

November 2020

## Health Insurance

# CHOICES

# for 2021

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

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239  
[www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees)

# A Message from the New York State Health Insurance Program (NYSHIP)

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 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 can also 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) and select Health Benefits. Then, select the group from which you retired and your plan type, if prompted.



**NYSHIP**  
New York State  
Health Insurance Program

<b>A Message from NYSHIP</b> .....	<b>i</b>	<b>NYSHIP's Young Adult Option</b> .....	<b>8</b>
<b>Information &amp; Reminders</b> .....	<b>1-2</b>	<b>Exclusions</b> .....	<b>8</b>
Your NYSHIP Health Insurance Options .....	1	<b>Summary of Benefits and Coverage</b> .....	<b>8</b>
2021 Rates .....	1	<b>Plan Comparison Tool</b> .....	<b>8</b>
Changing Your Health Insurance Plan .....	1	<b>Benefits Overview</b> .....	<b>9</b>
You and Your Dependents Must		<b>Benefits Provided by All</b>	
Enroll in Medicare Parts A and B .....	1	<b>Medicare Advantage Plans</b> .....	<b>10-12</b>
Lifetime Sick Leave Credit .....	2	<b>Questions &amp; Answers</b> .....	<b>13</b>
Enrollees Who Pay the		<b>Plan Similarities and Differences</b> .....	<b>14-15</b>
Employee Benefits Division Directly .....	2	<b>Making a Choice</b> .....	<b>16-17</b>
Keep Your Personal Information Up to Date .....	2	If You Decide to Change Your Option .....	17
Contact the Employee Benefits Division .....	2	Benefit Cards .....	17
<b>Medicare &amp; NYSHIP</b> .....	<b>3-5</b>	How to Use the Choices Benefit Charts .....	17
The Empire Plan .....	3	<b>Plans by County</b> .....	<b>18-19</b>
NYSHIP HMOs .....	3	<b>Empire Plan Benefits</b> .....	<b>20-31</b>
Non-NYSHIP Plans .....	3	<b>NYSHIP HMO Benefits</b> .....	<b>32-63</b>
Medicare Part D .....	4	<b>NYSHIP Option Transfer Request</b>	
Your "Notice of Change" Document .....	5	<b>Form and Instructions</b> .....	<b>64-65</b>
Medicare Part B Reimbursement .....	5	<b>NYSHIP Medicare Advantage HMO Enrollment</b>	
<b>Comparing Your NYSHIP Health Plan Options</b> .....	<b>6-8</b>	<b>Cancellation Form and Instructions</b> .....	<b>66-67</b>
The Empire Plan .....	6		
NYSHIP HMOs .....	7		

# 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 questions after reading the plan descriptions, contact The Empire Plan program administrators or HMOs directly.

## 2021 Rates

*2021 Rates & Information for Retirees* will be mailed to your home once rates have been approved. This information will also be available on NYSHIP Online 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. Next, choose Health Benefits & Option Transfer and then Rates and Health Plan Choices for the most up-to-date 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 *General Information Book* for details. A change in the providers who participate in your plan is not a situation 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 in the HMO's NYSHIP service area. If you are enrolled in an HMO and no longer qualify for that plan based on the live-or-work requirement, you must change your option. See the Plans by County section and the individual HMO pages in this booklet for more information.

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

When you become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you must be enrolled in Medicare Part A and Part B, even if you are working for another employer. (If you are retired from New York State or a Participating Employer and return to work in a benefits-eligible position for the same employer, NYSHIP will provide primary coverage for you and your Medicare-eligible covered dependents while you are on the payroll.)

**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 must also be enrolled in Medicare Parts A and B when they are 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 for Medicare-primary coverage, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.\*

To enroll in Medicare Parts A and B, you must contact your local Social Security office three months before you or your dependent turns age 65. **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 send a copy of the Medicare card to the Employee Benefits Division (EBD).

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 on NYSHIP Online. Select the group from which you retired and your plan type, if prompted. Then, choose Medicare and scroll down.

\* If you are asked to pay a Part A premium, contact the Employee Benefits Division for more information.



The *General Information Book* also includes information on Medicare and can be found on NYSHIP Online under Health Benefits & Option Transfer. You may also call EBD at 518-457-5754 or 1-800-833-4344.

**Note:** If you are a COBRA enrollee, special provisions apply when you enroll in Medicare. Call EBD 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 will also rise. To calculate the balance you will pay in calendar year 2021, subtract your monthly sick leave credit from the new monthly premium.

### Enrollees Who Pay the Employee Benefits Division Directly

The 2021 rate for your current health insurance plan will be reflected in your December billing statement or pension check for your January coverage. If you are changing options, the date of the adjustment will depend on when your change request is received and processed by the Employee Benefits Division.

If you are entitled to Medicare Part B reimbursement, your bill or pension will be credited for the standard Part B premium (see page 5). This will result in a reduced monthly bill amount if your NYSHIP plan premium exceeds your Medicare reimbursement or a quarterly refund if your monthly Medicare reimbursement exceeds your monthly NYSHIP premium amount.

### Keep Your Personal Information Up to Date

You must notify the Employee Benefits Division (EBD) if your address changes or if changes in your family or marital status affect your coverage.

To report an address change, call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday from 9 a.m. to 4 p.m. Eastern time.

To report all other personal information changes, write to EBD at:

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 ID number, your address and your telephone number, including area code. If you are enrolled in MyNYSHIP, you may make address changes yourself online. Deadlines may apply, so act promptly once you determine a change is needed. See your *General Information Book* for details.

### Contact the Employee Benefits Division

The Employee Benefits Division (EBD) administers NYSHIP and is responsible for providing benefits assistance, processing transactions and answering questions. Please call 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday between 9 a.m. and 4 p.m. Eastern time. Please be aware that wait times can be lengthy during peak call periods. You can also contact EBD to request a copy of the *General Information Book*, *Empire Plan Certificate*, other plan documents or a replacement Empire Plan Benefit Card. (For a replacement Empire Plan Medicare Rx Card, please call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx.)

# Medicare & NYSHIP

**NYSHIP requires you and your dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.** If you or a dependent is eligible for but don't enroll in Medicare Parts A and B, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

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

## The Empire Plan

The Empire Plan coordinates benefits with Medicare Parts A and B. See your *General Information Book* and *Empire Plan Certificate* for details. Because Medicare does not provide coverage outside the United States, The Empire Plan pays primary for covered services received outside the United States.

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 SilverScript) for more information.

## NYSHIP Health Maintenance Organizations (HMOs)

If you are Medicare primary and enroll in a NYSHIP HMO's Medicare Advantage Plan (Part C), you replace your original Medicare coverage 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 become Medicare primary while enrolled in a NYSHIP HMO, you or your covered dependents will be automatically enrolled in your HMO's Medicare Advantage Plan. However, you cannot be enrolled in a Medicare Advantage Plan if you are not already enrolled in Medicare Parts A and B.

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 and wonder whether you should join one of these plans. Please keep in mind that **Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Medicare Advantage Plan, a Medicare Part D plan or another Medicare product (including those in which you or your covered dependents may be enrolled through another employer) in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.** You will then have only the benefits available through the non-NYSHIP plan.

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 may 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.

If you have questions about how your NYSHIP benefits will be affected, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

## 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 24–26 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan are each enrolled automatically in Empire Plan Medicare Rx (see pages 26–27 for more information). Each Medicare-primary individual will receive a unique ID number and an 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.

**Remember, if you enroll in a non-NYSHIP Medicare Advantage Plan or Medicare Part D plan in addition to your NYSHIP coverage, you will be automatically disenrolled from NYSHIP coverage.**

For example:

- If you are a Medicare-primary Empire Plan retiree with prescription drug coverage through Empire Plan Medicare Rx and then enroll in another Medicare Part D plan outside of NYSHIP, the Centers for Medicare & Medicaid Services (CMS) will terminate your Empire Plan Medicare Rx coverage. Because you must be enrolled in Empire Plan Medicare Rx to maintain Empire Plan coverage, you and your covered dependents will lose all coverage under The Empire Plan.
- If you are enrolled in a NYSHIP HMO's Medicare Advantage Plan and then enroll in a 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, which helps cover prescription drug costs. If you qualify, Medicare could pay 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 from the main menu 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.

## Your Notice of Change Document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Because you pay for your NYSHIP coverage via a deduction from your monthly pension, your deductions will change to reflect your health plan's 2021 premium. The Notice of Change document (for the direct deposit enrollee) shown below is from the New York State and Local Retirement System (NYSLRS). **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, 2020.

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 \*.

	Last Month	This Month
<b>Benefits</b>		
Normal Allowance	\$2,955.53	\$2,955.53
Cost of Living	\$18.00	\$18.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$14.50	\$14.50
Gross Benefit	\$3,008.03	\$3,008.03
<b>Miscellaneous</b>		
Tax Federal Withholding	\$0.00	\$0.00
Medicare Deduction	\$0.00	\$0.00
<b>Health Insurance</b>		
Health Ins. Deduction	\$364.47	\$372.25
Medicare Credit	\$135.50	\$144.60
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 2021.

**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 (EBD).** You will receive information regarding your 2021 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). Please see EBD contact information on page 2.

# Comparing Your NYSHIP Health Plan Options

Choosing the option 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 how the NYSHIP options differ from one another. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP-approved HMOs. The Empire Plan is available to all NYSHIP enrollees. NYSHIP HMOs are available in various geographic areas of New York State. Depending on where you live or work, at least one HMO will be available to you.

## The Empire Plan

### New in 2021

- Effective January 1, 2021, Empire Plan enrollees and covered dependents will have nationwide access to UnitedHealthcare's network of medical providers. The **Participating Provider Program network** will expand from 430,000 to over 1.2 million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States.
- For 2021, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$8,550 for Individual coverage and \$17,100 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Abuse and Prescription Drug Programs. See the table on page 7 for more information about how out-of-pocket limits apply to each Empire Plan program.
- The Empire Plan now offers a new telemedicine benefit to help enrollees and their covered dependents access medical and mental health services remotely. Through

Empire BlueCross's partnership with **LiveHealth Online**, enrollees can stay home and have a telephone or video visit with a board-certified doctor or licensed therapist via smartphone, tablet or personal computer. To get started, go to [www.empireblue.com/nys](http://www.empireblue.com/nys) and select the link to LiveHealth Online.

The Empire Plan is a self-insured plan designed exclusively for New York State's public employees. The New York State Department of Civil Service contracts with qualified companies to administer it. The Empire Plan has many managed-care features, but enrollees have more flexibility than with a managed-care system.

- **Worldwide coverage:** Benefits for covered services, not just urgent and emergency care, are available worldwide. However, access to network benefits is not guaranteed in all states and regions.
- **Choose any in-network doctor for routine care:** Empire Plan enrollees are not required to choose a Primary Care Physician (PCP).
- **No referrals:** Empire Plan enrollees are not required to obtain referrals to see specialists; however, certain services do require preapproval.
- **Copayments:** Empire Plan enrollees usually pay a copayment as a per-visit fee.
- **Annual deductible/coinsurance:** Benefits for covered services obtained from a nonparticipating provider or non-network facility are subject to a deductible and/or coinsurance.

### For Empire Plan provider information:

- Visit NYSHIP Online at [www.cs.ny/retirees](http://www.cs.ny/retirees) and select Health Benefits. Select your group and plan, if prompted, and then Find a Provider.  
**Note:** This is the most up-to-date source for provider information.
- Check with the provider/facility directly.
- 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.



## 2021 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services

Coverage Type	Prescription Drug Program*	Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, Combined	Total
Individual Coverage	\$3,000	\$5,550	\$8,550
Family Coverage	\$6,000	\$11,100	\$17,100

\* Does not apply to Medicare-primary enrollees or Medicare-primary dependents.

## NYSHIP Health Management Organizations

### New in 2021

As of January 1, 2021:

- The **BlueShield of Northeastern New York HMO (Option #069)** will be newly available to NYSHIP enrollees who live or work in the following counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington.
- The **CDPHP Central HMO (Option #300)** will expand its NYSHIP service area to include Clinton and Franklin counties.
- **EmblemHealth (HIP) HMO is offering a Medicare Advantage Plan** in Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties under **Option #220**, as well as in Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties under **Option #350**.

- The **MVP Health Care Rochester HMO (Option #058)** will expand its NYSHIP service area to include Chemung and Schuyler counties.

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.

- **Geographic service areas:** 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.
- **PCPs provide routine care and referrals:** HMO enrollees usually choose a PCP from the HMO's network for routine medical care. It may be necessary to obtain referrals to receive services from certain specialists and hospitals.
- **Copayments/coinsurance:** HMO enrollees usually pay a copayment as a per-visit fee or coinsurance (percentage of cost).
- **No annual deductible:** HMOs have no annual deductible.

\* 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 in this booklet for details.

## NYSHIP's Young Adult Option

This option allows unmarried, young adult children (up to age 30) of NYSHIP enrollees to purchase their own NYSHIP coverage. 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. The premium is the full cost of Individual coverage for the NYSHIP option selected.

For more information about the Young Adult Option, go to [www.cs.ny.gov/yao](http://www.cs.ny.gov/yao) and select 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.

Upon enrolling in an HMO, you may be able to select a doctor you already use if that doctor participates with the HMO. See the individual HMO pages in this booklet for additional benefit information and to learn which HMOs serve your geographic area.

### For HMO provider information:

- Visit the HMO websites (addresses are provided on the individual HMO pages in this booklet).
- Check with the provider/facility directly.
- Call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated with the plan.

## Exclusions

All plans contain coverage exclusions for certain services and prescription drugs. Additionally, Workers' Compensation-related expenses and custodial care are generally excluded from coverage. For details on a plan's exclusions, read the *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.

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

## Plan Comparison Tool

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 [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) and select the link for Health Benefits, then select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. From the NYSHIP Online homepage, choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the comparison table.

## Benefits Overview

### The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care
- Center of Excellence Programs for cancer, transplants and infertility
- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support
- Coordination with Medicare
- Worldwide coverage

### Each NYSHIP HMO provides:

- Inpatient and outpatient hospital care at a network hospital
- A specific package of health services, including hospital, medical, surgical and preventive care benefits, provided or arranged by the PCP selected by the enrollee from the HMO's network

### All plans provide:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Preventive care services</li> <li>• Inpatient medical/surgical hospital care</li> <li>• Outpatient medical/surgical hospital services</li> <li>• Physician services</li> <li>• Emergency care*</li> <li>• Laboratory services</li> <li>• Radiology services</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> <li>• Dialysis</li> <li>• Diagnostic services</li> <li>• Diabetic supplies</li> <li>• Maternity, prenatal care</li> <li>• Well-child care</li> <li>• Chiropractic services</li> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> </ul> | <ul style="list-style-type: none"> <li>• Prosthetics and durable medical equipment</li> <li>• Orthotic devices</li> <li>• Medically necessary bone density tests</li> <li>• Mammography</li> <li>• Inpatient mental health services</li> <li>• Outpatient mental health services</li> <li>• Alcohol and substance use detoxification</li> <li>• Inpatient alcohol rehabilitation</li> <li>• Inpatient drug rehabilitation</li> <li>• Outpatient alcohol and drug rehabilitation</li> <li>• Family planning and certain infertility services (call The Empire Plan administrators or NYSHIP HMOs for details)</li> <li>• Out-of-area emergencies</li> <li>• Hospice benefits (at least 210 days)</li> <li>• Home health care in lieu of hospitalization</li> </ul> | <ul style="list-style-type: none"> <li>• Prescription drug coverage including injectable and self-injectable medications, vaccines, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union Employee Benefit Fund)</li> <li>• Enteral formulas covered through either The Empire Plan's Home Care Advocacy Program (HCAP) or the NYSHIP HMO's prescription drug program (unless you have coverage through a union Employee Benefit Fund)</li> <li>• Second opinion for cancer diagnosis</li> <li>• Gender affirming care</li> <li>• In vitro fertilization (up to 3 cycles)</li> <li>• Fertility preservation</li> <li>• Telehealth</li> </ul> |
|--|---|--|

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

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

## Benefits Provided by All Medicare Advantage Plans

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. **Note:** This is not intended to be an exhaustive list. For more information, visit [www.medicare.gov](http://www.medicare.gov).

Benefit	Medicare Coverage
Ambulance Services	Covered when medically necessary, for land and air services.
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.
Mammogram Screening	Covered once every 12 months for women age 40 and older. One baseline mammogram for women between ages 35 and 39.
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.
Pap Smears and Pelvic Exams	Covered once every 24 months or annually for women at high risk.
Chiropractic Services	Covered for manual manipulation of the spine to correct subluxation, not for routine care.
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.
Dental Services	Non-routine dental care is covered in limited circumstances when provided by a physician.
Diabetes Self-Management Supplies or Training, Nutrition Therapy	Covered when medically necessary (restrictions may apply).
Durable Medical Equipment	Covered when medically necessary (may be limited to specific suppliers).
Emergency Care	Covered when medically necessary. Coverage outside the United States depends upon the plan.
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).
Hearing Services	Diagnostic hearing exams and balance evaluations are covered.



Benefit	Medicare Coverage
HIV Screening	Covered once every 12 months for anyone who asks for the test, more often for people at risk. Pregnant women can receive up to three covered tests during gestation.
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.
Immunizations	Covered for flu, Hepatitis B (if at risk), shingles (covered under Medicare Part D when medically indicated) and pneumonia vaccines.
Inpatient Rehabilitative Care	Covered when medically necessary for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy.
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.
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.)
Inpatient Alcoholism and Substance Use Rehabilitation	Covered when medically necessary.
Alcohol and Substance Use Detoxification	Covered when medically necessary.
Radiology	Covered when medically necessary.
Radiation	Covered when medically necessary.
Lab Tests	Covered when medically necessary.
Pathology	Covered when medically necessary.
Diagnostic Tests	Covered when medically necessary. (Medicare does not cover some routine screening tests, such as checking cholesterol.)
Outpatient Medical/Surgical Hospital Services	Covered for physician and outpatient facility services.
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
Outpatient Rehabilitative Care	Covered when medically necessary for occupational therapy, physical therapy, speech and language therapy, cardiac therapy and pulmonary therapy.
Outpatient Alcoholism and Substance Use Rehabilitation	Covered when medically necessary.
Office Visits	Covered.
Specialty Office Visits	Covered when medically necessary.
Podiatry Services	Covered for medically-necessary foot care, including care for medical conditions affecting the lower limbs. Routine care is not covered.
Prescription Drugs	All NYSHIP Medicare Advantage HMOs provide Medicare Part D prescription drug coverage through the coverage gap (donut hole). In 2021, when your true out-of-pocket (TrOOP) spending reaches \$6,550, catastrophic coverage begins and you pay the greater of a 5 percent coinsurance or \$3.70 copayment for generic drugs and a 5 percent coinsurance or \$9.20 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.)
Prostate Cancer Screening Exams	Digital rectal exam, prostate-specific antigen (PSA) test for men at age 50 or older covered once every 12 months.
Prosthetic/Orthotic Devices	Covered when medically necessary (may be limited to specific suppliers).
Skilled Nursing Facility	Covered up to 100 days for each benefit period in a Medicare-certified skilled nursing facility when medically necessary.
Urgently Needed Care	Covered when medically necessary, but not as emergency care. Except under limited circumstances, this coverage is not extended outside of the United States.
Vision Services	One pair of eyeglasses or contact lenses is covered after cataract surgery. Annual glaucoma screenings covered for people at risk.

## Questions & Answers

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

**A:** The Empire Plan is available regardless of where you live or work. To enroll or to continue enrollment in a NYSHIP-approved HMO, you must live or work in that HMO's service area. See your *General Information Book* for details. See Plans by County on pages 18 and 19 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2021.

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

**A:** Yes. There are no preexisting condition exclusions in any NYSHIP plan. However, coverage and exclusions differ among plans. Ask the plan you are considering about coverage for your condition.

### **Q: What if my dependent or I become eligible for Medicare in 2021?**

**A:** All NYSHIP plans provide broad coverage for Medicare-primary enrollees and their dependents, but there are important differences. See pages 3–5 in this booklet for more Medicare information.

For more information about how the HMOs listed in this booklet coordinate with Medicare, call the HMOs, 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 dependents must be enrolled in Medicare Parts A and B when any of you first becomes eligible for primary Medicare coverage.**

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

### **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 has been made, you may not make another change until 12 months later, except under certain circumstances (see your *General Information Book* 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.

# The Empire Plan & NYSHIP HMOs: Similarities & Differences

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

**The Empire Plan:**

Yes, coverage is available. If you use a nonparticipating provider, deductibles, coinsurance and benefit limits may apply.

**NYSHIP HMOs:**

With an HMO plan, you are always covered for emergency care. Some HMOs may provide coverage for urgent or routine care outside the HMO service area. Additionally, 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 and Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of the Empire Plan MultiPlan group (see page 23 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 pages 20–21 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(s) should be your only expense if you receive medically necessary and covered services from a participating provider.

**NYSHIP HMOs:**

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



## 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 use care, in the Beacon Health Options network.

Network hospital inpatient stays are paid in full. Network hospital outpatient and emergency care is subject to network copayments.

Empire Plan-primary enrollees are subject to a 10 percent coinsurance for non-network hospital inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services, up to the combined annual coinsurance maximum. Under the Mental Health and Substance Abuse Program, non-network hospital services are subject to 10 percent of covered charges up to the combined annual coinsurance maximum (see page 21).

### NYSHIP HMOs:

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

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

### 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 when 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 home care equipment and supplies\* through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

### NYSHIP HMOs:

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

\* 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 20 of this booklet, in the *Empire Plan Certificate* (available online or from the Employee Benefits Division, see page 2), 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 office visits and other medical care? What is my share of the cost?
- What benefits does the plan have for prescription drugs? Is the medicine I take covered under the plan? What is my share of the cost? What type of formulary does the plan have? Can I use the mail service pharmacy? (If you receive your drug coverage from a union Employee Benefit Fund, ask the Fund about your benefits.)
- Does the plan cover special needs? How are 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 use condition requiring specific treatment or other special needs, check the 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 currently use are covered.) How would I consult a specialist if I needed one? Would I need a referral?
- How much paperwork is required by the health plan? Do I have to fill out forms?
- Does the plan cover me when I travel or if I stay out of the area for an extended period of time?
- How will Medicare affect my NYSHIP coverage? (See pages 3–5 in this booklet for information on Medicare.)



## If You Decide to Change Your Option

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

1. Complete the *NYSHIP Option Transfer Request Form* on page 65.
2. Mail it to the Employee Benefits Division at the address on the form as early as possible prior to the coverage effective date you are requesting. (The effective date 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 67 prior to the coverage effective date you are requesting. See page 66 for a list of Medicare Advantage options and instructions.

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

## Benefit Cards

You will receive your Empire Plan Benefit Card(s) or HMO identification card(s) in the mail once your option transfer request has been processed. If you need medical services before your new card arrives and you need help verifying your new enrollment, contact the Employee Benefits Division (see page 2).

If you and/or any of your dependents are Medicare primary and enrolled in The Empire Plan, each of you will also receive an Empire Plan Medicare Rx Card from SilverScript (see pages 26–27). 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 for Empire Plan Medicare Rx when prompted.

## Understanding the Benefit Information on Pages 20–63

This booklet summarizes benefits available under The Empire Plan and NYSHIP HMOs. The Empire Plan is available to all NYSHIP enrollees. You may choose an available NYSHIP HMO based on the area in which you live or work. Each HMO's benefit information is summarized in two separate charts: one for enrollees who are not Medicare primary and another for Medicare-primary enrollees. Identify 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 10–12). 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, 2021. Make note of differences in coverage that are important to you and your family. See plan documents for complete information on benefit limitations.



## Plans by County

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP) regardless of where you live or work. Coverage is worldwide.

Many 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 shows which HMOs are available in each county. Medicare-primary NYSHIP HMO enrollees will be enrolled in their HMO's Medicare Advantage Plan.

<b>Albany:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)	<b>Erie:</b> BCBS of Western New York (067), Independent Health (059)
<b>Allegany:</b> BCBS of Western New York (067), Independent Health (059)	<b>Essex:</b> CDPHP (300), HMOBlue (160), MVP (360)
<b>Bronx:</b> HIP (050)	<b>Franklin:</b> CDPHP (300), HMOBlue (160), MVP (360)
<b>Broome:</b> CDPHP (300), HMOBlue (072), MVP (330)	<b>Fulton:</b> BS of Northeastern New York (069), CDPHP (063), HMOBlue (160), MVP (060)
<b>Cattaraugus:</b> BCBS of Western New York (067), Independent Health (059)	<b>Genesee:</b> BCBS of Western New York (067), Independent Health (059), MVP (058)
<b>Cayuga:</b> HMOBlue (072), MVP (330)	<b>Greene:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
<b>Chautauqua:</b> BCBS of Western New York (067), Independent Health (059)	<b>Hamilton:</b> CDPHP (300), HMOBlue (160), MVP (060)
<b>Chemung:</b> HMOBlue (072), MVP (058)	<b>Herkimer:</b> CDPHP (300), HMOBlue (160), MVP (330)
<b>Chenango:</b> CDPHP (300), HMOBlue (160), MVP (330)	<b>Jefferson:</b> HMOBlue (160), MVP (330)
<b>Clinton:</b> CDPHP (300), HMOBlue (160), MVP (360)	<b>Kings:</b> HIP (050)
<b>Columbia:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)	<b>Lewis:</b> HMOBlue (160), MVP (330)
<b>Cortland:</b> HMOBlue (072), MVP (330)	<b>Livingston:</b> BlueChoice (066), MVP (058)
<b>Delaware:</b> CDPHP (310), HIP (350), HMOBlue (160), MVP (330)	<b>Madison:</b> CDPHP (300), HMOBlue (160), MVP (330)
<b>Dutchess:</b> CDPHP (310), HIP (350), MVP (340)	<b>Monroe:</b> BlueChoice (066), MVP (058)



<b>Montgomery:</b> BS of Northeastern New York (069), CDPHP (063), HMOBlue (160), MVP (060)	<b>Schenectady:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
<b>Nassau:</b> HIP (050)	<b>Schoharie:</b> CDPHP (063), MVP (060)
<b>New York:</b> HIP (050)	<b>Schuyler:</b> HMOBlue (072), MVP (058)
<b>Niagara:</b> BCBS of Western New York (067), Independent Health (059)	<b>Seneca:</b> Blue Choice (066), MVP (058)
<b>Oneida:</b> CDPHP (300), HMOBlue (160), MVP (330)	<b>St. Lawrence:</b> HMOBlue (160), MVP (360)
<b>Onondaga:</b> HMOBlue (072), MVP (330)	<b>Steuben:</b> HMOBlue (072), MVP (058)
<b>Ontario:</b> Blue Choice (066), MVP (058)	<b>Suffolk:</b> HIP (050)
<b>Orange:</b> CDPHP (310), HIP (350), MVP (340)	<b>Sullivan:</b> HIP (350), MVP (340)
<b>Orleans:</b> BCBS of Western New York (067), Independent Health (059), MVP (058)	<b>Tioga:</b> CDPHP (300), HMOBlue (072), MVP (330)
<b>Oswego:</b> HMOBlue (072), MVP (330)	<b>Tompkins:</b> HMOBlue (072), MVP (330)
<b>Otsego:</b> CDPHP (300), HMOBlue (160), MVP (330)	<b>Ulster:</b> CDPHP (310), HIP (350), MVP (340)
<b>Putnam:</b> HIP (350), MVP (340)	<b>Warren:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
<b>Queens:</b> HIP (050)	<b>Washington:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
<b>Rensselaer:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)	<b>Wayne:</b> Blue Choice (066), MVP (058)
<b>Richmond:</b> HIP (050)	<b>Westchester:</b> HIP (050), MVP (340)
<b>Rockland:</b> MVP (340)	<b>Wyoming:</b> BCBS of Western New York (067), Independent Health (059), MVP (058)
<b>Saratoga:</b> BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)	<b>Yates:</b> Blue Choice (066), MVP (058)

# The Empire Plan NYSHIP Code #001

Empire Plan benefits are available worldwide, and the Plan gives you the freedom to choose a participating or nonparticipating provider or facility. This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2021.<sup>1</sup> You may also visit [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for additional information on the following programs.

## Medical/Surgical Program

### UnitedHealthcare

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

Medical and surgical coverage through:

- **Participating Provider Program** – Effective January 1, 2021, the Participating Provider Program network administered by UnitedHealthcare will expand from 430,000 to over 1.2 million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States.
- **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 considers up to 100 percent of usual and customary charges for covered services. See Cost Sharing (beginning on page 22) 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 23).

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

**Managed Physical Medicine Program** – Chiropractic treatment, physical therapy and occupational therapy through a network provider are subject to a \$25 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, you must call the Medical/Surgical Program 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

New York State Service Center  
P.O. Box 1407, Church Street Station  
New York, NY 10008-1407

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

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- 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 outpatient hospital copayments.
- 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

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

for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

If you are an Empire Plan-primary enrollee,<sup>2</sup> you will be subject to 10 percent coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10 percent coinsurance or \$75 per visit. In either scenario, expenses will be reimbursed only after the applicable combined annual coinsurance maximum threshold (see pages 22–23) has been reached.

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 of the following inpatient stays:

- Before a 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

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

- A \$200 hospital 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 1850, Hicksville, NY 11802

The Mental Health and Substance Abuse (MHSA) Program offers both network and non-network benefits.

### **Network Benefits**

(unlimited when medically necessary)

If you call the MHSA Program before you receive services and follow their requirements, you receive:

- Inpatient services, paid in full
- Crisis intervention, paid in full for up to three visits per crisis; after the third visit, the \$25 copayment per visit applies
- Outpatient services, including office visits, home-based or telephone counseling and nurse practitioner services, for a \$25 copayment per visit
- Intensive Outpatient Program (IOP) with an approved provider for mental health or substance use treatment for a \$25 copayment per day

### **Non-Network Benefits<sup>3</sup>**

(unlimited when medically necessary)

The following applies if you do **NOT** follow the requirements for network coverage.

- For Practitioner Services: The MHSA Program will consider up to 80 percent of usual and customary charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached, the Program pays up to 100 percent of usual and customary charges for covered services (see pages 22–23).

<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.

- 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 and per all enrolled dependent children combined. After the coinsurance maximum is met, the Program pays 100 percent of billed charges for covered services.
- Outpatient treatment sessions for family members of an individual being treated for alcohol or substance use 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 in the Plan. You receive the maximum plan benefits when you use participating providers. For more information, read *Reporting On Network Benefits*. You can find this publication on NYSHIP Online at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) or contact the Employee Benefits Division for a copy (see page 2).

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

Even if there are no network providers in your area, you are guaranteed access to network benefits for the following services if you call The Empire Plan at 1-877-769-7447 beforehand to arrange care with an appropriate medical or mental health provider:

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

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

### 2021 Annual Maximum Out-of-Pocket Limit

Your maximum out-of-pocket expenses for in-network covered services will be \$5,550 for Individual coverage and \$11,100 for Family coverage for Hospital, Medical/Surgical and MHSA programs, combined. Once you reach the limit, you will have no additional copayments.

### Combined Annual Deductible

For Medical/Surgical and MHSA Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible of \$1,250 per enrollee, \$1,250 per enrolled spouse/domestic partner and \$1,250 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 HCAP and MHSA Programs 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 considers 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 for the MHSA Program, 10 percent for non-network MHSA-approved facility services and the remaining 50 percent of the network allowance for covered, non-network HCAP services.

### Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum of \$3,750 per enrollee, \$3,750 per enrolled spouse/domestic partner and \$3,750 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed



up to 100 percent of covered charges under the Hospital Program and 100 percent of the usual and customary charges for services covered under the Basic Medical Program and MHSA Program. 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 MHSA Program. The Managed Physical Medicine Program and HCAP do not have a coinsurance maximum.

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

If you are Empire Plan primary, the 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. Under this Program, the provider submits your claims, and UnitedHealthcare pays The Empire Plan portion of the provider fee directly to the provider if the services qualify for the Basic Medical Provider Discount Program. Your explanation of benefits, which details claims payments, shows the discounted amount applied to billed charges.

To find a provider in the Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), choose the Medical/Surgical Program and ask a representative for help. You can also go to [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). Select Health Benefits and then the group from which you retired and your plan type, if prompted, and then click on Find a Provider.

## **The Empire Plan Center of Excellence Programs**

**The Center of Excellence for Cancer Program** includes paid-in-full coverage for cancer-related services 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 within the United States, are available only when you are enrolled in the Program. Precertification is required.

**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 or a BlueCross BlueShield Association's Blue Distinction Center for Transplants. The enhanced benefits, including a travel allowance within the United States, are available only when you are enrolled in the Program. 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 within the United States is available. Precertification is required.

For details on the Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate and Reporting On Center of Excellence Programs* available on NYSHIP Online at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees), or call the Employee Benefits Division (see page 2) to request copies.

## 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 use 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 Medicare Beneficiary Identifier (MBI) 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 toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical 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 24–27). Review your Plan documents for more information.

#### When you use a network pharmacy:

- For a 1- to 30-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$30 copayment for Level/Tier 2 drugs and a \$60 copayment for Level/Tier 3 drugs.
- For a 31- to 90-day supply of a covered drug, you pay a \$10 copayment for Level/Tier 1 drugs, a \$60 copayment for Level/Tier 2 drugs and a \$120 copayment for Level/Tier 3 drugs.

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

- For a 1- to 30-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$30 copayment for Level/Tier 2 drugs and a \$60 copayment for Level/Tier 3 drugs.
- For a 31- to 90-day supply of a covered drug, you pay a \$5 copayment for Level/Tier 1 drugs, a \$55 copayment for Level/Tier 2 drugs and a \$110 copayment for Level/Tier 3 drugs.





You can use a non-network pharmacy or pay out of pocket 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.

### **2021 Annual Maximum Out-of-Pocket Limit\***

Your annual maximum out-of-pocket expenses for covered drugs received from a network pharmacy under the Empire Plan Prescription Drug Program will be \$3,000 for Individual coverage and \$6,000 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 26 if you will become Medicare primary in 2021)*

#### **CVS Caremark**

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 Advanced Flexible Formulary. Exceptions apply. Please contact the Empire Plan Prescription Drug Program toll free 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. A copy of the 2021 Advanced Flexible Formulary will be mailed to your home with the *2021 At A Glance* in December. You can also find the most up-to-date version of the formulary on NYSHIP Online. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day, seven days a week to answer questions about your prescriptions.
- Oral chemotherapy drugs for the treatment of cancer do not require a copayment.
- Tamoxifen, raloxifene, anastrozole and exemestane do not require a copayment when prescribed for the primary prevention of breast cancer. In addition, generic oral contraceptive drugs/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* or contact the Plan for more information.

### **Specialty Pharmacy**

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. This Program provides 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) and select Health Benefits. Choose the group from which you retired and Empire Plan, if prompted, then select Using Your Benefits and Specialty Pharmacy Drug List.

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

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.

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, request refills or speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 for the Prescription Drug Program and ask to speak with Specialty Customer Care.

## Empire Plan Medicare Rx Program

*for Medicare-primary Empire Plan retirees and dependents*

### SilverScript Insurance Company

(an affiliate of CVS Caremark)

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

*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 SilverScript) 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, 2021 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 24 for copayments).

- The 2021 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 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 is 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 Benefits and then the group from which you retired and Empire Plan, if prompted. Select Find a Provider and scroll down to the Empire Plan Prescription Drug Program website. From there, choose SilverScript, click on the Documents tab and then the 2021 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 may also 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 drugs each Medicare program covers.

- Once you qualify for catastrophic coverage (see page 12), you pay the greater of a \$3.70 copayment for generic drugs and a \$9.20 copayment for brand-name drugs or five percent coinsurance, not to exceed your usual copayment.
- People with limited income may qualify for Medicare’s Extra Help program, which helps cover their prescription drug costs (see page 4). For more information about Extra Help, contact The Empire Plan toll free 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 a day, seven days a week. TTY users should call 1-877-486-2048.

### Specialty Pharmacy

CVS Caremark Specialty Pharmacy is your Plan’s specialty pharmacy. When CVS Caremark delivers a specialty or non-specialty medication by mail, 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). Press 4 for the Prescription Drug Program and ask to speak with Specialty Customer Care.

**Reminder:** Enrolling in another Medicare product in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP 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, you are not eligible for Medicare coverage. If you are enrolled in Empire Plan Medicare Rx and plan to move outside the United States, please contact the Employee Benefits Division (see page 2) before you relocate to help prevent a lapse in coverage.

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

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

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

### Contact The Empire Plan

For additional information or questions on any of the benefits described here, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the applicable program.

#### Teletypewriter (TTY) Numbers

These numbers are available to callers who use a TTY device because of a disability and are all 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 enrollees with their NYSHIP benefits and Young Adult Option enrollees.

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Office Visits<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Diagnostic Services:<sup>2</sup></b>			
Radiology	\$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Lab Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$25 per visit	Basic Medical <sup>3</sup>
EKG/EEG	\$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/ Reproductive Health:<sup>2</sup></b>			
Screenings and Maternity-Related Lab Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Mammograms	No copayment	No copayment	Basic Medical <sup>3</sup>
Pre/Postnatal Visits and Well-Woman Exams		\$25 per visit	Basic Medical <sup>3</sup>
Bone Density Tests	\$50 per outpatient visit	\$25 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	
External Mastectomy Prostheses		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>4</sup>
<b>Family Planning Services<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>	\$50 per outpatient visit <sup>5</sup>	\$25 per visit; no copayment at designated Centers of Excellence <sup>5</sup>	Basic Medical <sup>3</sup>

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Contraceptive Drugs and Devices</b>		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical <sup>3</sup>
<b>Inpatient Hospital Surgery</b>	No copayment <sup>6</sup>	No copayment	Basic Medical <sup>3</sup>
<b>Outpatient Surgery</b>	\$95 per visit	\$25 per visit <sup>7</sup>	Basic Medical <sup>3</sup>
<b>Weight Loss/Bariatric Surgery</b>	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Basic Medical <sup>3</sup>
<b>Emergency Department</b>	\$100 per visit <sup>8</sup>	No copayment	Basic Medical <sup>3,9</sup>
<b>Urgent Care</b>	\$50 per outpatient visit <sup>10</sup>	\$30 per visit	Basic Medical <sup>3</sup>
<b>Ambulance</b>	No copayment <sup>11</sup>	\$70 per trip <sup>12</sup>	\$70 per trip <sup>12</sup>
<b>Telehealth</b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Mental Health Practitioner Services</b>		\$25 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see page 22 for details)
<b>Approved Facility Mental Health Services</b>		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see page 22 for details)
<p><sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 21).</p> <p><sup>2</sup> Copayment waived for preventive services under the 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 22) for Basic Medical information.</p> <p><sup>4</sup> Any single external mastectomy prosthesis costing \$1,000 or more requires prior approval.</p> <p><sup>5</sup> Certain qualified procedures are subject to a \$50,000 lifetime allowance.</p> <p><sup>6</sup> Preadmission certification may be required.</p> <p><sup>7</sup> In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$50 per visit or Basic Medical benefits apply, depending upon the status of the center. (Check with the center or The Empire Plan program administrators.)</p> <p><sup>8</sup> Copayment waived if admitted.</p> <p><sup>9</sup> Attending emergency department 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.</p> <p><sup>10</sup> At a hospital-owned urgent care facility only.</p> <p><sup>11</sup> If service is provided by admitting hospital.</p> <p><sup>12</sup> 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.</p>			

## The Empire Plan

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see page 22 for details)
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see page 22 for details)
<b>Durable Medical Equipment</b>		No copayment (HCAP) <sup>13</sup>	50% of network allowance (see the <i>Empire Plan Certificate</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>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; \$25 per visit for outpatient physical therapy following related surgery or hospitalization <sup>15</sup>	Physical or occupational therapy \$25 per visit (MPN)  Speech therapy \$25 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</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</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> <sup>16,17</sup>	No copayment		10% of billed charges up to the combined annual coinsurance maximum

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Prescription Drugs</b> (see pages 24–27):			
Specialty Drugs (see pages 25 and 27)			
<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: \$3,000 for the Prescription Drug Program. <sup>17</sup> \$5,550 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs. Family coverage: \$6,000 for the Prescription Drug Program. <sup>17</sup> \$11,100 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); press or say 5.			
Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease (CAD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), 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 Guide</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> .			
<sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 21).		<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</i> .	
<sup>2</sup> Copayment waived for preventive services under the 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.		<sup>14</sup> Benefit paid up to cost of device meeting individual’s functional need.	
<sup>3</sup> See Cost Sharing (beginning on page 22) for Basic Medical information.		<sup>15</sup> Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization.	
		<sup>16</sup> Up to 120 benefit days; Benefits Management Program provisions apply.	
		<sup>17</sup> Does not apply to Medicare-primary enrollees.	

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)
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</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)
Breastfeeding Services and Equipment must be purchased from a participating Durable Medical Equipment provider	No copayment
External Mastectomy Prosthesis	No copayment
<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 Rx copayment <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>Weight Loss/Bariatric Surgery</b>	Applicable surgery copayment
<b>Emergency Department</b> (waived if admitted within 23 hours)	\$100 per visit
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Telehealth</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual	\$25 per visit (\$5 for children to age 26)
Group	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> (\$5 for children to age 26)	\$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, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
<b>Diabetic Supplies</b> up to a 30-day supply	\$25 per item
<b>Insulin and Oral Agents</b> up to a 30-day supply	\$25 per prescription

<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

<b>Diabetic Shoes</b>	50% coinsurance one pair per year when medically necessary
<b>Hospice</b> , 210 days max	No copayment
<b>Skilled Nursing Facility</b>	No copayment 45 days max per admission, 360-day lifetime max

### Prescription Drugs

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

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.excellusbcbs.com](http://www.excellusbcbs.com).

## Additional Benefits

### Annual Out-of-Pocket Maximum

(In-Network Benefits)	\$6,350 Individual, \$12,700 Family per year
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**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 2021

Laboratory and pathology services are covered in full. \$5 PCP copayments for kids. Excellus BCBS, via our partner MD Live®, now allows visits with a U.S. board-certified doctor right from your own home, office or on-the-go for non-emergency medical and behavioral health conditions at no cost to you.

### Participating Physicians

With more than 3,200 providers available, Blue Choice offers you more choice of doctors than any other area HMO.

### Affiliated Hospitals

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

### Pharmacies and Prescriptions

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. Blue Choice offers convenient mail-order services for select maintenance drugs. We offer 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 counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

### NYSHIP Code number 066

A Network HMO serving individuals living or working in the following select 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:** 1-800-662-1220

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

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

<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.

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	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP, \$20 specialist per visit
Postnatal Visits	\$5 PCP, \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	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>	Applicable Rx copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
<b>Weight Loss/Bariatric Surgery</b>	Applicable surgery copayment

Benefits	Enrollee Cost
<b>Emergency Department</b> <sup>1</sup>	\$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
<b>Telehealth</b>	\$20 copayment per visit, 20% coinsurance for mental health
<b>Outpatient Mental Health</b>	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
<b>Inpatient Mental Health</b>	No copayment
190 days max 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</b> <sup>4</sup>	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 for a 30-day supply from a preferred supplier
<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>	
(days 1–20)	\$0 copayment per day
(days 21–100)	\$25 copayment per day
100 days max	

<sup>1</sup> Worldwide coverage.

<sup>2</sup> You pay a \$50 copayment for covered services at 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.

## Benefits Enrollee Cost

### Prescription Drugs

Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3 <sup>5</sup>

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only 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.

### 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).

### Additional Benefits

#### Annual Out-of-Pocket Maximum

(In Network Benefits).....\$3,400

**Dental**.....Coverage for preventive services only

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

**Vision**.....\$120 annual eyewear allowance

**Hearing Aids**.....\$699 or \$999 copayment per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

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

**Health and Wellness**.....Silver & Fit Program

**Medicare Part B Drugs**.....20% coinsurance

**Chiropractic**.....\$5 copayment per visit for manual manipulation of the spine to correct subluxation

**Acupuncture**<sup>6</sup>.....50% coinsurance, 10 visits max

## Plan Highlights for 2021

With Medicare Blue Choice, count on us to deliver high-quality coverage. 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 of prescription drugs through Express Scripts or Wegmans Mail Order 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 hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please call for a directory, or visit [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. We offer 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 1-877-883-9577 for details.

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

### NYSHIP Code number 066

A Network HMO serving individuals living or working in the following select 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:** 1-800-662-1220

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

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

<sup>6</sup> No coverage out of network. Acupuncture coinsurance does not count toward your in-network out-of-pocket maximum.

Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit <sup>1</sup>
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$18 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$18 per visit
Lab Tests	No copayment <sup>2</sup>
Pathology	No copayment
EKG/EEG	\$18 per visit
Radiation	\$18 per visit
Chemotherapy	\$18 per visit
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 for initial visit only <sup>3</sup>
Postnatal Visits	\$18 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment <sup>4</sup>
External Mastectomy Prosthesis one per breast per year	No copayment
<b>Family Planning Services</b>	\$18 per visit
<b>Infertility Services<sup>5</sup></b>	\$18 per visit
<b>Contraceptive Drugs</b>	No copayment <sup>6</sup>
<b>Contraceptive Devices</b>	No copayment <sup>6</sup>
<b>Inpatient Hospital Surgery</b>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$18 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Weight Loss/Bariatric Surgery</b>	\$100 copayment
<b>Emergency Department</b> (waived if admitted)	\$100 per visit
<b>Urgent Care Facility<sup>7</sup></b>	\$25 per visit
<b>Ambulance</b>	\$100 per trip
<b>Telehealth</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$18 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<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, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max <sup>8</sup>	\$18 per visit
Outpatient Speech Therapy, 20 visits max <sup>8</sup>	\$18 per visit

<sup>1</sup> \$0 copayment for primary care visits for children age 19 and under

<sup>2</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 department visit also paid in full.

<sup>3</sup> One-time \$10 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

<sup>4</sup> \$170 allowance towards the purchase of one manual or electric breast pump at a participating provider per pregnancy; you pay the difference for an upgraded model. Rental only for a hospital grade pump, covered for the duration of breastfeeding.

<sup>5</sup> For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.

<sup>6</sup> No copayment for contraceptive drugs and devices unless a generic equivalent is available, in which case 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> Urgent Care is covered outside of our eight-county service area of Western New York.

<sup>8</sup> Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Diabetic Supplies</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice</b> , 210 days max per year	No copayment
<b>Skilled Nursing Facility</b> 50 days max per plan year	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 Tier 2, \$150 Tier 3
May require prior approval. Over 900 \$0 preventive drugs available.	
<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> .....	Not covered
<b>Vision</b> .....	Discounts available <sup>9</sup>
<b>Hearing Aids</b> <sup>10</sup> .....	Plan covers up to two TruHearing Flyte hearing aids every year (one per ear per year).
<b>Out of Area</b> .....	Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area.
<b>Artificial Insemination &amp; In Vitro Fertilization</b> .....	
20% coinsurance Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered	
<b>Wellness Services</b> .....	\$500 Single/\$600 Family
Wellness Card allowance for use at participating facilities	

## Plan Highlights for 2021

Wellness allowances may be used for, but are not limited to, acupuncture, massage therapy, chiropractic visits and health food stores. Visit [www.bcbswny.com](http://www.bcbswny.com) for information on discounts and wellness programs. Members can enroll in a \$0 Diabetic Management Program through Livongo. New enhanced vision discounts. Away From Home Care for dependents living outside of Western New York. Over 900 \$0 preventive drugs available and no copayment for pediatric PCP visits, age 19 and under.

## Participating Physicians

You have access to 11,000+ 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. We offer an **incented formulary**.

## Medicare Coverage

Medicare-primary enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

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

## NYSHIP Code number 067

An IPA HMO serving individuals living or working in the following select 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:**  
1-877-576-6440

**TTY:** 711

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

<sup>9</sup> Call 1-800-999-5431 for discount information.

<sup>10</sup> If you do not use TruHearing, your benefit is subject to 50% coinsurance. TruHearing may be reached at 1-800-334-1807.





Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit <sup>1</sup>
Annual Adult Routine Physicals	No copayment
<b>Specialty Office Visits</b>	\$30 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$30 per test <sup>2</sup>
Lab Tests	No copayment <sup>2,3</sup>
Pathology	No copayment
EKG/EEG	\$30 per test
Radiation	\$30 per test <sup>2</sup>
Chemotherapy	No copayment <sup>2</sup>
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment <sup>4</sup>
Mammograms	No copayment <sup>4</sup>
Prenatal Visits	No copayment <sup>5</sup>
Postnatal Visits	No copayment <sup>5</sup>
Bone Density Tests	No copayment <sup>4</sup>
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year
<b>Family Planning Services</b>	\$10 PCP, \$30 specialist <sup>6</sup>
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>6,7</sup>

Benefits	Enrollee Cost
<b>Contraceptive Devices</b>	No copayment <sup>6,7</sup>
Part B Medical	
<b>Inpatient Hospital Surgery</b>	No copayment <sup>2</sup>
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit <sup>2</sup>
Physician's Office	\$10 PCP, \$30 specialist
Outpatient Surgery Facility	\$75 per visit <sup>2</sup>
<b>Weight Loss/Bariatric Surgery</b>	See Outpatient Surgery or Inpatient Hospital Surgery
<b>Emergency Department</b>	\$65 per visit <sup>8</sup>
<b>Urgent Care Facility</b>	\$35 per visit <sup>8</sup>
<b>Ambulance</b>	\$100 per trip <sup>2</sup>
<b>Telehealth</b>	No copayment for Doctor on Demand In-office copayment for other providers <sup>9</sup>
<b>Outpatient Mental Health</b>	\$40 per visit <sup>2</sup>
<b>Inpatient Mental Health</b>	No copayment <sup>2,10</sup>
<b>Outpatient Drug/Alcohol Rehab</b>	\$40 per visit <sup>2</sup> unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment <sup>2,10</sup>
<b>Durable Medical Equipment</b>	\$0 compression stockings; 20% coinsurance on all other items <sup>2</sup>
<b>Prosthetics</b>	20% coinsurance <sup>2,11</sup>
<b>Orthotics</b>	20% coinsurance <sup>2,11</sup>

<sup>1</sup> \$0 for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

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

<sup>3</sup> All testing must be completed at a Quest Diagnostics lab. Our PCPs/specialists are considered permitted draw sites as long as the testing is completed by Quest.

<sup>4</sup> No copayment if preventive.

<sup>5</sup> Members pay the PCP copayment for the first visit to confirm pregnancy. Additional maternity/OB GYN visits are \$0. Maternity care, diagnostic tests and lab tests, including genetic, are covered.

<sup>6</sup> Part D Rx Plan: You pay the applicable Rx tier copayment. Oral contraceptives are on our formulary.

<sup>7</sup> No copayment for the device when supplied by your physician. In this scenario, the device is covered under your medical coverage. An office copayment may apply. Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy.

<sup>8</sup> Worldwide coverage. Waived if admitted within one day.

<sup>9</sup> See Evidence of Coverage for details.

<sup>10</sup> 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.

<sup>11</sup> On all items except diabetic shoes/inserts.

Benefits	Enrollee Cost
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<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
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Inpatient, unlimited	No copayment <sup>2</sup>
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Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
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Outpatient Speech Therapy, unlimited	\$20 per visit
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<b>Diabetic Supplies</b>	No copayment
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Part B coverage: glucose monitors, lancets & test strips

<b>Insulin and Oral Agents</b>	Applicable Rx copayment <sup>2,12</sup>
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<b>Diabetic Shoes</b>	No copayment
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one pair per year when medically necessary

<b>Hospice</b>	Covered by Medicare
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<b>Skilled Nursing Facility</b>	No copayment <sup>2</sup>
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100 days max per benefit period

<b>Prescription Drugs</b>	
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Retail, 30-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 <sup>2</sup>
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Mail Order, 90-day supply	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, \$100 Tier 5 <sup>2</sup>
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Part D Rx Plan: A five-tier drug benefit with coverage through the coverage gap. Members can fill up to a 90-day supply at the pharmacy. Printed formularies mailed upon request.

<b>Specialty Drugs<sup>2</sup></b>	
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Your provider may supply and administer drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: You pay the applicable tier copayment.

<b>Additional Benefits</b>	
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<b>Dental</b>	\$200 allowance
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<b>Vision</b>	\$200 allowance (frames, lenses, contacts), \$0 copayment for one routine exam per year. <sup>13</sup>
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<b>Hearing Aids</b>	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model. <sup>14</sup>
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**Out of Area** ..... Plan covers emergency care, urgently-needed care and kidney dialysis services outside the service area.

**SilverSneakers**

**Fitness Membership** ..... No copayment

**Plan Highlights for 2021**

\$0 copayment<sup>9</sup> for post-discharge meals.

**Participating Physicians**

Our network has more than 9,300 physicians and health care professionals.

**Affiliated Hospitals**

All Western New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

**Pharmacies and Prescriptions**

Part D Rx Plan: Includes a nationwide network of over 67,000 participating pharmacies. We offer a **closed formulary**.

**Medicare Coverage**

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

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

**NYSHIP Code number 067**

An IPA HMO serving individuals living or working in the following select 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](http://www.bcbswny.com)

<sup>12</sup> \$0 Part B medical coverage for insulin via pump. Part D Rx tier copayment applies for oral agents and injectable insulin.

<sup>13</sup> \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

<sup>14</sup> Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



# BlueShield of Northeastern New York

Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit <sup>1</sup>
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$18 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$18 per visit
Lab Tests	No copayment <sup>2</sup>
Pathology	No copayment
EKG/EEG	\$18 per visit
Radiation	\$18 per visit
Chemotherapy	\$18 per visit
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 for initial visit only <sup>3</sup>
Postnatal Visits	\$18 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment <sup>4</sup>
External Mastectomy Prosthesis one per breast per year	No copayment
<b>Family Planning Services</b>	\$18 per visit
<b>Infertility Services<sup>5</sup></b>	\$18 per visit
<b>Contraceptive Drugs</b>	No copayment <sup>6</sup>
<b>Contraceptive Devices</b>	No copayment <sup>6</sup>
<b>Inpatient Hospital Surgery</b>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$18 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Weight Loss/Bariatric Surgery</b>	\$100 copayment
<b>Emergency Department</b> (waived if admitted)	\$100 per visit
<b>Urgent Care Facility<sup>7</sup></b>	\$25 per visit
<b>Ambulance</b>	\$100 per trip
<b>Telehealth</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$18 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<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, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max <sup>8</sup>	\$18 per visit
Outpatient Speech Therapy, 20 visits max <sup>8</sup>	\$18 per visit

<sup>1</sup> \$0 copayment for primary care visits for children age 19 and under

<sup>2</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 department visit also paid in full.

<sup>3</sup> One-time \$10 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

<sup>4</sup> \$170 allowance towards the purchase of one manual or electric breast pump at a participating provider per pregnancy; you pay the difference for an upgraded model. Rental only for a hospital grade pump, covered for the duration of breastfeeding.

<sup>5</sup> For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.

<sup>6</sup> No copayment for contraceptive drugs and devices unless a general equivalent is available, in which case 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> Urgent Care is covered outside of our thirteen-county service area of Northeastern New York.

<sup>8</sup> Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

Benefits	Enrollee Cost
<b>Diabetic Supplies</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice</b> , 210 days max	No copayment
<b>Skilled Nursing Facility</b> 50 days max per plan year	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 Tier 2, \$150 Tier 3
May require prior approval. Over 900 \$0 preventive drugs available.	
<b>Specialty Drugs</b>	
Available through mail order at the applicable copayment.	

### Additional Benefits

#### Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,000 Individual,  
\$6,000 Family per year

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

**Vision**.....Discounts available<sup>9</sup>

**Hearing Aids**<sup>10</sup>.....Plan covers up to two  
TruHearing Flyte hearing aids every year  
(one per ear per year).

**Out of Area**.....Worldwide coverage  
for emergency care through the BlueCard Program.  
Away From Home Care (AFHC) allows you to obtain  
coverage through a nearby Blue HMO when you  
are away from home and our service area.

#### Artificial Insemination &

**In Vitro Fertilization**.....20% coinsurance  
Three treatment rounds of IVF per lifetime max,  
other artificial means to induce pregnancy  
(embryo transfer, etc.) are not covered.

**Wellness Services**.....\$500 Single/\$600 Family  
Wellness Card allowance for use at  
participating facilities

### Plan Highlights for 2021

Wellness allowances may be used for, but are not limited to, acupuncture, massage therapy, chiropractic visits and health food stores. Visit [www.bsneny.com](http://www.bsneny.com) for information on discounts and wellness programs. Members can enroll in a \$0 Diabetic Management Program through Livongo. New enhanced vision discounts. Away From Home Care for dependents living outside of Northeastern New York. Over 900 \$0 preventive drugs available and no copayment for pediatric PCP visits, age 19 and under.

### Participating Physicians

You have access to 7,000+ physicians/healthcare professionals.

### Affiliated Hospitals

You may receive care at all Northeastern 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. We offer an **incented formulary**.

### Medicare Coverage

Medicare-primary enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

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

### NYSHIP Code number 069

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

### BlueShield of Northeastern New York

P.O. Box 15013, Albany, NY 12212

### For information:

**BlueShield of Northeastern New York:**

1-800-888-1238

**TTY:** 711

**Website:** <http://www.bsneny.com>

<sup>9</sup> Call 1-800-999-5431 for discount information.

<sup>10</sup> If you do not use TruHearing, your benefit is subject to 50% coinsurance. TruHearing may be reached at 1-800-334-1807.



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit <sup>1</sup>
Annual Adult Routine Physicals	No copayment
<b>Specialty Office Visits</b>	\$30 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$30 per test <sup>2</sup>
Lab Tests	No copayment <sup>2,3</sup>
Pathology	No copayment
EKG/EEG	\$30 per test
Radiation	\$30 per test <sup>2</sup>
Chemotherapy	No copayment <sup>2</sup>
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment <sup>4</sup>
Mammograms	No copayment <sup>4</sup>
Prenatal Visits	No copayment <sup>5</sup>
Postnatal Visits	No copayment <sup>5</sup>
Bone Density Tests	No copayment <sup>4</sup>
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year
<b>Family Planning Services</b>	\$10 PCP, \$30 specialist <sup>6</sup>
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>6,7</sup>

Benefits	Enrollee Cost
<b>Contraceptive Devices</b>	No copayment <sup>6,7</sup>
Part B Medical	
<b>Inpatient Hospital Surgery</b>	No copayment <sup>2</sup>
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit <sup>2</sup>
Physician's Office	\$10 PCP, \$30 specialist
Outpatient Surgery Facility	\$75 per visit <sup>2</sup>
<b>Weight Loss/Bariatric Surgery</b>	See Outpatient Surgery or Inpatient Hospital Surgery
<b>Emergency Department</b>	\$65 per visit <sup>8</sup>
<b>Urgent Care Facility</b>	\$35 per visit <sup>8</sup>
<b>Ambulance</b>	\$100 per trip <sup>2</sup>
<b>Telehealth</b>	No copayment for Doctor on Demand In-office copayment for other providers <sup>9</sup>
<b>Outpatient Mental Health</b>	\$40 per visit <sup>2</sup>
<b>Inpatient Mental Health</b>	No copayment <sup>2,10</sup>
<b>Outpatient Drug/Alcohol Rehab</b>	\$40 per visit <sup>2</sup> unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment <sup>2,10</sup>
<b>Durable Medical Equipment</b>	\$0 compression stockings; 20% coinsurance on all other items <sup>2</sup>
<b>Prosthetics</b>	20% coinsurance <sup>2,11</sup>
<b>Orthotics</b>	20% coinsurance <sup>2,11</sup>

<sup>1</sup> \$0 for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

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

<sup>3</sup> All testing must be completed at a Quest Diagnostics lab. Our PCPs/specialists are considered permitted draw sites as long as the testing is completed by Quest.

<sup>4</sup> No copayment if preventive.

<sup>5</sup> Members pay the PCP copayment for the first visit to confirm pregnancy. Additional maternity/OB GYN visits are \$0. Maternity care, diagnostic tests and lab tests, including genetic, are covered.

<sup>6</sup> Part D Rx Plan: You pay the applicable Rx tier copayment. Oral contraceptives are on our formulary.

<sup>7</sup> No copayment for the device when supplied by your physician. In this scenario, the device is covered under your medical coverage. An office copayment may apply. Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy.

<sup>8</sup> Worldwide coverage. Waived if admitted within one day.

<sup>9</sup> See Evidence of Coverage for details.

<sup>10</sup> 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.

<sup>11</sup> On all items except diabetic shoes/inserts.



Benefits	Enrollee Cost
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<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
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Inpatient, unlimited	No copayment <sup>2</sup>
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Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
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Outpatient Speech Therapy, unlimited	\$20 per visit
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<b>Diabetic Supplies</b>	No copayment
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Part B coverage: glucose monitors, lancets, & test strips	
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<b>Insulin and Oral Agents</b>	Applicable Rx copayment <sup>2,12</sup>
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<b>Diabetic Shoes</b>	No copayment
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one pair per year when medically necessary	
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<b>Hospice</b>	Covered by Medicare
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<b>Skilled Nursing Facility</b>	No copayment
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100 days max per benefit period <sup>2</sup>	
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<b>Prescription Drugs</b>	
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Retail, 30-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 <sup>2</sup>
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Mail Order, 90-day supply	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, \$100 Tier 5 <sup>2</sup>
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Part D Rx Plan: A five-tier drug benefit with coverage through the coverage gap. Members can fill up to a 90-day supply at the pharmacy. Printed formularies mailed upon request.

<b>Specialty Drugs<sup>2</sup></b>	
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Your provider may supply and administer drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: You pay the applicable tier copayment.	
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<b>Additional Benefits</b>	
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<b>Dental</b>	\$200 allowance
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<b>Vision</b>	\$200 allowance (frames, lenses, contacts), \$0 copayment for one routine exam per year. <sup>13</sup>
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<b>Hearing Aids</b>	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model. <sup>14</sup>
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**Out of Area** ..... Plan covers emergency care, urgently-needed care and kidney dialysis services outside of the service area.

**SilverSneakers Fitness Benefit** ..... No copayment

**Plan Highlights for 2021**

\$0 copayment<sup>9</sup> for post-discharge meals.

**Participating Physicians**

Our network has more than 5,400 physicians and health care professionals.

**Affiliated Hospitals**

All Northeastern New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

**Pharmacies and Prescriptions**

Part D Rx Plan: Includes a nationwide network of over 67,000 participating pharmacies. We offer a **closed formulary**.

**Medicare Coverage**

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, our **Medicare Advantage Plan**. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

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

**NYSHIP Code number 069**

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

**BlueShield of Northeastern New York**

P.O. Box 15013, Albany, NY 12212

**For information:**

**Senior Blue HMO members should call:**

1-800-329-2792

**TTY:** 711

**Website:** <http://www.bsneny.com>

<sup>12</sup> Part B medical coverage for insulin via pump. Part D Rx tier copayment applies for oral agents and injectable insulin.

<sup>13</sup> \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

<sup>14</sup> Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



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 <sup>1</sup>
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	\$20 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 copayment for initial visit, no copayment for subsequent visits
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
<b>Family Planning Services</b>	No copayment
<b>Infertility Services</b>	\$20 per visit <sup>3</sup>
<b>Contraceptive Drugs</b>	No copayment <sup>4</sup>
<b>Contraceptive Devices</b>	No copayment <sup>4</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

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

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

<sup>3</sup> May vary depending on place of service.

<sup>4</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% member liability applies.

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

<sup>6</sup> \$20 copayment applies for each 30-day supply of insulin, capped at \$100 total member out-of-pocket cost.

Benefits	Enrollee Cost
<b>Weight Loss/Bariatric Surgery</b>	
Covered when medically necessary	
Cost varies depending on services utilized	
<b>Emergency Department</b>	\$50 per visit
(waived if admitted within 24 hours)	
<b>Urgent Care Facility</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Telehealth</b>	\$20 per visit
<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>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>5</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max each per calendar year	\$20 per visit
Outpatient Speech Therapy, 20 visits max 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 <sup>6</sup>
Mail Order, 90-day supply	\$40 per item

Benefits	Enrollee Cost
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<b>Diabetic Shoes</b> one pair per year when medically necessary	\$20 per pair
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<b>Hospice</b> , 210 days max	No copayment
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<b>Skilled Nursing Facility</b> 45 days max	No copayment
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#### Prescription Drugs

Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, 90-day supply	\$10 Tier 1, \$60 Tier 2, \$100 Tier 3

Over-the-counter 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.

#### Additional Benefits

##### Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$8,550 Individual,  
\$17,100 Family per year

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

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

**Laser Vision Correction**.....\$750 reimbursement  
once per lifetime benefit

**Hearing Aids**.....20% coinsurance<sup>7</sup>

**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 device

**Diabetic Prevention Program**.....Copayment varies  
depending on program, unlimited

**Acupuncture**.....\$20 per visit, 10 visits max

#### Weight Loss Program

**Reimbursement**.....Members who complete  
a weight loss program with a preferred vendor are  
eligible for a once-per-benefit-period reimbursement  
of up to \$75.

**Fitness Reimbursement**.....Up to \$200 enrollee/  
\$100 dependent reimbursement per 50 gym visits or  
digital fitness classes, available twice per plan year

#### Plan Highlights for 2021

Dr on Demand allows CDPHP members (including students away from home) to get care virtually wherever they are. LifePoints through CafeWell offer many opportunities to get healthy while earning up to 365 points a year.

#### 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

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. We offer a **closed formulary**.

#### Medicare Coverage

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO). To qualify, you must have Medicare Parts A and B and live in the service area.

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

#### NYSHIP Code number 063

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

#### NYSHIP Code number 310

An IPA HMO serving individuals living or working in the following select 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:** 711

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

<sup>7</sup> One per ear, every three years



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 or \$40 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
Dialysis	\$20 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 per visit
Postnatal Visits	\$20 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	20% coinsurance
<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>Weight Loss/Bariatric Surgery</b>	Covered when medically necessary
	Copayment varies depending on services utilized.

Benefits	Enrollee Cost
<b>Emergency Department</b>	\$75 per visit
(waived if admitted within 24 hours)	
<b>Urgent Care Facility</b>	\$30 per visit
<b>Ambulance</b>	\$75 per trip
<b>Telehealth</b>	\$20 per visit
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health<sup>3</sup></b>	No copayment
190 days max per lifetime	
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 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, 100 days max	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
<b>Diabetic Supplies<sup>4</sup></b>	20% coinsurance
up to a 30-day supply	or \$10 copayment, whichever is less
<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>	No copayment
100 days max	

<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> In a freestanding psychiatric facility.

<sup>4</sup> Ascensia 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. Diabetic supplies: 20% coinsurance or \$10 copayment, whichever is less, for up to a 30-day supply. Durable Medical Equipment (infusion pumps): 20% coinsurance per item.

## Benefits Enrollee Cost

### Prescription Drugs

Retail, 30-day supply \$2 Tier 1, \$10 Tier 2, \$30 Tier 3, \$50 Tier 4, \$55 Tier 5<sup>5</sup>

Mail Order, 90-day supply \$4 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, N/A Tier 5

With Rx for Less, get deep discounts on specified generic prescriptions filled at any CVS, Walmart, Hannaford, ShopRite or Price Chopper/Market 32.

### Specialty Drugs

Certain specialty drugs for serious conditions require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy.

### Additional Benefits

**Annual Out-of-Pocket Maximum** .....\$2,500<sup>6</sup>

**Dental**.....\$150 reimbursement for office visits and up to two cleanings annually

**Vision**.....\$20 per visit<sup>7</sup>

**Hearing Aids**.....\$199 or \$499 copayment per hearing aid. Covers one per ear per year and must be purchased through Hearing Care Solutions.

**Out of Area**.....Get urgently-needed care from any provider when outside the service area and emergency care worldwide. All other routine care requires prior authorization.

**SeniorFit**.....No-cost gym membership at participating sites, including Rudy A. Cicotti Center, SilverSneakers and Capital District YMCA facilities

**Weight Loss Reimbursement**.....Members who complete a weight loss program with a preferred vendor are eligible for a once-per-benefit-period reimbursement of up to \$75.

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

### Plan Highlights for 2021

Virtual benefits have become more important than ever. Dr on Demand allows CDPHP members to get care virtually wherever they are. LifePoints through CafeWell offer many opportunities to get healthy while earning up to 125 points a year.

## 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 Part D formulary and network pharmacies nationwide. Log in to Rx Corner at [www.cdphp.com](http://www.cdphp.com) to view claims. Mail order saves money; find forms online or call 518-641-3950 or 1-888-248-6522. We offer a **closed formulary**.

### Medicare Coverage

Medicare-primary NYSHIP retirees and dependents must enroll in CDPHP Group Medicare Rx (HMO). To qualify, you must have Medicare Parts A and B and live in the service area.

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

#### NYSHIP Code number 063

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

#### NYSHIP Code number 310

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

1-888-248-6522 or 518-641-3950, 8 a.m. to 8 p.m. Eastern time

TTY: 711

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

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

<sup>6</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.

<sup>7</sup> \$100 eyewear allowance each year.





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	\$5 PCP visit; \$10 specialist visit
Lab Tests	\$5 PCP visit; \$10 specialist visit
Pathology	No copayment
EKG/EEG	\$5 PCP visit; \$10 specialist visit
Radiation	\$10 specialist visit
Chemotherapy	\$5 PCP visit; \$10 specialist visit
Dialysis	\$5 PCP visit; \$10 specialist visit \$0 freestanding center/outpatient hospital
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
<b>Family Planning Services</b>	\$5 PCP visit, \$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>	No copayment
<b>Weight Loss/Bariatric Surgery</b>	No copayment Preauthorization may be required
<b>Emergency Department</b> (waived if admitted)	\$75 per visit

Benefits	Enrollee Cost
<b>Urgent Care Facility</b>	\$5 copayment
<b>Ambulance</b>	No copayment
<b>Telehealth</b>	\$5 PCP visit, \$10 specialist visit
<b>Outpatient Mental Health</b> unlimited	No copayment
<b>Inpatient Mental Health</b> unlimited	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, 30 days max	No copayment
Outpatient Physical or Occupational Therapy,	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility
90 visits max for all outpatient rehabilitative care	
Outpatient Speech Therapy,	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility
90 visits max all outpatient rehabilitative care	
<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, 210 days max</b>	No copayment
<b>Skilled Nursing Facility</b> unlimited	No copayment

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

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

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply	\$5 Tier 1, \$20 Tier 2
Mail Order, 90-day supply	\$7.50 Tier 1, \$30 Tier 2

Subject to drug formulary, 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.

### Specialty Drugs

Coverage provided through the EmblemHealth Specialty Pharmacy Program. Specialty drugs are subject to a copayment and formulary and include injectables and oral agents. Prior approval required; 30-day supply limit.

### Additional Benefits

#### Annual Out-of-Pocket Maximum

(In-Network Benefits)	\$6,850 Individual, \$13,700 Family per year
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**Dental**.....Not covered

**Vision**.....No copayment for routine and refractive eye exams

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

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

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

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

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

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

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

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

### Plan Highlights for 2021

EmblemHealth's HIP Prime HMO Plan features low out-of-pocket costs at the point of service. Telehealth visits are covered as available from your PCP/specialist.

### 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. Tier 1 includes generic drugs; Tier 2 includes brand-name drugs. We offer a **closed formulary**.

## Medicare Coverage

Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees must enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area.

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

### NYSHIP Code number 050

A Network and IPA HMO serving individuals living or working in the following select 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 select 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 select 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)



<b>Benefits</b>	<b>Enrollee Cost</b>
<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
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 per visit
Postnatal Visits	\$5 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment
<b>Family Planning Services</b>	\$0 PCP visit, \$5 specialist 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 visit, \$5 specialist visit
Outpatient Surgery Facility	No copayment
<b>Weight Loss/Bariatric Surgery</b>	No copayment
Preauthorization may be required	

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Emergency Department</b> (waived if admitted)	\$25 per visit
<b>Urgent Care Facility</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Telehealth</b>	\$0 for PCP or individual substance use visits; \$5 per visit for specialist, individual mental health and individual psychiatry; unlimited
<b>Outpatient Mental Health</b>	\$5 per visit unlimited
<b>Inpatient Mental Health</b>	No copayment no limit in a general hospital; 190-day lifetime limit in a psychiatric facility
<b>Outpatient Drug/Alcohol Rehab</b>	\$5 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<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	\$0 Tier 1 & Tier 2 (preferred pharmacy), \$5 Tier 1 & Tier 2 (standard pharmacy), \$45 Tier 3
Mail Order, 90-day supply	\$0 Tier 1 & Tier 2, \$67.50 Tier 3
<b>Diabetic Shoes<sup>1</sup></b> when medically necessary	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

**Hospice** Covered by Medicare for 180 days in a Medicare-certified hospice facility, plus unlimited 60-day extensions if Medicare guidelines are met.

**Skilled Nursing Facility** No copayment  
100 days max per benefit period (non-custodial)

### Prescription Drugs

Retail, 30-day supply \$0 Tier 1 & Tier 2  
(preferred pharmacy),  
\$5 Tier 1 & Tier 2 (standard pharmacy),  
\$45 Tier 3

Mail Order, 90-day supply \$0 Tier 1 & Tier 2,  
\$67.50 Tier 3

### Specialty Drugs

Specialty drugs are subject to a copayment and formulary and include injectables and oral agents. Prior approval required; 30-day supply limit.

### Additional Benefits

**Dental**.....\$5 exam and \$10 cleaning every 6 months. Dental discounts available.

**Vision**.....\$5 per visit (routine only)

**Eyeglasses**.....No copayment for one pair per 12 months; applies to select frames

**Hearing Aids**.....\$500 max per 36 months

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

**Podiatry**.....\$5 per visit, 4 visits max for routine procedures

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

**Acupuncture**.....\$5 per visit, 20 visits max prior authorization may be required

### Plan Highlights for 2021

EmblemHealth's Medicare Advantage HMO Plan features low out-of-pocket costs at the point of service. New benefits for 2021 include Telehealth visits, which are covered as available from your PCP or specialist, and up to 20 acupuncture visits per year for chronic lower back pain.

### 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. Group practices offer services in most major specialties, 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

More than 40,000 pharmacies nationwide, with more than 4,700 pharmacies in NYS. Mail-order program through Express Scripts. You pay less for your medicines when using a retail Preferred Pharmacy or mail order. Preferred Pharmacies include Walgreens, Rite Aid and Walmart, to name a few. We offer a **closed formulary**.

## Medicare Coverage

Medicare-primary NYSHIP retirees who reside in NYSHIP-approved service counties are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area.

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

### NYSHIP Code number 050

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

### 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
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
Must be purchased from a participating Durable Medical Equipment provider	
External Mastectomy Prosthesis	No copayment
<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 Rx copayment <sup>1</sup>
<b>Inpatient Hospital Surgery</b>	
Physician	\$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment

Benefits	Enrollee Cost
<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>Weight Loss/Bariatric Surgery</b>	Applicable surgery copayment
<b>Emergency Department</b>	\$100 per visit (waived if admitted within 23 hours)
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Telehealth</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$25 per visit (\$5 for children to age 26)
Group, unlimited	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit unlimited (\$5 for children to age 26)
<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, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25 per item 30-day supply

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



Benefits	Enrollee Cost
<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> , 210 days max	No copayment
<b>Skilled Nursing Facility</b> 45 days max per calendar year	No copayment
<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 website.	
<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 Exam</b> .....	\$40 per visit for routine (once every 12 months) and diagnostic
<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>Maternity</b>	
Physician charge for delivery.....	\$200 copayment or 20% coinsurance, whichever is less

### Plan Highlights for 2021

Laboratory and pathology services are covered in full. Via our partner MD Live®, Excellus BCBS now allows visits with a U.S. board-certified doctor right from your own home, office or on the go for non-emergency medical and behavioral health conditions at no cost to you.

<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

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. HMOBlue offers convenient mail-order services for select maintenance drugs. We offer an **incented formulary**.

### Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, 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 counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

#### NYSHIP Code number 072

An IPA HMO serving individuals living or working in the following select 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 select 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:** 1-800-662-1220

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

## MEDICARE ADVANTAGE PLAN



A product of Excellus BlueCross BlueShield  
An Independent Licensee of the BlueCross BlueShield Association

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	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP, \$20 specialist per visit
Postnatal Visits	\$5 PCP, \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	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>	Applicable Rx copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
<b>Weight Loss/Bariatric Surgery</b>	Applicable surgery copayment

Benefits	Enrollee Cost
<b>Emergency Department<sup>1</sup></b>	\$50 per visit (waived if admitted within 23 hours)
<b>Urgent Care Facility<sup>2</sup></b>	\$50 per visit
<b>Ambulance</b>	\$35 per trip
<b>Telehealth</b>	\$20 copayment per visit, 20% coinsurance for mental health
<b>Outpatient Mental Health</b>	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
<b>Inpatient Mental Health</b>	No copayment 190 days max per lifetime
<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>3</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 for a 30-day supply from a preferred supplier
<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>	
(days 1–20)	\$0 copayment per day
(days 21–100)	\$25 copayment per day
100 days max	

<sup>1</sup> Worldwide coverage.

<sup>2</sup> You pay a \$50 copayment for covered services at 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> Covered when there is an underlying medical condition. Requires preauthorization.

Benefits	Enrollee Cost
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### Prescription Drugs

Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3,
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3, <sup>4</sup>

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only 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.

### 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).

### Additional Benefits

**Dental**..... Coverage for preventive services only

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

**Vision**..... \$120 annual eyewear allowance

**Hearing Aids**..... \$699 or \$999 copayment per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

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

**Health and Wellness**..... Silver & Fit Program

**Medicare Part B Drugs**..... 20% coinsurance

### Plan Highlights for 2021

With Medicare Blue Choice, count on us to deliver high-quality coverage. 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 of prescription drugs through Express Scripts or Wegmans Mail Order Pharmacies.

### Participating Physicians

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

### 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

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

### Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, 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 employees.

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

#### NYSHIP Code number 072

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

### HMOBlue

#### Excellus BlueCross BlueShield

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

#### For information:

**Medicare HMOBlue:** 1-877-883-9577

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

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

<sup>4</sup> Copayments shown apply for a 90-day supply dispensed via mail order or retail.



Benefits	Enrollee Cost
<b>Office Visits</b>	
Adult (19+)	\$10 per visit
Child (0–18)	\$0 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	\$10 Primary/\$20 Specialist per visit <sup>1</sup>
Lab Tests	\$0 per visit
Pathology	\$0 per visit
EKG/EEG	per visit
Adult (19+)	\$10 Primary/\$20 Specialist
Child (0–18)	\$0 Primary/\$20 Specialist
Radiation	\$10 Primary/\$20 Specialist per visit <sup>1</sup>
Chemotherapy	\$10 Primary/\$20 Specialist per visit <sup>1</sup>
Dialysis	\$20 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
unlimited	
<b>Family Planning Services<sup>2</sup></b>	\$20 per visit
<b>Infertility Services</b>	
Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Contraceptive Drugs</b>	No copayment
<b>Contraceptive Devices</b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	per visit
Adult (19+)	\$10 Primary/\$20 Specialist
Child (0–18)	\$0 Primary/\$20 Specialist
Outpatient Surgery Facility	\$100 per visit
<b>Weight Loss/Bariatric Surgery<sup>3</sup></b>	
Inpatient	No copayment
Outpatient	\$100 copayment
<b>Emergency Department</b> (waived if admitted)	\$100 per visit
<b>Urgent Care Facility</b>	\$35 per visit <sup>4</sup>
<b>Ambulance</b>	\$100 per trip
<b>Telehealth</b>	\$10 per visit <sup>4</sup>
	\$20 per visit for dermatology
<b>Outpatient Mental Health</b> unlimited	\$10 per visit <sup>4</sup>
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$10 per visit <sup>4</sup>
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit

<sup>1</sup> \$0 copayment for child (0–18) in a PCP office. Hospital based: \$40 copayment.

<sup>2</sup> Only preventive family planning services are covered in full. Non-preventive services require a copayment.

<sup>3</sup> Preauthorization required.

<sup>4</sup> No copayment for children ages 0–18.

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Diabetic Supplies</b>	
Retail, 90-day supply	\$10 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	
Retail	\$10 or applicable Rx copayment, whichever is less
Mail Order	\$25 or applicable Rx copayment, whichever is less
<b>Diabetic Shoes</b>	No copayment
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b> 45 days max	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1, <sup>5</sup> \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, <sup>5</sup> \$75 Tier 2, \$150 Tier 3
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty drugs are provided by Reliance Rx Pharmacy and Walgreens, require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication.	
<b>Additional Benefits</b>	
<b>Annual Out-of-Pocket Maximum</b> (In-Network Benefits)	\$4,000 Individual, \$8,000 Family per year
<b>Dental</b>	Discounts available
<b>Vision</b>	No copayment one routine visit every 12 months
<b>Eyeglasses</b>	\$50 for single vision lenses, frames; 40% off retail price
<b>Hearing Aids</b>	Discounts available at different tiers from select providers. Contact plan for details.
<b>Out of Area</b>	Outside of the service area, members are covered for urgent care and emergency situations only. Dependents are covered if they reside outside the service area for more than 90 days but less than 365 days.
<b>Wellness Services</b>	\$400 allowance for use at a participating facility

<sup>5</sup> Tier 1 drugs are \$0 for children ages 0–18.

<sup>6</sup> \$35 copayment for brick-and-mortar freestanding urgent care centers (WNY Immediate Care, WellNow, etc.). \$20 copayment for urgent care provided in a participating primary care physician's office.

**Urgent Care in Service Area for After-Hours Care** .....\$35 per visit<sup>6</sup>

### **Plan Highlights for 2021**

Lower copayments for adult primary care visits; no copayments for routine refractive eye exams or freestanding and outpatient hospital lab tests.

### **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**

All Western New York hospitals participate with Independent Health and care 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. We offer a **closed formulary**.

### **Medicare Coverage**

Medicare-primary NYSHIP retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments differ from the copayments of a NYSHIP-primary enrollee. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Call our Member Services Department for detailed information.

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

### **NYSHIP Code number 059**

An IPA HMO serving individuals living or working in the following select 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 <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	20% coinsurance <sup>2</sup>
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 per visit
Postnatal Visits	\$20 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	\$20 copayment per education visit to PCP or specialist office, equipment subject to 20% coinsurance
External Mastectomy Prosthesis	20% coinsurance
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	Not covered
<b>Contraceptive Drug</b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	Not covered
<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>Weight Loss/Bariatric Surgery</b>	Applicable surgery copayment for Medicare-covered surgeries

Benefits	Enrollee Cost
<b>Emergency Department</b>	\$65 per visit (waived if admitted within 24 hours)
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip <sup>3</sup>
<b>Telehealth</b>	Applicable network provider copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	No copayment
190 days max per lifetime	
<b>Outpatient Drug/Alcohol Rehab</b>	\$40 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<sup>4</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>	No copayment one pair per year when medically necessary
<b>Hospice</b>	Covered by Medicare
<b>Skilled Nursing Facility</b>	No copayment up to 100 days per benefit period

<sup>1</sup> 20% coinsurance for genetic testing

<sup>2</sup> Home dialysis equipment is also subject to 20% coinsurance.

<sup>3</sup> 20% coinsurance for air ambulance.

<sup>4</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

Coverage includes injectable and self-injectable medications 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 2021. Currently, NYSHIP's prescription drug coverage under Medicare Encompass is a five-tier benefit that covers Part D prescription drugs through all four drug phases throughout the year. Medicare covered Part B drugs will be subject to 10% coinsurance.

### 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 Part D 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> .....	\$20 per visit <sup>5</sup>
<b>Vision</b> .....	No copayment for routine eye exam
<b>Eyeglasses</b> .....	\$200 annual allowance
<b>Hearing Aids</b> .....	Five types of hearing aids with copayments from \$499 to \$2,799 each from American Hearing Benefits.
<b>Out of Area</b> .....	While traveling outside the service area, coverage is provided for renal dialysis and urgent and emergency situations only.
<b>Home Health Care</b> .....	No copayment unlimited, requires prior authorization
<b>Brook Personal Health Companion</b> .....	Smart phone app for assistance with diabetes and hypertension management.

## Plan Highlights for 2021

\$0 copayment per visit to any of the thousands of SilverSneakers network gyms nationwide. In-person yoga and exercise classes can help you improve your fitness level and maintain your quality of life (classes and pool access vary by location). Online classes and wellness programs are available 24/7 to fit your schedule.

### 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 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. We offer a **closed 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. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Call our Member Services Department for detailed information.

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

### NYSHIP Code number 059

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

### Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

### For information:

**Member Services Department:** 1-800-665-1502

**TTY:** 711

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

<sup>5</sup> Two cleanings, x-rays, fluoride treatments and oral exams per year, including one full mouth x-ray every 36 months.



Benefits	Enrollee Cost
<b>Office Visits</b>	
Adult (26+)	\$25 per visit
Child (0–25)	\$0 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$25 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$0/\$25 per visit <sup>1</sup>
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$25 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
Dialysis	\$25 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment <sup>2</sup>	No copayment
External Mastectomy Prosthesis <sup>3</sup>	50% coinsurance
<b>Family Planning Services<sup>2</sup></b>	\$25 per visit
<b>Infertility Services<sup>2</sup></b>	\$25 per visit
<b>Contraceptive Drugs<sup>4</sup></b>	No copayment <sup>5</sup>
<b>Contraceptive Devices<sup>4</sup></b>	No copayment <sup>5</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$25 per visit
Physician's Office	\$25 per visit
Outpatient Surgery Facility	\$0/\$25 per visit <sup>1</sup>

Benefits	Enrollee Cost
<b>Weight Loss/Bariatric Surgery</b>	Covered in full at Center of Excellence with prior approval
<b>Emergency Department</b> (waived if admitted)	\$75 per visit
<b>Urgent Care Facility</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Telehealth</b>	No copayment
<b>Outpatient Mental Health</b> unlimited	\$25 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>2</sup></b> unlimited	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab<sup>2</sup></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, 60 days max combined	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined	\$25 per visit
Outpatient Speech Therapy, 30 visits max combined	\$25 per visit
<b>Diabetic Supplies<sup>2</sup></b> 31-day supply	\$25 per boxed item
<b>Insulin and Oral Agents<sup>2</sup></b> 31-day supply	\$25 per boxed item
<b>Diabetic Shoes</b> unlimited pairs when medically necessary	50% coinsurance

<sup>1</sup> \$0 copayment at Preferred Provider Facilities.

<sup>2</sup> Refer to the Certificate of Coverage for requirements.

<sup>3</sup> Contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.

<sup>4</sup> Over-the-counter contraceptives are not covered.

<sup>5</sup> Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs.

Benefits	Enrollee Cost
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<b>Hospice</b> , 210 days max	No copayment
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<b>Skilled Nursing Facility</b> 45 days max per calendar year	No copayment
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#### Prescription Drugs

Retail, 30-day supply	\$0 Tier 1, \$30 Tier 2, \$50 Tier 3
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Mail Order, up to 90-day supply	\$0 Tier 1, \$75 Tier 2, \$125 Tier 3
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If a brand-name drug is requested over the generic equivalent, you pay the difference between the cost of the two. This includes fertility drugs, injectables and enteral formulas. Approved generic contraceptive drugs, devices and those without a generic equivalent are covered at 100% under retail and mail order.

#### Specialty Drugs

Retail covered as noted. 30-day supply limit. Prior authorization may be required. 30-day supply through Specialty Pharmacy. Members are required to use Caremark Specialty.

#### Additional Benefits

##### Annual Out-of-Pocket Maximum

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

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

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

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

**Out of Area** .....Emergencies only

#### Plan Highlights for 2021

\$0 PCP visits to age 26, \$0 Telehealth, \$0 Tier 1 generic drugs (retail & mail order). No copayment for laboratory, radiology and ambulatory/outpatient surgery services when using Preferred Provider Network. \$600 in Wellness Rewards.<sup>2</sup>

#### Participating Physicians

MVP provides services through 44,400+ physicians and practitioners throughout its service area.

#### Affiliated Hospitals

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

#### Pharmacies and Prescriptions

Thousands of participating pharmacies, including all major pharmacy chains, mail order, and specialty pharmacy services. We offer a **closed formulary**.

#### Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in MVP Preferred Gold, MVP's **Medicare Advantage Plan**. Some copayments may vary from the MVP HMO plan's copayments. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area.

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

#### NYSHIP Code number 058

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

#### NYSHIP Code number 060

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

#### NYSHIP Code number 360

An IPA HMO serving individuals living or working in the following select 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)



<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	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
Dialysis	No copayment
(office visit copayment may apply)	
<b>Women's Health Care/Reproductive Health</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
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
<b>Family Planning Services</b>	Not covered
<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	No copayment
Physician's Office	\$10 PCP, \$15 specialist per visit
Outpatient Surgery Facility	No copayment
<b>Weight Loss/Bariatric Surgery</b>	Covered in full at a Center of Excellence with prior approval

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Emergency Department</b> (waived if admitted)	\$65 per visit
<b>Urgent Care Facility</b>	\$15 per visit
<b>Ambulance</b>	\$50 per trip
<b>Telehealth</b>	No copayment
Access 24/7 adult and pediatric urgent care and convenient, self-scheduled appointments with psychiatrists, behavioral health specialists, nutrition and diet specialists, and lactation consultants.	
<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, annual max of \$2,040 for Occupational Therapy, combined annual max of \$2,040 for Physical Therapy & Speech Therapy	\$15 per visit
Outpatient Speech Therapy, combined annual max of \$2,040 for Physical Therapy & Speech Therapy	
<b>Diabetic Supplies</b>	10% coinsurance
<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



## Benefits Enrollee Cost

### Skilled Nursing Facility

(days 1–20)	No copayment
(days 21–100)	\$135 copayment per day
100 days max per calendar year	

### Prescription Drugs

Retail, 30-day supply	\$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$60 Tier 4, \$60 Tier 5 <sup>1</sup>
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Mail Order, 90-day supply	\$0 Tier 1, \$20 Tier 2, \$60 Tier 3, \$120 Tier 4 <sup>1</sup>
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Coverage includes injectable and self-injectable medications and enteral formulas, subject to the limitations listed 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 two years for frames or contact lenses

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

**Out of Area**.....Non-emergency medical care while traveling outside MVP Gold's service area is covered and subject to 30% coinsurance up to \$5,000 per calendar year.

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

### Plan Highlights for 2021

No copayment for preventive care visits, telehealth or generic drugs. \$200 in Wellness Rewards. Up to 14 no-cost Mom's Meals delivered to your home after an inpatient stay. Our SilverSneakers Fitness Program includes free membership at participating fitness centers.

### Participating Physicians

More than 41,000 participating physicians and health practitioners located throughout the service area.

### Affiliated Hospitals

MVP members are covered at participating area hospitals where 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 service area participate. Convenient mail-order service for select maintenance drugs. We offer a **closed formulary**.

### Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Preferred Gold Plan, MVP's **Medicare Advantage Plan**. Some copayments may differ from the MVP HMO plan's copayments. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Please contact Member Services for further details.

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

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### NYSHIP Code number 360

An IPA HMO serving individuals living or working in the following select 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)

**Medicare-eligible:** 1-800-209-3945

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

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

<sup>1</sup> Specialty prescription drugs include non-formulary drugs.

## 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 (EBD) 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. EBD 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 options that include Medicare coverage...**

Option 001 The Empire Plan	Option 350 EmblemHealth – HIP (Hudson Valley)
Option 066 Blue Choice	Option 072 HMO Blue (Central NY)
Option 067 BlueCross BlueShield of Western New York	Option 160 HMO Blue (Utica)
Option 069 BlueShield of Northeastern 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 050 EmblemHealth – HIP (Downstate)	Option 340 MVP Health Care (Mid-Hudson)
Option 220 EmblemHealth – HIP (Capital)	Option 360 MVP Health Care (North)

**...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 1), 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 into or out of one of the options 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. **It is now necessary to have a personal NY.gov ID to access MyNYSHIP.** For more information and instructions, visit [www.cs.ny.gov/mynyship/welcome](http://www.cs.ny.gov/mynyship/welcome).

## NYSHIP Option Transfer Request

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

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 \_\_\_\_\_

Personal Email Address \_\_\_\_\_

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 \$ \_\_\_\_\_

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

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

To: New Option Code Number \_\_\_\_\_ New Option 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) \_\_\_\_\_ Effective Date Part A: \_\_\_\_\_

Dependent Signature (required) \_\_\_\_\_ Effective Date Part B: \_\_\_\_\_

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

Medicare ID # (on his or her Medicare card) \_\_\_\_\_ Effective Date Part A: \_\_\_\_\_

Dependent Signature (required) \_\_\_\_\_ Effective Date Part B: \_\_\_\_\_

☐ I have no Medicare-eligible dependents

If you are enrolling in an HMO, is the HMO approved by NYSHIP to serve your county?

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 and/or your covered dependents are 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 069	BlueShield of Northeastern New York
Option 063	CDPHP (Capital)
Option 300	CDPHP (Central)
Option 310	CDPHP (Hudson Valley)
Option 050	EmblemHealth – HIP (Downstate)
Option 220	EmblemHealth – HIP (Capital)
Option 350	EmblemHealth – HIP (Hudson Valley)
Option 072	HMO Blue (Central NY)
Option 160	HMO Blue (Utica)
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)
Option 360	MVP Health Care (North)

...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 65) 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 \_\_\_\_\_ Option 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 \_\_\_\_\_

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### 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.**

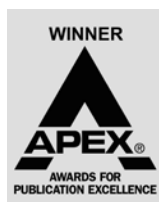
No action is required if you wish to keep your current health insurance.

**USE THIS FORM FOR OPTION CHANGE ONLY**





## Notes



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.



**NYSHIP**  
New York State  
Health Insurance Program

## 2021 Health Insurance Choices (Retiree) – November 2020

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 NYSHIP Online at [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 websites. 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 2021/Retiree ☐ AL1717