



'07 CHOICES

**For Retirees of New York State
and Participating Employers**

Health Insurance Choices

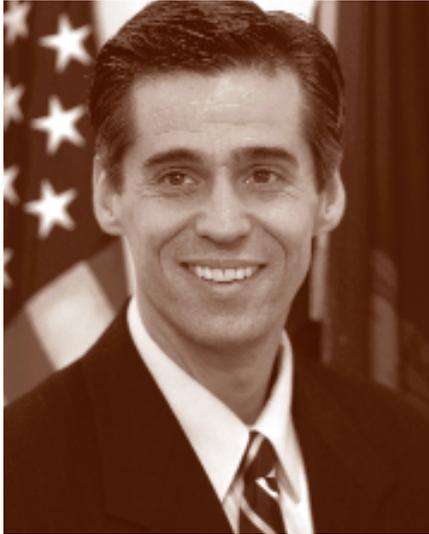
Choose your Health Insurance Plan for 2007



November 2006

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A Message from Commissioner Daniel E. Wall

Choosing your health insurance is an important decision. In selecting your health insurance plan for 2007, you want to be sure to choose the one that best meets your needs. This booklet will provide you with information you need in order to help you make an informed decision. Remember, you no longer need to change options during the traditional 30-day Option Transfer Period at the end of the year. NYSHIP enrollees with retiree benefits* are permitted to change health insurance options at any time once during a 12-month period.

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

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

For additional information on changing plans or help determining which plans are available to you, contact the Employee Benefits Division at the New York State Department of Civil Service at 518-457-5754 or 1-800-833-4344, or visit our web site at www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits. Click on Rates and Health Plan Choices for the most up-to-date Option Transfer information.

Thank you,

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

Daniel E. Wall, Commissioner
NYS Department of Civil Service

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

Information and Reminders

Choose Your Health Insurance Plan

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

Rates for 2007

The Empire Plan and HMO rates for 2007 are mailed to your home and 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 on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits. Click on Rates and Health Plan Choices.

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

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

Changing Your Health Insurance Plan

Consider your health insurance plan carefully. You may only change your health insurance plan more than once in a 12-month period if you move or add a new dependent to your coverage under certain conditions. See your *NYSHIP General Information Book* for details.

You cannot change your health insurance plan more than once in a 12-month period because of a change in the providers who participate in your plan.

You and Your Dependents Must Enroll in Medicare

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

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

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

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

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

Medicare and Your NYSHIP Benefits

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

The Empire Plan

If you are Medicare-primary and have secondary coverage under The Empire Plan: The Empire Plan coordinates benefits with Medicare. Since Medicare does not provide coverage outside the U.S., The Empire Plan pays primary for covered services received outside the U.S. See your *NYSHIP General Information Book* and the *Empire Plan Certificate* for details.

NYSHIP Health Maintenance Organizations (HMOs)

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

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

Note: If you or your covered dependents are Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare

Advantage Plan, you or your covered dependents must be enrolled in your HMO's Medicare Advantage Plan.

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

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

Important

Non-NYSHIP HMOs

You may receive information from Medicare and from non-NYSHIP HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans. Please be aware that your NYSHIP benefits will be significantly reduced if you join one of these plans. If you join a Medicare Advantage Plan offered outside of NYSHIP, you may have very few or no benefits except the benefits available through that plan.

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

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

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

Medicare Part D

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

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

Keep Your Health Insurance Up To Date

You must write to:

The Employee Benefits Division
New York State Department of Civil Service
Alfred E. Smith State Office Building
80 South Swan Street
Albany, New York 12239

when changes in your family or marital status affect your coverage or if your address changes. Be sure to sign the letter and include your identification number, telephone number and address. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

To Contact The Employee Benefits Division

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

Rates and Information

Watch your mail for *2007 Rates & Information for Retirees*. To find this information on the New York State Department of Civil Service web site, as soon as rates are approved, go to www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits. Click on Rates and Health Plan Choices.

You'll also find the *Statewide Retiree Health Insurance Choices* on the site. If you still have questions, contact the Employee Benefits Division.

Lifetime sick leave credit: You pay the balance

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium may change each year. If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2007, subtract your monthly sick leave credit from the new monthly premium.

What Your Retirement Check and "Notice of Change" Document Will Show

Your deductions will change to reflect the 2007 health insurance rates of your 2007 health insurance plan. The 2007 Medicare reimbursement for the Medicare Part B base premium will be \$93.50 a month, up 5.6 percent from \$88.50 per month in 2006.

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

Note to Enrollees Who Pay the Employee Benefits Division Directly:

The 2007 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change is received and processed. The amount of your Medicare credit will also be adjusted to reflect the 2007 Medicare base rate.

1. Medicare Premium and Your Credit (Reimbursement) Will be \$93.50 per Month

The base cost for the Medicare Part B premium for 2007 is \$93.50 per month.

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

2. Insurance Premium Deduction

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

Your retirement check of December 31, 2006, should reflect the 2007 rates.

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

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2006.

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

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

Benefits	Last Month	This Month
Normal Allowance		
Cost of Living		
Supplemental Allowance		
Benefit Adjustments		
Gross Benefit		
Miscellaneous Adjustments		
Total Federal Withholding Tax		
Miscellaneous Deductions		
Health Insurance		
Health Ins. Deduction		
Medicare Credit		
Medicare Deduction		
Net Retirement Benefit Paid		

This difference is due to changes in your basic benefit (the amount of Federal Income Tax withheld from your pension) already been advised regarding this change in your benefit.

I hope this information is helpful to you. If you have any questions, contact our call center at 1-888-825-2290 or 518-474-7736 in the Albany, New York area.

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

Name: Check #:
 Retirement #: Date: May 31, 2006
Registration #:

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL
FEDERAL WITHHOLDING	INSURANCE PREMIUM			NET DEDUCTIONS
				CH. CAVALLINI

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYEE.

If you have any questions, need to order forms and booklets or change your mailing address, please contact our call center toll free at 1-888-825-2290 or 518-474-7736 in the Albany, New York area.

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

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Choosing Your Health Plan

Choosing the health insurance plan to cover your needs and the needs of your family requires careful research. As with most important purchases, there is more to consider than cost. Selecting a health plan is an important and personal decision – only you know your family life style, health, budget and benefit preferences. Think carefully about what you need from your health plan so you are better prepared to make a choice.

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

The 2007 Rates & Information for Retirees will be mailed to your home and posted on our web site, www.cs.state.ny.us, as soon as rates are approved.

Benefits

The Empire Plan & HMOs

- All NYSHIP plans provide a wide range of hospital, medical/surgical, and mental health and substance abuse coverage.
- All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund. (Judicial Branch CWA-represented retirees (NUSD) who retired before 7/1/94 and retirees from certain Participating Employers receive prescription drug coverage through a union Employee Benefit Fund.)

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

Exclusions

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

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

Geographic Area Served

The Empire Plan

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

Health Maintenance Organizations (HMOs)

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

Benefits Provided by The Empire Plan and All NYSHIP HMOs

Please see the individual plan descriptions in this booklet to determine the differences in coverage and out-of-pocket expenses. See the plan documents for complete information on benefits.

- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency services
- Laboratory services
- Radiology services
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care
- Well-child care
- Chiropractic services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Medically necessary bone density tests
- Mammography
- Inpatient mental health services (at least 30 days per calendar year)
- Outpatient mental health services (at least 20 visits per calendar year)
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation (at least 30 days per calendar year)
- Inpatient drug rehabilitation (at least 30 days per calendar year)
- Outpatient alcohol and drug rehabilitation (at least 60 visits per calendar year)
- Family planning and certain infertility services (Call The Empire Plan carriers or HMOs for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable medications, self-injectable medications, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- Enteral formulas covered through either HCAP for The Empire Plan or the prescription drug program for the HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

Consider Cost

Although New York State pays most of the premium cost for your coverage regardless of which plan you choose, differences in plan benefits among the various health insurance options result in different contributions for coverage. When considering cost, think about all your costs throughout the year. Keep in mind out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Add the annual premium for that plan to these costs to estimate the total annual cost under that plan. Subtract your monthly sick leave credit (if this applies to you) from the total for the balance you will pay. Do this for each plan you are considering and compare the costs. Watch for the *2007 Rates & Information for Retirees* 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, the Rates flyer will provide the information you need to figure your annual cost under each of the available plans.

The Empire Plan or a NYSHIP HMO

What's New in 2007?

The Empire Plan

- Effective June 29, 2006, the human papilloma virus (HPV) vaccine for the prevention of cervical cancer is covered as a pediatric immunization for dependent females up to age 19 years under both The Empire Plan Participating Provider and Basic Medical Programs. Female enrollees and dependents age 19 years to 26 years are eligible for the immunization under the Participating Provider Program.
- Effective October 1, 2006, The Empire Plan offers the Depression Management Program through ValueOptions. If you or your dependents have received recent treatment for depression, you may be invited to participate in this program. Participation is voluntary, free of charge and confidential.

NYSHIP HMOs

Effective January 1, 2007

- No new enrollments will be accepted for Aetna.
- Aetna will no longer provide services to NYSHIP enrollees in Pennsylvania. If you are currently enrolled in Aetna and wish to receive health care services in Pennsylvania, you must enroll in The Empire Plan during the upcoming Option Transfer Period. If, however, you work in a NYSHIP-approved Aetna service area, you may remain in Aetna or enroll in another NYSHIP-approved HMO that serves the area where you work. If you elect to remain in Aetna or enroll in another NYSHIP-approved HMO that serves the area where you work, you must receive all health care services from that HMO while in the HMO's approved service area. For instructions on how to change plans, see "What You Need to Do" on page 21 of this booklet.
- Vytra is no longer available. If you are a current Vytra enrollee, you must transfer to a different NYSHIP plan that serves the area in which you live or work, or you will be automatically transferred into The Empire Plan effective January 1, 2007.

For instructions on how to change plans, see “What You Need to Do” on page 21 of this booklet.

- Univera Healthcare will offer a Medicare Advantage Plan 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 and Basic Medical Provider Discount Program if you choose a non-participating provider;
- Home care services, diabetic supplies, enteral formulas, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP);
- Physical medicine (chiropractic treatment and physical therapy) coverage;
- Inpatient and outpatient mental health and substance abuse coverage;
- Prescription drug coverage unless it is provided by a union Employee Benefit Fund;

- Centers of Excellence Programs for cancer, transplants and infertility;
- 24-hour NurseLine_{SM} 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, surgical, mental health or substance abuse services, you pay a copayment (\$18 in 2007) 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 (\$335 in 2007):

- The Empire Plan pays 80 percent of the reasonable and customary charge.
- You are responsible for the 20 percent coinsurance and charges in excess of the reasonable and customary charge.

- After you reach the out-of-pocket maximum (\$1,610 in 2007), you will be reimbursed up to 100 percent of the reasonable and customary charge.
- You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

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

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

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

Select your group if prompted, and then click on Find a Provider.

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

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

Providers

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

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

NYSHIP Health Maintenance Organizations

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

- Coverage outside the specified geographic area is limited.

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

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

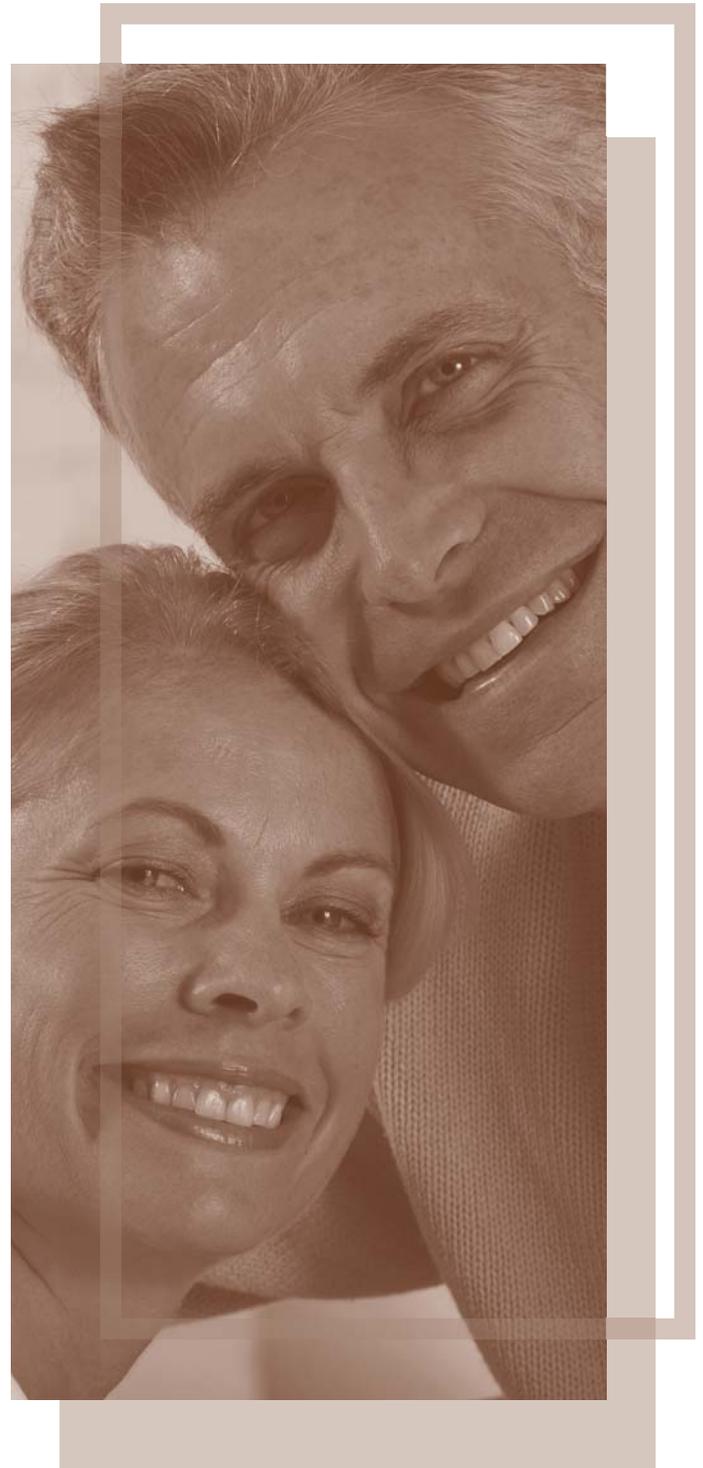
All NYSHIP HMOs cover inpatient and outpatient hospital care at a network hospital and offer prescription drug coverage unless it is provided through a union Employee Benefit Fund.

NYSHIP HMOs are organized in one of two ways:

- A Network HMO provides medical services that can include its own health centers as well as outside participating physicians, medical groups and multi-specialty medical centers.
- An Independent Practice Association (IPA) HMO provides medical services through private practice physicians who have contracted independently with the HMO to provide services in their offices.

Members enrolling in Network and IPA model HMOs may be able to select a doctor they already know if that doctor participates with the HMO.

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



The Empire Plan and NYSHIP HMOs: Similarities and Differences

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

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

The Empire Plan and NYSHIP HMOs: Similarities and Differences, cont.

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

* Applies only to Empire Plan-primary enrollees

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

Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 24 of this booklet, in the Empire Plan Certificate (available from the Employee Benefits Division) and in the HMO contract (available from each HMO).

NYSHIP Online

NYSHIP Online has been redesigned to provide you with more targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at www.cs.state.ny.us and click on Benefit Programs, then NYSHIP Online. Be sure to choose the benefit section for Retirees.

If you don't have access to the internet, your local library may offer computers for your use.



Questions and Answers

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

A: The Empire Plan is available worldwide regardless of where you live or work. To enroll in a NYSHIP-approved HMO or to continue enrollment, you must live or work in that HMO's service area. If you move permanently out of and/or no longer work in your HMO's service area, you must change options. See "Plans by County" on pages 22 and 23 and the individual HMO pages in this booklet to check the counties each HMO serves in 2007.

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

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

- Visit our web site at www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Find a Provider to link to *The Empire Plan Participating Provider Directory*.
- Visit the web sites on individual HMO pages in this booklet for provider information.
- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.
- If you are considering an HMO, call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

If you choose a provider who does not participate in your plan, check carefully whether benefits would be available to you. Ask if you would need authorization to have the provider's services covered. In most circumstances, HMOs do not provide benefits for services by non-participating providers or hospitals. Under The Empire Plan, you have benefits for participating and non-participating providers.

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

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

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

Q: What if I or my dependent becomes eligible for Medicare in 2007?

A: All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences among HMOs. To receive Medicare coverage from some HMOs, you must use the HMO's providers except for emergency care. These are called Medicare Advantage Plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See pages 2-4 in this booklet for more Medicare information.

Read the individual HMO's page in this booklet, call the HMO and ask about coverage for Medicare enrollees.

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

Note: If you or your covered dependents are Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents must be enrolled in your HMO's Medicare Advantage Plan.

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

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



Terms To Know

- **Coinsurance:** The enrollee's share of the cost of covered services; a fixed percentage of medical expenses.
- **Copayment:** The enrollee's share of the cost of covered services that is a fixed dollar amount paid when medical service is received, regardless of the total charge for service.
- **Deductible:** The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services.
- **Employee Benefits Division:** The Employee Benefits Division, State of New York Department of Civil Service, administers the New York State Health Insurance Program (NYSHIP). Call 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or visit our web site at www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online.
- **Fee-for-service:** A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.
- **Formulary:** A list of preferred drugs used by a health plan. If a plan has a closed formulary, you have coverage only for the drugs that appear on the list. If the plan has an open formulary, use of the list is voluntary. An incented formulary is a type of open formulary that encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule.
- **Health Maintenance Organization (HMO):** A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network.
- **Managed Care:** A health care program designed to ensure you receive the highest quality medical care for the lowest cost, in the most appropriate health care setting. Most managed care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He/she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.
- **Medicare:** A federal health insurance program that covers certain people age 65 or older, disabled persons under 65, or those who have end-stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare & Medicaid Services (CMS) and administered by the Social Security Administration.

- **Medicare Advantage Plan:** Medicare option wherein the HMO agrees with Medicare to accept a fixed monthly payment for each Medicare enrollee. In exchange, the HMO provides or pays for all medical care needed by the enrollee. If you join a Medicare Advantage Plan, you replace your original Medicare coverage (Parts A and B) with the benefits offered by the HMO. Most Medicare Advantage Plans include Medicare Part D drug coverage. The benefits under these HMOs are set in accordance with Medicare's guidelines for benefits offered for Medicare Advantage Plans.

Note: If you or your covered dependents are Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents must be enrolled in your HMO's Medicare Advantage Plan.

If you are enrolled in a NYSHIP Medicare Advantage Plan and cancel your coverage with that HMO to change to another plan, you must complete the Enrollment Cancellation form provided on page 71 of this booklet. **This important cancellation makes your Medicare benefits available to you in your new plan.**

- **Network:** A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.

- **New York State Health Insurance Program (NYSHIP):** NYSHIP covers approximately 1.2 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.
- **Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan or NYSHIP-approved HMOs within a specific geographic area.
- **Primary/Medicare-primary:** A health insurance plan is primary when it is responsible for paying health benefits before any other group health insurance. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State) when you turn 65, become disabled, or have end-stage renal disease (waiting period applies). Read plan documents for complete information.

Making A Choice

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

- ✓ What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- ✓ What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? How much will my prescriptions cost me? (Certain New York State retirees and certain retirees of Participating Employers: If you receive your drug coverage from a union Employee Benefit Fund, your prescription drug plan won't change.) What is my share of the cost? Does the plan have an open, closed or incented formulary? Am I required to use the mail service pharmacy?
- ✓ 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? Would I need a referral?
- ✓ What is the cost of the health plan to me?
- ✓ What will my out-of-pocket expenses be?
- ✓ Does the plan cover special needs? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you'll have coverage. Ask The Empire Plan carriers or HMOs about your specific treatment.)
- ✓ Are routine office visits and urgent care covered for out-of-area college students or is only emergency health care covered?
- ✓ How much paperwork is involved in the health plan – do I have to fill out forms?
- ✓ How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare Advantage Plan? Does the plan coordinate coverage with Medicare? See pages 2-4 in this booklet for information on Medicare.
- ✓ Does the plan cover me when I travel?

What You Need To Do

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

If you decide to change your plan:

1. Compare the coverage and cost of your options.
2. Complete and mail your NYSHIP Option Transfer Request form on page 67. Send it to the Employee Benefits Division at the address on the form as early as possible prior to when you'd like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you are Medicare-primary and are enrolled in a NYSHIP Medicare Advantage Plan and cancel your coverage with the HMO, you need to complete the Enrollment Cancellation form on page 71.

If you are changing to The Empire Plan:

Steps 2 and 3 above are all you need to take, and you will receive your Empire Plan Benefit Card(s) in the mail.

If you are enrolling in an HMO:

In addition to steps 2 and 3 above, complete the Notice of Intent to Enroll in an HMO form on page 69. Send the completed form to your new HMO. You will receive identification cards in four to six weeks.

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

Your New Card

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

How to Use the Choices Benefit Charts, Pages 24–42

All NYSHIP plans must include a minimum level of benefits (see page 7).

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 7) ARE NOT LISTED ON EACH PLAN'S CHART.

Use the charts to compare the differences between plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2007. See plan documents for complete information on benefit limitations.

NEW for 2007

Easier to read, two-page format for all NYSHIP HMO benefit descriptions.

Benefit descriptions for NYSHIP HMOs offering a Medicare Advantage Plan (for enrollees age 65 or older) are displayed separately from NYSHIP-primary benefits for clarity and easier comparison among plans.

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 County

The Empire Plan

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 24-29 for a summary of The Empire Plan.

Health Maintenance Organizations (HMOs)

Most NYSHIP enrollees have a choice 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 list will help you determine which HMOs are available by county. The pages indicated will describe benefits available from each HMO.

Page in Choices	24	30	34	36	36	36	38	42	42	42	44	44	46	50	50	52	56	56	56	58	62
	The Empire Plan	Aetna	Blue Choice	CDPHP	CDPHP	CDPHP	Community Blue	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	GHI HMO	GHI HMO	HIP	HMOBlue	HMOBlue	Independent Health	MVP	MVP	MVP	Preferred Care	Univera
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	058	057
Albany	•			•				•			•						•				
Allegany	•						•									•					
Bronx	•	•							•				•								
Broome	•				•									•				•			
Cattaraugus	•						•									•					•
Cayuga	•													•				•			
Chautauqua	•						•									•					
Chemung	•													•							
Chenango	•				•										•			•			
Clinton	•							•							•						
Columbia	•			•				•			•						•				
Cortland	•													•				•			
Delaware	•				•			•			•				•			•			
Dutchess	•					•				•		•							•		
Erie	•						•									•					•
Essex	•				•			•							•						
Franklin	•														•						
Fulton	•			•				•							•		•				
Genesee	•						•									•				•	•
Greene	•			•				•			•						•				
Hamilton	•				•												•				
Herkimer	•				•										•			•			
Jefferson	•														•			•			
Kings	•	•							•				•								
Lewis	•														•			•			
Livingston	•		•																	•	

Page in Choices	24	30	34	36	36	36	38	42	42	42	44	44	46	50	50	52	56	56	56	58	62	
	The Empire Plan	Aetna	Blue Choice	CDPHP	CDPHP	CDPHP	Community Blue	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	GHI HMO	GHI HMO	HIP	HMOBlue	HMOBlue	Independent Health	MVP	MVP	MVP	Preferred Care	Univera	
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	058	057	
Madison	•				•										•			•				
Monroe	•		•																	•		
Montgomery	•			•				•							•		•					
Nassau	•	•							•				•									
New York	•	•							•				•									
Niagara	•						•									•					•	
Oneida	•				•										•			•				
Onondaga	•													•				•				
Ontario	•		•																	•		
Orange	•	•				•				•		•								•		
Orleans	•						•									•				•	•	
Oswego	•													•				•				
Otsego	•				•										•			•				
Putnam	•	•								•		•							•			
Queens	•	•							•				•									
Rensselaer	•			•				•			•						•					
Richmond	•	•							•				•									
Rockland	•	•							•			•							•			
Saratoga	•			•				•			•						•					
Schenectady	•			•				•			•						•					
Schoharie	•			•				•									•					
Schuyler	•													•								
Seneca	•		•																	•		
St Lawrence	•														•							
Steuben	•													•								
Suffolk	•	•							•				•									
Sullivan	•	•								•		•							•			
Tioga	•				•									•				•				
Tompkins	•													•								
Ulster	•					•				•		•						•				
Warren	•			•				•			•						•					
Washington	•			•				•			•						•					
Wayne	•		•																	•		
Westchester	•	•							•			•										
Wyoming	•						•									•				•	•	
Yates	•		•																	•		
New Jersey	•	•																				



The Empire Plan

NYSHIP Code Number 001

The following is a summary of the benefits available under each portion of The Empire Plan as of January 1, 2007.*

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

The Empire Plan Medical Benefits Program

United HealthCare

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

Medical and surgical coverage through:

- **Participating Provider Program** – more than 125,000 physicians and other providers participate, with over 20,000 physicians in Florida alone.
- **Basic Medical Program** – if you use a non-participating provider. See “Cost Sharing” (page 9) for an explanation of reimbursement under The Empire Plan Basic Medical Program.
- **Basic Medical Provider Discount Program** – If you use a non-participating provider who is part of The Empire Plan MultiPlan group. (See page 10 for more information about the Basic Medical Provider Discount Program.)

Home Care Advocacy Program (HCAP) –

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

Managed Physical Medicine Program –

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider with an \$18 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network

benefits nationwide. Limited non-network benefits available.

Under **The Empire Plan Benefits**

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

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

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

The Empire Plan Hospital Benefits Program

Empire BlueCross BlueShield

NYS Service Center

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

The following benefit level applies when covered services are received at a BlueCross and BlueShield Association BlueCard® PPO network hospital:

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

- Certain outpatient hospital services provided at network hospital extension clinics are covered, subject to hospital outpatient and emergency care copayments.

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

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

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

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

Pre-admission Certification Requirements

Under The Empire Plan Benefits Management Program, if The Empire Plan is your primary coverage, you must call Empire BlueCross BlueShield for certification of any inpatient stay:

- Before a maternity or scheduled (non-emergency) hospital admission
- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

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

The Empire Plan Mental Health and Substance Abuse Program GHI/ValueOptions

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

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

Network Benefits

Mental Health Services

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to 3 visits paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$18 copayment)

Alcohol/Drug Abuse Services

- Inpatient rehabilitation (paid in full)
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program (\$18 copayment/unlimited when medically necessary)

If you do not call ValueOptions or do not follow their recommendations, limited non-network benefits are available for medically necessary care. For non-network care, you pay a \$2,000 deductible for inpatient care per enrollee, per spouse/domestic partner, per all covered children combined; \$500 deductible for outpatient care per enrollee, per spouse/domestic partner, per all covered children combined. The plan then pays 50 percent of the network allowance. There are limits on inpatient and outpatient benefits and annual and lifetime maximums on substance abuse when you use non-network benefits.

The Empire Plan Prescription Drug Program

Empire BlueCross BlueShield/Caremark

P.O. Box 11826, Albany, NY 12211

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

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

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

The Empire Plan NurseLineSM

Provides 24-hour access to health information and support.

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* and *Empire Plan Reports/Certificate Amendments*.

** If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

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

The Empire Plan Centers of Excellence Programs

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

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

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

Teletypewriter (TTY) numbers for callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

United HealthCareTTY only: 1-888-697-9054

Empire BlueCross BlueShieldTTY only: 1-800-241-6894

ValueOptionsTTY only: 1-800-334-1897

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

The Empire Plan

Benefits	Network Hospital Benefits ¹	Participating Provider	Non-Participating Provider
Office Visit		\$18 per visit	Basic Medical ²
Specialty Office Visits		\$18 per visit	Basic Medical ²
Diagnostic/Therapeutic Services:			
Radiology	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Lab Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Pathology	No copayment	\$18 per visit	Basic Medical ²
EKG/EEG	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical ²
Women's Health Care/OB GYN:			
Pap Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Mammograms	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Pre and Postnatal Visits		No copayment	Basic Medical ²
Bone Density Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical ²
Family Planning Services		\$18 per visit	Basic Medical ²
Infertility Services		\$18 per visit; No copayment at designated Centers of Excellence ³	Basic Medical ²
Contraceptive Drugs and Devices (also covered under The Empire Plan Prescription Drug Program subject to drug copayment)		\$18 per visit	Basic Medical ²
Emergency Room	\$60 per visit	No copayment	Basic Medical ^{2,4}
Urgent Care		\$18 per visit	Basic Medical ²
Ambulance	No copayment ⁵	\$35 per trip	\$35 per trip
Outpatient Mental Health		\$18 per visit; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance 30 visits per calendar year
Inpatient Mental Health		No copayment; unlimited when medically necessary (ValueOptions)	\$2,000 annual deductible, 50% of network allowance, 30 days per calendar year
Outpatient Drug/Alcohol Rehabilitation		\$18 per visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance; 30 visits per calendar year ⁶
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 ⁶
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (See the Empire Plan Certificate/Reports)

Prosthetics			No copayment ⁷	Basic Medical ^{2,7}
Orthotic Devices			No copayment ⁷	Basic Medical ^{2,7}
External Mastectomy Prostheses				Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ^{2,7} (Precertification may be required)
Rehabilitative Care (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$18 per visit for outpatient physical therapy following related surgery or hospitalization		Physical or occupational therapy \$18 per visit Speech therapy \$18 per visit	\$250 annual deductible, 50% of network allowance \$1,500 annual maximum benefit Basic Medical ²
Diabetic Supplies (insulin is covered under The Empire Plan Prescription Drug Program subject to drug copayment)			No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i>)
Hospice	No copayment, no limit			
Skilled Nursing Facility (Precertification required)	No copayment up to 365 benefit days. No benefits if Medicare-primary.			
Prescription Drugs (see page 26)				
Additional Benefits				
Dental (preventive)			Not covered	Not covered
Vision (routine only)			Not covered	Not covered
Hearing Aids			up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary	up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Inpatient Hospital	No copayment ⁸		No copayment	Basic Medical ²
Outpatient Surgery ⁹	\$35 per visit		No copayment	Basic Medical ²
24-hour NurseLine SM for health information and support				
Voluntary Disease Management Programs available for conditions such as asthma, cardiovascular disease, depression and diabetes				
Complementary and Alternative Medicine discounts (available only in New York State)				

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

² See page 9 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.

³ Certain Qualified Procedures require precertification and are subject to \$50,000 lifetime allowance.

⁴ Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electro-cardiograms and/or pathology services are paid in full.

⁵ If service is provided by admitting hospital.

⁶ Lifetime maximum for substance abuse care, including alcoholism, is \$250,000 for enrollee and \$250,000 for each covered dependent.

⁷ Benefit paid up to cost of device meeting individual's functional need.

⁸ Pre-admission certification may be required.

⁹ In Ambulatory Surgical Centers, the copayment for the facility charge is \$15 or \$35 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan carriers).

Benefits	Enrollee Cost
Office Visits	\$15 per visit
Non-Office Hours and Home Visits (by physician)	\$20 per visit
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	\$15 per visit
Pathology	\$15 per visit
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Women's Health Care/OB GYN	
Pap Tests	\$15 per visit
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit (initial visit only)
Bone Density Tests	\$15 per visit
Family Planning Services	\$15 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit ¹
Urgent Care	\$35 per visit
Ambulance	\$50 per trip
Outpatient Mental Health	
max 20 visits	\$25 per visit ²
Inpatient Mental Health	
max 30 days	No copayment ²
Outpatient Drug/Alcohol Rehab	
max 60 visits	\$15 per visit ²
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment ²

Benefits	Enrollee Cost
Durable Medical Equipment	20% coinsurance
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient	\$15 per visit
max 60 consecutive days	
Diabetic Supplies, insulin and oral agents	
Office	\$15 per item
Pharmacy	Applicable Rx copayment applies
Hospice, unlimited	No copayment
Skilled Nursing Facility	
unlimited	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, 90-day supply	\$20/\$40/\$70 ³
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	

¹ Waived if admitted

² 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. Inpatient Mental Health (NJ) Bio-based unlimited, Non-bio 35 days.

³ 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	Enrollee Cost
Dental	Not covered
Vision ¹	\$15 per visit ²
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 equals one home care visit)	No copayment
Hospice Bereavement Counseling 5 days per 365 days	No copayment

¹ Routine only (including refraction)
² Frequency and age schedules apply

Plan Highlights for 2007

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 and 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™. See pages 32 and 33 for more information.

NYSHIP Code Number 210

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

NO NEW ENROLLMENTS ACCEPTED FOR 2007

Aetna

99 Park Avenue, New York, NY 10016

For information:

Customer Service Department:

1-800-323-9930

TTY: 1-800-654-5984

Medicare Advantage Customer Service:

1-800-282-5366

For Pre Enrollment Medicare

Information and a Medicare Packet:

1-800-832-2640

Web site: www.aetna.com



Turning promise into practice®

Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	\$15 per visit
Non-Office Hours and Home Visits (by physician)	\$20 per visit
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	\$15 per visit
Pathology	\$15 per visit
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit (initial visit only)
Bone Density Tests	No copayment
Family Planning Services	\$15 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs and Devices Applicable Rx copayment applies	
Emergency Room	\$50 per visit ¹
Urgent Care	\$35 per visit
Ambulance	\$50 per trip
Outpatient Mental Health unlimited	\$25 per visit ²
Inpatient Mental Health unlimited	No copayment ²
Outpatient Drug/Alcohol Rehab unlimited	\$15 per visit ²
Inpatient Drug/Alcohol Rehab unlimited	No copayment ²

Benefits	Enrollee Cost
Durable Medical Equipment	
	20% coinsurance
Prosthetics	
	20% coinsurance
Orthotics , Covered according to Medicare guidelines ³	
	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
Diabetic Supplies, insulin and oral agents ^{4,5}	
	See applicable footnotes
Hospice , unlimited	No copayment
Skilled Nursing Facility unlimited	
	No copayment

Prescription Drugs
Retail, 30-day supply \$10/\$20/\$35
Mail Order, 90-day supply⁶ \$20/\$40/\$70
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.

If the True Member out-of-pocket costs exceed \$3,850, the member pays the greater of \$2.15 or 5% for generic and multi-source drugs and the greater of \$5.35 or 5% for brand-name drugs – retail or mail order.

¹ Waived if admitted

² Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.

³ Covered for members who are diabetic or have severe foot disease due to circulatory issues. Not for corrective needs.

⁴ No copayment for strips, lancets and glucometer

⁵ Insulin and oral agents covered under pharmacy

⁶ 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 Enrollee Cost

Dental.....Not covered

Vision¹No copayment

Hearing Aids.....Not covered

Eyeglasses No copayment

Outpatient Home Health Care

unlimited visits per 365-day period
(Four hours of home health
aid service equals one
home care visit).....No copayment

Hospice Bereavement Counseling

5 days per 365 daysNo copayment

¹ Routine only, including refraction

Plan Highlights for 2007

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 210

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

NO NEW ENROLLMENTS ACCEPTED FOR 2007

Aetna

99 Park Avenue, New York, NY 10016

For information:

Customer Service Department:

1-800-323-9930

TTY: 1-800-654-5984

Medicare Advantage Customer Service:

1-800-282-5366

For Pre Enrollment Medicare Information and a Medicare Packet:

1-800-832-2640

Web site: www.aetna.com

Benefits	Enrollee Cost
Office Visits	\$20 per visit
Routine Adult Physicals	\$5 per visit
PCP visits for sick children to age 19	\$5 per visit
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Women's Health Care/OB GYN	
Pap Tests	\$5 per visit
Mammograms	\$5 per visit
Pre and Postnatal Visits	\$5 per visit for the first 10 visits
Bone Density Tests	\$20 per visit
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$25 per visit
Ambulance	\$50 per trip
Outpatient Mental Health	
max 20 visits	50% coinsurance
Inpatient Mental Health	
max 30 days per year	No copayment
Outpatient Drug/Alcohol Rehab	
max 60 visits per year	\$20 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment
Durable Medical Equipment	
	20% coinsurance

Benefits	Enrollee Cost
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 per visit
Outpatient Physical, Speech and Occupational Therapy max 30 visits	\$20 per visit
Diabetic Supplies, insulin and oral agents	
30-day supply	\$20 per 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/\$40 Tier Three ¹
Mail Order up to 90-day supply	\$30 Tier One/ \$75 Tier Two/\$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 when an FDA-approved generic equivalent is available, the member will have to pay the difference between the cost of the generic and the brand-name plus any applicable copayments.	
Additional Benefits	Enrollee Cost
Dental	Not covered
Vision	\$20 copayment for eye exams associated with disease or injury
Hearing Aids	children to age 19 \$600 max, every 3 years

Eyewear Benefit.....20-50% discount available on eyewear through Blue Choice's "preferred" and participating providers

Acupuncture

max 10 visits per year....50% coinsurance

Complementary Alternative

MedicineDiscounts available

Outpatient Surgery Facility.....\$50 per visit

Physician Surgical Copayment

\$20 per visit

Plan Highlights for 2007

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 copayment for PCP visits** for sick children to age 19.
- **Pay a \$5 copayment for preventive 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 services to maintain a healthy 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 copayment.
- Our **BlueCard®** and **Guest Membership Programs** provide routine and urgent care coverage while traveling, for students away at school, or for families living apart.
- **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 our web site at: www.excellusbcbs.com.

Pharmacies and 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.

NYSHIP Code Number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For information:

Blue Choice: 585-454-4810

or 1-800-462-0108

TTY: 1-877-398-2282

Web site: www.excellusbcbs.com



Benefits	Enrollee Cost
Office Visits	\$20 per visit
Annual Adult	
Routine Physicals	No copayment
Annual Gynecological Exams	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit ¹
Lab Tests	\$20 per visit ¹
Pathology	\$20 per visit ¹
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$25 per visit
Ambulance	\$50 per trip
Outpatient Mental Health , max 20 visits (individual and group combined)	\$30 per visit
Inpatient Mental Health max 30 days per calendar year	No copayment
Outpatient Drug/Alcohol Rehab max 60 visits	\$20 per visit
Inpatient Drug/Alcohol Rehab max 30 days each	No copayment

Benefits	Enrollee Cost
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics²	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient short-term physical and occupational therapy max 30 visits each per calendar year	\$20 per visit
Outpatient short-term speech therapy max 20 visits per calendar year	\$20 per visit
Diabetic Supplies, insulin and oral agents	
Retail, up to 30 days	\$15 per item
Mail Order, up to 90 days	Three copayments
Hospice , max 210 days	No copayment
Skilled Nursing Facility max 45 days	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 generic/ \$25 formulary brand/ \$45 non-formulary
Mail Order, 90-day supply	Three copayments
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Over-the-counter drugs listed on CDPHP's formulary are subject to the generic copayment.	

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

² Excludes shoe inserts

Additional Benefits Enrollee Cost

Dental	Not covered
Vision	Not covered
Hearing Aids	Not covered
Allergy injections	No copayment
Outpatient Surgery Facility	\$75 per visit
Diabetes self-management education	\$20 per visit
Glucometer	\$20 per item

Plan Highlights for 2007

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. Out-of-area coverage includes urgent and emergency care. College students are covered for urgent, emergency, and pre-approved follow-up care. Members can access a personal health coach through the Health Coach Connection program to answer their health care questions 24 hours a day, 7 days a week. 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 9,000 participating practitioners and providers.

Affiliated Hospitals

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

Pharmacies and Prescriptions

CDPHP offers an **open formulary**. Prescriptions must be filled within our nationwide pharmacy network, which includes most major chains. Certain prescriptions require prior approval.

Also, specialty drugs for a few serious conditions are subject to clinical management programs and prior authorization and must be delivered by a CDPHP-participating specialty pharmacy vendor.

Mail order forms are available online.

Prepayment is required. For more information, please contact our Member Services Department at 518-641-3700 or 1-800-777-2273.

Medicare Coverage

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

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.

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

500 Patroon Creek Boulevard
Albany, NY 12206-1057

For information:

CDPHP's Marketing Department:

518-641-5000 or 1-800-993-7299

TTY: 1-877-261-1164

Web site: www.cdphp.com

Benefits	Enrollee Cost
Office Visits	\$10 per visit
Well Child Care	No copayment
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$10 per visit
Lab Tests	No copayment ¹
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	\$10 per visit
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$10 per visit
Family Planning Services	\$10 per visit
Infertility Services	\$10 per visit ²
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$10 per visit
Ambulance	\$50 per 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 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment
Durable Medical Equipment	
20% coinsurance	

Benefits	Enrollee Cost
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits	\$10 per visit
Diabetic Supplies, insulin and oral agents	
\$10 per 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 flouride, fertility drugs, injectable/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.	

¹ For services at a stand-alone lab (must use Quest) or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency room visit will also be paid in full.

² For services to diagnose and treat infertility

Additional Benefits Enrollee Cost

Dental¹20% discount at select providers, free second annual exam

Vision.....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

Artificial Insemination...20% coinsurance²

¹ Preventive

² Other artificial means to induce pregnancy (in-vitro, embryo transfer, etc.) are not covered.

Plan Highlights for 2007

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.

Members have access to a patient advocacy program, Health Advocate, which assists patients with locating providers, scheduling appointments and a variety of other services.

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 and Prescriptions

Community Blue members may obtain prescriptions from a nationwide network of over 40,000 participating pharmacies. Prescriptions are filled for up to a 30-day supply (including insulin) when filled at a participating pharmacy. Member's copayment will reflect \$5 formulary 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. See pages 40 and 41 for more information.

NYSHIP Code Number 067

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

Community Blue

The HMO of BlueCross BlueShield of Western New York
1901 Main Street, P.O. Box 80
Buffalo, NY 14240-0080

For information:

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

Web site: www.bcbswny.com

Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	No copayment
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	\$10 per visit
EKG/EEG	No copayment PCP/\$10 Specialist
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment PCP/\$10 Specialist
Bone Density Tests	No copayment
Family Planning Services	
	No copayment PCP/\$10 Specialist
Infertility Services	
	No copayment PCP/\$10 Specialist
Contraceptive Drugs and Devices	
	No copayment PCP/\$10 Specialist
Emergency Room	\$50 per visit
Urgent Care	\$10 per visit
Ambulance	\$25 per trip
Outpatient Mental Health	
unlimited	50% coinsurance
Inpatient Mental Health	
max 190 days per lifetime	No copayment
Outpatient Drug/Alcohol Rehab	
unlimited	50% coinsurance
Inpatient Drug/Alcohol Rehab	
unlimited	No copayment
Durable Medical Equipment	
	20% coinsurance

Benefits	Enrollee Cost
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$10 per visit
Diabetic Supplies, insulin and oral agents	
Diabetic supplies	\$10 copayment
Insulin and oral agents	Applicable Rx copayment applies
Hospice, unlimited	No copayment
Skilled Nursing Facility	
max 100 days per benefit period	No copayment
Prescription Drugs	
Retail, 30-day supply	
in-network/out-of-network	\$0 formulary generic/ \$15 formulary preferred brand/ \$30 formulary non-preferred brand
Mail order, up to 90-day supply	\$0 formulary generic/ \$30 formulary preferred brand/ \$60 formulary non-preferred brand

Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription. Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.

Additional Benefits Enrollee Cost

Dental.....Members have a \$75 advance towards any dental service per year

VisionMembers have a \$75 advance towards vision care per year. There is no copayment for the following items: Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery). Members pay \$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye), and \$10 for each routine eye exam, limited to one exam every calendar year.¹ Discount program also available.

Hearing Aids\$300 allowance per year
¹ In the case of a discrepancy, the member's contract will determine the member's cost sharing.

Plan Highlights for 2007

Worldwide coverage for emergency and urgent care through a network of BlueCross and BlueShield providers across the country and around the world. Senior Blue now offers free fitness membership in addition to out-of-network lab benefits. Innovative wellness and health management programs that offer discounts on acupuncture, massage therapy, nutritional counseling, fitness centers and spas.

Participating Physicians

Senior 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

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

Pharmacies and Prescriptions

Senior Blue members may obtain prescriptions from a nationwide network of over 40,000 participating pharmacies. Senior Blue offers a **closed formulary**. 90-day supplies available at retail pharmacies and through the mail for two copayments.

Medicare Coverage

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

NYSHIP Code Number 067

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

Senior Blue

The HMO of BlueCross BlueShield of Western New York
1901 Main Street, P.O. Box 80
Buffalo, NY 14240-0062

For information:

Senior Blue members should call:

1-800-329-2792

TTY: 1-877-834-6918

Web site: www.bcbswny.com



Benefits	Enrollee Cost
Office Visits	\$15 per visit
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
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 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit ¹
Urgent Care	\$15 per visit
Ambulance	No copayment
Outpatient Mental Health	
max 20 visits	\$25 per visit ²
Inpatient Mental Health	
max 30 days	No copayment ²
Outpatient Drug/Alcohol Rehab	
max 60 visits	No copayment ²
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment ²
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment

Benefits	Enrollee Cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 30 days	No copayment
Outpatient Physical Therapy	
Home or office	\$15 per visit
Outpatient facility	No copayment
max 30 visits combined	
Outpatient Speech/Language, Occupational, Vision Therapies	
Home or office	\$15 per visit
Outpatient facility	No copayment
max 30 visits combined	
Diabetic Supplies, insulin and oral agents	
Retail, 30-day supply	\$10 per item
Mail Order	No copayment
Hospice, max 210 days	No copayment
Skilled Nursing Facility	
max 60 days	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10/\$20/\$30 per prescription
Mail Order, 90-day supply	\$20/\$40/\$60 per prescription
More information available under Pharmacies and Prescriptions.	

¹ Waived if admitted within 24 hours.

² Precertification is required.

Additional Benefits	Enrollee Cost
Dental	Not covered
Vision	Not covered
Hearing Aids	Not covered

Plan Highlights for 2007

Empire BlueCross BlueShield HMO provides NYS 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 days. 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 comprehensive network of area hospitals (over 140) throughout our 28-county operating area 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 and Prescriptions

Enrollees with prescription drug coverage can use both local and national pharmacies. Members who use our mail order prescription drug service, will pay only two copayments for each 90-day supply of medication – a 33% savings as opposed to filling maintenance prescriptions at the retail level. Coverage includes contraceptive drugs

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

NYSHIP Code Number 280

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

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

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

Empire BlueCross BlueShield HMO

11 Corporate Woods Boulevard
P.O. Box 11800, Albany, NY 12211-0800

For information:

Empire BlueCross BlueShield HMO:

1-800-662-5193

TTY: 1-800-241-6894

Web site: www.empireblue.com

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



Benefits	Enrollee Cost
Office Visits	
Dependent Child 0-18	No copayment
Adults	\$20 per visit
Specialty Office Visits¹	
Dependent Child 0-18	No copayment
Adults	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit ²
Lab Tests	No copayment ²
Pathology	No copayment ²
EKG/EEG	No copayment ²
Radiation	No copayment ²
Chemotherapy	No copayment ²
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit ²
Urgent Care	\$35 per visit ²
Ambulance	\$50 per trip ²
Outpatient Mental Health	
max 20 visits	\$20 per visit, 1 st -5 th ; \$35 per visit, 6 th -20 th ²
Inpatient Mental Health	
max 30 days	No copayment
Outpatient Drug/Alcohol Rehab	
max 60 visits	\$20 per visit ²
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment
Durable Medical Equipment	
20% coinsurance	

Benefits	Enrollee Cost
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient max 30 visits combined	\$20 per visit ²
Diabetic Supplies, insulin and oral agents	
\$20 per item ²	
Hospice, max 210 days	No copayment
Skilled Nursing Facility	
max 120 days per 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, injectable and self-injectable medications, fertility drugs and enteral formulas.	

Additional Benefits	Enrollee Cost
Dental	Not covered
Vision ³	\$20 per exam per year
Hearing Aids	Not covered
¹ No Primary Care Physician (PCP) referral required for GHI HMO participating providers.	
² Copayment applies to all covered dependents.	
³ Routine only	

Plan Highlights for 2007
 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 28 counties in New York State. GHI HMO's primary concern is to provide medical coverage that gives members confidence that they and their families 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 participating physicians in their private offices. GHI HMO has over 21,000 member physicians and health care professionals throughout 28 counties in New York State. Please note: To enroll in GHI, NYSHIP members must live or work in one of the 15 NYSHIP-approved counties, however, they may use providers throughout GHI's 28-county 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 and 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.

NYSHIP Code Number 220

An IPA HMO serving individuals living or working in Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington counties.

NYSHIP Code Number 350

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

GHI HMO

789 Grant Avenue
Lake Katrine, NY 12449

OR

P.O. Box 4181
Kingston, NY 12401

For information:

Kingston: 1-877-244-4466

TTY: 1-877-208-7920

Web site: www.ghi.com

Benefits	Enrollee Cost
Office Visits	\$5 per visit
Specialty Office Visits	\$5 per visit
Diagnostic/Therapeutic Services	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Family Planning Services	\$5 per visit
Infertility Services¹	\$5 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$25 per visit
Urgent Care	\$5 per 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 per visit

Benefits	Enrollee Cost
Inpatient Drug/Alcohol Rehab	
max 30 days each	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 per visit
Diabetic Supplies, insulin and oral agents	
	\$5 per month
Hospice, max 210 days	No copayment
Skilled Nursing Facility	
unlimited	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. Copayments are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

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

Additional Benefits Enrollee Cost

Dental	Not covered
Vision ¹	No copayment
Hearing Aids	Not covered
Eyeglasses	\$45/pair; 1 pair/24 months from selected frames
Laser Vision Correction (LASIKS) Discount Program	
Fitness ProgramDiscount Program	
Alternative Medicine Program Discount Program	
Artificial Insemination	\$5 per visit
Prostate Cancer ScreeningNo copayment	
Dialysis Treatment	\$10 per visit
¹ Routine only	

Plan Highlights for 2007

HIP's network has expanded to over 25,000 providers in more than 40,000 locations. Plus, HIP offers more than 60 years of experience caring for union members and has the support of the New York State Central Labor Council. Our web site, hipusa.com[®], is available in English, Spanish, Chinese and Korean.

Participating Physicians

HIP offers the diversified choice of a traditional network of independent physicians who see patients in their own offices as well as providers in physician group practices that offer most, if not all of a member's medical needs under one roof. Group practices offer services in most major specialties such as cardiology, ophthalmology and orthopedics, as well as ancillary services like lab tests, X-rays and pharmacy services.

Affiliated Hospitals

HIP members have access to 111 of the area's leading hospitals, including major teaching institutions.

Pharmacies and Prescriptions

Filling a prescription is easy with HIP's network of over 38,000 participating pharmacies nationwide, including over 4,100 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. See pages 48 and 49 for more information.

NYSHIP Code Number 050

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

HIP Health Plan of New York

55 Water Street
New York, NY 10041

For information:

1-877-861-0175

TTY: 1-888-447-4833

Web site: hipusa.com[®]



HEALTH PLAN OF NEW YORK

Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	No copayment
Specialty Office Visits	\$5 per visit
Diagnostic/Therapeutic Services	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 per visit
Bone Density Tests	No copayment
Family Planning Services	\$5 per visit
Infertility Services	N/A
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$25 per visit
Urgent Care	\$5 per visit
Ambulance	No copayment
Outpatient Mental Health	
unlimited	\$20 per visit
Inpatient Mental Health	
190-day lifetime max	No copayment
Outpatient Drug/Alcohol Rehab	
unlimited	\$20 per visit
Inpatient Drug/Alcohol Rehab	
unlimited	No copayment

Benefits	Enrollee Cost
Durable Medical Equipment	
	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$5 per visit
Diabetic Supplies, insulin and oral agents	
	No copayment
Hospice, covered for 180 days plus unlimited 60-day extension if Medicare guidelines are met	
	No copayment ¹
Skilled Nursing Facility	
max 100 days per benefit period	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5 generic/ \$5 brand/\$45 non-formulary
Mail Order up to 90-day supply	Formulary copayments reduced by 50%
Subject to drug formulary, coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Copayments are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

¹ Provided by a Medicare-certified hospice

Additional Benefits Enrollee Cost

Dental	Not covered
Vision ¹	\$5 per visit
Hearing Aids	\$500 max/36 months
Eyeglasses	No copayment per 12 months, selected frames
Podiatry, routine , max 4 visits	\$5 per visit
Prostate Cancer Screening	No copayment
Dialysis Treatment	No copayment

¹ Routine only

Plan Highlights for 2007

HIP’s network has expanded to over 25,000 providers in more than 40,000 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 111 of the area’s leading hospitals, including major teaching institutions.

Pharmacies and Prescriptions

Filling a prescription is easy with HIP’s network of over 38,000 participating pharmacies nationwide, including over 4,100 participating pharmacies throughout New York State. HIP also has a Mail Order Program through Express Scripts, Inc. HIP offers a **closed formulary**.

Medicare Coverage

NYSHIP Medicare-primary retirees are required to enroll in the VIP[®] Premier Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more. If you are not Medicare-primary, refer to pages 46 and 47, which show the benefits and costs available to you.

NYSHIP Code Number 050

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

HIP Health Plan of New York

55 Water Street, New York, NY 10041

For information:

1-877-861-0175

TTY: 1-888-447-4833

Web site: hipusa.com[®]

Benefits	Enrollee Cost
Office Visits	\$20 per visit
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
Women's Health Care/OB GYN	
Pap Tests	\$5 per visit
Mammograms	\$5 per visit
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$25 per visit
Ambulance	\$50 per 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 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment
Durable Medical Equipment	
	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance

Benefits	Enrollee Cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No copayment
Outpatient, max 45 visits	\$20 per visit
Diabetic Supplies, insulin and oral agents	
max 30-day supply	\$20 per item
Hospice, unlimited	No copayment
Skilled Nursing Facility	
max 45 days	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier One/ \$25 Tier Two/\$40 Tier Three ¹
Mail Order, 90-day supply	\$30 Tier One/ \$75 Tier Two/\$120 Tier Three ¹
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. 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	Enrollee Cost
Dental	Not covered
Vision	\$20 per visit for eye exams associated with disease or injury
Hearing Aids	Children to age 19, \$600 max, every three years
Hearing Exam, routine only	\$20 per visit once every 12 months

Surgery (outpatient physician's charge)

lesser of \$100 copayment
or 20% coinsurance

Plan Highlights for 2007

With HMOBlue, 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.

- **Well child care** is covered in full. Pay a \$5 copayment for preventive services such as adult routine physicals, routine mammograms, routine pap smears and routine prostate screenings.
- Our **BlueCard®** and **The Away From Home Care® Program** provide routine and urgent care coverage while traveling, for students away at college, members on extended out-of-town business or families living apart.
- **Member Rewards** offers member savings on health and wellness programs. Receive special discounts or reduced prices on services to maintain a healthy lifestyle. Visit our web site at www.excellusbcbs.com for additional information.

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 and Prescriptions

HMOBlue members may purchase prescription drugs at any participating pharmacy in the FLRx Network. This network has over 60,000 pharmacies nationwide, including most major chains. Specialty

medications after the initial fill must be purchased from one of our participating specialty pharmacies. 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.

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.

HMOBlue

Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street
Syracuse, NY 13202

For information:

1-800-447-6269

TTY: 1-877-398-2275

Web site: www.excellusbcbs.com

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.

HMOBlue

Excellus BlueCross BlueShield
Utica Region
12 Rhoads Drive, Utica, NY 13502

For information:

1-800-722-7884

TTY: 1-877-398-2275

Web site: www.excellusbcbs.com

Benefits	Enrollee Cost
Office Visits	\$10 per visit
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$15 per visit
Chemotherapy	\$10 per visit
Women's Health Care/OB GYN	
Pap Tests	\$10 per visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$15 per visit
Family Planning Services	\$10 per visit
Infertility Services	\$10 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$10 per visit ¹
After Hours Care Facility	\$35 per visit
Ambulance	\$25 per 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 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	No copayment

Benefits	Enrollee Cost
Durable Medical Equipment	
	50% coinsurance
Prosthetics	No copayment
Orthotics²	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days	No copayment
Outpatient, 2 consecutive months	\$15 per visit
Diabetic Supplies, insulin³ and oral agents³	
30-day supply	\$10 per item
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, injectable and self-injectable medications, fertility drugs and enteral formulas. Tier I oral contraceptives covered in full.	
¹ within the service area. Outside the service area - \$10 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any.	
² Excludes shoe inserts	
³ \$10 or applicable pharmacy rider, whichever is less	

Additional Benefits Enrollee Cost

Dental¹\$30/cleaning and 20% discount on additional services at select providers

Vision²\$10/visit once every 12 months

Hearing Aids.....Not covered

Home Health Care

max 40 visits\$10 per visit

Eyeglass lenses....\$35/single vision lenses

Frames 50% off retail up to \$130 and member pays 80% of balance over \$130

¹ Preventive

² Routine only

Plan Highlights for 2007

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 and 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. See pages 54 and 55 for more information.

NYSHIP Code Number 059

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

Independent Health

511 Farber Lakes Drive
Buffalo, NY 14221

For information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Web site: www.independenthealth.com



Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	\$10 per visit
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
Women's Health Care/OB GYN	
Pap Tests	\$10 per visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
Family Planning Services	\$10 per visit
Infertility Services	\$10 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$10 per visit ¹
After Hours Care Facility	\$35 per visit
Ambulance	\$25 per trip
Outpatient Mental Health	
unlimited	50% coinsurance
Inpatient Mental Health	
unlimited	No copayment
Outpatient Drug/Alcohol Rehab	
unlimited	\$10 per visit
Inpatient Drug/Alcohol Rehab	
unlimited	No copayment

Benefits	Enrollee Cost
Durable Medical Equipment	
	20% coinsurance
Prosthetics	No copayment
Orthotics²	No copayment
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
Diabetic Supplies, insulin and oral agents	
	\$10 per item ³
Hospice, unlimited	No copayment
Skilled Nursing Facility	
up to 100 days per benefit period	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, injectable and self-injectable medications, fertility drugs and enteral formulas.

- 1 within the service area. Outside the service area - \$10 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any.
- 2 Excludes shoe inserts
- 3 \$10 or applicable pharmacy rider, whichever is less

Additional Benefits Enrollee Cost

Dental.....Not covered

Vision¹..... \$10 per visit
once every 12 months

Hearing Aids..... Hearing hardware
discounts available through
vendors specified on the
Independent Health web site

Home Health Care, unlimited
(requires authorization).....\$10 per visit

Eyeglasses\$10/single vision eyeglass
lenses, \$60 allowance for retail frames –
member pays 80% of balance over \$60

¹ Routine only

Plan Highlights for 2007

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and 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

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

NYSHIP Code Number 059

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

Independent Health

511 Farber Lakes Drive
Buffalo, NY 14221

For information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Web site: www.independenthealth.com



Benefits	Enrollee Cost
Office Visits	\$20 per visit
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Women's Health Care/OB GYN	
Pap Tests	\$20 per visit
Mammograms	
hospital setting	No copayment
office setting	\$20 per visit
Pre and Postnatal Visits	\$20 per visit (initial visit only)
Bone Density Tests	No copayment
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care¹	\$20 per visit
Ambulance	No copayment
Outpatient Mental Health	
max 20 visits	\$20/1 st visit; \$30/visits 2 nd -5 th ; lesser of \$50 or 50% coinsurance/visits 6 th -20 th
Inpatient Mental Health	
max 30 days	No copayment
Inpatient Mental Health Physician	
max 20 visits	lesser of \$50 or 50% coinsurance per visit

Benefits	Enrollee Cost
Outpatient Drug/Alcohol Rehab	
max 60 visits	\$20 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	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 per visit
Diabetic Supplies, insulin and oral agents	
31-day supply	Lesser of \$20 or 20% coinsurance per item
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 fertility, injectable and self-injectable medications, contraceptive drugs and devices and enteral formulas subject to the limitations listed above and in your certificate of coverage.	

¹ PCP office only

Additional Benefits Enrollee Cost

Dental¹\$10 per visit, children to age 19

Vision²\$20 per exam/24 months

Hearing AidsNot covered

¹ Preventive

² Routine only

Plan Highlights for 2007

No referrals required! See any specialist in the MVP network without a referral.

Discounts available for Lasik eye surgery and eyewear!

Participating Physicians

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

Affiliated Hospitals

MVP members are covered at participating area hospitals to which their MVP physician has admitting privileges. MVP members may be directed to other hospitals to meet special needs when medically necessary upon prior approval from MVP.

Pharmacies and Prescriptions

Virtually all pharmacy “chain” stores and many independent pharmacies within the MVP service area participate with the MVP prescription drug program. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

Medicare Coverage

The MVP HMO plan **coordinates coverage** with Medicare.

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.

MVP Health Care

P.O. Box 2207
625 State Street
Schenectady, NY 12301-2207

For information:

Customer Service:

1-888-MVP-MBRS (687-6277)

TTY: 1-800-662-1220

Web site: www.joinmvp.com

Benefits	Enrollee Cost
Office Visits	\$20 per visit
PCP Sick Visits	
for Children age 0-4	No copayment
for Children age 5-18	\$10 per visit
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	\$5 per day
Pathology	\$5 per day
EKG/EEG	\$20 per visit
Radiation	No copayment
Chemotherapy	\$20 per visit
Women's Health Care/OB GYN	
Pap Tests	\$15 per visit
Mammograms	No copayment
Pre and Postnatal Visits	\$50 copayment per pregnancy
Bone Density Tests	\$20 per visit
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs and Devices	
	No copayment
Emergency Room	\$50 per visit
Urgent Care	\$25 per visit
Ambulance	\$50 per trip
Outpatient Mental Health	
individual or group	
max 20 visits each	50% coinsurance

Benefits	Enrollee Cost
Inpatient Mental Health	
max 30 days	No copayment
Outpatient Drug/Alcohol Rehab	
max 60 visits	\$20 per visit
Inpatient Drug/Alcohol Rehab	
max 30 days each	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 combined	\$20 per visit
Diabetic Supplies, insulin and oral agents	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
Hospice, unlimited	No copayment
Skilled Nursing Facility	
max 120 days/year; 360 days/life	
	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1/ \$30 Tier 2/\$50 Tier 3
Mail Order	
up to 90-day supply	\$20 Tier 1/ \$60 Tier 2/\$100 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 the Tier 1 copayment. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Approved prescription generic contraceptive drugs and devices and those without a generic equivalent are covered at 100% under retail and mail order.	

Additional Benefits Enrollee Cost

Dental.....Not covered

Vision\$20 per visit for routine
\$20 per visit for diagnostic

Hearing Aids

\$600/3 calendar years/up to age 19

Eye Wear20% discount

Home Health Care

max 40 visits.....\$20 per day

Acupuncture

max 10 visits.....50% coinsurance

Plan Highlights for 2007

Preferred Care is not just an insurance plan—we're a health plan committed to helping you live well. 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 just a few of the many reasons to choose Preferred Care in 2007:

- Our plans are #1 ranked in New York State—and among the top ranked in the entire U.S.—for quality of care and member satisfaction, as ranked by U.S. News & World Report/NCQA America's Best Health Plans 2005
- Preferred Care was recognized in 2005 by J.D. Power & Associates as "An Outstanding Member Experience"
- Each Preferred Care subscriber receives \$50 HealthDollars to spend on health, wellness and fitness programs!

Participating Physicians

Preferred Care takes the quality of your medical care seriously. That's why we make sure our network of more than 5,000 physicians and other health care professionals have the proper training and licenses. We respect their knowledge – therefore, they are key to developing our medical policies. And, should a serious health problem arise, Preferred Care will

work closely 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 and Prescriptions

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

Medicare Coverage

Medicare-primary enrollees must enroll in the Gold Plan, Preferred Care's **Medicare Advantage Plan**. Once you become eligible for Medicare, some of the Gold Plan's copayments will differ from the copayments of NYSHIP-primary enrollees. See pages 60 and 61 for more information.

NYSHIP Code Number 058

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

Preferred Care

259 Monroe Avenue
Rochester, NY 14607

For information:

Preferred Care's Member Services Department:

585-325-3113 or
1-800-950-3224

TTY: 585-325-2629

Web site: www.preferredcare.org



Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	\$10 per visit
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	No copayment
Chemotherapy	\$15 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$10 per visit
Bone Density Tests	No copayment
Family Planning Services	
\$10 per visit/PCP; \$15 per visit/specialist	
Infertility Services	
\$10 per visit/PCP; \$15 per visit/specialist	
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$20 per visit
Ambulance	\$50 per trip
Outpatient Mental Health, unlimited	
when medically necessary \$15/1 st visit, 50% coinsurance/visit thereafter	
Inpatient Mental Health, max 30 days	
190 days lifetime No copayment	
Outpatient Drug/Alcohol Rehab,	
limited to visits when medically necessary \$15 per visit	

Benefits	Enrollee Cost
Inpatient Drug/Alcohol Rehab	
max 30 days each	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 ¹	\$15 per visit
Diabetic Supplies, insulin and oral agents	
Retail, 30-day supply	\$10 Tier 1/ \$30 Tier 2/\$50 Tier 3
Mail Order, 90-day supply	\$20 Tier 1/ \$60 Tier 2/\$100 Tier 3
Hospice, unlimited	No copayment
Skilled Nursing Facility, max 100 days	
with 3-day prior hospitalization	
Days 1-15 covered in full; days 16-100 covered with a \$65 per day copayment	
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1/ \$30 Tier 2/ \$50 Tier 3
Mail Order, 90-day supply	\$20 Tier 1/ \$60 Tier 2/\$100 Tier 3
Coverage includes fertility drugs, injectable and self-injectable medications, enteral formulas, insulin and oral agents. 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 the Tier 1 copayment.	

¹ Combined annual maximum of \$1,740 between physical therapy and speech therapy. Annual maximum of \$1,740 for occupational therapy.

Additional Benefits Enrollee Cost

Dental	Not covered
Vision	\$10 per visit for routine \$15 per visit for diagnostic
Hearing Aids	Not covered
Eyeglasses	20% discount
Ostomy Supplies	20% coinsurance

Plan Highlights for 2007

Preferred Care Gold is the #1 ranked Medicare health plan in the nation as recognized by U.S. News & World Report/NCQA America's Best Health Plans 2005.

We continue to offer the following benefits to our members:

- The Preferred Care Gold travel benefit covers you for non-emergency and non-urgently needed care while traveling outside of New York State with 30% coinsurance up to \$3,000 per calendar year.
- We are proud to offer the SilverSneakers® program—free fitness center memberships—to Medicare retirees.

Participating Physicians

Because Preferred Care takes the quality of your medical care seriously, we make sure our more than 4,000 physicians and health care professionals have the proper training and licenses. We respect their knowledge—therefore, they are key to developing our medical policies. And, should a serious health issue arise, we will work closely 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 and Prescriptions

Preferred Care offers an **open formulary**. Preferred Care members can simply present their pharmacy benefits card at any pharmacy in our extensive network. To use an out-of-network pharmacy, members are responsible for the copayment plus the costs above the Preferred Care network rate.

Medicare Coverage

NYSHIP Medicare-primary enrollees must enroll in the Gold Plan, Preferred Care's **Medicare Advantage Plan**. If you retire before becoming Medicare-eligible, refer to pages 58 and 59 for the benefits and costs available to you. Once you become eligible for Medicare, some of the Gold Plan's copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the number below for further details.

NYSHIP Code Number 058

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

Preferred Care

259 Monroe Avenue, Rochester, NY 14607

For information:

Preferred Care's Member

Services Department: 585-325-3113
or 1-800-950-3224

Medicare-Eligible:

585-327-5760 or 1-800-665-7924

TTY: 585-325-2629

Web site: www.preferredcare.org

Benefits	Enrollee Cost
Office Visits	\$15 per visit*
Specialty Office Visits	\$15 per visit*
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit*
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit*
Radiation	\$15 per visit*
Chemotherapy	\$15 per visit*
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$15 per visit
Family Planning Services	\$15 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs and Devices	
Applicable Rx copayment applies	
Emergency Room	\$50 per visit
Urgent Care	\$15 per visit*
Ambulance	\$50 per trip
Outpatient Mental Health , max 20 visits (combined individual and group ¹)	50% coinsurance
Inpatient Mental Health max 30 days	No copayment
Outpatient Drug/Alcohol Rehab max 60 visits	\$15 per visit
Inpatient Drug/Alcohol Rehab max 30 days each	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	
Internal prosthetic appliances	No copayment
External prosthetics	50% coinsurance

Benefits	Enrollee Cost
Prosthetics, continued	
External breast prosthesis	\$15 copayment
Orthotics	Covered at 50% when deemed medically necessary by a participating physician. Vendor must obtain prior authorization.
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, 2 consecutive months per condition	No copayment
Outpatient, max 30 visits combined	\$15 per visit*
Diabetic Supplies, insulin and oral agents	
covered at the office visit copayment	
Hospice , max 210 days	No copayment
Skilled Nursing Facility	
max 45 days	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier I/ \$20 Tier II/\$45 Tier III
Mail Order, 90-day supply	\$30 Tier I/ \$60 Tier II/\$135 Tier III
<p>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, injectable and self-injectable medications, fertility drugs and enteral formulas. Specialty Drugs must be obtained through our Specialty Pharmacy Network.</p>	
Additional Benefits	Enrollee Cost
Dental ²	25% discount through Member Rewards Program
Vision ³	\$15 copayment for annual routine eye exam from participating providers*
<p>¹ Two group sessions = one visit ² Preventive only ³ Routine only</p>	

Hearing AidsNot covered
Lenses and frames 20% discount
from participating providers

Plan Highlights for 2007

No Copayment for Kids Age 18 and Under:

More than just office visits – it’s all benefits indicated by an asterisk (*) on the benefit summary.

AfterHours Program at Lifetime Health

Medical Group locations: No appointment or referral needed. 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. You pay the office visit copayment.

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.

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. Access Univera Healthcare’s web site for a complete listing of all participating providers or call Customer Service to request a provider directory.

Affiliated Hospitals

Univera Healthcare contracts with all Western New York hospitals. Univera members may be directed to other hospitals to meet special

needs when medically necessary and with prior approval from Univera Healthcare. Access Univera Healthcare’s web site for a complete listing of all participating hospitals or call Customer Service to request a provider directory.

Pharmacies and Prescriptions

Univera provides you with access to all major pharmacy chains and most independent drug stores. That’s 376 pharmacies in Western New York and more than 57,000 across the country. Simply show the pharmacist your ID card. Members can also use our mail order services through Express Scripts by calling 1-877-603-8404. Univera offers an **open formulary**.

Medicare Coverage

Medicare-primary retirees are required to enroll in SeniorChoice, the Univera **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the counties listed below. Copayments may differ from the copayments of a NYSHIP-primary enrollee. See pages 64 and 65 for further information.

NYSHIP Code Number 057

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

Univera Healthcare

205 Park Club Lane
Buffalo, NY 14221-5239

For information:

1-800-337-3338

TTY: 1-800-421-1220

Web site: www.univerahealthcare.com

* Copayment is waived for dependents age 18 and under when services are received in a physician’s office or health center.

Medicare Advantage Plan

Benefits	Enrollee Cost
Office Visits	\$15 per visit
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Women's Health Care/OB GYN	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit
Bone Density Tests	\$15 per visit
Family Planning Services	\$15 per visit
Infertility Services	
Covered per Medicare guidelines; restrictions apply	
Contraceptive Drugs and Devices	
Drugs covered under Rx; devices not covered	
Emergency Room	\$50 per visit
Urgent Care	\$15 per visit
Ambulance	\$50 per trip
Outpatient Mental Health	
unlimited	\$15 per visit
Inpatient Mental Health,	
190-day lifetime maximum	No copayment
Outpatient Drug/Alcohol Rehab	
unlimited	\$15 per visit
Inpatient Drug/Alcohol Rehab	
unlimited	No copayment

Benefits	Enrollee Cost
Durable Medical Equipment	
	50% coinsurance
Prosthetics	
	50% coinsurance
Orthotics	Covered at 50% only when there is an underlying medical condition. Requires preauthorization
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
Diabetic Supplies, insulin and oral agents	
supplies are covered at the office visit copayment; insulin and oral agents are through Rx	
Hospice	No copayment Medicare guidelines apply
Skilled Nursing Facility	No copayment up to 100 days per benefit period
Prescription Drugs	
Retail, 30-day supply	\$10 Tier I/ \$20 Tier II/ \$45 Tier III
Mail Order, 90-day supply	\$30 Tier I/ \$60 Tier II/ \$135 Tier III
<p>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, injectable and self-injectable medications, fertility drugs and enteral formulas. Specialty Drugs must be obtained through our Specialty Pharmacy Network.</p>	

Additional Benefits Enrollee Cost

Dental25% discount
through Member Rewards Program

Vision.....Not covered

Hearing Aids\$300 allowance
once every 3 years

Plan Highlights for 2007

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 copayment.

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.

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 and 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 pharmacy through Express Scripts by calling 1-866-347-3516. Univera offers an **open formulary**.

Medicare Coverage

NYSHIP Medicare-primary enrollees are required to enroll in SeniorChoice, the Univera **Medicare Advantage Plan**. To qualify, you must be entitled to Medicare Parts A and B and live in the counties listed below. Copayments may differ from the NYSHIP-primary copayments. Please call 716-847-2051 or 1-800-558-4320 for detailed information on SeniorChoice benefits.

NYSHIP Code Number 057

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

Univera Healthcare

205 Park Club Lane
Buffalo, NY 14221-5239

For information:

1-800-558-4320

TTY: 1-800-421-1220

Web site: www.univerahealthcare.com

If You Are Changing Your Option

1. Complete the NYSHIP Option Transfer Request form on the opposite page.
 - Social Security Number
 - Spouse and dependent information. Fill in this information only if you are enrolled with Family coverage.
2. Send the completed form to the Employee Benefits Division at the address at the top of the form as early as possible prior to the effective date you are requesting. The requested date must be the first of a month. The Employee Benefits Division will send you a confirmation letter for your option change that will include the effective date of the change.
3. If you are enrolling in an HMO, also complete the form on page 69, Notice of Intent to Enroll in an HMO. See page 68 for instructions.
4. If you are enrolled in Medicare, and you change out of one of the following Medicare Advantage Plans...
 - Option 210 Aetna
 - Option 067 Community Blue
 - Option 050 HIP Health Plan of New York
 - Option 059 Independent Health
 - Option 058 Preferred Care
 - Option 057 Univera Healthcare...you must also complete the Enrollment Cancellation form on page 71. See page 70 for instructions.

NYSHIP Option Transfer Request

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

NYS Department of Civil Service
Employee Benefits Division, Operations Unit
Alfred E. Smith State Office Building
80 South Swan Street, Albany, New York 12239

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

Enrollee's Name _____

Social Security Number _____

Address _____

County _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (____) _____

Is This a New Address? Yes No Date of New Address: _____

Check One COBRA Retiree Vestee Dependent Survivor Preferred List

Medicare Yes No If Yes: Part A Effective Date: _____ Part B Effective Date: _____

Dependent Medicare Yes No

If Yes: Part A Effective Date: _____ Part B Effective Date: _____

Current Option _____

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

If Yes, by whom: _____ amount \$ _____

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

Option Code Number _____ Plan Name _____

If you have Family coverage, Dependents' names and Social Security Numbers
(Attach separate sheet of paper if necessary.)

Date _____ Enrollee's Signature _____

If you are enrolling in an HMO, please double check the HMO's page in this booklet. Is the HMO approved by NYSHIP to serve your county? Please also complete the form on page 69 and send it to the HMO.

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

USE THIS FORM FOR OPTION CHANGE ONLY



To Enroll In An HMO

Please fill in the form on page 69 and send it to your HMO as early as possible prior to the effective date you are requesting. (The requested effective date must be the first of a month.) Use the address that appears on the appropriate HMO page.

Pay special attention to:

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

Remember: You must also send the NYSHIP Option Transfer Request form on page 67 to the New York State Department of Civil Service.

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

Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 058	Preferred Care
Option 057	Univera Healthcare

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

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



Notice of Intent to Enroll in an HMO

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

Name _____

Street Address _____

County _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (____) _____

Date of Birth _____ Social Security Number _____

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

Telephone Number (____) _____ Coverage: Individual Family

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

Effective _____, please change my health insurance option to:

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

Option Code Number _____ Plan Name _____

Date _____ Enrollee's Signature _____

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

Note: If you have Individual coverage, but want Family coverage, see page 4 for information on how to change.

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

Spouse/Domestic Partner Employed? Yes No

If Employed, Name of Employer _____

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

Date of Birth of Spouse/Domestic Partner _____

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

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

Name of Child (if Covered Dependent) _____

Employed? Yes No If Employed, Name of Employer _____

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

Dependent's Date of Birth _____

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

Dependent's Health Center/Primary Physician/Pharmacy

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

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

Please indicate date sent ____/____/____.



When You Are Enrolled In Medicare and You Leave An HMO

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

Option 210	Aetna
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 058	Preferred Care
Option 057	Univera Healthcare

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

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



Enrollment Cancellation

New York State Health Insurance Program

Effective _____, **please cancel my enrollment in:**

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

Option Code Number _____ Plan Name _____

Social Security Number _____

Member's Name _____
First Middle Last

Address _____

Telephone Number (_____) _____

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

Date _____ Enrollee's Signature _____

Please provide the following required information for each enrolled dependent.

(Attach an additional 8½" x 11" sheet of paper, if necessary.)

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

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

My current option is _____,

and I want to change my option to _____.

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

USE THIS FORM FOR OPTION CHANGE ONLY



NOTES

NOTES

The State of New York Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with 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). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division.

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