

# STATEWIDE HEALTH INSURANCE CHOICES 2006



## **New York State Health Insurance Program**

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

**Choose your Health Insurance Plan for 2006**



New York State Health Insurance Program

November 2005

# C CONTENTS



Information and Reminders, Medicare and NYSHIP .....	2-7
Benefits all NYSHIP Plans Provide .....	8
The Empire Plan or a NYSHIP HMO.....	9-12
Similarities and Differences.....	13-15
Questions and Answers .....	16-17
Terms to Know.....	18-19
Making a Choice .....	20-21
Plans by Region, Map.....	22-23
The Empire Plan.....	24-29
NYSHIP Health Maintenance Organizations .....	30-42
New York State Department of Civil Service Web Site .....	43
Forms to Change Your Option.....	44-49



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

Choosing your health insurance is an important decision. In selecting your health insurance plan for 2006, you want to be sure to choose the one that best meets your needs. This booklet will provide you with information you need in order to help you make an informed decision. Remember, you no longer need to change options during the traditional 30-day Option Transfer period at the end of the year. NYSHIP enrollees with retiree benefits\* are permitted to change health insurance options at any time once during a 12-month period.

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

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

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

Thank you,

A handwritten signature in black ink that reads "Daniel E. Wall". The signature is fluid and cursive.

Daniel E. Wall, Commissioner  
NYS Department of Civil Service

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

# INFORMATION AND REMINDERS

## **Choose Your Health Insurance Plan**

Under the New York State Health Insurance Program (NYSHIP), you may choose either The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. This booklet explains the options available to you. If you still have specific questions after you've read the plan descriptions, contact The Empire Plan carriers and HMOs directly.

## **Rates for 2006 and Deadline for Changing Plans**

The Empire Plan and HMO rates for 2006 are mailed to your home and posted on the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) as soon as they are approved. Click "Employee Benefits", then "Choosing a Health Plan?" for details.

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

**(Note: To enroll in an HMO or remain enrolled in your current HMO, you must live or work in the HMO's NYSHIP service area. See the "Plans by Region" section in this booklet for more information.)**

## **Changing Your Health Insurance Plan**

Consider your health insurance plan carefully. You may only change your health insurance plan more than once in a twelve-month period if you move or add a new dependent to your coverage under certain conditions. See your *NYSHIP General Information Book* for details.

You cannot change your health insurance plan more than once in a twelve-month period because of a change in the providers who participate in your plan.

## **You and Your Dependents Must Enroll in Medicare**

When you or your covered dependents become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you or your covered dependents must be enrolled in Medicare Part A and Part B, even if you are working for another employer. (If you return to work in a benefits-eligible position for New York State or your former Participating Employer, NYSHIP will provide primary coverage while you are on the payroll.) If you or your dependents are not enrolled in Medicare when first eligible, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

To avoid a gap in coverage, you must contact your local Social Security office three months before you or your dependent turns age 65. In some cases, enrollment is automatic, but not always. You must have Medicare coverage in effect on the first day of the month in which you or your dependent reaches age 65. (Or, if your birthday falls on the first of the month, you must have your Medicare coverage in effect on the first day of the month preceding the month in which you turn age 65.)

If you or a dependent becomes eligible for Medicare before age 65 because of disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS), you or your dependent must enroll in Medicare as soon as eligible.

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

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

## **Medicare and Your NYSHIP Benefits**

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

### **The Empire Plan**

**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. See the *NYSHIP General Information Book and Empire Plan Certificate* for details.

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

**If you are Medicare-primary and enroll in a NYSHIP HMO that coordinates coverage with Medicare:** You can choose to receive original Medicare benefits outside of your HMO. You would be responsible for Medicare's coinsurance, deductibles and other charges. No payment will be made by the HMO. Most NYSHIP HMOs coordinate coverage with Medicare.

**If you are Medicare-primary and enroll in a NYSHIP HMO Medicare Advantage Plan:** You replace your original fee-for-service Medicare coverage with benefits offered by the Medicare Advantage 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.

The HMO pages in this booklet tell you how each HMO covers Medicare-eligible enrollees. See "Terms to Know" on pages 18-19 for more information.

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

### **Important Non-NYSHIP HMOs**

You may receive information from Medicare and from non-NYSHIP HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans. Please be aware that your NYSHIP benefits will be significantly reduced if you join one of these

plans. If you join a Medicare Advantage plan offered outside of NYSHIP, you may have no or very few benefits except the benefits available through that plan.

Before you choose a Medicare Advantage option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

**If you cancel your NYSHIP coverage to join a non-NYSHIP Medicare Advantage plan:**

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.
- If you wish to re-enroll in NYSHIP, there is a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents are not eligible for Dependent Survivor coverage.

**Medicare Part D**

Medicare Part D is the Medicare prescription drug benefit for Medicare-eligible persons, effective January 1, 2006. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO. You should not join a Medicare Part D plan unless you are eligible for the extra help from the Medicare Part D Low Income Subsidy. If you do enroll in Medicare Part D, you will not be reimbursed for the Medicare Part D premium. And, your drug coverage under NYSHIP may be reduced.

If you receive prescription drug coverage through a union Employee Benefit Fund, contact the fund for information about Medicare Part D.

**Keep Your Health Insurance Up To Date**

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

**To Contact The Employee Benefits Division**

Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement Empire Plan Benefit Card. Please call Monday through Friday between 9 a.m. and 3 p.m. Eastern time to speak to a representative, or any time to use our automated telephone system.

**Rates and Information**

Watch your mail for *2006 Rates & Information for Retirees*. To find this information on the New York State Department of Civil Service web site, as soon as rates are approved, go to [www.cs.state.ny.us](http://www.cs.state.ny.us). Click "Employee Benefits", then "Choosing a Health Plan?" You'll also find the Statewide Retiree *Health Insurance Choices* (this booklet) on the site. If you still have questions, contact the Employee Benefits Division as explained above.

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

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit which reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium may change each year. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2006, subtract your monthly sick leave credit from the new monthly premium.

## **What Your Retirement Check and “Notice of Change” Document Will Show**

Your deductions will change to reflect the 2006 health insurance rates of your 2006 health insurance plan. The 2006 Medicare reimbursement for the regular cost of Medicare Part B will be \$88.50 a month, up 13 percent from \$78.20 per month in 2005.

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

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

The 2006 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change is received and processed. The amount of your Medicare credit will also be adjusted to reflect the 2006 Medicare rate.

*(continued on next page)*

## 1. Medicare Premium and Your Credit (Reimbursement) Will be \$88.50 per Month

The Medicare Part B premium for 2006 is \$88.50 per month.

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

## 2. Insurance Premium Deduction

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

Your retirement check of December 31, 2005, should reflect the 2006 rates.

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

**NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING March 31, 2005.**

Registration #: \_\_\_\_\_ YTD Federal Tax Withheld: \_\_\_\_\_  
 Retirement #: \_\_\_\_\_

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

<u>Benefits</u>	<u>Last Month</u>	<u>This Month</u>
Normal Allowance		
Cost of Living		
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$0.00	\$0.00
Gross Benefit		

Miscellaneous Adjustments

Total Federal Withholding Tax \_\_\_\_\_  
 Miscellaneous Deductions \_\_\_\_\_

Health Insurance

Health Ins. Deduction \_\_\_\_\_  
 Medicare Credit \_\_\_\_\_  
 Medicare Deduction \_\_\_\_\_

**Net Retirement Benefit Paid**

This difference is due to changes in the amount of Federal Income Tax with already been advised regarding this change.

I hope this information is helpful to you. If you need more information, please call 805-0990, or (518) 474-7736 in the Albany area.

**NEW YORK STATE & LOCAL RETIREMENT SYSTEMS**  
 Alan G. Hessel, New York State Comptroller

Name: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Retirement #: \_\_\_\_\_ Date: May 31, 2005  
 Registration #: \_\_\_\_\_

NORMAL ALLOWANCE	COLA/ SUPPLEMENTAL	MEDICARE CREDIT	GROSS TOTAL
FEDERAL WITHHOLDING	INSURANCE PREMIUM	TOTAL DEDUCTIONS	CHECK AMOUNT

SAMPLE

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE NYSHIP Comptroller Alan G. Hessel announces a new toll-free number for members and retirees living outside the Albany area. You may call our new number, 1-866-605-0890, to report a late check, request forms or have your pension questions answered. Callers in the Albany area should continue to use 474-7736.

You may also call this number to request an Electronic Funds Transfer (EFT) enrollment form. With EFT, funds are deposited directly into your account, replacing the traditional "check in the mail". EFT is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

2

1

## Choosing Your Health Plan

Make an informed choice. Choosing the health insurance plan to cover your needs and the needs of your family requires careful research. As with most important purchases, there is more to consider than cost.

Selecting a health plan is an important and personal decision – only you know your family life style, health, budget and benefit preferences. Think carefully about what you need from your health plan so you are better prepared to make a choice.

The first step in making a good choice is understanding the similarities and the differences between your NYSHIP options. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and Health Maintenance Organizations (HMOs). The Empire Plan is available to all NYSHIP enrollees. Specific HMOs are available in the various geographic areas of the State. Depending on where you live or work, one or several HMOs will be available to you. The Empire Plan and HMOs are similar in many ways, but also have important differences.



**The 2006 Rates & Information for Retirees will be mailed to your home and posted on our web site, [www.cs.state.ny.us](http://www.cs.state.ny.us), as soon as rates are approved.**

---

## Benefits

### The Empire Plan & HMOs

- All NYSHIP plans provide a wide range of 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. (Judicial Branch CWA-represented retirees (NUSD) who retired before 7/1/94 and retirees from certain Participating Employers receive prescription drug coverage through a union Employee Benefit Fund.)

*Benefits differ among plans. Read this booklet and the certificate/contracts carefully for details.*

### Exclusions

- All plans contain exclusions for certain services and prescription drugs such as those that are considered cosmetic or experimental.
- Workers' compensation-related expenses and custodial care generally are excluded.

For details on exclusions, read your *NYSHIP General Information Book* and *Empire Plan Certificate* or HMO contract and check with the plan directly.

## Geographic Area Served

### The Empire Plan

Benefits for all covered services – not just urgent and emergency care – are available worldwide.

### Health Maintenance Organizations (HMOs)

- Coverage is available in the HMO's specific service area.
- An HMO may arrange care outside its service area, at its discretion in certain circumstances.

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

Please see the individual plan descriptions in this booklet 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
- Medically necessary bone density tests
- Mammography
- Inpatient mental health services (at least 30 days per calendar year)
- Outpatient mental health services (at least 20 visits per calendar year)
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation (at least 30 days per calendar year)
- Inpatient drug rehabilitation (at least 30 days per calendar year)
- Outpatient alcohol and drug rehabilitation (at least 60 visits per calendar year)
- Family planning and certain infertility services (Call The Empire Plan carriers or HMOs for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable medications, self-injectable medications, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- Enteral formulas covered through either HCAP for The Empire Plan or the prescription drug program for the HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

### Consider Cost

Although New York State pays most of the premium cost for your coverage regardless of which plan you choose, differences in plan benefits among the various health insurance options result in different contributions for coverage. When considering cost, think about all your costs throughout the year. Keep in mind out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered

under the plan. Add the annual premium for that plan to these costs to estimate the total annual cost under that plan. Subtract your monthly sick leave credit (if this applies to you) from the total for the balance you will pay. Do this for each plan you are considering and compare the costs. Watch for the *2006 Rates & Information for Retirees* flyer that will be mailed to your home and posted on our web site, [www.cs.state.ny.us](http://www.cs.state.ny.us), as soon as rates are approved. Along with this booklet, the *Rates* flyer will provide the information you need to figure your annual cost under each of the available plans.

# THE EMPIRE PLAN

OR A NYSHIP HMO

## What's New in 2006?

### The Empire Plan

#### The Empire Plan Medical Benefits Program

Effective January 1, 2006 under The Empire Plan Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of \$1,500 per hearing aid per ear, once every four years. Children age 12 years and under are eligible to receive a benefit of up to \$1,500 per hearing aid per ear, once every two years, when the child's hearing has changed and the existing hearing aid(s) can no longer compensate for the child's hearing loss.

### The Empire Plan

#### Prescription Drug Program

Beginning January 1, 2006, Empire BlueCross BlueShield will insure and jointly administer The Empire Plan Prescription Drug Program with Caremark, its pharmacy benefit manager. The Program will have a new mail service pharmacy and a new address for mail order prescriptions. There are no changes in The Empire Plan Prescription Drug Program benefit design for 2006.

### NYSHIP HMOs

Effective January 1, 2006:

- No new enrollments will be accepted for Aetna.
- CDPHP's service area now includes Dutchess County.
- CDPHP – Essex and Hamilton Counties have moved from Option 063 to Option 300. Rates may vary from the previous Option.
- MVP's service area now includes Sullivan and Rockland counties.
- GHI has a new option code: Option 350 includes Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster Counties. Rates may vary from the previous option.
- Community Blue and Independent Health now offer Medicare Advantage plans for Medicare-primary enrollees.

### The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed care features, but enrollees are not required to choose a primary care physician and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, mental health and substance abuse treatment, home care and some prescription drugs, require pre-approval. Coverage is available worldwide. It is not limited to your geographic area. The New York State Department of Civil Service contracts with major insurance

*(continued on next page)*

companies (carriers) to insure and administer different parts of the Plan.

The Empire Plan provides:

- Inpatient and outpatient hospital coverage for medical, surgical and maternity care;
- Medical and surgical coverage. Coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Providers Discount Program if you choose 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;
- Inpatient and outpatient mental health and substance abuse coverage;
- Prescription drug coverage unless it is provided by a union Employee Benefit Fund;
- Centers of Excellence Programs for cancer, transplants and infertility;
- 24-hour NurseLine<sub>SM</sub> for health information and support; and
- Worldwide coverage.

## Cost Sharing

Under The Empire Plan, benefits are available for covered services when you use a participating or 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 for medical and/or surgical services**, you pay a copayment (\$15 in 2006) for certain services; some are covered at no cost to you. The provider files the claim and is reimbursed by The Empire Plan.

You are guaranteed access to network benefits for certain services when you contact the program before receiving services and follow program requirements:

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

**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 (\$322 in 2006):

- The Empire Plan pays 80 percent of the reasonable and customary charge.
- You are responsible for the 20 percent coinsurance and charges in excess of the reasonable and customary charge.
- After you reach the out-of-pocket maximum (\$1,548 in 2006), you will be reimbursed up to 100 percent of the reasonable and customary charge.
- You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

If you are Empire Plan-primary, The Empire Plan also includes a program to reduce your out-of-pocket costs when you use a non-participating provider. This program, The Empire Plan Basic Medical Provider Discount Program, offers discounts from certain physicians and providers who are not part of The Empire Plan participating provider network. These providers are part of the nationwide MultiPlan group, a provider organization contracted with United HealthCare. Empire Plan Basic Medical Program provisions apply and you must meet the annual deductible.

Providers in the Basic Medical Provider Discount Program accept a discounted fee for covered services. Your 20 percent coinsurance is based on the lower of the discounted fee, or the reasonable and customary charge. The provider submits your claims and United HealthCare pays The Empire Plan portion of the provider fee directly to the provider if the services qualify for the Basic Medical Provider Discount Program. Your Explanation of Benefits, which details claims payments, shows the discounted amount applied to billed charges.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call (toll free) 1-877-7-NYSHIP (1-877-769-7447), choose The Empire Plan Medical Benefits Program and ask a representative for help. You can also visit the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click "Employee Benefits," then "Empire Plan Providers, Pharmacies and Services."

The best savings are with participating providers. If you choose 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.

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

## Providers

Under The Empire Plan you can choose from 250,000 participating physicians and other providers nationwide, and from participating pharmacies across the United States or a mail-service pharmacy.

Medically necessary visits to specialists are covered without referral or prior authorization. Basic Medical or non-network benefits are available for covered services received from non-participating providers, depending on the type of service.

## NYSHIP Health Maintenance Organizations

**A Health Maintenance Organization (HMO)** is a managed care system in a specific geographic area that provides comprehensive health care coverage through a network of providers.

- Coverage outside the specified geographic area is limited.
- Enrollees usually choose a primary care physician (PCP) from the HMO's network for routine medical care and referrals to specialists and hospitals when medically necessary.
- HMO enrollees usually pay a copayment as a per-visit fee or coinsurance (percentage of cost).
- HMOs have no annual deductible.
- Referral forms to see network specialists usually are required.
- Claim forms rarely are required.
- HMO enrollees who use doctors, hospitals or pharmacies outside the HMO's network must, in most cases, pay the full cost of services (unless authorized by the HMO or in an emergency).

*(continued on next page)*

**All NYSHIP HMOs** provide a wide range of health services. Each offers a specific package of hospital benefits, medical, surgical and preventive care. These services are provided or arranged by the primary care physician selected by the enrollee 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.

**NYSHIP HMOs are organized in one of two ways:**

- A Network HMO provides medical services 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 they already know if that doctor participates with the HMO.

See the individual HMO pages in this booklet for additional benefit information and to learn if the HMO serves your geographic area.

## The Empire Plan and NYSHIP HMOs: Similarities and Differences

	The Empire Plan	NYSHIP HMOs
Can I use the hospital of my choice?	<p>Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital*. Your benefits are highest at network hospitals participating in the Blue Cross and Blue Shield Association Blue Card® PPO Program.</p> <p>Network hospital inpatient: Paid-in-full hospitalization benefits.</p> <p>Network hospital outpatient and emergency care: Subject to network copayments.</p> <p>Non-network hospital inpatient and outpatient (applies only to Empire Plan-primary enrollees): 10 percent coinsurance** up to an annual maximum of \$1,500 per enrollee/spouse or domestic partner/dependent children combined.</p> <p><i>Note: \$1,000 of \$1,500 coinsurance maximum is reimbursable under the Basic Medical Benefits Program</i></p>	<p>Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.</p>
If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?	<p>Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers and Basic Medical Provider Discount Program benefits for non-participating providers who are part of The Empire Plan MultiPlan group* (See pages 10-11 for more information on the Basic Medical Provider Discount Program).</p> <p>Your hospital benefits will differ depending on whether you choose a network or non-network hospital*. (See above for details.)</p>	<p>You should expect to choose a participating physician and a participating hospital. Under certain circumstances you may be able to receive a referral to a specialist care center outside the network.</p>

## The Empire Plan and NYSHIP HMOs: Similarities and Differences (cont.)

	The Empire Plan	NYSHIP HMOs
Can I be sure I will not need to pay more than my copayment when I receive medical services?	<p>Yes. Your copayment should be your only expense if you:</p> <ul style="list-style-type: none"> <li>• Choose a participating provider;</li> <li>• Receive inpatient or outpatient hospital services at a network hospital and follow Benefits Management Program requirements.*</li> </ul>	<p>Yes. As long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.</p>
Will I be covered for care I receive away from home?	<p>Yes. Under The Empire Plan, your benefits are the same wherever you receive care.</p>	<p>Under an HMO, you are covered away from home only for emergency care. Some HMOs provide coverage for routine care if the HMO has reciprocity with another HMO. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been pre-authorized.</p>
Do I have coverage for mental health treatment?	<p>Yes. You have guaranteed access to unlimited medically necessary inpatient and outpatient care as long as you follow Plan requirements.</p>	<p>Yes. Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.</p>
What kind of care is available for physical therapy and chiropractic care?	<p>You have guaranteed access to unlimited medically necessary care when you choose participating providers and follow Plan requirements.</p>	<p>Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.</p>

	<b>The Empire Plan</b>	<b>NYSHIP HMOs</b>
What if I need durable medical equipment, medical supplies or home nursing?	You have guaranteed, paid-in-full access to medically necessary care, equipment and supplies through the Home Care Advocacy Program (HCAP) when pre-authorized and arranged by the Plan.	Benefits are available and vary depending on the HMO. Benefits may require a greater percentage of cost-sharing.
Will I receive benefits for any drug my doctor prescribes?	The Plan covers all medically necessary drugs that require a prescription. Your out-of-pocket cost depends on the drug and quantity prescribed and where you fill your prescription. You pay a higher copayment for brand-name drugs not on the Plan's preferred drug list. Some drugs require prior authorization.	Some HMOs require doctors to choose from a list of preferred drugs. A drug not on the list may not be covered or you may pay a higher out-of-pocket cost. Some HMOs require the use of a mail service pharmacy for maintenance medications.

\* Applies only to Empire Plan-primary enrollees

\*\* Greater of 10 percent coinsurance or \$75 for outpatient (applies only to Empire Plan-primary enrollees)

*Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 30 of this booklet, in your Empire Plan Certificate (available from the Employee Benefits Division) and in your HMO contract (available from each HMO).*

# QUESTIONS & ANSWERS

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

A: The Empire Plan is available worldwide regardless of where you live or work. To enroll in a NYSHIP-approved HMO or to continue enrollment, you must live or work in that HMO's service area. If you move permanently out of and/or no longer work in your HMO's service area, you must change options. See the HMO pages in this booklet to check the counties each HMO serves in 2006.

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

A: Check with your providers directly to see whether they participate in The Empire Plan for New York State government employees or in a NYSHIP HMO.

- Visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on "Employee Benefits" and then "Empire Plan Providers, Pharmacies, and Services" to link to *The Empire Plan Participating Provider Directory*.
- Visit the web sites on individual HMO pages in this booklet for provider information.
- 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 you need.

- If you are considering an HMO, call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

If you choose 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. In 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 may change during the year. You cannot change your plan more than once in a 12-month period because your provider no longer participates.

**Q: I have a pre-existing condition. Will I have coverage if I change plans?**

A: Yes. Under NYSHIP, you can change your plan and still have coverage for a pre-existing condition. There are no pre-existing condition exclusions in any NYSHIP plan. However, coverage and exclusions differ. Ask the plan you are considering about coverage for your condition.

**Q: What if I or my dependent becomes eligible for Medicare in 2006?**

A: All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences among HMOs. To receive Medicare coverage from some HMOs, you must use the HMO's providers except for emergency care. These are called Medicare Advantage Plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See pages 3-4 in this booklet for more Medicare information. Read the individual HMO's page in this booklet, call the HMO and ask about coverage for Medicare enrollees.

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

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

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

# T TERMS TO KNOW

- **Coinsurance** – The enrollee’s share of the cost of covered services; 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 an enrollee is required to pay before health plan benefits begin to reimburse for services.
- **Employee Benefits Division** – The Employee Benefits Division, State of New York Department of Civil Service, administers the New York State Health Insurance Program (NYSHIP). Call 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on “Employee Benefits.”
- **Fee-for-service** – A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.
- **Formulary** – A list of preferred drugs used by a health plan. If a plan has a closed formulary, you have coverage only for the drugs that appear on the list. If the plan has an open formulary, use of the list is voluntary. An incented formulary is a type of open formulary that encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule.
- **Health Maintenance Organization (HMO)** – A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a 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.

- **Managed Care** – A health care program designed to ensure you receive the highest quality medical care for the lowest cost, in the most appropriate health care setting. Most managed care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He/she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.
- **Medicare** – A federal health insurance program that covers certain people age 65 or older, disabled persons under 65, or those who have end stage renal disease (permanent kidney failure) or amyotrophic lateral sclerosis (ALS). 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** – Medicare option wherein the HMO agrees 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 replace 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 more than 1.1 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.
- **Option** – A health insurance plan offered through NYSHIP. Options include The Empire Plan or NYSHIP-approved HMOs within a specific geographic area.
- **Primary/Medicare-primary** – A health insurance plan is primary when it is responsible for paying health benefits before any other group health insurance. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State) when you turn 65, become disabled, or have end stage renal disease (waiting period applies) or amyotrophic lateral sclerosis (ALS). Read plan documents for complete information.

# MAKING A CHOICE

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 available 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? How much will my prescriptions cost me? *(Certain New York State retirees and certain retirees of Participating Employers: If you receive your drug coverage from a union Employee Benefit Fund, your prescription drug plan won't change.)* 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 and urgent care covered for out-of-area college students or is only emergency health care covered?
- ✓ How much paperwork is involved in the health plan – do I have to fill out forms?
- ✓ How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare Advantage Plan? Does the plan coordinate coverage with Medicare? See pages 3-4 in this booklet for information on Medicare.
- ✓ Does the plan cover me when I travel?

## What You Need To Do

The Empire Plan and NYSHIP HMOs are summarized in this booklet. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available to enrollees in 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 plan:

1. Compare the coverage and cost of your options.
2. Complete and mail your "Option Transfer Request" form on page 45. Send it to the Employee Benefits Division at the address on the form as early as possible prior to when you'd like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you are Medicare-primary and are enrolled in a NYSHIP Medicare Advantage Plan and cancel your coverage with the HMO, you need to complete an "Enrollment Cancellation" form. Please see page 49.

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

Steps 2 and 3 on the left are all you need to take. You will receive your Empire Plan Benefit Card(s).

### If you are enrolling in an HMO:

In addition to steps 2 and 3 on the left, complete "Notice of Intent to Enroll in an HMO" on page 47. Send the completed form to your new HMO. You will receive identification cards in four to six weeks.

### Your New Card

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



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

## How to Use the Choices Benefit Charts, Pages 22–42

All NYSHIP plans must include a minimum level of benefits (see page 8). Some benefits are the same. For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient medical/surgical hospital care at network hospitals.

**BENEFITS PROVIDED BY ALL PLANS AT THE SAME LEVEL OF COVERAGE (see page 8) ARE NOT LISTED ON EACH PLAN'S CHART.**

Use the charts to compare the differences between plans. The chart lists out-of-pocket expenses and benefit limitations effective January 1, 2006. 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 24-29 for a summary of The Empire Plan.

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

Most NYSHIP enrollees have a choice of HMOs. You may enroll – or continue to be enrolled – in any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area. If you no longer live or work in the NYSHIP service area of the HMO in which you are now enrolled, you must change to another plan. Use the list on this page and the map in this booklet to determine which NYSHIP-approved HMOs are available by region. Then read the HMO page indicated to determine the exact counties served and the benefits provided by each NYSHIP-approved HMO. If your county is listed on an HMO page, you may enroll in that HMO.



## **Western New York Region**

The Empire Plan .....	24-29
Blue Choice .....	31
Community Blue .....	33
HMOBlue .....	37
Independent Health .....	38
Preferred Care .....	40
Univera Healthcare .....	41



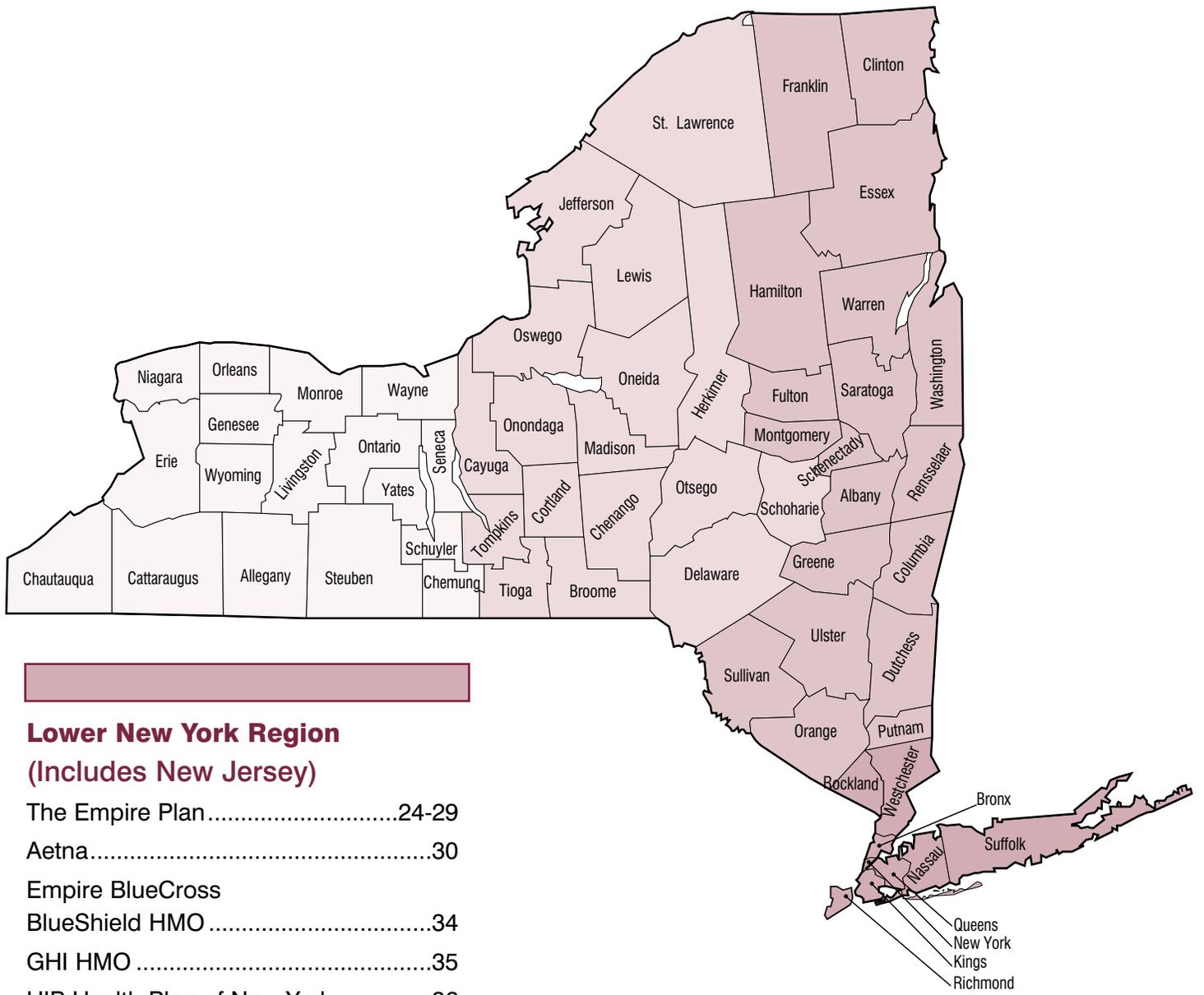
## **Central New York Region**

The Empire Plan .....	24-29
Capital District Physicians' Health Plan .....	32
Empire BlueCross BlueShield HMO .....	34
GHI HMO .....	35
HMOBlue .....	37
MVP Health Care .....	39



## **Upper and Mid-Hudson Region**

The Empire Plan .....	24-29
Aetna .....	30
Capital District Physicians' Health Plan .....	32
Empire BlueCross BlueShield HMO .....	34
GHI HMO .....	35
HMOBlue .....	37
MVP Health Care .....	39



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

The Empire Plan.....	24-29
Aetna.....	30
Empire BlueCross	
BlueShield HMO .....	34
GHI HMO .....	35
HIP Health Plan of New York.....	36
MVP Health Care .....	39
Vytra Health Plans .....	42

**PA** If you live in Pennsylvania, Aetna is a NYSHIP-approved HMO continuing to offer benefits to current Aetna enrollees who are residents of the counties of 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.

This HMO is described on page 30 of this booklet.

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



## The Empire Plan

### NYSHIP Code Number 001

The following is a summary of the benefits available under each portion of The Empire Plan as of January 1, 2006.\*

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

#### Press or Say 1 on the main menu

### The Empire Plan Medical Benefits Program

#### United HealthCare

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

Medical and surgical coverage through:

- **Participating Provider Program** – over 150,000 physicians and other providers participate, with over 20,000 physicians in Florida alone
- **Basic Medical Program** – if you use a non-participating provider. See "Cost Sharing" (page 10) 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 pages 10-11 for more information about the Basic Medical Provider Discount Program.)

#### **Home Care Advocacy Program (HCAP)** –

Paid-in-full benefit for home care, enteral formulas, durable medical equipment and medical supplies (including diabetic and ostomy supplies). Guaranteed access to network benefits nationwide. Limited non-network benefits available. (See the *Empire Plan Certificate/Reports* for details.)

**Managed Physical Medicine Program** – Chiropractic treatment and physical therapy through a Managed Physical Network

(MPN) provider with a \$15 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available.

#### Under **The Empire Plan Benefits**

**Management Program**, if The Empire Plan is your primary coverage, you must call United HealthCare for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI).

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

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

#### Press or Say 2 on the main menu

### The Empire Plan Hospital Benefits Program

#### Empire BlueCross BlueShield

NYS Service Center

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

The following benefit level applies when covered services are received at a Blue Cross and Blue Shield Association Blue Card® PPO network hospital:

- Medical or surgical inpatient stays are covered at no cost to you.

- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services paid in full under the Medical Benefits Program.
- Certain outpatient hospital services provided at network hospital extension clinics are covered, subject to hospital outpatient and emergency care copayments.

The following benefit level applies when services are received at non-network hospitals *(for Empire Plan-primary enrollees only\*\*)*:

- Non-network hospital inpatient stays and outpatient services - 10 percent coinsurance\*\*\* up to annual maximum of \$1,500 per enrollee/spouse or domestic partner/dependent children. Up to \$1,000 of the coinsurance may be reimbursed by the Medical Benefits Program.

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

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

### **Pre-admission Certification Requirements**

Under The Empire Plan Benefits Management Program, if The Empire Plan is your primary coverage, you must call Empire BlueCross BlueShield 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 on the main menu**

## **The Empire Plan Mental Health and Substance Abuse Program**

### **GHI/ValueOptions**

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

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

### **Network Benefits**

#### **Mental Health Services**

(unlimited when medically necessary)

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

#### **Alcohol/Drug Abuse Services**

- Inpatient rehabilitation (paid in full)
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program (\$15 copayment. Unlimited when medically necessary)

If you do not call ValueOptions or do not follow their recommendations, limited non-network benefits are available for medically necessary care. For non-network care, you pay a \$2,000 deductible for inpatient care per enrollee, per spouse/domestic partner, per all covered children combined; \$500 deductible for outpatient care per enrollee, per spouse/domestic partner, per all covered children combined. The plan then pays 50

*(continued on next page)*

percent of the network allowance. There are limits on inpatient and outpatient benefits and annual and lifetime maximums on substance abuse when you use non-network benefits.

#### **Press or Say 4 on the main menu**

### **The Empire Plan Prescription Drug Program**

**Empire BlueCross BlueShield/Caremark**  
P.O. Box 11826  
Albany, NY 12211

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

- When you use a participating retail pharmacy or the mail service pharmacy for up to a 30-day supply, you pay a \$5 copayment for generic drugs, \$15 copayment for preferred brand-name drugs and \$30 for non-preferred brand-name drugs.
- For a 31- 90-day supply through a participating retail pharmacy, you pay a \$10 copayment for generic drugs, a \$30 copayment for preferred brand-name drugs and a \$60 copayment for non-preferred brand-name drugs.
- For a 31- 90-day supply through the mail service, you pay a \$5 copayment for generic drugs, a \$20 copayment for preferred brand-name drugs and a \$55 copayment for non-preferred brand-name drugs.

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*.
- \*\* If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.
- \*\*\* Greater of 10 percent or \$75 for outpatient (applies only to Empire Plan-primary enrollees).

- When you fill a prescription for a brand-name drug that has a generic equivalent, you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full cost of the drug. Exceptions apply. Please contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day for questions on your prescriptions.
- If you use a non-participating pharmacy, you pay the full cost and then submit a claim for reimbursement based on the amount the Program would reimburse a participating pharmacy less the copayment.

#### **Press or Say 5 on the main menu**

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

## The Empire Plan Centers of Excellence Programs

### Press or Say 1 on the main menu

- The **Centers of Excellence for Cancer Program** includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS). CRS is a nationwide network including many of the nation's leading cancer centers. Subject to a lifetime maximum travel allowance of \$10,000. The enhanced benefits, including travel reimbursement, are available only when you are enrolled in the Program. (See the *Empire Plan Certificate/Report* for details).

### Press or Say 2 on the main menu

- 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 the *Empire Plan Certificate* for more information.)

### Press or Say 1 on the main menu

- **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. A travel allowance is available. *Precertification required.* (See the *Empire Plan Certificate* for more information.)

All TTY numbers are toll free.

United HealthCare.....TTY only: 1-888-697-9054

Empire BlueCross BlueShield .....TTY only: 1-800-241-6894

ValueOptions.....TTY only: 1-800-334-1897

The Empire Plan Prescription Drug Program..TTY only: 1-800-863-5488

## The Empire Plan

Benefits	Network Hospital Benefits <sup>1</sup>	Participating Provider	Non-Participating Provider
<b>Hospital Inpatient</b>	No copayment <sup>2</sup>	No copayment	Basic Medical <sup>3</sup>
<b>Office Visit</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Diagnostic/Therapeutic Services:</b>			
X-Rays	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Lab Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$15/visit	Basic Medical <sup>3</sup>
EKG/EEG	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/OB GYN:</b>			
Pap Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Mammograms	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>3</sup>
Bone Density Tests	\$35/outpatient visit	\$15/visit	Basic Medical <sup>3</sup>
<b>Family Planning Services</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>		\$15/visit; No copayment at designated Centers of Excellence <sup>4</sup>	Basic Medical <sup>3</sup>
<b>Contraceptive Drugs and Devices</b> (also covered under The Empire Plan Prescription Drug Program subject to drug copayment)		\$15/visit	Basic Medical <sup>3</sup>
<b>Emergency Room</b>	\$50/visit	No copayment	Basic Medical <sup>3,5</sup>
<b>Urgent Care</b>		\$15/visit	Basic Medical <sup>3</sup>
<b>Ambulance</b>	No copayment <sup>6</sup>	\$35 copayment	\$35 copayment
<b>Outpatient Mental Health</b>		\$15/visit; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits/calendar year
<b>Inpatient Mental Health</b>		No copayment; unlimited when medically necessary (ValueOptions)	\$2,000 annual deductible, 50% of network allowance 30 days/calendar year
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$15/visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance; 30 visits/calendar year <sup>7</sup>
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment; 3 stays per lifetime; more may be approved case by case (ValueOptions)	\$2,000 annual deductible, 50% of network allowance 1 stay per calendar year, 3 stays per lifetime <sup>7</sup>

<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )
<b>Prosthetics</b>		No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
<b>Orthotic Devices</b>		No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
<b>External Mastectomy Prosthesis</b>			Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>3,8</sup> (Precertification may be required)
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$15/visit for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$15/visit (MPN)  Speech therapy \$15/visit	\$250 annual deductible, 50% of network allowance \$1,500 annual maximum benefit Basic Medical <sup>3</sup>
<b>Diabetic Supplies</b> (insulin is covered under The Empire Plan Prescription Drug Program subject to drug copayment)		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )
<b>Hospice</b>	No copayment, no limit		
<b>Skilled Nursing Facility</b> (Precertification required)	No copayment up to 365 benefit days. No benefits if Medicare-primary.		
<b>Prescription Drugs</b> (see page 26)			
<b>Additional Benefits</b>			
<b>Dental (preventive)</b>		Not covered	Not covered
<b>Vision (routine only)</b>		Not covered	Not covered
<b>Hearing Aids</b>		up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary	up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
24-hour NurseLine <sub>SM</sub> for health information and support			
Disease Management Programs (voluntary): Cardiovascular Risk Reduction, Asthma, and Diabetes Management			
Complementary and Alternative Medicine discounts (available only in New York State)			

<sup>1</sup> Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association.

<sup>2</sup> Pre-admission certification may be required.

<sup>3</sup> See page 10 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.

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

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

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

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

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



**Benefits**

<b>Your Cost:</b>	<b>NYSHIP Primary</b>	<b>Medicare Primary</b>
Office Visit .....	\$15/visit .....	\$15/visit
Non-Office Hours and Home Visit (by physician).....	\$20/visit .....	\$20/visit
Specialty Office Visits .....	\$15/visit .....	\$15/visit
<b>Diagnostic/Therapeutic Services</b>		
Radiology .....	\$15/visit .....	\$15/visit
Lab Tests .....	\$15/visit .....	\$15/visit
Pathology .....	\$15/visit .....	\$15/visit
EKG/EEG.....	\$15/visit .....	\$15/visit
Radiation/Chemotherapy .....	\$15/visit .....	\$15/visit
<b>Women's Health Care/OB GYN</b>		
Pap Tests .....	\$15/visit.....	No copay
Mammograms .....	No copay.....	No copay
Pre and Postnatal Visits.....	\$15/visit .....	\$15/visit
(No copayment after initial visit)		
Bone Density Tests .....	\$15/visit.....	No copay
Family Planning Services .....	\$15/visit .....	\$15/visit
Infertility Services.....	\$15/visit .....	\$15/visit
<b>Contraceptive Drugs and Devices .....</b>		
Applicable Rx copay applies		
Emergency Room (waived if admitted) ..	\$50/visit.....	\$50/visit
Urgent Care .....	\$35/visit .....	\$35/visit
Ambulance .....	No copay.....	No copay
Outpatient Mental Health <sup>1</sup> .....	<sup>2</sup> .....	<sup>2</sup>
Inpatient Mental Health <sup>1</sup> .....	<sup>3</sup> .....	<sup>3</sup>
Outpatient Drug/Alcohol Rehab <sup>1</sup> .....	<sup>4</sup> .....	<sup>4</sup>
Inpatient Drug Rehab <sup>1</sup> .....	<sup>5</sup> .....	<sup>5</sup>
Inpatient Alcohol Rehab <sup>1</sup> .....	<sup>5</sup> .....	<sup>5</sup>
Durable Medical Equipment.....	No copay.....	No copay
Prosthetics.....	No copay.....	No copay
Orthotics .....	No copay.....	No copay
<b>Rehabilitative Care, physical, speech and occupational therapy</b>		
Inpatient, unlimited.....	No copay.....	No copay
Outpatient, \$15/visit .....	max 60 consec. days .....	No max
<b>Diabetic Supplies, Insulin and oral agents<sup>7</sup>.....</b>		
\$15/item .....		
\$15/item		
<b>Hospice, unlimited.....</b>		
No copay.....		
<b>Skilled Nursing Facility, unlimited days.....</b>		
No copay.....		
<b>Prescription Drugs<sup>6</sup></b>		
Retail, 30-day supply .....		
\$10/\$15/\$30 prescription		
Mail Order, 90-day supply .....		
\$20/\$30/\$60 prescription		
Coverage includes contraceptive drugs and devices, fertility drugs, injectable/self-injectable medications, enteral formulas.		
<sup>1</sup> Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.		
<sup>2</sup> NYSHIP-primary: NY: \$25/visit, max 20 visits, NJ: Bio-based \$15, Non-Bio \$25/20 visits; PA: Serious \$25/60 visits, Non-Serious \$25/20 visits; Medicare-primary: \$25/visit, unlimited visits		
<sup>3</sup> NYSHIP-primary: NY: no copay, max 35 days, NJ: Bio-based unlimited, Non-Bio 35 days; PA: Serious 35 days, Non-Serious 35 days; Medicare-primary: no copay, unlimited days		
<sup>4</sup> NYSHIP-primary: \$15/visit, max 60 visits Medicare-primary: \$15/visit, unlimited days		
<sup>5</sup> NYSHIP-primary: no copay, max 30 days Medicare-primary: no copay, unlimited days		

<sup>6</sup> Medicare-primary: True Member out of pocket pharmacy costs exceeds \$3,600 – greater of \$2 or 5% for generic and multi-source drugs. Greater of \$5 or 5% for brand-name drugs. Retail or mail order.  
<sup>7</sup>NYSHIP-primary: office setting \$15, pharmacy setting applicable Rx copay applies, Medicare-primary: no copay strips, lancets and glucometer; insulin and oral agents covered under pharmacy

**Additional Benefits**

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

**Plan Highlights for 2006**

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

**Participating Physicians**

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

**Affiliated Hospitals**

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

**Pharmacies & Prescriptions**

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

**Medicare Coverage**

Medicare-primary enrollees are required to enroll in Aetna's **Medicare Advantage Plan, The Golden Medicare Plan™**. The Golden Medicare Plan™ is available in all of the counties listed below. For more information on the Golden Medicare Plan™, call toll-free 1-800-832-2640.

**NO NEW ENROLLMENTS ACCEPTED FOR 2006.**

**Aetna**

99 Park Avenue, New York, NY 10016

**NYSHIP Code Number 210**

An IPA HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York and all counties in New Jersey.

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

**For information, call Aetna's**

Customer Services Department at.....1-800-323-9930  
 TTY.....1-800-654-5984  
 Medicare Advantage Customer Service at.....1-800-282-5366  
 For Pre Enrollment Medicare Information  
 and a Medicare Packet.....1-800-832-2640  
 Or visit our web site at.....www.aetna.com

## Benefits

	<b>Your Cost</b>
Office Visit .....	\$20/visit
Routine Adult Physicals .....	\$5/visit
PCP visits for sick children to age 19 .....	\$5/visit
Specialty Office Visits .....	\$20/visit
Diagnostic/Therapeutic Services	
Radiology .....	\$20/visit
Lab Tests .....	No copay
Pathology .....	No copay
EKG/EEG .....	\$20/visit
Radiation/Chemotherapy .....	\$20/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$5/visit
Mammograms .....	\$5/visit
Pre and Postnatal Visits .....	\$5/visit for the first 10 visits
Bone Density Tests .....	\$20/visit
Family Planning Services .....	\$20/visit
Infertility Services .....	\$20/visit
Contraceptive Drugs	
and Devices .....	Applicable Rx copayment applies
Outpatient Surgery Facility .....	\$50/visit
Physician Surgical Copay .....	\$20/visit
Emergency Room .....	\$50/visit
Urgent Care .....	\$25/visit
Ambulance .....	\$50/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 .....	\$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 Rehabilitative Care, max 90 days .....	\$20/visit
Outpatient PT, Speech and OT, max 45 visits .....	\$20/visit
Diabetic Supplies, Insulin and oral agents	
per 30-day supply .....	\$20/item
Hospice, unlimited .....	No copayment
Skilled Nursing Facility, max 120 days .....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$10 Tier One/\$25 Tier Two <sup>1</sup> / \$40 Tier Three <sup>1</sup>
Mail Order, up to 90-day supply .....	\$30 Tier One/\$75 Tier Two <sup>1</sup> / \$120 Tier Three <sup>1</sup>

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

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

## Additional Benefits

Dental, preventive .....	Not covered
Vision .....	\$20 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 2006

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.

- **Well child care** is covered in full. Pay a \$5 copay for preventative services such as adult routine physicals, mammograms, pap smears and prostate screenings.
- **Member Rewards** is an extensive health and wellness package that is made available to connect members with local health resources with special discounts or reduced prices on many healthy services to maintain a lifestyle.
- **After Hours Medical Care** is available for minor illnesses and injuries that occur after doctors' hours as an alternative to the emergency room, and with a lower \$25 copay.
- Our **BlueCard®** and **Guest Membership Programs** provide routine and urgent care coverage while traveling, for students away at school, or for families living apart.
- **Awarded Seal of Excellence** - National Committee for Quality Assurance (NCQA).
- **Blue Choice** is the only insurer in New York State and one of just two plans nationwide to be listed among the top 15 plans in the nation for both quality of care and member satisfaction by NCQA.

## Participating Physicians

Over 3,200 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.excellusbcbs.com](http://www.excellusbcbs.com)

## Pharmacies & Prescriptions

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

## Medicare Coverage

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

## Blue Choice

165 Court St., Rochester, NY 14647

## NYSHIP Code Number 066

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

**For information, call** Blue Choice at .....585-454-4810  
or .....1-800-462-0108  
TTY.....1-877-398-2282  
Or visit our web site at .....[www.excellusbcbs.com](http://www.excellusbcbs.com)



## Benefits

	<b>Your Cost</b>
Office Visit .....	\$15/visit
Annual Adult Routine Physicals .....	No copayment
Annual Gynecological Exam.....	No copayment
Specialty Office Visits .....	\$15/visit
Diagnostic/Therapeutic Services	
Radiology.....	\$15/visit <sup>1</sup>
Lab Tests.....	\$15/visit <sup>1</sup>
Pathology .....	\$15/visit
EKG/EEG .....	\$15/visit
Radiation/Chemotherapy .....	\$15/visit
Women's Health Care/OB GYN	
Pap Tests.....	No copayment
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, Insulin and oral agents 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 brand
Mail Order, 90-day supply.....	\$5 generic, \$40/formulary brand, \$100/non-formulary brand
Coverage includes fertility, injectable/self-injectable drugs, contraceptive drugs and devices and enteral formulas.	

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

## Additional Benefits

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

## Plan Highlights 2006

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 seven years in a row. New for 2006: CDPHP is offered in Dutchess County. College students are covered for urgent, emergency and pre-approved follow-up care. Added value program for complementary and alternative medicine. Visit us online at [www.cdphp.com](http://www.cdphp.com) to learn more.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies & Prescriptions

Participating pharmacies include CVS, Eckerd, Hannaford, Kmart, Wal-Mart, Price Chopper, Rite Aid, The Medicine Shoppe, Stop & Shop, Target and selected independent pharmacies located in the CDPHP service area. CDPHP offers an **open formulary**.

## Medicare Coverage

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

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

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

## NYSHIP Code Number 063

An IPA HMO serving individuals living or working in Albany, Columbia, Fulton, Greene, 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, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties.

## NYSHIP Code Number 310

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

## For information, call

CDPHP's Marketing Department.....518-641-5000  
or .....1-800-993-7299  
TTY.....1-877-261-1164  
Or visit our web site at .....[www.cdphp.com](http://www.cdphp.com)



**Benefits**

<b>Your Cost:</b>	<b>NYSHIP Primary</b>	<b>Medicare Primary</b>
Office Visit .....	\$10/visit .....	\$10/visit
Well Child Care.....	No copay .....	N/A
Specialty Office Visits .....	\$10/visit .....	\$20/visit
<b>Diagnostic/Therapeutic Services</b>		
Radiology .....	\$10/visit .....	\$20/visit
Lab Tests.....	No copay .....	No copay
Pathology.....	No copay .....	No copay
EKG/EEG.....	\$10/visit..... <sup>1</sup>	
Radiation/Chemotherapy.....	\$10/visit .....	\$20/visit
<b>Women's Health Care/OB GYN</b>		
Pap Tests .....	No copay .....	No copay
Mammograms.....	\$10/visit.....	No copay
Pre and Postnatal Visits .....	No copay.....	<sup>1</sup>
Bone Density Tests .....	\$10/visit.....	No copay
Family Planning Services .....	\$10/visit.....	<sup>1</sup>
Infertility Services.....	\$10/visit.....	<sup>1</sup>
Contraceptive Drugs and Devices.....	<sup>2</sup>	<sup>2</sup>
Emergency Room.....	\$50/visit .....	\$50/visit
Urgent Care .....	\$10/visit .....	\$10-\$50/visit
Ambulance.....	\$50/trip .....	\$50/trip
Outpatient Mental Health, max 20 visits .....	50% coinsurance .....	20%-50% coinsurance
Inpatient Mental Health, max 30 days .....	No copay .....	No copay
Outpatient Drug/Alcohol Rehab, max 60 visits.....	\$10/visit .....	20% coinsurance
Inpatient Drug Rehab, max 30 days .....	No copay .....	No copay
Inpatient Alcohol Rehab, max 30 days .....	No copay.....	No copay
<b>Durable Medical Equipment</b>		
Equipment.....	20% coinsurance .....	20% coinsurance
Prosthetics .....	20% coinsurance .....	20% coinsurance
Orthotics .....	20% coinsurance .....	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>		
Inpatient, max 45 days .....	No copay .....	No copay
Outpatient, max 20 visits .....	\$10/visit .....	\$20/visit
Diabetic Supplies <sup>3</sup> .....	\$10/item .....	20% coinsurance
Insulin and oral agents .....	\$10/item .....	Rx copay
Hospice, max 210 days .....	No copay .....	Covered in full
<b>Skilled Nursing Facility, No copay .....</b>		
	max 50 days.....	max 100 days
<b>Prescription Drugs</b>		
NYSHIP-primary: 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		
Medicare-primary: in-network/out-of-network and mail order 30-day supply, \$1 formulary generic/\$30 formulary pref. brand/\$50 formulary non-pref. brand; 90-day supply, \$2 formulary generic/\$60 formulary pref. brand/\$100 formulary non-pref. brand		
Coverage includes contraceptive drugs and devices, fertility drugs, injectable/self-injectable medications and enteral		

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

- <sup>1</sup> \$10 PCP/\$20 specialist visit
- <sup>2</sup> Applicable Rx copay applies
- <sup>3</sup> Syringes not covered

**Additional Benefits**

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

**SeniorBlue:** Annual vision/ hearing exam. Hearing aids not covered. Copays may apply.

In the case of a discrepancy, the member's contract will determine the member's cost sharing.

**Plan Highlights 2006**

Worldwide coverage for emergency and urgent care through 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. Out-of-network lab benefits. 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. Community Blue offers an **incented formulary**.

**Medicare Coverage**

NYSHIP Medicare-primary enrollees are required to enroll in Senior Blue, the Community Blue **Medicare Advantage Plan**. To qualify, you must be entitled to Medicare Parts A and B and live in the counties listed below. Community Blue is the NYSHIP-primary plan.

**Community Blue**

The HMO of BlueCross BlueShield of Western New York  
1901 Main St., Buffalo, NY 14240

**NYSHIP Code Number 067**

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

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

- Buffalo .....716-887-8840 or 1-877-576-6440
- Olean .....716-376-6000 or 1-800-887-8130
- Jamestown.....716-484-1188 or 1-800-944-2880
- TTY.....1-888-249-2583
- Or visit our web site at .....www.bcbswny.com
- Senior Blue members should call.....**1-800-329-2792
- TTY.....1-877-834-6918



**Empire BlueCross BlueShield HMO**

**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$15/visit
Specialty Office Visits .....	\$15/visit
Diagnostic/Therapeutic Services	
Radiology .....	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 <sup>1</sup>
Urgent Care .....	\$15/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 .....	\$15/visit <sup>2</sup>
Diabetic Supplies, Insulin	
and oral agents, 30-day supply .....	\$10/item
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 60 days .....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	\$10/\$20/\$30/prescription
Mail Order, 90-day supply .....	\$20/\$40/\$60/prescription
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"	
<sup>1</sup> Waived if admitted within 24 hours.	
<sup>2</sup> Up to 30 visits per year for physical therapy. Inpatient and outpatient have separate 30-day limits. Note: Occupational, speech and vision therapy have a separate combined limitation of 30 visits in home, office or outpatient facility per year.	

**Additional Benefits**

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

**Plan Highlights 2006**

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

Guest Membership is available for members and covered dependents who are outside the service area for at least 90 days but not more than 180. If you qualify for the program, you receive similar benefits as if you were home. Empire BlueCross BlueShield HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

**Participating Physicians**

Empire BlueCross BlueShield HMO provides access to a network of over 65,000 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 \$10 copayment for generic prescriptions or a \$20 copayment for brand-name prescriptions will be charged for each 30-day supply. If a member chooses a non-formulary prescription, a \$30 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 at ..... [www.empireblue.com](http://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 <sup>1</sup>	
Dependent Child 0-18 .....	No copayment
Adults .....	.\$20/visit
Diagnostic/Therapeutic Services <sup>2</sup>	
Radiology .....	.\$20/visit
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	No copayment
Radiation/Chemotherapy .....	No copayment
Women's Health Care/OB GYN	
Pap Tests .....	No copayment
Mammograms .....	No copayment
Pre and Postnatal Visits .....	No copayment
Bone Density Tests .....	.\$20/visit
Family Planning Services .....	.\$20/visit
Infertility Services .....	.\$20/visit
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies
Emergency Room <sup>2</sup> .....	.\$50/visit
Urgent Care <sup>2</sup> .....	.\$35/visit
Ambulance <sup>2</sup> .....	.\$50/visit
Outpatient Mental Health, max 20 visits <sup>2</sup> .....	.\$20/visit, 1st-5th; \$35/visit, 6th-20th
Inpatient Mental Health, max 30 days .....	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits <sup>2</sup> .....	.\$20/visit
Inpatient Drug Rehab, max 30 days .....	No copayment
Inpatient Alcohol Rehab, max 30 days .....	No copayment
Durable Medical Equipment .....	.20% coinsurance
Prosthetics .....	.20% coinsurance
Orthotics .....	.20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days .....	No copayment
Outpatient, physical therapy, max 30 visits <sup>2</sup> .....	.\$20/visit
Outpatient, speech therapy <sup>2</sup> .....	.\$20/visit
Diabetic Supplies, Insulin and oral agents <sup>2</sup> .....	.\$20/item
Hospice, max 210 days .....	No copayment
Skilled Nursing Facility, max 120 days/year .....	No copayment
Prescription Drugs	
Retail, 30-day supply .....	.\$10 generic/\$20 preferred brand/ \$30 non-preferred brand
Mail Order, 90-day supply .....	.\$20 generic/ \$40 preferred brand/\$50 non-preferred brand

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

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

**Additional Benefits**

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

**Plan Highlights 2006**

**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, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties in New York.

**NYSHIP Code Number 350**

An IPA HMO serving individuals living or working in Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster 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 at.....www.ghi.com



**Benefits**

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

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

**Additional Benefits**

Dental .....	Not covered
Vision, routine only	
NYSHIP-primary.....	No copayment
Medicare-primary.....	\$5/visit
Eyeglasses	
NYSHIP-primary .....	\$45/pair/24 mos., selected frames
Medicare-primary .....	No copayment/12 mos., selected frames
Hearing Aids	
NYSHIP-primary .....	Not covered
Medicare-primary .....	\$500 max/36 mos.
Podiatry, routine, max 4 visits	
NYSHIP-primary .....	Not covered
Medicare-primary.....	\$5/visit
Prostate Cancer Screening	
NYSHIP-primary.....	No copayment
Medicare-primary .....	No copayment
Artificial Insemination	
NYSHIP-primary .....	\$5/visit
Medicare-primary .....	N/A
Fitness Program	
NYSHIP-primary .....	Discount program
Medicare-primary .....	Discount program

**Plan Highlights 2006**

HIP's network has expanded to over 24,000 providers in more than 37,000 locations - and we're still growing! Plus, HIP offers more than 58 years of experience caring for union members and has the support of the AFL-CIO. Our award-winning web site, **hipusa.com**<sup>®</sup>, is available in English, Spanish, Chinese and Korean.

**Participating Physicians**

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

**Affiliated Hospitals**

HIP members have access to 112 of the area's leading hospitals, including major teaching institutions.

**Pharmacies & Prescriptions**

Filling a prescription is easy with HIP's network of over 39,000 participating pharmacies nationwide, including over 3,900 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-primary are offered the same coverage as active employees. Medicare-primary retirees are required to enroll in the VIP<sup>®</sup> Premier Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more. If you are not Medicare-primary, refer to the "Your Cost NYSHIP Primary" column on this page which shows the benefits and costs available to you.

**HIP Health Plan of New York**

55 Water Street, New York, NY 10041

**NYSHIP Code Number 050**

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

**For information, call**..... 1-877-861-0175

TTY..... 1-888-447-4833

Or visit our web site at.....hipusa.com



**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$20/visit
Specialty Office Visits .....	\$20/visit
Diagnostic/Therapeutic Services	
Radiology .....	\$20/visit
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	\$20/visit
Radiation/Chemotherapy .....	No copayment
Women's Health Care/OB GYN	
Pap Tests .....	\$5/visit
Mammograms .....	\$5/visit
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 .....	\$50/visit
Urgent Care .....	\$25/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 .....	\$20/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 45 visits .....	\$20/visit
Diabetic Supplies, Insulin and oral agents, max 30-day supply .....	\$20/item
Hospice, unlimited days .....	No copayment
Skilled Nursing Facility, max 45 days .....	No copayment
Prescription Drugs	
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	
Retail, 30-day supply .....	\$10 Tier One/\$25 Tier Two <sup>1</sup> / \$40 Tier Three <sup>1</sup>
Mail Order, 90-day supply .....	\$30 Tier One/\$75 Tier Two <sup>1</sup> / \$120 Tier Three <sup>1</sup>
There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments.	

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

**Additional Benefits**

Dental .....	Not covered
Vision .....	\$20/visit for eye exams associated with disease or injury
Hearing Aids .....	Children to age 19, \$600 max, every 3 years
Hearing Exam, routine .....	\$20/visit once every 12 months

**Plan Highlights 2006**

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 4,700 physicians and health care professionals who see patients in their private offices.

**Affiliated Hospitals**

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

**Pharmacies & Prescriptions**

HMOBlue members may purchase prescription drugs at any participating pharmacy in the FLRx Network. This network has over 57,000 pharmacies nationwide, including most major chains. A complete listing of FLRx pharmacies, three tier prescription drug list and information about our mail order program, is located on our web site. HMOBlue offers an **open formulary**.

**Medicare Coverage**

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

**HMOBlue**

Excellus BlueCross BlueShield, Central New York Region  
344 South Warren Street, PO Box 4712  
Syracuse, NY 13221-4712

**NYSHIP Code Number 072**

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

**For information, call** ..... 1-800-447-6269  
TTY ..... 1-877-398-2275  
Or visit our web site at ..... [www.excellusbcbs.com](http://www.excellusbcbs.com)

**HMOBlue**

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

**NYSHIP Code Number 160**

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

**For information, call** ..... 1-800-722-7884  
TTY ..... 1-877-398-2275  
Or visit our web site at ..... [www.excellusbcbs.com](http://www.excellusbcbs.com)



**Benefits**

<b>Your Cost:</b>	<b>NYSHIP Primary</b>	<b>Medicare Primary</b>
Office Visit .....	\$10/visit	10/visit
Specialty Office Visits .....	\$10/visit	10/visit
<b>Diagnostic/Therapeutic Services</b>		
Radiology .....	\$15/visit	\$15/visit
Lab Tests .....	No copayment	No copayment
Pathology .....	No copayment	No copayment
EKG/EEG.....	\$10/visit	\$10/visit
Radiation/Chemotherapy .....	\$15/\$10/visit	\$10/visit
<b>Women's Health Care/OB GYN</b>		
Pap Tests.....	\$10/visit	\$10/visit
Mammograms.....	No copayment	No copayment
Pre and Postnatal Visits.....	No copayment	No copayment
Bone Density Tests .....	\$15/visit	No copayment
Family Planning Services .....	\$10/visit	\$10/visit
Infertility Services .....	\$10/visit	\$10/visit
Contraceptive Drugs and Devices.....	Applicable	Applicable
	Rx copayment applies	Rx copayment applies
Emergency Room.....	\$50/visit	\$50/visit
Urgent Care .....	\$10/visit	\$10/visit
Ambulance.....	\$25/trip	\$25/trip
Outpatient Mental Health .....	Max 20 visits/ 50% coinsurance	No max/ 20% coinsurance
Inpatient Mental Health.....	max 30 days/ No copayment	No max/ No copayment
Outpatient Drug/Alcohol Rehab.....	Max 60 visits/ \$10/visit	No max/ \$10 visit
Inpatient Drug Rehab .....	Max 30 days/ No copayment	No max/ No copayment
Inpatient Alcohol Rehab .....	Max 30 days/ No copayment	No max/ No copayment
Durable Medical Equipment.....	50% coinsurance/item	20% coinsurance/item
Prosthetics .....	No copayment	No copayment
Orthotics (excludes shoe inserts).....	No copayment	No copayment
<b>Rehabilitative Care, physical, speech and occupational therapy</b>		
Inpatient .....	max 45 days/No copayment	No max/No cost
Outpatient.....	max 2 consecutive months \$15/visit	No max/ \$15/visit
<b>Diabetic Supplies, Insulin and oral agents 30-day supply .....</b>		
	\$10/item <sup>1</sup>	\$10/item <sup>1</sup>
Hospice .....	max 210 days/ No copayment	No max/ No copayment
Skilled Nursing Facility .....	max 45 days/ No copayment	covered in full for up to 100 days per benefit period
<b>Prescription Drugs,</b>		
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, injectable and self-injectable medications and enteral formulas. Tier 1 oral contraceptives covered in full (NYSHIP-primary only).		

<sup>1</sup> \$10 or applicable pharmacy rider, whichever is less

**Additional Benefits**

**Dental**  
 NYSHIP-primary: \$30 cleaning and 20% discount on additional services at selected providers; Medicare-primary: Not covered

**Vision**  
 NYSHIP-primary: Routine only \$10/visit once every 12 months, \$35/single vision eyeglass lenses, frames– 50% off retail – up to \$130, member pays 80% of balance over \$130; Medicare-primary: Routine only \$10/visit once every 12 months, \$10/single vision eyeglass lenses, \$60 allowance for retail frames – member pays 80% of balance over \$60

**Hearing Aids**  
 NYSHIP-primary: Not covered; Medicare-primary: Hearing hardware discounts available through vendors specified on the Independent Health web site

**Home Health Care**  
 NYSHIP-primary: Max 40 visits, \$10/visit; Medicare-primary: No limit, requires authorization, \$10/visit

**Plan Highlights 2006**

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. Medicare Encompass 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**

Medicare-primary enrollees are required to enroll in Medicare Encompass, Independent Health's **Medicare Advantage Plan**. Copayments will vary from the NYSHIP-primary copayments. Call the number below for detailed information.

**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 .....716-631-3108  
 Or visit our web site at.....www.independenthealth.com



**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$20/visit
Specialty Office Visits .....	\$20/visit
Diagnostic/Therapeutic Services	
Radiology	
In a hospital setting .....	\$20/visit
In an office setting .....	\$20/visit
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	No copayment
Radiation/Chemotherapy .....	\$20/visit
Women's Health Care/OB GYN	
Pap Tests .....	\$20/visit
Mammograms	
In a hospital setting .....	No copayment
In an office setting .....	\$20/visit
Pre and Postnatal Visits .....	No copayment after initial \$20/visit
Bone Density Tests .....	No copayment
Family Planning Services .....	\$20/visit
Infertility Services .....	\$20/visit
Contraceptive Drugs and Devices .....	Applicable Rx copayment applies
Emergency Room .....	\$50/visit
Urgent Care (PCP Office Only) .....	\$20/visit
Ambulance .....	No copayment
Outpatient Mental Health, max 20 visits .....	\$20/1st visit; \$30/visits 2nd-5th; lesser of \$50 or 50% coinsurance/visits 6th-20th
Inpatient Mental Health Physician, max 20 visits .....	lesser of \$50 or 50% coinsurance/visit
Inpatient Mental Health, max 30 days .....	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits .....	\$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 2 months .....	No copayment
Outpatient, max 2 months .....	\$20/visit
Diabetic Supplies, Insulin and oral agents .....	Lesser of \$20 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 .....	\$10/generic, \$30/brand, \$50 non-formulary brand
Mail Order, 90-day supply .....	\$20/generic, \$60/brand, \$100 non-formulary brand

Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas subject to the limitations listed above and in your certificate of coverage.

**Additional Benefits**

Dental, preventive .....\$10/visit, children to age 19  
 Vision, routine only .....\$20/exam/24 months  
 Hearing Aids .....Not covered

**Plan Highlights 2006**

No referrals required! See any specialist in the MVP network without a referral. Discounts available for Lasik eye surgery and eyewear! MVP's service area now includes Jefferson, Cayuga, Cortland, Sullivan and Rockland counties.

**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 upon prior approval from MVP.

**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, Putnam, Rockland and Sullivan counties.

**For information, call**

Customer Service .....1-888-MVP-MBRS (687-6277)  
 TTY.....1-800-662-1220  
 Or visit our web site at.....www.joinmvp.com



**Benefits**

<b>Your Cost:</b>	<b>NYSHIP Primary</b>	<b>Medicare Primary</b>
Office Visit .....	\$20/visit .....	\$10/visit
Primary Care Physician (PCP) Visits for Children, age 0-4 .....	No copay .....	\$10/visit
for Children, age 5-18.....	\$10/visit	
Specialty Office Visits .....	\$20/visit .....	\$15/visit
Diagnostic/Therapeutic Services		
Radiology .....	\$20/visit .....	\$15/visit
Lab Tests .....	\$5/day.....	No copay
Pathology .....	\$5/day.....	No copay
EKG/EEG.....	\$20/visit .....	\$15/visit
Radiation.....	No copay.....	No copay
Chemotherapy .....	\$20/visit .....	\$15/visit
Women's Health Care/OB GYN		
Pap Tests .....	\$15/visit.....	No copay
Mammograms .....	No copay.....	No copay
Pre and Postnatal Visits.....	\$50 copay .....	\$10/visit per pregnancy
Bone Density Tests .....	\$20/visit .....	\$15/visit
Family Planning Services.....	\$20/visit/PCP .....	\$10/visit/PCP \$20/visit/specialist...\$15/visit/specialist
Infertility Services .....	\$20/visit/PCP .....	\$10/visit/PCP \$20/visit/specialist...\$15/visit/specialist
Contraceptive Drugs & Devices .....	No copay.....	Rx copay
Emergency Room.....	\$50/visit .....	\$50/visit
Urgent Care Center .....	\$25/visit .....	\$10/visit
Ambulance.....	\$50/trip .....	\$35/trip
Outpatient Mental Health, max 20 visits .....	<sup>1</sup>	<sup>1</sup>
Inpatient Mental Health.....	No copay.....	No copay
Max 30 days, 190 days lifetime		
Outpatient Drug/Alcohol Rehab .....	\$20/visit <sup>2</sup> .....	\$15/visit <sup>2</sup>
Inpatient Drug Rehab, max 30 days .....	No copay .....	No copay
Inpatient Alcohol Rehab, max 30 days .....	No copay.....	No copay
Durable Medical Equipment.....		20% coinsurance
Prosthetics.....		20% coinsurance
Orthotics .....		20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, unlimited.....	No copay.....	No copay
Outpatient, max 30 visits .....	\$20/visit .....	\$15/visit
Diabetic Supplies, Insulin and oral agents		
Retail, 30-day supply		
NYSHIP-primary.....		\$20
Medicare-primary .....	\$10 Tier 1/\$25 Tier 2/\$40 Tier 3	
Mail Order, 90-day supply		
NYSHIP-primary .....		\$50
Medicare-primary .....	\$20 Tier 1/\$50 Tier 2/\$80 Tier 3	
Hospice, max 210 days .....	No copay.....	No copay
Skilled Nursing Facility .....	<sup>3</sup>	<sup>3</sup>
Prescription Drugs		
Retail, 30-day supply.....	\$10 Tier 1/\$25 Tier 2/\$40 Tier 3	
Mail Order, 90-day supply		
NYSHIP-primary .....	\$25 Tier 1/\$62.50 Tier 2/\$100 Tier 3	
Medicare-primary .....	\$20 Tier 1/\$50 Tier 2/\$80 Tier 3	

Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Medicare-primary prescription plan includes insulin and oral agents. Contraceptive drugs and devices covered 100% on NYSHIP primary plan.

Member pays copayment plus the difference between the price of the generic drug and the brand-name drug when a brand is dispensed instead of a generic equivalent.

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

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

<sup>3</sup>NYSHIP-primary, No copayment, max 120 days per year and 360 days per lifetime; Medicare-primary, No copayment days 1-10, 25% coinsurance days 11-100 (maximum 100 days) with 3-day prior hospitalization stay.

**Additional Benefits**

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

**Plan Highlights 2006**

For the year 2006, we continue to offer the following benefits to our members: For NYSHIP-primary retirees, annual routine eye exam, hearing aids for children and acupuncture are covered. For Medicare-primary retirees, the travel benefit covers you for non-emergency and non-urgently needed care while traveling outside of New York State with 30 percent coinsurance up to \$3,000 per calendar year. SilverSneakers® program for Medicare-primary retirees.

**Participating Physicians and Hospitals**

Because Preferred Care takes the quality of your medical care seriously, we make sure all of our 3,200 physicians have the proper training and licenses. We respect their knowledge; therefore they develop our medical policies. When a serious problem arises, we will collaborate with you and your doctor to make sure you get the care you need.

**Pharmacies & Prescriptions**

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

**Medicare Coverage**

NYSHIP Medicare-primary enrollees must enroll in the Gold Plan, Preferred Care's **Medicare Advantage Plan**. Refer to the "Your Cost NYSHIP Primary" column if you retire before becoming Medicare-eligible. Once you become eligible for Medicare, some of the Gold Plan's copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the number below for further details.

**Preferred Care**

259 Monroe Ave., Rochester, NY 14607

**NYSHIP Code Number 058**

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

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



**Benefits**

	<b>Your Cost</b>
Office Visit.....	\$10/visit*
Specialty Office Visits .....	\$10/visit*
Diagnostic/Therapeutic Services	
Radiology .....	\$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, Insulin and oral agents, 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
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, fertility drugs, injectable and self-injectable medications and enteral formulas.	
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’s drug 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.	

\*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 2006**

**No copay for kids age 18 and under** – More than just office visits – it’s all benefits indicated by a \* on the benefit summary.

**AfterHours Program at Lifetime Health Medical Group locations** – your primary care physician does **not** need to be one of the Lifetime Health Medical Group physicians to utilize the AfterHours alternative to the emergency room for minor illnesses and injuries. Saves you time and money. No appointment. No referral. You pay the office visit copay.

**24 Hour Nurse Advice Line** – for questions or needed medical advice. Available 24 hours a day, 7 days a week, even holidays to all Univera Healthcare members for no additional cost.

**Half-Tab Program** – Univera Healthcare has a Half Tablet Incentive program that has helped members save money in copayment for qualified prescriptions. Members can actually cut their copays in half under this voluntary prescription drug option.

**Univera Member Rewards** – member savings on health education programs, nutrition and weight management, discounts on fitness club memberships and programs, first aid/safety programs, stress management, complementary medicine, as well as vision and dental discounts.

**Participating Physicians**

As a Univera member, you choose from our physician network which includes 99 percent of Western New York’s doctors and more than 3,000 affiliated providers overall.

**Affiliated Hospitals**

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

**Pharmacies & Prescriptions**

Univera provides you with access to all major pharmacy chains and most independent drugstores. That’s 376 pharmacies in Western New York and more than 57,000 across the country. Members can also use our mail order services through Express Scripts by calling 1-866-347-3516. Univera offers an **open formulary**.

**Medicare Coverage**

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

**Univera Healthcare**

205 Park Club Ln., Buffalo, NY 14221-5239

**NYSHIP Code Number 057**

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

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

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

Or visit our web site at .....www.univerahealthcare.com



**Benefits**

	<b>Your Cost</b>
Office Visit .....	\$5/visit
Specialty Office Visits .....	\$5/visit
Diagnostic/Therapeutic Services	
Radiology .....	No copayment
Lab Tests .....	No copayment
Pathology .....	No copayment
EKG/EEG .....	No copayment
Radiation/Chemotherapy .....	\$5/Initial Visit Only
Women's Health Care/OB GYN	
Pap Tests .....	No copayment
Mammograms .....	No copayment
Pre and Postnatal Visits .....	\$5/Initial Visit Only
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, 2 Consecutive Months/Illness or Injury .....	No copayment
Outpatient, 2 Consecutive Months/Illness or Injury .....	\$5/visit
Diabetic Supplies, Insulin and oral agents .....	\$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 fluoride.	

**Additional Benefits**

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

**Plan Highlights 2006**

Vytra Health Plans provides you and your family with comprehensive health care benefits from preventive care to the promotion of good health. You and each family member select a primary care physician. Referrals are required to see specialists, except for obstetricians/gynecologists, chiropractors and podiatrists. Healthy Savings discount program and Wellness Seminars are available to Vytra members.

**Participating Physicians**

As a Vytra member, your health care is delivered through the Vytra network, featuring access to more than 10,000 provider locations in Queens, Nassau and Suffolk 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**

Vytra Pharmacy Services are available at over 1,000 pharmacies in Queens, Nassau and Suffolk counties and more than 90 percent of the nation's pharmacies. 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**

395 North Service Road  
Melville, NY 11747-3127

**NYSHIP Code Number 070**

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

**For information, call**

Vytra Health Plans at.....1-866-409-0999  
if you are a current member  
Or .....1-800-406-0806 if you are a prospective member  
Or email.....memberservices@vytra.com  
TTY.....1-800-239-1235  
Or visit our web site at.....www.vytra.com

# NYS ONLINE

## 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. Rates are also posted promptly upon approval.

NYS OnLine meets universal accessibility standards adopted by New York State for New York State agency web sites and has been honored for excellence in health benefits presentation by the WWW Health Awards, National Health Information Awards, APEX Awards, NYS Forum for IRM Best Practices Awards and WWW Mature Media Awards. Visit us at [www.cs.state.ny.us](http://www.cs.state.ny.us).



The screenshot shows the NYS OnLine website interface. At the top, there is a navigation bar with links for "Governor Pataki", "map-NY", "e-bizNYS", and "Citizen Guide". The main header features the "NYS OnLine" logo and the text "Employee Benefits Division • State of New York Department of Civil Service". A search bar is present with the prompt "Find the benefit, click on the group. Benefits vary by group." Below the search bar, there is a list of categories for "Choosing a Health Plan?", including "You Should Know", "Meetings & More", "Applications & Forms", "Phone Numbers / Links", "Site Map", "HIPAA Privacy Information", "About Us / Privacy Policy", "Awards", "Tech Help", and "Copyright / Disclaimer". A red arrow points to the "You Should Know" link. To the right, there is a section titled "More New York State Government Employee Benefits" with links for "Dental", "Vision", "Life", "Income Protection Plan (IPP)", "Survivor Benefits", and "Workers' Compensation". The footer includes copyright information for 2005 and 2006.

Look here for NYSHIP plans and premium rates for 2006.

## **If You Are Changing Your Option**

1. Complete the “NYSHIP Option Transfer Request” form on the opposite page.
  - Social Security Number
  - Spouse and dependent information. Fill in this information only if you are enrolled with Family coverage.
2. Send the completed form to the Employee Benefits Division at the address at the top of the form as early as possible prior to the effective date you are requesting. The requested date must be the first of a month. The Employee Benefits Division will send you a confirmation letter for your option change that will include the effective date of the change.
3. If you are enrolling in an HMO, also complete the information on page 47, “Notice of Intent to Enroll in an HMO.” See page 46 for instructions.
4. If you are enrolled in Medicare, and you change out of one of the following Medicare Advantage Plans...
  - Option 210 Aetna
  - Option 067 Community Blue
  - Option 050 HIP Health Plan of New York
  - Option 059 Independent Health
  - Option 058 Preferred Care...you must also complete the “Enrollment Cancellation” form on page 49. See page 48 for instructions.

# NYSHIP Option Transfer Request

**Please fill in this form and return it as early as possible  
prior to the effective date you are requesting to:**

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

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

---

Enrollee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City or Post Office \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Is This a New Address?     Yes     No                      Date of New Address: \_\_\_\_\_

Check One         COBRA     Retiree     Vestee     Dependent Survivor     Preferred List

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

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

Current Option \_\_\_\_\_

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

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

---

Effective \_\_\_\_\_, please change my health insurance option to:

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

Option Code Number \_\_\_\_\_ Plan Name \_\_\_\_\_

If you have Family coverage, Dependents' names and Social Security Numbers

*(Attach separate sheet of paper if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Enrollee's Signature \_\_\_\_\_

If you are enrolling in an HMO, please double check the HMO's page in this booklet. Is the HMO approved by NYSHIP to serve your county? Please also complete the form on page 47 and send it to the HMO.

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



## To Enroll In An HMO

Please fill in the form on page 47 and send it to your HMO as early as possible prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page.

Pay special attention to:

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

Remember: You must also send the “NYSHIP Option Transfer Request” form on page 45 to the New York State Department of Civil Service.

If you or your dependent is enrolled in Medicare, and you enroll in one of the following Medicare Advantage Plans...

Option 210	Aetna (not available for new enrollments in 2006)
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 058	Preferred Care

...you must call the HMO for a special HMO/CMS enrollment form. Act quickly. Federal regulations require that the form be completed and returned to the HMO as early as possible prior to the effective date you are requesting.

As a retiree, you are eligible to change options once in a twelve-month period. Under certain circumstances (page 2) you might be able or required to change more than once within that 12 month period. If you are Medicare-primary and plan to change options in or out of a Medicare Advantage HMO, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment is effective the last day of the month and enrollment in your new option is effective the first day of the following month. You must make this request prior to the effective date of the change. Please use the forms in this book to inform both The Employee Benefits Division and your HMO of this change.

## Notice of Intent to Enroll in an HMO

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

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

---

**Effective \_\_\_\_\_, please change my health insurance option to:**  
*Enter date here (must be the first of a month)*

Option Code Number \_\_\_\_\_ Plan Name \_\_\_\_\_  
Date \_\_\_\_\_ Enrollee's Signature \_\_\_\_\_

---

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

Note: If you have Individual coverage, but want Family coverage, see page 3 for information on how to change.

Name of Spouse/Domestic Partner (If Covered Dependent) \_\_\_\_\_  
Spouse/Domestic Partner Employed?  Yes  No  
If Employed, Name of Employer \_\_\_\_\_  
Does Spouse/Domestic Partner have other coverage?  Yes  No If yes,  Individual  Family  
Date of Birth of Spouse/Domestic Partner \_\_\_\_\_  
Medicare?  Yes  No If yes: Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_  
Health Center/Primary Physician/Pharmacy of Spouse/Domestic Partner:  
\_\_\_\_\_

---

Name of Child (if Covered Dependent) \_\_\_\_\_  
Employed?  Yes  No If Employed, Name of Employer \_\_\_\_\_  
Does Dependent have other coverage?  Yes  No If yes,  Individual  Family  
Dependent's Date of Birth \_\_\_\_\_  
Medicare?  Yes  No If yes: Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_  
Dependent's Health Center/Primary Physician/Pharmacy  
\_\_\_\_\_

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

I have mailed the "NYSHIP Option Transfer Request" form to the New York State Department of Civil Service.

Please indicate date sent \_\_\_\_/\_\_\_\_/\_\_\_\_.



## **When You Are Enrolled In Medicare and You Leave An HMO**

If you or your dependent is enrolled in Medicare and you change out of one of the following Medicare Advantage plans...

Option 210	Aetna
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 058	Preferred Care

...you must fill out the form on the opposite page and send it to the HMO you are leaving as early as possible prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page.

Act quickly! This form is required by federal regulations to disenroll your Medicare coverage from the HMO you are leaving. If you do not fill out this form and mail it to the HMO as early as possible prior to the effective date you are requesting, you may have claim problems with your new NYSHIP plan. You may be responsible for the full cost of services that would have been covered by Medicare.

## Enrollment Cancellation

**Effective** \_\_\_\_\_, **please cancel my enrollment in:**  
*Enter date here (must be the first of a month)*

Option Code Number \_\_\_\_\_ Plan Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Member's Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Medicare Number (As it appears on your Medicare Card) \_\_\_\_\_

Date \_\_\_\_\_ Enrollee's Signature \_\_\_\_\_

Important: Complete and mail this form to the HMO you are leaving as early as possible prior to the effective date you are requesting. Termination of coverage with this HMO must be coordinated with your new option. You will not be able to receive coverage for medical care from your new option until after the effective date of disenrollment.

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

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

**USE THIS FORM FOR OPTION CHANGE ONLY**



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 Department of Civil Service web site ([www.cs.state.ny.us](http://www.cs.state.ny.us)). Click on Employee Benefits for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

 Choices was printed using recycled paper and environmentally sensitive inks.  AL0624 Choices 06/ Retiree SW

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