HEALTH INSURANCE CHOICES 2006

New York State Health Insurance Program

For Employees of the State of New York who are in Negotiating Units that do not have agreements/awards with New York State beginning April 1, 2003
and for COBRA enrollees with their NYSHIP benefits
(Check with your agency Health Benefits Administrator or union to be certain of your status.)

Choose your Health Insurance Plan and Pre-Tax Status for 2006

NYSHIP
New York State Health Insurance Program

November 2005

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During the Option Transfer Period, you may make two important choices for 2006

Choose Your Health Insurance Plan

This booklet explains the options available to you under the New York State Health Insurance Program (NYSHIP). Choose either The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. 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 our web site as soon as they are approved. The rate flyer announces the option change deadline and paycheck deduction dates. You have 30 days from the date your agency receives rate information to make a decision. Rates are posted on the New York State Department of Civil Service web site at www.cs.state.ny.us as soon as they are approved. Click "Employee Benefits", then "Choosing a Health Plan?" for details.

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

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

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

Choose Your Pre-Tax Contribution Program Status by November 30, 2005

The following does not apply to COBRA enrollees.

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

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

To change your PTCP enrollment, see your agency Health Benefits Administrator and complete a health insurance transaction form (PS 404) by November 30, 2005. Under PTCP, you can make the following changes only in November each year:

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

Under Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the tax year only after a PTCP-qualifying event. For a list of PTCP-qualifying events, see your *NYSHIP General Information Book*. If you wish to change your pre-tax selection for 2006, see your agency Health Benefits Administrator and complete a health insurance transaction form (PS 404) by November 30, 2005.

Your Biweekly Premium Contribution

The following does not apply to COBRA enrollees.

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

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

As soon as they are available, 2006 rates will be mailed to your home and posted on our web site at www.cs.state.ny.us. Click on "Employee Benefits" and then on "Choosing A Health Plan?"

INFORMATION AND REMINDERS

No Changes After the Deadline

Consider your 2006 health insurance and pre-tax options carefully. You may not change your health insurance option after the deadline except in special circumstances. You may not change your pre-tax enrollment status or make changes not related to a qualifying event after the November 30 pre-tax deadline.

Let Your Agency Know About Changes

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

Changes in your family status, such as gaining or losing a dependent, may mean you need to change your health insurance coverage from Individual to Family or from Family to Individual. You can make most changes any time, not just during Option Transfer Period. Inform your agency Health Benefits Administrator about any change promptly to ensure it is effective on the actual date of change in family status.

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

Retiring or Vesting in 2006?

You may change your health insurance plan when you retire or vest your health insurance. Retirees and vestees who continue their NYSHIP enrollment may change health insurance options at any time once during a 12-month period. For more information on changing options as a retiree, ask your agency Health Benefits Administrator for *Health Insurance Choices for Retirees.*

Medicare and NYSHIP

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

Exceptions: Medicare is primary for your domestic partner age 65 or over, or for an active employee or dependent with end-stage renal disease (waiting period applies) or amyotrophic lateral sclerosis (ALS).

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

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

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

Read the following important information if you are planning to retire or vest in 2006 and consider how your NYSHIP benefits will be affected when Medicare is primary.

- **If you are Medicare-primary and have secondary coverage under The Empire Plan:** The Empire Plan coordinates benefits with Medicare. Since Medicare does not provide coverage outside the U.S., The Empire Plan pays primary for covered services received outside the U.S.
- **If you are Medicare-primary and 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. Benefits under the HMO's Medicare Advantage Plan may differ from your benefits as an active employee. 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.
- **If you are enrolled in The Empire Plan and join a Medicare Advantage Plan that is not part of NYSHIP:** If you receive services that are not authorized by your HMO, The Empire Plan will not pay for Medicare-covered services that would have been covered by the HMO.
- **If you enroll in a NYSHIP HMO that coordinates coverage with Medicare:** You receive the same benefits from the HMO as an active employee and still qualify for original Medicare benefits if you receive treatment outside your HMO.

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 or your dependent will become Medicare-eligible before the next Option Transfer Period, call your HMO to ask how Medicare will affect your NYSHIP benefits. Ask your agency Health Benefits Administrator for a copy of *Health Insurance Choices for Retirees, Planning for Retirement, Medicare and NYSHIP, Medicare for Disability Retirees* and other NYSHIP information for retirees.

To check www.cs.state.ny.us for Retiree meetings in your area, click "Employee Benefits," then "Meetings & More."

For More Information

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

Watch your mail for 2006 health insurance rates and the deadline for changing options. To find this information at www.cs.state.ny.us as soon as rates are approved, click "Employee Benefits", then "Choosing a Health Plan?" Your agency Health Benefits Administrator or Personnel Officer can help if you still have questions. *COBRA enrollees may contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, and the Virgin Islands).*

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 employees. 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.

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.

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 review the difference in coverage and out-of-pocket expenses. See 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
- 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 HMO for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable medications, self-injectable medications, contraceptive drugs and devices and fertility drugs
- Enteral formulas covered through either HCAP for The Empire Plan or the HMO's prescription drug program
- 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 employee contributions for coverage. However, when considering cost, think about all your costs throughout the year, not just your biweekly paycheck deduction. 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 your total annual cost under that plan. Do this for each plan you are considering and compare the costs. Watch for the annual *NYSHIP Rates & Deadlines* flyer that will be mailed to your home and posted on our web site, www.cs.state.ny.us, as soon as rates are approved. Along with this booklet, which provides copayment information, *NYSHIP Rates & Deadlines for 2006* 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 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 to 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 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 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;
- Centers of Excellence Programs for transplants and infertility;
- 24-hour NurseLine℠ 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 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:

- 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, you will be reimbursed up to 100 percent of the reasonable and customary charge. See the chart on page 8 for the Basic Medical deductible and coinsurance maximum amounts that apply to you, based on your employer group.
- You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

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.

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.

EMPIRE PLAN Basic Medical Program Effective January 1, 2006		
Employee Group	**Annual Deductible** *(per enrollee; per spouse or domestic partner; per all dependent children combined)*	**Coinsurance Maximum** *(out-of-pocket Expense per contract)*
Executive Branch CSEA	$225	$900/$500**
DC-37	$249 CPI*	$964 CPI*/$500**
PBA - Troopers	$322 CPI*	$1,193 CPI*
PBA - Supervisors	$322 CPI*	$1,193 CPI*
PIA	$322 CPI*	$1,193 CPI*
Council 82	$322 CPI*	$1,193 CPI*
NYSCOPBA	$322 CPI*	$1,193 CPI*
UUP	$322 CPI*	$1,548 CPI*
PEF	$322 CPI*	$1,548 CPI*
M/C	$322 CPI*	$1,548 CPI*
Legislature	$322 CPI*	$1,548 CPI*
Participating Employers	$322 CPI*	$1,548 CPI*
Unified Court System (except NU SY)	$225	$900/$500**
NYS Supreme Court Officers Association (NU SY)	$185	$776/$500***
Retirees, Vestees, Dependent Survivors and Preferred List	$322 CPI*	$1,548 CPI*

* These changes reflect the 4.2% increase in the medical care component of the Consumer Price Index for Urban Wage Earners and Clerical Workers, all Cities (C.P.I.-W.) for the period July 1, 2004 through June 30, 2005.

** The coinsurance maximum out-of-pocket expense will be reduced to $500 for calendar year 2006 for employees in (or equated to) salary grade 6 or below on January 1, 2006. This reduction is not available to Judges and Justices.

*** The coinsurance maximum out-of-pocket expense may be reduced to $500 for calendar year 2006 for employees earning $24,657 or less in full-time base annual salary on April 1, 2002, provided the employee meets criteria as the head of household and sole wage earner in the family and applies through the agency Health Benefits Administrator to the Department of Civil Service.

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

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).

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.

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?	Yes. Your benefits are the same at participating and non-participating hospitals worldwide.	Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.
If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?	Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers. Your hospital benefits are the same regardless of whether the hospital participates.	You should expect to use a participating physician and a participating hospital. Under certain circumstances you may be able to receive a referral to a specialist care center outside of the network.
Can I be sure that I will not need to pay more than my copayment when I receive medical services?	Yes. As long as you use a participating provider or receive inpatient hospital services and follow the Benefits Management Program requirements or receive services at any hospital outpatient department, your copayment should be your only expense.	Yes, as long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.
Will I be covered for care I receive away from home?	Yes. Under The Empire Plan, your benefits are the same wherever you receive care.	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.
Do I have coverage for mental health treatment?	Yes. You have guaranteed access to unlimited medically necessary inpatient and outpatient care, as long as you follow Plan requirements.	Yes. Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.
What kind of care is available for physical therapy and chiropractic care?	You have guaranteed access to unlimited medically necessary care when you use participating providers and follow Plan requirements.	Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.

	The Empire Plan, continued	NYSHIP HMOs, continued
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 prescription drugs. Some drugs require pre-authorization.	Some HMOs require doctors to choose from a list of preferred drugs. If a drug is not on the list it 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.

Note: These responses are generic in nature and are meant to point out the general differences between The Empire Plan and NYSHIP HMOs. Details under each plan are available on the individual plan pages beginning on page 24 of this booklet, in your Empire Plan Certificate (available from your agency Health Benefits Administrator) or 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, wherever you live or work. To enroll or continue enrollment in a NYSHIP-approved HMO, 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 will serve in 2006.

Q: How do I find out which providers and hospitals 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 www.cs.state.ny.us; click "Employee Benefits" then "Empire Plan Providers, Pharmacies and Services" to link to *The Empire Plan Participating Provider Directory*.
- Ask your agency Health Benefits Administrator for *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 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 change. You cannot change your plan outside the Option Transfer Period because your provider no longer participates.

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

A: Yes. Under NYSHIP, you can change your option 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 retire in 2006 and become eligible for Medicare?

A: Regardless of which option you choose, as a retiree, you and your dependent must be enrolled in Medicare Parts A and B when either of you first becomes eligible for primary Medicare coverage. Please read about Medicare and NYSHIP and Medicare Part D, new in 2006, on page 3.

Please note, especially, that your NYSHIP benefits become secondary to Medicare and that your benefits may change when you enroll in some HMOs.

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

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

MAKING A CHOICE

Decision-Making Checklist

Choosing a health insurance plan is an important decision. Think about what health care you and your family might need during the next year. Review the plans and ask for more information. Here are a few questions to consider:

- What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? 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?

What You Need To Do

The Empire Plan and NYSHIP HMOs are summarized in this booklet. The Empire Plan is available to all employees. NYSHIP HMOs are available to employees in areas where they live or work. Pick the plans that would serve your needs best and call each for details before you choose.

If you decide to change your benefit plan:

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

Things to Remember

Choosing a health plan is an important decision.

- Gather information from as many sources as possible.
- Consider the unique needs of yourself and your family.
- Look for a health plan that provides the best balance of cost and benefits for you.

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

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.

- **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 drugs that appear on the list. If a plan has an open formulary, use of the list is voluntary. An incented formulary is a type of open formulary that encourages use of preferred drugs to non-preferred drugs based on a tiered copayment schedule.

- **Health Benefits Administrator (HBA):** Personnel located in each State agency, often in Human Resources or Personnel Office, who work with the Employee Benefits Division in the Department of Civil Service to process enrollment transactions and answer health insurance questions.
  You are responsible for notifying your agency HBA of changes that might affect your enrollment.

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

- **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, and 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 benefits offered by the HMO. These benefits are set in accordance with Medicare's guidelines 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 dependents and is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.

- **Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan and NYSHIP-approved HMOs within a specific geographic area.

How to Use the Choices Benefit Charts, Pages 16 – 36

All NYSHIP plans must include a minimum level of benefits (see page 5). 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 5) 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 on or about 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 18–23 for a summary of The Empire Plan.

Health Maintenance Organizations (HMOs)

Most NYSHIP enrollees have a choice among 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. This map and list will help you determine which HMOs are available by region. The page indicated will identify the exact counties served by each HMO and describe available benefits.

Western New York Region

The Empire Plan.....18-23
Blue Choice.....25
Community Blue.....27
HMOBlue.....31
Independent Health.....32
Preferred Care.....34
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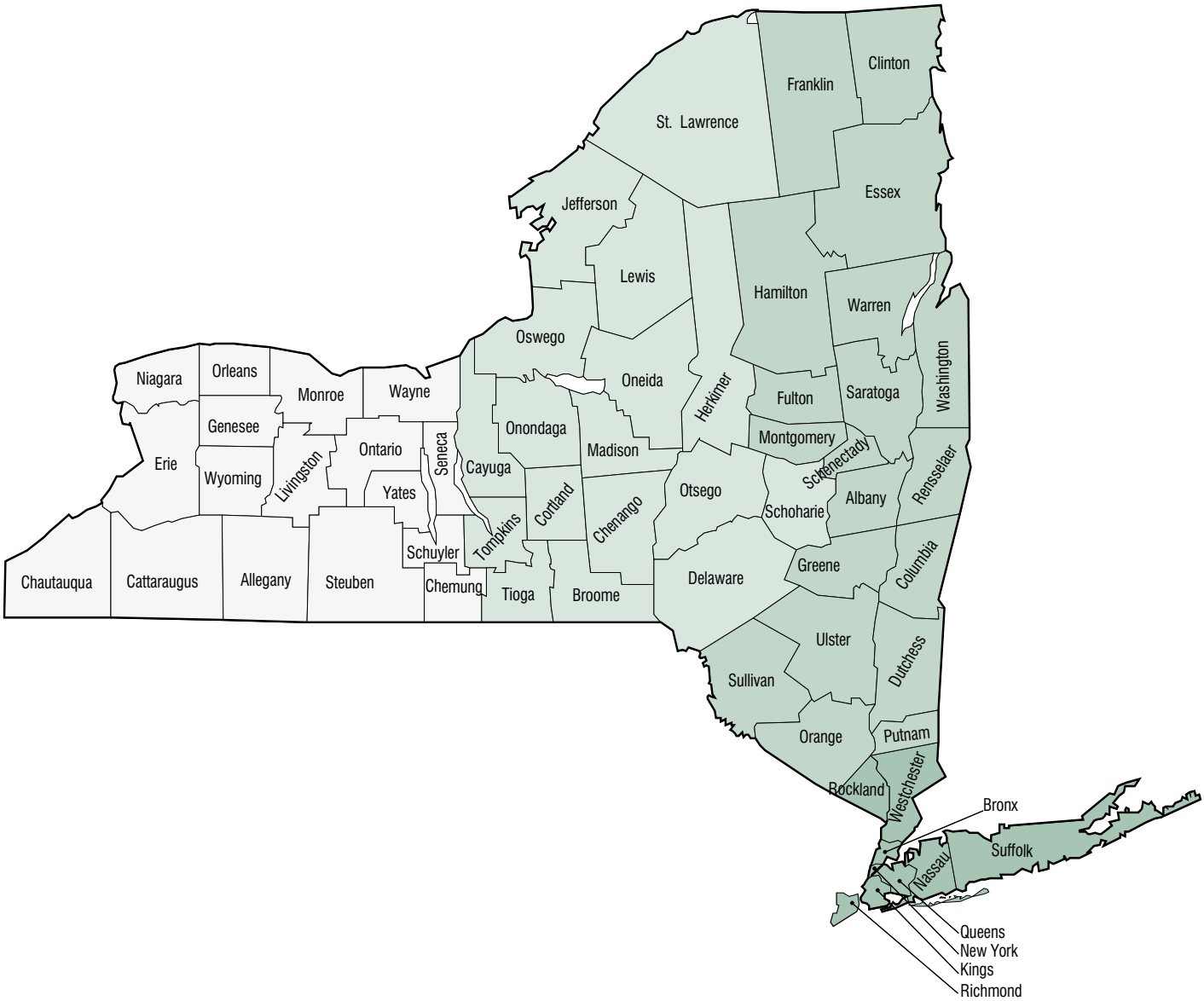
Central New York Region

The Empire Plan.....18-23
Capital District Physicians' Health Plan.....26
Empire BlueCross BlueShield HMO.....28
GHI HMO.....29
HMOBlue.....31
MVP Health Care.....33



Upper and Mid-Hudson Region

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Capital District Physicians' Health Plan.....26
Empire BlueCross BlueShield HMO.....28
GHI HMO.....29
HMOBlue.....31
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Lower New York Region

(Includes New Jersey)

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Aetna.....24
Empire BlueCross BlueShield HMO.....28
GHI HMO.....29
HIP Health Plan of New York.....30
MVP Health Care.....33
Vytra Health Plans.....36

The Empire Plan

NYSHIP Code Number 001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2006.* You may also visit www.cs.state.ny.us, or call toll free 1-877-7-NYSHIP (1-877-769-7447), the one number for The Empire Plan carriers. Call 1-877-7-NYSHIP to connect to:

Press or Say 1 on the main menu

The Empire Plan Medical Benefits Program

United HealthCare

Medical and surgical coverage through:

- **Participating Provider Program –** More than 150,000 physicians and other providers participate; certain services are subject to a $8 or $10 copayment, depending on your group.
- **Basic Medical Program –** If you use a non-participating provider. See "Cost Sharing" (page 7) for an explanation of reimbursement under The Empire Plan Basic Medical 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 – $8 or $10 copayment (depending on your group). Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available.

Under **The Empire Plan Benefits Management Program**, you must call United HealthCare for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI).

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

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

Press or Say 2 on the main menu

The Empire Plan Hospital Benefits Program

Empire BlueCross BlueShield

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

Hospital outpatient and emergency care are subject to copayments.

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

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

Network Benefits

Mental Health Services
(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis Intervention (up to three 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 (unlimited when medically necessary).Subject to an $8 or $10 copayment depending on your group.

If you do not call ValueOptions or do not follow their recommendations, limited non-network benefits are available for medically necessary care. For non-network care, you pay a $2,000 deductible for inpatient 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 percent of the network allowance. There are limits on inpatient and outpatient benefits and annual and lifetime maximums when you use non-network benefits.

Press or Say 4 on the main menu

The Empire Plan Prescription Drug Program

Empire BlueCross BlueShield/Caremark

The Empire Plan Prescription Drug Program includes:

- Open formulary
- When you use a participating pharmacy or the mail service pharmacy, you pay a $5 copayment for generic drugs and a $15 copayment for brand-name drugs that have no generic equivalent. When you fill a prescription for a brand-name drug that has a generic equivalent you pay a $15 brand-name copayment plus the difference in cost between the brand-name drug and its generic equivalent not to exceed the full cost of the drug. Exceptions apply. Please contact your agency Health Benefits Administrator for more information.
- One copayment covers up to a 90-day supply at either a participating pharmacy or the mail service.
- You may fill your prescriptions through the mail service pharmacy.
- 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℠ –

Provides 24-hour access to health information and support.

(Continued on next page)

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*.

The Empire Plan Centers of Excellence Programs

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 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 $25,000. 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

NYS ONLINE
BENEFITS RESOURCE

NYS OnLine answers many questions for NYSHIP enrollees. “You Should Know…” alerts you to new publications and 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 by clicking “Choosing a Health Plan?” Rates are posted promptly upon approval.

NYS OnLine meets universal accessibility standards adopted by New York State for NYS Agency web sites and has been honored for excellence in health benefits presentation by WWW Health Awards, National Health Information Awards, APEX Awards, NYS Forum for IRM Best Practices Awards and WWW Mature Media Awards. Visit us at the New York State Department of Civil Service web site, www.cs.state.ny.us. Click on “Employee Benefits.”

Look here for NYSHIP plans and premium rates for 2006.

The Empire Plan

Benefits	Empire BlueCross BlueShield Hospital[1]	Empire Plan Participating Provider	Non-Participating Provider
Office Visit		$8 or $10/visit[2]	Basic Medical[3]
Specialty Office Visits		$8 or $10/visit[2]	Basic Medical[3]
Diagnostic/Therapeutic Services			
X-Rays	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Lab Tests	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Pathology	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
EKG/EEG	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Radiation, Chemotherapy	No copayment	No copayment	Basic Medical[3]
Women's Health Care/OB GYN			
Pap Tests	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Mammograms	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Pre and Postnatal Visits		No copayment	Basic Medical[3]
Bone Density Tests	$25/visit	$8 or $10/visit[2]	Basic Medical[3]
Family Planning Services		$8 or $10/visit[2]	Basic Medical[3]
Infertility Services		$8 or $10/visit[2]; No copayment at designated Centers of Excellence ($25,000 lifetime allowance)	Basic Medical[3]
Contraceptive Drugs and Devices (also covered under The Empire Plan Prescription Drug Program)		$8 or $10/visit[2]	Basic Medical[3]
Emergency Room	$35/visit		
Urgent Care		$8 or $10/visit[2]	Basic Medical[3]
Ambulance		$35 copayment	$35 copayment
Outpatient Mental Health		$15/visit; unlimited when medically necessary (ValueOptions)	$500 annual deductible, 50% of network allowance; 30 visits/calendar year
Inpatient Mental Health		No copayment; unlimited when medically necessary (ValueOptions)	$2,000 annual deductible, 50% of network allowance; 30 days/calendar year

Outpatient Drug/Alcohol Rehabilitation		$8 or $10/visit[2]; unlimited when medically necessary (ValueOptions)	$500 annual deductible, 50% of network allowance; 30 visits/calendar year
Inpatient Drug/Alcohol Rehabilitation		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
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (See the *Empire Plan Certificate/Reports*)
Prosthetics			Basic Medical[3]
Orthotics			Basic Medical[3]
Rehabilitative Care	No copayment when an inpatient/ $8 or $10/visit[2] for physical therapy following related surgery or hospitalization	Physical or occupational therapy $8 or $10/visit (MPN)[2] Speech therapy $8 or $10/visit[2]	$250 annual deductible, 50% of network allowance; $1,500 annual maximum benefit Basic Medical[3]
Diabetic Supplies (insulin is covered under The Empire Plan Prescription Drug Program subject to drug copayment[2])		No copayment (HCAP)	50% of network allowance (See the *Empire Plan Certificate/Reports*)
Hospice	No copayment, no limit		
Skilled Nursing Facility	No copayment up to 365 benefit days[4]		
Prescription Drugs (see page 19)			
Additional Benefits			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		up to $1,200 every 4 years (every 2 years for children)	up to $1,200 every 4 years (every 2 years for children)
24-hour NurseLine$_{SM}$ for health information and support			
Disease Management Programs (voluntary): Cardiovascular Risk Reduction, Asthma and Diabetes Management			
Complementary and Alternative Medicine discounts (not available to NYSCOPBA)			

[1] Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association.
[2] Copayments and/or some benefits vary depending on your group. Check the Empire Plan Certificate/Reports for your group.
[3] See page 7 for an explanation of reimbursement under the Basic Medical Program.
[4] Pre-admission certification may be required.

Benefits

	Your Cost
Office Visit	$15/visit
Non-Office Hours and Home Visit (by physician)	$20/visit
Specialty Office Visits	$15/visit
Diagnostic/Therapeutic Services	
Radiology	$15/visit
Lab Tests	$15/visit
Pathology	$15/visit
EKG/EEG	$15/visit
Radiation/Chemotherapy	$15/visit
Women's Health Care/OB GYN	
Pap Tests	$15/visit
Mammograms	No copayment
Pre and Postnatal Visits	$15/visit (initial visit only)
Bone Density Tests	$15/visit
Family Planning Services	$15/visit
Infertility Services	$15/visit
Contraceptive Drugs and Devices	Applicable Rx copayment applies
Emergency Room (waived if admitted)	$50/visit
Urgent Care	$35/visit
Ambulance	No copayment
Outpatient Mental Health, max 20 visits[1]	$25/visit
Inpatient Mental Health, max 35 days[1]	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits[1]	$15/visit
Inpatient Drug Rehab, max 30 days[1]	No copayment
Inpatient Alcohol Rehab, max 30 days[1]	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, max 60 consecutive days	$15/visit
Diabetic Supplies, Insulin and oral agents	Office/$15, Pharmacy/Applicable Rx copayment applies
Hospice, unlimited	No copayment
Skilled Nursing Facility, unlimited	No copayment
Prescription Drugs	
Retail, 30-day supply	$10/$15/$30
Mail Order, 90-day supply	$20/$30/$60[2]

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

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

Outpatient Mental Health
- (NJ) Bio-Based $15, Non-Bio $25/20 visits
- (PA) Serious $25/60 visits, Non-serious $25/20 visits

Inpatient Mental Health
- (NJ) Bio-based unlimited, Non-bio 35 days
- (PA) Serious 35 days, Non-serious 35 days

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

Additional Benefits

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

Plan Highlights 2006

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies & Prescriptions

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

Medicare Coverage

Medicare-primary enrollees are required to enroll in Aetna's **Medicare Advantage Plan**, The Golden Medicare Plan™.

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, 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

Blue Choice

A product of Excellus BlueCross BlueShield, Rochester Region

Benefits

	Your Cost
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 copayment
Pathology	No copayment
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[1]/ $40 Tier Three[1]
Mail Order, up to 90-day supply	$30 Tier One/$75 Tier Two[1]/ $120 Tier Three[1]

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

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

Additional Benefits

Dental, preventive ..... Not covered

Vision ..... $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

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

Benefits

	Your Cost
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[1]
Lab Tests	$15/visit[1]
Pathology	$15/visit
EKG/EEG	$15/visit
Radiation/Chemotherapy	$15/visit
Women's Health Care/OB GYN	
Pap Tests	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
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.

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

Additional Benefits

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

Plan Highlights 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 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

Benefits

	Your Cost
Office Visit	$10/visit
Well Child Care	No copayment
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	No copayment
Mammograms	$10/visit
Pre and Postnatal Visits	No copayment
Bone Density Tests	$10/visit
Family Planning Services	$10/visit
Infertility Services	$10/visit
Contraceptive Drugs and Devices	Applicable Rx copayment applies
Emergency Room	$50/visit
Urgent Care	$10/visit
Ambulance	$50/trip
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$10/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits	$10/visit
Diabetic Supplies, Insulin and oral agents	$10/item
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 50 days	No copayment
Prescription Drugs	
Retail, 30-day supply	$5 generic/$15 formulary brand/ $35 non-formulary
Mail order, 90-day supply	$15 generic/$45 formulary brand/ $105 non-formulary

Coverage includes contraceptive drugs and devices, prenatal and vitamins with fluoride, fertility drugs, self-injectable medications, enteral formulas, insulin and oral diabetic agents. Most injectable drugs are subject to prior approval. Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.

Additional Benefits

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

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

Hearing Aids .....Not covered

Plan Highlights 2006

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies & Prescriptions

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

Medicare Coverage

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

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

Empire BlueCross BlueShield HMO

Benefits

	Your Cost
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[1]
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[2]
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"

1 Waived if admitted within 24 hours.

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

Additional Benefits

Dental	Not covered
Vision	Not covered
Hearing Aids	Not covered

Plan Highlights 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, 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

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

Benefits

	Your Cost
Office Visit	
Dependent Child 0-18	No copayment
Adults	$20/visit
Specialty Office Visits[1]	
Dependent Child 0-18	No copayment
Adults	$20/visit
Diagnostic/Therapeutic Services[2]	
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[2]	$50/visit
Urgent Care[2]	$35/visit
Ambulance[2]	$50/visit
Outpatient Mental Health, max 20 visits[2]	$20/visit, 1st-5th; $35/visit, 6th-20th
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits[2]	$20/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient, physical therapy, max 30 visits[2]	$20/visit
Outpatient, speech therapy[2]	$20/visit
Diabetic Supplies, Insulin and oral agents[2]	$20/item
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 120 days/year	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 generic/$20 preferred brand/ $30 non-preferred brand
Mail Order, 90-day supply	$20 generic/ $40 preferred brand/$50 non-preferred brand

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

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

Additional Benefits

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

Plan Highlights 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

	Your Cost
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	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
Prostate Cancer Screening	No copayment
Family Planning Services	$5/visit
Infertility Services[1]	$5/visit
Contraceptive Drugs and Devices	Applicable Rx copayment applies
Emergency Room	$25/visit
Urgent Care	$5/visit
Ambulance	No copayment
Outpatient Mental Health, max 20 visits	No copayment
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$5/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 30 days	No copayment
Outpatient, max 90 visits	$5/visit
Diabetic Supplies, Insulin and oral agents	$5/month
Hospice, max 210 days	No copayment
Skilled Nursing Facility, unlimited days	No copayment
Prescription Drugs	
Retail, 30-day supply	$5
Mail Order, 90-day supply	$7.50

(Subject to Drug Formulary) Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. Copays are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day generic or brand-name supply may be obtained.

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

Additional Benefits

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

Plan Highlights 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**®, is now available in English, Spanish, Chinese and Korean.

Participating Physicians

HIP's participating physicians locations include private practices and health centers operated by some of New York's top hospitals and medical groups, including Beth Israel Medical Center, Montefiore Medical Group, 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 participating pharmacies throughout New York State. HIP also has a Mail Order Program through Express Scripts, Inc. HIP offers a **closed formulary**.

Medicare Coverage

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

HIP Health Plan of New York
55 Water Street, New York, NY 10041

NYSHIP Code Number 050
A Network HMO serving individuals living or working in Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties.

For information, call 1-877-861-0175
TTY 1-888-447-4833
Or visit our web site at ..... hipusa.com

Benefits

	Your Cost
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[1]/ $40 Tier Three[1]
Mail Order, 90-day supply	$30 Tier One/$75 Tier Two[1]/ $120 Tier Three[1]

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

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

Additional Benefits

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

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

Benefits

	Your Cost
Office Visit	$10/visit
Specialty Office Visits	$10/visit
Diagnostic/Therapeutic Services	
Radiology	$15/visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	$10/visit
Radiation/Chemotherapy	$15/visit/$10/visit
Women's Health Care/OB GYN	
Pap Tests	$10/visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	$15/visit
Family Planning Services	$10/visit
Infertility Services	$10/visit
Contraceptive Drugs and Devices	Applicable Rx copayment applies
Emergency Room	$50/visit
Urgent Care	$10/visit
Ambulance	$25/trip
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No copayment
Outpatient Drug/Alcohol Rehab, max 60 visits	$10/visit
Inpatient Drug Rehab, max 30 days	No copayment
Inpatient Alcohol Rehab, max 30 days	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	No copayment
Orthotics (excludes shoe inserts)	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days	No copayment
Outpatient, max 2 consecutive months	$15/visit
Diabetic Supplies, Insulin and oral agents	$10/item
30-day supply	$10 or applicable pharmacy rider, whichever is less
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 45 days	No copayment
Prescription Drugs,	
Retail, 30-day supply	$5 tier I, most generic drugs/$15 tier II, most preferred name-brand drugs/ $30 tier III, all other drugs
Mail Order	Not available

Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. Tier 1 oral contraceptives covered in full.

Additional Benefits

Dental, preventive	$30/cleaning and 20% discount on additional services at select providers
Vision, routine only	$10/visit once every 12 months
Eyeglass lenses	$35/single vision lenses
Frames	50% off retail up to $130 and member pays 80% of balance over $130
Hearing Aids	Not covered
Home Health Care, max 40 visits	$10/visit

Plan Highlights 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.

Pharmacies & Prescriptions

Over 350 pharmacies including many national chains. Members may obtain prescriptions out of the service area by using our National Pharmacy Network. Independent Health offers a **closed formulary**.

Medicare Coverage

Independent Health Medicare-primary retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments will vary from the copayments of a NYSHIP-primary enrollee. 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

	Your Cost
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
Mail Order, 90-day supply	$20/generic, $60/brand, $100 non-formulary

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

	Your Cost
Office Visit	$20/visit
PCP Sick Visits for Children, age 0-4	No copayment
age 5-18	$10/visit
Specialty Office Visits	$20/visit
Diagnostic/Therapeutic Services	
Radiology	$20/visit
Lab Tests	$5/day
Pathology	$5/day
EKG/EEG	$20/visit
Radiation	No copayment
Chemotherapy	$20/visit
Women's Health Care/OB GYN	
Pap Tests	$15/visit
Mammograms	No copayment
Pre and Postnatal Visits	$50 copayment per pregnancy
Bone Density Tests	$20/visit
Family Planning Services	$20/visit/PCP; $20/visit/specialist
Infertility Services	$20/visit/PCP; $20/visit/specialist
Contraceptive Drugs and Devices	No copayment
Emergency Room	$50/visit
Urgent Care Center	$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	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, max 30 visits	$20/visit
Diabetic Supplies, Insulin and oral agents	
Retail, 30-day supply	$20
Mail Order, 90-day supply	$50
Hospice, max 210 days	No copayment
Skilled Nursing Facility, max 120 days/yr; 360 days/life	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 Tier 1/$25 Tier 2/$40 Tier 3
Mail Order, up to 90-day supply	$25 Tier 1/$62.50 Tier 2/$100.00 Tier 3

If member requests brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the brand-name plus copayment.

Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Contraceptive drugs and devices covered in full.

Additional Benefits

Dental	Not covered
Vision, routine only	$20/annual
Eye Wear	20% discount
Hearing Aids, up to age 19	$600/3 calendar years
Home Health Care, max 40 visits	$20/day
Acupuncture, max 10 visits	50% coinsurance

Plan Highlights 2006

Preferred Care is not just an insurance plan, we are a health plan. We work closely with our community's physicians to make sure you receive the quality, value and service you should expect from a health plan. Below are a few reasons to choose Preferred Care in 2006:

- $50 in HealthDollars to spend on health, wellness and fitness programs
- Health Partners programs to help you stay healthy.

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies & Prescriptions

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

Medicare Coverage

NYSHIP Medicare-primary enrollees must enroll in the Gold Plan, Preferred Care's **Medicare Advantage Plan**. Copayments will vary from the copayments of a NYSHIP-primary enrollee. Call the number below for detailed information.

Preferred Care
259 Monroe Ave.
Rochester, NY 14607

NYSHIP Code Number 058
An IPA HMO serving individuals living or working in Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties.

For information, call
Preferred Care's Member Services Department at585-325-3113
or 1-800-950-3224
TTY.....585-325-2629
Or visit our web site at .....www.preferredcare.org

Benefits

	Your Cost
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 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.

*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

	Your Cost
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

Notes

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

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