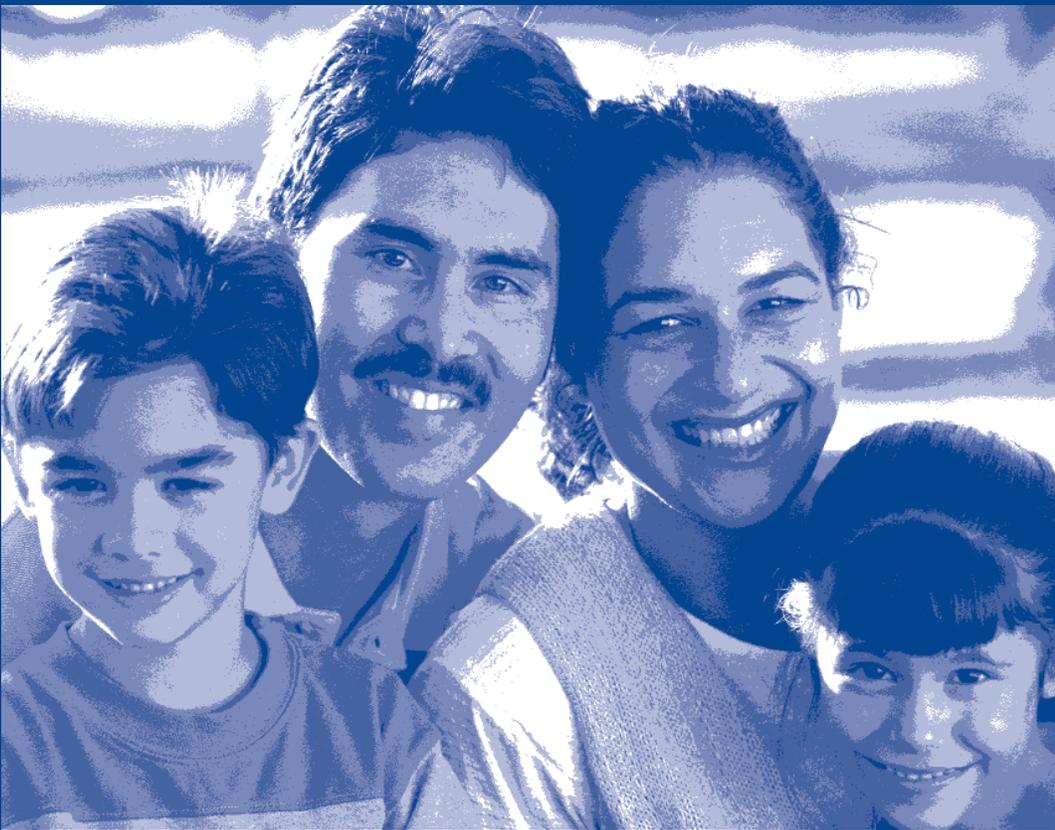


HEALTH INSURANCE CHOICES FOR 2005



*Choose your Health Insurance Plan
and Pre-Tax Status for 2005*



NOVEMBER 2004

New York State Health Insurance Program

For Employees of the State of New York who are unrepresented or in Negotiating Units that have agreements/awards with New York State beginning April 1, 2003, Employees of Participating Employers *and for COBRA enrollees with their NYSHIP benefits* (Check with your agency Health Benefits Administrator or union if you are uncertain.)

CONTENTS

Pre-Tax Status, November 30 Deadline	1
Biweekly Premium Contribution	2
Information and Reminders	2-3
Questions and Answers	4
Terms to Know.....	5
NYSHIP Options at a Glance.....	6-8
Benefits all NYSHIP Plans Provide.....	9
Making a Choice	10-11
Plans by Region, Map	12
The Empire Plan	13-14
New York State Department of Civil Service Web Site.....	15
NYSHIP Health Maintenance Organizations	16-28

During the Option Transfer Period, you may make two important choices for 2005:

Choose Your Health Insurance Plan

Choose from The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. This book explains the options that are available to you. After you've read the plan descriptions, contact The Empire Plan carriers and HMOs directly if you have specific questions on benefits.

Rates for 2005, Deadline for Changing Plans: The Empire Plan and HMO rates for 2005 will be mailed to your home and posted on our web site as soon as rates are approved. (Participating Employers, such as the Thruway Authority and MTA, will notify their enrollees of 2005 rates.)

The rate flyer will also announce the option change deadline and paycheck deduction dates. You will have 30 days from the date your agency receives rate information to make your decision.

Choose Your Pre-Tax Contribution Program Status by November 30, 2004

The following does not apply to employees of Participating Employers. Ask your agency Health Benefits Administrator (HBA) if a Pre-Tax Contribution Program is available to you. Pre-tax does not apply to COBRA enrollees.

Under the Pre-Tax Contribution Program (PTCP), your health insurance premiums are deducted from your pay before taxes are taken out. This lowers your taxable income and gives you more spendable income. Employees who provide health benefits for non-federally qualified domestic partners may have only the portion of the premium that pays for Individual coverage deducted on a pre-tax basis. Your paycheck stub shows whether you are enrolled in PTCP:

- “Regular Before Tax Health” will appear in the Before Tax Deductions column if your health insurance premium is deducted from your wages before taxes are withheld.

- “Regular After Tax Health” will appear in the After Tax Deductions column if your health insurance premium is deducted from your wages after taxes are withheld.
- “Regular Before Tax Health” will appear in the Before Tax Deductions column AND “Regular After Tax Health” will appear in the After Tax Deductions column if you have elected pre-tax and have a non-federally qualified domestic partner. This is because under federal law, the domestic partner's premium cannot be deducted before taxes are withheld.

To change your PTCP enrollment, you must see your agency Health Benefits Administrator and complete a health insurance transaction form (PS 404) no later than November 30, 2004. Under PTCP, you can make the following changes only in November each year:

- Change from Family to Individual coverage while your dependents are still eligible for coverage.
- Voluntarily cancel your coverage while you are still eligible for coverage.

Under the Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the tax year only after a PTCP-qualifying event. For a list of PTCP-qualifying events, see your *NYSHIP General Information Book*. If you wish to change your pre-tax selection for 2005, you must see your agency Health Benefits Administrator and complete a health insurance transaction form (PS 404) no later than November 30, 2004.

See your agency Health Benefits Administrator to change your health insurance option, enrollment or pre-tax status.

NO ACTION IS REQUIRED IF YOU DO NOT WISH TO MAKE ANY CHANGES.

Changes are not automatic and deadlines apply. You must report any change that may affect your coverage to your agency Health Benefits Administrator. See pages 2 and 3 of this booklet and your *NYSHIP General Information Book* for complete information.

Your Biweekly Premium Contribution

The following does not apply to employees of Participating Employers. Your agency will provide premium information. It also does not apply to COBRA enrollees.

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck.

For Empire Plan enrollees, the State pays 90 percent of the cost of the premium for individual coverage and 75 percent of the premium for dependent coverage.

For HMO enrollees, the State pays 90 percent of the premium for enrollee coverage and 75 percent for dependent coverage. However, the State's dollar contribution for the non-prescription drug components of the HMO premium will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

As soon as they are available, 2005 rates will be mailed to your home and posted on our web site at www.cs.state.ny.us. Click on "Employee Benefits" and then on "Choosing a Health Plan?"

INFORMATION & REMINDERS

No Changes After the Deadline

Consider your 2005 health insurance and pre-tax options carefully. You may not change your health insurance option after the deadline except in special circumstances. You may not change your pre-tax enrollment status or make changes not related to a qualifying event after the November 30 pre-tax deadline.

Let Your Agency Know About Changes

You must notify your agency Health Benefits Administrator if your home address or phone number changes.

Changes in your family status, such as gaining or losing a dependent, may mean you need to change your health insurance coverage from Individual to Family or from Family to Individual. You can make most changes at any time, not just during the Option Transfer Period. Making changes promptly means the change will be effective as of the actual change in family status.

The Pre-Tax Contribution Program (PTCP) limits changes. Under Internal Revenue Service (IRS) rules, if you participate in PTCP, you cannot change your health insurance deduction once the amount is set for the tax year. You can change your deduction only after a PTCP-qualifying event. (See your *NYSHIP General Information Book* for a list of qualifying events.)

Retiring or Vesting in 2005?

You may change your health insurance plan when you retire or vest your health insurance. Retirees and vestees who continue their NYSHIP enrollment may change health insurance options at any time once during a twelve-month period.

Medicare and NYSHIP

If you are an active employee, NYSHIP (The Empire Plan or a NYSHIP HMO) provides primary coverage for you and your dependents, regardless of age or disability.

There are exceptions: Medicare is primary for your domestic partner age 65 or over and for an active employee or dependent with end stage renal disease (waiting period applies).

NYSHIP requires you and your dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.

If you are planning to retire, and you or your spouse is 65 or older, contact your Social Security office three months before active employment ends to arrange for Medicare Parts A and B. Medicare becomes primary to your NYSHIP coverage on the first day of the month following a "runout" period of 28 days after the payroll period in which you retire.

If you or a dependent is eligible for Medicare coverage that is primary to NYSHIP, but failed to enroll, The Empire Plan or the HMO will not provide benefits for services that Medicare would have paid for if you or your dependent had enrolled.

continued on page 3

Information & Reminders (continued from page 2)

Read the following paragraphs if you are planning to retire or vest, and consider how your NYSHIP benefits will be affected when Medicare is primary.

If you are Medicare-primary and have secondary coverage under The Empire Plan, The Empire Plan coordinates benefits with Medicare. Since Medicare does not provide coverage outside the U.S., The Empire Plan pays primary for covered services received outside the U.S.

If you are Medicare-primary and are enrolled in a NYSHIP HMO: Under a Medicare Advantage (formerly called Medicare+Choice) plan, you replace your original fee-for-service Medicare coverage with the benefits offered by the HMO under its Medicare Advantage plan. Benefits under the HMO's Medicare Advantage plan may not be the same as the benefits you have when you are an active employee. Ask the HMO. To qualify for benefits, all medical care, except for emergency or out-of-area urgently needed care, must be provided, arranged or authorized by the HMO. (Note: If you are enrolled in The Empire Plan and also join an HMO Medicare Advantage plan that is not part of NYSHIP, and you receive services that are not authorized by your HMO, The Empire Plan will not pay for the Medicare-covered services that would have been covered by the HMO.)

Under an HMO that coordinates coverage with Medicare, you receive the same benefits as an active employee, and you still qualify for original Medicare benefits if you receive treatment outside your HMO.

If you or your dependent will become Medicare-eligible before the next Option Transfer Period, call your HMO to find out how Medicare will affect your benefits. Ask your agency Health Benefits Administrator for a copy of *Retiree Choices, Planning for Retirement, What NYS Retirees Need to Know About Medicare and NYSHIP, Medicare for Disability Retirees* and other NYSHIP information for retirees.

For More Information

See your *NYSHIP General Information Book* and *Empire Plan/HMO Reports* for complete information on changing health insurance options outside the Option Transfer Period and changes permitted under the pre-tax program. Read the chapter titled "Medicare: When You Must Enroll and Coordinating with NYSHIP."

Watch your mail for 2005 health insurance rates and the deadline for changing plans. This information will also be on our web site at www.cs.state.ny.us as soon as the rates are

approved. Please ask your agency Health Benefits Administrator (HBA) or Personnel Officer for help if you still have questions. *COBRA enrollees may contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).*



ONECARD RxSM is available to New York State employees of agencies that are on the Accident Reporting System (ARS) and who have prescription drug benefits through The Empire Plan.

ONECARD RxSM is the Workers' Compensation/Health Insurance prescription drug program available through The Empire Plan. No copayment or claim form is required to obtain most prescription drugs prescribed for a work-related injury or illness. Call your Human Resources (Personnel) Office for more information.



QUESTIONS & ANSWERS

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

A: The Empire Plan is available wherever you live or work, worldwide. 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 and hospitals 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 State government employees;
- Visit www.cs.state.ny.us. Click on Employee Benefits and then Empire Plan Providers and Pharmacies to link to *The Empire Plan Participating Provider Directory*;
- Ask your agency Health Benefits Administrator for a 2004 directory;
- 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 are considering an HMO, ask the HMO which providers participate and which hospitals are affiliated. If you want to use a provider who does not participate in your plan, check carefully 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.

Participating providers change. You cannot change your option outside of the Option Transfer Period because your provider no longer participates.

Q: I have a preexisting condition. Will I have coverage if I change options?

A: Yes. Under NYSHIP, you can change your option 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 retire in 2005 and become eligible for Medicare?

A: Regardless of which option you choose, as a retiree, you and your dependent must be enrolled in Medicare Parts A and B when you or your dependent first becomes eligible. Please read about Medicare and NYSHIP on pages 2 and 3.

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.
- **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 Benefits Administrator (HBA)** – An HBA is located in each State agency, often in the Human Resources or Personnel Office. The HBA works with the Employee Benefits Division in the Department of Civil Service to process transactions and help you with your health insurance questions. You are responsible for notifying your agency HBA of any changes that might affect your enrollment.
- **Health Maintenance Organization (HMO)** – A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid 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** – A Medicare option where the HMO has an agreement with Medicare 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 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 and NYSHIP-approved HMOs within a specific geographic area.

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 for NYSHIP HMOs. 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. (See page 5.)
- 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. *(This change does not apply to all groups. Ask your agency Health Benefits Administrator if this benefit applies to you.)*

The Empire Plan

The Empire Plan is a 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 and under the Basic Medical Program if you use a non-participating provider;
- Home care services, diabetic supplies, enteral formulas, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP);
- Physical medicine (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 NurseLineSM for health information and support;
- Worldwide coverage; and
- ONECARD RxSM 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.

continued on page 7

NYSHIP Options at a Glance (continued from page 6)

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 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:

- 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, 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, you will be reimbursed 100 percent of the reasonable and customary charge. See the chart on this page for the Basic Medical deductible and coinsurance maximum amounts that apply to

you based on your employee group. You are responsible for paying the provider and you will be reimbursed by the Plan for covered charges.

If you use a non-participating or non-network provider for services covered under the 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.

continued on page 8

EMPIRE PLAN Basic Medical Program Effective January 1, 2005		
Employee Group	Annual Deductible <i>(per enrollee; per spouse or domestic partner; per all dependent children combined)</i>	Coinsurance Maximum <i>(Out-of-Pocket Expense per contract)</i>
Executive Branch CSEA	\$225	\$900/\$500**
DC-37	\$239 CPI*	\$925 CPI*/\$500**
PBA - Troopers	\$309 CPI*	\$1,145 CPI*
PBA - Supervisors	\$309 CPI*	\$1,145 CPI*
PIA	\$309 CPI*	\$1,145 CPI*
Council 82	\$309 CPI*	\$1,145 CPI*
NYSCOPBA	\$309 CPI*	\$1,145 CPI*
UUP	\$309 CPI*	\$1,486 CPI*
PEF	\$309 CPI*	\$1,486 CPI*
M/C	\$309 CPI*	\$1,486 CPI*
Legislature	\$309 CPI*	\$1,486 CPI*
Participating Employers	\$309 CPI*	\$1,486 CPI*
Unified Court System	\$225	\$900/\$500**
NYS Supreme Court Officers Association (NU SY)	\$185	\$776/\$500***
Retirees, Vestees, Dependent Survivors and Preferred List	\$309 CPI*	\$1,486 CPI*

* These changes reflect the 4.7% increase in the medical care component of the Consumer Price Index for Urban Wage Earners and Clerical Workers, all Cities (C.P.I.-W.) for the period July 1, 2003 through June 30, 2004.

** The coinsurance maximum out-of-pocket expense will be reduced to \$500 for calendar year 2005 for employees in (or equated to) salary grade 6 or below on January 1, 2005. This reduction is not available to Judges and Justices.

*** The coinsurance maximum out-of-pocket expense may be reduced to \$500 for calendar year 2005 for employees earning \$24,657 or less in full-time base annual salary on April 1, 2002, provided the employee meets criteria as the head of household and sole wage earner in the family and applies through the agency Health Benefits Administrator to the Department of Civil Services for this reduction. This reduction is not available to Judges and Justices.

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

NYSHIP Options at a Glance (continued from page 7)

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.

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)

Choose a primary care physician (PCP) from the HMO's network for routine medical care.

Medically necessary visits to 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.

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.

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 that are 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

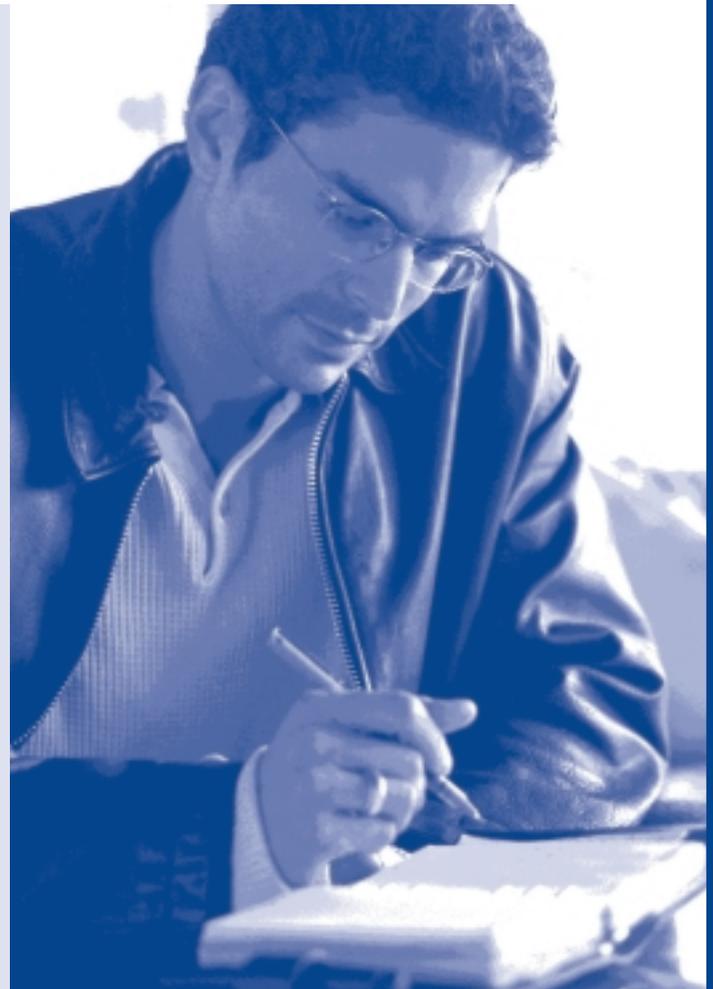
Benefits for covered services are available worldwide.

Health Maintenance Organizations (HMOs)

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

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

Emergency coverage is available worldwide.



Benefits Provided by The Empire Plan and All NYSHIP HMOs

Please see the individual plan descriptions beginning on page 13 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 HMO 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
- Bone density tests



MAKING A CHOICE

Decision-Making Checklist

Choosing a health insurance plan is an important decision. Think about what health care you and your family might need during the next year. Review the plans and ask for more information. 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? (*Employees of Participating Employers: If you receive your drug coverage from a union Employee Benefit Fund, that coverage will not be affected by a change in your health insurance plan.*) 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?

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 employees. NYSHIP HMOs are available to employees in the areas where they live or work. Pick the plans that would best serve your needs and call each plan for details.

If you decide to change your benefit plan:

1. Compare the coverage and cost of your options.
2. See your agency Health Benefits Administrator before the December Option Transfer deadline.
3. Complete the necessary forms (PS 404 and an HMO enrollment form if you are enrolling in an HMO).

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

How to Use the Choices Benefit Charts, Pages 14-28

All of the plans in NYSHIP must include a minimum level of benefits (see page 9). 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 9) ARE NOT LISTED ON EACH PLAN'S CHART.

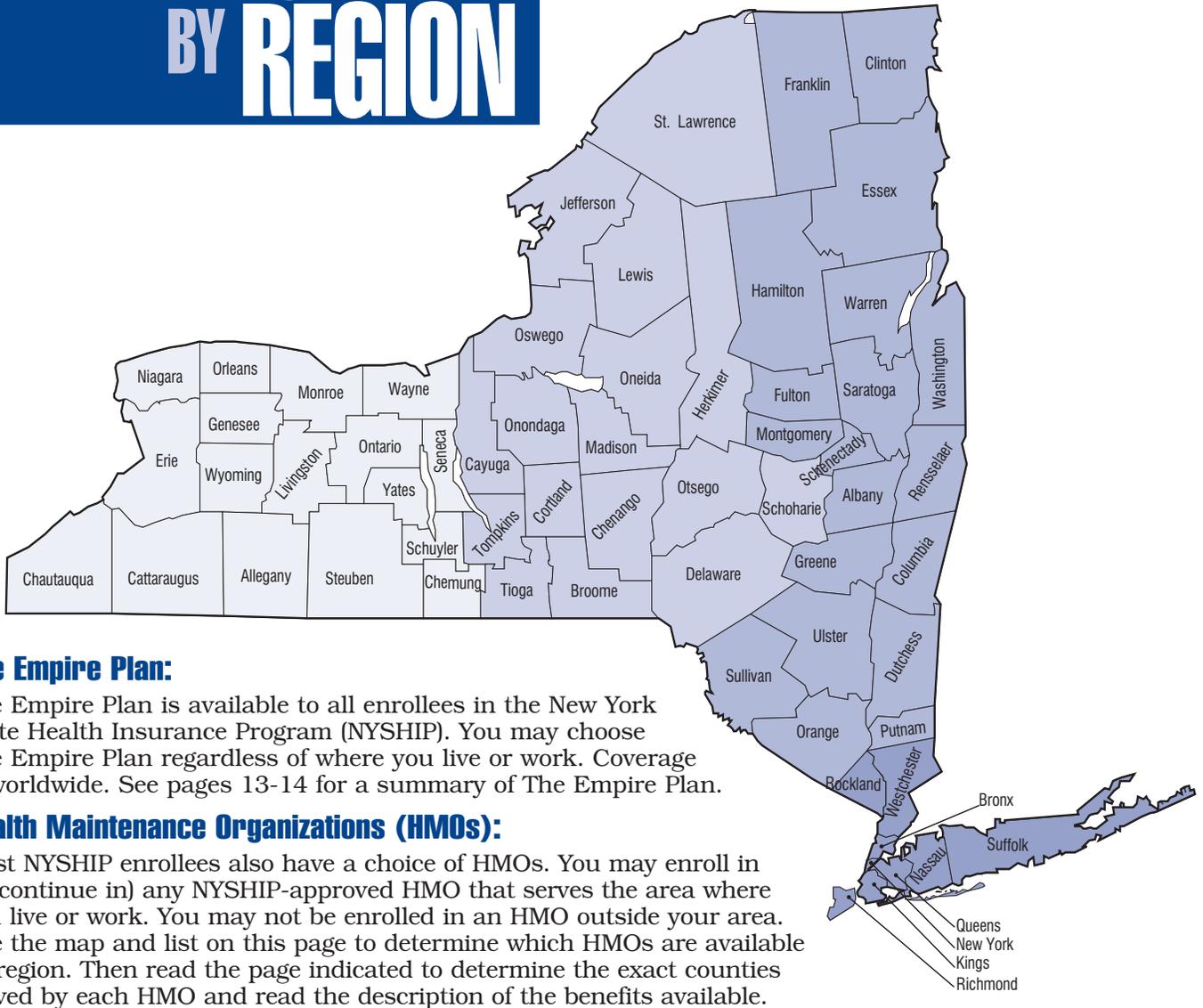
Use the charts to compare the differences between the plans. The chart lists out-of-pocket expenses and benefit limitations effective on or about January 1, 2005. See plan documents for complete information on benefit limitations.

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.



PLANS BY REGION



The Empire Plan:

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 13-14 for a summary of The Empire Plan.

Health Maintenance Organizations (HMOs):

Most NYSHIP enrollees also have a choice of HMOs. You may enroll in (or continue in) any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area. Use the map and list on this page to determine which HMOs are available by region. Then read the page indicated to determine the exact counties served by each HMO and read the description of the benefits available.

Western New York Region

The Empire Plan	13-14
Blue Choice	17
Community Blue	19
HMOBlue	23
Independent Health	24
Preferred Care	26
Univera Healthcare	27

Central New York Region

The Empire Plan	13-14
Capital District Physicians' Health Plan.....	18
Empire BlueCross BlueShield HMO	20
GHI HMO.....	21
HMOBlue	23
MVP Health Care.....	25

Upper and Mid-Hudson Region

The Empire Plan	13-14
Aetna.....	16
Capital District Physicians' Health Plan.....	18
Empire BlueCross BlueShield HMO	20
GHI HMO.....	21
HMOBlue	23
MVP Health Care.....	25

Lower New York Region (Includes New Jersey)

The Empire Plan	13-14
Aetna.....	16
Empire BlueCross BlueShield HMO	20
GHI HMO.....	21
HIP Health Plan of New York	22
Vytra Health Plans	28

WHAT'S NEW IN 2005?

The Empire Plan Hospital Benefits Program

- Effective January 1, 2005, 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. After the annual deductible is met, providers in the Basic Medical Provider Discount Program 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 fall 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 fall 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. For most groups, this is an increase from the previous \$100,000 lifetime maximum. (For PEF, the \$250,000 lifetime maximum was already in effect.)

The Empire Plan Prescription Drug Program

- Beginning January 1, 2005, The Empire Plan Prescription Drug Program includes three benefit levels: 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. 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 13 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



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 November 1, 2004.* Check with your agency Health Benefits Administrator during the Option Transfer Period to see updated benefits for January 1, 2005. Or visit our web site at www.cs.state.ny.us. **1-877-7-NYSHIP (1-877-769-7447)** is the one toll-free number to call for The Empire Plan carriers. Call **1-877-7-NYSHIP** to connect to:

Press or Say 1

The Empire Plan Medical Benefits Program

United HealthCare

Medical and surgical coverage through:

- Participating Provider Program – over 100,000 physicians and other providers participate. Certain services subject to a \$12 or \$15 copayment, depending on your group.
- Basic Medical Program - if you use a non-participating provider. See "Cost Sharing" on page 7 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 fall 2004 *Empire Plan Report* or ask your agency Health Benefits Administrator if the Basic Medical Provider Discount Program is available to you.)

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. (See your *Empire Plan Certificate/Reports* for details).

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider –\$12 or \$15 copayment (depending on your group). Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available.

Under The Empire Plan Benefits Management Program, 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

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 are 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 for services received at non-network hospitals

- 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:

- Your hospital care is emergency or urgent
- You do not have access to a network facility
- 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

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

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 rehab (paid in full)
- Outpatient rehab to an approved Structured Outpatient Rehabilitation Program (unlimited when medically necessary).

Subject to a \$12 or \$15 copayment depending on your group.

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 when you use non-network benefits.

Press or Say 4

The Empire Plan Prescription Drug Program

CIGNA/Express Scripts

This does not apply to enrollees who have prescription 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 pharmacy, 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 about your prescriptions.
- 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 your agency Health Benefits Administrator for more information.
- If you use a non-participating pharmacy, you pay the full cost and then submit a claim for partial reimbursement.
- Prior authorization is required for certain drugs.
- ONECARD Rx_{SM} (see page 3).

Press or Say 5

The Empire Plan NurseLine_{SM} – 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 fall 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 *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 *General Information Book* and *Empire Plan Certificate* for more information.)

Benefits	Network Hospital Benefits ¹	Participating Provider	Non-Participating Provider
Hospital Inpatient	No copayment ²	No copayment	Basic Medical ³
Office Visit		\$12 or \$15/visit ⁴	Basic Medical ³
Specialty Office Visits		\$12 or \$15/visit ⁴	Basic Medical ³
Diagnostic/Therapeutic Services:			
X-Rays	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
Lab Tests	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
EKG/EEG	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical ³
Women's Health Care/OB GYN:			
Pap Tests	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
Mammograms	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
Pre and Postnatal Visits		No copayment	Basic Medical ³
Bone Density Tests	\$30 or \$35/outpatient visit	\$12 or \$15/visit ⁴	Basic Medical ³
Family Planning Services		\$12 or \$15/visit ⁴	Basic Medical ³
Infertility Services		\$12 or \$15/visit ⁴ ; No copayment at designated Centers of Excellence ² (\$50,000 lifetime allowance)	Basic Medical ³
Contraceptive Drugs and Devices (also covered under The Empire Plan Prescription Drug Program subject to drug copayment)		\$12 or \$15/visit ⁴	Basic Medical ³
Emergency Room	\$50/visit	No copayment	Basic Medical ^{3,5}
Urgent Care		\$12 or \$15/visit ⁴	Basic Medical ³
Ambulance	No copayment ⁶	\$35 copayment	\$35 copayment
Outpatient Mental Health		\$15/visit unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits/calendar year
Inpatient Mental Health		No copayment; unlimited when medically necessary (ValueOptions)	\$2000 annual deductible, 50% of network allowance 30 days/calendar year
Outpatient Drug/Alcohol Rehabilitation		\$12 or \$15/visit ⁴ to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits/calendar year ⁷
Inpatient Drug/Alcohol Rehabilitation		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 ⁷
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (See your Empire Plan Certificate/Reports)
Prosthetics		No copayment ⁸	Basic Medical ^{3,8}
Orthotic Devices		No copayment ⁸	Basic Medical ^{3,8}
External Mastectomy Prosthesis			Covered in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ^{3,8} (pre-certification may be required)
Rehabilitative Care	No copayment when an inpatient; \$12 or \$15/visit ⁴ for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$12 or \$15/visit (MPN) ⁴ Speech therapy \$12 or \$15/visit ⁴ ;	\$250 annual deductible, 50% of network allowance \$1500 annual maximum benefit Basic Medical ³
Diabetic Supplies (insulin is covered under The Empire Plan Prescription Drug Program ⁴)		No copayment (HCAP)	50% of network allowance (See your Empire Plan Certificate/Reports)
Hospice	No copayment, no limit		
Skilled Nursing Facility	No copayment up to 365 benefit days ² No benefits if Medicare-primary		
Prescription Drugs (see page 13)			
Additional Benefits			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		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
ONECARD Rx _{SM} , the Workers' Compensation/Health Insurance Prescription Drug Program: no copayment, no claim forms			
24-hour NurseLine _{SM} for health information and support			
Disease Management Programs (voluntary): Cardiovascular Risk Reduction, Asthma and Diabetes Management			
Complementary and Alternative Medicine discounts (<i>not available to NYSOCOPA and PBA</i>)			

¹ See page 13 for non-network benefits.

² Precertification required.

³ See page 7 for an explanation of reimbursement under the Basic Medical Program.

⁴ Copayments and/or some benefits vary depending on your group. Check the Empire Plan Certificate/Reports for your group.

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

⁶ If service is provided by admitting hospital.

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

⁸ Benefit paid up to cost of device meeting individual's functional need.

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.

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.



The main screenshot shows the NYS OnLine website interface. At the top, it says "The Empire State" and "New York State" with navigation for Governor Pataki, map-NY, e-bizNYS, and Citizen Guide. The "NYS OnLine" logo is prominent, along with the text "Employee Benefits Division • State of New York Department of Civil Service". A search bar prompts users to "Find the benefit, click on the group. Benefits vary by group." A left-hand menu lists various options, with "Choosing a Health Plan?" highlighted by a blue arrow. The main content area lists NYSHIP groups: Employees of New York State, Employees of Participating Employers (PE), Employees and Retirees of Participating Agencies (PA), and Retired State/PE Employees. A section titled "More New York State Government Employee Benefits" lists services like Dental, Vision, Life, and Workers' Compensation. The footer includes copyright information for 2004 and logos for various organizations.

Look here for NYSHIP plans and premium rates for 2005.



Benefits

	Your Cost
Office Visit	\$15/visit
Non-Office Hours and Home Visit (by physician)	\$20/visit
Specialty Office Visits	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays	\$15/visit
Lab Tests	\$15/visit
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	\$15/visit (initial visit only)
Bone Density Tests	\$15/visit
Family Planning Services	\$15/visit
Infertility Services	\$15/visit
Contraceptive Drugs and Devices	Applicable Rx copayment applies
Emergency Room	\$35/visit
Urgent Care	\$35/visit
Ambulance	No copayment
Outpatient Mental Health, max 20 visits ¹	\$25/visit
Inpatient Mental Health, max 35 days ¹	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits ¹	\$15/visit
Inpatient Drug Rehab, max 30 days ¹	No copayment
Inpatient Alcohol Rehab, max 30 days ¹	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient, max 60 days	\$15/visit
Diabetic Supplies and Insulin	\$15/item
Hospice, unlimited	No copayment
Skilled Nursing Facility, unlimited	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10/\$15/\$30
Mail Order, 90-day supply	\$20/\$30/\$60 ²
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	
Injectable drugs covered under pharmacy include: DHE-ergot for migraine; Imitrex for migraine (limited to 48 kits per year; one copayment per kit; max 2 kits (4 units) per prescription); Progesterone Oil; Betamethasone-steroid; Caverject; Epinephrine kits (max 2 kits per copayment); Insulin by prescription ³ ; Glucagon for diabetes ³ .	

¹ Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.

² Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.

³ Covered by medical plan but must be obtained through a network pharmacy provider.

Additional Benefits

Dental	Not covered
Vision, routine only	\$15/visit (frequency and age schedules apply)
Hearing Aids	Not covered
Eyeglasses	Discount Program
Home Health Care (HHC), unlimited (by HHC agency)	No copayment
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 2005

Aetna can offer you an array of quality benefits and a variety of special health programs for every stage of life: access to extensive provider and hospital networks in our multi-state service areas; emergency care covered worldwide; confidence in knowing that most of Aetna's mature HMOs have received the distinction of 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

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

Pharmacies & Prescriptions

Aetna members have access to an extensive network of participating pharmacies in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. Aetna offers an **open formulary**. Please refer to our formulary guide at www.aetna.com/formulary for prescriptions that require prior approval.

Medicare Coverage

Aetna offers additional benefits through a **Medicare Advantage** plan to NYSHIP Medicare eligibles. Copayments will vary from the copayments of an active status employee. The Golden Medicare Plan™ is available in all of the counties listed below. Call the Golden Medicare Plan™ Pre Enrollment number below for detailed information.

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, 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

Benefits

	Your Cost
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 ¹ /\$35 Tier Three ¹
Mail Order, up to 90-day supply	\$15 Tier One/\$60 Tier Two ¹ / \$105 Tier Three ¹

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

¹ Should a doctor select a brand-name drug (Tier Two or Tier Three) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost and the member will have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.

Additional Benefits

Dental, 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

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 at585-454-4810
or1-800-462-0108

TTY.....1-800-454-2845

Or Visit Our Web Sitewww.excellusbcbcs.com



Benefits

	Your Cost
Office Visit	\$15/visit
Annual Adult Routine Physicals	\$15/visit
Specialty Office Visits	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays	\$15/visit ¹
Lab Tests	\$15/visit ¹
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.	

¹ 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 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 a **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
or1-800-993-7299

TTY.....1-877-261-1164

Or Visit Our Web Sitewww.cdphp.com



Benefits

	Your Cost
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:

Buffalo716-887-8840 or 1-877-576-6440
Olean716-376-6000 or 1-800-887-8130
Jamestown.....716-484-1188 or 1-800-944-2880

TTY1-888-249-2583

Or Visit Our Web Sitewww.bcbswny.com



Empire BlueCross BlueShield HMO

Benefits

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

¹ Waived if admitted within 24 hours.

² Up to 30 visits per year for physical therapy. Inpatient and outpatient have separate 30-day limits. Note: Occupational, speech and vision therapy have a 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, 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

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



Benefits

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

¹ No Primary Care Physician referral required for GHI HMO participating providers.

² Copayment applies to all covered dependents.

Additional Benefits

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

Plan Highlights 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



Benefits

	Your Cost
Office Visit	\$5/visit
Specialty Office Visits	\$5/visit
Diagnostic/Therapeutic Services	
X-Rays	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation/Chemotherapy	\$5/visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Prostate Cancer Screening	No copayment
Family Planning Services	\$5/visit
Infertility Services ¹	\$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	No copayment
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 30 days	No copayment
Outpatient, max 90 visits	\$5/visit
Diabetic Supplies and Insulin	\$5/month
Hospice, max 210 days	No copayment
Skilled Nursing Facility, unlimited days	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5
Mail Order, 90-day supply	\$7.50
(Subject to Drug Formulary) Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. Copays are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day generic or brand-name supply may be obtained.	

¹ Includes the supplies and drugs related to the diagnosis and treatment of infertility.

Additional Benefits

Dental	Not covered
Vision, routine only	No copayment
Eyeglasses	\$45/pair; 1 pair/24 months from select frames
Laser Vision Correction (LASIKS)	Discount program
Hearing Aids	Not covered
Fitness Program	Discount program
Alternative Medicine Program	Discount program
Artificial Insemination	\$5/visit

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[®], 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 participating 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[®] Premiere Medicare Plan, a **Medicare Advantage** plan that provides Medicare benefits and more. If you are not Medicare-eligible, refer to the "Your Cost" 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

Benefits

	Your Cost
Office Visit	\$15/visit
Specialty Office Visits	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays	No copayment
Lab Tests.....	No copayment
Pathology.....	No copayment
EKG/EEG.....	No copayment
Radiation/Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Family Planning Services	\$15/visit
Infertility Services	\$15/visit
Contraceptive Drugs and Devices.....	Applicable Rx 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 ¹ /\$40 Tier Three ¹
Mail Order, 90-day supply.....	\$30 Tier One/\$75 Tier Two ¹ / \$120 Tier Three ¹

There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments.

¹ Should a doctor select a brand-name drug (Tier Two or Tier Three) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost and the member will have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.

Additional Benefits

Dental	Not covered
Vision, routine only.....	\$15/visit once every 24 months
Hearing Aids.....	Not covered
Hearing Exam, routine only.....	\$15/visit once every 24 months

Plan Highlights 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

Excelsus 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

Excelsus 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.excellusbcbcs.com



Benefits

	Your Cost
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 Sitewww.independenthealth.com



Benefits

	Your Cost
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 Service1-888-MVP-MBRS (687-6277)

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

Or Visit Our Web Sitewww.joinmvp.com



Benefits

	Your Cost
Office Visit	\$5/visit
PCP Sick Visits for Children, age 0-19.....	No copayment
Specialty Office Visits.....	\$15/visit
Diagnostic/Therapeutic Services	
X-Rays	\$15/visit
Lab Tests.....	No copayment
Pathology.....	No copayment
EKG/EEG.....	\$15/visit
Radiation	No copayment
Chemotherapy	\$15/visit
Women's Health Care/OB GYN	
Pap Tests	\$5/visit
Mammograms	No copayment
Pre and Postnatal Visits	\$50 copayment per pregnancy
Bone Density Tests	\$15/visit
Family Planning Services.....	\$5/visit/PCP; \$15/visit/specialist
Infertility Services.....	\$5/visit/PCP; \$15/visit/specialist
Contraceptive Drugs and Devices.....	Applicable Rx copayment applies
Emergency Room	\$50/visit
Urgent Care Center	\$25/visit
Ambulance.....	\$15/trip
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	20% coinsurance
Prosthetics	20% coinsurance
Orthotics.....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited.....	No copayment
Outpatient, max 45 visits	\$15/visit
Diabetic Supplies and Insulin	
Retail, 30-day supply	\$15
Mail Order, 90-day supply	\$37.50
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 120 days/yr; 360 days/life	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1/\$20 Tier 2/\$35 Tier 3
Mail Order, up to 90-day supply	\$25 Tier 1/\$50 Tier 2/\$87.50 Tier 3
If member requests brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the brand-name plus copayment.	
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	

Additional Benefits

Dental	Not covered
Vision, routine only.....	\$15/annual
Eye Wear.....	20% discount
Hearing Aids, up to age 19	\$600/3 calendar years
Home Health Care	\$15/day
Acupuncture, max 10 visits	50% coinsurance

Plan Highlights 2005

Preferred Care is not just an insurance plan, we are a health plan. We work closely with our community's physicians to make sure you receive the quality, value and service you should expect from a health plan. Below are a few reasons to choose Preferred Care in 2005:

- All Primary Care Physician (PCP) visits covered in full for children to age 19
- New and improved HealthPartners programs to help you stay healthy
- \$50 in HealthDollars to spend on health, wellness and fitness programs

Participating Physicians

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.

Affiliated Hospitals

Preferred Care members are covered at area hospitals to which their participating physicians have admitting privileges. Members may be directed to other hospitals to meet special needs.

Pharmacies & Prescriptions

Preferred Care members simply present their card at any network pharmacy. At an out-of-network pharmacy, members pay their copayment plus the costs above the Preferred Care network rate. Preferred Care offers an **open formulary**.

Medicare Coverage

Preferred Care's Gold Plan is a **Medicare Advantage** plan offered to NYSHIP Medicare eligibles. Copayments will vary from the copayments of an active status employee. Call the number below for detailed information.

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

Preferred Care's Member Services Department at585-325-3113
or1-800-950-3224

TTY

585-325-2629

Or Visit Our Web Sitewww.preferredcare.org



Benefits

	Your Cost
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, call1-800-337-3338

TTY1-800-421-1220

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



Benefits

	Your Cost
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 Plans631-694-6565 for current members
or1-888-447-7701 for prospective members

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

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

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), 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 your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division.

 Choices was printed using recycled paper and environmentally sensitive inks.

AL0556  Active 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