

**OCTOBER 2016**

# **Health Insurance Choices for 2017**

For retirees, vestees, dependent survivors and enrollees covered under Preferred List provisions of the State of New York and Participating Employers, their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees



**NYSHIP**  
New York State  
Health Insurance Program

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## **A Message from the New York State Health Insurance Program**

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

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



# Information & Reminders

## Your NYSHIP Health Insurance Options

Under NYSHIP, you may choose coverage under The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. This booklet explains the options available to you. If you still have specific questions after you have read the plan descriptions, contact The Empire Plan program administrators and HMOs directly.

## Rates for 2017

*2017 Rates & Information for Retirees* will be mailed to your home and posted on the New York State Department of Civil Service web site as soon as rates are approved. To find this information online, go to [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). Then, choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices for the most up-to-date option transfer information. If you still have questions, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

## Changing Your Health Insurance Plan

Consider your NYSHIP option carefully. You may change your health insurance plan only once in a 12-month period unless you add a new dependent to your coverage or move (under certain conditions). See your *NYSHIP General Information Book* for details. A change in the providers who participate in your plan is not a condition that allows you to change your NYSHIP option more than once in a 12-month period.

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

**Note:** To enroll in an HMO or remain enrolled in your current HMO, you must live or work<sup>1</sup> in the HMO's NYSHIP service area. If you are enrolled in an HMO and no longer qualify for that plan based on the live-or-work requirement, you must change your option. See the Plans by County section and the individual HMO pages in this booklet for more information.

<sup>1</sup> If Medicare primary, check with the plan.

<sup>2</sup> If you are asked to pay a Part A premium, contact the Employee Benefits Division for more information.

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

When you become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you must be enrolled in Medicare Part A and Part B, even if you are working for another employer. (If you are retired from New York State or a Participating Employer and return to work in a benefits-eligible position for the same employer, NYSHIP will provide primary coverage for you and your Medicare-eligible covered dependents while you are on the payroll. **Note:** New York State is considered the same employer regardless of which agency or branch hires you.) If you have Family coverage, each of your covered dependents also must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP.

If you or your dependents are not enrolled in Medicare Parts A and B when first eligible, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.<sup>2</sup>

To avoid a gap in coverage, you must contact your local Social Security office three months before you or your dependent turns age 65. In some cases, enrollment is automatic, but not always. **You must have Medicare coverage in effect on the first day of the month in which you or your dependent turns 65.** (Or, if your birthday falls on the first of the month, you must have your Medicare coverage in effect on the first day of the month preceding the month in which you turn 65). If you or a dependent becomes eligible for primary Medicare coverage before age 65 because of disability or end-stage renal disease (coordination period applies), you or your dependent must enroll in Medicare Parts A and B as soon as eligible and must send a copy of the Medicare card to the Employee Benefits Division.

The publication *Medicare & NYSHIP* explains in detail when you must enroll in Medicare and how Medicare enrollment affects your NYSHIP benefits. You can find this publication, as well as an order form for a printed copy of the publication and its companion video, on our web site at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). You may also call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344. Read your *NYSHIP General Information Book* for more information on Medicare.

**Note:** If you are a COBRA enrollee, special provisions apply when you become eligible for Medicare. Call the Employee Benefits Division for information.

### Lifetime Sick Leave Credit

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new Plan year.

If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay may also rise. To calculate the balance you will pay in calendar year 2017, subtract your monthly sick leave credit from the new monthly premium.

### Enrollees Who Pay the Employee Benefits Division Directly

The 2017 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your health insurance plan change request is received and processed by the Employee Benefits Division.

If you are entitled to Medicare Part B reimbursement, your bill will be credited for the standard Part B premium (see page 8). This will result in a reduced monthly bill amount if your NYSHIP plan premium exceeds your Medicare reimbursement or a quarterly refund, depending on your coverage cost.

### Keep Your Health Insurance Up to Date

You must write to the following address when your address changes or when changes in your family or marital status affect your coverage:

New York State Department of Civil Service  
Employee Benefits Division  
Albany, New York 12239

Be sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan alternate ID number, your address and your telephone number, including area code. You may also make address changes online using MyNYSHIP. Deadlines may apply, so act promptly once you determine a change is needed. See your *NYSHIP General Information Book* for details.

### Contact the Employee Benefits Division

Call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) if you need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement Empire Plan Benefit Card. (For a replacement Empire Plan Medicare Rx Card, call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx). Please call Monday through Friday between 9 a.m. and 4 p.m. Eastern time to speak with a representative. Please be patient. The wait times can be lengthy during peak call periods.

# Terms to Know

**Coinsurance:** The enrollee's share of the cost of covered services, which is a fixed percentage of covered medical expenses.

**Copayment:** The enrollee's share of the cost of covered services, which is a fixed dollar amount paid when a medical service is received, regardless of the total charge for the service.

**Deductible:** The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services. This amount applies when you use out-of-network providers.

**Employee Benefits Division:** The Employee Benefits Division, New York State Department of Civil Service administers NYSHIP. Call 518-457-5754 or 1-800-833-4344, Monday through Friday between 9 a.m. and 4 p.m. Eastern time (United States, Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or, visit our web site at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees).

**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. A plan with a **closed** formulary provides coverage only for the drugs that appear on the list. A **closed Part D formulary** covers only the Part D drugs that appear on the list. An **open** or **incented** formulary encourages the use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible** formulary, prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug. When Medicare is primary, an **enhanced** formulary covers supplemental drugs that are not covered by Medicare Part D, in addition to providing cost enhancements compared with standard Part D (such as no deductible and coverage through the coverage gap). The Empire Plan Medicare Rx

program uses both a **Medicare Part D formulary** and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.

## **Health Maintenance Organization (HMO):**

A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network. See NYSHIP Health Maintenance Organizations on pages 14 and 15 for more information on HMOs offered under NYSHIP.

## **Income-Related Monthly Adjustment Amount (IRMAA):**

Medicare enrollees with a modified adjusted gross income (MAGI) in excess of specified amounts are subject to an IRMAA to be paid in addition to the base cost of Medicare Part B and Part D.

**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 or 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 people who have end-stage renal disease (permanent kidney failure). Medicare is managed by the federal Centers for Medicare & Medicaid Services (CMS), and enrollment in Medicare is administered by the Social Security Administration.

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

**Modified Adjusted Gross Income (MAGI):** MAGI is the total of your adjusted gross income (income from taxable sources, less tax deductions) and your tax-exempt income.

**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 more than 1.2 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan and NYSHIP-approved HMOs.

**Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan or NYSHIP-approved HMOs within specific geographic areas.

**Primary/Medicare primary:** A health insurance plan is primary when it is responsible for paying health benefits claims before any other group health insurance plan. It is important to understand when Medicare will become primary to your NYSHIP coverage. Read plan documents for complete information.

# Medicare and Your NYSHIP Benefits

## **All NYSHIP enrollees must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP.**

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

### **The Empire Plan**

The Empire Plan coordinates benefits with Medicare Parts A and B. See your *NYSHIP General Information Book* and the *Empire Plan Certificate* for details.

Medicare-primary retirees and dependents covered under The Empire Plan are enrolled automatically in Empire Plan Medicare Rx, a Medicare Part D prescription drug program with expanded coverage designed specifically for NYSHIP. If you are subject to a separate Income-Related Monthly Adjustment Amount (IRMAA) or late enrollment penalty by Medicare for Part D coverage, the State will not reimburse you for that charge. See the following page and the *Empire Plan Medicare Rx Evidence of Coverage* (available from CVS Caremark), for more information.

### **NYSHIP Health Maintenance Organizations (HMOS)**

#### **If you are Medicare primary and enroll in a NYSHIP HMO that coordinates coverage with Medicare:**

You have original fee-for-service Medicare benefits (Parts A and B) that you may use outside of your HMO service area. If you receive services not covered by the HMO, you will be responsible for Medicare's coinsurance, deductibles and any other charges not covered by Medicare.

**If you are Medicare primary and enroll in a NYSHIP Medicare Advantage HMO:** You replace your original fee-for-service Medicare coverage (Parts A and B) with benefits offered by the Medicare Advantage Plan. The plan also includes Medicare Part D prescription drug benefits. If you

are subject to a separate IRMAA or late enrollment penalty by Medicare for Part D coverage, the State will not reimburse you for that charge. To qualify for benefits, all medical care (except for emergency care) must be provided, arranged or authorized by the Medicare Advantage Plan.

**Note:** If you or your covered dependents are or become Medicare primary and are currently enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, you or your covered dependents will be enrolled in your HMO's Medicare Advantage Plan. You cannot be enrolled in a Medicare Advantage Plan if you are not enrolled in Medicare Parts A and B. Most NYSHIP HMOs offer Medicare Advantage Plans.

The HMO pages in this booklet tell you how each HMO covers Medicare-primary retirees. You may also review Terms to Know on pages 4 and 5 for more information.

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

### **Non-NYSHIP Plans**

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

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

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

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.



- If you wish to reenroll in NYSHIP, there will be a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents will not be eligible for dependent survivor coverage.

## Medicare Part D

Medicare Part D is the Medicare prescription drug benefit for Medicare-primary individuals. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO, but your coverage is coordinated differently depending upon your option and Medicare eligibility status:

- Empire Plan retirees and dependents who are not yet Medicare eligible receive their drug coverage under the Empire Plan Prescription Drug Program (see pages 29 and 30 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan are each enrolled automatically in Empire Plan Medicare Rx (see pages 30 and 31 for more information). Each Medicare-primary individual will receive a unique ID number and Empire Plan Medicare Rx card to use at the pharmacy.
- Medicare-primary retirees and dependents covered under a NYSHIP HMO will be enrolled automatically in that HMO's Medicare Advantage Plan, which also includes Part D prescription drug coverage.

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

For example:

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

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

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

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

# Medicare and Your NYSHIP Benefits

## Your Notice of Change Document

Your deductions for your NYSHIP coverage will change to reflect your health plan's 2017 premium. If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. The Notice of Change document (for the direct deposit enrollee) is from the New York State and Local Employees' Retirement System. **Note:** If you receive your pension from another retirement system, your Notice of Change document will be different.

NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2016.

Registration #: YTD Federal Tax Withheld: \$0.00  
Retirement #:

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

Benefits	Last Month	This Month
Normal Allowance	\$2,955.00	\$2,955.00
Cost of Living	15.00	\$15.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	4.50	\$4.50
Gross Benefit	\$2,974.50	* \$2,974.50
Miscellaneous Deductions		
Total Federal Withholding Tax	\$0.00	\$0.00
Miscellaneous Deductions	\$0.00	\$0.00
Health Insurance		
Health Ins. Deduction	\$364.47	\$372.25
Medicare Credit	\$104.90	\$104.90
Medicare Deduction	\$0.00	\$0.00
Net Retirement Benefit Paid	\$2,725.46	* \$2,703.18

This difference is due to changes in your basic benefits. You should have already been advised regarding this matter.

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

## Medicare Part B Premium and Your Credit (Reimbursement)

When Medicare is primary, NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment) and any IRMAA you must pay for Part B, unless you receive reimbursement from another source, or your Medicare premium is paid by another entity on your behalf. The standard Medicare Part B premium depends on your individual circumstances, such as when you first enrolled in Medicare Part B, whether you pay for it through a Social Security deduction or directly to CMS and whether you are subject to the IRMAA additional premium. The Social Security Administration will notify you of your Medicare Part B premium for 2017.

**IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN:** The correct deduction for your new health insurance plan, plus or minus any retroactive adjustment, will be reflected in your pension check. **The date of the adjustment will depend on when your health insurance plan change request is received and processed by the Employee Benefits Division.** You will receive information regarding your 2017 NYSHIP premiums from NYSHIP prior to the end of the year. If you have questions about your cost of coverage after reviewing this information, contact EBD (not the retirement system).

# Comparing Your NYSHIP Options

Choosing the health insurance plan that best meets your needs and the needs of your family requires careful consideration. As with most important purchases, there is more to consider than cost.

The first step toward making a good choice is understanding the similarities and the differences among your NYSHIP options. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP HMOs. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available in 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 for those who do not receive it through a union Employee Benefit Fund.
- All plans provide coverage for certain preventive care services as required by the federal Patient Protection and Affordable Care Act (PPACA). For more information on preventive care services, visit [www.hhs.gov/healthcare/rights/preventive-care](http://www.hhs.gov/healthcare/rights/preventive-care) or NYSHIP Online.

*Benefits differ among plans. Read this booklet and the Empire Plan Certificate (available from EBD) and HMO contracts (available from each HMO) carefully for details.*

\* If Medicare primary, check with the plan.

## Exclusions

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

For details on a plan's exclusions, read the *NYSHIP General Information Book* and *Empire Plan Certificate*, the *Empire Plan Medicare Rx Evidence of Coverage* (if Medicare primary) or the NYSHIP HMO contract or check with the plan directly.

## Geographic Area Served

### THE EMPIRE PLAN

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

### HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

- Coverage is available in each HMO's specific service area.
- An HMO may arrange for coverage of care received outside its service area at its discretion in certain circumstances. See the out-of-area benefit description on each HMO page for more detailed information.

The *2017 Rates & Information for Retirees* flyer will be mailed to your home and posted on our web site, [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees), as soon as rates are approved.

## Benefits Provided by All Plans

- inpatient medical/surgical hospital care
- outpatient medical/surgical hospital services
- physician services
- emergency services\*
- laboratory services
- radiology services
- chemotherapy
- radiation therapy
- dialysis
- diagnostic services
- diabetic supplies
- maternity, prenatal care
- well-child care
- chiropractic services
- physical therapy
- occupational therapy
- speech therapy
- prosthetics and durable medical equipment
- orthotic devices
- medically necessary bone density tests
- mammography
- inpatient mental health services
- outpatient mental health services
- alcohol and substance abuse detoxification
- inpatient alcohol rehabilitation
- inpatient drug rehabilitation
- outpatient alcohol and drug rehabilitation
- family planning and certain infertility services (call The Empire Plan administrators or NYSHIP HMOs for details).
- out-of-area emergencies
- hospice benefits (at least 210 days)
- home health care in lieu of hospitalization
- prescription drug coverage including injectable and self-injectable medications, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- enteral formulas covered through either HCAP for The Empire Plan or the prescription drug program for the NYSHIP HMOs (unless you have coverage through a union Employee Benefit Fund)
- second opinion for cancer diagnosis

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

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

# Benefits Provided by All Medicare Advantage Plans

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

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

# Benefits Provided by All Medicare Advantage Plans

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

Benefit	Medicare Coverage
Alcohol and Substance Abuse Detoxification	Covered when medically necessary.
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered when medically necessary.
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered when medically necessary.
Durable Medical Equipment	Covered when medically necessary (may be limited to specific suppliers).
Prosthetic Devices	Covered when medically necessary (may be limited to specific suppliers).
Diabetes Self-Management Supplies or Training, Nutrition Therapy	Covered when medically necessary (restrictions may apply).
Dental Services	Non-routine dental care is covered in limited circumstances when provided by a physician.
Hearing Services	Diagnostic hearing exams and balance evaluations are covered.
Vision Services	One pair of eyeglasses or contact lenses is covered after cataract surgery. Annual glaucoma screenings covered for people at risk.
Prescription Drugs	All NYSHIP Medicare Advantage HMOs provide Medicare Part D prescription drug coverage through the coverage gap (donut hole). In 2017, when your true out-of-pocket (TrOOP) spending reaches \$4,950, catastrophic coverage begins and you pay the greater of a 5 percent coinsurance or \$3.30 copayment for generic drugs and a 5 percent coinsurance or \$8.25 copayment for brand-name drugs for the rest of the year. See your plan documents for more information. <b>(Note:</b> These costs are set by Medicare and may change each year.)
Health/Wellness Education	Smoking cessation is covered. Includes two counseling attempts (up to four face-to-face visits per attempt) within a 12-month period if diagnosed with a smoking-related illness or if taking medicine that may be affected by tobacco (copayment may apply).

# The Empire Plan or a NYSHIP HMO

## The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed care features, but enrollees are not required to choose a primary care physician and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, certain outpatient radiological tests, certain mental health and substance abuse treatment/services, home care and some prescription drugs require preapproval.

The Empire Plan is self-insured and the New York State Department of Civil Service contracts with qualified companies to administer the Plan.

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care.
- Medical and surgical coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Provider Discount Program if you choose a nonparticipating provider.
- Home care services, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes through the Home Care Advocacy Program (HCAP).
- Chiropractic treatment and physical therapy coverage through the Managed Physical Medicine Program.
- Inpatient and outpatient mental health and substance abuse coverage.
- Prescription drug coverage, unless it is provided by a union Employee Benefit Fund.
- Center of Excellence Programs for cancer, transplants and infertility for Empire Plan-primary retirees.
- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support.
- Coordination with Medicare.
- Worldwide coverage.

## PROVIDERS

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

Some licensed nurse practitioners and convenience care clinics are participating providers under The Empire Plan. Be sure to confirm participation before receiving care.

Under the Guaranteed Access benefit, The Empire Plan provides access to network benefits for covered services provided by primary care physicians and certain specialists in New York State and specific counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State. **Note:** This benefit does not apply to retirees of Participating Employers.

## 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 for services received outside the specified geographic area is limited. 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.
- Enrollees usually choose a primary care physician (PCP) from the HMO's network for routine medical care and for 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.
- Referrals to network specialists may be required.
- Claim forms rarely are required.



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

**All NYSHIP HMOs** cover inpatient and outpatient hospital care at a network hospital and offer prescription drug coverage.\*

**NYSHIP HMOs are organized in one of two ways:**

- A network HMO provides medical services through its own health centers, as well as outside participating physicians, medical groups and multispecialty medical centers.
- An independent practice association (IPA) HMO provides medical services through private practice physicians who have contracted independently with the HMO to provide services in their offices.

A member enrolling in a network or IPA model HMO may be able to select a doctor he or she already uses if that doctor participates with the HMO.

\* Unless prescription drug coverage is provided through a union Employee Benefit Fund.

See the individual HMO pages in this booklet for additional benefit information and to learn which HMOs serve your geographic area.

## **NYSHIP HMOs AND MEDICARE**

If you are Medicare primary, see pages 6 and 7 for an explanation of how Medicare affects your NYSHIP HMO coverage.

## **Summary of Benefits and Coverage**

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act (PPACA).

To view a copy of an *SBC* for The Empire Plan or a NYSHIP HMO, visit [www.cs.ny.gov/sbc/index.cfm](http://www.cs.ny.gov/sbc/index.cfm). If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program to request a copy of the *SBC* for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO.

## Will I be covered for medically necessary care I receive away from home?

### The Empire Plan:

Yes. The Empire Plan provides worldwide coverage. However, access to **network benefits** is not guaranteed in all states and regions.

### NYSHIP HMOs:

Under an HMO, you are covered away from home for emergency care. Some HMOs may provide coverage for urgent or routine care outside the HMO service area. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been preauthorized. See the out-of-area benefit description on each HMO page for more detailed information, or contact the HMO directly.

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

### The Empire Plan:

Yes. You can use the specialist of your choice. If the doctor you choose participates in The Empire Plan, network benefits will apply for covered services. You have Basic Medical Program benefits for nonparticipating providers. For Empire Plan-primary retirees, there are Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of the Empire Plan MultiPlan group (see page 27 for more information on the Basic Medical Provider Discount Program). Your hospital benefits will differ depending on whether you choose a network or non-network hospital (see page 17 for details).

### NYSHIP HMOs:

You should expect to choose a participating physician and a participating hospital. Under certain circumstances, you may be able to receive a referral to a specialist care center outside the network.

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

### The Empire Plan:

Your copayment should be your only expense if you receive medically necessary and covered services and you use a participating provider.

### NYSHIP HMOs:

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

# HMOs: Similarities and Differences

## Can I use the hospital of my choice?

### The Empire Plan:

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

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

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

Non-network hospital inpatient stays and outpatient services (applies only to Empire Plan-primary enrollees): 10 percent coinsurance for inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined (see page 26).

### NYSHIP HMOs:

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

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

### The Empire Plan:

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

### NYSHIP HMOs:

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

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

### The Empire Plan:

You have guaranteed, paid-in-full access to medically necessary care, equipment and supplies<sup>1</sup> through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

### NYSHIP HMOs:

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

<sup>1</sup> Diabetic shoes have an annual maximum benefit of \$500.

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

# Making a Choice

Selecting a health plan is an important and personal decision. Only you know your family's lifestyle, health, budget and benefit preferences. Think about what health care you and your covered dependents might need during the next year. Review the plans, and ask for more information. Here are several questions to consider:

- What is my premium for the health plan?
- What benefits does the plan have for doctor visits and other medical care? 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? What is my share of the cost? What type of formulary does the plan have? Am I required to use the mail order pharmacy? (If you receive your drug coverage from a union Employee Benefit Fund, check with the Fund about your benefits.)
- Does the plan cover special needs? How is durable medical equipment and other supplies covered? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health/substance abuse condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you will have coverage. Ask The Empire Plan program administrators or HMOs about your specific treatment.)
- Are routine office visits and urgent care covered for out-of-area college students, or is only emergency health care covered?
- What benefits are available for a catastrophic illness or injury?
- 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?
- How much paperwork is involved in the health plan? Do I have to fill out forms?

- How will Medicare affect my NYSHIP coverage? If I choose an HMO, is it a Medicare Advantage Plan? Does the plan coordinate coverage with Medicare? (See pages 6 to 8 in this booklet for information on Medicare.)
- Does the plan cover me when I travel or if I stay out of the area for an extended period of time?

## How to Use the Choices Benefit Charts, Pages 24 – 65

The Empire Plan and NYSHIP HMOs are summarized in this booklet. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available to enrollees in areas where they live or work.\* HMOs that offer Medicare Advantage Plans will be summarized in two separate charts: One for enrollees who are not Medicare primary, and one for Medicare-primary enrollees. Pick the plans that best serve your needs and call each plan for details before you choose.

All NYSHIP plans must include a minimum level of benefits (see pages 10 to 13). For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient hospital care at network hospitals.

Use the charts to compare plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2017. Make note of differences in coverage that are important to you and your family. See plan documents for complete information on benefit limitations.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on NYSHIP online. Go to our homepage at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). Select the link for Health Benefits, then select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. Then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your

\* If Medicare primary, check with the plan.

group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the comparison table.

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

### If You Decide to Change Your Plan

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

1. Complete your *NYSHIP Option Transfer Request Form* on page 67.
2. Mail it to the Employee Benefits Division at the address on the form as early as possible prior to when you would like your new plan to become effective. (The effective date you request must be the first of a month.)
3. If you or your dependent is enrolled in Medicare and you change out of a NYSHIP Medicare Advantage Plan, you must also fill out the *NYSHIP Medicare Advantage HMO Enrollment Cancellation Form* on page 69 prior to the effective date you are requesting coverage. See page 68 for a list of Medicare Advantage options and instructions.

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

### Benefit Cards

You will receive your Empire Plan Benefit Card(s) or HMO identification card(s) in the mail once your option transfer request is processed. If you need medical services before your new card arrives and you need help verifying your new enrollment, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

If you are Medicare primary and enrolled in The Empire Plan, you and each of your Medicare-primary dependent(s) will also receive an Empire Plan Medicare Rx Card from SilverScript (see pages 30 and 31). Each card will have a unique ID number, which will be used at network pharmacies specifically for that person's medications and account information. If you need to obtain prescription drugs before your new card arrives, call 1-877-769-7447 and press 4 when prompted for Empire Plan Medicare Rx.

### NYSHIP'S YOUNG ADULT OPTION

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

### YOUNG ADULT OPTION WEB SITE

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

This site is your best resource for information on NYSHIP's Young Adult Option. If you have additional questions, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

# Questions & Answers

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

**A:** The Empire Plan is available worldwide. To enroll or to 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 22 and 23 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2017.

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

**A:** Check with your providers directly to see whether they participate in The Empire Plan or in a NYSHIP HMO.

For Empire Plan provider information:

- Use the online provider directories at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) to check Empire Plan providers. Click on the Health Benefits link, select your group and plan, if prompted, and then click on Find a Provider. **Note:** This is the most up-to-date source for provider information.
- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.

\* If Medicare primary, check with the plan.

For HMO provider information:

- Visit the HMO web sites (web site addresses are provided on the individual HMO pages in this booklet).
- 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 are available to you. Ask if you would need authorization to have the provider's services covered. In most circumstances, HMOs do not provide benefits for services by nonparticipating providers or hospitals.

Under The Empire Plan, you have benefits for participating and nonparticipating providers.

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

## CONSIDER COST

When considering cost, think about all your costs throughout the year. Keep in mind out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Do this for each plan you are considering. Along with this booklet, the *2017 Rates & Information for Retirees* flyer will provide the information you need to determine your annual cost under each of the available plans.

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

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

**Q: What if my dependent or I become eligible for Medicare in 2017?**

**A:** All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences. See pages 6 to 8 in this booklet for more Medicare information.

For more information about Medicare and the HMOs listed in this booklet, call the HMO, tell them you are a NYSHIP member and ask about coverage for Medicare enrollees.

**Remember: Regardless of which option you choose as a retiree, you and your dependent must be enrolled in Medicare Parts A and B when either of you first becomes eligible for primary Medicare coverage.**

**Note:** If you or your covered dependents are or become Medicare primary and are currently enrolled in a NYSHIP HMO or The Empire Plan, you or your covered dependents will be enrolled automatically in your HMO's Medicare Advantage Plan or the Empire Plan Medicare Rx program, depending upon what coverage you have.

**Q: I am a COBRA dependent in a Family plan. Can I switch to Individual coverage and select a different health plan than 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 change your health insurance option for any reason at any time during the year. However, once an option change is made, you may not make another change until 12 months later, except under certain circumstances (see your *NYSHIP General Information Book* and *Empire Plan Reports/HMO Reports* for details). You may change from an HMO to The Empire Plan, from The Empire Plan to an HMO or from one HMO to another HMO in your area.

# Plans by County

## The Empire Plan

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 24 to 35 for a summary of The Empire Plan.

Page in Choices	24	36	40	44	44	44	48	48	48	52	52	52	56	56	58	62	62	62	62	62
	The Empire Plan	Blue Choice*	BlueCross BlueShield of Western New York*	CDPHP*	CDPHP*	CDPHP*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	HIP*	HIP	HIP	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP
NYSHIP Code	001	066	067	063	300	310	280	290	320	050	220	350	072	160	059	058	060	330	340	360
Albany	•			•			•				•						•			
Allegany	•		•												•					
Bronx	•							•		•										
Broome	•				•								•					•		
Cattaraugus	•		•												•					
Cayuga	•												•					•		
Chautauqua	•		•												•					
Chemung	•												•							
Chenango	•				•									•				•		
Clinton	•						•							•						•
Columbia	•			•			•				•						•			
Cortland	•												•					•		
Delaware	•				•		•					•		•				•		
Dutchess	•					•			•			•							•	
Erie	•		•												•					
Essex	•				•		•							•						•
Franklin	•													•						•
Fulton	•			•			•							•			•			
Genesee	•		•												•	•				
Greene	•			•			•				•						•			
Hamilton	•				•									•			•			
Herkimer	•				•									•				•		
Jefferson	•													•				•		
Kings	•							•		•										
Lewis	•													•				•		
Livingston	•	•														•				
Madison	•				•									•				•		
Monroe	•	•														•				
Montgomery	•			•			•							•			•			
Nassau	•							•		•										
New York	•							•		•										

\* Medicare-primary NYSHIP enrollees will be enrolled in this HMO's Medicare Advantage 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 describe benefits available from each HMO.

Page in Choices	24	36	40	44	44	44	48	48	48	52	52	52	56	56	58	62	62	62	62	62
	The Empire Plan	Blue Choice*	BlueCross BlueShield of Western New York*	CDPHP*	CDPHP*	CDPHP*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	HIP*	HIP	HIP	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP
NYSHIP Code	001	066	067	063	300	310	280	290	320	050	220	350	072	160	059	058	060	330	340	360
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	•	•													•					

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

# The Empire Plan — NYSHIP Code #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2017.<sup>1</sup> You may also visit [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) or call toll free 1-877-7-NYSHIP (1-877-769-7447) to connect to:

## Medical/Surgical Program

### UnitedHealthcare

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

Medical and surgical coverage through:

- **Participating Provider Program** – More than 250,000 physicians and other providers participate, with more than 40,000 physicians in Florida alone. Certain services are subject to a \$20 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, the Program considers up to 80 percent of usual and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance maximum is met, the Plan pays up to 100 percent of usual and customary charges for covered services. See Cost Sharing (beginning on page 26) for additional information.
- **Basic Medical Provider Discount Program** – If you are Empire Plan primary and use a nonparticipating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket costs may be lower (see page 27).

**Home Care Advocacy Program (HCAP)** – Paid-in-full benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes. (Diabetic shoes have an annual maximum benefit of \$500.) Guaranteed access to network benefits nationwide. Limited non-network benefits available (see the *Empire Plan Certificate/Reports* for details).

**Managed Physical Medicine Program** – Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider with a \$20 copayment. Unlimited network benefits when

medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

**Benefits Management Program** – If The Empire Plan is your primary coverage, under this Program, you must call UnitedHealthcare for Prospective Procedure Review before an elective (scheduled) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computerized tomography (CT), positron emission tomography (PET) scan or nuclear medicine test, unless you are having the test as an inpatient in a hospital (see the *Empire Plan Certificate* for details).

When arranged by the Medical/Surgical Program, a voluntary, paid-in-full specialist consultant evaluation is available. Voluntary outpatient medical case management is available to help coordinate services for catastrophic and complex cases.

## Hospital Program

### Empire BlueCross BlueShield

NYS Service Center

P.O. Box 1407, Church Street Station

New York, NY 10008-1407

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

- Medical or surgical inpatient stays are covered at no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program (if The Empire Plan provides your primary coverage).
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments.

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

- Except as previously noted, physician charges received in a hospital setting will be paid in full if the provider is a participating provider under the Medical/Surgical Program. Physician charges for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

The following benefit level applies for hospital services received at **non-network hospitals** (for Empire Plan-primary enrollees only<sup>2</sup>):

- Non-network hospital inpatient stays and outpatient services: 10 percent coinsurance for inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined (see page 26).

The Empire Plan will approve network benefits for hospital services received at a non-network facility if:

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

## PREADMISSION CERTIFICATION REQUIREMENTS

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

- before a maternity or scheduled (nonemergency) hospital admission
- within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission
- before admission or transfer to a skilled nursing facility

<sup>2</sup> If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

<sup>3</sup> You are responsible for ensuring that MHSA Program certification is received for care obtained from a non-network practitioner or facility.

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

- a \$200 penalty if it is determined any portion was medically necessary and
- all charges for any day's care determined not to be medically necessary.

Voluntary inpatient medical case management is available to help coordinate services for catastrophic and complex cases.

## Mental Health and Substance Abuse Program

### Beacon Health Options, Inc.

P.O. Box 1800, Latham, NY 12110

The Mental Health and Substance Abuse (MHSA) Program offers two levels of benefits. If you call the MHSA Program before you receive services and follow their recommendations, you receive:

### NETWORK BENEFITS

(unlimited when medically necessary)

- inpatient (paid in full)
- crisis intervention (up to three visits per crisis paid in full; after the third visit, the \$20 copayment per visit applies)
- outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$20 copayment)
- outpatient rehabilitation to an approved structured outpatient rehabilitation program for substance abuse (\$20 copayment)

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

### NON-NETWORK BENEFITS<sup>3</sup>

(unlimited when medically necessary)

- For Practitioner Services: the MHSA Program will consider up to 80 percent of usual and customary

# The Empire Plan — NYSHIP Code #001

charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined, the Plan pays up to 100 percent of usual and customary charges for covered services (see page 26).

- For Approved Facility Services: You are responsible for 10 percent of covered billed charges up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined. After the coinsurance maximum is met, the Plan pays 100 percent of billed charges for covered services.
- Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined.

## Empire Plan Cost Sharing

### PLAN PROVIDERS

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

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

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

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

### 2017 ANNUAL MAXIMUM OUT-OF-POCKET LIMIT

Your maximum out-of-pocket expenses for in-network covered services will be \$4,650 for Individual coverage and \$9,300 for Family coverage for Hospital, Medical/Surgical and Mental Health and Substance Abuse programs, combined. Once you reach the limit, you will have no additional copayments.

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

### COMBINED ANNUAL DEDUCTIBLE

For medical/surgical and mental health and substance abuse services, The Empire Plan has a combined annual deductible of \$1,000 per enrollee, \$1,000 per enrolled spouse/domestic partner and \$1,000 per all dependent children combined. The combined annual deductible must be met before covered services under the Basic Medical Program and non-network expenses under both the Home Care Advocacy Program (HCAP) and Mental Health and Substance Abuse (MHSA) Program can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined that is not included in the combined annual deductible.

After you satisfy the combined annual deductible, The Empire Plan pays 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSA Program, 50 percent of the network allowance for covered services for non-network HCAP services and 90 percent of billed charges for covered services for non-network approved facility services for the MHSA Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the usual and customary charge for Basic Medical Program and non-network practitioner services and 10 percent for non-network MHSA-approved facility services. There is no coinsurance maximum for HCAP or Managed Physical Medicine Program services.

## COMBINED ANNUAL COINSURANCE MAXIMUM

The Empire Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 per enrolled spouse/domestic partner and \$3,000 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of the usual and customary charge. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges. You are also responsible for paying all charges in excess of the usual and customary charge.

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

## BASIC MEDICAL PROVIDER DISCOUNT PROGRAM

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

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

## THE EMPIRE PLAN CENTER OF EXCELLENCE PROGRAMS

**The Center 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 that includes many of the nation's leading cancer centers. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program.

**The Center of Excellence for Transplants Program** provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including a travel allowance within the United States, are available only when you are enrolled in the Program and when The Empire Plan is your primary coverage. Precertification is required.

**The Center of Excellence for Infertility Program** is a select group of participating providers recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000 per covered individual. A travel allowance is available. Precertification is required.

For details on the Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports and Reporting On Center of Excellence Programs* available at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) or call the Employee Benefits Division and request a copy.

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

You receive the maximum plan benefits when you use participating providers. For more information on coverage provided under The Empire Plan, read the publication, *Reporting On Network Benefits*. You can find this publication at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) or contact the Employee Benefits Division for a copy.

## MEDICARE CROSSOVER PROGRAM

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees and dependents with no other group coverage, Medicare processes your claim for medical/surgical, hospital and mental health/substance abuse expenses and then automatically submits it to The Empire Plan for secondary coverage. You rarely need to file claim forms, regardless of whether you use participating or nonparticipating providers.

If you are a Medicare-primary Empire Plan enrollee or dependent, you are automatically enrolled in the Medicare Crossover Program, but you may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your health insurance claim number (HICN) assigned by Medicare and your secondary coverage information. You will know you are enrolled when Medicare has sent your claim to The Empire Plan and you receive an explanation of Medicare benefits (EOMB) that states your claim has been forwarded to The Empire Plan. If the EOMB does not state that your claim was forwarded to The Empire Plan, you or your provider will have to submit a claim to The Empire Plan. If you are a Medicare-primary Empire Plan enrollee or dependent and are having problems with your

claims, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program.

## Prescription Drug Coverage

### WHAT YOU PAY

You pay the copayments shown below for prescriptions covered under either the Empire Plan Prescription Drug Program or Empire Plan Medicare Rx (see pages 28-31). Review your Plan documents for more information.

#### When you use a network pharmacy:

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

#### When you use a network mail service pharmacy:

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

You can use a non-network pharmacy or pay cash at a network pharmacy (instead of using your Empire Plan Benefit or Medicare Rx Card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit or Medicare Rx Card whenever possible.

## 2017 ANNUAL MAXIMUM OUT-OF-POCKET LIMIT\*

Your annual maximum out-of-pocket expenses for covered drugs received from a network pharmacy will be \$2,500 for Individual coverage

\* The annual maximum out-of-pocket limit does not apply to Empire Plan Medicare Rx.

and \$5,000 for Family coverage. Once you reach the limit, you will have no additional copayments for prescription drugs.

## Prescription Drug Program

*for non-Medicare-primary Empire Plan retirees and dependents (see page 30 if you will become Medicare primary in 2017)*

### **CVS Caremark, Inc.**

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

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

- A one-month supply of your medication covers up to 30 days, and a long-term supply covers up to 90 days.
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred copayment, plus the difference in cost between the brand-name drug and the generic equivalent (or "ancillary charge"), not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. Exceptions apply. Please contact the Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- The Empire Plan has a Flexible Formulary that excludes certain prescription drugs from coverage.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day for questions on your prescriptions.
- For certain maintenance medications, you are required to fill at least two 30-day supplies using your Empire Plan Prescription Drug Program benefits before a supply for greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a network or mail service pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days' worth of the drug was previously

dispensed. If not, only a 30-day fill will be approved. This program is also referred to as the New to You Program.

- Oral chemotherapy drugs for the treatment of cancer do not require a copayment.
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer, do not require a copayment. In addition, generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment. The copayment waivers for these drugs will only be provided if the drug is filled at a network pharmacy.
- Certain preventive adult vaccines for non-Medicare-primary enrollees, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network, do not require a copayment.

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

## SPECIALTY PHARMACY

The Prescription Drug Program's Specialty Pharmacy Program offers enhanced services to non-Medicare-primary individuals using specialty drugs (such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring). The complete list of specialty drugs included in the Specialty Pharmacy Program is available on NYSHIP Online. Go to [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). Click the link for Health Benefits, then choose your group and plan, if prompted, then select Using Your Benefits and then Specialty Pharmacy Drug List.

The Program provides enrollees with enhanced services that include disease and drug education; compliance, side-effect and safety management; expedited, scheduled delivery of medications at no additional charge; refill reminder calls; and all necessary supplies (such as needles and syringes) applicable to the medication.

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CVS Caremark Specialty Pharmacy is the designated pharmacy for the Specialty Pharmacy Program. Under the Specialty Pharmacy Program, you are covered for an initial 30-day fill of most specialty medications at a retail pharmacy, but all subsequent fills must be obtained through the designated specialty pharmacy. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. To get started with CVS Caremark Specialty Pharmacy, to request refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 7:30 a.m. and 9 p.m. Monday through Friday, Eastern time. Press 4, and ask to speak with Specialty Customer Care.

## Empire Plan Medicare Rx Program

*for Medicare-primary Empire Plan retirees and dependents*

### **SilverScript Insurance Company**

(an affiliate of CVS Caremark, Inc.)

P.O. Box 52067, Phoenix, AZ 85072-2067

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

Empire Plan retirees and dependents who are Medicare primary on or after January 1, 2017, will be enrolled automatically in Empire Plan Medicare Rx. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

- A one-month supply of your medication covers up to 30 days, and a long-term supply covers up to 90 days (see page 28 for copayments).
- The 2017 Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.

- If Empire Plan Medicare Rx excludes a Part D drug that you take or limits your coverage of a Part D drug that you take, you or your doctor can request a coverage determination or file an appeal to change a coverage decision. For information on the appeal process for drugs on the supplemental drug list that have coverage limitations, please contact The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).
- Prior authorization continues to be required for certain drugs. Call 1-877-7-NYSHIP (1-877-769-7447) and press 4 to speak with a CVS Caremark customer care representative if you have questions. A full listing of drugs subject to prior authorization is available on NYSHIP Online. Go to [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) and choose Health Plan Benefits. If prompted, choose your group and plan, then Using Your Benefits. From there, if you are Empire Plan primary, go to Drugs That Require Prior Authorization. If you are Medicare primary, go to Empire Plan Providers, Pharmacies and Services, and then choose Prescription Drug Program. Next, select SilverScript, Documents and then 2017 Comprehensive Formulary. This formulary indicates all drugs that require prior authorization with “PA.”
- Certain covered medications may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed over a period of time may be limited. You or your doctor also may need to provide clinical information about your health to ensure your drug is covered correctly by Medicare.
- Prescriptions covered under Medicare Part B are covered under the Empire Plan Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because they are covered under Medicare first and the Empire Plan Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B medications. Most pharmacies already know which Medicare program covers which drugs.



- Once you qualify for catastrophic coverage (see page 13), you pay the greater of a \$3.30 copayment for generic drugs and a \$8.25 copayment for brand-name drugs or 5 percent coinsurance, not to exceed your usual copayment.
- People with limited income may qualify for Extra Help to help pay for their prescription drug costs (see page 7). For more information about Extra Help, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) or your local Social Security office or visit [www.ssa.gov](http://www.ssa.gov). You may also contact your state Medicaid office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048.

## SPECIALTY PHARMACY

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the CVS Caremark Mail Service Order Form. To request mail service forms or refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 7:30 a.m. and 9 p.m. Monday through Friday, Eastern time. Press 4, and ask to speak with Specialty Customer Care.

**Reminder:** You can be enrolled in only one Medicare Part D plan at a time. If you enroll in another plan that includes Medicare Part D coverage, Medicare will terminate your enrollment in Empire Plan Medicare Rx. In most cases, you will be terminated from The Empire Plan (you could have NO Empire Plan coverage).

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

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

Call The Empire Plan and press or say 5 for the NurseLine<sup>SM</sup> for health information and support.

Representatives are available 24 hours a day, seven days a week.

## Empire Plan Benefits Are Available Worldwide

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

## Teletypewriter (TTY) Numbers

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

### Medical/Surgical Program

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

### Hospital Program

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

### Mental Health and Substance Abuse Program

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

### Prescription Drug Program

(for non-Medicare-primary retirees)

TTY only:..... 711

### Empire Plan Medicare Rx

(for Medicare-primary retirees)

TTY only:..... 711

# The Empire Plan

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

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Diagnostic Services:<sup>2</sup></b>			
Radiology	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Lab Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$20 per visit	Basic Medical <sup>3</sup>
EKG/EEG	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/OB GYN:</b>			
Screenings and Maternity-Related Lab Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Mammograms	No copayment	No copayment	Basic Medical <sup>3</sup>
Pre/Postnatal Visits and Well-Woman Exams		\$20 per visit	Basic Medical <sup>3</sup>
Bone Density Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchase from a participating provider; one double-electric breast pump per birth	
<b>Family Planning Services</b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>	\$40 per outpatient visit	\$20 per visit; no copayment at designated Centers of Excellence <sup>4</sup>	Basic Medical <sup>3</sup>
<b>Contraceptive Drugs and Devices<sup>5</sup></b>		No copayment for certain FDA-approved oral contraception methods (including outpatient surgical implantation) and counseling	Basic Medical <sup>3</sup>
<b>Inpatient Hospital Surgery</b>	No copayment <sup>6</sup>	No copayment	Basic Medical <sup>3</sup>

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Outpatient Surgery</b>	\$60 per visit	\$20 per visit <sup>7</sup>	Basic Medical <sup>3</sup>
<b>Emergency Room</b>	\$70 per visit <sup>8</sup>	No copayment	Basic Medical <sup>3,9</sup>
<b>Urgent Care</b>	\$40 per outpatient visit <sup>10</sup>	\$20 per visit	Basic Medical <sup>3</sup>
<b>Ambulance</b>	No copayment <sup>11</sup>	\$35 per trip <sup>12</sup>	\$35 per trip <sup>12</sup>
<b>Mental Health Practitioner Services</b>		\$20 per visit	Applicable annual deductible, <sup>3</sup> 80% of usual and customary, after applicable coinsurance max, <sup>3</sup> 100% of usual and customary (see page 26 for details).
<b>Approved Facility Mental Health Services</b>		No copayment	90% of billed charges; after applicable coinsurance max, <sup>3</sup> covered in full (see page 26 for details).
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$20 per visit to approved Structured Outpatient Rehabilitation Program	Applicable annual deductible, <sup>3</sup> 80% of usual and customary; after applicable coinsurance max, <sup>3</sup> 100% of usual and customary (see page 26 for details).
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment	90% of billed charges; after applicable coinsurance max, <sup>3</sup> covered in full (see page 26 for details).

1 Inpatient stays at network hospitals are paid in full. Non-network hospital coverage provided subject to coinsurance. Provider charges are covered under the Medical/Surgical Program.

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

3 See Cost Sharing (beginning on page 26) for Basic Medical information.

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

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

6 Preadmission certification may be required.

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

8 Copayment waived if admitted.

9 Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers are considered under the Basic Medical Program and are not subject to deductible and coinsurance.

10 At a hospital-owned urgent care facility only.

11 If service is provided by admitting hospital.

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

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Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Durable Medical Equipment</b>		No copayment (HCAP) <sup>13</sup>	50% of network allowance (see the <i>Empire Plan Certificate/Reports</i> ). <sup>13</sup>
<b>Prosthetics</b>		No copayment <sup>14</sup>	Basic Medical <sup>3,14</sup> \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
<b>Orthotic Devices</b>		No copayment <sup>14</sup>	Basic Medical <sup>3,14</sup>
<b>External Mastectomy Prostheses</b>		No network benefit. See nonparticipating provider.	Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>3,14</sup> (precertification may be required).
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; \$20 per visit for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$20 per visit (MPN) Speech therapy \$20 per visit	\$250 annual deductible, 50% of network allowance Basic Medical <sup>3</sup>
<b>Diabetic Supplies</b>		No copayment (HCAP)	50% of network allowance (see the <i>Empire Plan Certificate/Reports</i> ).
<b>Insulin and Oral Agents</b> (covered under the Prescription Drug Program, subject to drug copayment)			
<b>Diabetic Shoes</b>		\$500 annual maximum benefit <sup>13</sup>	75% of network allowance up to an annual maximum benefit of \$500 (see the <i>Empire Plan Certificate/Reports</i> ). <sup>13</sup>
<b>Hospice</b>	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum
<b>Skilled Nursing Facility</b>	No copayment up to 365 benefit days. <sup>15</sup> No benefits if Medicare primary.		

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Prescription Drugs</b> (see pages 28-31)			
Specialty Drugs (see page 29)			
<b>Additional Benefits</b>			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See nonparticipating provider.	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Annual Out-of-Pocket Maximum (In-Network Benefits only)	Individual coverage: \$2,500 for the Prescription Drug Program. <sup>16</sup> \$4,650 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs Family coverage: \$5,000 for the Prescription Drug Program. <sup>16</sup> \$9,300 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		
24-hour NurseLine <sup>SM</sup> for health information and support at 1-877-7-NYSHIP (1-877-769-7447)			
Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders.			
Diabetes education centers for enrollees who have a diagnosis of diabetes.			
For more information regarding covered vaccines, tests and screenings, see the <i>Empire Plan Preventive Care Coverage Chart</i> on NYSHIP Online under Publications. Or, visit <a href="http://www.hhs.gov/healthcare/rights/preventive-care">www.hhs.gov/healthcare/rights/preventive-care</a> .			
<p><sup>1</sup> Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Non-network hospital coverage provided subject to coinsurance. Provider charges are covered under the Medical/Surgical Program.</p> <p><sup>2</sup> Copayment waived for preventive services under PPACA. See <a href="http://www.hhs.gov/healthcare/rights/preventive-care">www.hhs.gov/healthcare/rights/preventive-care</a> or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.</p>			
			<p><sup>3</sup> See Cost Sharing (beginning on page 26) for Basic Medical information.</p> <p><sup>13</sup> If Medicare is your primary coverage, you must use a Medicare-approved supplier or your benefits will be reduced in accordance with the "Impact of Medicare on this Plan" section of your <i>Empire Plan Certificate Amendments</i>.</p> <p><sup>14</sup> Benefit paid up to cost of device meeting individual's functional need.</p> <p><sup>15</sup> Precertification required.</p> <p><sup>16</sup> Does not apply to Medicare-primary enrollees.</p>

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit (\$5 for children to age 26)
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 for Rx injection and \$25 office copayment (max two copayments per day)
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment (routine), \$40 copayment (diagnostic)
<b>Family Planning Services</b>	\$25 PCP, \$40 specialist per visit
<b>Infertility Services</b>	Applicable physician/ facility copayment
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>1</sup>
<b>Contraceptive Devices</b>	Applicable copayment/ coinsurance <sup>1</sup>
<b>Inpatient Hospital Surgery</b>	
Physician	No copayment
Facility	No copayment

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

<sup>1</sup> Generic oral contraceptives and certain OTC contraceptive devices are covered in full in accordance with the Affordable Care Act.

Benefits	Enrollee Cost
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<b>Hospice</b> , max 210 days	No copayment
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<b>Skilled Nursing Facility</b> max 45 days per admission, 360-day lifetime max	No copayment
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**Prescription Drugs**

Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 <sup>2</sup>
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Mail Order, up to 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 <sup>2</sup>
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You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.

**Specialty Drugs**

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

**Additional Benefits**

**Annual Out-of-Pocket Maximum**

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

**Dental**<sup>3</sup>.....\$40 per visit

**Vision**<sup>4</sup>.....\$40 per visit

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

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

**Maternity**

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

**Plan Highlights for 2017**

Laboratory and pathology services are covered in full. We deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle.

<sup>2</sup> If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

<sup>3</sup> Coverage for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; routine care not covered.

<sup>4</sup> Coverage for exams to treat a disease or injury; routine care not covered.

**Participating Physicians**

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

**Affiliated Hospitals**

All operating hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please call the number provided for a directory, or visit [www.excellusbcb.com](http://www.excellusbcb.com).

**Pharmacies and Prescriptions**

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers convenient mail order services for select maintenance drugs. Blue Choice offers an **incented formulary**.

**Medicare Coverage**

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

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

**NYSHIP Code Number 066**

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

**Blue Choice**

165 Court Street, Rochester, NY 14647

**For information:**

**Blue Choice:** 1-800-499-1275

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

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

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

Benefits	Enrollee Cost
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
<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	No copayment
Mammograms	No copayment
Prenatal Visits	Not covered
Postnatal Visits	Not covered
Bone Density Tests	No copayment
<b>Family Planning Services</b>	Not covered
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs</b>	Not covered
<b>Contraceptive Devices</b>	Not covered
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	\$20 copayment
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Room<sup>1</sup></b>	\$50 per visit
(waived if admitted within 23 hours)	
<b>Urgent Care Facility</b>	\$50 per visit <sup>2</sup>
<b>Ambulance</b>	\$35 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
<b>Inpatient Mental Health</b>	No copayment
max 190 days per lifetime <sup>3</sup>	
<b>Outpatient Drug/Alcohol Rehab</b>	20% coinsurance
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>4</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
<b>Diabetic Supplies</b>	\$5 per item
<b>Insulin and Oral Agents</b>	Applicable Rx copayment
<b>Diabetic Shoes</b>	20% coinsurance
one pair per year when medically necessary	
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	\$25 per day
max 100 days	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3 <sup>5</sup>

<sup>1</sup> Worldwide coverage.

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

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

<sup>4</sup> Covered when there is an underlying medical condition. Requires preauthorization.

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



## Prescription Drugs, *continued*

You can order up to a 90-day supply through PrimeMail, our mail order program, with two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

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## Specialty Drugs

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

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## Additional Benefits

<b>Dental</b> .....	Coverage for preventive services only
<b>Vision</b> .....	\$120 annual eyewear allowance
<b>Hearing Aids</b> ...	\$600 allowance every three years
<b>Out of Area</b> .....	20% coinsurance up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice service area
<b>Routine Eye Exam</b> .....	\$20 per visit
<b>Health and Wellness</b> .....	Silver & Fit Program

## Plan Highlights for 2017

With Medicare Blue Choice, count on us to deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle. Take advantage of our Silver & Fit Program, designed to help you get in shape. Pay a low \$5 copayment for PCP visits and no copayment for routine physicals. Save by paying only two copayments for up to a 90-day supply for prescription drugs through PrimeMail and at retail pharmacies.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. Medicare Blue Choice offers an **incented formulary**.

## Medicare Coverage

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

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

## NYSHIP Code Number 066

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

## Blue Choice

165 Court Street, Rochester, NY 14647

## For information:

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

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

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits <sup>2</sup>	\$20 for initial visit only
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services<sup>3</sup></b>	\$20 per visit
<b>Infertility Services<sup>4</sup></b>	\$20 per visit
<b>Contraceptive Drugs<sup>5</sup></b>	No copayment <sup>6</sup>
<b>Contraceptive Devices</b>	No copayment <sup>6</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Emergency Room</b> (waived if admitted)	\$100 per visit

Benefits	Enrollee Cost
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual	\$20 per visit
unlimited when medically necessary	
Group	\$20 per visit
unlimited when medically necessary	
<b>Inpatient Mental Health</b>	No copayment
unlimited when medically necessary	
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit
unlimited when medically necessary	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited when medically necessary	
<b>Durable Medical Equipment</b>	50% 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 Physical or Occupational Therapy, max 20 visits <sup>7</sup>	\$20 per visit
Outpatient Speech Therapy, max 20 visits <sup>7</sup>	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item
<b>Insulin and Oral Agents</b>	\$20 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice, max 210 days per year</b>	No copayment

<sup>1</sup> For services at a standalone Quest lab or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency room visit also paid in full.

<sup>2</sup> One-time \$20 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

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

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

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

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Skilled Nursing Facility</b> max 50 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply <sup>6</sup>	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3
Includes prenatal vitamins, fertility drugs, injectable/self-injectable medications, insulin and oral diabetic agents. May require prior approval.	
<b>Specialty Drugs</b>	
Available through mail order at the applicable copayment.	
<b>Additional Benefits</b>	
<b>Annual Out-of-Pocket Maximum</b> (In-Network Benefits).....\$3,000 Individual, \$6,000 Family per year	
<b>Dental</b> .....	20% discount at select providers, free second annual exam
<b>Vision</b> .....	VisionPLUS Program (details below)
<b>Hearing Aids</b> .....	Discounts available at select locations
<b>Out of Area</b> .....	Worldwide coverage for emergency and urgent care through the BlueCard Program. Guest membership for routine care away from home that enables members on extended business trips or family members away at school to join a nearby Blue HMO for the same benefits.
<b>VisionPLUS Program</b> .....	Includes routine eye exam covered in full and participating VisionPLUS provider discounts. Low copayments on frames, lenses and a discount on contact lenses and supplies.
<b>Artificial Insemination</b> .....	20% coinsurance Other artificial means to induce pregnancy (in-vitro embryo transfer, etc.) are not covered.
<b>Wellness Services</b> .....	\$300 Wellness Card allowance for use at participating providers

## Plan Highlights for 2017

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

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions filled up to 30-day supply. BlueCross BlueShield offers an **incented formulary**.

## Medicare Coverage

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

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

## NYSHIP Code Number 067

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

## BlueCross BlueShield of Western New York

P.O. Box 80, Buffalo, NY 14240-0080

## For information:

### BlueCross BlueShield of Western New York:

716-887-8840 or 1-877-576-6440

**TTY:** 711

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

<sup>6</sup> No copayment for contraceptive drugs and devices unless a generic equivalent is available and you are subject to a \$30 (Tier 2) or \$60 (Tier 3) copayment. A mail-order supply costs 2.5 times the applicable copayment.

<sup>7</sup> Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 PCP
Annual Adult Routine Physicals	No copayment
<b>Specialty Office Visits</b>	\$30 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$30 per visit
Lab Tests	No copayment <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$10 PCP, \$30 specialist per visit
Radiation	\$10 PCP, \$30 specialist per visit
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests <sup>2</sup>	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 PCP, \$30 specialist <sup>3</sup>
Postnatal Visits	\$10 PCP, \$30 specialist <sup>3</sup>
Bone Density Tests <sup>2</sup>	No copayment
<b>Family Planning Services</b>	\$10 PCP, \$30 specialist <sup>3,4</sup>
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs<sup>5</sup></b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	Applicable Rx copayment
<b>Inpatient Hospital Surgery<sup>6</sup></b>	No copayment
<b>Outpatient Surgery</b>	
Hospital <sup>6</sup>	\$75 per visit
Physician's Office	\$10 PCP per visit, \$30 specialist per visit
Outpatient Surgery Facility <sup>6</sup>	\$75 per visit

Benefits	Enrollee Cost
<b>Emergency Room</b>	\$65 per visit (waived if admitted)
<b>Urgent Care Facility<sup>7</sup></b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual <sup>6</sup> , unlimited	\$40 per visit
Group <sup>6</sup> , unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	No copayment max 190 days per lifetime <sup>6,8</sup>
<b>Outpatient Drug/Alcohol Rehab</b>	\$40 per visit unlimited <sup>6</sup>
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment max 190 days per lifetime <sup>6,8</sup>
<b>Durable Medical Equipment<sup>6</sup></b>	20% coinsurance
<b>Prosthetics<sup>6</sup></b>	20% coinsurance
<b>Orthotics<sup>6</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient <sup>6</sup> , unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit <sup>9</sup>
Outpatient Speech Therapy, unlimited	\$20 per visit <sup>9</sup>
<b>Diabetic Supplies</b>	20% coinsurance
<b>Insulin and Oral Agents</b>	Applicable Rx copayment
<b>Diabetic Shoes</b>	20% coinsurance one pair per year when medically necessary

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

<sup>2</sup> Routine only.

<sup>3</sup> First visit only; all other visits are \$0.

<sup>4</sup> Maternity care, fetal non-stress tests and lab tests are covered.

<sup>5</sup> Oral contraceptives are on our formulary.

<sup>6</sup> Prior authorization is required.

<sup>7</sup> Covered within the 50 United States only.

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

<sup>9</sup> For each Medicare-covered visit.

Benefits	Enrollee Cost
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	No copayment max 100 days per benefit period <sup>6</sup>
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5
Mail Order, up to 90-day supply	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, \$100 Tier 5
Most injectable drugs are subject to prior approval. Communication materials will be mailed to the member upon enrollment. Prescription drug coverage is subject to any changes required by the Centers for Medicare & Medicaid Services for 2017.	
<b>Specialty Drugs</b>	
Specialty drugs are available through mail order at the applicable copayment.	

### Additional Benefits

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

**Vision**.....\$75 allowance toward eyeglasses, frames and lenses. Members pay \$30 for each Medicare-covered eye exam and \$30 for each routine exam (limit one per year). Discount program also available.<sup>10</sup>

**Hearing Aids**<sup>11</sup>.....\$699 copayment per aid for Flyte 700/\$999 copayment per aid for Flyte 900

**Out of Area**.....Worldwide coverage for emergency care

### Plan Highlights for 2017

Senior Blue HMO offers a fitness membership at no cost, in addition to wellness and health management programs.

### Participating Physicians

Senior Blue HMO has more than 3,000 physicians and health care professionals in our network who see patients throughout our service area.

### Affiliated Hospitals

Senior Blue HMO contracts with all western New York hospitals. Senior Blue HMO members may be directed to other hospitals to meet special needs when medically necessary.

### Pharmacies and Prescriptions

Senior Blue HMO members may obtain prescriptions from a nationwide network of nearly 45,000 participating pharmacies. Senior Blue HMO offers a **closed formulary**. Prescriptions are filled for up to a 30-day supply (including insulin) at a participating pharmacy. 90-day supplies are available through the mail for two copayments.

### Medicare Coverage

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

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

### NYSHIP Code Number 067

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

### BlueCross BlueShield of Western New York

P.O. Box 80, Buffalo, NY 14240-0080

### For information:

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

**TTY:** 711

**Website:** www.bcbswny.com

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

<sup>11</sup> Hearing Aids: Up to two TruHearing Flyte hearing aids every year. Benefit is limited to the TruHearing Flyte 700 and Flyte 900 hearing aids, which come in various styles and colors. Benefit is combined in- and out-of-network. Must see a TruHearing provider to use this benefit.



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

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>4</sup></b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Physical or Occupational Therapy, max 30 visits each per calendar year	\$20 per visit
Outpatient Speech Therapy, max 20 visits per calendar year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 30-day supply	\$20 per item
Mail-Order, 90-day supply	\$50 per item
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail-Order, 90-day supply	\$50 per item
<b>Diabetic Shoes</b>	\$20 per pair one pair per year when medically necessary
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b> max 45 days	No copayment

<sup>1</sup> Waived if provider is a preferred center.

<sup>2</sup> Waived if provider is a designated laboratory.

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

<sup>4</sup> Excludes shoe inserts.

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$125 Tier 3

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

### Specialty Drugs

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

### Additional Benefits

#### Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,850 Individual,  
\$13,700 Family per year

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

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

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

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

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

#### Diabetes Self-management

**Education**..... \$20 per visit

**Glucometer**..... \$20 per item

**Acupuncture** 10 visits per plan year..... \$20 per visit

**Diabetic Prevention Program**..... No copayment  
Reimbursement up to \$500 per subscriber per year

### Plan Highlights for 2017

CDPHP InMotion<sup>SM</sup> is a free mobile smartphone fitness application with GPS technology to map your runs; view or share results at [inmotion.cdphp.com](http://inmotion.cdphp.com). With Rx for Less, get deep discounts on specified generic prescriptions filled at any CVS, Walmart or Price Chopper. Dedicated member services reps are available weekdays from 8 a.m. to 8 p.m. We also have health experts who can find the best program or service for you; simply call 1-888-94-CDPHP.

## Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

CDPHP offers a **closed formulary** with few excluded drugs. Log in to Rx Corner at [www.cdphp.com](http://www.cdphp.com) to find participating pharmacies and view claims. Mail order saves money; find forms online or call 518-641-3700 or 1-800-777-2273.

## Medicare Coverage

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO) or Group Medicare (HMO). To qualify, you must have Medicare Parts A and B and live in one of the counties listed below.

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

### NYSHIP Code Number 063

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

### NYSHIP Code Number 300

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

### NYSHIP Code Number 310

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

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

500 Patroon Creek Boulevard, Albany, NY  
12206-1057

### For information:

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

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

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

## Medicare Advantage Plan



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>2</sup>
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit <sup>3</sup>
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 per visit
Postnatal Visits	\$20 per visit
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs</b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	Applicable Rx copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$75 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b> (waived if admitted within 24 hours)	\$75 per visit
<b>Urgent Care Facility</b>	\$30 per visit

Benefits	Enrollee Cost
<b>Ambulance</b>	\$75 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health<sup>4</sup></b> max 190 days per lifetime	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 100 days	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
<b>Diabetic Supplies<sup>5</sup></b> up to a 30-day supply	20% coinsurance or \$10 copayment, whichever is less
<b>Insulin and Oral Agents</b>	Applicable Rx copayment
<b>Diabetic Shoes</b> one pair per year when medically necessary	20% coinsurance
<b>Hospice</b>	Covered by Medicare

<sup>1</sup> \$20 copayment for X-rays/ultrasounds. \$40 copayment for advanced imaging tests (CT, MRI, PET).

<sup>2</sup> No copayment for specific diagnostic services at designated laboratory sites.

<sup>3</sup> Office-administered, \$20 copayment per date of service (outpatient or office copayment may apply). Retail pharmacy, \$20 per prescription.

<sup>4</sup> In a freestanding psychiatric facility.

<sup>5</sup> Bayer Diabetes Care blood glucose monitor and blood glucose test strips: no copayment. Insulin, diabetic insulin needles, syringes, alcohol swabs, gauze: covered under Part D prescription benefits. Supplies (glucose control solutions, lancets, pump tubing/infusion sets, test strips): 20% coinsurance or \$10 copayment, whichever is less, for up to a 30-day supply. DME (infusion pumps): 20% coinsurance per item.



Benefits	Enrollee Cost
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<b>Skilled Nursing Facility</b> max 100 days	No copayment
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<b>Prescription Drugs</b>	
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Retail, 30-day supply	\$2 Tier 1, \$10 Tier 2, \$30 Tier 3, \$50 Tier 4, \$55 Tier 5
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Mail Order, 90-day supply	\$4 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, N/A Tier 5 <sup>6</sup>
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<b>Specialty Drugs</b>	
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Certain specialty drugs for serious conditions require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy.

<b>Additional Benefits</b>	
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<b>Dental</b> .....	\$150 reimbursement for office visits and up to two cleanings annually
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<b>Vision</b> .....	\$20 per visit
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<b>Hearing Aids</b> .....	\$20 per visit, discount program through Hearing Care Solutions, plus \$200 allowance each year
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<b>Out of Area</b> .....	Get urgently needed care from any provider when outside the service area and emergency care worldwide. All other routine care requires prior authorization.
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<b>Eyewear</b> .....	\$100 allowance each year
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<b>SeniorFit</b> .....	No-cost gym membership at participating sites including Rudy A. Cicotti Family Recreation Center, Beltrone Living Center, Sunnyview Lifestyle Wellness Center, SilverSneakers and Glens Falls YMCA
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<b>Annual Out-of-Pocket Maximum</b> .....	\$2,500 <sup>7</sup>
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**Plan Highlights for 2017**

CMS rated CDPHP Medicare Choices plans 4.5 out of a possible 5 stars for 2016.

(www.Medicare.gov, 10/2015).

CDPHP Medicare Choices HMO is one of the top-rated plans in the nation. (NCQA Medicare Health Insurance Plan Ratings 2015-2016).

**Participating Physicians**

CDPHP has nearly 10,000 participating practitioners and providers.

**Affiliated Hospitals**

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

**Pharmacies and Prescriptions**

CDPHP offers a **closed Part D formulary** and network pharmacies nationwide. Log in to Rx Corner at www.cdphp.com to view claims. Mail order saves money; find forms online or call 518-641-3950 or 1-888-248-6522.

**Medicare Coverage**

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO) or Group Medicare (HMO). To qualify, you must have Medicare Parts A and B and live in one of the counties listed below.

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

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**NYSHIP Code Number 300**

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

**NYSHIP Code Number 310**

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

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

500 Patroon Creek Blvd, Albany, NY 12206-1057

**For information:**

**CDPHP Member Services Department at:**

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

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

**Website:** www.cdphp.com

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

<sup>7</sup> Once you pay \$2,500 for covered medical services, additional copayments for covered medical services will be waived for the remainder of the calendar year.



An Anthem Company

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

Benefits	Enrollee Cost
<b>Emergency Room</b>	\$75 per visit (waived if admitted within 24 hours)
<b>Urgent Care Facility</b>	\$20 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, <sup>1</sup> unlimited	\$20 per visit <sup>3</sup>
Group, <sup>1</sup> unlimited	\$20 per visit <sup>3</sup>
<b>Inpatient Mental Health<sup>1</sup></b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab<sup>1</sup></b>	\$20 per visit <sup>4</sup>
<b>Inpatient Drug/Alcohol Rehab<sup>1</sup></b>	No copayment as many days as medically necessary
<b>Durable Medical Equipment<sup>1</sup></b>	20% coinsurance
<b>Prosthetics<sup>1</sup></b>	20% coinsurance
<b>Orthotics<sup>1</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient Physical or Occupational Therapy <sup>5</sup>	\$20 per visit
Outpatient Speech Therapy <sup>5</sup>	\$20 per visit
<b>Diabetic Supplies<sup>6</sup></b>	\$20 per item
<b>Insulin and Oral Agents<sup>6</sup></b>	\$20 per item
<b>Diabetic Shoes</b>	\$20 per pair unlimited pairs when medically necessary
<b>Hospice</b>	No copayment 210 days maximum per lifetime

<sup>1</sup> Empire's network provider must precertify in-network services or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.

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

<sup>3</sup> No copayment for visits at an outpatient mental health facility.

<sup>4</sup> No copayment for visits in an outpatient facility.

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

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

<b>Benefits</b>	<b>Enrollee Cost</b>
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<b>Skilled Nursing Facility</b> <sup>1</sup> 60 days maximum per calendar year	No copayment
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<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$50 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$100 Tier 3

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

**Additional Benefits**  
**Annual Out-of-Pocket Maximum**  
(In-Network Benefits).....\$5,080 Individual,  
\$12,700 Family per year

**Dental**..... Not covered  
**Vision**..... Not covered  
**Hearing Aids**..... Not covered

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

**LiveHealth Online**.....\$20 per visit

**Plan Highlights for 2017**  
LiveHealth Online is a convenient way for you to interact with a doctor via live, two-way video on your computer or mobile device. Empire BlueCross BlueShield HMO provides a full range of benefits including low out-of-pocket costs. Visit [www.empireblue.com](http://www.empireblue.com) for a list of your claims and payment status, email messages, your personal profile and healthcare provider information.

**Participating Physicians**  
Our network provides access to more than 65,000 provider locations.

**Affiliated Hospitals**  
Members are covered through a comprehensive network of area hospitals (more than 140) to which their participating physician has admitting privileges. HMO members may be directed to

other hospitals to meet special needs. See our web site for a list of all participating hospitals.

**Pharmacies and Prescriptions**  
Enrollees with prescription coverage can use local and national pharmacies. Members who use our mail service pay only two copayments for each 90-day supply of medication. Coverage includes contraceptive drugs and devices, injectable and self-injectable drugs, fertility drugs and enteral formulas. Empire BlueCross BlueShield HMO offers an **incented formulary**.

**Medicare Coverage**  
Medicare-primary enrollees are required to enroll in MediBlue, the Empire BlueCross BlueShield **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

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

**NYSHIP Code Number 280**  
An IPA HMO serving individuals living or working in the following counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

**NYSHIP Code Number 290**  
An IPA HMO serving individuals living or working in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester.

**NYSHIP Code Number 320**  
An IPA HMO serving individuals living or working in the following counties: Dutchess, Orange, Putnam, Sullivan and Ulster.

**Empire BlueCross BlueShield HMO**  
11 Corporate Woods Boulevard, P.O. Box 11800  
Albany, NY 12211-0800

**For information:**  
**Empire BlueCross BlueShield HMO:** 1-800-453-0113  
**For Medicare Advantage Plan**  
**Preenrollment Information:** 1-866-205-6551  
**TTY:** 1-800-241-6894  
**Website:** [www.empireblue.com](http://www.empireblue.com)



An Anthem Company

Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$10 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$10 per visit
Radiation	\$10 per visit
Chemotherapy	20% coinsurance
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits <sup>1</sup>	No copayment
Postnatal Visits <sup>1</sup>	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	Not covered
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs</b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	\$25 per item
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery<sup>2</sup></b>	
Hospital	No copayment
Physician's Office	\$10 per visit
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$50 per visit
(waived if admitted within 72 hours)	
<b>Urgent Care Facility</b>	\$10 per visit

Benefits	Enrollee Cost
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, <sup>2</sup> unlimited	\$10 per visit
Group, <sup>2</sup> unlimited	\$10 per visit
<b>Inpatient Mental Health<sup>2</sup></b>	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>2</sup></b>	\$10 per visit
<b>Inpatient Drug/Alcohol Rehab<sup>2</sup></b>	No copayment
<b>Durable Medical Equipment<sup>2</sup></b>	20% coinsurance
<b>Prosthetics<sup>2</sup></b>	20% coinsurance
<b>Orthotics<sup>2</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient	No copayment
Outpatient Physical or Occupational Therapy	\$10 per visit
Outpatient Speech Therapy	\$10 per visit
<b>Diabetic Supplies</b>	\$10 per 30-day supply
<b>Insulin and Oral Agents</b>	Applicable Rx copayment
<b>Diabetic Shoes<sup>3</sup></b>	\$10 copayment
one pair per calendar year	
<b>Hospice</b>	\$10 copayment
for initial hospice consultation	
<b>Skilled Nursing Facility<sup>2</sup></b>	No copayment
max 100 days per benefit period	
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$50 Tier 3 <sup>4</sup>
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$100 Tier 3 <sup>4</sup>

<sup>1</sup> Most surgeons and obstetricians bill patients an all-inclusive package charge intended to cover all services associated with the surgical procedure or delivery of the child. All expenses for surgical and obstetrical care, including preoperative/prenatal examinations and tests and post-operative/postnatal services, are considered incurred on the date of surgery or delivery, as appropriate. This policy applies whether the physician bills on a package charge basis or itemizes the bill separately for these items. If not billed all-inclusively, the office visit copay would apply.

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

<sup>3</sup> One pair per year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes) for people with diabetes who have severe diabetic foot disease, including fitting of shoes or insert.

<sup>4</sup> No copayment for select drugs.

## Specialty Drugs

Specialty drugs are limited to 30-day supply at retail and mail service pharmacies.

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## Additional Benefits

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

**Vision**..... No copayment

Limited to a \$50 benefit maximum per year.

Routine vision exam is limited to one per year.

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

Hearing exams are limited to a \$50 benefit maximum per year. Routine hearing exam is limited to one per year.

**Out of Area**..... While traveling, you have

access to urgent and emergency care across the country or around the world.

## Plan Highlights for 2017

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

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

Medicare-primary enrollees are required to enroll in MediBlue, the Empire BlueCross BlueShield **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

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

### NYSHIP Code Number 280

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

### NYSHIP Code Number 290

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

### NYSHIP Code Number 320

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

### Empire BlueCross BlueShield HMO

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

### For information:

### Empire BlueCross BlueShield

**Medicare Advantage HMO:** 1-800-564-9053,  
seven days/week, 8 a.m. to 9 p.m. EST

**TTY:** 711

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



**HEALTH PLAN OF NEW YORK**  
an EmblemHealth Company

Benefits	Enrollee Cost
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 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	\$10 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 PCP, \$10 specialist per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs<sup>1</sup></b>	No copayment
<b>Contraceptive Devices<sup>1</sup></b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$5 PCP, \$10 specialist per visit
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b> (waived if admitted)	\$75 per visit
<b>Urgent Care Facility</b>	\$5 copayment
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b> unlimited	No copayment

Benefits	Enrollee Cost
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$5 PCP, \$10 specialist per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	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 Physical or Occupational Therapy, max 90 visits for all outpatient rehabilitative care	\$10 per visit
Outpatient Speech Therapy, max 90 visits for all outpatient rehabilitative care	\$10 per visit
<b>Diabetic Supplies</b>	\$5 per 34-day supply
<b>Insulin and Oral Agents</b>	\$5 per 34-day supply
<b>Diabetic Shoes<sup>2</sup></b> when medically necessary	No copayment
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b> unlimited	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1, \$20 Tier 2
Mail Order, 90-day supply	\$7.50 Tier 1, \$30 Tier 2
Subject to drug formulary, includes fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments reduced by 50 percent when utilizing EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

<sup>1</sup> Covered for FDA-approved contraceptive drugs and devices only.

<sup>2</sup> Precertification must be obtained from the participating vendor prior to purchase.

## Specialty Drugs

Coverage provided through EmblemHealth Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison with traditional drugs. Specialty drugs require prior approval, which can be obtained by the HIP prescribing physician. Specialty drugs are subject to the applicable Rx copay, Rx formulary and distribution from our preferred specialty pharmacy.

## Additional Benefits

### Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$6,850 Individual,  
\$13,700 Family per year

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

**Vision**..... No copayment

**Hearing Aids**..... Cochlear implants only

**Out of Area**..... Covered for emergency services only

**Eyeglasses**..... \$35 per pair  
one pair every 24 months for selected frames

**Laser Vision Correction (LASIK)**..... Discount program

**Fitness Program**..... Discount program

**Alternative Medicine Program**..... Discount program

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

**Prostate Cancer Screening**..... No copayment

**Dialysis Treatment**..... \$10 per visit

## Plan Highlights for 2017

The HIP Prime network has more than 39,000 physicians practicing in 105,000 locations and an overall network of 71,000 providers in more than 168,000 locations. HIP (an EmblemHealth company) has been providing health benefits to hardworking New Yorkers for nearly seven decades and is committed to building a healthy future for you and your family. More information is available at [www.emblemhealth.com](http://www.emblemhealth.com).

## Participating Physicians

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

## Affiliated Hospitals

HIP Prime members have access to more than 100 of the area's leading hospitals, including major teaching institutions.

## Pharmacies and Prescriptions

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

## Medicare Coverage

Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees who reside in NYSHIP-approved downstate service counties are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

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

### NYSHIP Code Number 050

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

### NYSHIP Code Number 220

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

### NYSHIP Code Number 350

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

### EmblemHealth

55 Water Street, New York, NY 10041

### For information:

**Customer Service:** 1-800-447-8255

**TTY:** 1-888-447-4833

**Website:** [www.emblemhealth.com](http://www.emblemhealth.com)

## Medicare Advantage Plan



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

Benefits	Enrollee Cost
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b> , unlimited	\$5 per visit
<b>Inpatient Mental Health</b> no limit in a general hospital; 190-day lifetime limit in a psychiatric facility	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$5 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	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, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$5 per visit
Outpatient Speech Therapy, unlimited	\$5 per visit
<b>Diabetic Supplies</b>	\$5 per prescription
<b>Insulin and Oral Agents</b>	
Retail	\$5 Tier 1 and 2, \$45 Tier 3
Mail-Order	\$7.50 Tier 1 and 2, \$67.50 Tier 3
<b>Diabetic Shoes</b> <sup>1</sup> when medically necessary	No copayment
<b>Hospice</b>	Covered by Medicare Covered for 180 days in a Medicare-certified hospice facility, plus unlimited 60-day extensions if Medicare guidelines are met.
<b>Skilled Nursing Facility</b> max 100 days per benefit period (non-custodial)	No copayment

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



## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply	\$5 Tier 1 and Tier 2, \$45 Tier 3
Mail Order, up to 90-day supply	\$7.50 Tier 1 and Tier 2, \$67.50 Tier 3

Subject to drug formulary, coverage includes injectable, self-injectable medications and enteral formulas. Copayments reduced by 50% when utilizing EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.

### Specialty Drugs

Coverage provided through EmblemHealth Specialty Pharmacy Program. Specialty drugs include injectables and oral agents that are more complex to administer, monitor and store in comparison with traditional drugs. Specialty drugs require prior approval, which can be obtained through EmblemHealth pharmacy services. Specialty drugs are subject to a prescription copayment and prescription formulary.

### Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$5 per visit (routine only)
<b>Hearing Aids</b> .....	\$500 max per 36 months
<b>Out of Area</b> .....	Covered for emergency services only
<b>Eyeglasses</b> .....	No copayment for one pair per 12 months; applies to select frames
<b>Podiatry</b> , routine max 4 visits.....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	No copayment
<b>Dialysis Treatment</b> .....	No copayment

### Plan Highlights for 2017

The HIP Prime network has more than 31,000 physicians practicing in 85,000 locations. HIP (an EmblemHealth company) has been providing health benefits to hardworking New Yorkers for nearly seven decades. More information is available on our web site, [www.emblemhealth.com](http://www.emblemhealth.com).

## Participating Physicians

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

### Affiliated Hospitals

HIP VIP members have access to more than 100 of the area's leading hospitals, including major teaching institutions.

### Pharmacies and Prescriptions

Filling a prescription is easy with more than 40,000 participating pharmacies nationwide, including more than 4,700 participating pharmacies throughout New York State. EmblemHealth also has a mail order program through Express Scripts. Tier 1 includes formulary and non-formulary generic drugs, Tier 2 includes brand-name formulary drugs and Tier 3 includes brand-name non-formulary drugs.

### Medicare Coverage

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

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

### NYSHIP Code Number 050

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

### EmblemHealth

55 Water Street, New York, NY 10041

### For information:

**Customer Service:** 1-877-344-7364

**TTY:** 1-888-447-4833

**Website:** [www.emblemhealth.com](http://www.emblemhealth.com)



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

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

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

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

Benefits	Enrollee Cost
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<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 <sup>2</sup>
Mail Order, 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 <sup>2</sup>
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and pharmacies is available on our web site.	
<b>Additional Benefits</b>	
<b>Annual Out-of-Pocket Maximum</b> (In-Network Benefits).....\$6,350 Individual, \$12,700 Family per year	
<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$40 per visit for eye exams associated with disease or injury
<b>Hearing Aids</b> .....	Children to age 19: Covered in full for up to two hearing aids every three years; \$40 copayment per visit for fittings
<b>Out of Area</b> .....	The BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at college, members on extended out-of-town business and families living apart.
<b>Hearing Exam</b> .....	\$40 per visit for routine (once every 12 months) and diagnostic
<b>Maternity</b> (Physician charge for delivery).....	\$200 copayment or 20% coinsurance, whichever is less
<b>Smoking Cessation</b> .....	The Quit For Life program is an award-winning support program to help you quit using tobacco for good. Call 1-800-442-8904 or go to <a href="http://www.quitnow.net/Excellus">www.quitnow.net/Excellus</a> for more information.
<b>Plan Highlights for 2017</b>	
All laboratory and pathology services are covered in full. No referrals required. Routine preventive services, such as adult physicals, mammograms, pap smears, prostate screenings and routine adult immunizations are covered in full.	

<sup>2</sup> If a doctor selects a brand-name drug (Tier 2 or Tier 3) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost, and the member will have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.

## Participating Physicians

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

## Affiliated Hospitals

All hospitals within our designated service area participate with HMOBlue. Members may be directed to other hospitals to meet special needs when medically necessary.

## Pharmacies and Prescriptions

HMOBlue members may purchase prescription drugs from more than 60,000 participating FLRx Network pharmacies nationwide. We offer an **incented formulary**.

## Medicare Coverage

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

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

### NYSHIP Code Number 072

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

### NYSHIP Code Number 160

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

### Excellus BlueCross BlueShield

#### HMOBlue 072

333 Butternut Drive, Syracuse, NY 13214-1803

### Excellus BlueCross BlueShield

#### HMOBlue 160

12 Rhoads Drive, Utica, NY 13502

#### For information:

**HMOBlue Customer Service:** 1-800-499-1275

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

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	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>2</sup>	\$10 per visit
Pathology	\$10 per visit
EKG/EEG	\$20 per visit
Radiation <sup>1</sup>	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	
Physician Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>3</sup>
<b>Contraceptive Devices</b>	Applicable Rx copayment <sup>3</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Emergency Room</b>	\$100 per visit (waived if admitted within 24 hours)

Benefits	Enrollee Cost
<b>Urgent Care Facility</b>	\$35 per visit <sup>4</sup>
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>5</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient Physical or Occupational Therapy, max 20 visits per year for all outpatient services combined	\$20 per visit
Outpatient Speech Therapy, max 20 visits per year for all outpatient services combined	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 90-day supply	\$20 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	\$20 per item or applicable Rx copayment, whichever is less
<b>Diabetic Shoes</b>	No copayment one pair per year when medically necessary
<b>Hospice, unlimited</b>	No copayment

<sup>1</sup> Office based: \$20 copayment; hospital based: \$40 copayment

<sup>2</sup> No copayment for lab tests drawn and processed in a primary care or specialist setting.

<sup>3</sup> Copayment applies only for select Tier 3 oral contraceptive drugs and devices.

<sup>4</sup> Within the service area. Outside the service area: \$20 copayment, plus the difference in cost between Independent Health's payment and the provider's charges, if any. \$35 per visit to a participating After Hours Care Facility.

<sup>5</sup> Excludes shoe inserts.

Benefits	Enrollee Cost
<b>Skilled Nursing Facility</b> max 45 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75.00 Tier 2, \$150 Tier 3
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	

### Specialty Drugs

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

### Additional Benefits

#### Annual Out-of-Pocket Maximum

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

**Dental**.....\$50 per cleaning  
and 20% discount on additional services at  
select providers (preventive only)

**Vision**.....\$10 per visit once every 12 months  
(routine only)

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

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

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

**Eyeglasses**.....Discounts available

#### Urgent Care in Service Area

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

**Wellness Services**.....\$275 allowance  
for use at a participating facility

### Plan Highlights for 2017

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 more than 4,000 physicians and health care providers throughout the eight counties of western New York.

### Affiliated Hospitals

Independent Health members are covered at all western New York hospitals and may be directed to other hospitals when medically necessary.

### Pharmacies and Prescriptions

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

### Medicare Coverage

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

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

### NYSHIP Code Number 059

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

### Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

#### For information:

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

**TTY:** 716-631-3108

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
<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	No copayment
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment <sup>1</sup>
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs</b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	Applicable Rx copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b> (waived if admitted within 24 hours)	\$65 per visit
<b>Urgent Care Facility</b>	\$35 per visit <sup>2</sup>

Benefits	Enrollee Cost
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b> max 190 days per lifetime	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$20 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 30-day supply	No copayment
Mail Order	Not available
<b>Insulin and Oral Agents</b>	Applicable Rx copayment
<b>Diabetic Shoes</b> one pair per year when medically necessary	No copayment
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b> up to 100 days per benefit period	No copayment

<sup>1</sup> No copayment if preventive. Limit one per year.

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

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

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5
Mail Order, 90-day supply	\$0 Tier 1, \$37.50 Tier 2, \$75.00 Tier 3, \$125.00 Tier 4, \$125.00 Tier 5

Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas. Medicare Encompass prescription drug coverage is an enhancement to Medicare Part D and, therefore, is subject to any changes required by the Centers for Medicare & Medicaid Services for 2017. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a five-tier benefit that covers prescription drugs through the Medicare Part D deductible and coverage gap.

### Specialty Drugs

\$50 Tier 5 Benefits are provided for specialty drugs by Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs include select high-cost injectables and oral agents such as oral oncology drugs. Specialty drugs require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication. Members pay one copayment for each 30-day supply. A 90-day supply is not available.

### Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> .....	\$20 per visit
<b>Hearing Aids</b> .....	Member will pay \$699 per ear for a standard hearing aid or \$999 per ear for a deluxe hearing aid. Includes the routine hearing exam and 2 fittings/evaluations for a single \$45 copayment
<b>Out of Area</b> .....	While traveling outside the service area, coverage is provided for renal dialysis, urgent and emergency situations only.
<b>Home Health Care</b> .....	No copayment unlimited, requires authorization
<b>Eyeglasses</b> .....	\$150 annual allowance

### Plan Highlights for 2017

Your plan includes a gym membership for a \$20 activation fee at participating facilities. A list of participating facilities can be found at [www.independenthealth.com/medicare](http://www.independenthealth.com/medicare) or by calling our member services department at 1-800-665-1502.

## Participating Physicians

Independent Health is affiliated with more than 4,000 physicians and health care providers throughout the eight counties of western New York.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

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

## NYSHIP Code Number 059

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

## Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

## For information:

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

**TTY:** 716-631-3108

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



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

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

<sup>1</sup> PCP sick visits for children (newborn up to age 26) \$10 per visit.

<sup>2</sup> Over-the-counter contraceptives are not covered.

<sup>3</sup> Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs, plus the Tier 1 copayment.



## Prescription Drugs, *continued*

If a member requests a brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the brand-name drug, plus the Tier 1 copayment. Coverage includes fertility, injectable and self-injectable medications and enteral formulas. Approved prescription generic contraceptive drugs and devices and those without a generic equivalent are covered at 100 percent under retail and mail order.

## Specialty Drugs

MVP uses CVS Caremark for specialty pharmacy services. Copayments are listed under the Prescription Drug benefit.

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

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

**Vision**.....\$25 per exam every 24 months  
(routine only)

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

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

## Plan Highlights for 2017

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

## Participating Physicians

MVP Health Care provides services through more than 28,500 participating physicians and health practitioners located throughout its service area.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

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

### NYSHIP Code Number 058

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

### NYSHIP Code Number 060

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

### NYSHIP Code Number 330

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

### NYSHIP Code Number 340

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

### NYSHIP Code Number 360

An IPA HMO serving individuals living or working in the following counties: Clinton, Essex, Franklin and St. Lawrence.

## MVP Health Care

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

### For information:

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

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

**Website:** [www.mvphealthcare.com](http://www.mvphealthcare.com)

## Medicare Advantage Plan



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

Benefits	Enrollee Cost
<b>Urgent Care Facility</b>	\$15 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$15 per visit
Group, unlimited	\$15 per visit
<b>Inpatient Mental Health</b>	No copayment
	190-day lifetime max
<b>Outpatient Drug/Alcohol Rehab</b>	\$15 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<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	No copayment
Outpatient Physical or Occupational Therapy	\$15 per visit
Outpatient Speech Therapy	\$15 per visit
<b>Diabetic Supplies</b>	10% coinsurance
Retail	10% coinsurance
Mail-Order	10% coinsurance
<b>Insulin and Oral Agents</b>	
Retail	Applicable Rx copayment
Mail-Order	Applicable Rx copayment
<b>Diabetic Shoes</b>	20% coinsurance one pair per year when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	
(Days 1-20)	No copayment
(Days 21-100)	\$135 copayment per day

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply      \$0 Tier 1, \$10 Tier 2,  
\$30 Tier 3, \$60 Tier 4,  
\$60 Tier 5, \$0 Tier 6<sup>1</sup>

Mail Order, 90-day supply   \$0 Tier 1, \$20 Tier 2,  
\$60 Tier 3, \$120 Tier 4<sup>1</sup>

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

### Specialty Drugs

MVP uses CVS Caremark for specialty drugs. See copayments above.

### Additional Benefits

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

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

**Hearing Aids**..... \$600 allowance every 3 years. TruHearing discount available; call 1-855-542-1710 for details.

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

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

### Plan Highlights for 2017

Members enjoy free fitness center membership benefits through the SilverSneakers Fitness Program. There is a reward and incentive program that pays up to \$75 per year.

### Participating Physicians

More than 28,500 participating physicians and health practitioners located throughout the service area.

### Affiliated Hospitals

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

## Pharmacies and Prescriptions

Virtually all "chain" stores and many independent pharmacies within the service area participate with the MVP prescription program. Convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

### Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some copayments may differ from the MVP HMO plan's copayments. Please contact Member Services for further details.

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

### NYSHIP Code Number 058

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

### NYSHIP Code Number 060

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

### NYSHIP Code Number 330

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

### NYSHIP Code Number 340

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

### MVP Health Care

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

### For information:

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

**Medicare-eligible (Rochester Region only):**  
1-800-209-3945

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

**Website:** www.mvphealthcare.com

<sup>1</sup> Specialty prescription drugs include non-formulary drugs. Tier 6 includes no-cost vaccines.

## If You Are Changing Your Health Insurance Option

1. Complete the *NYSHIP Option Transfer Request Form* on the opposite page if you want to switch from The Empire Plan to a NYSHIP HMO, from a NYSHIP HMO to The Empire Plan or from a NYSHIP HMO to another NYSHIP HMO. Enrollee signature is required. **(Note:** If you and your dependent(s) are transferring into The Empire Plan, each Medicare-primary individual will be enrolled automatically in the Empire Plan Medicare Rx program; you do not need to submit an additional form to enroll in that program.)
2. Send the completed form to the Employee Benefits Division at the address provided as early as possible prior to the effective date you are requesting. The requested date must be the first of a month. The Employee Benefits Division will send you an option change confirmation letter that will include the effective date of the change.

### 3. If you are enrolling in one of the following plans that include Medicare coverage...

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

**...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required. If your mailing address is a P.O. Box, you also must provide your residential mailing address.**

As a retiree, you are eligible to change options once in a 12-month period. Under certain circumstances (see page 2), you might be able or required to change more than once within that 12-month period. If you are Medicare primary and plan to change options into or out of one of the plans listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment from your current option is effective the last day of the month, and enrollment in your new option is effective the first day of the following month. Remember, you must submit this request prior to the effective date of the requested change.

**Note:** You may also change your option online using MyNYSHIP if you are a registered user. Go to [www.cs.ny.gov/mynyship](http://www.cs.ny.gov/mynyship) for more information.

## NYSHIP Option Transfer Request

Please complete this form and return it 60 days in advance or as early as possible prior to the effective date you are requesting to:

NYS Department of Civil Service, Employee Benefits Division, Program Administration, Albany, New York 12239  
Call us at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands)  
if you have any questions about this form.

---

Enrollee Name \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_

Mailing Address \_\_\_\_\_

County \_\_\_\_\_ City or Post Office \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Is this a new address?  Yes  No Date of New Address \_\_\_\_\_

Residential Street Address (if different) \_\_\_\_\_

County \_\_\_\_\_ City or Post Office \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Medicare  Yes  No If Yes, Effective Dates: Part A \_\_\_\_\_ Part B \_\_\_\_\_

Dependent Medicare  Yes  No If Yes, Effective Dates: Part A \_\_\_\_\_ Part B \_\_\_\_\_

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

If Yes, by whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Effective \_\_\_\_\_ 1, 20\_\_\_\_\_, please change my health insurance option  
(month) (year)

From: Current Option Code Number \_\_\_\_\_ Current Plan Name \_\_\_\_\_

To: New Option Code Number \_\_\_\_\_ New Plan Name \_\_\_\_\_

Date \_\_\_\_\_ Enrollee Signature (*required*) \_\_\_\_\_

If you have Family coverage, please complete the following for each dependent enrolled in Medicare  
(*attach a separate sheet of paper if necessary*):

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (*on his or her Medicare card*) \_\_\_\_\_ Date \_\_\_\_\_

Dependent Signature (*required*) \_\_\_\_\_

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (*on his or her Medicare card*) \_\_\_\_\_ Date \_\_\_\_\_

Dependent Signature (*required*) \_\_\_\_\_

I have no Medicare-eligible dependents

If you are enrolling in an HMO, is the HMO approved by NYSHIP to serve your county?  
Please check the NYSHIP Options by County guide.

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

**USE THIS FORM FOR OPTION CHANGE ONLY**



## When You Are Enrolled In Medicare and You Leave an HMO

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

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

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

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

**Reminder:** The *NYSHIP Option Transfer Request Form* (see page 67) also is required for this option change. Please be sure to complete and submit that form to the Employee Benefits Division as early as possible before the effective date of the change.

\* For enrollment in or cancellation of a NYSHIP Medicare Advantage HMO, a signature is required for all Medicare-primary persons covered under the contract.

## NYSHIP Medicare Advantage HMO Enrollment Cancellation

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

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

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

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

Address \_\_\_\_\_

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

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

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

---

**Please provide the following required information for each enrolled dependent:**

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

Dependent's Name \_\_\_\_\_

Dependent's Social Security Number \_\_\_\_\_

Dependent's Medicare Number (if applicable) \_\_\_\_\_

Dependent's Signature \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Social Security Number \_\_\_\_\_

Dependent's Medicare Number (if applicable) \_\_\_\_\_

Dependent's Signature \_\_\_\_\_

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

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

**USE THIS FORM FOR OPTION CHANGE ONLY**



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



**NYSHIP**  
New York State  
Health Insurance Program

2017 Health Insurance Choices (Retirees) –  
October 2016

**Please do not send mail or  
correspondence to the return  
address above. See page 3  
for address information.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site ([www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees)). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

Health Insurance Choices was printed using recycled paper and environmentally sensitive inks. Choices 2017/Retirees AL1428



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

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