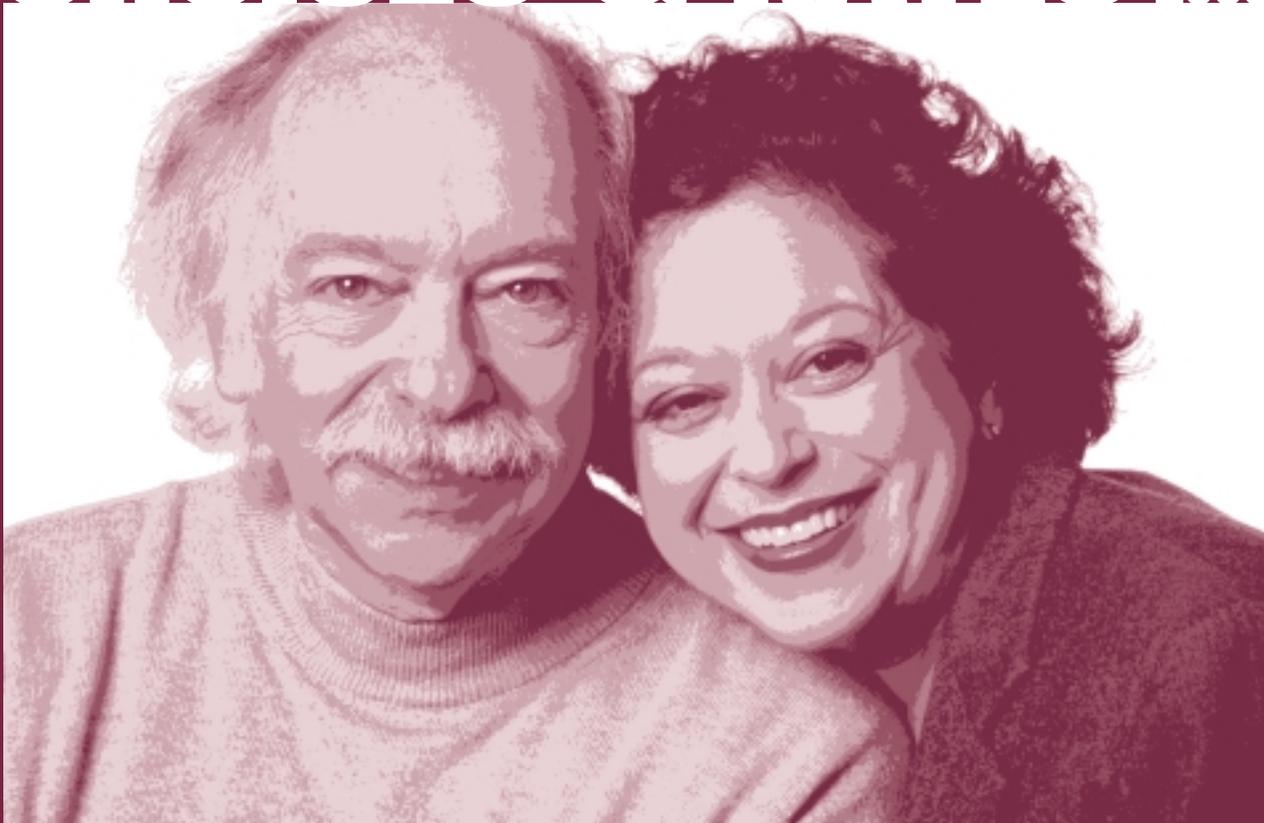


STATEWIDE

# HEALTH INSURANCE CHOICES & RATES FOR 2005



*Choose your Health Insurance Plan for 2005*



DECEMBER 2004

## 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 enrolled  
in NYSHIP-approved Health Maintenance Organizations and for their  
enrolled dependents *and for COBRA enrollees with their benefits*



# CONTENTS

Information and Reminders, Medicare and NYSHIP .....	1-4
NYSHIP Options at a Glance .....	5-7
Benefits all NYSHIP Plans Provide.....	8
Questions and Answers .....	9
Terms to Know.....	10
2005 Rates.....	11-12
Making a Choice .....	13-15
The Empire Plan: What's New in 2005 .....	16
Plans by Region, Map .....	Centerfold
The Empire Plan .....	17-18
New York State Department of Civil Service Web Site .....	19
NYSHIP Health Maintenance Organizations .....	20-32
Forms to Change Your Option .....	33-38



## **A Message from Commissioner Daniel E. Wall**



Choosing your health insurance is an important decision. In selecting your health insurance plan for 2005, you want to be sure to choose the one that best meets your needs. This booklet will provide you with information you need in order to help you make an informed decision. Remember, you no longer need to change options during the traditional 30-day Option Transfer period at the end of the year. NYSHIP enrollees with retiree benefits\* are permitted to change health insurance options at any time once during a 12-month period. This policy was changed in 2003 to allow retirees more flexibility and time to consider personal factors affecting their health insurance option.

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 the 2005 premiums and 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's 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,

A handwritten signature in black ink that reads "Daniel E. Wall". The signature is written in a cursive style.

Daniel E. Wall, 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 their Enrolled Dependents and COBRA enrollees with their NYSHIP benefits

# INFORMATION & REMINDERS

This booklet is your guide to the New York State Health Insurance Program (NYSHIP) choices for 2005. It contains information on plans and rates.

## **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 the "Plans by Region" section in the centerfold of this booklet 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 12-month 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 more than once in a 12-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 April 2004 *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 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.*

## Information and Reminders (cont'd)

### 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 Advantage (formerly called 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 10 for more information.

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

## Important

### 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 Advantage 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 Advantage option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected. If you have received mailings from non-NYSHIP Medicare Advantage 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*.

*continued on page 3*

## Information and Reminders (cont'd)

### 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 a.m. and 3 p.m. Eastern time to speak to a representative, or any time to use our automated telephone system.

### Employee Benefits Division Web Site

Visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) to find the latest benefit information. For the Statewide Retiree *Choices* booklet, click on "Employee Benefits," then on "Choosing a Health Plan?"

### 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 2005, 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 2005 health insurance rates of your 2005 health insurance plan. The 2005 Medicare reimbursement for the regular cost of Medicare Part B will be \$78.20 a month, up 17 percent from \$66.60 per month in 2004.

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 be different.

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

The 2005 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change is received and processed. The amount of your Medicare credit will also be adjusted to reflect the 2005 Medicare rate.

## Note to Retirees, Vestees, and Enrollees covered under Preferred List provisions of Participating Employers:

Check with your former agency for information about Medicare premium reimbursement. Ask whether your former agency continues your NYSHIP coverage after you become eligible for Medicare at 65.

## 1 Medicare Premium and Your Credit (Reimbursement) Will be \$78.20 per Month

The Medicare Part B premium for 2005 is \$78.20 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 or are NYSHIP-primary for claims purposes.

## 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, 2004, should reflect the 2005 rates.

IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN: The correct deduction for your new health insurance plan plus or minus any retroactive adjustment needed will be reflected in your pension check. The date of the change 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, 2004.

Social Security #: 999999999      Fed. Tax Filing Status: MARRIED, HIGHER SINGLE RATE  
 Registration #: 99999999      Number of Exemptions: 2  
 Retirement #: OS9999999      YTD Federal Tax Withheld: \$1,740.67

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".

	Last Month	This Month
<b>Benefits</b>		
Normal Allowance	\$1,659.91	\$1,659.91
Cost of Living Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustment	\$0.00	\$0.00
Gross Benefit		
<b>Miscellaneous Additions</b>		
Total Federal		
Miscellaneous		

**NEW YORK STATE & LOCAL RETIREMENT SYSTEMS**  
 Name: JANE Q. PUBLIC      Check #: 001778173  
 SSN: 00010000      Date: August 31, 2004  
 Retirement #: 123456789      Registration #: 12345678

NORMAL ALLOWANCE	G.D.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL
\$4,340.83	\$21.00	\$78.20		\$4,424.83
FEDERAL WITHHOLDING	INSURANCE PREMIUM		M/C LIFE INSURANCE	TOTAL DEDUCTIONS
\$464.87	\$89.57		\$33.90	\$588.34
				CHECK AMOUNT
				\$3,836.49

This change in your Withholding status of \$250.00. If you at (518) 474-5400

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

DETACH HERE BEFORE CASHING

2

1

# NYSHIP OPTIONS AT A GLANCE

## What's New in 2005?

### NYSHIP HMOs

- Effective January 1, 2005, MVP's coverage area will include Jefferson County.
- NYSHIP has added a third classification to the prescription drug formulary description. A NYSHIP HMO may now describe its formulary as incented. An incented formulary is an open formulary that encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment structure.
- Medicare Advantage is the new name for Medicare+Choice plans.

*See the individual HMO pages in this booklet for more information on benefits offered by NYSHIP HMOs in 2005.*

### All NYSHIP Plans

- To enroll a domestic partner, the enrollee must be able to provide proof of living together and being financially interdependent for at least six months (formerly one year). There is a one-year waiting period (formerly two years) from the termination date of previous domestic partner coverage before the enrollee may again enroll a domestic partner.

## 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 insured and administered by Empire Blue Cross Blue Shield;
- Medical and surgical coverage administered by United HealthCare. Coverage under the Participating Provider Program, under the Basic Medical Program if you use a non-participating provider or under the Basic Medical Provider Discount Program if you use a non-participating provider who is part of the MultiPlan group, a nationwide

organization contracted with United HealthCare for The Empire Plan (see "Cost Sharing" on page 6 for more information);

- Home care services, diabetic supplies, enteral formulas, 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;
- Centers of Excellence Programs;
- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support;
- Worldwide coverage; and
- ONECARD Rx<sup>SM</sup> for medications required for a work-related injury or illness.

## 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.

## **Cost Sharing**

### **The Empire Plan**

Under The Empire Plan, benefits are available for covered services when you use a participating or a non-participating provider. However, your share of the cost of covered services depends on whether the provider you use is participating or non-participating under the Plan.

If you use an Empire Plan participating or network provider, you pay a copayment (\$15 in 2005) for certain services; some services are covered at no cost to you. The provider files the claim and receives reimbursement from The Empire Plan. You are guaranteed access to network benefits for certain types of services when you contact the program before receiving services and follow program requirements:

- Managed Mental Health and Substance Abuse Program services under ValueOptions;
- Managed Physical Medicine Program services (physical therapy and chiropractic care) under Managed Physical Network (MPN); and
- Home Care Advocacy Program (HCAP) services (home care and services, including durable medical equipment) under United HealthCare.

If you use a non-participating provider for medical and surgical services, benefits for covered services are paid under the Basic Medical Program. After you satisfy an annual deductible (\$309 in 2005), The Empire Plan pays 80 percent of the reasonable and customary charge. You are responsible for the 20 percent coinsurance and any charges in excess of the reasonable and customary charge. Once you reach the out-of-pocket maximum (\$1486 in 2005), you will be reimbursed 100 percent of the reasonable and customary charge. You are responsible for paying the provider and you will be reimbursed by the Plan for covered charges.

 If you are Empire Plan-primary\* and you use a non-participating provider that is part of the MultiPlan group, a nationwide provider organization contracted with United HealthCare for The Empire Plan, benefits for covered services are paid under the Basic Medical Provider Discount Program. After you satisfy the annual deductible, providers will base the 20 percent coinsurance on a discounted fee for covered services. Enrollees will not be billed for charges over the discounted fee. Providers submit the claims for enrollees and United HealthCare pays

the providers directly. Empire Plan Basic Medical Program provisions apply. (See your October 2004 *Empire Plan Report* for more information.)

If you use a non-participating or non-network provider for services covered under the Managed Mental Health and Substance Abuse Program, the Managed Physical Medicine Program or the Home Care Advocacy Program benefits for non-network coverage are substantially lower and subject to deductibles, coinsurance and benefit limits.

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.

*continued on next page*

## **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.

\* The Empire Plan pays first for health insurance before any other group health insurance.

## *NYSHIP Options at a Glance (continued from page 6)*

### **Health Maintenance Organizations (HMOs)**

Most HMOs require 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 150,000 participating physicians and other providers nationwide.

Over 47,000 participating pharmacies nationwide, as well as a mail service pharmacy.

Medically necessary visits to specialists are covered with no referral or prior authorization required.

Basic Medical or non-network benefits are available for covered services received from non-participating providers, based on the type of service.

### **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 17 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
- Well-child care
- 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 The Empire Plan or the prescription drug program for the HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis
- Medically necessary bone density tests



# QUESTIONS & 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 2005.

**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 plan?**

**A:** For information about providers in 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" and then "Empire Plan Providers and Pharmacies". You'll find links 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) and select the appropriate program for the type of provider.

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 if you would need authorization to have the provider's services covered. Under most circumstances, HMOs do not provide benefits for services by non-participating providers or hospitals. Under The Empire Plan, you have benefits for participating and non-participating providers.

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.

**Q: I have a preexisting condition. Will I have coverage if 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 2005?**

**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 Advantage plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See pages 1 through 4 in this booklet 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

- **Coinsurance** – The enrollee’s share of the cost of covered services that is a fixed percentage of medical expenses.
- **Copayment** – The enrollee’s share of the cost of covered services that is a fixed dollar amount paid when medical service is received, regardless of the total charge for service.
- **Deductible** – The dollar amount that an enrollee is required to pay before health plan benefits will begin to reimburse for services.
- **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](http://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. An incented formulary is a type of open formulary that encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule.
- **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 Advantage (formerly called 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 Advantage 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 Advantage 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 approximately 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.

# New York State Health Insurance Program 2005 Rates

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

Enrollee contributions for Retirees, Vesteers, 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 rate sheet. Retirees of other Participating Employers: Contact your former employer for 2005 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2005 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 the "Plans by Region" section in the centerfold of this booklet for more information.

Page in Choices

Page in Choices	Code	Plan and Service Area
17-18	001	<b>The Empire Plan</b> (available to enrollees and their eligible dependents worldwide)
20	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 retirees, vesteers and dependent survivors only: also serves the Philadelphia and Pittsburgh areas in Pennsylvania)
21	066	<b>Blue Choice</b> Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
22	063	<b>Capital District Physicians' Health Plan (CDPHP)</b> Serving Albany, Columbia, Essex, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
22	300	<b>Capital District Physicians' Health Plan (CDPHP)</b> Serving Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties
22	310	<b>Capital District Physicians' Health Plan (CDPHP)</b> Serving Orange and Ulster counties
23	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
24	280	<b>Empire BlueCross BlueShield HMO (Upstate)</b> Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
24	290	<b>Empire BlueCross BlueShield HMO (Downstate)</b> Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties
24	320	<b>Empire BlueCross BlueShield HMO (Mid-Hudson)</b> Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties
25	220	<b>GHI HMO</b> Serving Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties
26	050	<b>HIP Health Plan of New York</b> Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties
27	072	<b>HMOBlue Excellus BlueCross BlueShield, Central New York Region</b> Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
27	160	<b>HMOBlue Excellus BlueCross BlueShield, Utica Region</b> Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties
28	059	<b>Independent Health</b> Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
29	060	<b>MVP Health Care (East)</b> Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
29	330	<b>MVP Health Care (Central)</b> Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga and Ulster counties
29	340	<b>MVP Health Care (Mid-Hudson)</b> Serving Dutchess, Orange and Putnam counties
30	058	<b>Preferred Care</b> Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties
31	057	<b>Univera Healthcare</b> Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties
32	070	<b>Vytra Health Plans</b> Serving Nassau, Queens and Suffolk counties

\* Plan information for 2005 was not submitted. For information, call Elderplan at 1-800-353-3765 (TTY: 1-800-610-6303).

## Monthly Rates

Rates for retirees do not reflect sick leave credits. (See page 3 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 2005 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, Long Term Disability Enrollees and all other Dependent Survivors			
	Ind	Fam	Ind	Fam	Ind	Fam	Ind	Fam
	0.00	128.45	41.53	169.98	128.45	128.45	415.33	929.14
	67.02	312.38	99.28	344.64	144.47	144.47	389.59	967.46
	0.00	109.91	28.77	138.68	109.91	109.91	287.73	727.38
	0.00	125.60	31.74	159.36	125.60	125.60	317.40	819.79
	1.48	185.16	35.39	219.07	134.74	134.74	340.53	879.51
	9.04	204.71	42.95	238.62	137.74	137.74	348.09	899.05
	0.00	148.66	31.13	183.82	142.44	142.44	311.26	881.02
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	167.90	35.89	205.16	144.47	144.47	358.95	936.84
	17.87	250.48	55.19	287.80	157.41	157.41	391.05	1020.69
	48.58	330.95	85.96	368.33	170.04	170.04	422.38	1102.53
	0.00	122.25	31.01	153.26	122.25	122.25	310.12	799.12
	0.00	137.33	35.34	173.13	128.15	128.15	353.38	865.97
	76.88	418.24	112.39	453.75	173.49	173.49	431.95	1125.91
	118.90	441.96	153.21	476.27	169.70	169.70	462.01	1140.82
	0.00	120.64	27.82	148.46	120.64	120.64	278.21	760.77
	17.86	229.78	51.28	263.20	139.52	139.52	352.03	910.11
	59.37	340.33	92.79	373.75	156.78	156.78	393.54	1020.66
	68.34	361.05	101.76	394.47	159.72	159.72	402.51	1041.38
	0.00	102.09	27.24	129.33	102.09	102.09	272.44	680.80
	0.00	118.01	26.65	144.66	118.01	118.01	266.51	738.57
	31.51	293.57	68.15	330.21	163.25	163.25	397.89	1050.88

# 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, closed or incented 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 or mental health 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 Advantage plan? Does the plan coordinate coverage with Medicare? See pages 1 through 4 in this booklet for information on Medicare.
- ✓ Does the plan cover me when I travel?

## *Making a Choice (continued from page 13)*

### **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.
2. Complete and mail your "Option Transfer Request" form on page 34. Send it to the Employee Benefits Division at the address on the form as early as possible 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 Advantage plan and cancel your coverage with the HMO, you need to complete an "Enrollment Cancellation" form. Please see page 37 for instructions.

### **If you are changing to The Empire Plan:**

Steps 2 and 3 on the left 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 on the left, complete "Notice of Intent to Enroll in an HMO" on page 36. 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 17-18, 20-32**

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.

**BENEFITS PROVIDED BY ALL PLANS AT THE  
SAME LEVEL OF COVERAGE (see list on page 8)  
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, 2005. 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.



# WHAT'S NEW IN 2005?

## The Empire Plan Hospital Benefits Program

- Effective January 1, 2005, access to the Hospital Network for Empire Plan-primary enrollees\* through the BlueCross BlueShield BlueCard® PPO network.

Network hospital inpatient: Paid-in-full hospitalization benefits

Network hospital outpatient and emergency care: Subject to network copayments

**Note:** When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical Benefits Program

Non-network hospital inpatient and outpatient: 10 percent coinsurance\*\* up to an annual maximum of \$1,500 per enrollee/spouse or domestic partner/dependent children

**Note:** \$1,000 of \$1,500 coinsurance maximum is reimbursable under the Basic Medical Benefits Program

- Effective January 1, 2005, certain outpatient hospital services provided at a hospital extension clinic (a remote location of a hospital) are covered, subject to hospital outpatient and emergency care copayments.
- Effective January 1, 2005, no benefits will be paid for inpatient hospital days determined to be not medically necessary.

## The Empire Plan Medical Benefits Program

- Available October 1, 2004, The Empire Plan Basic Medical Provider Discount Program for Empire Plan-primary enrollees may reduce out-of-pocket costs when using a non-participating provider. The program offers discounts from certain physicians and other providers who are not part of The Empire Plan participating provider network. These providers are part of the MultiPlan group, a nationwide provider organization contracted with United HealthCare for The Empire Plan. (See "Cost Sharing" on page 6 and your October 2004 *Empire Plan Report* for more information.)
- Available October 1, 2004, The Empire Plan offers a Centers of Excellence for Cancer Program that includes paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services (CRS); \$10,000 lifetime travel allowance; telephonic nurse consultations; assistance in locating centers (See your October 2004 *Empire Plan Report* for details.)

- Effective January 1, 2005, The Empire Plan includes a nationwide network of certified suppliers of prostheses and orthotic devices. When you use a network provider and/or a participating provider you have a paid-in-full benefit with no copayment for prostheses and orthotic devices.
- Effective January 1, 2005, one single or double external mastectomy prosthesis per calendar year is covered in full under the Basic Medical Program. This benefit has no deductible, coinsurance or copayment. Precertification required for any single prosthesis costing \$1,000 or more.
- Effective January 1, 2005, the lifetime maximum for certain infertility benefits, called Qualified Procedures, increases to \$50,000 per covered individual. This is an increase from the previous \$25,000 lifetime maximum.

## The Empire Plan Mental Health and Substance Abuse Program

- Effective January 1, 2004, the lifetime maximum for substance abuse care, including alcoholism is increased to \$250,000 for the enrollee and \$250,000 for each of the enrollee's covered dependents.

## The Empire Plan Prescription Drug Program

- Beginning January 1, 2005, The Empire Plan Prescription Drug Program includes a three copayment benefit level design: generic, preferred brand-name and non-preferred brand-name drugs. Your copayment amount depends on the drug and quantity prescribed and where you fill your prescription. For a list of the most commonly prescribed generic and preferred brand-name drugs, go to the Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Employee Benefits and choose your group-specific benefits or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447). (See page 17 of this booklet for copayment amounts and additional information on The Empire Plan Prescription Drug Program.) *This benefit does not apply to enrollees who have prescription drug coverage through a union Employee Benefit Fund.*

\* Enrollees whose Empire Plan coverage pays first for health benefits before any other group health insurance.

\*\* Greater of 10 percent coinsurance or \$75 for outpatient services.



# The Empire Plan

## NYSHIP Code Number 001

The following is a summary of the benefits available under each portion of The Empire Plan as of January 1, 2005.\*

You'll find specific information in the 2005 *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". **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

#### The Empire Plan Medical Benefits Program

##### United HealthCare

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

Medical and surgical coverage through:

- Participating Provider Program – over 100,000 physicians and other providers participate, with over 18,000 physicians in Florida alone
- Basic Medical Program – if you use a non-participating provider (See "Cost Sharing" on page 6 for an explanation of reimbursement under The Empire Plan Basic Medical Program)
- Basic Medical Provider Discount Program – if you use a non-participating provider who is part of the MultiPlan group. See your October 2004 *Empire Plan Report* for more information on the Basic Medical Provider Discount Program.

Home Care Advocacy Program (HCAP) – paid-in-full benefit for home care, enteral formulas, 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 \$15 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.

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

### Press or Say 2

#### The Empire Plan Hospital Benefits Program

##### Empire Blue Cross Blue Shield

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

The following benefit level applies when covered services are received at a BlueCross BlueShield BlueCard® PPO network hospital (*for Empire Plan-primary enrollees only*)

- Medical or surgical inpatient stays are covered with no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- **Note:** When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services paid in full under the Medical Benefits Program.
- Certain outpatient hospital services provided at network hospital extension clinics are covered, subject to hospital outpatient and emergency care copayments.

The following benefit level applies when services are received at a non-network hospital.

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance\*\* up to annual maximum of \$1500 per enrollee/spouse or domestic partner/dependent children

The Empire Plan will approve network benefits at a non-network facility if:

- No network facility can provide medically necessary services
- Your hospital care is emergency or urgent
- You do not have access to a network facility within 30 miles of your residence
- Another insurer or Medicare provides your primary coverage (pays first)

#### Pre-admission Certification Requirements

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 any 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 is available to help coordinate services for serious conditions.

### Press or Say 3

#### The Empire Plan 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:

United HealthCare .....	TTY only: 1-888-697-9054
Empire Blue Cross Blue Shield.....	TTY only: 1-800-241-6894
ValueOptions .....	TTY only: 1-800-334-1897
The Empire Plan Prescription Drug Program.....	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.

\*\* Greater of 10 percent or \$75 for outpatient services.

### 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 to an approved Structured Outpatient Rehabilitation Program (\$15 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 pay a \$2,000 deductible for inpatient per enrollee, per spouse/domestic partner, per all covered children combined; \$500 deductible for outpatient per enrollee, per spouse/domestic partner, per all covered 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

#### The Empire Plan 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.*

- When you use a participating retail pharmacy or the mail service pharmacy for up to a 30-day supply, you pay a \$5 copayment for generic drugs, \$15 copayment for preferred brand-name drugs and \$30 for non-preferred brand-name drugs.
- For a 31- 90-day supply through a participating retail pharmacy, you pay a \$10 copayment for generic drugs, a \$30 copayment for preferred brand-name drugs and a \$60 copayment for non-preferred brand-name drugs.
- For a 31- 90-day supply through the mail service, you pay a \$5 copayment for generic drugs, a \$20 copayment for preferred brand-name drugs and a \$55 copayment for non-preferred brand-name drugs. A pharmacist is on call 24 hours a day for urgent questions on your prescriptions.
- If you use a non-participating pharmacy, you will pay the full cost and then submit a claim for partial reimbursement.
- When you fill a prescription for a brand-name drug that has a generic equivalent, you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full cost of the drug. Exceptions apply. Please contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- Prior authorization is required for certain drugs.
- ONECARD Rx<sub>SM</sub> for medications required for a work-related injury or illness.

### Press or Say 5

**The Empire Plan NurseLine<sub>SM</sub>** – Provides 24-hour access to health information and support.

### The Empire Plan Centers of Excellence Programs

#### Press or Say 1

- The Centers of Excellence for Cancer Program includes paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services (CRS). The CRS network includes many of the nation's leading cancer centers. Subject to a lifetime maximum travel allowance of \$10,000. (See your October 2004 *Empire Plan Report* for details).

#### Press or Say 2

- The Centers of Excellence for Transplants Program provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including travel reimbursement, are available only when you are enrolled in the Program and when The Empire Plan is your primary coverage. *Precertification required.* (See your *NYSHIP General Information Book and Empire Plan Certificate* for more information.)

#### Press or Say 1

- Infertility Centers of Excellence are a select group of participating providers contracted and recognized by United HealthCare as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000. *Precertification required.* (See your *NYSHIP General Information Book and Empire Plan Certificate* for more information.)

Benefits	Network Hospital Benefits <sup>1</sup>	Participating Provider	Non-Participating Provider
<b>Hospital Inpatient</b>	No copayment <sup>2</sup>	No copayment	Basic Medical <sup>3</sup>
<b>Office Visit</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Diagnostic/Therapeutic Services:</b>			
X-Rays	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Lab Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Pathology	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
EKG/EEG	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/OB GYN:</b>			
Pap Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Mammograms	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>3</sup>
Bone Density Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
<b>Family Planning Services</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>		\$15/visit; No copayment at designated Centers of Excellence <sup>4</sup>	Basic Medical <sup>3</sup>
<b>Contraceptive Drugs and Devices</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Emergency Room</b>	\$50/visit	No copayment	Basic Medical <sup>3,5</sup>
<b>Urgent Care</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Ambulance</b>	No copayment <sup>6</sup>	\$35 copayment	\$35 copayment
<b>Outpatient Mental Health</b>		\$15/visit; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits/calendar year
<b>Inpatient Mental Health</b>		No copayment; unlimited when medically necessary (ValueOptions)	\$2000 annual deductible, 50% of network allowance 30 days/calendar year
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$15/visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits/calendar year <sup>7</sup>
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment; 3 stays per lifetime; more may be approved case by case (ValueOptions)	\$2000 annual deductible, 50% of network allowance 1 stay per calendar year, 3 stays per lifetime <sup>7</sup>
<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (See your Empire Plan Certificate/Reports)
<b>Prosthetics</b>		No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
<b>Orthotics</b>		No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
<b>External Mastectomy Prostheses</b>			Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>2,8</sup>
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$15/visit for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$15/visit (MPN) Speech therapy \$15/visit	\$250 annual deductible, 50% of network allowance \$1500 annual maximum benefit Basic Medical <sup>3</sup>
<b>Diabetic Supplies</b> (insulin is covered under The Empire Plan Prescription Drug Program)		No copayment (HCAP)	50% of network allowance (See your Empire Plan Certificate/Reports)
<b>Hospice</b>	No copayment, no limit		
<b>Skilled Nursing Facility</b> (Precertification Required)	No copayment up to 365 benefit days. No benefits if Medicare-primary.		
<b>Prescription Drugs</b> (see page 17)			
<b>Additional Benefits</b>			
<b>Dental (preventive)</b>		Not covered	Not covered
<b>Vision (routine only)</b>		Not covered	Not covered
<b>Hearing Aids</b>		up to \$1200 per aid per ear every 4 years (every 2 years for children) if medically necessary	up to \$1200 per aid per ear every 4 years (every 2 years for children) if medically necessary
24-hour NurseLine <sub>SM</sub> for health information and support			
Disease Management Programs (voluntary): Cardiovascular Risk Reduction, Asthma, and Diabetes Management			
Complementary and Alternative Medicine discounts (available only in New York State)			
ONECARD Rx <sub>SM</sub> , the Workers' Compensation/Health Insurance Prescription Drug Program: no copayment, no claim forms			

<sup>1</sup> See page 17 for non-network benefits.

<sup>2</sup> Precertification may be required.

<sup>3</sup> See page 6 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.

<sup>4</sup> Certain Qualified Procedures require precertification and are subject to \$50,000 lifetime allowance.

<sup>5</sup> Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electro-cardiograms and/or pathology services are paid in full.

<sup>6</sup> If service is provided by admitting hospital.

<sup>7</sup> Lifetime maximum for substance abuse care, including alcoholism, is \$250,000 for enrollee and \$250,000 for each of covered dependents.

<sup>8</sup> Benefit paid up to cost of device meeting individual's functional need.

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



A screenshot of the NYS OnLine Employee Benefits Division website. The header includes 'The Empire State' logo, 'New York State', and navigation links for 'Governor Pataki', 'map-NY', 'e-bizNYS', and 'Citizen Guide'. A 'Text Version' link is also present. The main content area features the 'NYS OnLine' logo and 'Employee Benefits Division • State of New York Department of Civil Service'. A central navigation menu lists options: 'Choosing a Health Plan?', 'You Should Know...', 'Meetings & More', 'Publications & Forms', 'Phone Numbers / Links', 'Site Map', 'HIPAA Privacy Information', 'About Us / Privacy Policy', 'Awards', 'Tech Help', 'Copyright / Disclaimer', and 'Super Search'. A red arrow points from the 'Choosing a Health Plan?' link to the 'NYSHIP' section below. The 'NYSHIP' section includes the NYSHIP logo and lists various employee groups: 'Employees of New York State', 'Employees of Participating Employers (PE)', 'Employees and Retirees of Participating Agencies (PA)', and 'Retired State/PE Employees'. A search bar prompts users to 'Find the benefit, click on the group. Benefits vary by group.' To the right, a 'More New York State Government Employee Benefits' section lists 'Dental', 'Vision', 'Life', 'Income Protection Plan (IPP)', 'Survivor Benefits', and 'Workers' Compensation'. At the bottom, there is a 'Long Term Care' section with the NYPERL logo and a copyright notice for 2004.

**Look here for NYSHIP plans and premium rates for 2005.**



Turning promise into practice®

**Benefits**

	<b>Your Cost NYSHIP Primary</b>	<b>Your Cost Medicare Primary</b>
Office Visit.....	\$15/visit	\$15/visit
Non-Office Hours and Home Visit (by physician) .....	\$20/visit	\$20/visit
Specialty Office Visits .....	\$15/visit	\$15/visit
Diagnostic/Therapeutic Services		
X-Rays .....	\$15/visit	\$15/visit
Lab Tests .....	\$15/visit	\$15/visit
Pathology .....	\$15/visit	\$15/visit
EKG/EEG .....	\$15/visit	\$15/visit
Radiation/Chemotherapy .....	\$15/visit	\$15/visit
Women's Health Care/OB GYN		
Pap Tests.....	\$15/visit	\$15/visit
Mammograms .....	No copayment	No copayment
Pre and Postnatal Visits.....	\$15/visit	\$15/visit
(No copayment after initial visit)		
Bone Density Tests .....	\$15/visit	\$15/visit
Family Planning Services .....	\$15/visit	\$15/visit
Infertility Services.....	\$15/visit	\$15/visit
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies	
Emergency Room.....	\$35/visit	\$35/visit
Urgent Care .....	\$35/visit	\$35/visit
Ambulance.....	No copayment	No copayment
Outpatient Mental Health <sup>1</sup> .....	2	2
Inpatient Mental Health <sup>1</sup> .....	3	3
Outpatient Drug/Alcohol Rehab <sup>1</sup> .....	4	4
Inpatient Drug Rehab <sup>1</sup> .....	5	5
Inpatient Alcohol Rehab <sup>1</sup> .....	5	5
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	\$15/visit
Diabetic Supplies and Insulin .....	\$15/item	\$15/item
Hospice, unlimited.....	No copayment	No copayment
Skilled Nursing Facility, unlimited days .....	No copayment	No copayment
Prescription Drugs		
Retail, 30-day supply .....	\$10/\$15/\$30 prescription	
Mail Order, 90-day supply .....	\$20/\$30/\$60 prescription	

<sup>1</sup> Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.  
<sup>2</sup> NYSHIP-primary, \$25/visit, max 20 visits  
 Medicare-primary, \$25/visit, unlimited visits  
<sup>3</sup> NYSHIP-primary, no copayment, max 35 days,  
 Medicare-primary, no copayment, unlimited days  
<sup>4</sup> NYSHIP-primary, \$15/visit, max 60 visits  
 Medicare-primary, \$15/visit, unlimited days  
<sup>5</sup> NYSHIP-primary, no copayment, max 30 days,  
 Medicare-primary, no copayment, unlimited days

**Additional Benefits**

Dental.....Not covered  
 Vision, routine only .....\$15/visit (frequency and age schedules apply)  
 Eyeglasses.....Discount Program  
 Hearing Aids.....Not covered  
 Outpatient Home Health Care, unlimited visits per 365-day period.  
 (Four hours of home health aid service shall be considered one home care visit) .....No copayment  
 Bereavement Counseling, 5 days per 365 days .....No copayment

**Plan Highlights for 2005**

Aetna can 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](http://www.aetna.com/formulary) for prescriptions that require prior approval.

**Medicare Coverage**

Aetna offers a **Medicare Advantage** plan that differs from an active employee or retiree not eligible for Medicare. The Golden Medicare Plan™ is available in all of the counties listed below. 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.  
*For enrollees with retiree benefits only:* Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Cambria, Carbon, Chester, Cumberland, Dauphin, Erie, Fayette, Greene, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Washington, Westmoreland, and York in Pennsylvania.

**For information, call Aetna's**

Customer Services Department at .....1-800-323-9930  
 TTY .....1-800-654-5984  
 Medicare Advantage Customer Service at .....1-800-282-5366  
 For Pre Enrollment Medicare Information  
 and a Medicare Packet .....1-800-832-2640  
 Or visit our Web Site at.....[www.aetna.com](http://www.aetna.com)

# Blue Choice

A product of Excellus BlueCross BlueShield, Rochester Region

## Benefits

	<b>Your Cost</b>
Office Visit .....	\$15/visit
PCP visits for sick children to age 5 .....	\$5/visit
Specialty Office Visits .....	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$15/visit
Lab Tests.....	No copayment
Pathology.....	No copayment
EKG/EEG.....	No copayment
Radiation/Chemotherapy .....	No copayment
Women's Health Care/OB GYN	
Pap Tests .....	\$15/visit
Mammograms .....	\$15/visit
Pre and Postnatal Visits .....	\$5/visit for the first 10 visits
Bone Density Tests .....	\$15/visit
Family Planning Services .....	\$15/visit
Infertility Services .....	\$15/visit
Contraceptive Drugs and Devices.....	Applicable Rx copayment applies
Emergency Room .....	\$50/visit
Urgent Care.....	\$25/visit
Ambulance.....	\$25/trip
Outpatient Mental Health, max 20 visits .....	50% coinsurance
Inpatient Mental Health, 30 days annual max .....	No copayment
Outpatient Drug/Alcohol Rehab, 60 visits annual max .....	\$15/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, max 45 visits .....	\$15/visit
Diabetic Supplies and Insulin, per 30-day supply .....	\$15/item
Hospice, unlimited .....	No copayment
Skilled Nursing Facility, max 120 days .....	No copayment
Prescription Drugs	
Retail, 30-day supply.....	\$5 Tier One/\$20 Tier Two <sup>1</sup> /\$35 Tier Three <sup>1</sup>
Mail Order, up to 90-day supply .....	\$15 Tier One/\$60 Tier Two <sup>1</sup> / \$105 Tier Three <sup>1</sup>

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

<sup>1</sup> 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, preventive .....	Not covered
Vision .....	\$15 copayment for eye exams associated with disease or injury
Eyewear Benefit .....	20-50% discount available on eyewear through Blue Choice's "preferred" and participating providers
Hearing Aids .....	children to age 19 \$600 max, every 3 years
Acupuncture .....	50% coinsurance, max 10 visits/year
Complementary Alternative Medicine discounts. Member Rewards wellness programs, athletic clubs discounts and nutritional classes.	

## Plan Highlights 2005

With Blue Choice, count on us to deliver the high-quality coverage you want and the value you need. Rely on Blue Choice for discounts on services that encourage you to develop a healthy lifestyle. It's the one plan that makes a real difference to your health. Enjoy health care the way it's supposed to be. Coverage is provided worldwide when life-threatening or approved by your Primary Care Physician. If you become ill while traveling, you will now have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.

**Guest Membership** - Coverage at an affiliated HMO when living away from home for at least 90 consecutive days. Not available for Medicare-primary eligibles.

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.excellusbcbcs.com](http://www.excellusbcbcs.com)

## Pharmacies & Prescriptions

Blue Choice members may have their prescriptions filled at any of our over 57,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers an **open formulary**. Call Express Scripts at 1-877-603-8404 for Mail Order prescriptions. Fertility, injectable and self-injectable prescription drugs are covered.

## Medicare Coverage

Blue Choice offers the same benefits to NYSHIP Medicare eligibles that are currently offered to active NYSHIP eligibles. Blue Choice **coordinates coverage** with Medicare.

## 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.excellusbcbcs.com](http://www.excellusbcbcs.com)



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$15/visit
Annual Adult Routine Physicals .....	\$15/visit
Specialty Office Visits .....	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$15/visit <sup>1</sup>
Lab Tests .....	\$15/visit <sup>1</sup>
Pathology .....	\$15/visit
EKG/EEG .....	\$15/visit
Radiation/Chemotherapy .....	\$15/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$15/visit
Mammograms .....	No copayment
Pre and Postnatal Visits .....	No copayment
Bone Density Tests .....	\$15/visit
Family Planning Services .....	\$15/visit
Infertility Services .....	\$15/visit
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies
Emergency Room .....	\$50/visit
Urgent Care .....	\$25/visit
Outpatient Surgery Facility .....	\$75/visit
Ambulance .....	\$50/trip
Outpatient Mental Health Individual, max 20 visits .....	\$15/visit 1st-4th; \$50/visit 5th-20th
Outpatient Mental Health Group, max 20 visits .....	\$15/visit 1st-4th; \$35/visit 5th-20th
Inpatient Mental Health, max 30 days/calendar year .....	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 (excludes shoe inserts) .....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days .....	No copayment
Outpatient short-term PT, OT and speech, max 30 visits combined .....	\$15/visit
Diabetic Supplies and Insulin, up to 30 days .....	\$15/item
Diabetes self-management education .....	\$15/visit
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 45 days .....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$5/generic, \$25/formulary brand, \$40/non-formulary
Mail Order, 90-day supply .....	\$5/generic, \$50/formulary brand, \$120/non-formulary
Coverage includes fertility, injectable/self-injectable drugs, contraceptive drugs and devices and enteral formulas.	

<sup>1</sup> No copayment for specific diagnostic services at preferred radiology or designated laboratory sites.

## Additional Benefits

Dental .....	Not covered
Vision .....	Not covered
Hearing Aids .....	Not covered
Allergy injections .....	No copayment

## Plan Highlights 2005

As a physician-run plan, CDPHP is proud to be one of the top-rated health plans in the United States. 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 six 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. Added value program for complementary and alternative medicine. 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 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 an **open 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](http://www.cdphp.com)



BlueCross BlueShield  
of Western New York

A Division of Health Blue Network, An Independent Company of The Blue Cross/Blue Shield Association

## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Well Child Care .....	No copayment
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$10/visit
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	\$10/visit
Radiation/Chemotherapy .....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests .....	No copayment
Mammograms .....	\$10/visit
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 copayment applies
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 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 45 days .....	No copayment
Outpatient, max 20 visits .....	\$10/visit
Diabetic Supplies and Insulin .....	\$10/item
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 50 days .....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$5 generic/\$15 formulary brand/ \$35 non-formulary
Mail order, 90-day supply .....	\$15 generic/\$45 formulary brand/ \$105 non-formulary

Coverage includes contraceptive drugs and devices, prenatal and vitamins with fluoride, fertility drugs, self-injectable medications, enteral formulas, insulin and oral diabetic agents. Most injectable drugs are subject to prior approval. Mail order prescriptions may be ordered by contacting **Express Scripts**, P.O. Box 298, Troy, NY, 12180 **Phone 1-800-888-8090**.

## 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

## Plan Highlights 2005

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 that offer discounts on acupuncture, massage therapy, nutritional counseling, fitness centers and spas. ResponseLink 24, a round-the-clock helpline for medical information.

## 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 an **incented 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 .....716-887-8840 or 1-877-576-6440  
Olean .....716-376-6000 or 1-800-887-8130  
Jamestown.....716-484-1188 or 1-800-944-2880

TTY .....1-888-249-2583

Or Visit Our Web Site .....www.bcbswny.com



## Empire BlueCross BlueShield HMO

### Benefits

	<b>Your Cost</b>
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 copayment applies
Emergency Room .....	\$50/visit <sup>1</sup>
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 <sup>2</sup>
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 .....	\$10/\$30/\$50/prescription
As of January 1, 2005, members who use our mail order prescription drug service, will pay only two copayments for each three-month (90-day) supply of medication - a 33 percent savings as opposed to filling maintenance prescriptions at the retail level. Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	

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 separate 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 2005

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](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 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 140) 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](http://www.empireblue.com)

Services provided by Empire HealthChoice HMO, Inc. an independent licensee of the BlueCross and BlueShield Association.



## Benefits

	<b>Your Cost</b>
Office Visit	
Dependent Child 0-18.....	No copayment
Adults.....	\$20/visit
Specialty Office Visits <sup>1</sup>	
Dependent Child 0-18.....	No copayment
Adults.....	\$20/visit
Diagnostic/Therapeutic Services <sup>2</sup>	
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 copayment applies
Emergency Room <sup>2</sup> .....	\$50/visit
Urgent Care <sup>2</sup> .....	\$35/visit
Ambulance <sup>2</sup> .....	\$50/visit
Outpatient Mental Health, max 20 visits <sup>2</sup> .....	\$20/visit, 1st-5th; \$35/visit, 6th-20th
Inpatient Mental Health, max 30 days.....	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits <sup>2</sup> .....	\$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 <sup>2</sup> .....	\$20/visit
Outpatient, speech therapy <sup>2</sup> .....	\$20/visit
Diabetic Supplies and Insulin <sup>2</sup> .....	\$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.	

<sup>1</sup> No Primary Care Physician referral required for GHI HMO participating providers.

<sup>2</sup> Copayment applies to all covered dependents.

## Additional Benefits

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

## Plan Highlights 2005

**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 copayment 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

789 Grant Ave.  
Lake Katrine, NY 12449  
or  
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.ghi.com

# HIP

HEALTH PLAN OF NEW YORK

## Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit.....	\$5/visit	No copayment
Specialty Office Visits.....	\$5/visit	\$5/visit
Diagnostic/Therapeutic Services		
X-Rays .....	No copayment	No copayment
Lab Tests.....	No copayment	No copayment
Pathology.....	No copayment	No copayment
EKG/EEG.....	No copayment	No copayment
Radiation/Chemotherapy.....	\$5/visit	No copayment
Women's Health Care/OB GYN		
Pap Tests.....	No copayment	No copayment
Mammograms.....	No copayment	No copayment
Pre and Postnatal Visits.....	No copayment	N/A
Bone Density Tests.....	No copayment	No copayment
Family Planning Services.....	\$5/visit	N/A
Infertility Services <sup>1</sup> .....	\$5/visit	N/A
Contraceptive Drugs and Devices.....	Applicable Rx copayment applies	
Emergency Room.....	\$25/visit	\$25/visit
Urgent Care.....	\$5/visit	\$5/visit
Ambulance.....	No copayment	No copayment
Outpatient Mental Health.....	No copayment <sup>2</sup>	\$20/visit <sup>3</sup>
Inpatient Mental Health.....	No copayment <sup>4</sup>	No copayment <sup>5</sup>
Outpatient Drug/Alcohol Rehab.....	\$5/visit <sup>6</sup>	No copayment <sup>3</sup>
Inpatient Drug Rehab.....	No copayment <sup>4</sup>	No copayment <sup>3</sup>
Inpatient Alcohol Rehab.....	No copayment <sup>4</sup>	No copayment <sup>3</sup>
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.....	No copayment <sup>4</sup>	No copayment
Outpatient.....	\$5/visit <sup>7</sup>	\$5/visit <sup>8</sup>
Diabetic Supplies and Insulin.....	\$5/month	No copayment
Hospice, max 210 days.....	No copayment	No copayment <sup>9</sup>
Skilled Nursing Facility.....	No copayment <sup>8</sup>	No copayment <sup>10</sup>
Prescription Drugs		
NYSHIP-Primary		
Retail, 30-day supply.....	\$5 (subject to drug formulary)	
Mail Order, up to 90-day supply.....	Formulary copayments reduced by 50%	
Medicare-Primary		
Retail, 30-day supply.....	\$5/\$45 non-formulary	
Mail Order, up to 90-day supply.....	Formulary copayments reduced by 50%	
Coverage includes contraceptive drugs and devices, self-injectables and injectables, fertility drugs and enteral formulas.		

<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>Unlimited days; <sup>9</sup>Provided by a Medicare-certified hospice; <sup>10</sup>Max 100 days per benefit period.

## Additional Benefits

Dental.....	Not covered
Vision, routine only	
NYSHIP-primary.....	No copayment
Medicare-primary.....	\$5/visit
Eyeglasses	
NYSHIP-primary.....	\$45/pair/24 mos., selected frames
Medicare-primary.....	No copayment/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 copayment
Medicare-primary.....	No copayment
Artificial Insemination	
NYSHIP-primary.....	\$5/visit
Medicare-primary.....	N/A
Fitness Program	
NYSHIP-primary.....	Discount program
Medicare-primary.....	Discount program

## Plan Highlights 2005

HIP's network has expanded to over 21,000 providers in more than 33,000 locations - and we're still growing! Plus, HIP offers more than 55 years of experience caring for union members and has the support of the AFL-CIO. Our award-winning web site, [hipusa.com](http://hipusa.com)<sup>®</sup>, is now available in English, Spanish, Chinese and Korean.

## Participating Physicians

HIP's participating locations include private practices and health centers operated by some of New York's top hospitals and medical groups, including Beth Israel Medical Center, Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital and St. Luke's-Roosevelt Hospital Center.

## Affiliated Hospitals

HIP members have access to 115 of the area's leading hospitals, including major teaching institutions.

## Pharmacies & Prescriptions

Filling a prescription is easy with HIP's network of nearly 35,000 participating pharmacies nationwide, including over 3,700 pharmacies throughout New York State. HIP also has a Mail Order Program through Express Scripts, Inc. HIP offers a **closed formulary**.

## 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<sup>®</sup> Premier Medicare Plan, a **Medicare Advantage** 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

55 Water Street  
New York, NY 10041

## NYSHIP Code Number 050

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

**For information, call** .....1-877-861-0175  
TTY.....1-888-447-4833  
Or Visit Our Web Site .....[hipusa.com](http://hipusa.com)

**Benefits**

	<b>Your Cost</b>
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 copayment 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 .....\$10 Tier One/\$25 Tier Two<sup>1</sup>/\$40 Tier Three<sup>1</sup>  
 Mail Order, 90-day supply.....\$30 Tier One/\$75 Tier Two<sup>1</sup>/  
 \$120 Tier Three<sup>1</sup>

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.

<sup>1</sup> 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 2005**

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 57,000 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 .....

**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 .....

Or visit our Web Site .....www.excellusbcb.com



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays .....	\$15/visit
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	\$10/visit
Radiation/Chemotherapy .....	\$15/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$10/visit
Mammograms .....	No copayment
Pre and Postnatal Visits .....	No copayment
Bone Density Tests .....	\$15/visit
Family Planning Services .....	\$10/visit
Infertility Services .....	\$10/visit
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies
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 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 .....	50% coinsurance
Prosthetics .....	No copayment
Orthotics (excludes shoe inserts) .....	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days .....	No copayment
Outpatient, max 2 consecutive months .....	\$15/visit
Diabetic Supplies .....	\$10/item
Insulin, 30-day supply .....	\$10 or applicable pharmacy rider, whichever is less
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 45 days .....	No copayment
Prescription Drugs,	
Retail, 30-day supply .....	\$5 tier I, most generic drugs/\$15 tier II, most preferred name-brand drugs/ \$30 tier III, all other drugs
Mail Order .....	Not available
Coverage includes contraceptive drugs and devices, fertility drugs (\$10 copayment), injectable and self-injectable medications and enteral formulas.	

## 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 .....	\$35/single vision lenses
Frames .....	50% off retail up to \$130 and member pays 80% of balance over \$130
Hearing Aids .....	Not covered
Home Health Care, max 40 visits .....	\$10/visit

## Plan Highlights 2005

Independent Health has led the way in providing Western New York with innovative solutions that set the standard for quality and service for health plans. We've consistently earned top ratings from NCQA, which is why you can feel comfortable and confident choosing us for your health coverage needs.

## Participating Physicians

Independent Health is affiliated with over 2,900 physicians and health care providers throughout the eight counties of Western New York.

## Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their physicians have admitting privileges. Members may be directed to other hospitals when medically necessary.

## Pharmacies & Prescriptions

Over 350 pharmacies including many national chains. Members may obtain prescriptions out of the service area by using our 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

Customer Service at.....1-800-501-3439

TTY .....

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



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$10/visit
Specialty Office Visits .....	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays	
In a hospital setting .....	No copayment
In an office setting .....	\$10/visit
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 copayment 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, 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 2005

**No referrals required!** See any specialist in the MVP network without a referral. Discounts available for Lasik eye surgery and eyewear!

## Participating Physicians

MVP Health Care provides services through more than 13,000 participating physicians located throughout its service area.

## 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 when medically necessary.

## 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 an **incented 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, Jefferson, 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-MVP-MBRS (687-6277)

TTY.....1-800-662-1220

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



**Benefits**

	<b>Your Cost NYSHIP Primary</b>	<b>Your Cost Medicare Primary</b>
Office Visit.....	\$5/visit	\$10/visit
Primary Care Physician (PCP) Visits for Children, age 0-19 .....	No copayment	\$10/visit
Specialty Office Visits .....	\$15/visit	\$15/visit
Diagnostic/Therapeutic Services		
X-Rays .....	\$15/visit	\$15/visit
Lab Tests.....	No copayment	No copayment
Pathology.....	No copayment	No copayment
EKG/EEG .....	\$15/visit	\$15/visit
Radiation.....	No copayment	No copayment
Chemotherapy.....	\$15/visit	\$15/visit
Women's Health Care/OB GYN		
Pap Tests.....	\$5/visit	No copayment
Mammograms .....	No copayment	No copayment
Pre and Postnatal Visits..\$50 copayment per pregnancy .....		\$10/visit
Bone Density Tests.....	\$15/visit	\$15/visit
Family Planning Services.....	\$5/visit/PCP	\$10/visit/PCP
	\$15/visit/specialist..	\$15/visit/specialist
Infertility Services.....	\$5/visit/PCP	\$10/visit/PCP
	\$15/visit/specialist..	\$15/visit/specialist
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies	
Emergency Room.....	\$50/visit	\$50/visit
Urgent Care Center.....	\$25/visit	\$10/visit
Ambulance .....	\$15/trip	\$35/trip
Outpatient Mental Health, max 20 visits .....	1	1
Inpatient Mental Health, max 30 days		
Medicare-primary (190 days lifetime) ..	No copayment	No copayment
Outpatient Drug/Alcohol Rehab.....	\$15/visit <sup>2</sup>	\$15/visit <sup>2</sup>
Inpatient Drug Rehab, max 30 days.....	No copayment	No copayment
Inpatient Alcohol Rehab, max 30 days .....	No copayment	No copayment
Durable Medical Equipment .....	20% coinsurance	
Prosthetics .....	20% coinsurance	
Orthotics .....	20% coinsurance	
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, unlimited .....	No copayment	No copayment
Outpatient, max 45 visits.....	\$15/visit	\$15/visit
Diabetic Supplies and Insulin		
Retail, 30-day supply		
NYSHIP-primary.....	\$15	
Medicare-primary.....	\$10 Tier 1/\$20 Tier 2/\$35 Tier 3	
Mail Order, 90-day supply		
NYSHIP-primary.....	\$37.50	
Medicare-primary .....	\$25 Tier 1/\$50 Tier 2/\$87.50 Tier 3	
Hospice, max 210 days.....	No copayment	No copayment
Skilled Nursing Facility.....	3	3
Prescription Drugs		
Retail, 30-day supply.....	\$10 Tier 1/\$20 Tier 2/\$35 Tier 3	
Mail Order, 90-day supply.....	\$25 Tier 1/\$50 Tier 2/\$87.50 Tier 3	
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. Medicare-primary prescription plan includes insulin and oral agents.		
Member pays copayment plus the difference between the price of the generic drug and the brand-name drug when a brand is dispensed instead of a generic equivalent.		

<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 copayment, max 120 days per year and 360 days per lifetime; Medicare-primary, No copayment days 1-20, 40% 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 .....	\$15/visit
Medicare-primary .....	\$10/visit for routine, \$15/visit for diagnostic
Eyeglasses .....	Both plans, 20% 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 2005**

For the year 2005, we continue to offer the following benefits to our members: For NYSHIP-primary retirees, no PCP copayment for children to age 19, 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 30 percent coinsurance up to \$3,000 per calendar year. New for 2005: SilverSneakers® program for Medicare-primary retirees.

**Participating Physicians and Hospitals**

Because Preferred Care takes the quality of your medical care seriously, we make sure all of our 3,200 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 copayment plus the costs above the Preferred Care network rate. Preferred Care offers an **open formulary**.

**Medicare Coverage**

Preferred Care offers a **Medicare Advantage** 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 active 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 .....585-325-2629  
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 copayment
Pathology.....	No copayment
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 copayment applies
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 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.....	50% coinsurance
Prosthetics .....	50% coinsurance
Orthotics.....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, 2 consecutive months/condition.....	No copayment
Outpatient, max 30 visits combined.....	\$10/visit*
Diabetic Supplies and Insulin, 30-day supply .....	\$10/item*
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 45 days.....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$5 Tier I/\$20 Tier II/\$45 Tier III
Mail Order, 90-day supply.....	\$15 Tier I/\$60 Tier II/\$135 Tier III

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

\*Copayment 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 2005**

For 2005: No copayment for kids age 18 and under (see benefits with the \*). In addition, we have added a Half-Tablet Rx Program, Lifetime Health 24-Hour RN Advice Line offered to all Univera members, and AfterHours care at the Lifetime Health Centers providing a fast alternative to the emergency room during evenings and weekends.

**Participating Physicians**

As a Univera member, you choose from our physician network which includes 97 percent 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 376 pharmacies in Western New York and more than 57,000 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.

**For information, call** .....1-800-337-3338

TTY .....1-800-421-1220

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



**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$5/visit
Specialty Office Visits .....	\$5/visit
Diagnostic/Therapeutic Services	
X-Rays .....	No copayment
Lab Tests .....	No copayment
Pathology .....	\$5/visit
EKG/EEG .....	\$5/visit
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.....	\$5/visit
Infertility Services .....	\$5/visit
Contraceptive Drugs and Devices.....	Applicable Rx copayment applies
Emergency Room .....	\$25/visit
Urgent Care .....	\$5/visit
Ambulance .....	No copayment
Outpatient Mental Health, max 20 visits .....	\$5/visit 1st-3rd \$25/visit 4th-20th
Inpatient Mental Health, max 30 days.....	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$5/visit
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 2 months .....	No copayment
Outpatient, max 2 months.....	\$5/visit
Diabetic Supplies and Insulin .....	\$5/item
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 45 days.....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$5 generic/\$12 preferred brand/ \$35 non-preferred brand
Mail Order, 90-day supply (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 and self-injectable medications, contraceptive drugs and devices, enteral formulas (with prior authorization) and prescription vitamins e.g. prenatal and pediatric flouride.	

**Additional Benefits**

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

**Plan Highlights 2005**

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.

**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 that includes over 90 percent of the nation's pharmacies and over 1,000 in Nassau, Queens and Suffolk counties. Vytra offers an **incented formulary**. Vytra covers contraceptives and devices, injectable and self-injectable prescription medications and fertility drugs at the regular prescription drug copayment.

**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 .....1-888-447-7701 for prospective members

TTY.....1-800-239-1235

Or Visit Our Web Site.....www.vytra.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 as early as possible prior to the effective date you are requesting. The requested date must be the first of a 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 36, “Notice of Intent to Enroll in an HMO.” See page 35 for instructions.
4. If you are enrolled in Medicare, and you change out of one of the following Medicare Advantage 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 38. See page 37 for instructions.

# NYSHIP Option Transfer Request

Please fill in this form and return it as early as possible 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 36 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 36 and send it to your HMO as early as possible 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.

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 34 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 Advantage 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 as early as possible prior to the effective date you are requesting.

# Notice of Intent to Enroll in an HMO

Please fill in this form and send it to your HMO as early as possible prior to the effective date you are requesting. Use the address that appears on the appropriate HMO page.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
County \_\_\_\_\_ Medicare?  Yes  No  
City or Post Office \_\_\_\_\_ If yes: Part A Effective Date: \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ 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 3 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 Advantage 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 as early as possible 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.

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 as early as possible 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 to the HMO you are leaving as early as possible 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**



# STATEWIDE HEALTH INSURANCE CHOICES FOR 2005

The State of New York Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with the New York Health Plan Association Council, The Empire Plan carriers and the Joint Labor/Management Committees on Health Benefits.

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](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.

 ALO555 Retiree Choices/05

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)