

UPDATED VERSION



**2014 HEALTH INSURANCE
CHOICES**

For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of the State of New York and Participating Employers, their Enrolled Dependents, COBRA Enrollees with their NYSHIP Benefits and Young Adult Option Enrollees.

NOVEMBER 2013



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A MESSAGE FROM THE NEW YORK STATE HEALTH INSURANCE PROGRAM

NYSHIP provides comprehensive health benefits to retirees of New York State that can help you and your families stay healthy and live well. Use this booklet to learn about your NYSHIP options and choose the plan that best suits your needs. You may change your NYSHIP option once at any time during any 12-month period.

Effective January 1, 2014, The Empire Plan Prescription Drug Program will have a new administrator. CVS Caremark will administer the Prescription Drug Program, and its affiliate, SilverScript Insurance Company, will administer Empire Plan Medicare Rx. Although CVS Caremark/SilverScript will replace the current administrator (UnitedHealthcare/Express Scripts), this change will not affect the benefits available to you under the Prescription Drug Program or Empire Plan Medicare Rx; however, covered drugs may be assigned a different copayment level/tier or be excluded from coverage as a result of formulary changes that may occur on an annual basis. See What's New in 2014 (page 13), the Program descriptions (beginning on page 30) or your plan documents for more information.

For more information about a specific plan, call The Empire Plan or any of the NYSHIP Health Maintenance Organizations (HMOs) directly. You also can call the Employee Benefits Division of the Department of Civil Service at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands), Monday through Friday between 9 a.m. and 4 p.m. Eastern time. For the most current information about NYSHIP, please visit <https://www.cs.ny.gov>.





INFORMATION & REMINDERS

YOUR NYSHIP HEALTH INSURANCE OPTIONS

Under NYSHIP, you may choose coverage under 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 have read the plan descriptions, contact The Empire Plan administrators and HMOs directly.

RATES FOR 2014

2014 Rates & Information for Retirees 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.ny.gov>. 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 or 1-800-833-4344.

CHANGING YOUR HEALTH INSURANCE PLAN

Consider your NYSHIP option 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 NYSHIP option more than once in a 12-month period.

NO ACTION IS REQUIRED TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION.

Note: To enroll in an HMO or remain enrolled in your current HMO, you must live or work¹ in the HMO's NYSHIP service area. If you are enrolled in an HMO and no longer qualify for that plan based on the live or work requirement, you must change your option. 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 become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you 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 or a Participating Employer and return to work in a benefits-eligible position for the same employer, NYSHIP will provide primary coverage for you and your Medicare-eligible covered dependents while you are on the payroll.

¹ If Medicare-primary, check with the plan.

Note: New York State is considered the same employer regardless of which agency or branch hires you.) And, if you have Family coverage, each of your covered dependents also must be enrolled in Medicare Part A and Part B when first eligible for Medicare coverage that is primary to NYSHIP.

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.²

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.ny.gov>. Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 to request a copy. Read your *NYSHIP General Information Book* for more information on Medicare.

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

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 2014, subtract your monthly sick leave credit from the new monthly premium.

ENROLLEES WHO PAY THE EMPLOYEE BENEFITS DIVISION DIRECTLY

The 2014 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 (EBD).

If you are entitled to Medicare Part B reimbursement, your bill will be credited for the standard Part B premium (see pages 6 and 7) and the EBD will reimburse you on a quarterly basis.

² Medicare Part A is not required if you have to pay a Part A premium. Contact EBD for more information.

KEEP YOUR HEALTH INSURANCE UP TO DATE

You must write to:

New York State Department of Civil Service
Employee Benefits Division
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 the last four digits of your Social Security number, address, and telephone number, including area code. You may also make address changes online using MyNYSHIP (see pages 20 and 21 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 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. (For a replacement Empire Plan Medicare Rx Card, call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx.) Please call Monday through Friday between 9 a.m. and 4 p.m. Eastern time to speak with a representative. Please be patient. The wait times can be lengthy during peak call periods.



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

THE EMPIRE PLAN

If you are Medicare-primary and enrolled in The Empire Plan: 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.

Also, Medicare-primary retirees and dependents covered under The Empire Plan each are enrolled automatically in Empire Plan Medicare Rx, a Medicare Part D prescription drug program with expanded coverage designed specifically for NYSHIP. See the following page and the Empire Plan Medicare Rx *Evidence of Coverage*, available from CVS Caremark, for more information.

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

If you are Medicare-primary and enroll in a NYSHIP HMO that coordinates coverage with Medicare: You have original fee-for-service 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 not covered by Medicare.

If you are Medicare-primary and enroll in a NYSHIP Medicare Advantage HMO: You replace your original fee-for-service Medicare coverage (Parts A and B) with benefits offered by the Medicare Advantage Plan. The plan also includes Medicare Part D prescription drug benefits. If you are subject to a separate premium charge by Medicare for Part D coverage, the State will not reimburse you for that charge. To qualify for benefits, all medical care (except for emergency care) must be provided, arranged or authorized by the Medicare Advantage Plan.

Note: If you or your covered dependents are or become Medicare-primary 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. Most NYSHIP HMOs offer Medicare Advantage Plans.

The HMO pages in this booklet tell you how each HMO covers Medicare-primary retirees. Also, see Terms to Know on pages 24 and 25 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 PLANS

You may receive information from Medicare and from non-NYSHIP plans 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-primary individuals. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO, but your coverage is coordinated differently depending upon your option and Medicare eligibility status:

- Empire Plan retirees and dependents who are not yet Medicare-eligible receive their drug coverage under The Empire Plan Prescription Drug Program (see pages 30 to 33 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan each are enrolled automatically in Empire Plan Medicare Rx (see pages 32 and 33 for more information). Each Medicare-primary individual will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.
- Medicare-primary retirees and dependents covered under a NYSHIP HMO will be enrolled automatically in that HMO's Medicare Advantage Plan, which also includes Part D prescription drug coverage.

You can be enrolled in only one Medicare Part D plan at a time. If you are Medicare-primary and get your prescription drug coverage through the Empire Plan Medicare Rx or a NYSHIP Medicare Advantage HMO, enrolling in a Medicare Part D plan separate from your NYSHIP coverage may drastically reduce your benefits overall or even terminate your NYSHIP coverage.

For example:

- If you are a Medicare-primary Empire Plan retiree and get your prescription drug coverage through Empire Plan Medicare Rx and then you enroll in another Medicare Part D plan outside of NYSHIP, Medicare will terminate your coverage in The Empire Plan. This means you and your covered dependents will have no drug, medical/surgical, hospital or mental health and substance abuse coverage under The Empire Plan.
- If you are enrolled in a NYSHIP Medicare Advantage HMO and then enroll in a separate Medicare Part D plan outside of NYSHIP, Medicare will terminate your enrollment in the NYSHIP HMO.

People with limited income may qualify for Medicare's "Extra Help" program to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75 percent or more of your Medicare Part D drug costs including monthly prescription drug premiums and copayments.

For information about this Extra Help, contact:

- The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) (TTY 1-800-759-1089), and press 4 at the main menu when prompted for Empire Plan Medicare Rx.
- Your HMO plan, if you are enrolled in a NYSHIP HMO (see the individual HMO pages in this booklet for contact information),
- Your local Social Security office or www.socialsecurity.gov
- Your state Medicaid office
- Call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week (TTY users should call 1-877-486-2048).

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

YOUR RETIREMENT CHECK AND "NOTICE OF CHANGE" DOCUMENT

Your deductions will change to reflect the 2014 health insurance rates of your 2014 health insurance plan. The 2014 Medicare reimbursement for the standard Medicare Part B premium will be \$104.90.

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 page 7 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 Part B Premium and Your Credit (Reimbursement)

The cost for the Medicare Part B premium for 2014 is \$104.90 per month.

If you or your dependent are Medicare primary, NYSHIP's reimbursement of the standard Part B premium is shown as a credit in the box, unless you or your dependent receives reimbursement from another source.

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, 2013, should reflect the 2014 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.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2013

Registration #:
Retirement #:

YTD Federal Tax Withheld:

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

| | Last Month | This Month |
|------------------|---------------|---------------|
| Benefits | | |
| Normal Allowance | | |
| Cost of Living | | |



NEW YORK STATE & LOCAL RETIREMENT SYSTEMS

Name:
Retirement #:

Check #:
Date: May 31, 2013
Registration #:

Miss
Head
Net
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the
alr
I h
bo
or

| NORMAL ALLOWANCE | C.O.L.A./ SUPPLEMENTAL | MEDICARE CREDIT | | | GROSS TOTAL |
|---------------------|------------------------|-----------------|---------------------|--|------------------|
| \$609.58 | \$75.00 | | | | \$684.58 |
| FEDERAL WITHHOLDING | INSURANCE PREMIUM | | C.S.E.A. UNION DUES | | TOTAL DEDUCTIONS |
| \$58.00 | | | \$2.00 | | \$60.00 |
| | | | | | CHECK AMOUNT |
| | | | | | \$624.58 |

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER. If you have questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at 1-866-805-0990, or 518-474-7736 in the Albany, New York area.

You may also call this number to request a direct deposit enrollment form. With direct deposit, funds are deposited directly into your account, replacing the traditional "check in the mail." Direct deposit is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

2

1



Choosing the health insurance plan that best meets 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 HMOs. The Empire Plan is available to all NYSHIP enrollees. Specific NYSHIP 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.

- All plans provide certain preventive care services as required by the federal Patient Protection and Affordable Care Act (PPACA). For further information on preventive care services, visit <http://www.hhs.gov/healthcare/rights/preventive-care> or NYSHIP Online.

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

EXCLUSIONS

- All plans contain exclusions for certain services and prescription drugs.
- 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 Empire Plan Medicare Rx *Evidence of Coverage* (if Medicare-primary), the NYSHIP 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 each 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 *2014 Rates & Information for Retirees* flyer will be mailed to your home and posted on our web site, <https://www.cs.ny.gov>, as soon as rates are approved.

* If Medicare-primary, check with the plan.

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 administrators or NYSHIP 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 and 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 NYSHIP HMOs (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

* Some plans may exclude coverage for airborne ambulance services. Call The Empire Plan or your NYSHIP HMO for details.

BENEFITS THAT MUST BE PROVIDED BY ALL MEDICARE ADVANTAGE PLANS

Note: The benefits listed in this table are minimum requirements; some plans may provide higher levels of coverage. Benefits that are listed as “covered” may be subject to copayments, deductibles and/or coinsurance. See the individual HMO Medicare Advantage Plan pages in this booklet for details.

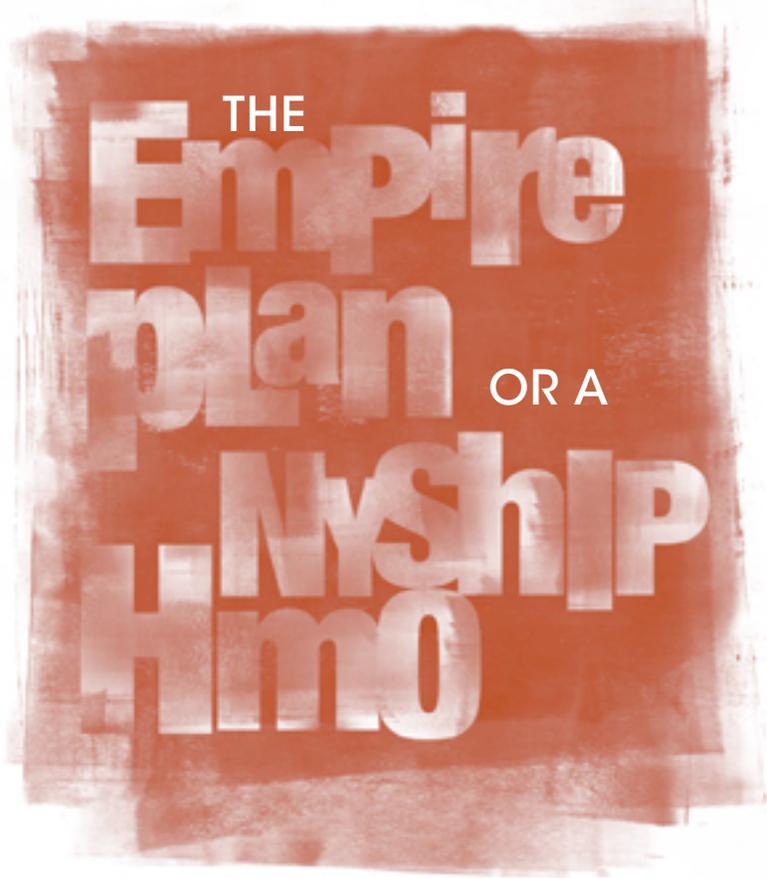
| Benefit | Medicare Coverage |
|---|--|
| Office Visits | Covered. |
| Specialty Office Visits | Covered when medically necessary. |
| Chiropractic Services | Covered for manual manipulation of the spine to correct subluxation, not for routine care. |
| Podiatry Services | Covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. Routine care is not covered. |
| Diagnostic Tests | Covered when medically necessary. (Medicare does not cover some routine screening tests, such as checking cholesterol.) |
| Radiology | Covered when medically necessary. |
| Lab Tests | Covered when medically necessary. |
| Pathology | Covered when medically necessary. |
| Physical Exam | Covered for one physical exam within the first 12 months of obtaining Medicare Part B coverage and routine exams annually thereafter. |
| Bone Density Test | Covered once every 24 months, more often if medically necessary. |
| Colorectal Screening Exams | Coverage varies based on an individual’s risk and the type of test. Most routine screening is limited to people who are at high risk or at age 50 and older. |
| Mammogram Screening | Covered once every 12 months for women age 40 and older. One baseline mammogram for women between ages 35 and 39. |
| Pap Smears and Pelvic Exams | Covered once every 24 months or annually for women at high risk. |
| Prostate Cancer Screening Exams | Digital rectal exam, Prostate Specific Antigen (PSA) test for men at age 50 or older covered once every 12 months. |
| Cardiovascular Screening and Tests (EKGs, EEGs, etc.) | Covered once every 12 months or when medically necessary. Includes one-time abdominal aortic aneurysm screening for people at risk and intensive behavioral counseling (bi-annual) for cardiovascular disease. |
| Immunizations | Covered for Flu, Hepatitis B (if at risk), Shingles (covered under Medicare Part D when medically indicated) and Pneumonia vaccines. |

Benefits That Must be Provided by All Medicare Advantage Plans, *continued*

| Benefit | Medicare Coverage |
|---|---|
| HIV Screening | Covered once every 12 months for anyone who asks for the test, more often for people at risk. Pregnant women can receive up to three tests during gestation. |
| Radiation | Covered when medically necessary. |
| Inpatient Medical/Surgical Hospital Care | Covered for up to 90 days and may be extended up to 150 days through use of lifetime reserve days. |
| Skilled Nursing Facility | Covered up to 100 days for each benefit period in a Medicare-certified skilled nursing facility when medically necessary. |
| Outpatient Medical/Surgical Hospital Services | Covered for physician and outpatient facility services. |
| Emergency Care | Covered when medically necessary. Coverage outside the U.S. depends upon the plan. |
| Ambulance Services | Covered when medically necessary, for land and air services. |
| Urgently Needed Care | Covered when medically necessary, but not as emergency care. Except under limited circumstances, this coverage is not extended outside U.S. |
| Home Health Care | Covered benefits include medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, social and transportation services and medical services, equipment and supplies. Some services covered under Medicare Parts A and B with corresponding cost sharing. |
| Hospice | Covered inpatient or outpatient when medically necessary. Includes additional services such as pharmacy and respite care. |
| Inpatient Rehabilitative Care | Covered when medically necessary, for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy. |
| Outpatient Rehabilitative Care | Covered when medically necessary, for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy. |
| Inpatient Mental Health Care | Covered for up to 190-day lifetime limit in a Psychiatric Hospital. (No lifetime limit for care received in the psychiatric unit of a general hospital.) |
| Outpatient Mental Health Care | Covered for most outpatient mental health services including partial hospitalization, intensive behavioral counseling for obesity and screening for depression in adults. |
| Alcohol and Substance Abuse Detoxification | Covered when medically necessary. |

Benefits That Must be Provided by All Medicare Advantage Plans, *continued*

| Benefit | Medicare Coverage |
|--|---|
| Inpatient Alcoholism and Substance Abuse Rehabilitation | Covered when medically necessary. |
| Outpatient Alcoholism and Substance Abuse Rehabilitation | Covered when medically necessary. |
| Durable Medical Equipment | Covered when medically necessary. (May be limited to specific suppliers.) |
| Prosthetic Devices | Covered when medically necessary. (May be limited to specific suppliers.) |
| Diabetes Self-Management Supplies or Training, Nutrition Therapy | Covered when medically necessary. (Restrictions may apply.) |
| Dental Services | Non-routine dental care is covered in limited circumstances when provided by a physician. |
| Hearing Services | Diagnostic hearing exams and balance evaluations are covered. |
| Vision Services | One pair of eyeglasses or contact lenses is covered after cataract surgery. Annual glaucoma screenings covered for people at risk. |
| Prescription Drugs | All NYSHIP Medicare Advantage HMOs provide Medicare Part D prescription drug coverage through the coverage gap (donut hole). In 2014, when your true out-of-pocket (TrOOP) spending reaches \$4,550, catastrophic coverage begins and you pay the greater of a 5 percent coinsurance or \$2.55 copayment for generic drugs and a 5 percent coinsurance or \$6.35 copayment for brand-name drugs for the rest of the year. See your plan documents for more information. (Note: These costs are set by Medicare and may change each year.) |
| Health/Wellness Education | Smoking Cessation is covered. Includes two counseling attempts (up to four face-to-face visits per attempt) within a 12-month period if diagnosed with a smoking-related illness or if taking medicine that may be affected by tobacco. (Copayment may apply.) |



WHAT'S NEW IN 2014?

All NYSHIP Plans

- As a result of the Supreme Court's decision in *United States v. Windsor* that Section 3 of the Defense of Marriage Act is unconstitutional, health insurance coverage for same-sex spouses who are legally married in the U.S. is no longer considered state or federal taxable income.
- In accordance with the Patient Protection and Affordable Care Act (PPACA), all non-Medicare health plans will implement an enrollee out-of-pocket spending limit for in-network services. See The Empire Plan and NYSHIP HMO benefit charts, beginning on page 28, for more information.

The Empire Plan

- Beginning January 1, 2014, The Empire Plan Prescription Drug Program will be administered by CVS Caremark under a self-insured administrative services agreement with the New York State Department of Civil Service (DCS).
- Beginning January 1, 2014, The Empire Plan Mental Health and Substance Abuse Program will be administered by ValueOptions, Inc. under a self-insured administrative services agreement with DCS.
- Beginning January 1, 2014, The Empire Plan Hospital Program also will be self-insured. Empire BlueCross BlueShield will continue to administer the plan under an administrative services agreement with DCS.
- Effective January 1, 2014, applied behavior analysis for the treatment of autism spectrum disorder is limited to 680 hours each plan year; the prior year's dollar limit for services no longer applies.

NYSHIP HMOs

- For CDPHP only: Effective January 1, 2014, Delaware County will become part of the CDPHP Hudson Valley region (option #310). Delaware County formerly was part of the CDPHP Central Region (option #300).

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.

The New York State Department of Civil Service contracts with qualified companies to administer the Plan; beginning in 2014, The Empire Plan is self-insured.

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care;
- Medical and surgical coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Provider Discount Program if you choose a nonparticipating 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);
- Chiropractic treatment and physical therapy coverage through the Managed Physical Medicine Program;
- 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 for Empire Plan-primary retirees;
- 24-hour Empire Plan NurseLineSM for health information and support;
- Coordination with Medicare; and
- Worldwide coverage.

Providers

Under The Empire Plan you can choose from over 250,000 participating physicians and other providers and facilities nationwide, and from more than 68,000 participating pharmacies across the United States or a mail order pharmacy.

Some Licensed Nurse Practitioners and Convenience Care Clinics are participating providers under The Empire Plan. Be sure to confirm participation before receiving care.

The Empire Plan guarantees access to primary care physicians and certain specialists in New York State and specific counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State. **Note:** This benefit does not apply to retirees of Participating Employers.

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 *2014 Rates & Information for Retirees* flyer provides the information you need to determine your annual cost under each of the available plans.

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 may be required.
- 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 may be 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 PCP 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 multispecialty 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.

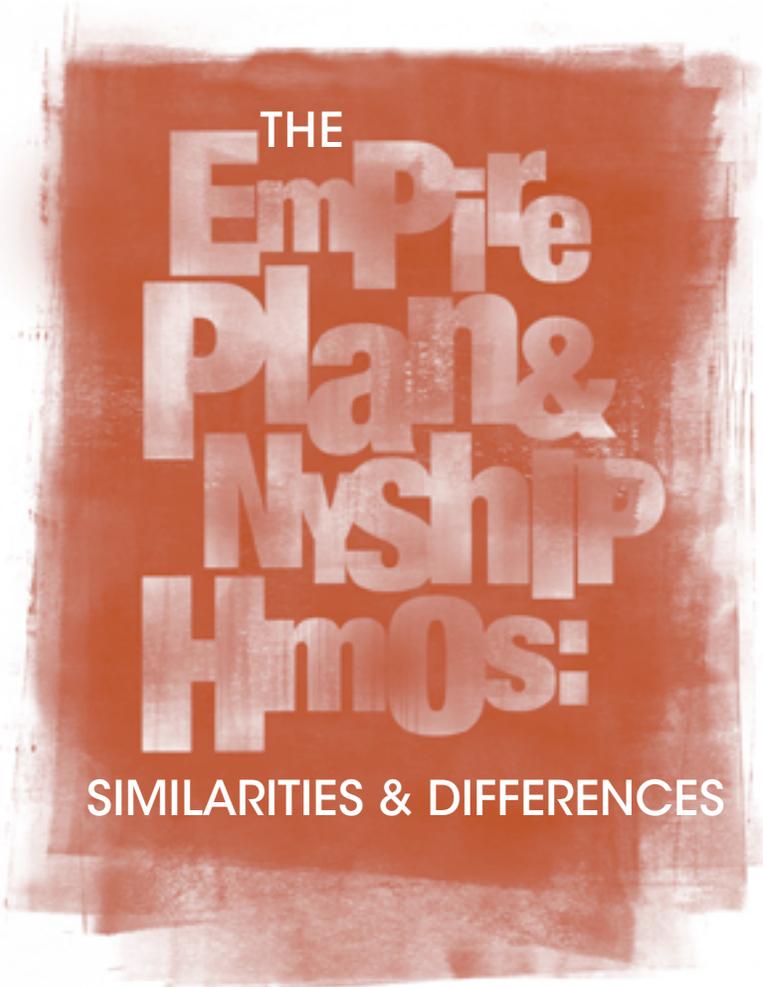
NYSHIP HMOs and Medicare

If you are Medicare-primary, see pages 4 and 5 for an explanation of how Medicare affects your NYSHIP HMO coverage.

SUMMARY OF BENEFITS AND COVERAGE

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by PPACA.

To view a copy of the SBC for The Empire Plan, visit <https://www.cs.ny.gov/sbc/index.cfm>. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to request a copy. For information about the SBCs for the HMO plans, contact each NYSHIP HMO.



**THE
Empire
Plan &
NYSHIP
HMOs:
SIMILARITIES & DIFFERENCES**

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

The Empire Plan:

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

NYSHIP HMOs:

Under an HMO, you are covered away from home for emergency care. Some HMOs may provide coverage for urgent or routine care. Some HMOs provide coverage for children who are attending college out of state 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 or contact the HMO directly.

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

The Empire Plan:

Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for nonparticipating providers and Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of The Empire Plan MultiPlan group. (See pages 34 and 35 for more information on the Basic Medical Provider Discount Program.) Your hospital benefits will differ depending on whether you choose a network or non-network hospital. (See page 29 for details.)

NYSHIP HMOs:

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.

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

The Empire Plan:

Your copayment should be your only expense if you:

- Use a participating provider¹;
- Receive inpatient or outpatient hospital services at a network hospital and follow Benefits Management Program requirements.

NYSHIP HMOs:

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

¹ The Plan does not guarantee that participating providers are available in all specialties or geographic locations.

Can I use the hospital of my choice?

The Empire Plan:

Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program, or for mental health or substance abuse care in the ValueOptions network.

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

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

Non-network hospital inpatient stays and outpatient services (applies only to Empire Plan-primary enrollees): 10 percent coinsurance for inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see page 34).

NYSHIP HMOs:

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

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

The Empire Plan:

You have guaranteed access to unlimited medically necessary care when you follow Plan requirements.

NYSHIP HMOs:

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

What if I need durable medical equipment, medical supplies or home nursing?

The Empire Plan:

You have guaranteed, paid-in-full access to medically necessary care, equipment and supplies² through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

NYSHIP HMOs:

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

² Diabetic shoes have an annual maximum benefit of \$500.

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 28 of this booklet, in the *Empire Plan Certificate* (available from the Employee Benefits Division), the *Empire Plan Medicare Rx Evidence of Coverage* (available from SilverScript and online) and in the HMO contract (available from each HMO).



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? (If you receive your drug coverage from a union Employee Benefit Fund, check with the 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 order 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 be for health care?
- 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 administrators or HMOs about your specific treatment.)

- Are routine office visits and urgent care covered for out-of-area college students or is only emergency health care covered?
- How much paperwork is involved in the health plan? Do I have to fill out forms?
- How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare Advantage Plan? Does the plan coordinate coverage with Medicare? See pages 4 to 6 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?

HOW TO USE THE CHOICES BENEFIT CHARTS, PAGES 28 TO 75

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.

All NYSHIP plans must include a minimum level of benefits (see pages 10 to 12). 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, 2014. 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 homepage at <https://www.cs.ny.gov>, click on Benefit Programs then NYSHIP Online. Select your

* If Medicare-primary, check with the plan.

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.

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

IF YOU DECIDE TO CHANGE YOUR PLAN

If you've reviewed the coverage and cost of your options and decide to change your plan:

1. Complete your NYSHIP Option Transfer Request form on page 77.
2. Mail it to the Employee Benefits Division at the address on the form as early as possible prior to when you would like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you or your dependent is enrolled in Medicare and you change out of a NYSHIP Medicare Advantage plan, you must also fill out the NYSHIP Medicare Advantage HMO

Enrollment Cancellation form on page 79 prior to the effective date you are requesting coverage. See page 78 for a list of Medicare Advantage options and instructions.

NO ACTION IS REQUIRED TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION IF YOU STILL QUALIFY FOR THAT PLAN.

BENEFIT CARDS

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.

If you are Medicare-primary and enrolled in The Empire Plan, you and each of your Medicare-primary dependent(s) will also receive an Empire Plan Medicare Rx Card from SilverScript (see page 32). Each card will have a unique ID number, which will be used at network pharmacies specifically for that person's medications and account information. If you need to obtain prescription drugs before your new card arrives, call 1-877-769-7447 and press 4 at the main menu when prompted for Empire Plan Medicare Rx.

NYSHIP'S YOUNG ADULT OPTION

During the Option Transfer Period, eligible adult children of NYSHIP enrollees can enroll in the Young Adult Option and current Young Adult Option enrollees will be able to switch plans. This option allows unmarried, young adult children up to age 30 to purchase their own NYSHIP coverage. The premium is the full cost of Individual coverage for the option selected.

Young Adult Option Web Site

For more information about the Young Adult Option, including eligibility requirements and how to enroll, go to <https://www.cs.ny.gov/yao> and choose your parent's employer group. From your group-specific page, you can download enrollment forms, review plan materials and compare rates for The Empire Plan and all NYSHIP HMOs.

This site is your best resource for information on NYSHIP's Young Adult Option. If you don't have access to the Internet, your local library may offer computers for your use. If you have additional questions, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.



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.ny.gov> 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.ny.gov>. Click on Retirees, then Health Benefits. Or, you can go directly to <https://www.cs.ny.gov/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.

LOGGING ONTO NYSHIP ONLINE

Step 1

To log onto NYSHIP Online, you will be required to identify the type of employer from which you retired and your health plan. This will allow us to customize your NYSHIP benefit information. Select your employer type from the list provided and click Continue.

The screenshot shows the 'Retirees' page on the NYSHIP Online website. At the top, there are navigation tabs for 'Job Seekers', 'Employees', 'Retirees', and 'HR Professionals'. The 'nyshiponline' logo is prominently displayed. Below the logo, there is a 'Retirees' section with a 'How to use this site' button. The main content area contains a welcome message and instructions. A callout box points to the 'You MUST select one of the following to continue.' section, which lists four options for where the user retired from:

- A New York State Agency (NY)
- A Participating Employer (PE)
- A Participating Agency (PA) with The Excelsior Plan
- A Participating Agency (PA) with The Empire Plan

Step 2

Select your health insurance plan type: Empire Plan or HMO and click the Continue button. If you are unsure of your benefits, contact the Employee Benefits Division at 1-800-833-4344.

NYSHIP Online uses cookies. If you have cookies enabled, you will only have to select your group once. **Your web browser will remember your group for future visits.** You will have the option of changing your group at any time after your initial log-on by selecting Change Your Group in the NYSHIP Online banner. For more information about cookies, read the information available at <https://www.cs.ny.gov/ebd/welcome/cookies.cfm>.

The screenshot shows the 'Retirees' page on the NYSHIP Online website, similar to the previous one. A callout box points to the 'Choose Your Plan:' section, which lists two options for the health insurance plan type:

- Empire Plan Enrollee
- HMO Enrollee

Below these options is a 'Continue' button.

QUESTIONS & ANSWERS

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

A: The Empire Plan is available worldwide regardless of where you live or work. To enroll in a NYSHIP-approved HMO or to continue enrollment, you must live or work* in that HMO's service area. If you move permanently out of and/or no longer work* in your HMO's service area, you must change options. See Plans by County on pages 26 and 27 and the individual HMO pages in this booklet to check the counties each HMO serves in 2014.

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 or in a NYSHIP HMO.

- Use the Find a Provider tool at <https://www.cs.ny.gov> to check Empire Plan providers. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Find a Provider. **Note:** This is the most up-to-date source for provider information.
- Visit the HMO web sites for provider information (web site addresses are provided on the individual HMO pages in this booklet).

- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.
- If you are considering an HMO, call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

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

Participating providers may change during the year. **As a retiree, you can change your plan once in a 12-month period. You may not make an additional change sooner just because your provider no longer participates.**

* If Medicare-primary, check with the plan.

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 my dependent or I become eligible for Medicare in 2014?

A: All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences. See pages 2 to 5 in this booklet for more Medicare information.

For more information about Medicare and the HMOs listed in this booklet, call the HMO, tell them you are a NYSHIP member 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-primary and are currently enrolled in a NYSHIP HMO or The Empire Plan, you or your covered dependents will be enrolled automatically in your HMO's Medicare Advantage Plan or the Empire Plan Medicare Rx program, depending upon what coverage you have.

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, 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, New York State Department of Civil Service, administers the New York State Health Insurance Program (NYSHIP). Call 518-457-5754 or 1-800-833-4344, Monday through Friday between 9 a.m. and 4 p.m. Eastern time (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or, visit our web site at <https://www.cs.ny.gov>. 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. A **closed Part D formulary** covers only the Part D drugs that appear on the list. An **open** or **incented** formulary encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible** formulary, 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. The Empire Plan Medicare Rx program uses both a **Medicare Part D formulary** and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.

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 15 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 plan agrees with Medicare to accept a fixed monthly payment for each Medicare enrollee. In exchange, the plan provides or pays for all medical care needed by the enrollee. If you join a Medicare Advantage Plan, you replace your original fee-for-service Medicare coverage (Parts A and B) with the benefits offered by the plan 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. All NYSHIP Medicare Advantage HMOs also include Medicare Part D drug coverage. The benefits under these plans are set in accordance with federal guidelines for Medicare Advantage Plans. **Note:** If you or your covered dependents are Medicare-primary and are currently enrolled in NYSHIP, you or your covered dependents will be enrolled automatically in your HMO's Medicare Advantage Plan or the Empire Plan Medicare Rx program, depending upon what coverage you have. If your NYSHIP HMO doesn't offer a Medicare Advantage Plan,

contact the Employee Benefits Division or your HMO directly for more information about how your benefits will coordinate with Medicare.

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 or a Participating Employer) when you turn 65, become disabled or have end-stage renal disease (coordination period applies). Read plan documents for complete information.



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 28 to 39 for a summary of The Empire Plan.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Most NYSHIP enrollees have a choice among HMOs. You may enroll, or continue to be enrolled, in any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area. This list will help you determine which HMOs are available by county. The pages indicated will describe benefits available from each HMO.

| Page in Choices | 28 | 40 | 44 | 48 | 52 | 52 | 52 | 56 | 56 | 56 | 60 | 60 | 62 | 66 | 66 | 68 | 72 | 72 | 72 | 72 | 72 | |
|-----------------|-----------------|--------|--------------|---|--------|--------|--------|----------------------------------|----------------------------------|----------------------------------|---------|---------|------|---------|---------|---------------------|------|------|------|------|-----|---|
| | The Empire Plan | Aetna* | Blue Choice* | BlueCross BlueShield of Western New York* | CDPHP* | CDPHP* | CDPHP* | 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 | 067 | 063 | 300 | 310 | 280 | 290 | 320 | 220 | 350 | 050 | 072 | 160 | 059 | 058 | 060 | 330 | 340 | 360 | |
| Albany | • | | | | • | | | • | | | • | | | | | | | • | | | | |
| Allegany | • | | | • | | | | | | | | | | | | • | | | | | | |
| Bronx | • | • | | | | | | | • | | | | • | | | | | | | | | |
| Broome | • | | | | | • | | | | | | | | • | | | | | • | | | |
| Cattaraugus | • | | | • | | | | | | | | | | | | • | | | | | | |
| Cayuga | • | | | | | | | | | | | | | • | | | | | • | | | |
| Chautauqua | • | | | • | | | | | | | | | | | | • | | | | | | |
| Chemung | • | | | | | | | | | | | | | • | | | | | | | | |
| Chenango | • | | | | | • | | | | | | | | | • | | | | • | | | |
| Clinton | • | | | | | | | • | | | | | | | • | | | | | | | |
| Columbia | • | | | | • | | | • | | | • | | | | | | | • | | | | |
| Cortland | • | | | | | | | | | | | | | • | | | | | • | | | |
| Delaware | • | | | | | | • | • | | | • | | | | • | | | | • | | | |
| Dutchess | • | | | | | | • | | | • | | • | | | | | | | | • | | |
| Erie | • | | | • | | | | | | | | | | | | • | | | | | | |
| Essex | • | | | | | • | | • | | | | | | | • | | | | | | | |
| Franklin | • | | | | | | | | | | | | | | • | | | | | | | • |
| Fulton | • | | | | • | | | • | | | | | | | • | | | • | | | | |
| Genesee | • | | | • | | | | | | | | | | | | • | • | | | | | |
| Greene | • | | | | • | | | • | | | • | | | | | | | • | | | | |
| Hamilton | • | | | | | • | | | | | | | | | • | | | • | | | | |
| Herkimer | • | | | | | • | | | | | | | | | • | | | | • | | | |
| Jefferson | • | | | | | | | | | | | | | | • | | | | • | | | |
| Kings | • | • | | | | | | | • | | | | • | | | | | | | | | |

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

| Page in Choices | 28 | 40 | 44 | 48 | 52 | 52 | 52 | 56 | 56 | 56 | 60 | 60 | 62 | 66 | 66 | 68 | 72 | 72 | 72 | 72 | 72 |
|-----------------|-----------------|--------|--------------|---|--------|--------|--------|----------------------------------|----------------------------------|----------------------------------|---------|---------|------|---------|---------|---------------------|------|------|------|------|-----|
| | The Empire Plan | Aetna* | Blue Choice* | BlueCross BlueShield of Western New York* | CDPHP* | CDPHP* | CDPHP* | 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 | 067 | 063 | 300 | 310 | 280 | 290 | 320 | 220 | 350 | 050 | 072 | 160 | 059 | 058 | 060 | 330 | 340 | 360 |
| Lewis | • | | | | | | | | | | | | | | • | | | | • | | |
| Livingston | • | | • | | | | | | | | | | | | | • | | | | | |
| Madison | • | | | | | • | | | | | | | | | • | | | | • | | |
| Monroe | • | | • | | | | | | | | | | | | | • | | | | | |
| Montgomery | • | | | | • | | | • | | | | | | | • | | | • | | | |
| Nassau | • | • | | | | | | | • | | | | • | | | | | | | | |
| New York | • | • | | | | | | | • | | | | • | | | | | | | | |
| Niagara | • | | | • | | | | | | | | | | | | • | | | | | |
| Oneida | • | | | | | • | | | | | | | | | • | | | | • | | |
| Onondaga | • | | | | | | | | | | | | | • | | | | | • | | |
| Ontario | • | | • | | | | | | | | | | | | | • | | | | | |
| Orange | • | • | | | | | • | | | • | | • | | | | | | | | • | |
| Orleans | • | | | • | | | | | | | | | | | | • | • | | | | |
| Oswego | • | | | | | | | | | | | | • | | | | | | • | | |
| Otsego | • | | | | | • | | | | | | | | | • | | | | • | | |
| Putnam | • | • | | | | | | | | • | | • | | | | | | | | • | |
| Queens | • | • | | | | | | | • | | | | • | | | | | | | | |
| Rensselaer | • | | | | • | | | • | | | • | | | | | | | • | | | |
| Richmond | • | • | | | | | | | • | | | | • | | | | | | | | |
| Rockland | • | • | | | | | | | • | | | • | | | | | | | | • | |
| Saratoga | • | | | | • | | | • | | | • | | | | | | | • | | | |
| Schenectady | • | | | | • | | | • | | | • | | | | | | | • | | | |
| Schoharie | • | | | | • | | | • | | | | | | | | | | • | | | |
| Schuyler | • | | | | | | | | | | | | | • | | | | | | | |
| Seneca | • | | • | | | | | | | | | | | | | | • | | | | |
| St. Lawrence | • | | | | | | | | | | | | | | • | | | | | | • |
| Steuben | • | | | | | | | | | | | | | • | | | • | | | | |
| Suffolk | • | • | | | | | | | • | | | | • | | | | | | | | |
| Sullivan | • | • | | | | | | | | • | | • | | | | | | | | • | |
| Tioga | • | | | | | • | | | | | | | | • | | | | | • | | |
| Tompkins | • | | | | | | | | | | | | | • | | | | | • | | |
| Ulster | • | | | | | | • | | | • | | • | | | | | | | | • | |
| Warren | • | | | | • | | | • | | | • | | | | | | | • | | | |
| Washington | • | | | | • | | | • | | | • | | | | | | | • | | | |
| Wayne | • | | • | | | | | | | | | | | | | | • | | | | |
| Westchester | • | • | | | | | | | • | | | | • | | | | | | | | |
| Wyoming | • | | | • | | | | | | | | | | | | • | • | | | | |
| Yates | • | | • | | | | | | | | | | | | | | • | | | | |
| New Jersey | • | • | | | | | | | | | | | | | | | | | | | |

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

THE Empire Plan

NYSHIP CODE #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2014.¹ You may also visit <https://www.cs.ny.gov> or call toll free 1-877-7-NYSHIP (1-877-769-7447), the one number for The Empire Plan's programs. Call to connect to:

MEDICAL/SURGICAL PROGRAM

UnitedHealthcare

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

Medical and surgical coverage through:

- **Participating Provider Program –**
More than 250,000 physicians and other providers participate, with over 40,000 physicians in Florida alone. Certain services are subject to a \$20 copayment.
- **Basic Medical Program –**
If you use a nonparticipating provider, the Program considers up to 80 percent of reasonable and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance is met, the Plan pays up to 100 percent of reasonable and customary charges for covered

services. See Cost Sharing (beginning on page 33) for additional information.

- **Basic Medical Provider Discount Program –**
If you are Empire Plan-primary and use a nonparticipating provider who is part of The Empire Plan MultiPlan group, you are eligible for a discount (see pages 34 and 35).

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.² 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. Non-network benefits available.

Benefits Management Program –

If The Empire Plan is your primary coverage, under this Program you must call UnitedHealthcare for Prospective Procedure Review 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. (See the *Empire Plan Certificate* for details.)

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.

¹ These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate* and *Empire Plan Reports/Certificate Amendments*.

² Diabetic shoes have an annual maximum benefit of \$500.

HOSPITAL PROGRAM

Empire BlueCross BlueShield

NYS Service Center

P.O. Box 1407, Church Street Station

New York, NY 10008-1407

The following benefit level applies for covered services 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/Surgical 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. Charges for covered services received at a hospital extension clinic will be paid in full if the provider is a Participating Provider under the Medical/Surgical Program. Covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

The following benefit level applies for hospital services received at **non-network hospitals** (for Empire Plan-primary enrollees only³):

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance for inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see page 34).

The Empire Plan will approve network benefits for hospital services received 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 Benefits Management Program, if The Empire Plan is your primary coverage, you must call the Hospital Program for certification of any inpatient stay:

- Before a maternity or scheduled (nonemergency) hospital admission,
- Within 48 hours or as soon as reasonably possible 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 for the Hospital Program, you must pay:

- A \$200 penalty 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.

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

MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

ValueOptions, Inc.

P.O. Box 1800, Latham, NY 12110

The Mental Health and Substance Abuse (MHSA) Program offers two levels of benefits. If you call the MHSA Program 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 Benefits⁴

(unlimited when medically necessary)

- For Practitioner Services: the MHSA Program will consider up to 80 percent of reasonable and customary charges for covered outpatient practitioner services after you meet the combined annual deductible. After the combined annual coinsurance maximum is reached per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services (see page 34).
- For Approved Facility Services: You are responsible for 10 percent of covered billed charges up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined. 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.

PRESCRIPTION DRUG COVERAGE

What You Pay

You pay the copayments shown below for prescriptions covered under either The Empire Plan Prescription Drug Program (see page 31) or Empire Plan Medicare Rx (see page 32). Review your plan documents for more information.

When you use a network pharmacy:

- For up to a one-month supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$25 copayment for Level/Tier 2 drugs and a \$45 copayment for Level/Tier 3 drugs.
- For a long-term supply of a covered drug, you pay a \$10 copayment for Level/Tier 1 drugs, a \$50 copayment for Level/Tier 2 drugs and a \$90 copayment for Level/Tier 3 drugs.

When you use a network Mail Order pharmacy:

- For up to a one-month supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$25 copayment for Level/Tier 2 drugs and a \$45 copayment for Level/Tier 3 drugs.
- For a long-term supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$50 copayment for Level/Tier 2 drugs and a \$90 copayment for Level/Tier 3 drugs.

You can use a non-network pharmacy or pay cash at a network pharmacy (instead of using your Empire Plan Benefit or Medicare Rx 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 or Medicare Rx Card whenever possible.

⁴ You are responsible for obtaining MHSA Program certification for care obtained from a non-network practitioner or facility.

PRESCRIPTION DRUG PROGRAM

for non-Medicare-primary Empire Plan retirees and dependents (See page 32 if you are or will become Medicare-primary in 2014.)

CVS Caremark, Inc.

P.O. Box 6590, Lee's Summit, MO 64064-6590

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

- A one-month supply of your medication covers up to 30 days, and a long-term supply covers up to 90 days. (See page 30 for copayments.)
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic equivalent (or "ancillary charge"), not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. 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 certain prescription drugs from coverage. An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day for questions on your prescriptions.
- For certain maintenance medications, you are required to fill at least two 30-day supplies using your Empire Plan Prescription Drug Program benefits before a supply for greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Order Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days' worth of the drug was previously dispensed. If not, only a 30-day fill will be approved.

- Oral cancer chemotherapy drugs for the treatment of cancer and most Level 1 contraceptive drugs and devices do not require a copayment.

See the *Empire Plan Certificate/Reports* or contact the plan for more information.

Specialty Pharmacy

The Prescription Drug Program's Specialty Pharmacy Program offers enhanced services to non-Medicare-primary individuals using specialty drugs, such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring. (The complete list of specialty drugs included in the Specialty Pharmacy Program is available at <http://www.EmpirePlanRxProgram.com>.) The Program provides enrollees with enhanced services that include disease and drug education, compliance, side-effect and safety management, expedited delivery of medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

Beginning January 1, 2014, CVS Caremark Specialty Pharmacy will be the designated pharmacy for the Specialty Pharmacy Program. Under the Specialty Pharmacy Program, you are covered for an initial 30-day fill of your specialty medication at a retail pharmacy, but all subsequent fills must be obtained through the designated specialty pharmacy, CVS Caremark Specialty Pharmacy, beginning in 2014. When CVS Caremark dispenses a specialty medication, the applicable mail order copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the CVS Caremark mail order form. To request mail order envelopes or refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 7:30 a.m. and 9 p.m. Monday through Friday, Eastern time, choose the Prescription Drug Program, and ask to speak with Specialty Customer Care.

EMPIRE PLAN MEDICARE RX PROGRAM

for Medicare-primary Empire Plan retirees
and dependents

SilverScript Insurance Company

(an affiliate of CVS Caremark, Inc.)

P.O. Box 280200, Nashville, TN 37228

Empire Plan Medicare Rx does not apply to those who have drug coverage through a union Employee Benefit Fund. This is not a comprehensive description of benefits. See your Evidence of Coverage (available from CVS Caremark) or other plan documents for complete details. Or, visit <http://www.EmpirePlanRxProgram.com>. Empire Plan Medicare Rx is administered by SilverScript Insurance Company through its contract with Medicare.

Empire Plan retirees and dependents, who are Medicare-primary on or after January 1, 2014, each will be enrolled automatically in Empire Plan Medicare Rx. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

- A one-month supply of your medication covers up to 31 days, and a long-term supply covers up to 90 days. (See page 30 for copayments.)
- The 2014 Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.
- The ancillary charge (see page 31) applies only to certain medications on the additional drug list.
- If Empire Plan Medicare Rx excludes a Part D drug you take or limits your coverage of a Part D drug, you or your doctor can request a coverage determination or file an appeal to change a coverage decision. Drugs excluded from the additional drug list are not subject to appeal or review, including medical necessity appeals.
- Prior authorization continues to be required for certain drugs. Call 1-877-7-NYSHIP

(1-877-769-7447), press 4 and then choose the prompt for 2014 benefits to speak with a CVS Caremark customer care representative if you have questions. A full listing of drugs subject to prior authorization is located on our web site at <http://www.EmpirePlanRxProgram.com>.

- Certain covered medications may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed over a period of time may be limited. Also, you or your doctor may need to give us clinical information about your health to ensure your drug is covered correctly by Medicare.
- Prescriptions covered under Medicare Part B are covered under The Empire Plan's Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because they're covered under Medicare first and The Empire Plan's Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B medications. Most pharmacies already know which Medicare program covers which drugs.
- Once you qualify for Catastrophic Coverage (see page 12), you pay the greater of a \$2.55 copayment for generic drugs and a \$6.35 copayment for brand-name drugs or 5 percent coinsurance, not to exceed your usual copayment.
- People with limited income may qualify for Extra Help to pay for their prescription drug costs (see page 6). For more information about this Extra Help, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), your local Social Security office or www.socialsecurity.gov, your state Medicaid office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048.

Specialty Pharmacy

Beginning January 1, 2014, CVS Caremark Specialty Pharmacy will be the designated pharmacy for The Empire Plan Specialty Pharmacy Program. When CVS Caremark dispenses a specialty medication, the applicable mail order copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the CVS Caremark mail order form. To request mail order envelopes, refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 7:30 a.m. and 9 p.m. Monday through Friday, Eastern time, press 4 then choose the prompt for 2014 benefits and ask to speak with Specialty Customer Care.

Reminder: You can be enrolled in only one Medicare Part D plan at a time. If you enroll in another plan that includes Medicare Part D coverage, Medicare will terminate your enrollment in Empire Plan Medicare Rx and, in some cases, from The Empire Plan completely (i.e., you will have NO Empire Plan coverage).

Also, Medicare only provides coverage to enrollees living in the United States and its territories (Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands and American Samoa). If your permanent residence is located outside the United States, then you are not eligible for Medicare coverage. Once you are enrolled in Empire Plan Medicare Rx, if you plan to move outside the United States, please contact the Employee Benefits Division before you relocate to help prevent a lapse in coverage.

EMPIRE PLAN COST SHARING

Plan Providers

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost of covered services depends on whether the provider you use is participating or nonparticipating under the Plan.

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 a travel allowance, 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 a travel allowance within the United States, 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.ny.gov> or call the Employee Benefits Division and request a copy.

If you use an Empire Plan participating or network provider or facility, you pay a copayment for certain services; some are covered at no cost to you. The provider or facility files the claim and is reimbursed by The Empire Plan.

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

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

If you use a nonparticipating provider or non-network facility, benefits for covered services are subject to a deductible and/or coinsurance.

Combined Annual Deductible

For medical/surgical and mental health and substance abuse services, The Empire Plan has a combined annual deductible of \$1,000 per enrollee, \$1,000 per enrolled spouse/domestic partner and \$1,000 per all dependent children combined. The combined annual deductible must be met before covered services under the Basic Medical Program and non-network expenses under both the Home Care Advocacy Program (HCAP) and Mental Health and Substance Abuse (MHSA) Program can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined.

After you satisfy the combined annual deductible, the Empire Plan pays 80 percent of the reasonable and customary charge for the Basic Medical Program and non-network practitioner services for the MHSA Program and 90 percent of covered services for non-network HCAP services and non-network approved facility services for the MHSA Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the reasonable and customary charge for Basic

Medical Program and non-network practitioner services. You also are responsible for the remaining 10 percent coinsurance for non-network HCAP services and non-network MHSA approved facility services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 per enrolled spouse/domestic partner and \$3,000 per all dependent children combined. After you reach the combined annual coinsurance maximum, 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.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program. The Managed Physical Medicine Program and Home Care Advocacy Program do not have a coinsurance maximum.

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 nonparticipating 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 combined 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 Medical 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.ny.gov>. Click on Benefit Programs, then on NYSHIP Online. Select the group if prompted, and then click on Find a Provider.

The best savings are with participating providers. For more information on coverage provided under The Empire Plan, read the publication, *Reporting On Network Benefits*. You can find this publication on our web site at <https://www.cs.ny.gov>. Or, contact the Employee Benefits Division for a copy.

Medicare Crossover Program

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 nonparticipating 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 coverage 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 The Empire Plan. If the EOMB does not state that your claim was

forwarded to The Empire Plan, 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 the Medical Program.

THE EMPIRE PLAN NURSELINESM

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLineSM for health information and support. Representatives are available 24 hours a day, seven days a week.

EMPIRE PLAN BENEFITS ARE AVAILABLE WORLDWIDE

The Empire Plan gives you the freedom to choose a participating provider or a nonparticipating provider.

TELETYPEWRITER (TTY) NUMBERS

For callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

Medical/Surgical Program

TTY only..... 1-888-697-9054

Hospital Program

TTY only..... 1-800-241-6894

Mental Health and Substance Abuse Program

TTY only..... 1-855-643-1476

Prescription Drug Program

(for non-Medicare-primary retirees)

TTY only..... 1-800-863-5488

Empire Plan Medicare Rx

(for Medicare-primary retirees)

TTY only..... 1-866-236-1069

THE EMPIRE PLAN

For retirees of the State of New York or Participating Employers, their enrolled dependents,
COBRA enrollees with their NYSHIP benefits and Young Adult Option Enrollees

| Benefits | Network Hospital Benefits^{1,2} | Participating Provider² | Nonparticipating Provider |
|--|--|--|----------------------------------|
| Office Visits² | | \$20 per visit | Basic Medical ³ |
| Specialty Office Visits² | | \$20 per visit | Basic Medical ³ |
| Diagnostic Services:² | | | |
| Radiology | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Lab Tests | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Pathology | No copayment | \$20 per visit | Basic Medical ³ |
| EKG/EEG | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Radiation, Chemotherapy, Dialysis | No copayment | No copayment | Basic Medical ³ |
| Women's Health Care/OB GYN:² | | | |
| Screenings and Maternity- Related Lab Tests | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Mammograms | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Pre/Postnatal Visits and Well-Woman Exams | | \$20 per visit | Basic Medical ³ |
| Bone Density Tests | \$40 per outpatient visit | \$20 per visit | Basic Medical ³ |
| Breastfeeding Services and Equipment | | No copayment for pre/postnatal counseling and equipment purchase from a participating provider; one double electric breast pump per birth | |
| Family Planning Services | | \$20 per visit | Basic Medical ³ |
| Infertility Services | \$40 per outpatient visit | \$20 per visit; no copayment at designated Centers of Excellence ⁴ | Basic Medical ³ |
| Contraceptive Drugs and Devices (may also be covered under the Prescription Drug Program ⁵ subject to drug copayment) | | \$20 per visit; no copayment for certain FDA-approved oral contraception methods (including outpatient surgical implantation) and counseling | Basic Medical ³ |

| Benefits | Network Hospital Benefits^{1,2} | Participating Provider² | Nonparticipating Provider |
|---|--|--|--|
| Inpatient Hospital Surgery | No copayment ⁶ | No copayment | Basic Medical ³ |
| Outpatient Surgery | \$60 per visit | \$20 per visit ⁷ | Basic Medical ³ |
| Emergency Room⁸ | \$70 per visit | No copayment | \$70 per visit ⁹ |
| Urgent Care | \$40 per outpatient visit ¹⁰ | \$20 per visit | Basic Medical ³ |
| Ambulance | No copayment ¹¹ | \$35 per trip ¹² | \$35 per trip ¹² |
| Mental Health Practitioner Services | | \$20 per visit; unlimited when medically necessary (MHSA) | Applicable annual deductible, ³ 80% of reasonable and customary; after applicable coinsurance max, ³ 100% of reasonable and customary (See pages 29-30 for details.) |
| Approved Facility Mental Health Services | | No copayment; unlimited when medically necessary (MHSA) | 90% of billed charges; after applicable coinsurance max, ³ covered in full (See pages 29-30 for details.) |
| Outpatient Drug/Alcohol Rehabilitation | | \$20 per visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (MHSA) | Applicable annual deductible, ³ 80% of reasonable and customary; after applicable coinsurance max, ³ 100% of reasonable and customary (See pages 29-30 for details.) |

1 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. Provider charges are covered under the Medical Benefits Program.

2 Copayment waived for preventive services under PPACA. See NYSHIP Online or <http://www.hhs.gov/healthcare/rights/preventive-care> for details. Diagnostic services require plan copayment or coinsurance.

3 See Cost Sharing (beginning on page 33) for Basic Medical information.

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

5 Coverage excludes contraceptive intrauterine devices (IUDs) that do not contain any FDA-approved hormone prescription drug products.

6 Preadmission certification may be required.

7 In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$30 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan administrators.)

8 Copayment waived if admitted.

9 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.

10 At a hospital-owned urgent care facility only.

11 If service is provided by admitting hospital.

12 Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.

THE EMPIRE PLAN, CONTINUED

| Benefits | Network Hospital Benefits ^{1,2} | Participating Provider ² | Nonparticipating Provider |
|---|--|--|--|
| Inpatient Drug/ Alcohol Rehabilitation | | No copayment; unlimited when medically necessary (MHSA) | 90% of billed charges; after applicable coinsurance max, ³ covered in full (See pages 29-30 for details.) |
| Durable Medical Equipment | | No copayment (HCAP) ¹³ | 50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> .) ¹³ |
| Prosthetics | | No copayment ¹⁴ | Basic Medical; ^{3,14} \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance |
| Orthotic Devices | | No copayment ¹⁴ | Basic Medical ^{3,14} |
| External Mastectomy Prostheses | | | Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ^{3,14} (Precertification may be required.) |
| Rehabilitative Care (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 | \$250 annual deductible, 50% of network allowance Basic Medical ³ |
| Diabetic Supplies | | No copayment (HCAP) | 50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> .) |
| Insulin and Oral Agents (covered under the Prescription Drug Program subject to drug copayment) | | | |
| Diabetic Shoes | | \$500 annual maximum benefit ¹³ | 75% of network allowance up to an annual maximum benefit of \$500 (See the <i>Empire Plan Certificate/Reports</i>) ¹³ |

| Benefits | Network Hospital Benefits^{1,2} | Participating Provider² | Nonparticipating Provider |
|--|---|---|---|
| Hospice | No copayment, no limit | | 10% of billed charges up to the combined annual coinsurance maximum. |
| Skilled Nursing Facility | No copayment up to 365 benefit days. ¹⁵ No benefits if Medicare-primary. | | |
| Prescription Drugs (see pages 31-33) | | | |
| Specialty Drugs (see pages 31-33) | | | |
| Additional Benefits | | | |
| Dental (preventive) | | Not covered | Not covered |
| Vision (routine only) | | Not covered | Not covered |
| Hearing Aids | | Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary | Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary |
| Annual Out-of-Pocket Maximum (In-Network Benefits only) | \$6,350 (Individual) or \$12,700 (Family) for all Medical/Surgical, Hospital and Mental Health and Substance Abuse benefits combined. | | Not available |
| Out of Area Benefit | Under The Empire Plan, your benefits are the same wherever you receive care. | | |
| 24-hour NurseLine SM for health information and support at 1-877-7-NYSHIP (1-877-769-7447). | | | |
| 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. | | | |
| For more information regarding covered vaccines, tests and screenings, see the Empire Plan Preventive Care Coverage Chart on NYSHIP Online under Publications. Or, visit http://www.hhs.gov/healthcare/rights/preventive-care . | | | |

¹ 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. Provider charges are covered under the Medical Benefits Program.

² Copayment waived for preventive services under PPACA. See NYSHIP Online or <http://www.hhs.gov/healthcare/rights/preventive-care> for details. Diagnostic services require plan copayment or coinsurance.

³ See Cost Sharing (beginning on page 33) for Basic Medical information.

¹³ If Medicare is your primary coverage you must use a Medicare approved supplier or your benefits will be reduced in accordance with the “Impact of Medicare on this Plan” section of your *Empire Plan Certificate Amendments*.

¹⁴ Benefit paid up to cost of device meeting individual’s functional need.

¹⁵ Precertification is required.



| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | \$20 for initial visit only ¹ |
| Bone Density Tests | \$20 per visit |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | Applicable Rx copayment ² |
| Contraceptive Devices | No copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$50 per visit |
| waived if admitted | |
| Urgent Care | \$35 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |

| Benefits | Enrollee Cost |
|--|--|
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$20 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, max 60 consecutive days | \$20 per visit |
| Outpatient Speech Therapy, max 60 consecutive days | \$20 per visit |
| Diabetic Supplies | \$20 per item |
| Insulin and Oral Agents | \$20 per item |
| Diabetic Shoes | No copayment one pair per calendar year |
| Hospice, unlimited | No copayment |
| Skilled Nursing Facility, unlimited | No copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$20 Tier 2, \$35 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$40 Tier 2, \$70 Tier 3 ³ |
| 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 | |

¹ One-time \$20 copayment for postnatal visits (delivery, postpartum care).

² No copayment for generic and applicable Rx copayment for brand-name contraceptive drugs.

³ Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a prescription.

Specialty Drugs, *continued*

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.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$1,500 Individual,
\$3,000 Family per year

Dental..... Not covered

Vision⁴..... No copayment⁵

Hearing Aids Not covered

Out of Area While traveling outside
the service area, coverage is provided for
emergency situations only.

Eyeglasses..... Discount Program

Home Health Care (HHC)

unlimited (by HHC agency) No copayment

Outpatient Home Health Care

unlimited visits
per 365-day period⁶ No copayment

Hospice Bereavement Counseling... No copayment

Plan Highlights for 2014

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 for prescriptions that require prior approval.

Medicare Coverage

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

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 210

An IPA HMO serving individuals living or working in the following counties:

In New York: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester

In New Jersey: All counties in New Jersey

Aetna

99 Park Avenue
New York, NY 10016

For information:

Customer Service Department: 1-800-323-9930

Medicare Advantage

Customer Service: 1-800-282-5366

For Preenrollment Medicare Information

and a Medicare Packet: 1-800-832-2640

TTY: 1-800-654-5984

Web site: www.aetna.com

⁴ Routine only. Includes refraction.

⁵ Frequency and age schedules apply.

⁶ Four hours of home health aid equals one home care visit.



| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| 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 |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$20 for initial visit only ¹ |
| Postnatal Visits | No copayment ¹ |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | No copayment |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$50 per visit |
| waived if admitted | |
| Urgent Care | \$35 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |

| Benefits | Enrollee Cost |
|--|--|
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$20 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics² | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | No copayment for strips, lancets or glucometer |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | No copayment one pair per calendar year |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | No copayment unlimited |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$20 Tier 2, \$35 Tier 3 |
| Mail Order, ³ 90-day supply | \$20 Tier 1, \$40 Tier 2, \$70 Tier 3 |
| Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Please call our Medicare Advantage Customer Service at 1-800-282-5366 for more information. | |

¹ One-time \$20 copayment for all pre and postnatal maternity visits.

² Covered for members who are diabetic or have severe foot disease due to circulatory issues according to Medicare guidelines. Not for corrective needs.

³ Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.

Specialty Drugs

Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. 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. Aetna Specialty Pharmacy is wholly owned and operated by Aetna Inc.

Additional Benefits

| | |
|---|---|
| Dental | Discounts where available |
| Vision, routine ⁴ | No copayment |
| Hearing Aids | Discounts where available |
| Out of Area | While traveling outside the service area, coverage is provided for emergency situations only. |
| Eyeglasses | Lens Discount |
| Outpatient Home Health Care ⁵ | |
| unlimited visits..... | No copayment |
| Hospice Bereavement Counseling | |
| 5 days per 365 days | No copayment |

Plan Highlights for 2014

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 and 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.

⁴ Includes refraction.

⁵ Four hours of home health aid service equals one home care visit.

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 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.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 210

An IPA HMO serving individuals living or working in the following counties:

In New York: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester

In New Jersey: 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

| Benefits | Enrollee Cost |
|---|---|
| Office Visits | \$25 per visit (\$5 for children to age 26) |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$40 per visit |
| Diagnostic/Therapeutic Services | |
| 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 Rx injection and \$25 office copayment; (max two copayments per day) |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment (routine); \$25 copayment (diagnostic) |
| Mammograms | No copayment (routine); \$40 copayment (diagnostic) |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment (routine); \$40 copayment (diagnostic) |
| Family Planning Services | \$25 PCP, \$40 Specialist per visit |
| Infertility Services | Applicable physician/ facility copayment |
| Contraceptive Drugs ¹ | Applicable Rx copayment |
| Contraceptive Devices ¹ | Applicable copayment/ coinsurance |
| Inpatient Hospital Surgery | |
| Physician | \$200 copayment or 20% coinsurance, whichever is less |
| Facility | No copayment |

| Benefits | Enrollee Cost |
|---|--|
| Outpatient Surgery | |
| Hospital | \$50 per visit |
| Physician's Office | \$50 copayment or 20% coinsurance, whichever is less |
| Outpatient Surgery Facility | \$40 Physician/ \$50 Facility per visit |
| Emergency Room | \$100 per visit waived if admitted within 24 hours |
| Urgent Care | \$35 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$40 per visit |
| Group, unlimited | \$40 per visit |
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$25 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 60 days | No copayment |
| Outpatient Physical or Occupational Therapy ² | \$40 per visit |
| Outpatient Speech Therapy ² | \$40 per visit |
| Diabetic Supplies | \$25 per prescription up to a 30-day supply |
| Insulin and Oral Agents | \$25 per prescription up to a 30-day supply |
| Diabetic Shoes | 50% coinsurance one pair per year, when medically necessary |

¹ Generic oral contraceptives and certain OTC contraceptive devices covered in full in accordance with the Affordable Care Act.

² Max 30 visits for all outpatient services combined.

Benefits

Enrollee Cost

| | |
|-------------------------------|--------------|
| Hospice , max 210 days | No copayment |
|-------------------------------|--------------|

| | |
|--|--------------|
| 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 ³ |
| Mail Order, up to 90-day supply | \$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ³ |

You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.

Specialty Drugs

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcb.com.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits) \$6,350 Individual,
\$12,700 Family per year

Dental⁴ \$40 per visit

Vision⁵ \$40 per visit

Hearing Aids Children to age 19:
Covered in full for up to two hearing aids every three years.

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

Maternity

Physician's charge for delivery... \$50 copayment

³ If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name plus any applicable copayments.

⁴ Coverage for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; routine care not covered.

⁵ Coverage for exams to treat a disease or injury; routine care not covered.

Plan Highlights for 2014

We deliver high-quality coverage plus discounts on services that encourage you to keep a healthy lifestyle.

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, plus some outside the service area. Please call the number provided for a directory, or visit www.excellusbcb.com.

Pharmacies and Prescriptions

Fill prescriptions at any of our 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.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary. Please call the Medicare Blue Choice number below for details.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 066

An Network HMO serving individuals living or working in the following counties in New York: Livingston, Monroe, Ontario, Seneca, Wayne and Yates

Blue Choice

165 Court Street
Rochester, NY 14647

For information:

Blue Choice: 585-454-4810 or 1-800-462-0108

Medicare Blue Choice: 1-877-883-9577

TTY: 1-877-398-2282

Web site: www.excellusbcb.com

| Benefits | Enrollee Cost |
|--|-----------------|
| Office Visits | \$5 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | Not covered |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | Not covered |
| Postnatal Visits | Not covered |
| Bone Density Tests | No copayment |
| Family Planning Services | Not covered |
| Infertility Services | Not covered |
| Contraceptive Drugs | Not covered |
| Contraceptive Devices | Not covered |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$50 per visit |
| Physician's Office | \$20 copayment |
| Outpatient Surgery Facility | \$50 per visit |
| Emergency Room¹ | \$50 per visit |
| waived if admitted within 23 hours | |
| Urgent Care² | \$50 per visit |
| Ambulance | \$35 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | 20% coinsurance |
| Group, unlimited | 20% coinsurance |

| Benefits | Enrollee Cost |
|--|--|
| Inpatient Mental Health³ | No copayment |
| max 190 days per lifetime | |
| Outpatient Drug/Alcohol Rehab | 20% coinsurance |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics⁴ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | \$20 per item |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance |
| one pair per year, when medically necessary | |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | \$25 per day |
| max 100 days | |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$25 Tier 2, \$40 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁵ |
| You can order up to a 90-day supply through PrimeMail, our mail order program, with two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference | |

¹ Worldwide coverage.

² You pay a \$50 copayment for covered services to a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$20 copayment.

³ In a psychiatric facility.

⁴ Covered when there is an underlying medical condition. Requires preauthorization.

⁵ Copayments shown apply for a 90-day supply dispensed via mail order or retail.

Prescription Drugs, continued

between the cost of the generic and the brand-name plus any applicable copayments.

Specialty Drugs

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

- Dental**..... Coverage for preventive services only
- Vision** \$120 annual eyewear allowance
- Hearing Aids**\$600 allowance every 3 years
- Out of Area**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
- Health and Wellness**.....Silver & Fit Program

Plan Highlights for 2014

With Medicare Blue Choice, count on us to deliver high-quality coverage plus discounts on services that encourage you to keep a healthy lifestyle. Take advantage of our Silver & Fit Program, designed to help you get in shape. 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 and at retail pharmacies.

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 provided for a directory or check our web site www.excellusbcbs.com.

Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our more than 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 must enroll in Medicare Blue Choice, our **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the Medicare Blue Choice number below for details.

Important Note: Only participating providers in the counties listed below are part of this HMO’s network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO’s NYSHIP network.

NYSHIP Code Number 066

An Network HMO serving individuals living or working in the following counties in New York: Livingston, Monroe, Ontario, Seneca, Wayne and Yates

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.excellusbcbs.com



| Benefits | Enrollee Cost |
|---|--|
| Office Visits | \$15 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment ¹ |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment (routine only) |
| Prenatal Visits | \$15 for initial visit only ² |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services³ | \$20 per visit |
| Infertility Services⁴ | \$20 per visit |
| Contraceptive Drugs⁵ | No copayment ⁶ |
| Contraceptive Devices | No copayment ⁶ |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$60 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$30 per visit |
| Emergency Room | \$100 per visit |
| waived if admitted | |

| Benefits | Enrollee Cost |
|---|------------------------------------|
| Urgent Care | \$25 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | unlimited when medically necessary |
| Individual | \$20 per visit |
| Group | \$20 per visit |
| Inpatient Mental Health | No copayment |
| unlimited when medically necessary | |
| Outpatient Drug/Alcohol Rehab | \$20 per visit |
| unlimited when medically necessary | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited when medically necessary | |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 45 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 20 visits ⁷ | \$20 per visit |
| Outpatient Speech Therapy, max 20 visits ⁷ | \$20 per visit |
| Diabetic Supplies | \$15 per item |
| Insulin and Oral Agents | \$15 per item |
| Diabetic Shoes | Not covered |
| Hospice | No copayment |
| max 210 days per year | |

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

² One-time \$15 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

³ Coverage is provided for diagnostic testing and procedures in conjunction with artificial insemination. The copayments, coinsurance and deductible under your Policy, which apply to hospital, medical or prescription drug benefits, are applicable to the benefits covered under family planning services.

⁴ For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.

⁵ Coverage is provided for prescription drugs approved by the FDA for use in treatment associated with contraception.

⁶ No copayment for contraceptive drugs and devices unless a generic-equivalent is available and you are subject to a \$25 (Tier 2) or \$40 (Tier 3) copayment. A mail-order supply costs 2.5 times the applicable copayment.

⁷ Twenty visits in aggregate for Physical Therapy, Occupational Therapy and Speech Therapy.

| Benefits | Enrollee Cost |
|----------|---------------|
|----------|---------------|

| | |
|--|--------------|
| Skilled Nursing Facility max 50 days | No copayment |
|--|--------------|

| | |
|---|--|
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$25 Tier 2, \$40 Tier 3 |
| Mail Order, 90-day supply | \$12.50 Tier 1, \$62.50 Tier 2, \$100 Tier 3 ⁸ |
| Includes prenatal vitamins, fertility drugs, injectable/self-injectable medications, insulin, oral diabetic agents. May require prior approval. | |

| | |
|---|--|
| Specialty Drugs | |
| Available through mail order at the applicable copayment. | |

Additional Benefits

| | |
|--|--|
| Annual Out-of-Pocket Maximum (In-Network Benefits) | \$3,000 Individual, \$6,000 Family per year |
|--|--|

| | |
|---------------------|--|
| Dental | 20% discount at select providers, free second annual exam |
|---------------------|--|

| | |
|---------------------|------------------------------------|
| Vision | VisionPLUS Program (details below) |
|---------------------|------------------------------------|

| | |
|---------------------------|-------------|
| Hearing Aids | Not covered |
|---------------------------|-------------|

| | |
|--------------------------|---|
| Out of Area | Worldwide coverage for emergency and urgent care through the BlueCard Program. 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 for the same benefits. |
|--------------------------|---|

| | |
|---------------------------------|--|
| VisionPLUS Program | Includes routine eye exam covered in full and participating VisionPLUS provider discounts. Low copayments on frames, lenses and a discount on contact lenses and supplies. |
|---------------------------------|--|

| | |
|--------------------------------------|--|
| Artificial Insemination | 20% coinsurance Other artificial means to induce pregnancy (in-vitro embryo transfer etc.) are not covered. |
|--------------------------------------|--|

| | |
|--------------------------------|--|
| Wellness Services | \$250 Wellness card allowance for use at participating providers |
|--------------------------------|--|

Plan Highlights for 2014

Wellness programs, online & community-based. Acupuncture, massage therapy, nutritional counseling, fitness centers, spa discounts.

Participating Physicians

You have access to 3,000+ physicians/healthcare professionals.

Affiliated Hospitals

You may receive care at all Western New York hospitals, and other hospitals if medically necessary.

Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions are filled up to 30-day supply.

Medicare Coverage

Medicare-primary enrollees are required to enroll in Senior Blue HMO. To qualify, you must enroll in Medicare Parts A and B and live in one of the counties listed below.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 067

An IPA HMO serving individuals living or working in the following counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

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 1-866-944-2880
TTY: 1-888-249-2583
Web site: www.bcbswny.com

⁸ Two and a half copayments.

Medicare Advantage Plan



| Benefits | Enrollee Cost |
|---|--|
| Office Visits | \$10 PCP/\$20 Specialist per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | Not covered |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment ¹ |
| Pathology | No copayment |
| EKG/EEG | \$10 PCP/\$20 Specialist per visit |
| Radiation | \$10 PCP/\$20 Specialist per visit |
| Chemotherapy | No copayment |
| Women's Health Care/OB GYN | |
| Pap Tests ² | No copayment |
| Mammograms ² | No copayment |
| Prenatal Visits | \$10 PCP/\$20 Specialist for initial visit only ³ |
| Postnatal Visits | \$10 PCP/\$20 Specialist for initial visit only ³ |
| Bone Density Tests ² | No copayment |
| Family Planning Services | \$10 PCP/\$20 Specialist for initial visit only ^{3,4} |
| Infertility Services | Not covered |
| Contraceptive Drugs⁵ | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery⁶ | No copayment |
| Outpatient Surgery | |
| Hospital ⁶ | \$50 per visit |
| Physician's Office | \$10 PCP/\$20 Specialist per visit |
| Outpatient Surgery Facility ⁶ | \$50 per visit |

| Benefits | Enrollee Cost |
|---|---|
| Emergency Room | \$50 per visit waived if admitted |
| Urgent Care⁷ | \$10 per visit waived if admitted |
| Ambulance | \$25 per trip |
| Outpatient Mental Health | |
| Individual, ⁶ unlimited | \$40 per visit |
| Group, ⁶ unlimited | \$40 per visit |
| Inpatient Mental Health | No copayment max 190 days per lifetime ^{6,8} |
| Outpatient Drug/Alcohol Rehab | unlimited ⁶ \$40 per visit |
| Inpatient Drug/Alcohol Rehab | No copayment max 190 days per lifetime ^{6,8} |
| Durable Medical Equipment⁶ | 20% coinsurance |
| Prosthetics⁶ | 20% coinsurance |
| Orthotics⁶ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, ⁶ unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit ⁹ |
| Outpatient Speech Therapy, unlimited | \$20 per visit ⁹ |
| Diabetic Supplies | 20% coinsurance |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 20% coinsurance one pair per year when medically necessary |

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

² Routine only.

³ First visit is PCP/Specialist copay, all other visits are \$0.

⁴ Maternity care, fetal non-stress tests and lab tests are covered.

⁵ Oral contraceptives are on our formulary.

⁶ Prior authorization is required.

⁷ Covered within the 50 United States only.

⁸ In a psychiatric facility; lifetime max does not apply to inpatient psychiatric services received in a general hospital.

⁹ For each Medicare-covered visit.

Benefits

Enrollee Cost

Hospice Covered by Medicare

Skilled Nursing Facility⁶ No copayment
max 100 days per benefit period

Prescription Drugs

Retail, 30-day supply \$0 Tier 1, \$7 Tier 2,
\$25 Tier 3, \$40 Tier 4, \$40 Tier 5
Mail Order, up to 90-day supply \$0 Tier 1,
\$14 Tier 2, \$50 Tier 3, \$80 Tier 4, \$80 Tier 5
Most injectable drugs are subject to prior approval. Communication materials will be mailed to the member upon enrollment.

Specialty Drugs

Specialty drugs are available through mail order at the applicable copayment.

Additional Benefits

Dental..... \$75 allowance
toward preventive services

Vision \$75 allowance
towards eyeglasses, frames and lenses.
Members pay \$20 for each Medicare-covered eye exam and \$20 for routine exam (limit one per year). Discount program also available.¹⁰

Hearing Aids \$300 allowance per year

Out of Area Worldwide coverage
for emergency care

Plan Highlights for 2014

Senior Blue HMO offers a fitness membership at no cost to the member, 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**. Prescriptions are filled for up to a 30-day supply (including insulin) at a participating pharmacy. 90-day supplies are available through the mail for two copayments.

Medicare Coverage

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

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 067

An IPA HMO serving individuals living or working in the following counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

BlueCross BlueShield of Western New York

P.O. Box 80

Buffalo, NY 14240-0080

For information:

Senior Blue HMO members should call:

1-800-329-2792

TTY: 1-877-834-6918

Web site: www.bcbswny.com

⁶ Prior authorization is required.

¹⁰ No copayment for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after cataract surgery) or glaucoma screening/exam (one per year). Medicare-covered eye exams include diagnosis and treatment for diseases and conditions of the eye.



| Benefits | Enrollee Cost |
|--|-----------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit ¹ |
| Lab Tests | \$20 per visit ² |
| Pathology | \$20 per visit ² |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | \$20 per visit |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | No copayment ³ |
| Contraceptive Devices | No copayment ³ |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Emergency Room | \$50 per visit |
| waived if admitted within 24 hours | |
| Urgent Care | \$25 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |

| Benefits | Enrollee Cost |
|---|---|
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$20 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics⁴ | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 60 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 30 visits each per calendar year | \$20 per visit |
| Outpatient Speech Therapy, max 20 visits per calendar year | \$20 per visit |
| Diabetic Supplies | |
| Retail, 30-day supply | \$15 per item |
| Mail-Order, 90-day supply | \$37.50 per item |
| Insulin and Oral Agents | |
| Retail, 30-day supply | \$15 per item |
| Mail-Order, 90-day supply | \$37.50 per item |
| Diabetic Shoes | \$15 per pair one pair per year, when medically necessary |
| Hospice, max 210 days | No copayment |
| Skilled Nursing Facility | No copayment max 45 days |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$30 Tier 2, \$50 Tier 3 |
| Mail Order, 90-day supply | \$12.50 Tier 1, \$75 Tier 2, \$125 Tier 3 |

¹ Waived if provider is a preferred center.

² Waived if provider is a designated laboratory.

³ OTC contraceptives with a written physician order/prescription will be reimbursed at no member cost share. OTC contraceptives without a prescription will not be covered. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.

⁴ Excludes shoe inserts.

Prescription Drugs, *continued*

Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. OTC formulary drugs are subject to Tier 1 copayment. By law, generics match brand-name strength, purity and stability. Ask your doctor about generic alternatives.

Specialty Drugs

Certain specialty drugs, regardless of tier, require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy. Contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will work with your doctor and arrange delivery. For more information, visit Rx Corner at www.cdphp.com.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$6,350 Individual,
\$12,700 Family per year

Dental..... Not covered

Vision Not covered

Hearing Aids Not covered

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

Allergy Injections No copayment

Diabetes Self-management

Education..... \$15 per visit

Glucometer \$15 per item

Plan Highlights for 2014

CDPHP covers emergency care worldwide. CDPHP InMotionSM is a free mobile smartphone fitness application with GPS technology to map your runs. View or share results at inmotion.cdphp.com. With Rx for Less, get deep discounts on specified generic prescriptions filled at any CVS, Walmart or Price Chopper. Dedicated member services reps are available weekdays from 8 a.m. to 8 p.m. We also have health experts who can find the best program or service for you. Simply call 1-888-94-CDPHP.

Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

Affiliated Hospitals

CDPHP is affiliated with most major hospitals in our service area. An out-of-network facility or Center of Excellence can be approved for special care needs.

Pharmacies and Prescriptions

CDPHP offers an **incented formulary** with few excluded drugs. Find participating pharmacies nationwide. Log in to Rx Corner at www.cdphp.com to view claims. Mail order saves money; find forms online or call 518-641-3700 or 1-800-777-2273. Some drugs require prior approval, and a few specialty drugs require clinical management programs and must be filled by a network specialty pharmacy.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the CDPHP Group Medicare Choice plan. You must have Medicare Parts A and B and live or work in the counties listed below to qualify.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 063

An IPA HMO serving individuals living or working in the following counties in New York: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

NYSHIP Code Number 300

An IPA HMO serving individuals living or working in the following counties in New York: Broome, Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga

NYSHIP Code Number 310

An IPA HMO serving individuals living or working in the following counties in New York: Delaware, Dutchess, Orange and Ulster

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

Medicare Advantage Plan



| Benefits | Enrollee Cost |
|--|-----------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care ¹ | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit ² |
| Lab Tests | \$20 per visit ² |
| Pathology | \$20 per visit ² |
| EKG/EEG | \$20 per visit |
| Radiation | \$20 per visit |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$75 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Emergency Room | \$50 per visit |
| waived if admitted within 24 hours | |
| Urgent Care | \$30 per visit |
| Ambulance | \$50 per trip |

| Benefits | Enrollee Cost |
|---|--|
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |
| Inpatient Mental Health³ | No copayment |
| max 190 days per lifetime | |
| Outpatient Drug/Alcohol Rehab | \$20 per visit |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | 30% coinsurance ⁴ |
| Prosthetics | 30% coinsurance ⁴ |
| Orthotics | 30% coinsurance ⁴ |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 100 days | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$15 per visit |
| Outpatient Speech Therapy, unlimited | \$15 per visit |
| Diabetic Supplies⁵ | 30% coinsurance or up to a 30-day supply \$10 copayment, whichever is less |
| Insulin and Oral Agents⁵ | Applicable Rx copayment |
| Diabetic Shoes | 30% coinsurance ⁴ one pair per year when medically necessary |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | No copayment max 100 days |

¹ Covers well baby and child care, including immunizations/inoculations (only for Medicare-eligible children; children MUST have Medicare Parts A and B).

² No copayment for specific diagnostic services at preferred radiology or designated laboratory sites.

³ In a freestanding psychiatric facility.

⁴ \$200 maximum out-of-pocket cost per item.

⁵ Bayer Diabetes Care blood glucose monitor and blood glucose test strips - no copayment. 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) – \$15 per item.



| Benefits | Enrollee Cost |
|--|-------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology ¹ | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | No copayment |
| Chemotherapy | No copayment |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs ² | Applicable Rx copayment |
| Contraceptive Devices | No copayment |
| Inpatient Hospital Surgery ³ | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility ³ | \$75 per visit |
| Emergency Room | \$75 per visit |
| waived if admitted within 24 hours | |

| Benefits | Enrollee Cost |
|---|-------------------------------|
| Urgent Care | \$20 per visit |
| Ambulance | No copayment |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit ^{3,4} |
| Group, unlimited | \$20 per visit ^{3,4} |
| Inpatient Mental Health ³ | No copayment |
| unlimited | |
| Outpatient Drug/Alcohol Rehab ³ | No copayment |
| Inpatient Drug/Alcohol Rehab ³ | No copayment |
| as many days as medically necessary | |
| Durable Medical Equipment ³ | 20% coinsurance |
| Prosthetics ³ | 20% coinsurance |
| Orthotics ³ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 30 days | No copayment |
| Outpatient Physical | \$20 per visit |
| or Occupational Therapy ⁵ | |
| Outpatient Speech Therapy ⁵ | \$20 per visit |
| Diabetic Supplies ⁶ | \$20 per item |
| Insulin and Oral Agents ⁶ | \$20 per item |
| Diabetic Shoes | \$20 per pair |
| unlimited pairs, when medically necessary | |
| Hospice , max 210 days | No copayment |
| Skilled Nursing Facility ³ | No copayment |
| max 60 days | |

¹ For MRI/MRA, CAT, PET and nuclear cardiology services, 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.

² Certain prescription contraceptives are covered in full in accordance with the Affordable Care Act. To be covered in full, the prescription must be a generic drug or a brand-name drug with no generic equivalent and filled at a network pharmacy.

³ 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.

⁴ No copayment for visits at an outpatient mental health facility.

⁵ Up to 30 visits per calendar year combined between home, office or outpatient facility.

⁶ For diabetic DME/supplies, copayment applies for up to 52 combined items annually, then covered at 100%.

Benefits

Enrollee Cost

Prescription Drugs

| | |
|---------------------------|---|
| Retail, 30-day supply | \$10 Tier 1, \$25 Tier 2, \$50 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$50 Tier 2, \$100 Tier 3 |

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$5,080 Individual,
\$12,700 Family per year

Dental..... Not covered

Vision Not covered

Hearing Aids Not covered

Out of AreaThe Guest Membership Program offers temporary coverage through the local BlueCross and/or BlueShield HMO plan for contract holders who are away from home for more than 90 days but less than 180 days, and for full-time students and other eligible dependents who are away from home for more than 90 days. The BlueCard Program covers enrollees traveling outside of the service area who may encounter an urgent or emergent situation and are not enrolled in the Guest Membership Program.

Plan Highlights for 2014

Empire BlueCross BlueShield HMO provides a full range of benefits including low out-of-pocket costs. Log in to www.empireblue.com to find a list of your claims and payment status, email messages, your personal profile and healthcare provider information. We earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

Participating Physicians

Our network provides access to over 65,000 provider locations.

Affiliated Hospitals

Members are covered through a comprehensive network of area hospitals (over 140) to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our web site contains 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. 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

Medicare-primary enrollees are required to enroll in MediBlue, the Empire 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.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 280

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

NYSHIP Code Number 290

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

NYSHIP Code Number 320

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Sullivan and Ulster

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

For Medicare Advantage Plan

Preenrollment Information: 1-866-205-6551

TTY: 1-800-241-6894

Web site: www.empireblue.com



| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$10 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$10 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$10 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$10 per visit |
| Radiation | \$10 per visit |
| Chemotherapy | \$10 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | Not covered |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | \$25 per item |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$10 per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$50 per visit waived if admitted within 24 hours |
| Urgent Care | \$10 per visit |
| Ambulance | No copayment |

| Benefits | Enrollee Cost |
|---|---|
| Outpatient Mental Health | |
| Individual, unlimited | \$10 per visit ¹ |
| Group unlimited | \$10 per visit ¹ |
| Inpatient Mental Health¹ | No copayment |
| Outpatient Drug/Alcohol Rehab¹ | \$10 per visit |
| Inpatient Drug/Alcohol Rehab¹ | No copayment |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient | No copayment |
| Outpatient Physical or Occupational Therapy | \$10 per visit |
| Outpatient Speech Therapy | \$10 per visit |
| Diabetic Supplies | \$10 per 30-day supply |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes² | \$10 copayment one pair per calendar year |
| Hospice | No copayment |
| Skilled Nursing Facility | No copayment max 100 days per benefit period |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$25 Tier 2, \$50 Tier 3, \$50 Tier 4 ³ |
| Mail Order, 90-day supply | \$20 Tier 1, \$50 Tier 2, \$100 Tier 3, \$100 Tier 4 ³ |
| Specialty Drugs | Specialty drugs are limited to 30-day supply at retail and mail service pharmacies. |

¹ Precertification is required.

² Therapeutic custom molded shoes (including inserts provided with such shoes) and two additional pairs of inserts or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes) for people with diabetes who have severe diabetic foot disease, including fitting of shoes or inserts.

³ No copayment for select generics.

Additional Benefits

Dental..... Not covered

Vision No copayment. Limited to a \$50 benefit maximum per year. Routine vision exam is limited to one per year.

Hearing Aids Not covered. Hearing exams are limited to a \$50 benefit maximum per year. Routine hearing exam is limited to one per year.

Out of Area While traveling, you have access to urgent and emergency care across the country or around the world.

Plan Highlights for 2014

Empire BlueCross BlueShield Medicare Advantage HMO provides NYS Medicare-primary participants with a full range of benefits that include low out-of-pocket costs. Visit www.empireblue.com, where you will instantly be able to find health care and provider information.

Participating Physicians

Empire BlueCross BlueShield Medicare Advantage HMO provides access to a network of over 28,000 providers.

Affiliated Hospitals

Members are covered through a comprehensive network of area hospitals (over 140) throughout our 28-county operating area to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and web site contain a list of all participating hospitals, including New York City hospitals.

Pharmacies and Prescriptions

Enrollees with prescription drug coverage can use both local and national pharmacies. Members who use our mail order prescription drug service, will pay only two copayments for each 90-day supply of medication - there is a 33 percent savings as opposed to filling maintenance prescriptions at the retail level. Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Empire BlueCross BlueShield Medicare Advantage HMO offers an **open formulary**.

Medicare Coverage

Medicare-primary enrollees are required to enroll in MediBlue, the Empire 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.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 280

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

NYSHIP Code Number 290

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

NYSHIP Code Number 320

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Sullivan and Ulster

Empire BlueCross BlueShield HMO

11 Corporate Woods Blvd
P.O. Box 11800
Albany, NY 12211-0080

For information:

Empire BlueCross BlueShield Medicare

Advantage HMO: 1-800-564-9053, seven days a week, 9 a.m. to 9 p.m.

TTY: 1-800-241-6894

Web site: www.empireblue.com



an EmblemHealth Company

| Benefits | Enrollee Cost |
|--|-----------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits¹ | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit ² |
| Lab Tests | No copayment ² |
| Pathology | No copayment ² |
| EKG/EEG | No copayment ² |
| Radiation | No copayment ² |
| Chemotherapy | No copayment ² |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs³ | No copayment |
| Contraceptive Devices³ | No copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Emergency Room | \$50 per visit ² |
| Urgent Care | \$35 per visit ² |
| Ambulance⁴ | \$50 per trip ² |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit ² |
| Group, unlimited | \$20 per visit ² |
| Inpatient Mental Health | No copayment |
| unlimited | |

| Benefits | Enrollee Cost |
|--|--|
| Outpatient Drug/Alcohol Rehab | \$20 per visit ² unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 60 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 30 visits for all outpatient services combined | \$20 per visit ² |
| Outpatient Speech Therapy, max 30 visits for all outpatient services combined | \$20 per visit ² |
| Diabetic Supplies 30-day supply | \$20 per item ² |
| Insulin and Oral Agents | |
| Retail, 30-day supply | \$20 per item |
| Mail-Order, 90-day supply | \$40 per item |
| Diabetic Shoes | 20% coinsurance unlimited pairs, when medically necessary |
| Hospice, max 210 days | No copayment |
| Skilled Nursing Facility | No copayment max 120 days per year |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$20 Tier 2, \$30 Tier 3 |
| Mail Order, 90-day supply | \$20 Tier 1, \$40 Tier 2, \$50 Tier 3 |
| Subject to drug formulary, coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. | |

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

² Applies to all covered dependents.

³ Covered for FDA-approved contraceptive drugs and devices only.

⁴ Air ambulance coverage is excluded.

Specialty Drugs

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.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,350 Individual,
\$12,700 Family per year

Dental..... Not covered

Vision, routine \$20 per exam per year

Hearing Aids Not covered

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 non-emergency care, your PCP or the on-call physician must authorize your care as appropriate. If you cannot reach your PCP, call GHI HMO Customer Service at 1-877-2GHI-HMO (1-877-244-4466) 24 hours a day, seven days a week.

Plan Highlights for 2014

No referrals are required. GHI HMO's provider network is available in 28 counties in New York State. GHI HMO's primary goal is to provide medical coverage that gives members confidence that they and their families are well covered. GHI is committed to providing individuals, families and businesses with access to affordable, quality healthcare and outstanding customer service.

Participating Physicians

Services are provided by participating physicians in their private offices. NYSHIP members may use any of the GHI HMO member physicians and health care professionals in GHI HMO's 15 NYSHIP-approved counties.

Affiliated Hospitals

Members are covered at area hospitals to which their GHI HMO physician has admitting privileges. 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**. Tier 1 includes generic drugs, Tier 2 includes preferred brand-name drugs and Tier 3 includes non-preferred brand-name drugs. 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 the price between generic and brand-name 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.emblemhealth.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 Express Scripts at 1-877-866-5798.

Medicare Coverage

GHI HMO offers the same benefits to Medicare-eligible NYSHIP enrollees. GHI HMO **coordinates coverage** with Medicare.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 220

An IPA HMO serving individuals living or working in the following counties in New York: Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington

NYSHIP Code Number 350

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster

EmblemHealth

55 Water Street
New York, NY 10041
or
P.O. Box 2844
New York, NY 10016

For information:

Member Service: 1-877-244-4466

TTY: 1-888-447-4833

Web site: www.emblemhealth.com

HIP.

HEALTH PLAN OF NEW YORK
an EmblemHealth Company

| Benefits | Enrollee Cost |
|--|---|
| Office Visits | \$5 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$10 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | No copayment ¹ |
| Lab Tests | No copayment ¹ |
| Pathology | No copayment ¹ |
| EKG/EEG | No copayment ¹ |
| Radiation | No copayment ¹ |
| Chemotherapy | \$10 per visit ¹ |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$5 PCP/ \$10 Specialist per visit |
| Infertility Services | \$10 per visit |
| Contraceptive Drugs² | No copayment |
| Contraceptive Devices² | No copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$5 PCP/ \$10 Specialist per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$75 per visit waived if admitted |
| Urgent Care | \$5 PCP/\$10 Specialist for services received at a UC facility |
| Ambulance | No copayment |

| Benefits | Enrollee Cost |
|--|--|
| Outpatient Mental Health | |
| Individual, unlimited | No copayment |
| Group, unlimited | No copayment |
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$10 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | No copayment |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 30 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 90 visits for all outpatient rehabilitative care | \$10 per visit |
| Outpatient Speech Therapy, max 90 visits for all outpatient rehabilitative care | \$10 per visit |
| Diabetic Supplies | \$5 per 34-day supply |
| Insulin and Oral Agents | \$5 per 34-day supply |
| Diabetic Shoes³ | No copayment when medically necessary |
| Hospice, max 210 days | No copayment |
| Skilled Nursing Facility | No copayment unlimited |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$20 Tier 2 |
| Mail Order, 90-day supply | \$7.50 Tier 1, \$30 Tier 2 |
| Subject to drug formulary, coverage includes fertility drugs, injectable & self-injectable medications & enteral formulas. | |

¹ For services received in a provider's office, you pay a \$5 PCP or \$10 Specialist office copayment.

² Covered for FDA-approved contraceptive drugs and devices only.

³ Precertification must be obtained from the participating vendor prior to purchase.

Prescription Drugs, *continued*

Copayments are reduced by 50% when utilizing EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$6,350 Individual,
\$12,700 Family per year

Dental..... Not covered

VisionNo copayment

Hearing AidsCochlear implants only

Out of Area Members are covered for emergency care both in and outside the HMO service area, as well as with participating and nonparticipating providers.

Eyeglasses.....\$45 per pair;
one pair every 24 months for selected frames

Laser Vision Correction

(LASIK)Discount Program

Fitness ProgramDiscount Program

Alternative Medicine Program ...Discount Program

Artificial Insemination..... \$10 per visit

Prostate Cancer Screening.....No copayment

Dialysis Treatment \$10 per visit

Plan Highlights for 2014

The HIP Prime network has over 29,000 providers in more than 61,000 locations. EmblemHealth offers more than 60 years experience caring for union members and has the support of the New York State Central Labor Council. Our web site, www.emblemhealth.com, is available in English, Spanish, Chinese and Korean.

Participating Physicians

The HIP Prime network offers the 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 Prime members have access to over 100 of the area's leading hospitals, including major teaching institutions.

Pharmacies and Prescriptions

Filling a prescription is easy with over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. HIP Prime members have access to a mail order program through Express Scripts. The HIP Prime Plan offers a **closed formulary**. Tier 1 includes generic drugs and Tier 2 includes brand name drugs.

Medicare Coverage

EmblemHealth 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 the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 050

An Network HMO serving individuals living or working in the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester

EmblemHealth

55 Water Street
New York, NY 10041

For information:

Customer Service: 1-877-861-0175

TTY: 1-888-447-4833

Web site: www.emblemhealth.com

Medicare Advantage Plan

HIP.

HEALTH PLAN OF NEW YORK
an EmblemHealth Company

| Benefits | Enrollee Cost |
|--|--------------------------------------|
| Office Visits | No copayment |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$5 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | No copayment |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | No copayment |
| Chemotherapy | No copayment |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$5 per visit |
| Postnatal Visits | \$5 per visit |
| Bone Density Tests | No copayment |
| Family Planning Services | \$5 per visit |
| Infertility Services | Not covered |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$0 PCP/ \$5 Specialist per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$25 per visit waived if admitted |
| Urgent Care | \$5 per visit |
| Ambulance | No copayment |
| Outpatient Mental Health | |
| Individual, unlimited | \$5 per visit |
| Group, unlimited | \$5 per visit |

| Benefits | Enrollee Cost |
|---|---|
| Inpatient Mental Health | No copayment no limit in a general hospital; 190-day lifetime limit in a psychiatric facility |
| Outpatient Drug/Alcohol Rehab | \$5 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | No copayment |
| Prosthetics | No copayment |
| Orthotics | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$5 per visit |
| Outpatient Speech Therapy, unlimited | \$5 per visit |
| Diabetic Supplies | No copayment |
| Insulin and Oral Agents | No copayment |
| Diabetic Shoes¹ | No copayment when medically necessary |
| Hospice | Covered by Medicare Covered for 180 days in a Medicare-certified hospice facility plus unlimited 60-day extensions if Medicare guidelines are met. |
| Skilled Nursing Facility | No copayment max 100 days per benefit period (non-custodial) |
| Prescription Drugs | |
| Retail, 30-day supply | \$5 Tier 1, \$5 Tier 2, \$45 Tier 3 |
| Mail Order, up to 90-day supply | \$7.50 Tier 1, \$7.50 Tier 2, N/A Tier 3 |
| Subject to drug formulary, coverage includes injectable and self-injectable medications and enteral formulas. Copayments are reduced by 50% | |

¹ Precertification must be obtained from the participating vendor prior to purchase. One pair of Diabetic Shoes (including insert) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year.

Prescription Drugs, *continued*

when utilizing EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.

Specialty Drugs

Coverage provided through EmblemHealth 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 require prior approval, which can be obtained through EmblemHealth pharmacy services. Specialty drugs are subject to the applicable prescription copayment and prescription formulary.

Additional Benefits

- Dental**..... Not covered
- Vision**, routine \$5 per visit
- Hearing Aids** \$500 max per 36 months
- Out of Area** Members are covered for emergency care both in and outside the HMO service area as well as with participating providers and nonparticipating providers.
- Eyeglasses**..... No copayment for one pair per 12 months, applies to select frames
- Podiatry**, routine, max 4 visits \$5 per visit
- Prostate Cancer Screening**..... No copayment
- Dialysis Treatment** No copayment

Plan Highlights for 2014

The EmblemHealth network has over 29,000 providers in more than 61,000 locations. EmblemHealth 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.emblemhealth.com, is now available in English, Spanish, Chinese and Korean.

Participating Physicians

EmblemHealth 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

EmblemHealth members have access to 91 of the area’s leading hospitals, including major teaching institutions.

Pharmacies and Prescriptions

Filling a prescription is easy with over 40,000 participating pharmacies nationwide, including over 4,700 participating pharmacies throughout New York State. EmblemHealth also has a mail order program through Express Scripts. EmblemHealth offers an **incented formulary** for VIP Premier (HMO) members.

Medicare Coverage

Medicare-primary NYSHIP retirees are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

Important Note: Only participating providers in the counties listed below are part of this HMO’s network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO’s NYSHIP network.

NYSHIP Code Number 050

An Network HMO serving individuals living or working in the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester

EmblemHealth

55 Water Street
New York, NY 10041

For information:

Customer Service: 1-877-861-0175

TTY: 1-888-447-4833

Web site: www.emblemhealth.com

| Benefits | Enrollee Cost |
|---|--|
| Office Visits | \$25 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$40 per visit |
| Diagnostic/Therapeutic Services | |
| 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 |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | \$25 per visit |
| Family Planning Services | \$25 PCP/ \$40 Specialist per visit |
| Infertility Services | Applicable physician/ facility copayment |
| Contraceptive Drugs ¹ | Applicable Rx copayment |
| Contraceptive Devices ¹ | Applicable copayment/ coinsurance |
| Inpatient Hospital Surgery | |
| Physician | \$200 copayment or 20% coinsurance, whichever is less |
| Facility | No copayment |
| Outpatient Surgery | |
| Hospital | \$40 Physician copayment per visit |
| Physician's Office | \$50 copayment or 20% coinsurance, whichever is less |
| Outpatient Surgery Facility | \$50 per visit |
| Emergency Room | \$100 per visit waived if admitted |

| Benefits | Enrollee Cost |
|---|---|
| Urgent Care | \$35 per visit |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$40 per visit |
| Group, unlimited | \$40 per visit |
| Inpatient Mental Health | No copayment unlimited |
| Outpatient Drug/Alcohol Rehab | \$25 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 60 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 30 visits for all outpatient services combined | \$40 per visit |
| Outpatient Speech Therapy, max 30 visits for all outpatient services combined | \$40 per visit |
| Diabetic Supplies | \$25 per item 30-day supply |
| Insulin and Oral Agents | \$25 per item 30-day supply |
| Diabetic Shoes | 50% coinsurance three pairs per year, when medically necessary |
| Hospice , max 210 days | No copayment |
| Skilled Nursing Facility | No copayment max 45 days per calendar year |

¹ Generic oral contraceptives and certain OTC contraceptive devices covered in full in accordance with the Affordable Care Act.

² Should a doctor select a brand-name drug (Tier 2 or Tier 3) 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.

Benefits

Enrollee Cost

Prescription Drugs

| | |
|---------------------------|--|
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ² |
| Mail Order, 90-day supply | \$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ² |

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

Specialty Drugs

Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and pharmacies is available on our web site.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$6,350 Individual,
\$12,700 Family per year

Dental..... Not covered

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

Hearing AidsChildren to age 19:
Covered in full for up to two hearing aids every three years, \$40 copay per visit for fittings

Out of AreaThe 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) and diagnostic

Maternity

Physician charge for delivery..... \$200 copayment or 20% coinsurance, whichever is less

Smoking CessationThe Quit For Life program is an award-winning support program to help you quit using tobacco for good. Call 1-800-442-8904 or go to www.quitnow.net/Excellus for more information.

Plan Highlights for 2014

No referrals required. Routine preventive services, such as adult physicals, mammograms, pap smears, prostate screenings and routine adult immunizations are covered in full. Our web site makes it easy to do business with us when it is convenient for you, 24 hours a day, seven 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 from over 60,000 participating FLRx Network pharmacies nationwide. We offer an **incented formulary**.

Medicare Coverage

HMOBlue offers the same benefits to Medicare-eligible NYSHIP enrollees. HMOBlue **coordinates coverage** with Medicare.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 072

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

NYSHIP Code Number 160

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

Excellus BlueCross BlueShield

HMOBlue 072
333 Butternut Drive
Syracuse, NY 13214-1803
or
HMOBlue 160
12 Rhoads Drive
Utica, NY 13502

For information:

HMOBlue 072 Customer Service: 1-800-447-6269

HMOBlue 160 Customer Service: 1-800-722-7884

TTY: 1-877-398-2275

Web site: www.excellusbcbs.com



| Benefits | Enrollee Cost |
|--|--------------------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology ¹ | \$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 |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | |
| Physician Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Contraceptive Drugs | Applicable Rx copayment ² |
| Contraceptive Devices | Applicable Rx copayment ² |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$75 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$75 per visit |
| Emergency Room | \$100 per visit |
| waived if admitted within 24 hours | |
| Urgent Care | \$50 per visit ³ |
| Ambulance | \$100 per trip |

| Benefits | Enrollee Cost |
|--|---|
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |
| Inpatient Mental Health | No copayment |
| unlimited | |
| Outpatient Drug/Alcohol Rehab | \$20 per visit |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | No copayment |
| Orthotics⁴ | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 45 days | No copayment |
| Outpatient Physical or Occupational Therapy, max 20 visits per year for all outpatient services combined | \$20 per visit |
| Outpatient Speech Therapy, max 20 visits per year for all outpatient services combined | \$20 per visit |
| Diabetic Supplies | |
| Retail, 30-day supply | \$20 per item |
| Mail Order | Not available |
| Insulin and Oral Agents | \$20 per item or applicable Rx copayment, whichever is less |
| Diabetic Shoes | No copayment |
| one pair per year, when medically necessary | |
| Hospice, unlimited | No copayment |
| Skilled Nursing Facility | No copayment |
| max 45 days | |

¹ Office based: \$20 copayment; hospital based: \$40 copayment.

² Copayment applies only for select Tier 3 oral contraceptive drugs and devices.

³ Within the service area. Outside the service area - \$20 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any. \$50 per visit to a participating After Hours Care Facility.

⁴ Excludes shoe inserts.

Benefits

Enrollee Cost

Prescription Drugs

| | |
|---------------------------|--|
| Retail, 30-day supply | \$5 Tier 1, \$25 Tier 2, \$60 Tier 3 |
| Mail Order, 90-day supply | \$12.50 Tier 1, \$62.50 Tier 2, \$150 Tier 3 (maintenance drugs) |

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

Specialty Drugs

Benefits are provided for specialty drugs by two contracted specialty pharmacy vendors, Reliance Rx Pharmacy and Walgreens Specialty 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.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits)\$4,000 Individual,
\$8,000 Family per year

Dental, preventive.....\$50 per cleaning and 20% discount on additional services at select providers

Vision, routine\$10 per visit once every 12 months

Hearing Aids Discounts available at select locations

Out of AreaWhile traveling outside the service area, members are covered for emergency and urgent care situations only.

Home Health Care, max 40 visits \$20 per visit

Eyeglasses.....\$50 for single vision lenses, frames 40% off retail price

Urgent Care in Service Area

for After Hours Care\$50 per visit

Wellness Services\$250 allowance for use at a participating facility

Plan Highlights for 2014

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 4,000 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 and may be directed to other hospitals when medically necessary.

Pharmacies and Prescriptions

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 58,000 pharmacies nationwide.

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. Call for detailed information.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 059

An IPA HMO serving individuals living or working in the following counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Independent Health

511 Farber Lakes Drive
Buffalo, NY 14221

For information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Web site: www.independenthealth.com

Medicare Advantage Plan



| Benefits | Enrollee Cost |
|--|-----------------------------|
| Office Visits | \$20 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$20 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$20 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$20 per visit |
| Radiation | No copayment |
| Chemotherapy | \$20 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment ¹ |
| Mammograms | No copayment |
| Prenatal Visits | No copayment |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$20 per visit |
| Infertility Services | \$20 per visit |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$20 per visit |
| Physician's Office | \$20 per visit |
| Outpatient Surgery Facility | \$20 per visit |
| Emergency Room | \$65 per visit |
| waived if admitted within 24 hours | |
| Urgent Care | \$20 per visit ² |
| Ambulance | \$100 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$20 per visit |
| Group, unlimited | \$20 per visit |

| Benefits | Enrollee Cost |
|--|---|
| Inpatient Mental Health | No copayment |
| max 190 days per lifetime | |
| Outpatient Drug/Alcohol Rehab | \$20 per visit |
| unlimited | |
| Inpatient Drug/Alcohol Rehab | No copayment |
| unlimited | |
| Durable Medical Equipment | No copayment |
| Prosthetics | No copayment |
| Orthotics³ | No copayment |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, unlimited | No copayment |
| Outpatient Physical or Occupational Therapy, unlimited | \$20 per visit |
| Outpatient Speech Therapy, unlimited | \$20 per visit |
| Diabetic Supplies | |
| Retail, 30-day supply | No copayment |
| Mail Order | Not available |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | No copayment |
| one pair per year, when medically necessary | |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | No copayment |
| up to 100 days per benefit period | |
| Prescription Drugs | |
| Retail, 30-day supply | \$0 Tier 1, \$5 Tier 2, \$25 Tier 3, \$45 Tier 4, \$25 Tier 5 |
| Mail Order, 90-day supply | \$0 Tier 1, \$12.50 Tier 2, \$62.50 Tier 3, \$112.50 Tier 4, \$62.50 Tier 5 (maintenance drugs) |
| Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. Medicare Encompass prescription drug coverage is an enhancement to Medicare Part D and | |

¹ No copayment if preventive. Limit one per year.

² Services received in an emergency department of a hospital are subject to a \$65 copayment per ER visit.

³ Excludes shoe inserts.

Benefits

Enrollee Cost

Prescription Drugs, *continued*

therefore is subject to any changes required by the Centers for Medicare & Medicaid Services for 2014. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a five-tier benefit that covers prescription drugs through the Medicare Part D deductible and coverage gap.

Specialty Drugs

\$25 Tier 5

Benefits are provided for specialty drugs by Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs 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. A 90-day supply is not available.

Additional Benefits

| | |
|-------------------------------|--|
| Dental | Not covered |
| Vision , routine | No copayment |
| Hearing Aids | Discounts available through hearing hardware vendors specified on the Independent Health web site. |
| Out of Area | While traveling outside the service area, coverage is provided for renal dialysis, urgent and emergency situations only. |
| Home Health Care | No copayment unlimited, requires authorization |
| Eyeglasses | \$150 annual allowance |

Plan Highlights for 2014

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Participating Physicians

Independent Health is affiliated with over 4,000 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

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 58,000 pharmacies nationwide. Independent Health offers an **enhanced 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.

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 059

An IPA HMO serving individuals living or working in the following counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Independent Health

511 Farber Lakes Drive
Buffalo, NY 14221

For information:

Customer Service: 1-800-501-3439

TTY: 1-716-631-3108

Web site: www.independenthealth.com



| Benefits | Enrollee Cost |
|---|---|
| Office Visits | \$25 per visit (\$10 for children) ¹ |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | No copayment |
| Specialty Office Visits | \$40 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$25 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | \$25 per visit |
| Radiation | \$40 per visit |
| Chemotherapy | \$40 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| Mammograms | No copayment |
| Prenatal Visits | \$25 for initial visit only |
| Postnatal Visits | No copayment |
| Bone Density Tests | No copayment |
| Family Planning Services | \$25 PCP/\$40 Specialist per visit |
| Infertility Services | \$25 PCP/\$40 Specialist per visit |
| Contraceptive Drugs ³ | No copayment ² |
| Contraceptive Devices ³ | No copayment ² |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | \$40 per visit |
| Physician's Office | \$25 PCP/\$40 Specialist per visit |
| Outpatient Surgery Facility | \$40 per visit |
| Emergency Room | \$75 per visit waived if admitted |
| Urgent Care | \$25 per visit |
| Ambulance | \$50 per trip |

| Benefits | Enrollee Cost |
|---|--|
| Outpatient Mental Health | |
| Individual, unlimited | \$40 per visit |
| Group, unlimited | \$40 per visit |
| Inpatient Mental Health, unlimited | No copayment |
| Outpatient Drug/Alcohol Rehab | \$25 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 50% coinsurance |
| Prosthetics | 50% coinsurance |
| Orthotics | 50% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient, max 2 months per condition | No copayment |
| Outpatient Physical or Occupational Therapy, max 30 visits for all outpatient services combined | \$40 per visit |
| Outpatient Speech Therapy, max 30 visits for all outpatient services combined | \$40 per visit |
| Diabetic Supplies | \$25 per boxed item 31-day supply |
| Insulin and Oral Agents | \$25 per boxed item 31-day supply |
| Diabetic Shoes | 50% coinsurance unlimited pairs, when medically necessary |
| Hospice, max 210 days | No copayment |
| Skilled Nursing Facility | No copayment max 45 days |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$50 Tier 3 |
| Mail Order, 90-day supply | \$25 Tier 1, \$75 Tier 2, \$125 Tier 3 |

¹ PCP Sick Visits for Children (newborn up to age 26) \$10 per visit.

² Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs plus the Tier 1 copayment.

³ Over-the-counter contraceptives are not covered.

Prescription Drugs, *continued*

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, 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.

Specialty Drugs

MVP uses CuraScript, a specialty pharmacy services company. Copayments are listed above. See www.curascript.com for more information.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits) \$6,350 Individual
\$12,700 Family per year

Dental..... \$25 per preventive visit
(children to age 19)

Vision, routine \$25 per exam every 24 months

Hearing Aids Not covered

Out of Area While traveling, coverage is provided for emergency situations only.

Plan Highlights for 2014

Each MVP subscriber receives \$100 HealthDollars to spend on health, wellness and fitness programs! No referrals required! Enjoy significant savings on a wide variety of health-related items, special discounts on LASIK eye surgery, eyewear and alternative medicine.

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 MVP. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Gold Plan, MVP Health Care’s **Medicare Advantage Plan**. Some of the MVP Gold Plan’s copayments may vary from the MVP HMO Plan’s copayments. The MVP HMO plan coordinates coverage with Medicare in the North Region (360).

Important Note: Only participating providers in the counties listed below are part of this HMO’s network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO’s NYSHIP network.

NYSHIP Code Number 058

An IPA HMO serving individuals living or working in the following counties in New York: Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates

NYSHIP Code Number 060

An IPA HMO serving individuals living or working in the following counties in New York: Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

NYSHIP Code Number 330

An IPA HMO serving individuals living or working in the following counties in New York: Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins

NYSHIP Code Number 340

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster

NYSHIP Code Number 360

An IPA HMO serving individuals living or working in the following counties in New York: Franklin and St. Lawrence

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.mvphealthcare.com

Medicare Advantage Plan



| Benefits | Enrollee Cost |
|--|--|
| Office Visits | \$10 per visit |
| Annual Adult Routine Physicals | No copayment |
| Well Child Care | \$10 per visit |
| Specialty Office Visits | \$15 per visit |
| Diagnostic/Therapeutic Services | |
| Radiology | \$15 per visit |
| Lab Tests | No copayment |
| Pathology | No copayment |
| EKG/EEG | No copayment |
| Radiation | No copayment |
| | (office visit copayment may apply) |
| Chemotherapy | \$15 per visit |
| Women's Health Care/OB GYN | |
| Pap Tests | No copayment |
| | (office visit copayment may apply) |
| Mammograms | No copayment |
| Prenatal Visits | \$10 PCP/\$15 Specialist for initial visit only |
| Postnatal Visits | \$10 PCP/\$15 Specialist for initial visit only |
| Bone Density Tests | No copayment |
| Family Planning Services | \$10 PCP/ \$15 Specialist per visit |
| Infertility Services | \$10 PCP/ \$15 Specialist per visit |
| Contraceptive Drugs | Applicable Rx copayment |
| Contraceptive Devices | Applicable Rx copayment |
| Inpatient Hospital Surgery | No copayment |
| Outpatient Surgery | |
| Hospital | No copayment |
| Physician's Office | \$10 PCP/ \$15 Specialist per visit |
| Outpatient Surgery Facility | No copayment |
| Emergency Room | \$65 per visit waived if admitted within 24 hours |

| Benefits | Enrollee Cost |
|---|--|
| Urgent Care | \$15 per visit |
| Ambulance | \$50 per trip |
| Outpatient Mental Health | |
| Individual, unlimited | \$15 per visit |
| Group, unlimited | \$15 per visit |
| Inpatient Mental Health | No copayment |
| | 190-day lifetime max |
| Outpatient Drug/Alcohol Rehab | \$15 per visit unlimited |
| Inpatient Drug/Alcohol Rehab | No copayment unlimited |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Orthotics¹ | 20% coinsurance |
| Rehabilitative Care, Physical, Speech and Occupational Therapy | |
| Inpatient | No copayment |
| Outpatient Physical or Occupational Therapy ² | \$15 per visit |
| Outpatient Speech Therapy ² | \$15 per visit |
| Diabetic Supplies | 10% coinsurance |
| Insulin and Oral Agents | Applicable Rx copayment |
| Diabetic Shoes | 10% coinsurance one pair per year, when medically necessary |
| Hospice | Covered by Medicare |
| Skilled Nursing Facility | |
| Days 1-20 | No copayment |
| Days 21-100 | \$135 copayment |
| Prescription Drugs | |
| Retail, 30-day supply | \$10 Tier 1, \$30 Tier 2, \$60 Tier 3, \$60 Tier 4, \$0 Tier 5 ³ |
| Mail Order, 90-day supply | \$20 Tier 1, \$60 Tier 2, \$120 Tier 3, \$120 Tier 4, \$0 Tier 5 ³ |

¹ Includes foot orthotics.

² Combined annual maximum of \$1,870 for physical and speech therapy. Annual maximum of \$1,870 for occupational therapy.

³ Specialty prescription drugs include non-formulary drugs. Tier 5 includes no cost generic drugs.

Prescription Drugs, *continued*

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

Specialty Drugs

MVP uses CuraScript, a specialty pharmacy services company. See copayments above. Refer to www.curascript.com for additional information.

Additional Benefits

Dental..... Not covered

Vision \$15 copayment for annual routine exam, \$100 allowance every 2 years for frames or contact lenses

Hearing Aids \$600 allowance every 3 years

Out of Area Nonemergency medical care while traveling outside MVP Gold's service area, with 30% coinsurance up to \$5,000 per calendar year.

Acupuncture, max 10 visits.....50% coinsurance

Plan Highlights for 2014

Members enjoy free fitness center membership benefits through the SilverSneakers Fitness Program and \$100 in HealthDollars for health, wellness or fitness classes or programs.

Participating Physicians

More than 27,500 participating physicians and health practitioners located throughout the 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 "chain" stores and many independent pharmacies within the service area participate with the MVP prescription program. Convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some copayments may differ from the MVP HMO Plan's copayments. Please contact Member Services for further details. The MVP HMO Plan **coordinates coverage** with Medicare in the North Region (360).

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code Number 058

An IPA HMO serving individuals living or working in the following counties in New York: Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates

NYSHIP Code Number 060

An IPA HMO serving individuals living or working in the following counties in New York: Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

NYSHIP Code Number 330

An IPA HMO serving individuals living or working in the following counties in New York: Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins

NYSHIP Code Number 340

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster

MVP Health Care

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

For information:

Customer Service: 1-888-MVP-MBRS (687-6277)

Medicare-eligible (Rochester Region only):

1-800-209-3945

TTY: 1-800-662-1220

Web site: www.mvphealthcare.com

IF YOU ARE CHANGING YOUR HEALTH INSURANCE OPTION

1. Complete the NYSHIP Option Transfer Request form on the opposite page if you want to switch from The Empire Plan to a NYSHIP HMO, or from a NYSHIP HMO to The Empire Plan or from a NYSHIP HMO to another NYSHIP HMO. Enrollee signature is required. (**Note:** If you and your dependent(s) are transferring into The Empire Plan, each Medicare-primary individual will be enrolled automatically in the Empire Plan Medicare Rx program; you do not need to submit an additional form to enroll in that program.)
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 plans that include Medicare coverage...

| | | | |
|------------|---|------------|--|
| Option 001 | The Empire Plan | Option 290 | Empire BlueCross BlueShield HMO (Downstate) |
| Option 210 | Aetna | Option 320 | Empire BlueCross BlueShield HMO (Mid-Hudson) |
| Option 066 | Blue Choice | Option 050 | HIP Health Plan of New York |
| Option 067 | BlueCross BlueShield of Western New York | Option 059 | Independent Health |
| Option 063 | CDPHP (Capital) | Option 058 | MVP Health Care (Rochester) |
| Option 300 | CDPHP (Central) | Option 060 | MVP Health Care (East) |
| Option 310 | CDPHP (Hudson Valley) | Option 330 | MVP Health Care (Central) |
| Option 280 | Empire BlueCross BlueShield HMO (Upstate) | Option 340 | MVP Health Care (Mid-Hudson) |

...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 plans 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.ny.gov/mynyship> for more information.

WHEN YOU ARE ENROLLED IN MEDICARE AND YOU LEAVE AN HMO

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

| | |
|------------|--|
| Option 210 | Aetna |
| Option 066 | Blue Choice |
| Option 067 | BlueCross BlueShield of Western New York |
| Option 063 | CDPHP (Capital) |
| Option 300 | CDPHP (Central) |
| Option 310 | CDPHP (Hudson Valley) |
| Option 280 | Empire BlueCross BlueShield HMO (Upstate) |
| Option 290 | Empire BlueCross BlueShield HMO (Downstate) |
| Option 320 | Empire BlueCross BlueShield HMO (Mid-Hudson) |
| Option 050 | HIP Health Plan of New York |
| Option 059 | Independent Health |
| Option 058 | MVP Health Care (Rochester) |
| Option 060 | MVP Health Care (East) |
| Option 330 | MVP Health Care (Central) |
| Option 340 | MVP Health Care (Mid-Hudson) |

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

Act quickly! If you do not fill out the HMO Enrollment Cancellation form and mail it to the HMO prior to the effective date you are requesting, you may have claim problems with your new NYSHIP plan. You may be responsible for the full cost of services that would have been covered by Medicare.

Reminder: The NYSHIP Option Transfer Request form (see page 77) also is required for this option change. Please be sure to complete and submit that form to the Employee Benefits Division as early as possible before the effective date of the change.

NYSHIP MEDICARE ADVANTAGE HMO ENROLLMENT CANCELLATION

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

Option Code Number _____ Plan Name _____

Social Security Number _____

Member's Name _____
First Middle Last

Address _____

Telephone Number (_____) _____

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

Date _____ Enrollee's Signature _____

Please provide the following required information for each enrolled dependent.

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

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

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

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

USE THIS FORM FOR OPTION CHANGE ONLY



NOTES

NOTES

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://www.cs.ny.gov>



2014 Health Insurance Choices (Retirees) –
December 2013

**! Please do not send mail or
correspondence to the return
address above. See page 4
■ for address information.**

It is the policy of the New York State 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.ny.gov>). 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 at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

Health Insurance Choices was printed using recycled paper and environmentally sensitive inks.

Choices 2014/Retirees

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The New York State Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with NYSHIP administrators 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 Empire Plan certificate of insurance with amendments are the controlling documents for benefits available under NYSHIP.