



# Choices *for 2008*



**For Retirees of New York State  
and Participating Employers**  
**Health Insurance Choices**  
Choose your Health Insurance Plan for 2008

**November 2007**

***NYSHIP***  
New York State Health Insurance Program

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## *A Message from Commissioner Nancy G. Groenwegen*

New York State values its retired State workers and is pleased to provide the comprehensive health insurance that you have earned through your employment. The Department of Civil Service, which administers the health insurance programs for active and retired State workers, has carefully selected the insurance plan options in order to provide superior coverage that meets the broadest range of needs.

But there are differences among the plans. This booklet provides information to help you choose the plan that best meets the needs of you and your family. Of course you may call The Empire Plan or the Health Maintenance Organizations (HMO) that are part of the New York State Health Insurance Program (NYSHIP) directly for additional information. I also invite you to call the Employee Benefits Division of the Department of Civil Service at 518-457-5754 or 1-800-833-4344 or visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us).

Your option to switch from one plan to another is no longer restricted to a single period. You may change health insurance plans once at any time during any 12-month period.

I wish you good health.

A handwritten signature in black ink that reads "Nancy G. Groenwegen". The signature is written in a cursive, flowing style.

Nancy G. Groenwegen, Commissioner  
NYS Department of Civil Service



## *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 2008**

The Empire Plan and HMO rates for 2008 are mailed to your home and posted on the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) as soon as they are approved. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. 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 and the individual HMO pages in this booklet for more information.

### **Changing Your Health Insurance Plan**

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

A change in the providers who participate in your plan is not a reason that permits you to change your health insurance plan more than once in a 12-month period.

### **You and Your Dependents Must Enroll in Medicare Parts A and B**

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 Parts A and B 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 Parts A and B 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 as well as an order

form for the publication and its companion video on our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 and use the automated system to request a copy. Please indicate whether you would like the video in VHS or DVD format. 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 United States, The Empire Plan pays primary for covered services received outside the United States. 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 (Parts A and B) outside of your HMO. You would be responsible for Medicare's coinsurance, deductibles and other charges. No payment will be made by the HMO.

##### **If you are Medicare-primary and enroll in a NYSHIP Medicare Advantage Plan:**

You replace your original fee-for-service Medicare coverage (Parts A and B) with

benefits offered by the Medicare Advantage Plan. You also will be enrolled in a Medicare Part D plan for your prescription drug benefits. 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 or become Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will 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 non-NYSHIP 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:

New York State Department of Civil Service  
Employee Benefits Division  
Alfred E. Smith State Office Building  
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 Social Security number, address, and telephone number, including area code. 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 *2008 Rates & Information for Retirees*. To find this information on the New York State Department of Civil Service web site, as soon as rates are approved, go to [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices for the most up-to-date option transfer information. 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 2008, 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 2008 health insurance rates of your 2008



## 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 lifestyle, 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.

\* If Medicare-primary, check with the plan.

**The 2008 Rates & Information for Retirees was mailed to your home and posted on our web site, [www.cs.state.ny.us](http://www.cs.state.ny.us), in mid-November.**

## Benefits

### The Empire Plan and NYSHIP 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.

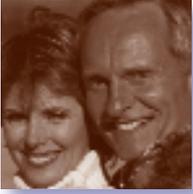
## Geographic Area Served

### 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

\* May not apply to Medicare Advantage Plans.

\*\* Biologically based mental illness and coverage for children with serious emotional disturbance may be available beyond this limit as defined by Timothy's Law.

## 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. Along with this booklet, the *2008 Rates & Information for Retirees* flyer that was mailed to your home and posted on our web site, [www.cs.state.ny.us](http://www.cs.state.ny.us), in mid-November provides 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 2008?

#### The Empire Plan

- Effective March 1, 2007, The Empire Plan voluntary Disease Management Program, administered by UnitedHealthcare, combined the former individual programs for cardiovascular disease, asthma and diabetes into a single program and added two new conditions—congestive heart failure and chronic obstructive pulmonary disease.
- Effective January 1, 2008, UnitedHealthcare will insure and administer The Empire Plan Prescription Drug Program. UnitedHealthcare will partner with Medco Health Solutions for retail pharmacy network and mail pharmacy services. Only the Program insurer/administrator is changing; Empire Plan drug benefits remain the same but, there will be a new Preferred Drug List

for 2008. An Empire Plan “Pharmacy Locator” search feature is available on the web at [www.cs.state.ny.us](http://www.cs.state.ny.us). On the home page, select Benefit Programs and follow the prompts to NYSHIP Online. Click on Find a Provider and scroll down to Medco.

#### NYSHIP HMOs

Effective January 1, 2008:

- Blue Choice will offer a Medicare Advantage Plan for Medicare-primary enrollees.
- CDPHP will offer a Medicare Advantage Plan for Medicare-primary enrollees.
- MVP will offer a Medicare Advantage Plan for Medicare-primary enrollees living in NYSHIP code 060 (East Region).
- New enrollments will be accepted for Aetna.

## 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<sub>SM</sub> for health information and support;
- Coordination with Medicare; 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 2008) 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 (\$349 in 2008):

- 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 (\$1,676 in 2008), 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.

### **Basic Medical Provider Discount Program**

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 UnitedHealthcare. 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 UnitedHealthcare pays The Empire Plan portion of the provider fee directly to the provider if the services qualify for the Basic Medical Provider Discount Program. Your Explanation of

Benefits, which details claims payments, shows the discounted amount applied to billed charges.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call (toll free) 1-877-7-NYSHIP (1-877-769-7447), choose The Empire Plan Medical Benefits Program and ask a representative for help. You can also visit the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Benefit Programs, then NYSHIP Online. Select the 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 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. While Medicare-primary Empire Plan enrollees are automatically enrolled in the Medicare Crossover program, eligible dependents must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare to enroll.

## 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**

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### **Can I use the hospital of my choice?**

Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital<sup>1</sup>. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program.

Network hospital inpatient:  
Paid-in-full hospitalization benefits.

Network hospital outpatient and emergency care: Subject to network copayments.

Non-network hospital inpatient and outpatient (applies only to Empire Plan-primary enrollees): 10 percent coinsurance<sup>2</sup> up to an annual maximum of \$1,500 per enrollee/spouse or domestic partner/dependent children combined.

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

Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.

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### **If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?**

Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers and Basic Medical Provider Discount Program benefits for non-participating providers who are part of The Empire Plan MultiPlan group.<sup>1</sup> (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<sup>1</sup>. (See above for details.)

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.

## The Empire Plan

## NYSHIP HMOs

**Can I be sure I will not need to pay more than my copayment when I receive medical services?**

Yes. Your copayment should be your only expense if you:

- Choose a participating provider;
- Receive inpatient or outpatient hospital services at a network hospital and follow Benefits Management Program requirements.<sup>1</sup>

Yes. As long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.

**Will I be covered for care I receive away from home?**

Yes. Under The Empire Plan, your benefits are the same wherever you receive care.

Under an HMO, you are covered away from home only for emergency care. Some HMOs provide coverage for routine care if the HMO has reciprocity with another HMO. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been pre-authorized.

**Do I have coverage for mental health treatment?**

Yes. You have guaranteed access to unlimited medically necessary inpatient and outpatient care as long as you follow Plan requirements.

Yes. Coverage is available for a specified number of days/visits each year<sup>3</sup>, as long as you follow the HMO's requirements.

**What kind of care is available for physical therapy and chiropractic care?**

You have guaranteed access to unlimited medically necessary care when you choose participating providers and follow Plan requirements.

Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.

**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.

## The Empire Plan

## NYSHIP HMOs

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### 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.

Prescription drug coverage varies among HMOs. Your out-of-pocket cost depends on the drug and quantity prescribed. You may pay a higher out-of-pocket cost for drugs not on the plan's formulary. In some cases the drug is not covered. Other requirements may include the use of a mail service pharmacy for maintenance drugs and prior authorization for some drugs.

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<sup>1</sup> Applies only to Empire Plan-primary enrollees

<sup>2</sup> Greater of 10 percent coinsurance or \$75 for outpatient

<sup>3</sup> Biologically based mental illness and coverage for children with serious emotional disturbance may be available beyond this limit as defined by Timothy's Law.

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](http://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.

Job Seekers | Employees | Retirees | HR Professionals

Rollback + Empire Plan | Change Your Group | Search | Text Version / Adjust Text

# nyshiponline

Employee Benefits Division  
Department of Civil Service

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- Other Benefits
- Medicare
- Using Your Benefits
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## 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 2008.

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

- A:** Check with your providers directly to see whether they participate in The Empire Plan for New York State government employees or in a NYSHIP HMO.
- Visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Find a Provider to link to Empire Plan carriers' online directories.
  - Visit the web sites (web site addresses are provided on the 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 2008?**

**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 2-5 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 or become Medicare-eligible and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will 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](http://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 will 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 77 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 specific geographic areas.
- **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 2-5 in this booklet for information on Medicare.
- ✓ Does the plan cover me when I travel or if I stay out of the area for an extended period of time?

## 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 73. 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 77.

### **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 75. 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 at 518-457-5754 or 1-800-833-4344.

## How to Use the Choices Benefit Charts, Pages 28–71

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, 2008. See plan documents for complete information on benefit limitations.

## A Reminder

Most benefits described in this booklet are subject to medical necessity and may involve limitations or exclusions. Please refer to plan documents or call the plans directly for details.

\* If Medicare-primary, check with the plan.

# 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	38	38	38	42	46	46	46	48	48	50	54	54	56	60	60	60	64	68
	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	•		•																	•	

† If Medicare-primary, check with the plan.

\* Medicare-primary NYSHIP enrollees will be enrolled in this plan's Medicare Advantage Plan.

Page in Choices	24	30	34	38	38	38	42	46	46	46	48	48	50	54	54	56	60	60	60	64	68	
	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*	
<b>NYSHIP CODE</b>	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	•	•																				

\* Medicare-primary NYSHIP enrollees will be enrolled in this plan's Medicare Advantage Plan.



## 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, 2008.<sup>1</sup>

You'll find specific information on the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). 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

#### UnitedHealthcare

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 UnitedHealthcare for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI).

When arranged by UnitedHealthcare, 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<sup>2</sup>):

- Non-network hospital inpatient stays and outpatient services - 10 percent coinsurance<sup>3</sup> 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)

### **Non-Network Benefits<sup>4</sup>**

#### **Mental Health Services**

If you do **NOT** follow the requirements for network coverage, ValueOptions will consider:

- For Practitioner Services: Up to 80 percent of reasonable and customary charges for covered services after you meet the annual deductible for outpatient practitioner services which is \$349 per enrollee, \$349 per covered spouse/domestic partner and \$349 for all covered dependent children combined. After a coinsurance maximum is reached of \$1,676 per enrollee and for all covered dependents combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services.
- For Approved Facility Services: Up to 90 percent of billed charges for covered services. After a coinsurance maximum is reached of \$500 for you, the enrollee, \$500 for your enrolled spouse/domestic

partner and \$500 for all enrolled dependent children combined, GHI pays 100 percent of billed charges for covered services.

ValueOptions will consider non-network coverage for covered expenses after you meet your annual deductible. You pay the coinsurance amount up to the coinsurance maximum.

Note: The amount you pay for inpatient and outpatient services does **NOT** count toward meeting your Basic Medical deductible or Basic Medical coinsurance maximum. Deductibles, coinsurance and maximum coinsurance amounts are separate and not combined with any other deductible, coinsurance or maximum coinsurance amounts.

### **Network Benefits**

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

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

#### **Non-Network Benefits<sup>4</sup>**

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

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**

### **UnitedHealthcare/Medco**

P.O. Box 5900, Kingston, NY 12402-5900

*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 applicable copayment.

## The Empire Plan NurseLine<sup>SM</sup>

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.

- <sup>1</sup> These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate* and *Empire Plan Reports/Certificate Amendments*.
- <sup>2</sup> If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.
- <sup>3</sup> Greater of 10 percent or \$75 for outpatient (applies only to Empire Plan-primary enrollees).
- <sup>4</sup> You are responsible for obtaining ValueOptions certification for care obtained from a non-network provider.

### 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 UnitedHealthcare 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.**

**UnitedHealthcare .....TTY only: 1-888-697-9054**  
**Empire BlueCross BlueShield .....TTY only: 1-800-241-6894**  
**ValueOptions .....TTY only: 1-800-334-1897**  
**The Empire Plan Prescription Drug Program .....TTY only: 1-800-759-1089**

## The Empire Plan

Benefits	Network Hospital Benefits <sup>1</sup>	Participating Provider	Non-Participating Provider
<b>Office Visits</b>		\$18 per visit	Basic Medical <sup>2</sup>
<b>Specialty Office Visits</b>		\$18 per visit	Basic Medical <sup>2</sup>
<b>Diagnostic/Therapeutic Services:</b>			
Radiology	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
Lab Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
Pathology	No copayment	\$18 per visit	Basic Medical <sup>2</sup>
EKG/EEG	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>2</sup>
<b>Women's Health Care/OB GYN:</b>			
Pap Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
Mammograms	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>2</sup>
Bone Density Tests	\$35 per outpatient visit	\$18 per visit	Basic Medical <sup>2</sup>
<b>Family Planning Services</b>			
<b>Infertility Services</b>		\$18 per visit; No copayment at designated Centers of Excellence <sup>3</sup>	Basic Medical <sup>2</sup>
<b>Contraceptive Drugs and Devices</b> (also covered under The Empire Plan Prescription Drug Program <sup>4</sup> subject to drug copayment)		\$18 per visit	Basic Medical <sup>2</sup>
<b>Emergency Room</b>	\$60 per visit	No copayment	Basic Medical <sup>2,5</sup>
<b>Urgent Care</b>		\$18 per visit	Basic Medical <sup>2</sup>
<b>Ambulance</b>	No copayment <sup>6</sup>	\$35 per trip	\$35 per trip
<b>Mental Health Practitioner Services</b>		\$18 per visit; unlimited when medically necessary (ValueOptions)	\$349 annual deductible, 80% of reasonable and customary; after \$1,676 coinsurance max, 100% of reasonable and customary (See pages 25-26 for details.)
<b>Approved Facility Mental Health Services</b>		No copayment; unlimited when medically necessary (ValueOptions)	90% of billed charges; after \$500 coinsurance max, covered in full (See pages 25-26 for details.)
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$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 <sup>7</sup>
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment; 3 stays per lifetime; more may be approved case by case (ValueOptions)	\$2,000 annual deductible, 50% of network allowance 1 stay per calendar year, 3 stays per lifetime <sup>7</sup>
<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )

<b>Prosthetics</b>			No copayment <sup>8</sup>	Basic Medical <sup>2,8</sup>
<b>Orthotic Devices</b>			No copayment <sup>8</sup>	Basic Medical <sup>2,8</sup>
<b>External Mastectomy Prostheses</b>				Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>2,8</sup> (Percertification may be required)
<b>Rehabilitative Care</b> (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 (MPN) Speech therapy \$18 per visit	\$250 annual deductible, 50% of network allowance \$1,500 annual maximum benefit Basic Medical <sup>2</sup>
<b>Diabetic Supplies</b> (insulin is covered under The Empire Plan Prescription Drug Program subject to drug copayment)			No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )
<b>Hospice</b>	No copayment, no limit			
<b>Skilled Nursing Facility</b> (Percertification required)	No copayment up to 365 benefit days. No benefits if Medicare-primary.			
<b>Prescription Drugs</b> (see page 26)				
<b>Additional Benefits</b>				
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 <sup>9</sup>		No copayment	Basic Medical <sup>2</sup>
Outpatient Surgery <sup>10</sup>	\$35 per visit		No copayment	Basic Medical <sup>2</sup>
24-hour NurseLine <sup>SM</sup> for health information and support				
Voluntary Disease Management Programs available for conditions such as asthma, cardiovascular disease, chronic obstructive pulmonary disease, congestive heart failure, depression and diabetes				
Complementary and Alternative Medicine discounts (available only in New York State)				

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

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

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

<sup>4</sup> Coverage excludes IUDs.

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

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

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

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

<sup>9</sup> Pre-admission certification may be required.

<sup>10</sup> In outpatient surgical locations, 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
<b>Office Visits</b>	\$15 per visit
Non-Office Hours and Home Visits (by physician)	\$20 per visit
<b>Specialty Office Visits</b>	\$15 per visit
<b>Diagnostic/Therapeutic Services</b>	
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
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$15 per visit
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit (initial visit only)
Bone Density Tests	\$15 per visit
<b>Family Planning Services</b>	\$15 per visit
<b>Infertility Services</b>	\$15 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
max 20 visits <sup>2</sup>	\$15 per visit
<b>Inpatient Mental Health</b>	
max 30 days <sup>2</sup>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$15 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, max 60 consecutive days	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Office	\$15 per item
Pharmacy	Applicable Rx copayment applies
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	
No copayment	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, 90-day supply	\$20/\$40/\$70 <sup>3</sup>
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	

<sup>1</sup> Waived if admitted.

<sup>2</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<sup>3</sup> 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**<sup>1</sup>.....\$15 per visit<sup>2</sup>

**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

<sup>1</sup> Routine only (including refraction)

<sup>2</sup> Frequency and age schedules apply

## Plan Highlights for 2008

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

## Medicare Coverage

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

### 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.

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



Turning promise into practice®

### Medicare Advantage Plan

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

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>2</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents<sup>3,4</sup></b> See applicable footnotes	
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility, unlimited</b> No copayment	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, 90-day supply <sup>5</sup>	\$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 \$4,050, the member pays the greater of \$2.25 or 5% for generic and multi-source drugs and the greater of \$5.60 or 5% for brand-name drugs – retail or mail order. Please call our Medicare Advantage Customer Service Department at 1-800-282-5366 for more detailed information.	
<sup>1</sup> Waived if admitted	
<sup>2</sup> Covered according to Medicare guidelines: Covered for members who are diabetic or have severe foot disease due to circulatory issues. Not for corrective needs.	
<sup>3</sup> No copayment for strips, lancets and glucometer	
<sup>4</sup> Insulin and oral agents covered under pharmacy	
<sup>5</sup> 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 (Medicare Primary)

Dental.....	Not covered
Vision <sup>1</sup> .....	No copayment
Hearing Aids.....	Not covered
Eyeglasses .....	No copayment
Outpatient Home Health Care.....	No copayment unlimited visits per 365-day period <sup>2</sup>
Hospice Bereavement Counseling 5 days per 365 days .....	No copayment

<sup>1</sup> Routine only, including refraction

<sup>2</sup> Four hours of home health aid service equals one home care visit

## Plan Highlights for 2008

Aetna offers 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](http://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 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.

### Aetna

99 Park Avenue, New York, NY 10016

### For information:

#### Customer Service Department:

1-800-323-9930

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1-800-282-5366

#### For Pre-Enrollment Medicare Information and a Medicare Packet: 1-800-832-2640

Web site: [www.aetna.com](http://www.aetna.com)

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$20 per visit
Routine Adult Physicals	\$5 per visit
PCP visits for sick children to age 19	\$5 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$5 per visit
Mammograms	\$5 per visit
Pre and Postnatal Visits	\$5 per visit
	(first 10 visits only)
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
max 20 visits <sup>1</sup>	\$20 per visit
<b>Inpatient Mental Health</b>	
max 30 days per year <sup>1</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits per year	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Rehabilitative Care	
max 90 visits	\$20 per visit
Outpatient Physical, Speech and Occupational Therapy	
max 30 visits combined	\$20 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	\$20 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$25 preferred/\$40 non-preferred <sup>2</sup>
Mail Order, up to 90-day supply	\$20 generic/ \$50 preferred/\$80 non-preferred <sup>2</sup>

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

<sup>1</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<sup>2</sup> 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.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 copayment for eye exams associated with disease or injury
<b>Hearing Aids</b>	
children to age 19 ....	\$600 max, every 3 years
<b>Acupuncture</b>	
max 10 visits per year.....	50% coinsurance
<b>Outpatient Surgery Facility</b> .....	\$50 per visit
<b>Physician Surgical Copayment</b> .....	\$20 per visit

### Plan Highlights for 2008

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.

- **New for 2008**, two copayments for up to a 90-day supply for prescription drugs through Express Scripts, our mail service pharmacy.
- **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.
- Our **BlueCard®** and **Guest Membership** Programs provide routine and urgent care coverage while traveling, for students away at school or for families living apart.

### Participating Physicians

With 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 to the right for a directory or check our web site at: [www.excellusbcb.com](http://www.excellusbcb.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

Medicare-primary enrollees are required to enroll in Medicare Blue Choice, the Excellus BlueCross BlueShield **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below. Once you become eligible for Medicare, some of your Medicare Blue Choice copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the Medicare Blue Choice number below for further details.

#### NYSHIP Code Number 066

A Network 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

**Medicare Blue Choice:** 1-877-883-9577

**Web site:** [www.excellusbcb.com](http://www.excellusbcb.com)

**Medicare Advantage Plan**

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Office Visits</b>	\$5 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 per visit (first 10 visits only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices<sup>1</sup></b>	Applicable Rx copayment applies
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$5-\$50 per visit
<b>Ambulance</b>	\$35 per trip
<b>Outpatient Mental Health</b> unlimited	\$20 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>2</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient Physical, Speech and Occupational Therapy unlimited	\$20 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	\$20 per 30-day supply
Insulin and Oral Agents	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b> \$25 per day for days 1-100	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$25 preferred/\$40 non-preferred
Mail Order, 90-day supply	\$20 generic/ \$50 preferred/\$80 non-preferred
<p>There is a separate copayment for each 30-day supply purchased at a retail pharmacy. You can order up to a 90-day supply through our mail order program with two copayments. Coverage includes contraceptive drugs, fertility drugs, injectable and self-injectable medications and enteral formulas.</p> <p>Should a doctor select a brand-name drug when an FDA-approved generic equivalent is available, the member will pay the difference between the cost of the generic and the brand-name plus any applicable copayments.</p>	

<sup>1</sup> Contraceptive devices are not covered.

<sup>2</sup> In a psychiatric facility

<sup>3</sup> Covered when there is an underlying medical condition. Requires preauthorization.

### Prescription Drugs (cont.)

When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call Medicare Blue Choice at 1-877-883-9577 for more detailed information.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	\$300 annual allowance
<b>Vision</b> .....	Eyewear – \$120 annual allowance
<b>Hearing Aids</b> .....	\$600 allowance every 3 years
<b>Routine Eye Exam</b> .....	\$20 per visit
<b>Go Getters Fitness Benefit</b> .....	\$650 annually

### Plan Highlights for 2008

With Medicare 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. The Go Getters Fitness Benefit allows you to select the health club membership or qualified weight management program that is best for you. Pay a low \$5 copayment for PCP visits and routine physicals. Save by paying only two copayments for up to a 90-day supply for prescription drugs through Express Scripts, our mail service pharmacy.

### Participating Physicians

With over 3,200 providers available, Medicare Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Medicare 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.excellusbcb.com](http://www.excellusbcb.com).

### Pharmacies and Prescriptions

Medicare 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. Medicare 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

Medicare-primary enrollees are required to enroll in Medicare Blue Choice, the Excellus BlueCross BlueShield **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below. Once you become eligible for Medicare, some of your Medicare Blue Choice copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the Medicare Blue Choice number below for further details.

#### NYSHIP Code Number 066

A Network HMO serving individuals living in Livingston, Monroe, Ontario, Seneca, Wayne, and Yates counties.

#### Blue Choice

165 Court Street, Rochester, NY 14647

#### For information:

**Medicare Blue Choice:** 1-877-883-9577

**TTY:** 1-800-421-1220

**Web site:** [www.excellusbcb.com](http://www.excellusbcb.com)



<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Annual Gynecological Exams	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>1</sup>
Pathology	\$20 per visit <sup>1</sup>
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b> , max 20 visits (individual and group combined) <sup>2</sup> \$20 per visit	
<b>Inpatient Mental Health</b> max 30 days per calendar year <sup>2</sup> No copayment	
<b>Outpatient Drug/Alcohol Rehab</b> max 60 visits \$20 per visit	
<b>Inpatient Drug/Alcohol Rehab</b> max 30 days each No copayment	

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>3</sup></b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
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
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Retail, up to 30-day supply	\$15 per item
Mail Order, up to 90-day supply	Two and a half copayments
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b> , max 45 days No copayment	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$25 formulary brand/\$40 non-formulary
Mail Order, 90-day supply	Two and a half 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.	

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

<sup>2</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<sup>3</sup> Excludes shoe inserts.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	Not covered
<b>Hearing Aids</b> .....	Not covered
<b>Allergy Injections</b> .....	No copayment
<b>Outpatient Surgery Facility</b> .....	\$75 per visit
<b>Diabetes Self-management Education</b>	
	\$20 per visit
<b>Glucometer</b> .....	\$15 per item

### Plan Highlights for 2008

CDPHP was rated fifth in the nation and highest in New York among commercial health plans, according to U.S. News & World Report/NCQA America's Best Health Plans 2006. Member service telephone hours have been extended as part of our commitment to customer service. Free wellness classes include yoga, dance and rock-climbing. Talk with a health coach 24/7 through Health Coach Connection. Use our new online activity tracker to reach your fitness goals. Emergency care covered out-of-area. College students are also covered for pre-approved follow-up care.

### 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 may be filled nationwide at any participating pharmacy. Rx Corner at [www.cdphp.com](http://www.cdphp.com) enables members to log in and view claims history and research cost-saving alternatives. Save money by using mail order. Find forms online or call Member Services at 518-641-3700 or 1-800-777-2273. Certain prescriptions require prior approval and

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

### Medicare Coverage

New for 2008, CDPHP will offer Group Medicare Choice, CDPHP's **Medicare Advantage Plan** for NYSHIP Medicare-eligibles. See pages 40 and 41 for details.

#### 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

**Member Services:** 518-641-3700  
or 1-800-777-2273

**TTY:** 1-877-261-1164

**Web site:** [www.cdphp.com](http://www.cdphp.com)



**Medicare Advantage Plan**

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Office Visits</b>	\$20 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>1</sup>
Pathology	\$20 per visit <sup>1</sup>
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$30 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$15 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>2</sup>	
	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	
	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	
	No copayment
<b>Durable Medical Equipment</b>	30% coinsurance
<b>Prosthetics</b>	30% coinsurance
<b>Orthotics</b>	30% coinsurance

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b> Physical, Speech and Occupational Therapy, unlimited	
	\$20 per visit
<b>Inpatient Rehabilitation Coverage</b> max 100 days	
	No copayment
<b>Diabetic Supplies, Insulin and Oral Agents<sup>3</sup></b> Applicable Rx copayment applies	
<b>Hospice</b>	
	Covered by Medicare
<b>Skilled Nursing Facility</b> max 100 days	
	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 generic/ \$25 preferred brand/ \$45 non-preferred brand/ \$45 high cost/specialty
Mail Order, 90-day supply	\$10 generic/ \$50 preferred brand/ \$90 non-preferred brand/ N/A for specialty drugs <sup>4</sup>
When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for Tiers 1 and 2 drugs, and the greater of 5% coinsurance or \$5.60 for Tiers 3 and 4 drugs. Please call our Member Services Department at 1-800-704-6152 for more detailed information.	
<sup>1</sup> No copayment for specific diagnostic services at preferred radiology or designated laboratory sites.	
<sup>2</sup> In a psychiatric facility	
<sup>3</sup> Insulin, diabetic insulin needles, syringes, alcohol swabs, gauze – covered under Part D prescription benefits. Supplies (glucose control solutions, lancets, pump tubing/infusion sets, test strips) – 30% coinsurance or \$10 copayment, whichever is less. DME (infusion pumps, blood glucose meters, lancet devices) – \$15 per item.	
<sup>4</sup> Mail order unavailable for Tier 4 drugs.	

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 per visit
<b>Hearing Aids</b> .....	\$20 per visit
<b>Eyewear</b> .....	\$80 allowance each year
<b>Hearing Aids</b> .....	\$600 allowance every 3 years
<b>Travel Out-of-Area Routine Care</b>	
	up to \$3,000 annual maximum ...30% coinsurance
<b>SilverSneakers</b> .....	no cost gym membership at participating sites

### **Plan Highlights for 2008**

CDPHP was rated sixth in the nation among Medicare Advantage health plans, according to U.S. News & World Report/NCQA America's Best Health Plans 2006. Member service telephone hours have been extended as part of our commitment to excellent customer service. Sign up for free wellness classes and take advantage of free membership at one of many area gyms through the SilverSneakers program. Talk with a health coach 24/7 through Health Coach Connection. Members are covered worldwide for urgent and emergency care. Visit us online at [www.cdphp.com](http://www.cdphp.com) to learn more.

### **Participating Physicians**

CDPHP's Group Medicare Choice plan is now affiliated with more than 7,600 practitioners, including over 1,300 participating primary care providers and 4,450 participating specialists and mental health providers in New York State.

### **Affiliated Hospitals**

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

### **Pharmacies and Prescriptions**

CDPHP complies with CMS guidelines for the Part D basic and enhanced closed formularies. Prescriptions may be filled nationwide at any participating pharmacy. Rx Corner at [www.cdphp.com](http://www.cdphp.com) enables

members to log in and view claims history and research cost-saving alternatives. Save money by using mail order. Find forms online or call Member Services at 518-641-3950 or 1-888-248-6522. Certain prescriptions require prior approval and specialty drugs for a few serious conditions are subject to clinical management programs and must be delivered by a CDPHP-participating specialty pharmacy vendor.

### **Medicare Coverage**

CDPHP is a plan for life. We are pleased to offer this Group Medicare Choice plan for Medicare-primary NYSHIP employees, retirees, and their spouses. NYSHIP Medicare-primary enrollees are required to enroll in CDPHP's **Medicare Advantage Plan**, Group Medicare Choice. To qualify, you must be entitled to Medicare Parts A and B and live in one of the counties listed below.

#### **NYSHIP Code Number 063**

An IPA HMO serving individuals living in Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties.

#### **NYSHIP Code Number 300**

An IPA HMO serving individuals living in Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego, and Tioga Counties

#### **NYSHIP Code Number 310**

An IPA HMO serving individuals living in Dutchess, Orange, and Ulster Counties

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

Patroon Creek Corporate Center  
500 Patroon Creek Boulevard  
Albany, NY 12206-1057

#### **For information:**

#### **CDPHP's Member Services Department:**

1-800-704-6152

TTY: 1-877-261-1164

Web site: [www.cdphp.com](http://www.cdphp.com)

Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	\$10 per visit
Pre and Postnatal Visits	No copayment <sup>2</sup>
Bone Density Tests	\$10 per visit
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit <sup>3</sup>
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies <sup>4</sup>	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$10 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
max 20 visits <sup>5</sup>	\$10 per visit
<b>Inpatient Mental Health</b>	
max 30 days <sup>5</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance

Benefits	Enrollee Cost
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits	\$10 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b>	
max 50 days	No copayment
<b>Prescription Drugs</b>	
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
<p>Coverage includes contraceptive drugs and devices, prenatal vitamins and vitamins with fluoride, 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.</p>	

<sup>1</sup> 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.

<sup>2</sup> \$10 copayment will only be taken on the initial office visit to confirm the pregnancy.

<sup>3</sup> For services to diagnose and treat infertility.

<sup>4</sup> Approved generic oral contraceptives covered at 100%.

<sup>5</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

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## **Additional Benefits**                      **Enrollee Cost**

**Dental**<sup>1</sup> .....20% discount  
at select providers, free second annual exam

**Vision**.....VisionPLUS Program (details below)

**Hearing Aids**.....Not covered

**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.

**Artificial Insemination** .....20% coinsurance<sup>2</sup>

<sup>1</sup> Preventive

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

## **Plan Highlights for 2008**

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 nearly 45,000 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 one of the counties listed below.

### **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  
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](http://www.bcbswny.com)



BlueCross BlueShield  
of Western New York

## Medicare Advantage Plan

Benefits	Enrollee Cost (Medicare Primary)
<b>Office Visits</b>	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
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
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	Not applicable
Bone Density Tests	No copayment
<b>Family Planning Services</b>	Not applicable
<b>Infertility Services</b>	Not applicable
<b>Contraceptive Drugs and Devices</b>	
	Not applicable
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$10 per visit
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b>	
unlimited	50% coinsurance
<b>Inpatient Mental Health</b>	
max 190 days per lifetime <sup>1</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited	50% coinsurance
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited	No copayment

Benefits	Enrollee Cost (Medicare Primary)
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$10 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	20% coinsurance
Insulin and Oral Agents	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b> , max 100 days per benefit period	
	No copayment
<b>Prescription Drugs</b>	
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 injectable and self-injectable medications and enteral formulas. If the total of the member's out-of-pocket drug spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call Senior Blue at 1-800-329-2792 for more detailed information.	

<sup>1</sup> In a psychiatric facility

## Additional Benefits

## Enrollee Cost

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

**Vision** .....Members have a \$75 advance towards vision care per year

There is no copayment for 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.

Discount program also available.<sup>1</sup>

**Hearing Aids**.....\$300 allowance per year

<sup>1</sup> In the case of a discrepancy, the member's contract will determine the member's cost sharing.

## Plan Highlights for 2008

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 a 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. Community 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 nearly 45,000 participating pharmacies. Senior Blue offers a **closed formulary**. 90-day supplies are 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 one of the counties listed below. Community Blue is the NYSHIP-primary plan.

### NYSHIP Code Number 067

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

### Senior Blue

The HMO of BlueCross BlueShield of Western New York  
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](http://www.bcbswny.com)



**Empire BlueCross BlueShield HMO**

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$20 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit <sup>1</sup>
<b>Urgent Care</b>	\$20 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health<sup>2</sup></b>	
max 20 visits <sup>3</sup>	\$20 per visit
<b>Inpatient Mental Health<sup>2</sup></b>	
max 30 days <sup>3</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>2</sup></b>	
max 60 visits	No copayment
<b>Inpatient Drug/Alcohol Rehab<sup>2</sup></b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient Physical Therapy	
max 30 visits combined	
Home or Office	\$20 per visit
Outpatient Facility	No copayment
Outpatient Speech/Language, Occupational, Vision Therapy, max 30 visits combined	
Home or Office	\$20 per visit
Outpatient Facility	No copayment
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	No copayment
when obtained through EBCBS's medical supplies vendor. Diabetic Supplies obtained through a pharmacy or the pharmacy mail order will be subject to the applicable Prescription Drug Plan copayments.	
Insulin and Oral Agents	
Applicable Rx copayment applies	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, max 60 days</b>	
	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/\$20 brand/\$40 non-formulary per prescription
Mail Order, 90-day supply	\$20 generic/\$40 brand/\$80 non-formulary per prescription
More information available under Pharmacies and Prescriptions.	
<sup>1</sup> Waived if admitted within 24 hours.	
<sup>2</sup> Precertification is required.	
<sup>3</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.	

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	Not covered
<b>Hearing Aids</b> .....	Not covered

### **Plan Highlights for 2008**

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](http://www.empireblue.com), your personal health care 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 Blvd., P.O. Box 11800  
Albany, NY 12211-0800

#### **For information**

#### **Empire BlueCross BlueShield HMO:**

1-800-453-0113

**TTY:** 1-800-241-6894

**Web site:** [www.empireblue.com](http://www.empireblue.com)

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



<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	
Dependent Children 0-18	No copayment
Adults	\$20 per visit
<b>Specialty Office Visits<sup>1</sup></b>	
Dependent Children 0-18	No copayment
Adults	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>2</sup>
Lab Tests	No copayment <sup>2</sup>
Pathology	No copayment <sup>2</sup>
EKG/EEG	No copayment <sup>2</sup>
Radiation	No copayment <sup>2</sup>
Chemotherapy	No copayment <sup>2</sup>
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Emergency Room</b>	\$50 per visit <sup>2</sup>
<b>Urgent Care</b>	\$35 per visit <sup>2</sup>
<b>Ambulance</b>	\$50 per trip <sup>2</sup>
<b>Outpatient Mental Health</b>	
max 20 visits <sup>3</sup>	\$20 per visit <sup>2</sup>
<b>Inpatient Mental Health</b>	
max 30 days <sup>3</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$20 per visit <sup>2</sup>
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient	
max 30 visits combined	\$20 per visit <sup>2</sup>
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	\$20 per item <sup>2</sup>
Insulin and Oral Agents	
Retail	\$20 per item
Mail Order	\$40 per item
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days per year	No copayment
<b>Prescription Drugs</b>	
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.	

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

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

<sup>3</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision<sup>1</sup></b> .....	\$20 per exam per year
<b>Hearing Aids</b> .....	Not covered

<sup>1</sup> Routine only

## Plan Highlights for 2008

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. For a complete list of prescriptions covered under our formulary, or for a list of prescriptions which require prior approval, go to [www.ghi.com](http://www.ghi.com) and click on "Pharmacy Plan" under Our Plans. For information regarding mail order drug benefits, or to set up your mail order account, go to [www.expresscripts.com](http://www.expresscripts.com)

## 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

### GHI HMO

P.O. Box 4181, Kingston, NY 12401

### For information

**Kingston:** 1-877-244-4466

**TTY:** 1-877-208-7920

**Web site:** [www.ghi.com](http://www.ghi.com)

*\* Please note that although NYSHIP members must live or work within the 15 counties NYSHIP has approved for enrollment in the GHI HMO plan, they would have access to participating providers throughout our 28-county provider network.*

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$5 per visit
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services<sup>1</sup></b>	\$5 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$25 per visit
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
max 20 visits <sup>2</sup>	No copayment
<b>Inpatient Mental Health</b>	
max 30 days <sup>2</sup>	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$5 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient, max 90 visits	\$5 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
	\$5 per month
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
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.	

<sup>1</sup> Includes the supplies and drugs related to the diagnosis and treatment of infertility.

<sup>2</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>1</sup> .....	No copayment
<b>Hearing Aids</b> .....	Not covered
<b>Eyeglasses</b> .....	\$45 per pair; 1 pair every 24 months from selected frames
<b>Laser Vision Correction (LASIKS)</b> .....	Discount Program
<b>Fitness Program</b> .....	Discount Program
<b>Alternative Medicine Program</b>	Discount Program
<b>Artificial Insemination</b> .....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	Included in office visit copayment
<b>Dialysis Treatment</b> .....	\$10 per visit

<sup>1</sup> Routine only

### **Plan Highlights for 2008**

HIP's network has expanded to over 27,000 providers in more than 45,000 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](http://hipusa.com)<sup>®</sup>, 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 112 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 4,500 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.

#### **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](http://hipusa.com)



HEALTH PLAN OF NEW YORK

Medicare Advantage Plan

Benefits	Enrollee Cost (Medicare Primary)
<b>Office Visits</b>	No copayment
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 copayment (initial visit only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services</b>	Not applicable
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$25 per visit
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b> unlimited	\$20 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>1</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment

Benefits	Enrollee Cost (Medicare Primary)
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$5 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b> No copayment	
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b> , max 100 days per benefit period	
	No copayment
<b>Prescription Drugs</b>	
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.	
When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call 1-877-861-0175 for more detailed information.	

<sup>1</sup> In a psychiatric facility

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>1</sup> .....	\$5 per visit
<b>Hearing Aids</b> .....	\$500 max/36 months
<b>Eyeglasses</b> .....	No copayment per 12 months, selected frames
<b>Podiatry</b> , routine, max 4 visits.....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	Included in office visit copayment
<b>Dialysis Treatment</b> .....	No copayment

<sup>1</sup> Routine only

### **Plan Highlights for 2008**

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### **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.

#### **NYSHIP Code Number 050**

A Network HMO serving individuals living 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](http://hipusa.com)

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	\$25 per visit
Pathology	\$25 per visit
EKG/EEG	\$40 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$10 per visit
Mammograms	\$10 per visit
Pre and Postnatal Visits	\$5 per visit (first 10 visits only)
Bone Density Tests	\$25 per visit
<b>Family Planning Services</b>	\$25 per visit PCP/ \$40 per visit specialist
<b>Infertility Services</b> Applicable copayment applies	
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$100 per visit
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b> max 20 visits per calendar year <sup>1</sup>	\$40 per visit
<b>Inpatient Mental Health</b> max 30 days per calendar year <sup>1</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> max 60 visits	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b> max 30 days each	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance

Benefits	Enrollee Cost
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Physical, Speech, Occupational and Respiratory Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
max 30-day supply	\$25 per item
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b> , max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier One/ \$30 Tier Two/\$50 Tier Three <sup>2</sup>
Mail Order, 90-day supply	\$20 Tier One/ \$60 Tier Two/\$100 Tier Three <sup>2</sup>
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies.	
<sup>1</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law. <sup>2</sup> Should a doctor select a brand-name drug (Tier Two or Tier Three) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost and the member will have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.	
<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$40 per visit for eye exams associated with disease or injury
<b>Hearing Aids</b> .....	Children to age 19, \$600 maximum, every three years

**Hearing Exam**.....\$40 per visit for routine (once every 12 months); \$40 per visit for diagnostic

**Surgery**

Physician–inpatient.....lesser of \$200 copayment or 20% coinsurance

Physician–outpatient at a hospital, facility, or surgery center ....\$40 copayment

Physician’s office .....lesser of \$50 copayment or 20% coinsurance

**Surgical Care (Facility)**.....\$50 copayment

**Maternity**

(Physician charge for delivery) ..lesser of \$200 copayment or 20% coinsurance

**Plan Highlights for 2008**

- New for 2008, introducing **HMOBlue 25**. With HMOBlue 25, \$25 PCP/\$40 specialist copayments.
- Members have access to area providers from 24 counties in our service area.
- **Well child care** is covered in full.
- Pay a \$10 copayment for preventive services such as adult routine physicals, routine mammograms, routine pap smears, routine prostate screenings and routine adult immunizations.
- New for 2008 – 2 copayments for a 90-day prescription drug supply through our mail order program.
- 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.

**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 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. 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, Utica Business Park  
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
<b>Office Visits</b>	\$10 per visit
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$15 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$10 per visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$15 per visit
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$10 per visit <sup>1</sup>
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b>	
max 20 visits per calendar year <sup>2</sup>	\$10 per visit
<b>Inpatient Mental Health</b>	
max 30 days per calendar year <sup>2</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment

Benefits	Enrollee Cost
<b>Orthotics<sup>3</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, 2 consecutive months	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Retail, 30-day supply <sup>4</sup>	\$10 per item
Mail Order	Not available
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, max 45 days</b>	
	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 tier I, most generic drugs/\$15 tier II, most preferred brand-name 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.	

<sup>1</sup> 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. \$35 per visit to a participating After Hours Care Facility.

<sup>2</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<sup>3</sup> Excludes shoe inserts.

<sup>4</sup> Insulin and oral agents: \$10 or applicable pharmacy rider, whichever is less.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> <sup>1</sup> .....	\$30 per cleaning and 20% discount on additional services at select providers
<b>Vision</b> <sup>2</sup> .....	\$10 per visit once every 12 months
<b>Hearing Aids</b> .....	Not covered
<b>Home Health Care</b> , max 40 visits...	\$10 per visit
<b>Eyeglass lenses</b> .....	\$35/single vision lenses Frames 50% off retail up to \$130 and member pays 80% of balance over \$130
<b>Urgent Care in Service Area for After Hours Care</b> .....	\$35 per visit

<sup>1</sup> Preventive  
<sup>2</sup> Routine only

### Plan Highlights for 2008

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 an **open formulary**.

### Medicare Coverage

Independent Health Medicare-primary retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments will differ from the copayments of a NYSHIP-primary enrollee. Call 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](http://www.independenthealth.com)



**Medicare Advantage Plan**

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Office Visits</b>	\$10 per visit
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$15 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$10 per visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$10 per visit <sup>1</sup>
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b> Up to 20 visits for broad-based, unlimited for biologically based	
	\$10 per visit
<b>Inpatient Mental Health,</b> max 190 days per lifetime <sup>2</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>3</sup></b>	No copayment

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Retail	\$10 per item <sup>4</sup>
Mail Order	Not available
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility, up to 100 days</b> per benefit period	
	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 tier I, most generic drugs/\$15 tier II, most preferred brand-name 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.	
NYSHIP's Medicare Encompass prescription coverage is an enhancement to Medicare Part D, and therefore is subject to any changes required by the Centers for Medicare & Medicaid Services for 2008.	
Currently, NYSHIP's prescription coverage under Medicare Encompass is a three-tier benefit which covers prescription drugs through the Medicare Part D deductible and coverage gap. Once a member reaches the out-of-pocket threshold, he or she pays a lower, "catastrophic" copayment or coinsurance.	
Beginning January 1, 2008, the out-of-pocket threshold will be \$4,050. Once a member has paid \$4,050 in tiered copayments, he or she will qualify for catastrophic coverage. The cost share for catastrophic is as follows:	
Generics	\$2.25 or 5%, whichever is greater
Brand names	\$5.60 or 5%, whichever is greater

The 2007 amounts were a threshold of \$3,850 out of pocket, \$2.15 or 5% for generics and \$5.35 or 5% for generics.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>5</sup> .....	\$10 per visit once every 12 months
Eyeglasses.....	\$10/single vision eyeglass lenses, \$60 allowance for retail frames member pays 80% of balance over \$60
<b>Hearing Aids</b> .....	Discounts available through hearing hardware vendors specified on the Independent Health web site
<b>Home Health Care</b> , unlimited (requires authorization) .....	\$10 per visit

- 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. \$35 per visit to a participating After Hours Care Facility.
- 2 In a psychiatric facility
- 3 Excludes shoe inserts
- 4 Insulin and oral agents: \$10 or applicable pharmacy rider, whichever is less
- 5 Routine only

### **Plan Highlights for 2008**

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 an **open formulary**.

### **Medicare Coverage**

NYSHIP Medicare-primary enrollees are required to enroll in Medicare Encompass, Independent Health’s **Medicare Advantage Plan**. Copayments will differ 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 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](http://www.independenthealth.com)



<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$20 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$20 per visit
Mammograms in a hospital setting	No copayment
Mammograms in an office setting	\$20 per visit
Pre and Postnatal Visits	\$20 per visit (initial visit only)
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$20 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
max 20 visits <sup>1</sup>	\$20 per visit
<b>Inpatient Mental Health</b>	
max 30 days <sup>1</sup>	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Outpatient Drug/Alcohol Rehab</b> max 60 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 2 months	No copayment
Outpatient Physical, Speech and Occupational Therapy, max 30 visits combined	\$20 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
	\$20 copayment per boxed item for a 31-day supply
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
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.	

<sup>1</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	\$25 per visit, children to age 19
<b>Vision</b> <sup>1</sup> .....	\$20 per exam/24 months
<b>Hearing Aids</b> .....	Not covered

<sup>1</sup> Routine only

### **Plan Highlights for 2008**

No referrals required! See any specialist in the MVP network without a referral. As an MVP member, you can enjoy significant savings on a wide variety of health-related items, plus special discounts on LASIK Eye Surgery, Alternative Medicine and Health and Fitness Centers! Health information is at your fingertips through the Health Central section of our web site. This special section of our site offers a wealth of health info – including our new online health library and Hospital Quality Report. Get informed – from someone you trust!

### **Participating Physicians**

MVP Health Care provides services through more than 27,500 participating physicians and health practitioners 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**

New for 2008! Medicare-primary enrollees located in the East Region (060) must enroll in the MVP Gold Plan, MVP Health Care’s **Medicare Advantage Plan**. Some of the MVP Gold Plan’s copayments may vary from the MVP HMO Plan’s copayments. Please contact our member services department for further details. The MVP HMO plan **coordinates coverage** with Medicare in the Central Region (330) and the Mid-Hudson Region (340).

#### **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, Oswego, Otsego, 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](http://www.joinmvp.com)



## Medicare Advantage Plan

Benefits	Enrollee Cost (Medicare Primary)
<b>Office Visits</b>	\$5 per visit
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment; (Office visit copayment may apply)
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$5 per visit (initial visit only); \$10 per visit specialist
Bone Density Tests	No copayment
<b>Family Planning Services</b>	
	\$5 per visit PCP/ \$10 per visit specialist
<b>Infertility Services<sup>1</sup></b>	\$10 per visit
<b>Contraceptive Drugs and Devices</b>	
	Applicable Rx copayment applies
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$20 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	\$10 per visit
<b>Inpatient Mental Health</b>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b> max 30 days	No copayment

Benefits	Enrollee Cost (Medicare Primary)
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Occupational, Speech and Physical Therapy	\$10 per visit
Inpatient Rehabilitation	No copayment
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
	20% coinsurance
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility,</b>	
	No copayment visits 1-15; \$65 per day visits 16-100
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$30 brand name formulary/ \$50 non-formulary
Mail Order, 90-day supply	\$20 generic/ \$60 brand name formulary/ \$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.	
When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call our Customer Service Department at 1-888-687-6277 for more detailed information.	

<sup>1</sup> Testing only

## Additional Benefits

## Enrollee Cost

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	Routine eye exams covered once every year with a \$5 copayment
Eye exams associated with disease or injury .....	\$10 copayment
	\$100 annual allowance towards the purchase of frames or contact lenses.
<b>Hearing Aids</b> .....	\$600 allowance every 3 years

## Plan Highlights for 2008

No referrals required! See any specialist in the MVP network without a referral. As an MVP member, you can enjoy significant savings on a wide variety of health-related items, plus special discounts on—LASIK Eye Surgery, Alternative Medicine and Health and Fitness Centers! Health information is at your fingertips through the Health Central section of our web site. This special section of our site offers a wealth of health information—including our new online health library and Hospital Quality Report. Get informed—from someone you trust!

## Participating Physicians

MVP Health Care provides services through more than 27,500 participating physicians and health practitioners 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 program. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

## Medicare Coverage

New for 2008! Medicare-primary enrollees located in the East Region (060) must enroll in the MVP Gold Plan, MVP Health Care’s **Medicare Advantage Plan**. Some of the MVP Gold Plan’s copayments may vary from the MVP HMO Plan’s copayments. Please contact our member services department for further details. The MVP HMO plan **coordinates coverage** with Medicare in the Mid-Hudson Region (340) and the Central Region (330).

### NYSHIP Code Number 060 (East)

An IPA HMO serving individuals living in Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties.

### MVP Health Care

PO 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](http://www.joinmvp.com)

Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
PCP Sick Visits	
Children age 0-4	No copayment
Children age 5-18	\$10 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
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
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$15 per visit
Mammograms	No copayment
Pre and Postnatal Visits	\$50 copayment per pregnancy
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	No copayment
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health, individual or group</b>	
max 20 visits each <sup>1</sup>	\$20 per visit
<b>Inpatient Mental Health</b>	
max 30 days <sup>1</sup>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, max 30 visits combined	\$20 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days/year; 360 days/life	No copayment
<b>Prescription Drugs</b>	
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.

<sup>1</sup> Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 per visit for routine; \$20 per visit for diagnostic
<b>Hearing Aids</b>	\$600/3 calendar years/up to age 19
<b>Eye Wear</b> .....	20% discount
<b>Home Health Care</b> , max 40 visits....	\$20 per day
<b>Acupuncture</b> , max 10 visits .....	50% coinsurance

### Plan Highlights for 2008

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 2008:

- Our commercial plan is ranked #3 in New York State – and #10 in the entire United States – for quality of care and member satisfaction, as ranked by U.S. News & World Report/NCQA America’s Best Health Plans 2006.
- Preferred Care is ranked #1 for customer satisfaction in its market by the New York State HMO Report Card.
- 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. Please call for more 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

220 Alexander Street, 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](http://www.preferredcare.org)



## Medicare Advantage Plan

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

Benefits	Enrollee Cost (Medicare Primary)
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	20% coinsurance
Insulin and Oral Agents	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility,</b> max 100 days with 3-day prior hospitalization Days 1-15 covered in full; days 16-100 covered with a \$65 per day copayment	
<b>Prescription Drugs</b>	
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. When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call our Medicare-Eligible Member Services Department at 1-800-665-7924 for more detailed information.	

<sup>1</sup> \$15 per visit for specialist

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$10 per visit for routine \$15 per visit for diagnostic
<b>Hearing Aids</b> .....	Not covered
<b>Eyeglasses</b> .....	20% discount
<b>Ostomy Supplies</b> .....	20% coinsurance

### **Plan Highlights for 2008**

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 2006. 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 5,000 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 Preferred Care’s benefits and costs for non-medicare eligibles on this site. 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 in Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates counties.

#### **Preferred Care**

220 Alexander Street, 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](http://www.preferredcare.org)

Benefits	Enrollee Cost
<b>Office Visits</b>	\$15 per visit <sup>1</sup>
<b>Specialty Office Visits</b>	\$15 per visit <sup>1</sup>
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit <sup>1</sup>
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit <sup>1</sup>
Radiation	\$15 per visit <sup>1</sup>
Chemotherapy	\$15 per visit <sup>1</sup>
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit (initial visit only)
Bone Density Tests	\$15 per visit
<b>Family Planning Services</b>	\$15 per visit
<b>Infertility Services</b>	\$15 per visit
<b>Contraceptive Drugs and Devices</b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$15 per visit <sup>1</sup>
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health<sup>2</sup></b> max 20 visits per calendar year <sup>3</sup> \$15 per visit <sup>4</sup> (combined individual and group)	
<b>Inpatient Mental Health</b> max 30 days per calendar year <sup>3</sup> No copayment	
<b>Outpatient Drug/Alcohol Rehab</b> max 60 visits \$15 per visit	
<b>Inpatient Drug/Alcohol Rehab</b> max 30 days each No copayment	
<b>Durable Medical Equipment</b>	50% coinsurance

Benefits	Enrollee Cost
<b>Prosthetics</b>	
Internal prosthetic appliances	No copayment
External prosthetics	50% coinsurance
External breast prosthesis	\$15 copayment
<b>Orthotics</b>	
	50% coinsurance when deemed medically necessary by a participating physician. Vendor must obtain prior authorization.
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 2 consecutive months per condition	No copayment
Outpatient, max 30 visits combined	\$15 per visit <sup>1</sup>
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
30-day supply	Covered at the office visit copayment
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, max 45 days</b> No copayment	
<b>Prescription Drugs</b>	
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>	

1 No copayment for children age 18 and under when services are received in a physician's office or health center.  
 2 Services can be provided in an outpatient facility or in a provider's office.

3 Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond this limit as defined by Timothy's Law.

4 Two group sessions = one visit.

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> <sup>1</sup> .....	25% discount through Member Rewards Program
<b>Vision</b> <sup>2</sup> .....	\$15 copayment for annual routine eye exam from participating providers <sup>3</sup>
<b>Hearing Aids</b> .....	Not covered
<b>Lenses and frames</b> .....	20% discount from participating providers

1 Preventive only

2 Routine only

3 No copayment for children age 18 and under when services are received in a physician's office or health center.

### **Plan Highlights for 2008**

- **No Copayment for Kids Age 18 and Under**
- **AfterHours Program at Lifetime Health Medical Group locations**
- **24-Hour Nurse Advice Line**
- **Univera Member Rewards Program**
- **Innovative Online Tools and Resources** to help you live well and live longer. Take a Health Risk Assessment, research health conditions, and manage your health care costs at: [www.univerahealthcare.com](http://www.univerahealthcare.com).

### **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.

#### **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](http://www.univerahealthcare.com)

## Medicare Advantage Plan

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Office Visits</b>	\$15 per visit
<b>Specialty Office Visits</b>	\$15 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	\$15 per visit
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$15 per visit
<b>Infertility Services</b>	Covered per Medicare guidelines; restrictions apply
<b>Contraceptive Drugs and Devices<sup>1</sup></b> Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$15 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b> unlimited	\$15 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>2</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$15 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance

<b>Benefits</b>	<b>Enrollee Cost (Medicare Primary)</b>
<b>Orthotics<sup>3</sup></b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies, Insulin and Oral Agents</b>	
Diabetic Supplies	\$15 per item
Insulin and Oral Agents	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	No copayment up to 100 days per benefit period
<b>Prescription Drugs</b>	
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, injectable and self-injectable medications, fertility drugs and enteral formulas. Specialty Drugs must be obtained through our Specialty Pharmacy Network.</p> <p>When total out-of-pocket spending reaches \$4,050, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.25 for generic drugs, and the greater of 5% coinsurance or \$5.60 for brand-name drugs. Please call 1-800-558-4320 for more detailed information.</p>	

<sup>1</sup> Contraceptive devices are not covered

<sup>2</sup> In a psychiatric facility

<sup>3</sup> Requires pre-authorization

<b>Additional Benefits</b>	<b>Enrollee Cost</b>
<b>Dental</b> .....	25% discount through Member Rewards Program
<b>Vision</b> .....	Not covered
<b>Hearing Aids</b> .....	\$300 allowance once every 3 years

### **Plan Highlights for 2008**

- **AfterHours Program at Lifetime Health Medical Group locations**
- **24-Hour Nurse Advice Line**
- **Univera Member Rewards Program**
- **Innovative Online Tools and Resources** to help you live well and live longer. Take a Health Risk Assessment, research health conditions, and manage your health care costs at: [www.univerahealthcare.com](http://www.univerahealthcare.com).

### **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 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](http://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 60 days in advance or 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 75, Notice of Intent to Enroll in an HMO. See page 74 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 066	Blue Choice
Option 063	CDPHP
Option 300	CDPHP
Option 310	CDPHP
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 060	MVP Health Care
Option 058	Preferred Care
Option 057	Univera Healthcare

...you must also complete the Enrollment Cancellation form on page 77. See page 76 for instructions.

# NYSHIP Option Transfer Request

Please fill in this form and return it 60 days in advance or 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  
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 75 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 75 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 73 to the New York State Department of Civil Service.

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

Option 210	Aetna
Option 066	Blue Choice
Option 063	CDPHP
Option 300	CDPHP
Option 310	CDPHP
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 060	MVP Health Care
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, Blue Choice, CDPHP, Community Blue, HIP Health Plan of New York, Independent Health, MVP (East Region), 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: \_\_\_\_\_

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 066	Blue Choice
Option 063	CDPHP
Option 300	CDPHP
Option 310	CDPHP
Option 067	Community Blue
Option 050	HIP Health Plan of New York
Option 059	Independent Health
Option 060	MVP Health Care
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 60 days 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 60 days prior to the effective date you are requesting, you may have claim problems with your new NYSHIP plan. You may be responsible for the full cost of services that would have been covered by Medicare.



# Enrollment Cancellation

**Effective** \_\_\_\_\_ , **please cancel my enrollment in:**

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

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

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

**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**





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](http://www.cs.state.ny.us)). Click on Benefit Programs then NYSHIP Online 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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[www.cs.state.ny.us](http://www.cs.state.ny.us)