



# '07 CHOICES

**For active employees of  
New York State and  
Participating Employers**

**Health Insurance Choices**  
Choose your Health Insurance Plan  
and Pre-Tax Status for 2007



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

*October 2006*

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## During the Option Transfer Period, you may make two important choices for 2007

### Choose Your Health Insurance Plan

This booklet explains the options available to you under the New York State Health Insurance Program (NYSHIP). Choose either The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. Consider your health insurance options carefully. You may not change your health insurance option after the deadline except in special circumstances. (See your *NYSHIP General Information Book* and Empire Plan or HMO Reports for details about changing options outside the Option Transfer Period.) If you still have specific questions after you've read the plan descriptions, contact The Empire Plan carriers and HMOs directly.

### Rates for 2007 and Deadline for Changing Plans

The Empire Plan and HMO rates for 2007 are mailed to your home and posted on our web site as soon as they are approved. (*Participating Employers, such as the Thruway Authority and MTA, will notify their enrollees of 2007 rates.*) The rate flyer announces the option change deadline and paycheck deduction dates. You have 30 days from the date your agency receives rate information to make a decision. Rates are posted on the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) as soon as they are approved. Click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Health Benefits. Choose Rates and Health Plan Choices. Your agency Health Benefits Administrator or HBA can help if you have questions. COBRA enrollees may contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, and the Virgin Islands).

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

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

Changes are not automatic and deadlines apply. You must report any change that may affect your coverage to your agency Health Benefits Administrator. See pages 1 and 2 in this booklet and your *NYSHIP General Information Book* for complete information.

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## Choose Your Pre-Tax Contribution Program Status by November 30, 2006

The following does NOT apply to employees of Participating Employers. Ask your agency Health Benefits Administrator (HBA) if a Pre-Tax Contribution Program (PTCP) is available to you. Pre-tax does not apply to COBRA enrollees.

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

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

Under PTCP, you can make the following changes only in November each year:

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

Under Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the tax year only after a PTCP-qualifying event. For a list of PTCP-qualifying events, see your *NYSHIP General Information Book*. To change your pre-tax selection for 2007, see your agency HBA and complete a health insurance transaction form (PS 404) by November 30, 2006.

## Your Biweekly Premium Contribution

The following does NOT apply to employees of Participating Employers. Participating Employers will provide premium information. It also does not apply to COBRA enrollees.

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

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

As soon as they are available, 2007 rates will be mailed to your home and posted on our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Health Benefits. Choose Rates and Health Plan Choices.

## Information and Reminders

### Let Your Agency Know About Changes

You must notify your agency HBA if your home address or phone number changes.

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

### Retiring or Vesting in 2007?

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

## Medicare and NYSHIP

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

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

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

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

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

**Read the following important information if you are planning to retire or vest in 2007, and consider how your NYSHIP benefits will be affected when Medicare is your primary coverage.**

- **If you are enrolled in original Medicare (Parts A and B) and have secondary coverage under The Empire Plan:** The Empire Plan coordinates benefits with Medicare. Since Medicare does not provide coverage outside the U.S., The Empire Plan pays primary for covered services received outside the U.S.
- **If you enroll in a NYSHIP Medicare Advantage Plan:** You replace your original fee-for-service Medicare coverage with benefits offered by the Medicare Advantage Plan. Benefits under the HMO’s Medicare Advantage Plan may differ from your benefits as an active employee. To qualify for benefits, all medical care (except for emergency or out-of-area urgently needed care) must be provided, arranged or authorized by the HMO.
- **If you enroll in a NYSHIP HMO that coordinates coverage with Medicare:** You receive the same benefits from the HMO as an active employee and still qualify for original Medicare benefits if you receive treatment outside your HMO.
- **If you are enrolled in The Empire Plan and join a Medicare Advantage Plan that is not part of NYSHIP:** If you receive services that are not authorized by your HMO, The Empire Plan will not

pay for Medicare-covered services that would have been covered by the HMO.

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

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

For more information about NYSHIP and Medicare, ask your agency HBA for a copy of *Health Insurance Choices for Retirees, Planning for Retirement, Medicare & NYSHIP, Medicare for Disability Retirees* and other NYSHIP information for retirees.

You will find information in your *NYSHIP General Information Book*. Read the chapter titled “Medicare: When You Must Enroll and Coordinating with NYSHIP.”

## Choosing Your Health Plan

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

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

## Benefits

### The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of hospital, medical/surgical, and mental health and substance abuse coverage.
- All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund.

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

## Exclusions

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

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

## Geographic Area Served

### The Empire Plan

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

### Health Maintenance Organizations (HMOs)

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

## Benefits Provided by The Empire Plan and All NYSHIP HMOs

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

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



## Consider Cost

Although New York State pays most of the premium cost for your coverage regardless of which plan you choose, differences in plan benefits among the various health insurance options result in different employee contributions for coverage. (See “Your Biweekly Premium Contribution” on page 1.) However, when considering cost, think about all your costs throughout the year, not just your biweekly paycheck deduction. Keep in mind out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Add the annual premium for that plan to these costs to estimate your total annual cost under that plan. Do this for each plan you are considering and compare the costs. Watch for the *NYSHIP Rates & Deadlines for 2007* flyer that will be mailed to your home and posted on our web site, [www.cs.state.ny.us](http://www.cs.state.ny.us), as soon as rates are approved. Along with this booklet, which provides copayment information, *NYSHIP Rates & Deadlines for 2007* will provide the information you need to figure your annual cost under each of the available plans.

## The Empire Plan or a NYSHIP HMO

### What's New in 2007?

#### The Empire Plan

- Effective June 29, 2006, the human papilloma virus (HPV) vaccine for the prevention of cervical cancer is covered as a pediatric immunization for dependent females up to age 19 years (21 for PBA or PIA) under both The Empire Plan Participating Provider and Basic Medical Programs. Female enrollees and dependents age 19 to 26 years are eligible for the immunization under the Participating Provider Program.
- Effective October 1, 2006, The Empire Plan offers the Depression Management Program through ValueOptions. If you or your dependents have received recent treatment for depression, you may be invited to participate in this program. Participation is voluntary, free of charge and confidential.

#### NYSHIP HMOs

Effective January 1, 2007:

- No new enrollments will be accepted for Aetna.
- Aetna will no longer provide services to NYSHIP enrollees who live in Pennsylvania and do not work in Aetna's NYSHIP-approved service area. If you are currently enrolled in Aetna and wish to receive health care services in Pennsylvania, you must enroll in The Empire Plan during the upcoming Option Transfer Period. If, however, you work in an area served by Aetna, you may remain in Aetna or enroll in another NYSHIP-approved HMO that serves the area where you work. If you elect to remain in Aetna or enroll in another NYSHIP-approved HMO that serves the area where you work, you must receive all health care services from that HMO while in the HMO's approved service area. For instructions on

how to change plans, see “What you Need to Do” on page 12 of this booklet.

- Vytra is no longer available. If you are a current Vytra enrollee, you must transfer to a different NYSHIP plan that services the area in which you live or work, or you will be automatically transferred into The Empire Plan effective January 1, 2007. For instructions on how to change plans, see “What you Need to Do” on page 12 of this booklet.
- Univera Healthcare will offer a Medicare Advantage Plan for Medicare-primary enrollees.

#### The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed care features, but enrollees are not required to choose a primary care physician and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, mental health and substance abuse treatment, home care and some prescription drugs, require pre-approval. Coverage is available worldwide. It is not limited to your geographic area. The New York State Department of Civil Service contracts with major insurance companies (carriers) to insure and administer different parts of the Plan.

The Empire Plan provides:

- Inpatient and outpatient hospital coverage for medical, surgical and maternity care;
- Medical and surgical coverage. Coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Provider Discount Program if you choose a non-participating provider;
- Home care services, diabetic supplies, enteral formulas, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP);

- Physical medicine (chiropractic treatment and physical therapy) coverage;
- Inpatient and outpatient mental health and substance abuse coverage;
- Prescription drug coverage unless it is provided by a union Employee Benefit Fund;
- Centers of Excellence Programs for cancer, transplants and infertility;
- 24-hour NurseLine<sub>SM</sub> for health information and support; and
- Worldwide coverage.

## Cost Sharing

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

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

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

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

**If you use a non-participating provider for medical and surgical services**, benefits for covered services are paid under the Basic Medical Program. After you satisfy an annual deductible:

- The Empire Plan pays 80 percent of the reasonable and customary charge.
- You are responsible for the 20 percent coinsurance and charges in excess of the reasonable and customary charge.
- After you reach the out-of-pocket maximum, you will be reimbursed up to 100 percent of the reasonable and customary charge. See the chart on page 7 for the Basic Medical deductible and coinsurance maximum amounts that apply to you, based on your employee group.
- You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

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

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

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

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

## Providers

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

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

## **NYSHIP Health Maintenance Organizations**

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

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

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

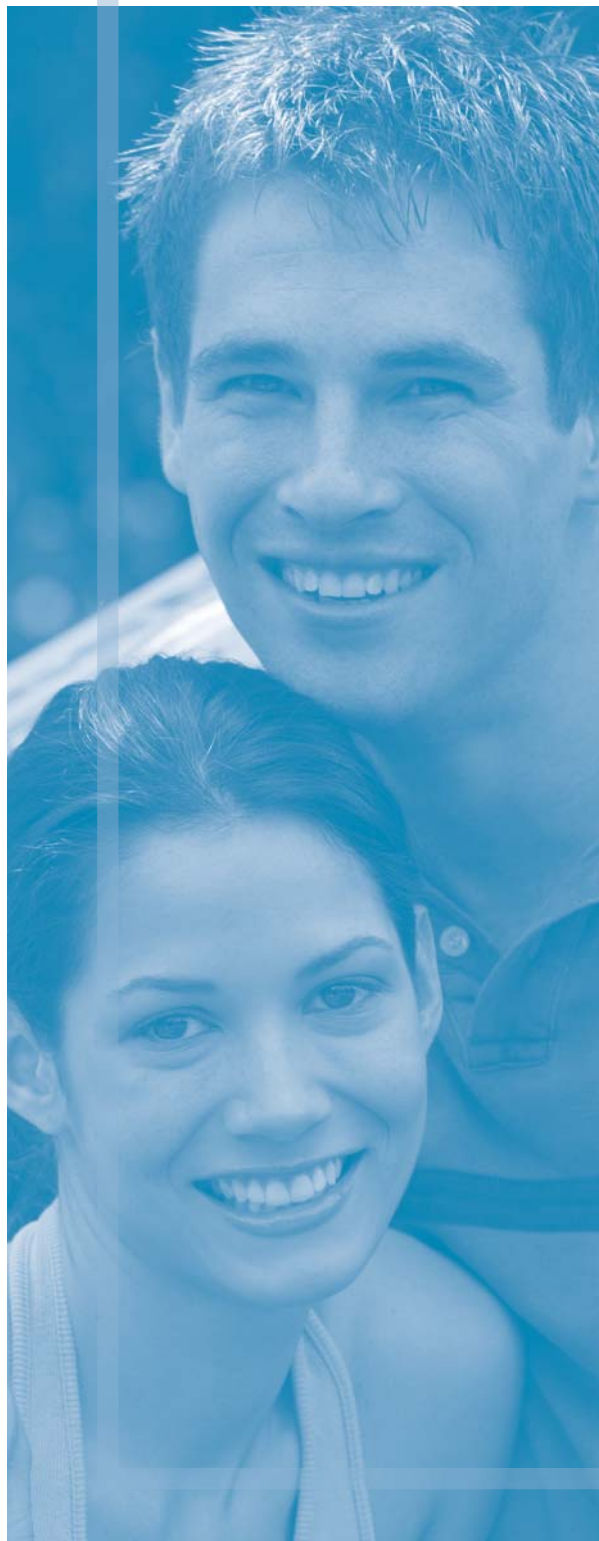
All NYSHIP HMOs cover inpatient and outpatient hospital care at a network hospital and offer prescription drug coverage unless it is provided through a union Employee Benefit Fund.

NYSHIP HMOs are organized in one of two ways:

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

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

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





## EMPIRE PLAN Basic Medical Program Effective January 1, 2007

Employee Group	Annual Deductible <i>(per enrollee; per spouse or domestic partner; per all dependent children combined)</i>	Coinsurance Maximum <i>(out-of-pocket expense per contract)</i>
<b>Executive Branch CSEA</b>	\$225	\$900/\$500**
<b>DC-37</b>	\$259 CPI*	\$1,003 CPI*/\$500**
<b>PBA - Troopers</b>	\$335 CPI*	\$1,241 CPI*
<b>PBA - Supervisors</b>	\$335 CPI*	\$1,241 CPI*
<b>PIA</b>	\$335 CPI*	\$1,241 CPI*
<b>Council 82</b>	\$335 CPI*	\$1,241 CPI*
<b>ALES</b>	\$335 CPI*	\$1,241 CPI*
<b>NYSCOPBA</b>	\$335 CPI*	\$1,241 CPI*
<b>UUP</b>	\$335 CPI*	\$1,610 CPI*
<b>PEF</b>	\$335 CPI*	\$1,610 CPI*
<b>M/C</b>	\$335 CPI*	\$1,610 CPI*
<b>Legislature</b>	\$335 CPI*	\$1,610 CPI*
<b>Participating Employers</b>	\$335 CPI*	\$1,610 CPI*
<b>Unified Court System</b>	\$225	\$900/\$500**
<b>Retirees, Vesteas, Dependent Survivors and Preferred List</b>	\$335 CPI*	\$1,610 CPI*

\* These changes reflect the 4.0% increase in the medical care component of the Consumer Price Index for Urban Wage Earners and Clerical Workers, all Cities (C.P.I.-W.) for the period July 1, 2005 through June 30, 2006.

\*\* The coinsurance maximum out-of-pocket expense will be \$500 for calendar year 2007 for employees in (or equated to) salary grade 6 or below on January 1, 2007. Not available to Judges and Justices.

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

# The Empire Plan and NYSHIP HMOs: Similarities and Differences

	The Empire Plan	NYSHIP HMOs
<p><b>Can I use the hospital of my choice?</b></p>	<p>Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital*. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program.</p> <p>Network hospital inpatient: Paid-in-full hospitalization benefits.</p> <p>Network hospital outpatient and emergency care: Subject to network copayments.</p> <p>Non-network hospital inpatient and outpatient: 10 percent coinsurance** up to an annual maximum of \$1,500 per enrollee/spouse or domestic partner/dependent children combined.</p> <p>Note: \$1,000 of \$1,500 coinsurance maximum is reimbursable under the Basic Medical Benefits Program</p>	<p>Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.</p>
<p><b>If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?</b></p>	<p>Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers and Basic Medical Provider Discount Program benefits for non-participating providers who are part of The Empire Plan MultiPlan group* (See page 5 for more information on the Basic Medical Provider Discount Program). Your hospital benefits will differ depending on whether you choose a network or non-network hospital*. (See above for details.)</p>	<p>You should expect to choose a participating physician and a participating hospital. Under certain circumstances you may be able to receive a referral to a specialist care center outside the network.</p>
<p><b>Can I be sure I will not need to pay more than my copayment when I receive medical services?</b></p>	<p>Yes. Your copayment should be your only expense if you:</p> <ul style="list-style-type: none"> <li>• Choose a participating provider;</li> <li>• Receive inpatient or covered outpatient hospital services at a network hospital and follow Benefits Management Program requirements.*</li> </ul>	<p>Yes. As long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.</p>

	<b>The Empire Plan</b>	<b>NYSHIP HMOs</b>
<b>Will I be covered for care I receive away from home?</b>	Yes. Under The Empire Plan, your benefits are the same wherever you receive care.	Under an HMO, you are covered away from home only for emergency care. Some HMOs provide coverage for routine care if the HMO has reciprocity with another HMO. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been pre-authorized.
<b>Do I have coverage for mental health treatment?</b>	Yes. You have guaranteed access to unlimited medically necessary inpatient and outpatient care as long as you follow Plan requirements.	Yes. Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.
<b>What kind of care is available for physical therapy and chiropractic care?</b>	You have guaranteed access to unlimited medically necessary care when you choose participating providers and follow Plan requirements.	Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.
<b>What if I need durable medical equipment, medical supplies or home nursing?</b>	You have guaranteed, paid-in-full access to medically necessary home care, equipment and supplies through the Home Care Advocacy Program (HCAP) when pre-authorized and arranged by the Plan.	Benefits are available and vary depending on the HMO. Benefits may require a greater percentage of cost-sharing.
<b>Will I receive benefits for any drug my doctor prescribes?</b>	The Plan covers all medically necessary drugs that require a prescription. Your out-of-pocket cost depends on the drug and quantity prescribed and where you fill your prescription. You pay a higher copayment for brand-name drugs not on the Plan's preferred drug list. Some drugs require prior authorization.	Some HMOs require doctors to choose from a list of preferred drugs. A drug not on the list may not be covered or you may pay a higher out-of-pocket cost. Some HMOs require the use of a mail service pharmacy for maintenance medications.

\* Applies only to Empire Plan-primary enrollees

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

*Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 15 of this booklet, in the Empire Plan Certificate (available from your agency Health Benefits Administrator) and in the HMO contract (available from each HMO).*

## Questions And Answers

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

**A:** The Empire Plan is available worldwide, wherever you live or work. To enroll or continue enrollment in a NYSHIP-approved HMO, you must live or work in that HMO's service area. If you move permanently out of and/or no longer work in your HMO's service area, you must change options. See "Plans by County" on pages 13 and 14 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2007.

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

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

For Empire Plan providers:

- Visit [www.cs.state.ny.us](http://www.cs.state.ny.us); click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Find a Provider.
- Ask your agency Health Benefits Administrator for *The Empire Plan Participating Provider Directory*.
- 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.

For HMO providers:

- Visit the web sites on individual HMO pages in this booklet for provider information.
- Call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

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

Participating providers change. You cannot change your plan outside the Option Transfer Period because your provider no longer participates.

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

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

### **Q: What if I retire in 2007 and become eligible for Medicare?**

**A:** Regardless of which option you choose, as a retiree, you and your dependent must be enrolled in Medicare Parts A and B when either of you first becomes eligible for primary Medicare coverage. Please read about Medicare and NYSHIP and Medicare Part D on page 2.

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

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

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



## Terms To Know

- **Coinsurance:** The enrollee's share of the cost of covered services; a fixed percentage of medical expenses.
- **Copayment:** The enrollee's share of the cost of covered services that is a fixed dollar amount paid when medical service is received, regardless of the total charge for service.
- **Deductible:** The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services.
- **Fee-for-service:** A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.
- **Formulary:** A list of preferred drugs used by a health plan. If a plan has a closed formulary, you have coverage only for drugs that appear on the list. If a plan has an open formulary, use of the list is voluntary. An incented formulary is a type of open formulary that encourages use of preferred drugs to non-preferred drugs based on a tiered copayment schedule.
- **Health Benefits Administrator (HBA):** Personnel located in each State agency, often in the Human Resources or Personnel Office, who work with the Employee Benefits Division in the Department of Civil Service to process enrollment transactions and answer health insurance questions. You are responsible for notifying your agency HBA of changes that might affect your enrollment.
- **Health Maintenance Organization (HMO):** A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network.
- **Managed Care:** A health care program designed to ensure you receive the highest quality medical care for the lowest cost, in the most appropriate health care setting. Most managed care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He/she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.
- **Medicare:** A federal health insurance program that covers certain people age 65 or older, disabled persons under 65, and those who have end-stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare & Medicaid Services (CMS) and administered by the Social Security Administration.
- **Medicare Advantage Plan:** Medicare option wherein the HMO agrees with Medicare to accept a fixed monthly payment for each Medicare enrollee. In exchange, the HMO provides or pays for all medical care needed by the enrollee. If you join a Medicare Advantage Plan, you replace your original Medicare coverage (Parts A and B) with benefits offered by the HMO. Most Medicare Advantage Plans include Medicare Part D drug coverage. The benefits under these HMOs are set in accordance with Medicare's guidelines for Medicare Advantage Plans.
- **Network:** A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.
- **New York State Health Insurance Program (NYSHIP):** NYSHIP covers approximately 1.2 million public employees, retirees and dependents and is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.
- **Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan and NYSHIP-approved HMOs within a specific geographic area.

# Making A Choice

## Decision-Making Checklist

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

- What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? (*Employees of Participating Employers: If you receive your drug coverage from a union Employee Benefit Fund, that coverage will not be affected by a change in your health insurance plan.*) What is my share of the cost? Does the plan have an open, closed or incented formulary? Am I required to use the mail service pharmacy?
- What choice of providers do I have under the plan? (Ask if the provider or facilities you use are covered.) How would I consult a specialist if I needed one? Would I need a referral?
- What is the cost of the health plan to me?
- What will my out-of-pocket expenses be?
- Does the plan cover special needs? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you'll have coverage. Ask The Empire Plan carriers or HMOs about your specific treatment.)
- Are routine office visits and urgent care covered for out-of-area college students, or is only emergency health care covered?
- How much paperwork is involved in the health plan – do I have to fill out forms?

## What You Need To Do

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

If you decide to change your benefit plan:

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

## Things to Remember

Choosing a health plan is an important decision.

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

## How to Use the Choices Benefit Charts, Pages 15 – 43

All NYSHIP plans must include a minimum level of benefits (see page 3). Some benefits are the same. For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient medical/surgical hospital care at network hospitals.

**BENEFITS PROVIDED BY ALL PLANS AT THE SAME LEVEL OF COVERAGE (see page 3) ARE NOT LISTED ON EACH PLAN'S CHART.**

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

## A Reminder

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

# Plans by County

## The Empire Plan

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 15-19 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	15	20	22	24	24	24	26	28	28	28	30	30	32	34	34	36	38	38	38	40	42
	The Empire Plan	Aetna	Blue Choice	CDPHP	CDPHP	CDPHP	Community Blue	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	GHI HMO	GHI HMO	HIP	HMOBlue	HMOBlue	Independent Health	MVP	MVP	MVP	Preferred Care	Univera
NYSHIP CODE	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	058	057
Albany	•			•				•			•						•				
Allegany	•						•									•					
Bronx	•	•							•				•								
Broome	•				•									•				•			
Cattaraugus	•						•									•					•
Cayuga	•													•				•			
Chautauqua	•						•									•					
Chemung	•													•							
Chenango	•				•										•			•			
Clinton	•							•							•						
Columbia	•			•				•			•						•				
Cortland	•													•				•			
Delaware	•				•			•			•				•			•			
Dutchess	•					•				•		•							•		
Erie	•						•									•					•
Essex	•				•			•							•						
Franklin	•														•						
Fulton	•			•				•							•		•				
Genesee	•						•									•				•	•
Greene	•			•				•			•						•				
Hamilton	•				•												•				
Herkimer	•				•										•			•			
Jefferson	•														•			•			
Kings	•	•							•				•								
Lewis	•														•			•			
Livingston	•		•																	•	
Madison	•				•										•			•			

Page in Choices	15	20	22	24	24	24	26	28	28	28	30	30	32	34	34	36	38	38	38	40	42	
	The Empire Plan	Aetna	Blue Choice	CDPHP	CDPHP	CDPHP	Community Blue	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	Empire BlueCross BlueShield HMO	GHI HMO	GHI HMO	HIP	HMOBlue	HMOBlue	Independent Health	MVP	MVP	MVP	Preferred Care	Univera	
<b>NYSHIP CODE</b>	001	210	066	063	300	310	067	280	290	320	220	350	050	072	160	059	060	330	340	058	057	
Monroe	•		•																		•	
Montgomery	•			•				•							•		•					
Nassau	•	•							•				•									
New York	•	•							•				•									
Niagara	•						•									•						•
Oneida	•				•										•			•				
Onondaga	•													•				•				
Ontario	•		•																		•	
Orange	•	•				•				•		•								•		
Orleans	•						•									•				•		•
Oswego	•													•				•				
Otsego	•				•										•			•				
Putnam	•	•								•		•								•		
Queens	•	•							•				•									
Rensselaer	•			•				•			•						•					
Richmond	•	•							•				•									
Rockland	•	•							•			•								•		
Saratoga	•			•				•			•						•					
Schenectady	•			•				•			•						•					
Schoharie	•			•				•									•					
Schuyler	•													•								
Seneca	•		•																		•	
St Lawrence	•														•							
Steuben	•													•								
Suffolk	•	•							•				•									
Sullivan	•	•								•		•							•			
Tioga	•				•									•				•				
Tompkins	•													•								
Ulster	•					•				•		•						•				
Warren	•			•				•			•						•					
Washington	•			•				•			•						•					
Wayne	•		•										•							•		
Westchester	•	•							•				•								•	
Wyoming	•						•									•				•		•
Yates	•		•																	•		
New Jersey	•	•																				





## The Empire Plan

### NYSHIP Code Number 001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2007.\* You may also visit [www.cs.state.ny.us](http://www.cs.state.ny.us), or call toll free 1-877-7-NYSHIP (1-877-769-7447), the one number for The Empire Plan carriers. Call 1-877-7-NYSHIP to connect to:

### The Empire Plan Medical Benefits Program

#### United HealthCare

Medical and surgical coverage through:

- **Participating Provider Program** – More than 125,000 physicians and other providers participate; certain services are subject to a \$12, \$15 or \$18 copayment, depending on your group.
- **Basic Medical Program** – If you use a non-participating provider. See “Cost Sharing” (page 5) for an explanation of reimbursement under The Empire Plan Basic Medical Program.
- **Basic Medical Provider Discount Program** – If you use a non-participating provider who is part of The Empire Plan MultiPlan group. (See the *Empire Plan Certificate/Reports* or ask your agency HBA if the Basic Medical Provider Discount Program is available to you.)

#### **Home Care Advocacy Program (HCAP)** –

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

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

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider – \$12, \$15 or \$18 copayment (depending on your group). Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Limited non-network benefits available.

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

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

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

### The Empire Plan Hospital Benefits Program

#### Empire BlueCross BlueShield

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

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

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

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

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

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

#### **Pre-Admission Certification Requirements**

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

- Before a maternity or scheduled (non-emergency) hospital admission

- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

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

## The Empire Plan Mental Health and Substance Abuse Program

### GHI/ValueOptions

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

#### Network Benefits

##### Mental Health Services

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to three visits paid in full)
- Outpatient including office visits, home-based or telephone counseling, and nurse-practitioner services (\$15 or \$18 copayment)

##### Alcohol/Drug Abuse Services

- Inpatient rehabilitation (paid in full)
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program (unlimited when medically necessary). Subject to a \$12, \$15 or \$18 copayment depending on your group.

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

Empire Plan benefits are available worldwide.

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

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

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

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

## The Empire Plan Prescription Drug Program

### Empire BlueCross BlueShield/Caremark

This does not apply to enrollees who have prescription drug coverage through a union Employee Benefit Fund.

- When you use a participating retail pharmacy or the mail service pharmacy for up to a 30-day supply, you pay a \$5 copayment for generic drugs, \$15 copayment for preferred brand-name drugs and \$30 copayment for non-preferred brand-name drugs.
- For a 31- to 90-day supply through a participating retail pharmacy, you pay a \$10 copayment for generic drugs, \$30 copayment for preferred brand-name drugs and \$60 copayment for non-preferred brand-name drugs.
- For a 31- to 90-day supply through the mail service pharmacy, you pay a \$5 copayment for generic drugs, \$20 copayment for preferred brand-name drugs and \$55 copayment for non-preferred brand-name drugs.
- When you fill a prescription for a brand-name drug that has a generic equivalent you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full cost of the drug. Exceptions apply. Please contact your agency HBA for more information.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day to answer questions about your prescriptions.
- If you use a non-participating pharmacy, you pay the full cost and then submit a claim for reimbursement based on the amount the Program would reimburse a participating pharmacy less the copayment.

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

Provides 24-hour access to health information and support.

## The Empire Plan Centers of Excellence Programs

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

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

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

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

United HealthCare .....	TTY only: 1-888-697-9054
Empire BlueCross BlueShield .....	TTY only: 1-800-241-6894
ValueOptions .....	TTY only: 1-800-334-1897
The Empire Plan Prescription Drug Program .....	TTY only: 1-800-863-5488

# The Empire Plan

Benefits	Network Hospital Benefits <sup>1</sup>	Participating Provider	Non-Participating Provider
Office Visit		\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Specialty Office Visits		\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Diagnostic/Therapeutic Services:			
Radiology	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Lab Tests	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
EKG/EEG	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
Women's Health Care/OB GYN:			
Pap Tests	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Mammograms	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Pre and Postnatal Visits		No copayment	Basic Medical <sup>3</sup>
Bone Density Tests	\$30 or \$35/outpatient visit	\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Family Planning Services		\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Infertility Services		\$12, \$15 or \$18/visit <sup>2</sup> ; No copayment at designated Centers of Excellence <sup>4</sup> (\$50,000 lifetime allowance for Qualified Procedures)	Basic Medical <sup>3</sup>
Contraceptive Drugs and Devices (also covered under The Empire Plan Prescription Drug Program subject to drug copayment)		\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Emergency Room	\$50 or \$60/visit	No copayment	Basic Medical <sup>3,5</sup>
Urgent Care		\$12, \$15 or \$18/visit <sup>2</sup>	Basic Medical <sup>3</sup>
Ambulance	No copayment <sup>6</sup>	\$35 copayment	\$35 copayment
Outpatient Mental Health		\$15 or \$18/visit unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance; 30 visits/calendar year
Inpatient Mental Health		No copayment; unlimited when medically necessary (ValueOptions)	\$2,000 annual deductible, 50% of network allowance; 30 days/calendar year
Outpatient Drug/Alcohol Rehabilitation		\$12, \$15 or \$18/visit <sup>2</sup> to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (ValueOptions)	\$500 annual deductible, 50% of network allowance; 30 visits/calendar year <sup>7</sup>
Inpatient Drug/Alcohol Rehabilitation		No copayment; 3 stays per lifetime; more may be approved case by case (ValueOptions)	\$2,000 annual deductible, 50% of network allowance; 1 stay per calendar year, 3 stays per lifetime <sup>7</sup>
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )



Prosthetics			No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
Orthotic Devices			No copayment <sup>8</sup>	Basic Medical <sup>3,8</sup>
External Mastectomy Prostheses				Covered in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>3,8</sup> (pre-certification may be required)
Rehabilitative Care – Acute Care Facility	No copayment when an inpatient; \$12, \$15 or \$18/visit <sup>2</sup> for outpatient physical therapy following related surgery or hospitalization		Physical or occupational therapy \$12, \$15 or \$18/visit <sup>2</sup> Speech therapy \$12, \$15 or \$18/visit <sup>2</sup> No copayment (HCAP)	\$250 annual deductible, 50% of network allowance \$1,500 annual maximum benefit Basic Medical <sup>3</sup>
Diabetic Supplies (insulin is covered under The Empire Plan Prescription Drug Program subject to drug copayment)			No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> )
Hospice	No copayment, no limit			
Skilled Nursing Facility	No copayment up to 365 benefit days <sup>4</sup> No benefits if Medicare-primary			
Prescription Drugs (see page 16)				
Additional Benefits				
Dental (preventive)			Not covered	Not covered
Vision (routine only)			Not covered	Not covered
Hearing Aids			up to \$1,200 or \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary	up to \$1,200 or \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Inpatient Hospital	No copayment <sup>4</sup>		No copayment	Basic Medical <sup>3</sup>
Outpatient Surgery <sup>9</sup>	\$30 or \$35 per visit <sup>2</sup>		No copayment	Basic Medical <sup>3</sup>
24-hour NurseLine <sup>SM</sup> for health information and support				
Voluntary Disease Management Programs available for conditions such as asthma, cardiovascular disease, depression and diabetes				
Complementary and Alternative Medicine discounts (not available to NYSCOPBA or PBA)				

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

<sup>2</sup> Copayments and/or some benefits vary depending on your group.

<sup>3</sup> See page 5 for an explanation of reimbursement under the Basic Medical Program.

<sup>4</sup> Pre-admission certification required.

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

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

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

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

<sup>9</sup> In Ambulatory Surgical Centers, the copayment for the facility charge is \$15, \$30 or \$35 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan carriers).



Turning promise into practice<sup>®</sup>

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

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each <sup>2</sup>	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, max 60 consecutive days	\$15 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
Office	\$15 per item
Pharmacy	Applicable Rx copayment applies
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10/\$20/\$35
Mail Order, 90-day supply	\$20/\$40/\$70 <sup>3</sup>
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	

<sup>1</sup> Waived if admitted

<sup>2</sup> Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information. Outpatient Mental Health (NJ) Bio-based \$15, Non-bio \$25/20 visits. Inpatient Mental Health (NJ) Bio-based unlimited, Non-bio 35 days.

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

## Additional Benefits

## Enrollee Cost

Dental .....	Not covered
Vision <sup>1</sup> .....	\$15 per visit <sup>2</sup>
Hearing Aids.....	Not covered
Eyeglasses.....	Discount Program
<b>Home Health Care (HHC)</b> unlimited (by HHC agency) .....	No copayment
<b>Outpatient Home Health Care</b> unlimited visits per 365-day period (Four hours of home health aid service equals one home care visit).....	No copayment

## Hospice Bereavement Counseling

5 days per 365 days .....No copayment

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

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

## Plan Highlights for 2007

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

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

### NYSHIP Code Number 210

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

### NO NEW ENROLLMENTS ACCEPTED FOR 2007

### Aetna

99 Park Avenue, New York, NY 10016

### For information:

#### Customer Service Department:

1-800-323-9930

TTY: 1-800-654-5984

#### Medicare Advantage Customer Service:

1-800-282-5366

#### For Pre Enrollment Medicare Information and a Medicare Packet:

1-800-832-2640

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

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

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Rehabilitative Care	
max 90 days	\$20 per visit
Outpatient PT, Speech and OT	
max 30 visits	\$20 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
30-day supply	\$20 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier One/ \$25 Tier Two/\$40 Tier Three <sup>1</sup>
Mail Order, up to 90-day supply	\$30 Tier One/ \$75 Tier Two/\$120 Tier Three <sup>1</sup>
There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments. Coverage includes contraceptive drugs and devices and fertility drugs, injectable and self-injectable medications and enteral formulas.	

<sup>1</sup> Should a doctor select a brand-name drug when an FDA-approved generic equivalent is available, the member will have to pay the difference between the cost of the generic and the brand-name plus any applicable copayments.



## Additional Benefits

## Enrollee Cost

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 copayment for eye exams associated with disease or injury
<b>Hearing Aids</b> children to age 19 .....	\$600 max, every 3 years
<b>Eyewear Benefit</b> .....	20-50% discount available on eyewear through Blue Choice's "preferred" and participating providers
<b>Acupuncture</b> max 10 visits per year .....	50% coinsurance
<b>Complementary</b> <b>Alternative Medicine</b> .....	Discounts available
<b>Outpatient Surgery Facility</b> .....	\$50 per visit
<b>Physician Surgical Copayment</b> .....	\$20 per visit

## Plan Highlights for 2007

With Blue Choice, count on us to deliver the high-quality coverage you want and the value you need. Rely on Blue Choice for discounts on services that encourage you to develop a healthy lifestyle.

- **Well child care** is covered in full.
- **Pay a \$5 copayment for PCP visits** for sick children to age 19.
- **Pay a \$5 copayment for preventive services** such as adult routine physicals, mammograms, pap smears and prostate screenings.
- **Member Rewards** is an extensive health and wellness package that is made available to connect members with local health resources with special discounts or reduced prices on many services to maintain a healthy lifestyle.
- **After Hours Medical Care** is available for minor illnesses and injuries that occur after doctors' hours as an alternative to the emergency room, and with a lower \$25 copayment.
- Our **BlueCard®** and **Guest Membership Programs** provide routine and urgent care coverage while traveling, for students away at school, or for families living apart.
- **Blue Choice** is the **only** insurer in New York State and one of just two plans nationwide to be listed among the top **15 plans** in the nation for both **quality of care** and **member satisfaction** by NCQA.

## Participating Physicians

Over 3,200 providers available, Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Blue Choice is the right plan for you.

## Affiliated Hospitals

All operating hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call the number below for a directory or check out our web site at: [www.excellusbcbs.com](http://www.excellusbcbs.com)

## Pharmacies and Prescriptions

Blue Choice members may have their prescriptions filled at any of our over 57,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers an **open formulary**. Call Express Scripts at 1-877-603-8404 for Mail Order prescriptions. Fertility, injectable and self-injectable prescription drugs are covered.

## Medicare Coverage

Blue Choice offers the same benefits to NYSHIP Medicare eligibles that are currently offered to active NYSHIP eligibles. Blue Choice **coordinates coverage** with Medicare.

### NYSHIP Code Number 066

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

### Blue Choice

165 Court Street, Rochester, NY 14647

### For information:

**Blue Choice:** 585-454-4810

or 1-800-462-0108

**TTY:** 1-877-398-2282

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



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

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>2</sup></b>	50% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient short-term Physical and Occupational Therapy max 30 visits each per calendar year	\$20 per visit
Outpatient Speech Therapy max 20 visits per calendar year	\$20 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
Retail, up to a 30-day supply	\$15 per item
Mail Order, up to a 90-day supply	three copayments
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$25 formulary brand/ \$45 non-formulary
Mail Order, 90-day supply	three copayments
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Over-the-counter drugs listed on CDPHP's formulary are subject to the generic copayment.	

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

<sup>2</sup> Excludes shoe inserts

## Additional Benefits

## Enrollee Cost

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

## Plan Highlights for 2007

As a physician-run plan, CDPHP is proud to be one of the top-rated health plans in the United States. CDPHP holds an accreditation status of “Excellent” from the National Committee for Quality Assurance. Out-of-area coverage includes urgent and emergency care. College students are covered for urgent, emergency, and pre-approved follow-up care. Members can access a personal health coach through the Health Coach Connection program to answer their health care questions 24 hours a day, 7 days a week. Added value program for complementary and alternative medicine. Visit us online at [www.cdphp.com](http://www.cdphp.com) to learn more.

## Participating Physicians

CDPHP is now affiliated with more than 9,000 participating practitioners and providers.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

CDPHP offers an **open formulary**. Prescriptions must be filled within our nationwide pharmacy network, which includes most major chains. Certain prescriptions require prior approval. Also, specialty drugs for a few serious conditions are subject to clinical management programs and prior authorization and must be delivered by a CDPHP-participating specialty pharmacy vendor. Mail order forms are available online. Prepayment is required. For more information, please contact our Member Services Department at (518) 641-3700 or 1-800-777-2273

## Medicare Coverage

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

### NYSHIP Code Number 063

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

### NYSHIP Code Number 300

An IPA HMO serving individuals living or working in Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego, and Tioga counties.

### NYSHIP Code Number 310

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

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

500 Patroon Creek Boulevard  
Albany, NY 12206-1057

### For information:

#### CDPHP's Marketing Department:

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

TTY: 1-877-261-1164

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

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

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits	\$10 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
	\$10 per item
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 50 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 generic/ \$15 formulary brand/\$35 non-formulary
Mail Order, 90-day supply	\$15 generic/ \$45 formulary brand/\$105 non-formulary
Coverage includes contraceptive drugs and devices, prenatal and vitamins with flouride, fertility drugs, injectable/self-injectable medications, enteral formulas, insulin and oral diabetic agents. Most injectable drugs are subject to prior approval. Member communication materials will be mailed to the member upon enrollment explaining the mail order process and how to submit a mail order prescription.	

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

<sup>2</sup> For services to diagnose and treat infertility

## Additional Benefits

## Enrollee Cost

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

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

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

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

<sup>1</sup> Preventive

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

## Plan Highlights for 2007

Worldwide coverage for emergency and urgent care through the BlueCard program, a network of BlueCross and BlueShield providers across the country and around the world. Guest membership for routine care away from home that enables members on extended business trips or family members away at school to join a nearby Blue HMO and enjoy the same benefits they do at home. Innovative wellness and health management programs that offer discounts on acupuncture, massage therapy, nutritional counseling, fitness centers and spas. Members have access to a patient advocacy program, Health Advocate, which assists patients with locating providers, scheduling appointments and a variety of other services.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Community Blue members may obtain prescriptions from a nationwide network of over 40,000 participating pharmacies. Prescriptions are filled for up to a 30-day supply (including insulin) when filled at a participating pharmacy. Member's copayment will reflect \$5 formulary generic, \$15 formulary brand, \$35 non-formulary prescriptions. Community Blue offers an **incented formulary**.

## Medicare Coverage

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

### NYSHIP Code Number 067

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

### Community Blue

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

### For information:

**Buffalo:** 716-887-8840 or 1-877-576-6440

**Olean:** 716-376-6000 or 1-800-887-8130

**Jamestown:** 716-484-1188 or 1-800-944-2880

**TTY:** 1-888-249-2583

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





Empire BlueCross BlueShield HMO

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

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

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

<sup>2</sup> Precertification is required.

## Additional Benefits

## Enrollee Cost

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

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

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

## Plan Highlights for 2007

Empire BlueCross BlueShield HMO provides NYS employees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. With Empire BlueCross BlueShield HMO's state-of-the-art web site, [www.empireblue.com](http://www.empireblue.com), your personal healthcare information is yours to manage any time of the day or night. You will instantly be able to find a list of your claims and payment status data, e-mail messages, your personal profile and healthcare provider information. The information is for your eyes only and is password-protected to guarantee your privacy.

Guest Membership is available for members and covered dependents who are outside the service area for at least 90 days but not more than 180 days. If you qualify for the program, you receive similar benefits as if you were home. Empire BlueCross BlueShield HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

## Participating Physicians

Empire BlueCross BlueShield HMO provides access to a network of over 65,000 provider locations.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

Empire BlueCross BlueShield HMO offers the same benefits to NYSHIP Medicare eligibles. Empire BlueCross BlueShield HMO **coordinates coverage** with Medicare.

### NYSHIP Code Number 280

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

### NYSHIP Code Number 290

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

### NYSHIP Code Number 320

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

### Empire BlueCross BlueShield HMO

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

### For information:

#### Empire BlueCross BlueShield HMO:

1-800-662-5193

TTY: 1-800-241-6894

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

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



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

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$20 per visit <sup>2</sup>
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient, max 30 visits combined	\$20 per visit <sup>2</sup>
<b>Diabetic Supplies, insulin and oral agents</b>	
	\$20 per item <sup>2</sup>
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days per year	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/ \$20 preferred brand/\$30 non-preferred brand
Mail Order, 90-day supply	\$20 generic/ \$40 preferred brand/\$50 non-preferred brand
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	
<sup>1</sup> No Primary Care Physician (PCP) referral required for GHI HMO participating providers.	
<sup>2</sup> Copayment applies to all covered dependents.	

## Additional Benefits

## Enrollee Cost

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

**Vision**<sup>1</sup> .....\$20 per exam per year

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

<sup>1</sup> Routine only

## Plan Highlights for 2007

No PCP referrals required for GHI HMO participating providers. Since 1937, GHI has been building a statewide reputation for strength, stability and an extraordinary commitment to prompt, responsive service. As the largest not-for-profit health insurer in New York State, GHI introduced the GHI HMO in 1999. GHI HMO's provider network is available in 28 counties in New York State. GHI HMO's primary concern is to provide medical coverage that gives members confidence that they and their families are well covered. With more than three million statewide members, GHI is committed to provide individuals, families and businesses with access to affordable, quality healthcare, supported by outstanding customer service.

## Participating Physicians

Services are provided by participating physicians in their private offices. GHI HMO has over 21,000 member physicians and health care professionals throughout 28 counties in New York State. Please note: To enroll in GHI, NYSHIP members must live or work in one of GHI's 15 NYSHIP-approved counties, however, they may use providers throughout GHI's 28-county service area.

## Affiliated Hospitals

GHI HMO members are covered at area hospitals to which their GHI HMO physician has admitting privileges. GHI HMO members may be directed to other hospitals based on medical necessity when prior approval is obtained and the care is deemed appropriate by a GHI HMO Medical Director.

## Pharmacies and Prescriptions

GHI HMO offers an **open formulary**. Members may utilize any GHI HMO pharmacy for retail prescription drugs up to a 30-day supply. If a brand-name drug is selected or prescribed and there is a generic equivalent available, the member pays the brand copayment and the difference in price between the generic and the brand drug. All maintenance medication is obtained through the mail order program. Ask your doctor to prescribe the needed medication for up to 90 days, plus refills, if

appropriate. Mail your prescription and the correct copayment in the special order envelope. To help ensure you never run short of your prescription medication, you should reorder on or after the refill date indicated on the refill slip or your medication container, or when you have 14 days of medication left. Mail order medication is pre-paid by check or money order or you may authorize billing to your credit card.

## Medicare Coverage

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

### NYSHIP Code Number 220

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

### NYSHIP Code Number 350

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

### GHI HMO

789 Grant Avenue  
Lake Katrine, NY 12449

### OR

P.O. Box 4181  
Kingston, NY 12401

### For information:

**Albany:** 1-877-239-7634

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

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

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

Benefits	Enrollee Cost
<b>Office Visit</b>	\$5 per visit
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services<sup>1</sup></b>	\$5 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$25 per visit
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
max 20 visits	No copayment
<b>Inpatient Mental Health</b>	
max 30 days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$5 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient, max 90 visits	\$5 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
	\$5/month
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5
Mail Order, 90-day supply	\$7.50
Subject to drug formulary, coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

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



## Additional Benefits

## Enrollee Cost

Dental	.....Not covered
Vision <sup>1</sup>	.....No copayment
Hearing Aids	.....Not covered
Eyeglasses	.....\$45/pair; 1 pair/24 months from selected frames

## Laser Vision Correction

(LASIKS)	..... Discount Program
Fitness Program	.....Discount Program
Alternative Medicine Program	..Discount Program
Artificial Insemination	.....\$5 per visit
Prostate Cancer Screening	.....No copayment
Dialysis Treatment	.....\$10 per visit

<sup>1</sup> Routine only

## Plan Highlights for 2007

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

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

HIP offers two plans to NYSHIP retirees. Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees are required to enroll in HIP VIP<sup>®</sup> Premier Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

### NYSHIP Code Number 050

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

### HIP Health Plan of New York

55 Water Street  
New York, NY 10041

### For information:

1-877-861-0175

TTY: 1-888-447-4833

Web site: [hipusa.com](http://hipusa.com)<sup>®</sup>

Benefits	Enrollee Cost
<b>Office Visit</b>	\$20 per visit
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$5 per visit
Mammograms	\$5 per visit
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs and Devices</b>	
Applicable Rx copayment applies	
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health,</b> max 20 visits	50% coinsurance
<b>Inpatient Mental Health</b> max 30 days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> max 60 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> max 30 days each	No copayment

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient, max 45 visits	\$20 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
max 30-day supply	\$20 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b> max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier One/ \$25 Tier Two/\$40 Tier Three <sup>1</sup>
Mail Order, 90-day supply	\$30 Tier One/ \$75 Tier Two/\$120 Tier Three <sup>1</sup>
Coverage includes contraceptive drugs and devices, fertility drugs, injectable and self-injectable medications and enteral formulas.	
There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments.	

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

## Additional Benefits

## Enrollee Cost

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

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

for eye exams associated with disease or injury

**Hearing Aids**.....Children to age 19,

\$600 max, every three years

**Hearing Exam**, routine only.....\$20 per visit

once every 12 months

## Surgery

(outpatient physician's charge) .....lesser of \$100

copayment or 20% coinsurance

## Plan Highlights for 2007

With HMOBlue, members have access to area providers from 24 counties in our service area.

Our low-cost office visits keep you healthy, while saving you money.

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

## Participating Physicians

HMOBlue is affiliated with more than 4,700 physicians and health care professionals who see patients in their private offices.

## Affiliated Hospitals

All hospitals within our designated service area participate with HMOBlue. Members are covered at the hospitals to which their HMOBlue physician has admitting privileges. Members may be directed to other hospitals to meet special needs when medically necessary.

## Pharmacies and Prescriptions

HMOBlue members may purchase prescription drugs at any participating pharmacy in the FLRx Network. This network has over 60,000 pharmacies nationwide, including most major chains. Specialty medications after the initial fill must be purchased from one of our participating specialty pharmacies. A complete listing

of FLRx pharmacies, three tier prescription drug list and information about our mail order program, is located on our web site. HMOBlue offers an **open formulary**.

## Medicare Coverage

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

### NYSHIP Code Number 072

An IPA HMO serving individuals living or working in Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga, and Tompkins counties.

### HMOBlue

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

### For information:

1-800-447-6269

TTY: 1-877-398-2275

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

### NYSHIP Code Number 160

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

### HMOBlue

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

### For information:

1-800-722-7884

TTY: 1-877-398-2275

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



Benefits	Enrollee Cost
<b>Office Visit</b>	\$10 per visit
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$15 per visit
Chemotherapy	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	\$10 per visit
Mammograms	No copayment
Pre and Postnatal Visits	No copayment
Bone Density Tests	\$15 per visit
<b>Family Planning Services</b>	\$10 per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs and Devices</b>	Applicable Rx copayment applies
<b>Emergency Room</b>	\$50 per visit
<b>Urgent Care</b>	\$10 per visit <sup>1</sup>
After Hours Care Facility	\$35 per visit
<b>Ambulance</b>	\$25 per trip
<b>Outpatient Mental Health</b>	
max 20 visits	50% coinsurance
<b>Inpatient Mental Health</b>	
max 30 days	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$10 per visit

Benefits	Enrollee Cost
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>2</sup></b>	No copayment
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, 2 consecutive months	\$15 per visit
<b>Diabetic Supplies, insulin<sup>4</sup> and oral agents<sup>4</sup></b>	\$10 per item <sup>3</sup>
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 tier I, most generic drugs/ \$15 tier II, most preferred name-brand drugs/ \$30 tier III, all other drugs
Mail Order	Not available
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Tier I oral contraceptives covered in full.	
<sup>1</sup> within the service area. Outside the service area - \$10 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any.	
<sup>2</sup> Excludes shoe inserts	
<sup>3</sup> 30-day supply	
<sup>4</sup> \$10 or applicable pharmacy rider, whichever is less	

## Additional Benefits

## Enrollee Cost

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

<sup>1</sup> Preventive

<sup>2</sup> Routine only

## Plan Highlights for 2007

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

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

## NYSHIP Code Number 059

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

## Independent Health

511 Farber Lakes Drive  
Buffalo, NY 14221

## For information:

**Customer Service:** 1-800-501-3439

**TTY:** 716-631-3108

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





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

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, max 2 months	No copayment
Outpatient, max 2 months	\$20 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
Lesser of \$20 or 20% coinsurance/item, 31-day supply	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, max 45 days</b>	
No copayment	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 generic/\$30 brand/ \$50 non-formulary
Mail Order, 90-day supply	\$20 generic/ \$60 brand/\$100 non-formulary
Coverage includes fertility, injectable and self- injectable medications, contraceptive drugs and devices and enteral formulas subject to the limitations listed above and in your certificate of coverage.	
<sup>1</sup> PCP office only	

## Additional Benefits

## Enrollee Cost

**Dental**<sup>1</sup>.....\$10 per visit, children to age 19

**Vision**<sup>2</sup>.....\$20 per exam/24 months

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

<sup>1</sup> Preventive

<sup>2</sup> Routine only

## Plan Highlights for 2007

No referrals required! See any specialist in the MVP network without a referral. Discounts available for Lasik eye surgery and eyewear!

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

### NYSHIP Code Number 060 (East)

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

### NYSHIP Code Number 330 (Central)

An IPA HMO serving individuals living or working in Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga, and Ulster counties.

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

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

### MVP Health Care

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

### For information:

#### Customer Service:

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

**TTY:** 1-800-662-1220

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



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

Benefits	Enrollee Cost
<b>Outpatient Drug/Alcohol Rehab</b>	
max 60 visits	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b>	
max 30 days each	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, combined max 30 visits	\$20 per visit
<b>Diabetic Supplies, insulin and oral agents</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 120 days/year; 360 days/life	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/ \$30 Tier 2/\$50 Tier 3
Mail Order, up to 90-day supply	\$20 Tier 1/ \$60 Tier 2/\$100 Tier 3
<p>If member requests brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the brand-name plus the Tier 1 copayment. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Approved prescription generic contraceptive drugs and devices and those without a generic equivalent are covered at 100% under retail and mail order.</p>	

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

### Plan Highlights for 2007

Preferred Care is not just an insurance plan—we’re a health plan committed to helping you live well. We work closely with our community’s physicians to make sure you receive the quality, value and service you should expect from a health plan. Below are just a few of the many reasons to choose Preferred Care in 2007:

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

### Participating Physicians

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

### Affiliated Hospitals

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

### Pharmacies and Prescriptions

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

### Medicare Coverage

Medicare-primary enrollees must enroll in the Gold Plan, Preferred Care’s **Medicare Advantage Plan**. Once you become eligible for Medicare, some of the Gold Plan’s copayments will vary from the copayments of NYSHIP-primary enrollees. Please call the number below for further details.

#### NYSHIP Code Number 058

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

#### Preferred Care

259 Monroe Avenue  
Rochester, NY 14607

#### For information:

**Preferred Care’s Member Services Department:**

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

**TTY:** 585-325-2629

**Web site:** [www.preferredcare.org](http://www.preferredcare.org)

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

Benefits	Enrollee Cost
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	
Internal prosthetic appliances	No copayment
External prosthetics	50% coinsurance
External breast prosthesis	\$15 copayment
<b>Orthotics</b>	Covered at 50% when deemed medically necessary by a participating physician. Vendor must obtain prior authorization.
<b>Rehabilitative Care, physical, speech and occupational therapy</b>	
Inpatient, 2 consecutive months/condition	
No copayment	
Outpatient, max 30 visits combined \$15 per visit*	
<b>Diabetic Supplies, insulin and oral agents</b>	
covered at the office visit copayment	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	
max 45 days	
No copayment	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier I/ \$20 Tier II/\$45 Tier III
Mail Order, 90-day supply	\$30 Tier I/ \$60 Tier II/\$135 Tier III
There is a separate copayment for each 30-day supply, whether retail or mail order. You can order up to a 90-day supply through our mail order program with three copayments. Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas. Specialty Drugs must be obtained through our Specialty Pharmacy Network.	

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

<sup>1</sup> Two group sessions = one visit



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

<sup>1</sup> Preventive only

<sup>2</sup> Routine only

### Plan Highlights for 2007

- **No Copayment for Kids Age 18 and Under:** More than just office visits - it's all benefits indicated by an asterisk (\*) on the benefit summary.
- **AfterHours Program at Lifetime Health Medical Group locations:** No appointment or referral needed. Your primary care physician does **not** need to be one of the Lifetime Health Medical Group physicians to utilize the AfterHours alternative to the emergency room for minor illnesses and injuries. Saves you time and money. You pay the office visit copayment.
- **24 Hour Nurse Advice Line:** For questions or needed medical advice. Available 24 hours a day, 7 days a week, even holidays to all Univera Healthcare members for no additional cost.
- **Univera Member Rewards:** Member savings on health education programs, nutrition and weight management, discounts on fitness club memberships and programs, first aid/safety programs, stress management, complementary medicine, as well as vision and dental discounts.

### Participating Physicians

As a Univera member, you choose from our physician network, which includes 99 percent of Western New York's doctors and more than 3,000 affiliated providers overall. Access Univera Healthcare's web site for a complete listing of all participating providers or call Customer Service to request a provider directory. Univera Healthcare contracts with all Western New York hospitals. Univera members may be directed to other hospitals to meet special needs when medically necessary and with prior approval from Univera Healthcare. Access Univera Healthcare's web site for a complete listing of all participating hospitals or call Customer Service to request a provider directory.

### Pharmacies and Prescriptions

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

### Medicare Coverage

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

#### NYSHIP Code Number 057

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

#### Univera Healthcare

205 Park Club Lane  
Buffalo, NY 14221-5239

#### For information:

1-800-337-3338

TTY: 1-800-421-1220

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

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

## NYSHIP Online

NYSHIP Online has been redesigned to provide you with more targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) and click on Benefit Programs, then NYSHIP Online. If the group at the top of the page is not your employee group, be sure to choose Change Your Group.

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



Ask your agency HBA for a copy of the NYSHIP Online flyer that provides helpful navigation information.

**How to find answers to your benefit questions and gain access to additional important information:**

- If you are an active State employee, contact your agency Health Benefits Administrator (HBA), usually located in your agency’s Personnel Office.
- If you have questions regarding health insurance claims for The Empire Plan, call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose the appropriate program on the main menu. HMO enrollees should contact their HMO directly.
- A comprehensive list of contact information for HBAs, HMOs, government agencies, Medicare and other important resources is available on NYSHIP Online in the Using Your Benefits section.



Telephone Numbers

Health Benefits Administrators

The State of New York Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with The Empire Plan carriers and Joint Labor/Management Committees on Health Benefits.

Care has been taken to ensure the accuracy of the material contained in this booklet. However, the HMO contracts and the certificate of insurance from The Empire Plan carriers with amendments are the controlling documents for benefits available under NYSHIP.



It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site ([www.cs.state.ny.us](http://www.cs.state.ny.us)). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division.



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