIP enrollees with retiree benefits.*

Effective immediately NYSHIP enrollees with retiree benefits* will be permitted to change health insurance options at any time once during a twelve-month period. This replaces the policy that allowed option changes only during the 30-day Option Transfer Period at the end of each year. Choosing your health insurance option is an important decision. In selecting your health insurance plan for 2004, you want to be sure to choose the one that best meets your individual needs. We believe that this new policy gives you more time to consider those factors affecting your health insurance option. 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 Health Maintenance Organizations (HMOs) that are available to you under the New York State Health Insurance Program (NYSHIP). Important information on how to change health insurance plans is 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 and click on “Employee Benefits.”

Thank you,

George C. Sinnott

George C. Sinnott, Commissioner
NYS Department of Civil Service

*NYSHIP Enrollees with Retiree benefits include: Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and COBRA enrollees with their NYSHIP benefits.

Information and Reminders

This booklet is your guide to the New York State Health Insurance Program (NYSHIP) choices for 2004. It contains information on plans. Rate information will follow in a separate mailing as soon as rates are approved.

Choose Your Health Insurance Plan

Under the New York State Health Insurance Program, 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. (Note: To enroll in an HMO or remain enrolled in your current HMO, you must live or work in the HMO's NYSHIP service area. See page 9 for more information.)

Changing Your Health Insurance Plan

Consider your health insurance plan carefully. In general, you may change your health insurance plan more than once in a twelve-month period only if you move, and then only under certain conditions. See your *NYSHIP General Information Book* and your next *Empire Plan/HMO Report* for details.

You cannot change your health insurance plan more than once in a twelve-month 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 your dependents 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 before age 65 because of a disability, you or your dependent must enroll in Medicare as soon as eligible.

The February 2003 *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. Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 and use the automated system to request a copy. Read your *NYSHIP General Information Book* for more information on Medicare.

Note for COBRA enrollees: Special provisions apply when you become eligible for Medicare. Call the Employee Benefits Division for information.

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 8 for more information.

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

continued on page 2

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, the New York State Health Insurance Program. You may wonder whether to join one of these plans to supplement or replace your Empire Plan coverage. Please be aware that your Empire Plan 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, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected. If you have received mailings from non-NYSHIP Medicare+Choice HMOs, before you consider joining one of these plans, refer to your October 2003 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. Please call Monday through Friday between 9 am and 3 pm Eastern time to speak to a representative, or any time to use our automated telephone system.

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 2004, subtract your monthly sick leave credit from the new monthly premium.

Employee Benefits Division Web site

Visit our Web site at www.cs.state.ny.us to find the latest benefit information. For the *Choices* booklet for your geographic region, click on “Employee Benefits,” then on “Choosing a Health Plan?”

NYSHIP Options at a Glance

NEW What's New in 2004?

- Effective January 1, 2004, all NYSHIP plans are required to cover medically necessary bone density tests.
- Effective January 1, 2004, all NYSHIP plans are required to cover prescribed contraceptive drugs and devices.
- Effective immediately, NYSHIP enrollees with retiree benefits* may change health insurance options at any time once during a twelve-month period.
- Effective January 1, 2004, MVP HMO will have three separate rating regions and its coverage area will include Cayuga, Cortland and Oswego counties.

(See the specific plan pages for changes in copay amounts.)

*NYSHIP enrollees with retiree benefits include: Retirees, Vestees, Dependent Survivors, Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and COBRA enrollees with their NYSHIP benefits.

The Empire Plan

The Empire Plan is NYSHIP's comprehensive health insurance program designed exclusively for New York's public employees. It provides:

- Inpatient and outpatient hospital coverage for medical, surgical and maternity care administered by Empire Blue Cross 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℠ for health information and support.
- ONECARD Rx℠

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. Two different types of HMOs participate in NYSHIP:

- 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 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 booklet 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.

NYSHIP Options at a Glance (continued from page 3)

Cost Sharing

The Empire Plan

You pay a copayment ($12 in 2004) 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 ($295 in 2004), covered services are reimbursed at 80 percent of the reasonable and customary charge. Once you meet the annual out-of-pocket coinsurance maximum ($1419 in 2004), 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 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)

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

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

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

Providers

The Empire Plan

Choose from over 125,000 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 60,000 United HealthCare Option PPO network providers. In Florida alone, there are over 20,000 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, contraceptive drugs and devices 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
- Medically necessary bone density tests

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? (Certain New York State retirees and certain retirees of Participating Employers: Your prescription drug plan won't change if you receive your drug coverage from a union Employee Benefit Fund.) What is my share of the cost? Does the plan have an open or closed formulary?

✔ 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 covered?

✔ 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 pages 1 and 2 for information on Medicare.

✔ Does the plan cover me when I travel?

Making a Choice (continued from page 5)

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. NYSHIP 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 using this booklet and rate information that will be mailed separately.
2. Complete and mail your "Option Transfer Request" form on page 19. Send it to the Employee Benefits Division at the address on the form at least 30 days prior to when you'd like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you are Medicare-primary and are enrolled in a NYSHIP Medicare+Choice plan and cancel your coverage with the HMO, you need to complete an "Enrollment Cancellation" form. Please see page 22 for instructions.

If you are changing to the Empire Plan:

Steps 2 and 3 above are all you need to take. You will receive New York Government Employee Benefit Cards for yourself and each of your enrolled dependents 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" on page 21. Send the completed form to your new HMO. 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.

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

How to Use the Choices Benefit Charts, Pages 10-17

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 necessary inpatient medical/surgical hospital care. Also, all plans pay in full for in-network prenatal care and well-child care.

BENEFITS PROVIDED BY ALL PLANS AT THE SAME LEVEL OF COVERAGE (see list on page 5) 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, 2004. 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.

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 in 2004.

Q: Do the plans have different benefits?

A: Yes. This booklet 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. 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 the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) to connect to United HealthCare or MPN for a Participating Provider list. Call the Empire Plan and connect to ValueOptions about mental health practitioners. Under the Empire Plan, your choice of acute care hospitals for medical and surgical admissions is almost unlimited.

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 more than once in a 12-month period even if 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 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 2004?

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 pages 1 and 2 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 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 the New York State Health Insurance Program (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. Click on "Employee Benefits."
- 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 care 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 under 65, or those who have end stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare & 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 (Parts A and B) 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.
- 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 health care 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 (waiting period applies). Read plan documents for complete information.

Plans by Region

The Empire Plan:

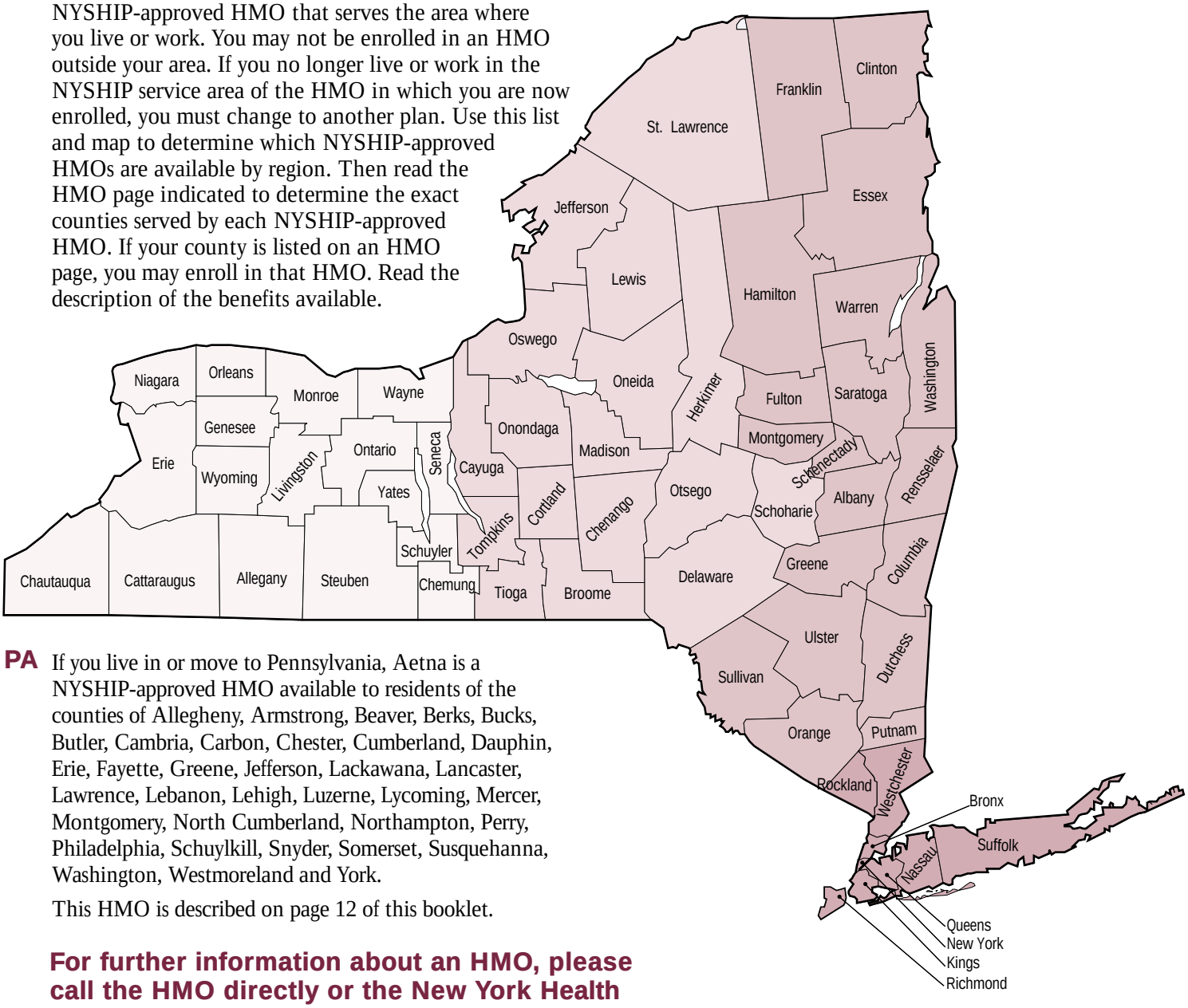
The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose the Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 10-11 for a summary of the Empire Plan.

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 this list and map 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.

Upper and Mid-Hudson Region

The Empire Plan.....10-11
Aetna.....12
Capital District Physicians' Health Plan.....13
Empire BlueCross BlueShield HMO.....14
GHI HMO.....15
HMOBlue.....16
MVP Health Care.....17



PA If you live in or move to Pennsylvania, Aetna is a NYSHIP-approved HMO available to residents of the counties of Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Cambria, Carbon, Chester, Cumberland, Dauphin, Erie, Fayette, Greene, Jefferson, Lackawana, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, North Cumberland, Northampton, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Susquehanna, Washington, Westmoreland and York.

This HMO is described on page 12 of this booklet.

For further information about an HMO, please call the HMO directly or the New York Health Plan Association Council at 518-462-2293.

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, 2004.* You'll find specific information in the 2003 *Empire Plan at a Glance* on the New York State Department of Civil Service Web site at www.cs.state.ny.us. Click on "Employee Benefits". To reach any Empire Plan carrier, call toll free 1-877-7-NYSHIP (1-877-769-7447). Check the benefits listed below for which carrier to select.

Press or Say 1

Medical Benefits Program

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

- Medical and surgical coverage through:
  - Participating Provider Program–over 125,000 physicians and other providers participate, with over 20,000 physicians in Florida alone
  - Basic Medical Program–if you use a non-participating provider See "Cost Sharing" on page 4 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. 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.
  - Outpatient Medical Case Management to help coordinate services for serious conditions is available.

Press or Say 2

Hospital Benefits Program

Empire Blue Cross 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 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.

United HealthCare	TTY only: 1-888-697-9054
Empire Blue Cross Blue Shield	TTY only: 1-800-241-6894
GHI/ValueOptions	TTY only: 1-800-334-1897
CIGNA/Express Scripts	TTY only: 1-800-840-7879

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

* 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.

Press or Say 3

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 per enrollee, per spouse/domestic partner, per all dependent children combined; $500 deductible for outpatient per enrollee, per spouse/domestic partner, per all dependent children combined. 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.

Press or Say 4

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
- When you use a participating pharmacy or the mail service pharmacy, 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.
- ONECARD Rx℠

Press or Say 5

The Empire Plan NurseLine℠

The Empire Plan Nurseline℠ provides 24-hour access to health information and support.

Benefits	Empire Blue Cross Blue Shield Hospital[1]	Empire Plan Participating Provider	Non-Participating Provider
Office Visit		$12/visit	Basic Medical[2]
Specialty Office Visits		$12/visit	Basic Medical[2]
Diagnostic/Therapeutic Services			
X-Rays	$25/visit	$12/visit	Basic Medical[2]
Lab Tests	$25/visit	$12/visit	Basic Medical[2]
Pathology	$25/visit	$12/visit	Basic Medical[2]
EKG/EEG	$25/visit	$12/visit	Basic Medical[2]
Radiation/Chemotherapy	No copayment	No copayment	Basic Medical[2]
Women's Health Care/OB GYN			
Pap Tests	$25/visit	$12/visit	Basic Medical[2]
Mammograms	$25/visit	$12/visit	Basic Medical[2]
Pre and Postnatal Visits		No copayment	Basic Medical[2]
Bone Density Tests	$25/visit	$12/visit	Basic Medical[2]
Family Planning Services		$12/visit	Basic Medical[2]
Infertility Services		$12/visit or no copayment at designated Centers of Excellence[3]	Basic Medical[2]
Contraceptive Drugs and Devices		$12/visit	Basic Medical[2]
Emergency Room	$35/visit		
Urgent Care		$12/visit	Basic Medical[2]
Ambulance		$35 copayment	$35 copayment
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 copayment; 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 copayment; 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 copayment (HCAP)	50% of network allowance
Prosthetics			Basic Medical[2]
Orthotics			Basic Medical[2]
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[2]
Diabetic Supplies (insulin is covered under the Empire Plan Prescription Drug Program)		No copayment (HCAP)	50% of network allowance
Hospice	No copayment, no limit		
Skilled Nursing Facility (precertification required)	No copayment; 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 copayment at designated Centers of Excellence	$12/visit	Basic Medical[2]
24-hour Empire Plan NurseLine$_{SM}$ for health information and support			
Disease Management Programs (voluntary): Cardiovascular Risk Reduction, Asthma, Migraine and Diabetes Management			
Complementary and Alternative Medicine discounts (available only in New York State)			
ONECARD Rx$_{SM}$, the Workers' Compensation/Health Insurance Prescription Drug Program: no copayment, no claim forms			

[1] *Services provided by Empire HealthChoice Assurance, Inc. a licensee of the Blue Cross and Blue Shield Association.*

[2] *See page 4 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.*

[3] *Certain Qualified Procedures require precertification and are subject to $25,000 lifetime allowance.*

UnitedHealthcare Empire GHI CIGNA HealthCare EXPRESS SCRIPTS ValueOptions

Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit	$15/visit	$5/visit
Non-Office Hours and Home Visit (by physician)	$20/visit	$10/visit
Specialty Office Visits	$15/visit	$5/visit
Diagnostic/Therapeutic Services		
X-Rays	$15/visit	$5/visit
Lab Tests	$15/visit	$5/visit
Pathology	$15/visit	$5/visit
EKG/EEG	$15/visit	$5/visit
Radiation/Chemotherapy	$15/visit	$5/visit
Women's Health Care/OB GYN		
Pap Tests	$15/visit	$5/visit
Mammograms	No copayment	$5/visit
Pre and Postnatal Visits (No copayment after initial visit)	$15/visit	$5/visit
Bone Density Tests	$15/visit	$5/visit
Family Planning Services	$15/visit	$5/visit
Infertility Services	$15/visit	$5/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies	
Emergency Room	$35/visit	$35/visit
Urgent Care	$35/visit	$35/visit
Ambulance	No copayment	No copayment
Outpatient Mental Health	[1]	[1]
Inpatient Mental Health	[2]	[2]
Outpatient Drug/Alcohol Rehab, max 60 visits	$15/visit	$5/visit
Inpatient Drug Rehab	[2]	[2]
Inpatient Alcohol Rehab	[2]	[2]
Durable Medical Equipment	No copayment	No copayment
Prosthetics	No copayment	No copayment
Orthotics	No copayment	No copayment
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, max 60 days	No copayment	No copayment
Outpatient, max 60 visits	$15/visit	$5/visit
Diabetic Supplies and insulin	$15/item	$5/item
Hospice, unlimited	No copayment	Not covered[3]
Skilled Nursing Facility	[4]	[4]
Prescription Drugs		
NYSHIP-primary		
Retail, 30-day supply	$10/$15/$30 prescription	
Mail Order, 90-day supply	$20/$30/$60 prescription	
Medicare-primary		
Retail, 30-day supply	$5 prescription	
Mail Order, 90-day supply	$10 prescription	

Injectable and self-injectable prescription medications, contraceptive drugs and devices, fertility drugs and enteral formulas are covered at the regular prescription drug copay.

[1] NYSHIP-primary, $25/visit, max 20 visits
Medicare-primary, $25/visit, unlimited visits
[2] NYSHIP-primary, no copayment, max 35 days,
Medicare-primary, no copayment, max 190 days
[3] Provided through the federal Medicare program
[4] NYSHIP-primary, no copayment, unlimited,
Medicare-primary, no copayment 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, $5/visit, discount on other services
Vision, routine only: NYSHIP-primary, $15/visit; Medicare-primary, $5/visit
Eyeglasses: NYSHIP-primary, discount program;
Medicare-primary, up to $70/24 months and discount program;
$100/24 for New York members
Hearing Aids: NYSHIP-primary, not covered;
Medicare-primary, up to $500/36 months
Home Health Care (HHC), unlimited (by HHC agency): NYSHIP-primary, no copayment; Medicare-primary, no copayment

Plan Highlights for 2004

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/formulary 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 1-800-832-2640.

Aetna
99 Park Avenue
New York, NY 10016

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**, **Berks**, Bucks, Butler, Cambria, Carbon, **Chester**, **Cumberland**, **Dauphin**, **Erie**, **Fayette**, Greene, Jefferson, Lackawana, Lancaster, Lawrence, **Lebanon**, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, North Cumberland, Northampton, Perry, **Philadelphia**, Schuylkill, Snyder, Somerset, Susquehanna, **Washington**, **Westmoreland**, and **York** in Pennsylvania.

For information, call Aetna
Customer Services Department at 1-800-323-9930
TTY 1-800-654-5984
For Pre Enrollment Medicare Information
and a Medicare Packet 1-800-832-2640
Medicare+Choice Customer Service 1-800-307-4830
Or visit our Web site at ..... www.aetna.com

Benefits

	Your Cost
Office Visit	$10/visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	$10/visit
Diagnostic/Therapeutic Services	
X-Rays	$10/visit[1]
Lab Tests	$10/visit[1]
Pathology	$10/visit
EKG/EEG	$10/visit
Radiation/Chemotherapy	$10/visit
Women's Health Care/OB GYN	
Pap Tests	$10/visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	$10/visit
Family Planning Services	$10/visit
Infertility Services	$10/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies
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 copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$10/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
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 copayment
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 copayment
Skilled Nursing Facility, max 90 days	No copayment
Prescription Drugs	
Retail, 30-day supply	$5/generic,$20/brand
Mail Order, 90-day supply	$10/generic, $40/brand
Coverage includes fertility, injectable/self-injectable drugs, contraceptive drugs and devices and enteral formulas.	

[1] No copayment for specific diagnostic services at preferred radiology or designated laboratory sites.

Additional Benefits

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

Plan Highlights 2004

As a physician-run plan, CDPHP is proud to be one of the top-rated health plans in the United States. In January, *Managed Healthcare Executive* magazine rated us first in the nation for customer satisfaction. CDPHP holds an accreditation status of "Excellent" from the National Committee for Quality Assurance. The New York State Health Accountability Foundation has ranked CDPHP first in the state five years in a row. CDPHP's customers enjoy easy, affordable access to area doctors and hospitals. College students are covered for urgent, emergency and pre-approved follow-up care. Visit us online at 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, Wal-Mart, 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)
Patroon 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
An IPA HMO serving individuals living or working in Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties.

NYSHIP Code Number 310
An IPA HMO serving 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

Empire BlueCross BlueShield HMO

Benefits

	Your Cost
Office Visit	$10/visit
Specialty Office Visits	$10/visit
Diagnostic/Therapeutic Services	
X-Rays	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation/Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Family Planning Services	$10/visit
Infertility Services	$10/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies
Emergency Room	$50/visit[1]
Urgent Care	$10/visit
Ambulance	No copayment
Outpatient Mental Health, max 20 visits	$25/visit
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	No copayment
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 30 days	No copayment
Outpatient, short term	$10/visit[2]
Diabetic Supplies and Insulin, 30-day supply	$5/item
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 60 days	No copayment
Prescription Drugs	
Retail, 30-day supply	$5/15/25/prescription
Mail Order, 90-day supply	$15/45/75/prescription

The same copayments apply for each 30-day supply when using the mail order prescription drug program. Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.

More information available under "Pharmacies & Prescriptions"

[1] Waived if admitted within 24 hours.

[2] 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 2004

Empire BlueCross BlueShield HMO provides State employees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. With Empire BlueCross BlueShield HMO's state-of-the-art Web site, 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 BlueCross BlueShield HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

Participating Physicians

Empire BlueCross BlueShield HMO provides access to a network of over 60,000 provider locations.

Affiliated Hospitals

Empire BlueCross BlueShield HMO members are covered through a network of area hospitals (over 170) 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. Empire BlueCross BlueShield HMO offers an **open formulary**.

Medicare Coverage

Empire BlueCross BlueShield HMO offers the same benefits to NYSHIP Medicare eligibles. Empire BlueCross BlueShield HMO **coordinates coverage** with Medicare.

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

NYSHIP Code Number 280 (Upstate)
An IPA HMO serving 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)
An IPA HMO serving 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 serving individuals living or working in Dutchess, Orange, Putnam, Sullivan and Ulster counties.

For information, call
Empire BlueCross BlueShield HMO at.....1-800-662-5193
TTY 1-800-241-6894
Or Visit Our Web site.....www.empireblue.com

Services provided by Empire HealthChoice HMO, Inc. a licensee of the Blue Cross and Blue Shield Association.

Benefits

	Your Cost
Office Visit	
Dependent Child 0-18	No copayment
Adults	$20/visit
Specialty Office Visits[1]	
Dependent Child 0-18	No copayment
Adults	$20/visit
Diagnostic/Therapeutic Services[2]	
X-Rays	$20/visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation/Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	$20/visit
Family Planning Services	$20/visit
Infertility Services	$20/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies
Emergency Room[2]	$50/visit
Urgent Care[2]	$35/visit
Ambulance[2]	$50/visit
Outpatient Mental Health, max 20 visits[2]	$20/visit, 1st-5th; $35/visit, 6th-20th
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits[2]	$20/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient, physical therapy, max 30 visits[2]	$20/visit
Outpatient, speech therapy[2]	$20/visit
Diabetic Supplies and Insulin[2]	$20/item
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 120 days/year	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 generic/$20 preferred brand/ $30 non-preferred brand
Mail Order, 90-day supply	$20 generic/ $40 preferred brand/$50 non-preferred brand

Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.

[1] No Primary Care Physician referral required for GHI HMO participating providers.
[2] Copayment applies to all covered dependents.

Additional Benefits

Dental	Not covered
Vision, routine only	$20/exam/year
Hearing Aids	Not covered

Plan Highlights 2004

No PCP referrals required for GHI HMO participating providers. 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 13,000 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**. 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	1-877-239-7634
Kingston	1-877-244-4466
TTY	1-877-208-7920
Or Visit Our Web site	www.ghihmo.com

Benefits

	Your Cost
Office Visit	$15/visit
Specialty Office Visits	$15/visit
Diagnostic/Therapeutic Services	
X-Rays	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation/Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Family Planning Services	$15/visit
Infertility Services	$15/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies
Emergency Room	$50/visit
Urgent Care	$15/visit
Ambulance	No copayment
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$15/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient, max 60 visits	$15/visit
Diabetic Supplies and Insulin, max 30-day supply	$15/item
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 120 days	No copayment
Prescription Drugs	
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	
Retail, 30-day supply	$5 Tier One/$20 Tier Two[1]/$35 Tier Three[1]
Mail Order, 90-day supply	$15 Tier One/$60 Tier Two[1]/ $105 Tier Three[1]

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.

[1] Should a doctor select a brand-name drug (Tier Two or Tier Three) 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	$15/visit once every 24 months
Hearing Aids	Not covered
Hearing Exam, routine only	$15/visit once every 24 months

Plan Highlights 2004

Members 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 6,000 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 54,000 pharmacies nationwide, including most major chains. A complete listing of FLRx pharmacies, three tier prescription drug list and information about our mail order program, is located on our Web site. HMOBlue offers an **open formulary**.

Medicare Coverage

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

HMOBlue
Excellus BlueCross BlueShield, Central New York Region
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 1-800-447-6269
TTY 315-448-6764
Or visit our Web site ..... www.excellusbcbs.com

HMOBlue
Excellus BlueCross BlueShield, Utica Region
12 Rhoads Dr.
Utica, NY 13502

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
TTY 315-448-6764

Or visit our Web site ..... www.excellusbcbs.com

Benefits

	Your Cost
Office Visit	$10/visit
Specialty Office Visits	$10/visit
Diagnostic/Therapeutic Services	
X-Rays	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation/Chemotherapy	$10/visit
Women's Health Care/OB GYN	
Pap Tests	$10/visit
Mammograms	
In a Hospital Setting	No copayment
In an Office Setting	$10/visit
Pre and Postnatal Visits	No copayment after initial $10/visit
Bone Density Tests	No copayment
Family Planning Services	$10/visit
Infertility Services	$10/visit
Contraceptive Drugs and Devices	Applicable Rx copay applies
Emergency Room	$50/visit
Urgent Care (PCP Office Only)	$10/visit
Ambulance	No copayment
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/visit
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$10/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 months	No copayment
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 copayment
Skilled Nursing Facility, max 45 days	No copayment
Prescription Drugs	
Retail, 30-day supply	$5/generic, $20/brand, $40 non-formulary
Mail Order, 90-day supply	$10/generic, $40/brand, $80 non-formulary

Coverage includes contraceptive drugs and devices, fertility drugs and injectable and self-injectable medications and enteral formulas, 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

Plan Highlights 2004

No referrals required in 2004!
Discounts available for Lasik eye surgery and eyewear!

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

NYSHIP Code Number 330 (Central)
An IPA HMO serving individuals living or working in Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga and Ulster counties.

NYSHIP Code Number 340 (Mid-Hudson)
An IPA HMO serving individuals living or working in Dutchess, Orange and Putnam counties.

For information, call

Customer Service 1-888-TALK-MVP (825-5687)

TTY 1-800-662-1220

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

If You Are changing your Option

1. Complete the "NYSHIP Option Transfer Request" form on the opposite page.
   - Social Security Number
   - 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 at least 30 days prior to the effective date you are requesting. The requested date must be the first of a month. If your form is received less than 30 days prior to such requested effective date, your effective date may be delayed to the first of the following month. The Employee Benefits Division will send you a confirmation letter for your option change that will include the effective date of the change.

3. If you are enrolling in an HMO, also complete the information on page 21, "Notice of Intent to Enroll in an HMO." See page 20 for instructions.

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

   Option 210 .....Aetna

   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 23. See page 22 for instructions.

NYSHIP Option Transfer Request

Please fill in this form and return it at least 30 days prior to the effective date you are requesting 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 _____

Social Security Number _____

Address _____

County _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (_____) _____

Is This a New Address? ❑ Yes ❑ No 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: _____

Current Option _____

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

If Yes, by whom: _____ amount $ _____

Effective _____, please change my health insurance option to:

Enter date here (must be the first of a month)

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 21 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 21 and send it to your HMO at least 30 days prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page. If your form is received less than 30 days prior to such requested effective date, your effective date may be delayed to the first of the following month.

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 "NYSHIP Option Transfer Request" form on page 19 to the New York State Department of Civil Service.

If you or your dependent is enrolled in Medicare, and you enroll in one of the following Medicare+Choice plans...

Option 210 .....Aetna

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 at least 30 days prior to the effective date you are requesting. If the completed form is not submitted on time, you may not be able to receive medical care from the HMO beginning on the date you request.

Notice of Intent to Enroll in an HMO

Please fill in this form and send it to your HMO at least 30 days prior to the effective date you are requesting.
Use the address that appears on the appropriate HMO page.

Name _____

Street Address _____

County _____

City or Post Office _____

State _____ ZIP Code _____

Date of Birth _____

Social Security Number _____

Medicare? ❑ Yes ❑ No

If yes: Part A Effective Date: _____

Part B Effective Date: _____

Telephone Number (_____) _____ Coverage: ❑ Individual ❑ Family

Health Center/Primary Physician/Pharmacy *(Indicate your choices)*

_____

Effective _____, please change my health insurance option to:

Enter date here (must be the first of a month)

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 2 for information on how to change.

Name of Spouse/Domestic Partner (If Covered Dependent) _____

Spouse/Domestic Partner Employed? ❑ Yes ❑ No

If Employed, Name of Employer _____

Does Spouse/Domestic Partner have other coverage? ❑ Yes ❑ No If yes, ❑ Individual ❑ Family

Date of Birth of Spouse/Domestic Partner _____

Medicare? ❑ Yes ❑ No If yes: Part A Effective Date: _____ Part B Effective Date: _____

Health Center/Primary Physician/Pharmacy of Spouse/Domestic Partner:

_____

Name of Child (if Covered Dependent) _____

Employed? ❑ Yes ❑ No If Employed, Name of Employer _____

Does Dependent have other coverage? ❑ Yes ❑ No If yes, ❑ Individual ❑ Family

Dependent's Date of Birth _____

Medicare? ❑ Yes ❑ No If yes: Part A Effective Date: _____ Part B Effective Date: _____

Dependent's Health Center/Primary Physician/Pharmacy

_____

Any other Enrolled Children? ❑ Yes ❑ No If any other information is required, the HMO will contact you.

I have mailed the "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 or your dependent is enrolled in Medicare and you change out of one of the following Medicare+Choice plans...

Option 210 .....Aetna

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 to the HMO you are leaving at least 30 days prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page. If your form is received less than 30 days prior to such requested effective date, your effective date may be delayed to the first of the following month.

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 30 days prior to the effective date you are requesting, you may have claim problems with your new NYSHIP plan. You may be responsible for the full cost of services that would have been covered by Medicare.

Enrollment Cancellation

Effective _____, please cancel my enrollment in:

Enter date here (must be the first of a month)

Option Code Number_____ Plan Name _____

Social Security Number _____

Member's Name _____

First *Middle* *Last*

Address _____

_____

Telephone Number (_____)_____

Medicare Number (As it appears on your Medicare Card)_____

Date _____ Enrollee's Signature _____

Important: Complete and mail this form as soon as possible to the HMO you are leaving, but no later than 30 days prior to the effective date you are requesting. 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

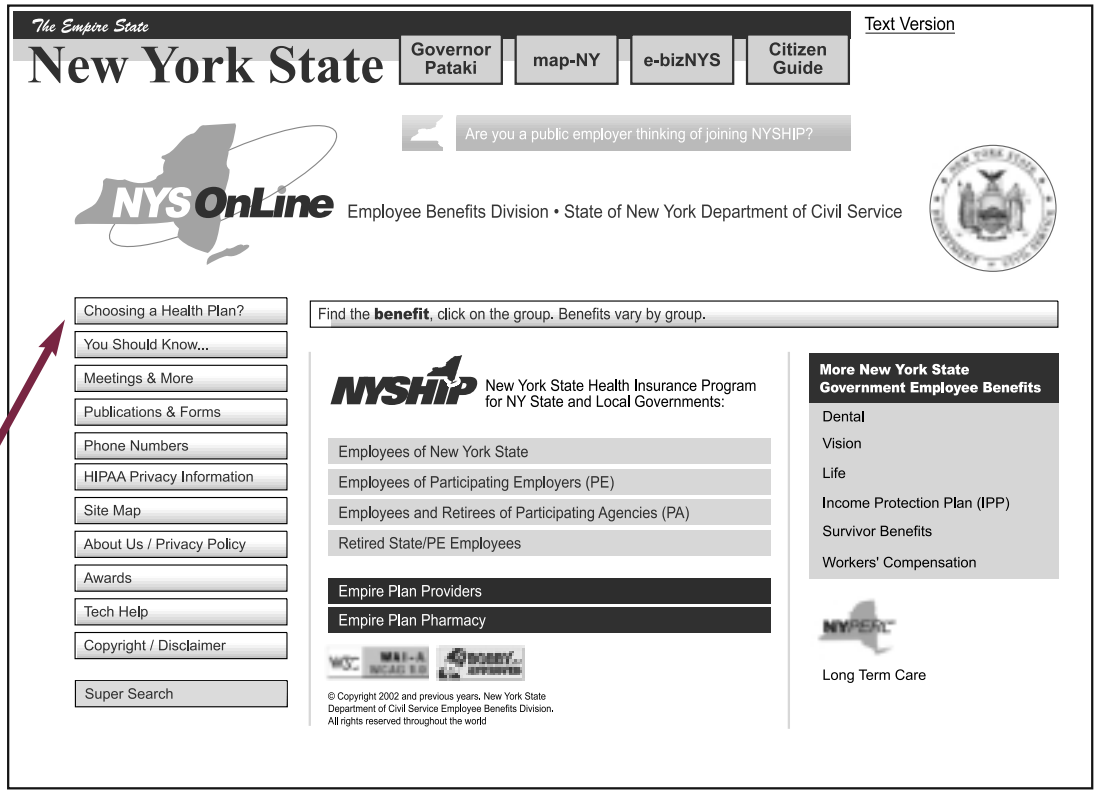
Notes

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, APEX Awards, NYS Forum for IRM Best Practices Awards and WWW Mature Media Awards. Visit us at www.cs.state.ny.us.

www.cs.state.ny.us



Look here for NYSHIP plans and premium rates for 2004.

Health Insurance

Choices for 2004

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 booklet in cooperation with the New York Health Plan Association Council and the Empire Plan carriers.

Care has been taken to ensure the accuracy of the material contained in this booklet. 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), 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).

Retiree Choices was printed using recycled paper and environmentally sensitive inks.

Upper Retiree Choices/04

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Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
www.cs.state.ny.us

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