

# Health Insurance Choices for 2010



November 2009

For Retirees of the  
State of New York and  
Participating Employers

**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 (HMOs) 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 <https://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.



Nancy G. Groenwegen, Commissioner  
NYS Department of Civil Service



# Information and Reminders

## Your NYSHIP Health Insurance Options

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 2010

Watch for *2010 Rates & Information for Retirees* that will be mailed to your home and posted on the New York State Department of Civil Service web site as soon as rates are approved. To find this information online, go to <https://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 at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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

## 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.

**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.

## 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 are retired from New York State and return to work in a benefits-eligible position for New York State or you are retired from a Participating Employer and return

to work in a benefits-eligible position for 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 (coordination 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 <https://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 have original Medicare benefits (Parts A and B) that you may use outside of your HMO. If you receive services not covered by the



HMO, you would be responsible for Medicare's coinsurance, deductibles and any other charges covered by Medicare.

**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 20-21 for more information.

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

## 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 Part B premium.
- If you wish to reenroll 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. Enrolling in a Medicare Part D plan separate from your NYSHIP coverage may drastically reduce your benefits overall. For example:

- If you are Medicare-primary and enrolled in both The Empire Plan and a Medicare Part D plan, you will not be able to use your Empire Plan coverage to receive benefits at the pharmacy. You must use your Medicare drug coverage first. To receive secondary drug coverage, you must submit a claim to The Empire Plan Prescription Drug Program along with documentation of the amount covered by Medicare.
- If you are enrolled in a NYSHIP Medicare Advantage HMO and then enroll in a separate Medicare Part D plan or another Medicare Advantage Plan outside of NYSHIP, Medicare will terminate your enrollment in the NYSHIP HMO.

If you are eligible for the extra help from the Medicare Part D Low Income Subsidy, or if you are interested in additional drug coverage

offered by a Medicare Part D plan separate from a NYSHIP HMO, be sure you understand how joining that Medicare prescription drug plan will change your NYSHIP coverage before enrolling. If you do enroll in Medicare Part D outside of NYSHIP, you will not be reimbursed for the Medicare Part D premium.

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. You may also make address changes online using MyNYSHIP (see page 17 for more information). Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

## 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.

## Lifetime Sick Leave Credit

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 may also rise. To calculate the balance you will pay in calendar year 2010, subtract your monthly sick leave credit from the new monthly premium.

## Your Retirement Check and “Notice of Change” Document

Your deductions will change to reflect the 2010 health insurance rates of your 2010 health insurance plan. For most, the 2010 Medicare reimbursement for the Medicare Part B premium will be \$96.40 a month; no change from the 2009 amount.

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

## 1. Medicare Premium and Your Credit (Reimbursement)

For most, the cost for the Medicare Part B premium for 2010 is \$96.40 per month.

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

## 2. Insurance Premium Deduction

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

Your retirement check of December 31, 2009, should reflect the 2010 rates.

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

## Enrollees Who Pay the Employee Benefits Division Directly

The 2010 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change is received and processed by the Employee Benefits Division. The amount of your Medicare credit will not change in 2010 (\$96.40 per month).

**NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2009.**

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

Retirement #: \_\_\_\_\_

The credits and deductions which make up your net retirement benefit for the month of September 2009 are shown below. Items which will change this month are shown in red.

<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>Normal Allowance</li> <li>Cost of Living</li> <li>Supplemental Allowance</li> <li>Benefit Adjustments</li> <li>Gross Benefit</li> </ul> <p><b>Miscellaneous Adjustments</b></p> <ul style="list-style-type: none"> <li>Total Federal Withholding Tax</li> <li>Miscellaneous Deductions</li> </ul> <p><b>Health Insurance</b></p> <ul style="list-style-type: none"> <li>Health Ins. Deduction</li> <li>Medicare Credit</li> <li>Medicare Deduction</li> </ul> <p><b>Net Retirement Benefit Paid</b></p>	<p><b>NEW YORK STATE &amp; LOCAL RETIREMENT SYSTEM</b></p> <p>Name: _____      Check #: _____</p> <p>Retirement #: _____      Date: May 31, 2009</p> <p>Registration #: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NORMAL ALLOWANCE</td> <td style="width: 25%;">C.O.L.A./ SUPPLEMENTAL</td> <td style="width: 25%;">MEDICARE CREDIT</td> <td style="width: 25%;"></td> <td style="width: 25%;">GROSS TOTAL</td> </tr> <tr> <td>FEDERAL WITHHOLDING</td> <td>INSURANCE PREMIUM</td> <td></td> <td></td> <td>TOTAL DEDUCTIONS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>CHECK AMOUNT</td> </tr> </table>	NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL	FEDERAL WITHHOLDING	INSURANCE PREMIUM			TOTAL DEDUCTIONS					CHECK AMOUNT
NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL												
FEDERAL WITHHOLDING	INSURANCE PREMIUM			TOTAL DEDUCTIONS												
				CHECK AMOUNT												

**Net Retirement Benefit Paid**

This difference is due to changes in your basic benefit and the amount of Federal Income Tax withheld from your retirement benefit. You have already been advised regarding this change in your basic benefit.

I hope this information is helpful to you. If you have any questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at 805-0990, or (518) 474-7736 in the Albany area.

**NEW YORK STATE & LOCAL RETIREMENT SYSTEM**

Name: \_\_\_\_\_      Check #: \_\_\_\_\_

Retirement #: \_\_\_\_\_      Date: May 31, 2009

Registration #: \_\_\_\_\_

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL
FEDERAL WITHHOLDING	INSURANCE PREMIUM			TOTAL DEDUCTIONS
				CHECK AMOUNT

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

If you have any questions, need to order forms and booklets, or to change your mailing address, contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany, New York area.

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

DETACH HERE BEFORE CASHING



## Comparing Your NYSHIP Options

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.

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.

## Benefits

### The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of coverage for hospital, medical/surgical, and mental health and substance abuse services.
- 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.*

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

## Exclusions

- All plans contain exclusions for certain services and prescription drugs.
- Workers' compensation-related expenses and custodial care generally are excluded.

For details on a plan's exclusions, read the *NYSHIP General Information Book* and *Empire Plan Certificate*, the HMO contract or 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. See the Out of Area Benefit description on each HMO page for more detailed information.

**The 2010 Rates & Information for Retirees** will be mailed to your home and posted on our web site, <https://www.cs.state.ny.us>, as soon as rates are approved.

## 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
- Outpatient mental health services
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation
- Inpatient drug rehabilitation
- Outpatient alcohol and drug rehabilitation
- 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

# The Empire Plan or a NYSHIP HMO

## What's New in 2010?

### All NYSHIP Plans

- Effective July 1, 2009, eligibility for continuation coverage has been extended from 18 to 36 months for all COBRA enrollees.
- Effective January 1, 2010, unmarried children of NYSHIP enrollees who are under age 30 and not eligible for health insurance through their own employer may enroll in NYSHIP under the Young Adult Option. These young adult children will pay the full cost of Individual coverage. Information regarding eligibility, cost and enrollment for young adult children through age 29 is available at <https://www.cs.state.ny.us/youngadultoption.nype/> or by contacting the Employee Benefits Division.
- On January 1, 2010, the federal parity law for substance abuse benefits takes effect. The law requires that benefit levels for substance abuse care must be the same as those for hospital/medical benefits.

### NYSHIP HMOs

#### Effective January 1, 2010

- Univera Healthcare will no longer be offered under NYSHIP. If you are enrolled in Univera Healthcare, you must enroll in The Empire Plan or a NYSHIP-approved HMO in the area where you live or work. If you do not take action, you will automatically be enrolled in The Empire Plan for the 2010 plan year.
- Oneida County returns to CDPHP's Medicare Advantage Plan (NYSHIP code number 300).
- MVP Central Region (NYSHIP code number 330) expands into Tompkins County.
- Preferred Care (NYSHIP code number 058) changed its name to MVP Health Care as of April 30, 2009.

## 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, certain outpatient radiological tests, mental health and substance abuse treatment, home care and some prescription drugs, require preapproval. 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:

- Network and non-network 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, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes 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 Empire Plan 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 (\$20 per visit) 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:

- Inpatient hospital stays;
- Mental Health and Substance Abuse Program services;

## 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 *2010 Rates & Information for Retirees* flyer that was mailed to your home and posted on our web site, <https://www.cs.state.ny.us>, provides the information you need to figure your annual cost under each of the available plans.

- 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 (\$375 in 2010):

- 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 (\$1,033 in 2010), 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 Provider Discount 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 The Empire Plan toll free

at 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 <https://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 separate deductibles and coinsurance. Under the Managed Physical Medicine Program, non-network coverage is also subject to benefit limits. For more information on coverage provided under The Empire Plan, see *Reporting on Network Benefits*. You can find this publication on our web site at <https://www.cs.state.ny.us>. Or, call the Employee Benefits Division and ask for a copy.

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees and dependents, 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. If you are a Medicare-primary Empire Plan enrollee or dependent, you are automatically enrolled in the Medicare Crossover Program, but you may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your Health Insurance Claim (HIC) number assigned by Medicare and your secondary carrier information. You will know you are enrolled when Medicare has sent your claim to The Empire Plan and you receive an Explanation



of Medicare Benefits (EOMB) that states your claim has been forwarded to your secondary carrier. If the EOMB does not state that your claim was forwarded to your secondary carrier, you or your provider will have to submit a claim to The Empire Plan. If you are a Medicare-primary Empire Plan enrollee or dependent and are having problems with your claims, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare.

## Providers

Under The Empire Plan you can choose from over 275,000 participating physicians and other providers nationwide, and from more than 50,000 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, medical, surgical and preventive care benefits. 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<sup>®</sup> PPO Program, or for mental health or substance abuse care in the OptumHealth network.

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; per spouse or domestic partner; per all dependent children combined.

Note: \$500 of \$1,500 coinsurance maximum is reimbursable under the Basic Medical 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 11 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.

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

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

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### 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 for emergency care. Some HMOs provide coverage for urgent or routine care. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been preauthorized. See the Out of Area Benefit description on each HMO page for more detailed information.

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### 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.

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### 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 preauthorized and arranged by the Plan.

Benefits are available and vary depending on the HMO. Benefits may require a greater percentage of cost-sharing.

<sup>1</sup> Access to participating providers for medical services is not guaranteed.

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

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

## Making a Choice

Selecting a health plan is an important and personal decision. Only you know your family lifestyle, health, budget and benefit preferences. 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 several 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, check with your union Employee Benefit Fund to see if your plan will change.) What is my share of the cost? What type of formulary does the plan have? 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 my premium cost for the health plan?
- What will my out-of-pocket expense for health care 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/substance abuse 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.)

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

- 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?

## If You Decide to Change Your Plan

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 69. 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.)

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

## Your New Card

You will receive your Empire Plan benefit card(s) or HMO identification card(s) in the mail once your option transfer request is processed. 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 28–67

All NYSHIP plans must include a minimum level of benefits (see page 8). 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.

Use the charts to compare the plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2010. Make note of differences in coverage that are important to you and your family. See plan documents for complete information on benefit limitations.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service web site. Go to our home page at <https://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 and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the easy-to-read comparison table.

## Young Adult Coverage Available in 2010

In accordance with a change in New York State Insurance law, effective January 1, 2010, your unmarried children up to age 30 who are not eligible for other group coverage (including Medicare) will be eligible to enroll for NYSHIP coverage. These young adult children are not required to live with you or to be financially dependent on you. They will be eligible for individual coverage and pay the full cost of coverage. There is an open enrollment period for such young adult children throughout 2010. For more information about coverage for young adult children, see your agency HBA or check our web site <https://www.cs.state.ny.us>. From the home page, click on What's New.

## 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.



# NYSHIP Online

NYSHIP Online is designed to provide you with targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at <https://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.



## MyNYSHIP Enrollee Self-Service

MyNYSHIP is a secure portion of the Employee Benefits Division's web site, NYSHIP Online, where retirees can log on to view their own personal enrollment record, change their address, order Empire Plan benefit cards, compare benefit plans and submit option transfer requests. This online tool is especially helpful since retirees can change their health insurance option at any time, once during a 12-month period.

You can access MyNYSHIP from the NYSHIP Online web site at <https://www.cs.state.ny.us>.

Click on Retirees, then Health Benefits. Or, you can go directly to <https://www.cs.state.ny.us/mynyship>. Once you have registered for MyNYSHIP, we will mail an Activation Code to your home address on your enrollment record. For added protection of your personal information, you must enter this code, one time only, before you can submit any option transfer requests or process other transactions through MyNYSHIP. A selection of effective dates will be available for your option transfer request or any other changes to your enrollment record.

## 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 2010.

### **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 <https://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 Medicare-primary, check with the plan.

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 preexisting condition. Will I have coverage if I change plans?**

**A:** Yes. Under NYSHIP, you can change your plan and still have coverage for a preexisting condition. There are no preexisting 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 2010?**

**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 change your health insurance option for any reason at any time during the year. However, once an option change is made, you may not make another change until 12 months later except under certain circumstances (see your *NYSHIP General Information Book* and *Empire Plan Reports/HMO Reports* for details). You may change from an HMO to The Empire Plan, or from The Empire Plan to an HMO or from one HMO to another HMO in your area.

## 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 <https://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. An **incented formulary** encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible formulary**, brand-name prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug.
- **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. See NYSHIP Health Maintenance Organizations on page 12 for more information on HMOs, including descriptions of the two different types, Network and Independent Practice Association (IPA), that are offered under NYSHIP.
- **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 and all of your medical care (except for emergency or out-of-area urgently needed care) must be provided, arranged or authorized by the Medicare Advantage Plan. 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.

- **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 over 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 (coordination period applies). Read plan documents for complete information.



# 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<sup>†</sup>. 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	60	64
	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	MVP	MVP*
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	360	058
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	•		•																		•
Madison	•				•										•			•			

<sup>†</sup> 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	54	54	54	56	60	60	60	60	64	
	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	MVP	MVP*	
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	360	058	
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, 2010<sup>1</sup>.

You'll find specific information on the New York State Department of Civil Service web site at <https://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 160,000 physicians and other providers participate, with over 35,000 physicians in Florida alone. Certain services are subject to a \$20 copayment.
- **Basic Medical Program** – If you use a non-participating provider. See Cost Sharing (pages 10 and 11) 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 11 for more information about the Basic Medical Provider Discount Program.)

**Home Care Advocacy Program (HCAP)** – Paid-in-full benefit for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes.<sup>2</sup> Guaranteed access to network benefits nationwide. Limited

non-network benefits available. (See the *Empire Plan Certificate/Reports* for details.)

#### **Managed Physical Medicine Program** –

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider with a \$20 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available.

#### **The Empire Plan Benefits Management Program** –

If The Empire Plan is your primary coverage, under this Program you must call UnitedHealthcare for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine test unless you are having the test as an inpatient in a hospital.

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 are paid in full under the Medical Benefits Program if The Empire Plan provides your primary coverage.
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments. Other provider charges will be paid in full if using a network provider. Non-network provider charges will be paid in accordance with the Basic Medical portion of the Medical Benefits Program.

The following benefit level applies when services are received at **non-network hospitals** (for Empire Plan-primary enrollees only<sup>3</sup>):

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance<sup>4</sup> up to an annual maximum of \$1,500 per enrollee; per spouse or domestic partner; per all covered dependent children combined. Up to \$500 of the coinsurance may be reimbursed under the Basic Medical 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 the 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).

### **Preadmission 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, and
- Before admission or transfer to a skilled nursing facility.

If you do not follow the preadmission certification requirement, you must pay:

- A \$200 hospital deductible if it is determined any portion was medically necessary, and
- All charges for any day determined not to be medically necessary.

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

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

### **UnitedHealthcare/OptumHealth**

P.O. Box 5190, Kingston, NY 12402-5190

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

### **Network Benefits**

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to 3 visits per crisis paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$20 copayment)
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program for substance abuse (\$20 copayment)

If you do **NOT** follow the requirements for network coverage, you receive:

## Non-Network Benefits<sup>5</sup>

(unlimited when medically necessary)

- For Practitioner Services: OptumHealth will consider up to 80 percent of reasonable and customary charges for covered services after you meet the mental health care annual deductible and the substance abuse annual deductible for outpatient practitioner services which is \$375 per enrollee; per covered spouse or domestic partner; per all dependent children combined. After a coinsurance maximum is reached of \$1,033 per enrollee; per spouse or domestic partner; per all dependent children combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services.
- For Approved Facility Services: You are responsible for 10 percent of covered billed charges up to an annual maximum of \$1,500 per enrollee; per spouse or domestic partner; per all dependent children combined. Each coinsurance maximum is applied as follows:
  - You pay the first \$500 of coinsurance, then
  - The Program reimburses you for the next \$500 of coinsurance, upon written request of the enrollee, then
  - You pay the final \$500 of coinsurance.

After the coinsurance maximum is met, the Plan pays 100 percent of billed charges for covered services.

Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined.

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.

## The Empire Plan Prescription Drug Program

**UnitedHealthcare/Medco Health Solutions**  
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 of a covered drug, you pay a \$5 copayment for Level 1 or generic drugs, a \$15 copayment for Level 2 or preferred brand-name drugs and a \$40 copayment for Level 3 or non-preferred brand-name drugs.
- For a 31- to 90-day supply of a covered drug through a participating retail pharmacy, you pay a \$10 copayment for Level 1 or generic drugs, a \$30 copayment for Level 2 or preferred brand-name drugs and a \$70 copayment for Level 3 or non-preferred brand-name drugs.
- For a 31- to 90-day supply of a covered drug through the mail service pharmacy, you pay a \$5 copayment for Level 1 or generic drugs, a \$20 copayment for Level 2 or preferred brand-name drugs and a \$65 copayment for Level 3 or non-preferred brand-name drugs.
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic equivalent,

<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> Diabetic shoes have an annual maximum benefit of \$500.

<sup>3</sup> If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

<sup>4</sup> Greater of 10 percent or \$75 for outpatient (applies only to Empire Plan-primary enrollees).

<sup>5</sup> You are responsible for obtaining OptumHealth certification for care obtained from a non-network practitioner or facility.



not to exceed the full retail 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.

- The Empire Plan has a flexible formulary that excludes a small number of brand-name drugs from coverage. Coverage for prescription drugs excluded under The Empire Plan benefit plan design are not subject to exception.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day for questions on your prescriptions.
- You can use a non-participating pharmacy or pay cash at a participating pharmacy (instead of using your Empire Plan benefit card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan benefit card whenever possible.

## 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.

## 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

### **OptumHealth**

TTY only: 1-800-855-2881

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

TTY only: 1-800-759-1089

## 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. The enhanced benefits, including travel reimbursement, are available only when you are enrolled in the Program.

**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 is required.

**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 is required.

For details on The Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports and Reporting on Centers of Excellence* available at <https://www.cs.state.ny.us> or call the Employee Benefits Division and request a copy.

# The Empire Plan

Benefits	Network Hospital Benefits <sup>1</sup>	Participating Provider	Non-Participating Provider
<b>Office Visits</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Specialty Office Visits</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Diagnostic/Therapeutic Services:</b>			
Radiology	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Lab Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Pathology	No copayment	\$20 per visit	Basic Medical <sup>2</sup>
EKG/EEG	\$40 per outpatient visit	\$20 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	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Mammograms	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>2</sup>
Bone Density Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
<b>Family Planning Services</b>			
<b>Infertility Services</b>	\$40 per outpatient visit	\$20 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)		\$20 per visit	Basic Medical <sup>2</sup>
<b>Emergency Room</b>	\$70 per visit	No copayment	Basic Medical <sup>2,5</sup>
<b>Urgent Care</b>		\$20 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>		\$20 per visit; unlimited when medically necessary (OptumHealth)	\$375 annual deductible, 80% of reasonable and customary; after \$1,033 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 (OptumHealth)	90% of billed charges; after \$1,033 coinsurance max, covered in full (See pages 25-26 for details.)
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$20 per visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (OptumHealth)	\$375 annual deductible, 80% of reasonable and customary; after \$1,033 coinsurance max, 100% of reasonable and customary (See pages 25-26 for details.)
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment; unlimited when medically necessary (OptumHealth)	90% of billed charges; after \$1,033 coinsurance max, covered in full (See pages 25-26 for details.)
<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>7</sup>	Basic Medical <sup>2,7</sup> ; \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance

<b>Orthotic Devices</b>			No copayment <sup>7</sup>	Basic Medical <sup>2,7</sup>
<b>External Mastectomy Prosthesis</b>				Paid in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>2,7</sup> (Pre-certification may be required)
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$20 per visit for outpatient physical therapy following related surgery or hospitalization		Physical or occupational therapy \$20 per visit (MPN) Speech therapy \$20 per visit No copayment (HCAP)	\$250 annual deductible, 50% of network allowance \$1,500 annual maximum benefit Basic Medical <sup>2</sup> 50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )
<b>Diabetic Supplies</b>			No copayment (HCAP)	
<b>Insulin and Oral Agents</b> (covered under The Empire Plan Prescription Drug Program subject to drug copayment)				
<b>Hospice</b>		No copayment, no limit		
<b>Skilled Nursing Facility</b> (Pre-certification 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 ear every 4 years (every 2 years for children) if medically necessary	Up to \$1,500 per ear every 4 years (every 2 years for children) if medically necessary
Diabetic Shoes			\$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of \$500 (See the <i>Empire Plan Certificate/Reports</i> )
Out of Area Benefit			Under The Empire Plan, your benefits are the same wherever you receive care.	
Inpatient Hospital			No copayment <sup>8</sup>	Basic Medical <sup>2</sup>
Outpatient Surgery <sup>9</sup>			\$60 per visit	Basic Medical <sup>2</sup>
24-hour NurseLines <sup>SM</sup> for health information and support				
Voluntary Disease Management Programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders.				
Diabetes Education Centers for enrollees who have a diagnosis of diabetes.				

<sup>1</sup> Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Non-network hospital coverage provided subject to coinsurance (see page 13). Provider charges are covered under the Medical Benefits Program.

<sup>2</sup> See pages 10 and 11 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.

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

<sup>4</sup> Coverage excludes contraceptive intrauterine devices (IUDs) that do not contain any FDA-approved hormone prescription drug products.

<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. Other providers covered subject to deductible and coinsurance.

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

<sup>7</sup> Benefit paid up to cost of device meeting individual's functional need.

<sup>8</sup> Pre-admission certification may be required.

<sup>9</sup> In outpatient surgical locations, the copayment for the facility charge is \$60 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan carriers.)



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Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Non-Office Hours and Home Visits (by physician)	\$25 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$20 per visit
Mammograms	No copayment
Pre and Postnatal Visits initial visit only	\$20 per visit
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>1</sup>
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b> unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b> unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment

Benefits	Enrollee Cost
<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	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item
<b>Insulin and Oral Agents</b>	\$20 per item
<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>2</sup>
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	

**Specialty Drugs**

Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. Aetna Specialty Pharmacy is wholly owned and operated by Aetna Inc. As a full-service specialty pharmacy, we do not charge for delivery or dispensing fees for injectables. Specialty drugs dispensed through Aetna Specialty Pharmacy are subject to our retail and mail order pharmacy copayment/coinsurance amounts, coverage limits and exclusions.

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

<sup>2</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

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>3</sup> .....	\$20 per visit <sup>4</sup>
<b>Hearing Aids</b> .....	Not covered
<b>Diabetic Shoes</b> , unlimited pairs <sup>5</sup> .....	No copayment
<b>Out Of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Eyeglasses</b> .....	Discount Program
<b>Home Health Care (HHC)</b> unlimited (by HHC agency) .....	No copayment
<b>Outpatient Home Health Care</b> unlimited visits per 365-day period <sup>6</sup>	No copayment
<b>Hospice Bereavement Counseling</b> .....	No copayment

<sup>3</sup> Routine only (including refraction).

<sup>4</sup> Frequency and age schedules apply.

<sup>5</sup> Medically necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot.

<sup>6</sup> Four hours of home health aid equals one home care visit.

## Plan Highlights for 2010

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 **incented 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 NYSHIP enrollees are required to enroll in Aetna's **Medicare Advantage Plan**, The Golden Medicare Plan. For details on The Golden Medicare Plan, see pages 32 and 33.

## 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 Preenrollment Medicare Information and a Medicare Packet:** 1-800-832-2640

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





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**Medicare Advantage Plan**

Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Non-Office Hours and Home Visits (by physician)	\$25 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
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 initial visit only	\$20 per visit
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>	\$35 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b> unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b> unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment

Benefits	Enrollee Cost
<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	\$20 per visit

<b>Diabetic Supplies</b>	Enrollee Cost
for strips, lancets and glucometer	No copayment

<b>Insulin and Oral Agents</b>	Enrollee Cost
Applicable Rx copayment applies	

<b>Hospice</b>	Enrollee Cost
Covered by Medicare	

<b>Skilled Nursing Facility, unlimited</b>	Enrollee Cost
	No copayment

<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, <sup>3</sup> 90-day supply	\$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 \$4,550, the member pays the greater of \$2.50 or 5% for generic and multi-source drugs and the greater of \$6.30 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.

**Specialty Drugs**  
Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. Aetna Specialty Pharmacy is wholly owned and operated by Aetna Inc. As a full-service specialty pharmacy, we do not charge for delivery or dispensing fees for injectables. Specialty drugs dispensed through Aetna Specialty Pharmacy are subject to our retail and mail order pharmacy copayment/coinsurance amounts, coverage limits and exclusions.

<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> 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

<b>Dental</b> .....	Discounts where available
<b>Vision</b> <sup>4</sup> .....	No copayment
<b>Hearing Aids</b> .....	Discounts where available
<b>Diabetic Shoes</b> , unlimited pairs <sup>5</sup> .....	20% coinsurance
<b>Out Of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Eyeglasses</b> .....	No copayment
<b>Outpatient Home Health Care</b>	
unlimited visits per 365-day period <sup>6</sup>	No copayment
<b>Hospice Bereavement Counseling</b>	
5 days per 365 days .....	No copayment

<sup>4</sup> Routine only, including refraction.

<sup>5</sup> Medically necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot.

<sup>6</sup> Four hours of home health aid service equals one home care visit.

## Plan Highlights for 2010

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

## NYSHIP Code Number 210

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

### Aetna

99 Park Avenue  
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**For Preenrollment Medicare Information and a Medicare Packet:** 1-800-832-2640

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

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
Routine Adult Physicals	\$5 per visit
Well Child Care	No copayment
PCP visits for sick children to age 19	\$5 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 for injection Rx and \$25 office copayment. Max 2 copayments/day
<b>Women's Health Care/OB GYN</b>	
Pap Tests <sup>1</sup>	\$5 per visit
Mammograms	\$5 per visit
Pre and Postnatal Visits	
first 10 visits only	\$5 per visit
Bone Density Tests	\$25 per visit
<b>Family Planning Services</b>	Applicable copayment applies
<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<sup>2</sup></b>	\$100 per trip
<b>Outpatient Mental Health</b>	
unlimited visits	\$40 per visit
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance

Benefits	Enrollee Cost
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance

**Rehabilitative Care, Physical, Speech and Occupational Therapy**

Inpatient, max 60 days	No copayment
Outpatient Physical, Speech, Occupational and Pulmonary Therapy	
max 30 visits combined	\$40 per visit

<b>Diabetic Supplies</b>	\$25 per item
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<b>Insulin and Oral Agents</b>	\$25 per item
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<b>Hospice, max 210 days</b>	No copayment
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**Skilled Nursing Facility**

max 45 days per admission	
360-day lifetime max	No copayment

**Prescription Drugs**

Retail, 30-day supply	
\$10 Tier 1/\$30 Tier 2/\$50 Tier 3 <sup>3</sup>	
Mail Order, up to 90-day supply	
\$20 Tier 1/\$60 Tier 2/\$100 Tier 3 <sup>3</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.

**Specialty Drugs**

Designated specialty medications are covered only when purchased at a participating network specialty pharmacy. Medications purchased from a specialty pharmacy are subject to the same days supply and cost-sharing requirements that apply to the retail pharmacy benefit. Mail order does not apply and these medications cannot be filled at mail order. A current list of specialty medications and participating specialty pharmacies is available on our web site at [www.excellusbcbs.com](http://www.excellusbcbs.com).

<sup>1</sup> There are two services rendered for a Pap Test – the professional service by the OB GYN and the lab exam of the pap smear. There is a \$5 copayment for the OB GYN exam, while the pap smear test is covered in full. NYSHIP members will see a \$5 copayment for the "Pap Test."

<sup>2</sup> Air ambulance coverage is excluded.

<sup>3</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.

## Additional Benefits

**Dental**.....Not covered

**Vision** .....\$40 for exams associated with disease or injury only

**Hearing Aids**.....Children to age 19: \$600 max, every 3 years

### Diabetic Shoes

up to 3 pairs per calendar year .....No copayment

**Out Of Area** .....Our BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at school, members on extended out-of-town business and for families living apart.

### Surgery

Physician-inpatient .....Lesser of \$200 copayment or 20% coinsurance

Physician-outpatient at a hospital, facility or surgery center .....\$40 per visit

Physician's office .....Lesser of \$50 copayment or 20% coinsurance

**Outpatient Surgical Care (Facility)** .....\$50 per visit

### Maternity

Physician's charge for delivery .....Lesser of \$200 copayment or 20% coinsurance

## Plan Highlights for 2010

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.

- Two copayments for up to a 90-day supply for prescription drugs through PrimeMail.
- 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, OB GYN exams and prostate screenings.

## 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 below for a directory, or check our web site at: [www.excellusbcbcs.com](http://www.excellusbcbcs.com).

## Pharmacies and Prescriptions

Blue Choice members may have their prescriptions filled at any of our over 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers an **incented formulary**. Call PrimeMail at 1-866-260-0487 for mail order prescriptions. Fertility, injectable and self-injectable prescription drugs are covered.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Medicare Blue Choice, the Excelsus 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 see pages 36 and 37 or 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.excellusbcbcs.com](http://www.excellusbcbcs.com)



### Medicare Advantage Plan

Benefits	Enrollee Cost
<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	
first 10 visits only	\$5 per visit
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 visits	\$20 per visit
<b>Inpatient Mental Health</b>	
max 190 days per lifetime <sup>2</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	20% coinsurance

Benefits	Enrollee Cost
<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, 30-day supply</b>	\$20
<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
max 100 days	\$25 per day
<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

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. 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. When total out-of-pocket spending reaches \$4,550, catastrophic coverage begins. Under catastrophic coverage you will pay \$2.50 for generic drugs, \$6.30 for brand-name drugs or 5%, whichever is greater.

**Specialty Drugs**  
Designated specialty medications are covered only when purchased at a participating network specialty pharmacy. Medications purchased from a specialty pharmacy are subject to the same days supply and cost-sharing requirements that apply to the retail pharmacy benefit. Mail order does not apply and these medications can not be filled at mail order. A current list of specialty medications and participating specialty pharmacies is available on our web site at [www.excellusbcbs.com](http://www.excellusbcbs.com).

<sup>1</sup> Non-prescription contraceptive supplies and devices are not covered.

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

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

## Additional Benefits

**Dental**.....\$300 annual allowance

**Vision** .....Eyewear - \$120 annual allowance

**Hearing Aids**.....\$600 allowance every 3 years

### **Diabetic Shoes**

up to 1 pair per calendar year .....20% coinsurance

**Out Of Area** .....You pay 20% coinsurance up to the annual maximum of \$5,000 for covered services outside of the Medicare Blue Choice service area.

**Routine Eye Exam**.....\$20 per visit

**Go Getters Fitness Benefit**....\$650 annual allowance

### **Surgery**

Physician-inpatient .....No copayment

Physician-outpatient at a hospital, facility or surgery center.....No copayment

Facility-outpatient at a hospital, facility or surgery center.....\$50 per visit

Physician's office.....\$20 copayment

## Plan Highlights for 2010

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 PrimeMail, 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 to the right for a directory or check our web site at: [www.excellusbcbcs.com](http://www.excellusbcbcs.com).

## Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our over 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Medicare Blue Choice offers an **incented formulary**. Call PrimeMail at 1-866-260-0487 for mail order prescriptions.

## Medicare Coverage

Medicare-primary NYSHIP 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:

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

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

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





Benefits	Enrollee Cost
<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
Family Planning Services	\$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>	
unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>2</sup></b>	50% coinsurance

Benefits	Enrollee Cost
<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</b>	
Retail, up to 30-day supply	\$15 per item
Mail Order, up to 90-day supply	Two and a half copayments
<b>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, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 generic/ \$30 formulary brand/\$50 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 the CDPHP formulary are subject to the generic copayment. Have you considered using a generic? Generic drugs are required by law to meet the same standards as their brand-name counterparts at a fraction of the price. They must have the same strength, purity and stability. Generics are safe and effective for most conditions. Talk with your doctor about generic alternatives.	
<b>Specialty Drugs</b>	
Certain specialty prescriptions require prior approval, are subject to clinical management programs and must be filled by a CDPHP-participating specialty pharmacy vendor. It is easy to contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will collect your information, coordinate with your doctor and CDPHP and arrange delivery of your medications. For more information, visit Rx Corner at <a href="http://www.cdphp.com">www.cdphp.com</a> . Specialty drugs are subject to the same copayment tiers as other prescription drugs.	



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

<sup>2</sup> Excludes shoe inserts.

### Additional Benefits

**Dental**.....Not covered

**Vision**.....Not covered

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

#### **Diabetic Shoes**

one pair per calendar year.....\$15 per pair

**Out Of Area**.....Coverage for emergency care out of area. College students are also covered for preapproved follow-up care.

**Allergy Injections**.....No copayment

**Outpatient Surgery Facility**.....\$75 per visit

**Diabetes Self-management Education**.....\$20 per visit

**Glucometer**.....\$15 per item

### Plan Highlights for 2010

Our dedicated member services representatives are available to respond to your questions Monday through Friday, 8 a.m. to 8 p.m. Our commitment goes beyond providing first-rate customer service. We want to help you remain healthy and assist you in reaching your wellness goals. To help you achieve this, as a CDPHP member, you can take advantage of a vast array of free wellness classes, such as spinning, Yoga, Pilates and many more. Staying up-to-date with routine checkups can help prevent unexpected illness and emergencies. Preventive care services are part of your CDPHP plan, at no cost to you. Take advantage of a 20 percent CVS discount. CDPHP partners with CVS Caremark to offer members extra savings on commonly used health products. Each subscriber receives three key tags, entitling them to a 20 percent discount on such CVS-brand health-related products as ibuprofen, decongestants, contact lens supplies, bandages and more. Do you have questions on an upcoming surgery or need advice on managing your diabetes or high blood pressure? Contact a health coach 24/7 through Health Coach Connection. Enroll in our Weigh 2 Be Program and receive a 50 percent rebate on a completed 10-week Weight Watchers session.

### Participating Physicians

CDPHP is now affiliated with nearly 10,000 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 **incented 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

Medicare-primary NYSHIP enrollees must enroll in the CDPHP **Medicare Advantage Plan**, the Group Medicare Choice plan. You must be enrolled in Medicare Parts A and B to qualify. For details on the Group Medicare Choice plan, please see pages 40 and 41.

#### 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

Benefits	Enrollee Cost
<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	No copayment
Family Planning Services	\$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>	\$30 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b> , unlimited visits	
Individual	\$20 per visit
Group	\$20 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>3</sup>	No copayment <sup>3</sup>
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment
<b>Durable Medical Equipment</b>	30% coinsurance <sup>4</sup>
<b>Prosthetics</b>	30% coinsurance <sup>4</sup>
<b>Orthotics</b>	30% coinsurance

### Benefits Enrollee Cost

#### Rehabilitative Care, Physical, Speech and Occupational Therapy

Physical, Speech and Occupational Therapy, unlimited	\$20 per visit
Inpatient Rehabilitative Coverage max 100 days	No copayment

**Diabetic Supplies**,<sup>5</sup> up to 30-day supply  
30% coinsurance or \$10 copayment,  
whichever is less

#### Insulin and Oral Agents<sup>5</sup>

Applicable Rx copayment applies

**Hospice** Covered by Medicare

#### Skilled Nursing Facility

max 100 days No copayment

#### Prescription Drugs

Retail, 30-day supply \$3 value generic/  
\$5 generic/\$30 preferred brand/  
\$50 non-preferred brand/\$55 specialty  
Mail Order, 90-day supply \$6 value generic/  
\$10 generic/\$60 preferred brand/  
\$100 non-preferred brand/N/A for specialty drugs<sup>6</sup>

When total Part D out-of-pocket spending reaches \$4,550, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.50 for generics or multiple source brand drugs, and the greater of 5% coinsurance or \$6.30 for all other drugs. Have you considered using a generic? Generic drugs are required by law to meet the same standards as their brand-name counterparts at a fraction of the price. They must have the same strength, purity and stability. Generics are safe and effective for most conditions. Talk with your doctor about generic alternatives.

#### Specialty Drugs

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.

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

<sup>2</sup> Waived if admitted.

<sup>3</sup> In a freestanding psychiatric facility.

<sup>4</sup> \$200 maximum out-of-pocket cost per item.

<sup>5</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 for up to a 30-day supply. DME (infusion pumps, blood glucose meters, lancet devices) - \$15 per item.

<sup>6</sup> Tier 5 drugs limited to a 30-day supply.

### Additional Benefits

**Dental** .....\$150 annual reimbursement for dental office visits and cleanings up to two per year

**Vision** .....\$20 per visit

**Hearing Aids** .....\$20 per visit  
(\$600 allowance every 3 years)

**Diabetic Shoes** .....30% coinsurance<sup>7</sup>

**Out Of Area** .....30% coinsurance up to \$3,000 annual maximum for covered services. Allows for routine care outside the CDPHP Group Medicare (HMO) plans service area for services such as doctor visits, outpatient surgery and preventive care.

**Eyewear** .....\$80 allowance each year

**SeniorFit** .....No cost gym membership at participating SilverSneakers and Capital District YMCA sites

### Annual Out-of-Pocket Maximum

\$2,500 maximum member responsibility

<sup>7</sup> One pair per calendar year of therapeutic shoes for people with diabetes who have severe diabetic foot disease, including fitting of shoes or inserts.

### Plan Highlights for 2010

CDPHP offers extended member service telephone hours as part of our commitment to excellent customer service. Take advantage of the CDPHP Senior Fit program and sign up for no-cost wellness classes or a no-cost membership at one of many area gyms through SilverSneakers or the Capital District YMCA. Talk with a health coach 24/7 through Health Coach Connection. In addition to worldwide coverage for urgent and emergency care, members receive a travel benefit for routine care outside the CDPHP service area. Visit us online at [www.cdphp.com](http://www.cdphp.com) to learn more.

### Participating Physicians

CDPHP Group Medicare (HMO) plans are now affiliated with more than 9,200 practitioners, including over 2,200 participating primary care providers and 7,000 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 offers a **closed formulary** and 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.

### Medicare Coverage

CDPHP is a plan for life. We are pleased to offer the CDPHP Group Medicare Rx (HMO) and Group Medicare (HMO) plans, our **Medicare Advantage Plans** for Medicare-primary NYSHIP employees, retirees, and their spouses. Medicare-primary NYSHIP enrollees who reside in NYSHIP Code Numbers 063, 300 and 310 are required to enroll in a CDPHP Group Medicare plan. 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 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)

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

For information:

**CDPHP Member Services Department:**

1-888-248-6522 or 518-641-3950 - 8 a.m. - 8 p.m. EST

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

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



BlueCross BlueShield  
of Western New York

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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	No copayment <sup>2</sup>
Pre and Postnatal Visits	No copayment <sup>3</sup>
Bone Density Tests	\$10 per visit
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit <sup>4</sup>
<b>Contraceptive Drugs and Devices</b>	
Approved generic oral contraceptives covered at 100%	
<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>	
unlimited visits <sup>5</sup>	\$10 per visit
<b>Inpatient Mental Health</b>	
unlimited days <sup>5</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits <sup>5</sup>	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days <sup>5</sup>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance

Benefits	Enrollee Cost
<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</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility, max 50 days</b>	
	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
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.	
<b>Specialty Drugs</b>	
Specialty drugs are available through mail order at the applicable copayment.	

<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> Routine only.

<sup>3</sup> \$10 copayment will only be taken on the initial office visit to confirm the pregnancy.

<sup>4</sup> For services to diagnose and treat infertility.

<sup>5</sup> Subject to medical necessity.



## Additional Benefits

- Dental**<sup>6</sup>.....20% discount  
at select providers, free second annual exam
- Vision**.....VisionPLUS Program (details below)
- Hearing Aids** .....Not covered
- Diabetic Shoes** .....Not covered
- Out Of Area**.....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.
- 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>7</sup>

<sup>6</sup> Preventive.

<sup>7</sup> Other artificial means to induce pregnancy (in-vitro,  
embryo transfer, etc.) are not covered.

## Plan Highlights for 2010

Members have access to our BlueLife wellness programs, which provide innovative wellness and health management programs through online and community-based resources. Discounts are available on acupuncture, massage therapy, nutritional counseling, fitness centers and spas. Members also have access to a 24/7 patient advocacy program – Health Advocate – which assists patients with locating providers and scheduling appointments and offers 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. Community Blue offers an **incented formulary**. Member's copayment will reflect \$5 formulary generic, \$15 formulary brand, \$35 non-formulary prescriptions. Enrollees may also take advantage of the convenience of obtaining a 90-day supply of their medications through mail order.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, 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. For details on Senior Blue HMO, see pages 44 and 45.

### 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

A DIVISION OF UNITEDHEALTH FINANCIAL. ALL BENEFITS SUBJECT TO THE TERMS AND CONDITIONS OF THE MEMBER'S BENEFIT PLAN DOCUMENT.

### Medicare Advantage Plan

Benefits	Enrollee Cost
<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 per visit specialist
Radiation	\$10 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms <sup>1</sup>	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 visits <sup>2</sup>	50% coinsurance
<b>Inpatient Mental Health</b> max 190 days per lifetime <sup>2,3</sup>	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits <sup>2</sup>	50% coinsurance
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days <sup>2</sup>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance

Benefits	Enrollee Cost
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited <sup>4</sup>	\$10 per visit
<b>Diabetic Supplies</b>	20% coinsurance
<b>Insulin and Oral Agents</b>	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 \$4,550, catastrophic coverage begins: The member pays the greater of 5% coinsurance or \$2.50 for generic drugs, and the greater of 5% coinsurance or \$6.30 for brand-name drugs. These amounts change on a yearly basis. Please call Senior Blue HMO at 1-800-329-2792 for more detailed information and to confirm exact amounts approved by the Centers for Medicare & Medicaid Services (CMS).	
<b>Specialty Drugs</b>	
Specialty drugs are available through mail order at the applicable copayment. Costs for Tier 4 Specialty Injectables are \$30 for a 30-day supply and \$60 for a 90-day supply.	

<sup>1</sup> Routine only.

<sup>2</sup> Prior authorization is required.

<sup>3</sup> In a psychiatric facility.

<sup>4</sup> For each Medicare-covered visit.



## Additional Benefits

**Dental** .....Members have a \$75 allowance toward preventive services.

**Vision** .....Members have a \$75 allowance toward eyeglasses, frames and lenses 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>5</sup>

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

### **Diabetic Shoes**

one pair per calendar year.....20% coinsurance

**Out Of Area** .....Worldwide coverage for emergency and urgent care<sup>6</sup> through a network of BlueCross and BlueShield providers across the country and around the world.

<sup>5</sup> In the case of a discrepancy, the member's contract will determine the member's cost sharing.

<sup>6</sup> Urgent care is covered within the 50 United States only.

## Plan Highlights for 2010

Senior Blue HMO now offers a free fitness membership in addition to innovative wellness and health management programs.

## Participating Physicians

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

## Pharmacies and Prescriptions

Senior Blue HMO members may obtain prescriptions from a nationwide network of nearly 45,000 participating pharmacies. Senior Blue HMO offers a **closed formulary**. 90-day supplies are available at retail pharmacies and through the mail for two copayments.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, 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 or working in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

### Senior Blue HMO

The HMO of BlueCross BlueShield of Western New York  
P.O. Box 62  
Buffalo, NY 14240-0062

For information:

**Senior Blue HMO members should call:**  
1-800-329-2792

**TTY:** 1-877-834-6918

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
webVisit	\$5 copayment per online consultation
<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</b>	
unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
\$20 per visit (visits 1-52), then covered in full	
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days	No copayment
<b>Durable Medical Equipment<sup>2</sup></b>	No copayment
<b>Prosthetics<sup>2</sup></b>	No copayment
<b>Orthotics<sup>2</sup></b>	No copayment

Benefits	Enrollee Cost
<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 and Vision Therapy, max 30 visits combined	
Home or Office	\$20 per visit
Outpatient Facility	No copayment

**Diabetic Supplies** No copayment when obtained through EBCBS's medical supply vendor. When obtained through a pharmacy, supplies are subject to the applicable prescription drug copayments.

**Insulin and Oral Agents** Applicable Rx copayment applies

**Hospice**, max 210 days No copayment

**Skilled Nursing Facility<sup>2</sup>** max 60 days No copayment

**Prescription Drugs**

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.

**Specialty Drugs** Specialty medications are only dispensed in 30-day supplies. Enrollees are required to pay the applicable copayment for each 30-day supply.

<sup>1</sup> Waived if admitted within 24 hours.

<sup>2</sup> Empire's network provider must precertify in-network services, or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.

## Additional Benefits

**Dental**.....Not covered  
**Vision**.....Not covered  
**Hearing Aids**.....Not covered  
**Diabetic Shoes**, unlimited pairs<sup>3</sup>.....No copayment  
**Out Of Area**.....Coverage for members traveling outside the service area may be available through the Guest Membership and/or BlueCard Programs. Guest Membership offers temporary coverage through the local BlueCross and/or BlueShield HMO plan. Contract holders are eligible for Guest Membership if away from home for more than 90 days, but less than 180 days. Full-time students and other eligible dependents are eligible for Guest Membership if away from home for more than 90 days. Coverage is available through the BlueCard Program for an enrollee traveling outside of the service area who may encounter an urgent or emergent situation and is not enrolled in the Guest Membership Program.

<sup>3</sup> Diabetic shoes are covered in full, with no member liability, so long as deemed medically appropriate and precertification is obtained from the participating vendor prior to purchase.

## Plan Highlights for 2010

Empire BlueCross BlueShield HMO provides New York State employees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. Visit our state-of-the-art web site, [www.empireblue.com](http://www.empireblue.com), where 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, email messages, your personal profile and health care provider information. 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 coverage can use local and national pharmacies. Members who use our mail service pay only two copayments for each 90-day supply of medication; a 33 percent savings over filling 90-day prescriptions at the retail level. Coverage includes contraceptive drugs and devices, injectable and self-injectable drugs, fertility drugs and enteral formulas. Empire BlueCross BlueShield HMO offers an **incented formulary**.

## Medicare Coverage

Empire BlueCross BlueShield HMO **coordinates coverage** with Medicare and offers the same benefits to Medicare-eligible NYSHIP enrollees.

### NYSHIP Code Number 280

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

### NYSHIP Code Number 290

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

### NYSHIP Code Number 320

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

### Empire BlueCross BlueShield HMO

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

For information:

**Empire BlueCross BlueShield HMO:** 1-800-453-0113

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

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



Benefits	Enrollee Cost
<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<sup>3</sup></b>	\$50 per trip <sup>2</sup>
<b>Outpatient Mental Health</b>	
unlimited visits	\$20 per visit <sup>2</sup>
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$20 per visit <sup>2</sup>
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment

Benefits	Enrollee Cost
<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, max 30 visits combined	\$20 per visit <sup>2</sup>
<b>Diabetic Supplies, 30-day supply</b>	\$20 per item <sup>2</sup>
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$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.	
<b>Specialty Drugs</b>	
Specialty drugs are defined as injectable and non-injectable drugs that require frequent dosing amounts, intensive clinical monitoring or specialized product handling. Members are required to pay the copayment for each 30-day supply of specialty medication. No mail order benefit is available for specialty drugs.	

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

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

<sup>3</sup> Air ambulance coverage is excluded.

## Additional Benefits

**Dental**.....Not covered  
**Vision**<sup>4</sup>.....\$20 per exam per year  
**Hearing Aids** .....Not covered  
**Diabetic Shoes**, unlimited pairs....20% coinsurance  
**Out Of Area** .....If you are out of the GHI HMO service area and experience a medical emergency, go to the nearest emergency facility for services. To receive non-emergent care, your PCP or the on-call physician must authorize your care as appropriate. In the event you are unable to reach your PCP, call GHI HMO Customer Service Department at 1-877-2GHI-HMO (1-877-244-4466) 24 hours a day, 7 days a week.

<sup>4</sup> Routine only.

## Plan Highlights for 2010

No PCP referrals are 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 providing individuals, families and businesses with access to affordable, quality health care, 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, once enrolled, 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 **incented 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 that 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, contact Medco at 1-866-544-3772.

## Medicare Coverage

GHI HMO offers the same benefits to Medicare-eligible NYSHIP enrollees. 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)



# HIP<sup>®</sup>

HEALTH PLAN OF NEW YORK

Benefits	Enrollee Cost
<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	\$5 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	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services<sup>1</sup></b>	
Subject to applicable copayments	
<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 visits	No copayment
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$5 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment

Benefits	Enrollee Cost
<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 combined	\$5 per visit
<b>Diabetic Supplies</b>	\$5 per month
<b>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.	

### Specialty Drugs

Coverage is provided through HIP's Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison to traditional drugs. Specialty drugs may require prior approval, which can be obtained through HIP pharmacy services by the HIP prescribing physician. Specialty drugs are subject to the applicable Rx copayment and Rx formulary.

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



## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>2</sup> .....	No copayment
<b>Hearing Aids</b> ...	Covered for Cochlear Implants only
<b>Diabetic Shoes</b> unlimited pairs <sup>3</sup> .....	No copayment
<b>Out Of Area</b> .....	Members are covered for emergency care both in and outside the HMO service area as well as with participating providers and non-participating providers.
<b>Eyeglasses</b> .....	\$45 per pair; one pair every 24 months from selected frames
<b>Laser Vision Correction (LASIKS) Discount Program</b>	
<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>2</sup> Routine only.

<sup>3</sup> Diabetic shoes are covered in full with no member liability so long as deemed medically necessary and appropriate. Precertification must be obtained from the participating vendor prior to purchase.

## Plan Highlights for 2010

HIP's network has expanded to over 29,000 providers in more than 50,000 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, [www.hipusa.com](http://www.hipusa.com), is available in English, Spanish, Chinese and Korean.

## Participating Physicians

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

## Affiliated Hospitals

HIP members have access to 104 of the area's leading hospitals, including major teaching institutions.

## Pharmacies and Prescriptions

Filling a prescription is easy with HIP's network of over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. HIP also has a mail order program through Medco Health Solutions, 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. For details on HIP VIP Premier Medicare Plan, see pages 52 and 53.

## 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)

# HIP<sup>®</sup>

## HEALTH PLAN OF NEW YORK

### Medicare Advantage Plan

Benefits	Enrollee Cost
<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 per visit
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 visits	\$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 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment

Benefits	Enrollee Cost
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$5 per visit
<b>Diabetic Supplies</b>	No copayment
<b>Insulin and Oral Agents</b>	\$5 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 \$4,550, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.50 for generic drugs, and the greater of 5% coinsurance or \$6.30 for brand-name drugs. Please call 1-877-861-0175 for more detailed information.	
<b>Specialty Drugs</b>	
Coverage is provided through HIP's Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison to traditional drugs. Specialty drugs may require prior approval, which can be obtained through HIP pharmacy services by the HIP prescribing physician. Specialty drugs are subject to the applicable Rx copayment and Rx formulary.	

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

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> <sup>2</sup> .....	\$5 per visit
<b>Hearing Aids</b> .....	\$500 max/36 months
<b>Diabetic Shoes</b> , unlimited pairs <sup>3</sup> .....	No copayment
<b>Out Of Area</b> .....	Members are covered for emergency care both in and outside the HMO service area as well as with participating providers and non-participating providers.
<b>Eyeglasses</b> .....	No copayment per 12 months, selected frames
<b>Podiatry</b> , routine, max four visits.....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	Included in office visit copayment
<b>Dialysis Treatment</b> .....	No copayment

<sup>2</sup> Routine only.

<sup>3</sup> Diabetic shoes are covered in full, with no member liability, so long as deemed medically necessary and appropriate. Precertification must be obtained from the participating vendor prior to purchase.

## Plan Highlights for 2010

HIP's network has expanded to over 29,000 providers in more than 50,000 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), is now 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 104 of the area's leading hospitals, including major teaching institutions.

## Pharmacies and Prescriptions

Filling a prescription is easy with HIP's network of over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. HIP also has a mail order program through Medco Health Solutions Inc. HIP offers a **closed formulary**.

## Medicare Coverage

Medicare-primary NYSHIP 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 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)



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
Well Child Care	No copayment
Routine Adult Physicals	\$10 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 (first 10 visits only), then covered in full	\$5 per visit
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<sup>1</sup></b>	\$100 per trip
<b>Outpatient Mental Health</b> unlimited visits	\$40 per visit
<b>Inpatient Mental Health</b> unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment

Benefits	Enrollee Cost
<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 60 days	No copayment
Outpatient Physical, Speech, Occupational and Pulmonary Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies, 30-day supply</b>	\$25 per item
<b>Insulin and Oral Agents</b> 30-day supply	\$25 per item
<b>Hospice, max 210 days</b>	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.	
<b>Specialty Drugs</b>	
Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies.	

<sup>1</sup> Air ambulance coverage is excluded.

<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.

## Additional Benefits

**Dental**.....Not covered

**Vision**.....\$40 per visit for eye exams associated with disease or injury

**Hearing Aids**.....Children to age 19: \$600 maximum, every three years

### Diabetic Shoes

up to 3 pairs per calendar year ....50% coinsurance

**Out Of Area** .....Our BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at college, members on extended out-of-town business and families living apart.

**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 per visit

Physician's office .....Lesser of \$50 copayment or 20% coinsurance

**Outpatient Surgical Care (Facility)**.....\$50 per visit

### Maternity

Physician charge for delivery .....Lesser of \$200 copayment or 20% coinsurance

## Plan Highlights for 2010

- Expanded Customer Service Hours: Monday – Thursday: 7 a.m. – 7 p.m., Friday: 9 a.m. – 7 p.m., Saturday: 9 a.m. – 1 p.m.
- Well child care is covered in full.
- Pay only a \$10 copayment for routine preventive services such as adult physicals, mammograms, pap smears, prostate screenings and routine adult immunizations.
- Two copayments for a 90-day prescription drug supply through our mail order program.
- Blue365 offers access to discounts and savings on products and services for healthy lifestyles.
- Our web site makes it easy to do business with us, when it is convenient for you, 24 hours a day, 7 days a week.

## Participating Physicians

HMOBlue is affiliated with more than 4,700 physicians and health care professionals.

## 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. Specialty medications after the initial fill must be purchased from one of our participating specialty pharmacies. HMOBlue offers an **incented formulary**.

## Medicare Coverage

HMOBlue offers the same benefits to Medicare-eligible NYSHIP enrollees. 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  
333 Butternut Drive  
Syracuse, NY 13214

#### For information:

1-800-447-6269

TTY: 1-877-398-2275

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

### NYSHIP Code Number 160

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

#### HMOBlue

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

#### For information:

1-800-722-7884

TTY: 1-877-398-2275

Web site: [www.excellusbcbs.com](http://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	No copayment
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>	\$50 per trip
<b>Outpatient Mental Health</b> unlimited visits	\$10 per visit
<b>Inpatient Mental Health</b> unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance

Benefits	Enrollee Cost
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>2</sup></b>	No copayment

<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits combined per year	\$15 per visit

<b>Diabetic Supplies</b>	
Retail, 30-day supply	\$10 per item
Mail Order	Not available

<b>Insulin and Oral Agents</b>	
	\$10 per item or applicable pharmacy rider, whichever is less

<b>Hospice, unlimited</b>	
	No copayment

<b>Skilled Nursing Facility</b> max 45 days	
	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, 90-day supply	2.5 copayments for maintenance drugs

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

**Specialty Drugs**  
Benefits are provided for specialty drugs by two contracted specialty pharmacy vendors, Curascript Pharmacy and OptionCare Pharmacy. Specialty drugs, available through the prescription drug benefit, include select high-cost injectables and oral agents such as oral oncology drugs. Specialty drugs require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication. Members pay one copayment for each 30-day supply.

<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> Excludes shoe inserts.

## Additional Benefits

**Dental**<sup>3</sup> .....\$50 per cleaning and 20% discount on additional services at select providers

**Vision**<sup>4</sup> .....\$10 per visit once every 12 months

**Hearing Aids** .....Discounts available at select locations

### Diabetic Shoes

one pair per calendar year .....No copayment

**Out Of Area**.....While traveling outside the service area, members are covered for emergency and urgent care situations only.

**Home Health Care**, max 40 visits .....\$10 per visit

**Eyeglass lenses** .....\$35/single vision lenses; Frames 50% off retail price up to \$130 and member pays 80% of balance over \$130 (if any).

### Urgent Care in Service Area

**for After Hours Care** .....\$35 per visit

<sup>3</sup> Preventive.

<sup>4</sup> Routine only.

## Plan Highlights for 2010

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 3,000 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 **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments differ from the copayments of a NYSHIP-primary enrollee. See pages 58 and 59 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

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	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> unlimited visits	\$10 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited visits	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited days	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>2</sup></b>	No copayment

Benefits	Enrollee Cost
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, unlimited	\$15 per visit
<b>Diabetic Supplies</b>	
Retail	\$10 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	\$10 per item or applicable pharmacy rider, whichever is less
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b> up to 100 days 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, 90-day supply	2.5 copayments for maintenance drugs
<p>Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. NYSHIP's Medicare Encompass prescription drug coverage is an enhancement to Medicare Part D, and therefore is subject to any changes required by the Centers for Medicare &amp; Medicaid Services for 2010. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a three-tier benefit that 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, 2010, the cumulative out-of-pocket threshold will be \$4,550. Once a member has paid \$4,550 of out-of-pocket costs, he or she will qualify for catastrophic coverage. The cost share for catastrophic coverage is as follows: \$2.50 (generic), \$6.30 (brand) or 5% of the cost, whichever is greater.</p>	
<b>Specialty Drugs</b>	Not available

<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> Excludes shoe inserts.

## Additional Benefits

- Dental**.....Not covered  
**Vision**<sup>3</sup>.....\$10 per visit once every 12 months  
**Hearing Aids** .....Discounts available through hearing hardware vendors specified on the Independent Health web site.  
**Diabetic Shoes**  
one pair per calendar year.....No copayment  
**Out Of Area**.....While traveling outside the service area, coverage is provided for emergency situations only.  
**Home Health Care**, unlimited .....\$10 per visit (requires authorization)  
**Eyeglasses**.....\$35/single vision lenses; Frames 50% off retail price up to \$130 and member pays 80% of the balance over \$130 (if any).

<sup>3</sup> Routine only.

## Plan Highlights for 2010

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 3,000 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 **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees are required to enroll in Medicare Encompass, Independent Health's **Medicare Advantage Plan**. Copayments 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 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)



Benefits	Enrollee Cost
<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	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$20 per visit
Mammograms	No copayment <sup>1</sup>
Pre and Postnatal Visits	
initial visit only	\$20 per visit
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>	\$20 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited days	No copayment

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	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 per condition	No copayment
Outpatient Physical, Speech and Occupational Therapy, max 30 visits combined	\$20 per visit
<b>Diabetic Supplies</b>	\$20 copayment per boxed item/31-day supply
<b>Insulin and Oral Agents</b>	\$20 copayment per boxed item/31-day supply
<b>Hospice, max 210 days</b>	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.	
<b>Specialty Drugs</b>	
MVP uses CuraScript, a specialty pharmacy services company. Specific copayments are listed above. Refer to <a href="http://www.curascript.com">www.curascript.com</a> for additional information.	

<sup>1</sup> In a hospital setting. \$20 per visit in an office setting.



## Additional Benefits

**Dental**.....\$25 per visit, children to age 19  
**Vision**<sup>2</sup>.....\$20 per exam/24 months  
**Hearing Aids** .....Not covered  
**Diabetic Shoes**, unlimited pairs.....50% coinsurance  
**Out Of Area**.....While traveling outside the service area, coverage is provided for emergency situations only.

<sup>2</sup> Routine only.

## Plan Highlights for 2010

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! MVP's Health Management Programs offer help to members who need guidance and support to improve their chronic health conditions. Please visit our web site at [www.mvphealthcare.com](http://www.mvphealthcare.com) to learn more about these innovative programs.

## 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

Medicare-primary NYSHIP enrollees located in the East Region (060) and the Central Region (330) must enroll in the MVP Gold Plan, MVP Health Care's **Medicare Advantage Plan** (see pages 62 and 63). 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 North Region (360).

### 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 Tompkins counties.

### NYSHIP Code Number 340 (Mid-Hudson)

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

### NYSHIP Code Number 360 (North)

An IPA HMO serving individuals living or working in Franklin and St. Lawrence 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)



**MVP**  
HEALTH CARE  
Medicare Advantage Plan

Benefits	Enrollee Cost
<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	No copayment
Radiation	No copayment
	(office visit copayment may apply)
Chemotherapy	\$15 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
	(office visit copayment may apply)
Mammograms	No copayment
Pre and Postnatal Visits	
initial visit only	\$10 per visit <sup>1</sup>
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$10 per visit <sup>1</sup>
<b>Infertility Services<sup>2</sup></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
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
unlimited visits	\$15 per visit
<b>Inpatient Mental Health</b>	
190-day lifetime max	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$15 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	20% coinsurance

<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Physical, Speech and Occupational Therapy <sup>4</sup>	\$15 per visit
Inpatient Rehabilitation	No copayment

<b>Diabetic Supplies</b>	20% coinsurance
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<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
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<b>Hospice</b>	Covered by Medicare
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<b>Skilled Nursing Facility</b>	
max 100 days	No copayment days 1-15; \$65 copayment days 16-100

<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/ \$30 Tier 2/\$50 Tier 3/ \$50 Tier 4/\$50 Tier 5 <sup>5</sup>
Mail Order, 90-day supply	\$20 Tier 1/ \$60 Tier 2/\$100 Tier 3/ \$100 Tier 4/\$100 Tier 5 <sup>5</sup>

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 \$4,550, catastrophic coverage begins: You will pay the greater of 5% coinsurance or \$2.50 for generic drugs, and the greater of 5% coinsurance or \$6.30 for brand-name drugs.

**Specialty Drugs**  
MVP uses CuraScript, a specialty pharmacy services company. Specific copayments are listed above. Refer to [www.curascript.com](http://www.curascript.com) for additional information.

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

<sup>2</sup> Testing only.

<sup>3</sup> Includes foot orthotics.

<sup>4</sup> Combined annual maximum of \$1,840 for physical and speech therapy. Annual maximum of \$1,840 for occupational therapy.

<sup>5</sup> Specialty prescription drugs include non-formulary drugs.

## Additional Benefits

- Dental**.....Not covered
- Vision** .....Routine eye exams covered once every year with a \$15 copayment. \$100 annual allowance towards the purchase of frames or contact lenses.
- Hearing Aids**.....\$600 allowance every 3 years
- Diabetic Shoes**  
one pair per calendar year.....20% coinsurance
- Out Of Area** .....MVP Gold's travel benefit provides coverage for non-emergency medical care while traveling outside of MVP Gold's service area with 30% coinsurance up to \$5,000 per calendar year.
- Acupuncture**, max 10 visits.....50% coinsurance

## Plan Highlights for 2010

No referrals required! As an MVP Gold member, you can enjoy free fitness center membership benefits through the SilverSneakers Fitness Program. All MVP Gold members receive \$100 in HealthDollars to use toward a variety of health, wellness, or fitness classes or programs. Claim forms are available on our web site [www.mvphealthcare.com](http://www.mvphealthcare.com).

## 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

Medicare-primary NYSHIP enrollees located in the East Region (060) and the Central Region (330) must enroll in the Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some of the Preferred Gold Plan's copayments may differ 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 North Region (360) (see pages 60 and 61).

### 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 Tompkins 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 for Children age 0-4	No copayment
PCP Sick Visits for 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	
per pregnancy	\$50 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>	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</b>	
unlimited visits	\$20 per visit
<b>Inpatient Mental Health</b>	
unlimited days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment

Benefits	Enrollee Cost
<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</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
<b>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
<p>If a member requests a 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.</p>	
<b>Specialty Drugs</b>	
<p>MVP Rochester works with CuraScript, a specialty pharmacy services company that provides specialty injectable medications to our members with chronic conditions to maximize their medication management. Prescriptions are delivered by next-day service to the member's home or office. Refer to <a href="http://www.curascript.com">www.curascript.com</a> for additional information.</p>	

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 per visit for routine; \$20 per visit for diagnostic
<b>Hearing Aids</b> .....	\$600 allowance/ three calendar years/up to age 19
<b>Diabetic Shoes</b> , unlimited pairs.....	20% coinsurance
<b>Out Of Area</b> .....	Coverage is provided for urgent and emergent care when traveling outside of the MVP Rochester service area.
<b>Eye Wear</b> .....	20% discount
<b>Home Health Care</b> , max 40 visits.....	\$20 per visit
<b>Acupuncture</b> , max 10 visits.....	50% coinsurance

## Plan Highlights for 2010

MVP Rochester 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 MVP Rochester in 2010:

- Our Commercial HMO plans are rated among “America’s Best Health Plans 2008-09” by *U.S. News & World Report* and the National Committee for Quality Assurance.
- No referral required! See any specialist in the MVP Network without a referral.
- Each MVP Rochester subscriber receives \$50 HealthDollars to spend on health, wellness and fitness programs!

## Participating Physicians

MVP Rochester takes the quality of your medical care seriously. That’s why we make sure the more than 27,500 physicians and other health care professionals in our network 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, MVP Rochester will work closely with you and your doctor to make sure you get the care you need.

## Affiliated Hospitals

MVP Rochester 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

MVP Rochester offers an **incented formulary**. MVP Rochester 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 MVP Rochester network rate.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the Gold Plan, MVP Rochester’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 see pages 66 and 67 or call for more details.

## NYSHIP Code Number 058

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

**MVP Rochester**  
220 Alexander Street  
Rochester, NY 14607

For information:

**MVP Rochester’s Member Services Department:**  
585-325-3113 or 1-800-950-3224  
**TTY:** 585-325-2629  
**Web site:** [www.mvphealthcare.com](http://www.mvphealthcare.com)





### Medicare Advantage Plan

Benefits	Enrollee Cost
<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 <sup>1</sup>
<b>Infertility Services</b>	\$10 per visit <sup>1</sup>
<b>Contraceptive Drugs and Devices</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 visits	\$15 per visit
<b>Inpatient Mental Health</b>	
190 days per lifetime	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
unlimited visits	\$15 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
unlimited days	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance

Benefits	Enrollee Cost
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient <sup>2</sup>	\$15 per visit
<b>Diabetic Supplies</b>	20% coinsurance
<b>Insulin and Oral Agents</b>	Applicable Rx copayment applies
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
max 100 days with 3-day prior hospitalization	
	No copayment days 1-15;
	\$65 copayment days 16-100

Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1/\$30 Tier 2/ \$50 Tier 3/\$50 Tier 4/\$50 Tier 5 <sup>3</sup>
Mail Order, 90-day supply	\$20 Tier 1/ \$60 Tier 2/ \$100 Tier 3/ \$100 Tier 4/\$100 Tier 5 <sup>3</sup>

Coverage includes fertility drugs, injectable and self-injectable medications, enteral formulas, insulin and oral agents. If a member requests a brand-name drug to the prescribed generic drug, he or 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 \$4,550, catastrophic coverage begins: You pay the greater of 5% coinsurance or \$2.50 for generic drugs, and the greater of 5% coinsurance or \$6.30 for brand-name drugs. Please call our Medicare-Eligible Member Services Department at 1-800-665-7924 for more detailed information.

**Specialty Drugs**  
MVP Rochester works with CuraScript, a specialty pharmacy services company that provides specialty injectable medications to our members with chronic conditions to maximize their medication management. Prescriptions are delivered by next-day service to the member's home or office. Refer to [www.curascript.com](http://www.curascript.com) for additional information.

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

<sup>2</sup> Combined annual maximum for physical therapy and speech therapy; separate annual maximum for occupational therapy; annual maximum is indexed by Medicare and announced in December.

<sup>3</sup> Tier 3 prescription drugs include non-formulary drugs.

## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$15 per visit for routine; \$15 per visit for diagnostic
<b>Hearing Aids</b> .....	Not covered
<b>Diabetic Shoes</b> , unlimited pairs.....	20% coinsurance
<b>Out Of Area</b> .....	Outside New York State, each member will receive up to \$5,000. You pay 30% for non-emergency, non-urgent services such as routine physicals, mammograms and office visits, received while outside of New York State.
<b>Eyeglasses</b> .....	20% discount
<b>Ostomy Supplies</b> .....	20% coinsurance

## Plan Highlights for 2010

MVP Rochester Preferred 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* for two years in a row! We continue to offer the following benefits to our members:

- The MVP Rochester 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 \$5,000 per calendar year.
- We are proud to offer the SilverSneakers program – free fitness center memberships – to Medicare retirees.

## Participating Physicians

MVP Rochester makes sure the more than 27,500 physicians and health care professionals in our network have the proper training and licenses. They are key to developing our medical policies. 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

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## Pharmacies and Prescriptions

MVP Rochester offers an **incented formulary**. MVP Rochester members 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 MVP Rochester network rate.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Preferred Gold, MVP Rochester's **Medicare Advantage Plan**. If you retire before becoming Medicare-eligible, refer to MVP Rochester's benefits and costs for non-medicare eligibles on pages 64 and 65. Once you become eligible for Medicare, some of Preferred Gold copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the number below for further details.

## NYSHIP Code Number 058

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

**MVP Rochester**  
220 Alexander Street  
Rochester, NY 14607

For information:

**MVP Rochester'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.mvphealthcare.com](http://www.mvphealthcare.com)

## If You Are Changing Your Health Insurance Option

1. Complete the NYSHIP Option Transfer Request form on the opposite page. Enrollee signature is required.
2. Send the completed form to the Employee Benefits Division at the address provided 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 an option change confirmation letter that will include the effective date of the change.
3. If you are enrolling in one of the following Medicare Advantage Plans...

Option 210	Aetna	Option 050	HIP Health Plan of New York
Option 066	Blue Choice	Option 059	Independent Health
Option 063	CDPHP	Option 060	MVP Health Care (East)
Option 300	CDPHP	Option 330	MVP Health Care (Central)
Option 310	CDPHP	Option 058	MVP Health Care (Rochester)
Option 067	Community Blue		

...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required.

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 into or out of one of the Medicare Advantage HMOs listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment from your current option is effective the last day of the month and enrollment in your new option is effective the first day of the following month. Remember, you must submit this request prior to the effective date of the change.

Note: You may also change your option online using MyNYSHIP if you are a registered user. Go to <https://www.cs.state.ny.us/mynyship> for more information.

New York State  
Department of Civil Service  
Alfred E. Smith State Office Building  
Albany, NY 12239  
<https://www.cs.state.ny.us>



*Health Insurance Choices for Retirees*  
*November 2009*

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 (<https://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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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.