

HEALTH INSURANCE CHOICES FOR 2023

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



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Selecting a health insurance plan is an important and personal decision. Only you know your family's lifestyle, health, budget and benefit preferences. Here are some questions to ask yourself as you review the information on the following pages:

- What is the premium?
- What choice of providers do I have? Are the providers and facilities I currently use considered in- or out-of-network?
- Is the medicine I currently take covered? What is my share of the cost?
- What benefits are available for a catastrophic illness or injury?
- What will happen if I need care while away from home? Will the plan cover me if I stay out of the area for an extended period of time?
- Are my special needs covered?
- How often do I anticipate needing care? Is there a deductible? What is the annual out-of-pocket maximum?
- Are there any benefit limitations?
- How will Medicare affect my NYSHIP coverage? (See page 5 in this booklet for more information on Medicare.)



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. Under NYSHIP, you may choose coverage under The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. Use this booklet to learn about the different plans and select one 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 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.

Note: NYSHIP does not offer an open enrollment period. If you and/or your dependents are eligible for NYSHIP coverage but are not enrolled, see your *General Information Book* for information regarding enrollment and situations in which a late enrollment waiting period applies.

Reminders



New in 2023 for The Empire Plan

- For 2023, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$9,100 for Individual coverage and \$18,200 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug programs. See page 27 for more information about how out-of-pocket limits apply to each Empire Plan program.
- Through LiveHealth Online, enrollees can access board-certified doctors and licensed therapists 24 hours a day, seven days a week via smartphone, tablet or personal computer. **Telemedicine visits through LiveHealth Online will continue to be covered by The Empire Plan at no cost.**

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.

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 pages and the individual HMO pages in this booklet for more information.

If you decide to change your option:

1. Complete the *NYSHIP Option Transfer Request Form* on page 61.
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 63 prior to the coverage effective date you are requesting. See page 62 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 or HMO plan 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 4).

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 20–22). 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 for assistance.

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

When you and/or your dependents first become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you must enroll 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.

* Medicare will continue to provide primary coverage for an enrolled domestic partner aged 65 or over.

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).

See *Medicare & NYSHIP*, your *General Information Book* (both available on NYSHIP Online) and pages 5–6 in this booklet for more information about enrolling in Medicare and how NYSHIP and Medicare work together.

Note: If you are a COBRA enrollee, special provisions apply when you enroll in Medicare. Call EBD for information.



When to Contact the Employee Benefits Division

The Employee Benefits Division (EBD) is responsible for providing benefits assistance, processing transactions/enrollment record updates and answering questions. You may also contact EBD to request a copy of the *General Information Book*, *Empire Plan Certificate*, other plan documents or replacement benefit cards.

Representatives are available Monday through Friday between 9 a.m. and 4 p.m., Eastern time and may be reached by calling 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands).

You must notify EBD if your address changes or if changes in your family or marital status affect your coverage.

To report an address or telephone number change, call EBD at the number listed above. If you are enrolled in MyNYSHIP, you may make these changes yourself online at www.cs.ny.gov/mynyship.

All other changes in personal information must be submitted to EBD in writing, along with proof of the change (such as a copy of a driver's license, birth, marriage or death certificate), at the following address:

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

Please make sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan ID number, along with your telephone number (including area code).

Deadlines may apply, so act promptly once you determine a change is needed. See your *General Information Book* for details.

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

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 are 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 of the United States, The Empire Plan pays primary for covered services received outside of 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 page 6 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. If you are not already enrolled in Medicare Parts A and B at that time, however, your NYSHIP coverage will be canceled. See *Medicare & NYSHIP* for additional information.

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

Non-NYSHIP Plans

You may receive information from Medicare and from non-NYSHIP plans in your area describing Medicare options available to you that are not part of NYSHIP 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.**

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 19–20 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan are each enrolled automatically in Empire Plan Medicare Rx (see pages 20–22 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.
- Your state Medicaid office.
- 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week (TTY users should call 1-877-486-2048).

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

Medicare Part B Premium and 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 2023.

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 or monthly bill.

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 2023 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 4.

Paying For Coverage

2023 Health Plan Rates

The 2023 health plan rates will be mailed to your home and posted on NYSHIP Online as soon as they have been approved.

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 2023, subtract your monthly sick leave credit from the new monthly premium.

Enrollees Who Pay the Employee Benefits Division Directly

The 2023 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 6). 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.



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 2023 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, 2022.

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
<u>Benefits</u>		
Normal Allowance	\$2,948.53	\$2,948.53
Cost of Living	\$10.00	\$10.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$14.00	\$14.00
Gross Benefit	\$2,962.53	\$2,962.53
<u>Miscellaneous Deductions</u>		
Taxes - Federal Withholding	\$0.00	\$0.00
Medicare Deduction	\$0.00	\$0.00
<u>Health Insurance</u>		
Health Ins. Deduction	\$364.47	\$372.25
Medicare Credit	\$170.10	\$164.90
Medicare Deduction	\$0.00	\$0.00
Net Retirement Benefit Paid	\$2,790.66	*
		\$2,763.18

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.

Comparing Your NYSHIP Health Plan Options

There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP-approved Health Maintenance Organizations (HMOs).

The Empire Plan vs. NYSHIP HMOs

The first step toward making an informed choice is understanding how the NYSHIP health plans differ from one another.

	Empire Plan	HMO
Plan Type	A self-insured Preferred Provider Organization (PPO) plan with features of a managed care system.	A managed-care system in a specific geographic area that provides comprehensive coverage through a network of providers.
Service Area	Benefits for covered services, not just urgent and emergency care, are available worldwide.	Aside from emergencies, coverage for services received outside the service area is limited and at the discretion of the individual HMO.
Participating Providers	Enrollees have access to over 1.2 million network providers and facilities throughout the United States and are not required to choose a Primary Care Physician (PCP) or obtain referrals to see specialists. Certain services require preapproval. For provider information: <ul style="list-style-type: none">• Visit NYSHIP Online*• Check with the provider/facility directly• Call The Empire Plan toll free at 1-877-7-NYSHIP	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. For provider information: <ul style="list-style-type: none">• Visit HMO websites**• Check with provider/facility directly• Call the HMOs directly**
Out-of-Pocket Expenses/ Cost Sharing	Enrollees usually pay a copayment as a per-visit fee. Benefits for covered services obtained from a nonparticipating provider are subject to a deductible and/or coinsurance.	Enrollees usually pay a copayment as a per-visit fee or coinsurance. HMOs have no annual deductible. Out-of-network benefits not available.

* The Empire Plan online provider directories are updated regularly and are therefore more current than the printed versions.

** See the individual HMO pages in this booklet for contact information.

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 Young Adult Option Open Enrollment Period (which coincides with the Option Transfer Period for Active employees), 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 or call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

Plan Comparison Tool

To generate a side-by-side comparison of the benefits provided by the NYSHIP plans in your area, use the Plan Comparison Tool, available on NYSHIP Online. Select the counties in which you live and work and the plans you want to compare to quickly view the benefit information most important to you/your family in a convenient, single-screen format.

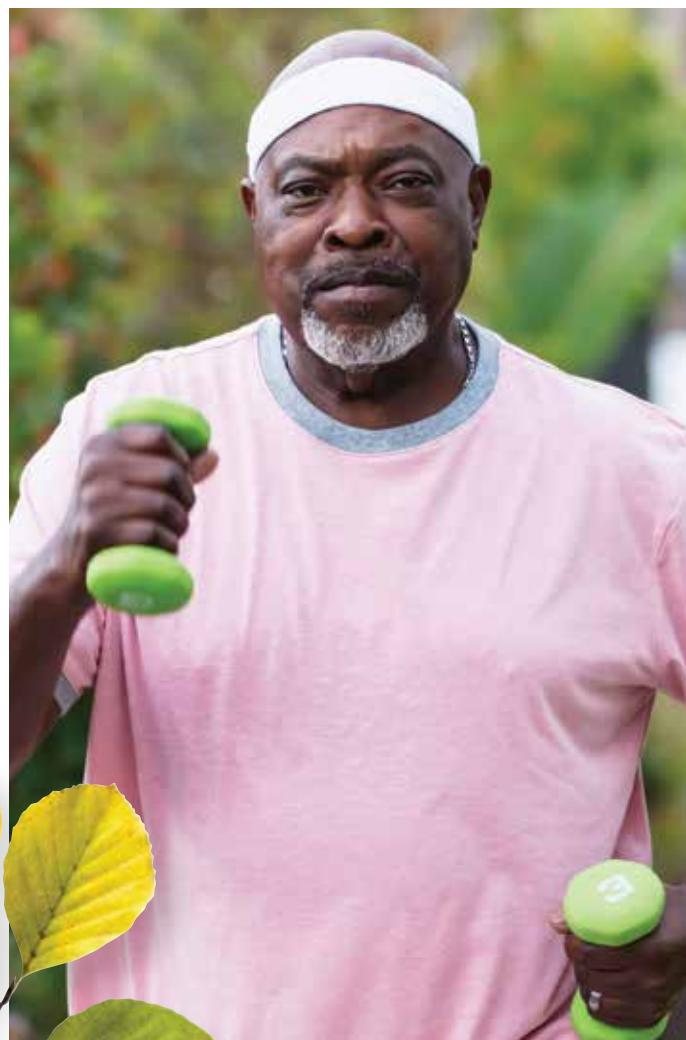


Exclusions

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. 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.



Questions and Answers

Question	Empire Plan	HMO
Will I be covered for medically necessary care I receive away from home?	Yes, coverage is available worldwide. If you use a nonparticipating provider, deductibles, coinsurance and benefit limits may apply.	You are always covered for emergency care. Some HMOs may provide coverage for urgent or routine care outside the service area or for college students away from home.
If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?	Yes. If the doctor you choose participates in The Empire Plan, network benefits will apply for covered services. Your hospital benefits will differ depending on whether you choose a network or non-network hospital (see pages 15–16 for details).	You should expect to choose a participating physician and a participating hospital. Under certain circumstances, you may be able to receive a referral to a non-network provider but will need to contact your HMO for prior approval.
Can I be sure I will not need to pay more than my copayment(s) when I receive medical services?	Your copayment(s) should be your only expense if you receive medically necessary and covered services from a participating provider.	As long as you receive medically necessary and covered services and obtain any required referrals, your copayment(s) or coinsurance should be your only expense.
Can I use the hospital of my choice?	Yes. You have coverage worldwide, but your benefits are highest at network facilities. See page 15 for details.	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?	You have guaranteed access to unlimited, medically necessary care.	Coverage is available for a specified number of days/visits each year.
What if I need durable medical equipment, medical supplies or home nursing?	Through the Home Care Advocacy Program (HCAP), benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies) and enteral formulas are paid in full. Prior authorization is required.	Benefits are available, vary depending on the HMO and may require a greater percentage of cost sharing.

Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available beginning on page 15 of this booklet, as well as in the *Empire Plan Certificate* and individual HMO contracts.

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 NurseLineSM 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 Primary Care Physician (PCP) selected by the enrollee from the HMO's network
- A unique wellness benefit that rewards enrollees for engaging in healthy activities

All plans provide:

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

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.

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.

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

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

The Empire Plan NYSHIP Code #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2023.¹ Visit NYSHIP Online 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

Medical and surgical coverage through:

- **Participating Provider Program** – The Participating Provider Program network administered by UnitedHealthcare includes over 1.2 million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States. Certain services are subject to a \$25 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, covered expenses are reimbursed under the Empire Plan's Basic Medical Program, subject to deductible and coinsurance.
- **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 18).
- **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. 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 (MPMP)** – 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) scan, 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

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

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

If you are an Empire Plan-primary enrollee,² 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 either 10 percent coinsurance or \$75 per visit. The Empire Plan will begin to cover 100 percent of the billed charges for covered inpatient and outpatient services only after the combined annual coinsurance maximum threshold 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
- You are in an ongoing course of treatment or are pregnant when a hospital leaves the network

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 (except maternity and detoxification)
- 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 Use Program

The Mental Health and Substance Use (MHSU) Program offers both network and non-network benefits.

Network Benefits

(unlimited when medically necessary)

If you call the MHSU Program before you receive services, 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 a \$25 copayment per day

Non-Network Benefits³

(unlimited when medically necessary)

Covered services received from a nonparticipating practitioner or non-network facility are subject to cost sharing requirements. See Cost Sharing on page 17 for additional information.

Outpatient counseling 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.

The Empire Plan NurseLineSM

For health information and support, call The Empire Plan and press or say 5 for the NurseLineSM.

Registered nurses are available 24 hours a day, seven days a week. All calls are confidential.

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

³ You are responsible for ensuring that MHSU Program certification is received for care obtained from a non-network practitioner or facility.

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 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, view *Reporting On Network Benefits* (available on NYSHIP Online or by contacting the Employee Benefits Division).

If you use an Empire Plan participating 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 within the United States and its territories for the following services if you call The Empire Plan at 1-877-769-7447 beforehand to arrange care:

- Mental Health and Substance Use (MHSU) Program services
- Managed Physical Medicine Program (MPMP) 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 payable under the **Basic Medical Program** and are subject to a deductible and/or coinsurance.

Annual Maximum Out-of-Pocket Limit

There is a limit on the amount you are expected to pay out of pocket for in-network services and supplies during the plan year. Once you reach the limit, you will have no additional copayments. Please see page 27 for more information.

Combined Annual Deductible

For Medical/Surgical and MHSU 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 that must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSU Programs can be reimbursed. The Managed Physical Medicine Program has a separate deductible (\$250 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 the combined annual deductible has been met, The Empire Plan considers 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSU Program, 50 percent of the network allowance for covered services for non-network HCAP services and 90 percent of the billed charges for covered services for non-network approved facility services for the MHSU 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, 10 percent for non-network MHSU-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 that must be met before covered services under the Basic Medical Program and non-network expenses under the Hospital and MHSU Programs will be fully reimbursed. 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 MHSU 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 MHSU 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 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 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 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, choose the Medical/Surgical Program and ask a representative for help. You can also find this information on NYSHIP Online.

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 once 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 for assistance.



Prescription Drug Coverage

Retired Empire Plan enrollees and covered dependents who are not yet eligible for Medicare coverage that pays primary to NYSHIP receive prescription drug benefits under the Prescription Drug Program. Once an enrollee and/or dependent becomes Medicare-primary, they are automatically enrolled in and begin receiving benefits under Empire Plan Medicare Rx, a Medicare Part D prescription drug plan.

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.

Up to a 30-day Supply from a Network Pharmacy, the Mail Service Pharmacy or the Designated Specialty Pharmacy		
Level 1 Drugs or Most Generic Drugs	Level 2 Drugs, Preferred Drugs or Compound Drugs	Level 3 Drugs or Non-Preferred Drugs
\$5	\$30	\$60

31- to 90-day Supply from a Network Pharmacy		
Level 1 Drugs or Most Generic Drugs	Level 2 Drugs, Preferred Drugs or Compound Drugs	Level 3 Drugs or Non-Preferred Drugs
\$10	\$60	\$120

31- to 90-day Supply from the Mail Service Pharmacy or the Designated Specialty Pharmacy		
Level 1 Drugs or Most Generic Drugs	Level 2 Drugs, Preferred Drugs or Compound Drugs	Level 3 Drugs or Non-Preferred Drugs
\$5	\$55	\$110

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 Card or Medicare Rx Card whenever possible.

Annual Maximum Out-of-Pocket Limit*

There is a limit on the amount you are expected to pay out of pocket for covered prescription drugs received from a network pharmacy during the plan year. Once you reach the limit, you will have no additional copayments for prescription drugs. Please see page 27 for more information.

* The Annual Maximum Out-of-Pocket Limit does not apply to Empire Plan Medicare Rx.

Prescription Drug Program

for non-Medicare-primary retirees/dependents
(see Empire Plan Medicare Rx Program section
if you will become Medicare primary in 2023)

Note: 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.
- The Empire Plan Prescription Drug Program has a flexible formulary drug list for prescription drugs. Designed to provide enrollees and the Plan with the best value in prescription drug spending, the **Advanced Flexible Formulary** excludes coverage for certain brand-name and generic drugs that have no clinical advantage over other covered medications in the same therapeutic class. A copy of the 2023 Advanced Flexible Formulary will be mailed to your home with the *2023 At A Glance* in December and is also available on NYSHIP Online.
- 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.
- 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.

Certain covered drugs do not require a copayment when filled at a network pharmacy:

- Oral chemotherapy drugs for the treatment of cancer
- Medications used for emergency contraception and pregnancy termination
- Tamoxifen, raloxifene, anastrozole and exemestane when prescribed for the primary prevention of breast cancer
- Generic oral contraceptive drugs/devices or drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Certain preventive adult vaccines for non-Medicare-primary enrollees, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network

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

Specialty Pharmacy Program

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. The Program provides enhanced services to individuals using specialty drugs (such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring), including disease and drug education; compliance, side effect and safety management; expedited, scheduled delivery of medications at no additional charge; refill reminder calls; and coordination of all necessary supplies (such as needles and syringes) applicable to the medication. Under the 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 CVS Caremark Specialty Pharmacy. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. The complete list of specialty drugs included in the Program is available on NYSHIP Online. To get started with CVS Caremark Specialty Pharmacy, request refills or speak to a specialty-trained pharmacist or nurse, call The Empire Plan, choose the Prescription Drug Program and ask to speak with Specialty Customer Care.

Empire Plan Medicare Rx Program

for Medicare-primary retirees/dependents

Note: 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), other plan documents or visit www.empireplanrxprogram.com for complete details.

Empire Plan retirees and dependents who are Medicare primary on or after January 1, 2023 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.
- The **2023 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 call The Empire Plan.
- Prior authorization is required for certain drugs. Call The Empire Plan and press 4 to speak with a CVS Caremark customer care representative if you have questions. A Comprehensive Formulary, which indicates all drugs requiring prior authorization with “PA,” is available at www.empireplanrxprogram.com.
- Certain covered medications may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed 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.



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 recommended.

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) or call the Employee Benefits Division to request copies.

- 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 your true out-of-pocket (TrOOP) spending reaches \$7,400 in 2023, catastrophic coverage begins and you pay the greater of a \$4.15 copayment for generic drugs and a \$10.35 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 6).
- 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 before you relocate to help prevent a lapse in coverage.

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, choose 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.



Contact The Empire Plan

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and select the appropriate program.

► Press or Say 1

Medical/Surgical Program: Administered by UnitedHealthcare

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time.

TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600

Claims submission fax: 845-336-7716 Online: <https://nyrmo.optummessenger.com/public/opensubmit>

► Press or Say 2

Hospital Program: Administered by Empire BlueCross

Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time.

TTY: 711

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

Claims submission fax: 866-829-2395 Online: <https://www.empireblue.com/nys/resources-forms>

► Press or Say 3

Mental Health and Substance Use Program: Administered by Beacon Health Options, Inc.

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

TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802

Claims submission fax: 855-378-8309

Online form: www.achievesolutions.net/achievesolutions/en/empireplan/Home.do

► Press or Say 4

Prescription Drug Program: Administered by CVS Caremark and its affiliate, SilverScript Insurance Company

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

TTY: 711

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

Claims submission for non-Medicare primary enrollees/dependents:

P.O. Box 52136, Phoenix, AZ 85072-2136

Claims submission for the Medicare Rx Prescription Drug Program:

P.O. Box 52066, Phoenix, AZ 85072-2066

► Press or Say 5

Empire Plan NurseLineSM: Administered by UnitedHealthcare

Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

The Empire Plan

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

Benefits	Network Hospital Benefits^{1,2}	Participating Provider²	Nonparticipating Provider
Office Visits²		\$25 per visit	Basic Medical ³
Specialty Office Visits²		\$25 per visit	Basic Medical ³
Diagnostic Services:²			
Radiology	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Lab Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Pathology	No copayment	\$25 per visit	Basic Medical ³
EKG/EEG	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical ³
Women's Health Care/ Reproductive Health:²			
Well-Woman Exams		No copayment	Basic Medical ³
Screenings and Maternity-Related Lab Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Mammograms	No copayment	No copayment	Basic Medical ³
Pre/Postnatal Visits		No copayment ⁴	Basic Medical ³
Bone Density Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchased 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 ⁵
Family Planning Services²		\$25 per visit	Basic Medical ³

Infertility Services	\$50 per outpatient visit ⁶	\$25 per visit; no copayment at designated Centers of Excellence ⁶	Basic Medical ³
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical ³
Inpatient Hospital Surgery	No copayment ⁷	No copayment	Basic Medical ³
Outpatient Surgery	\$95 per visit	\$50 per visit ⁸	Basic Medical ³
Weight Loss/Bariatric Surgery	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Basic Medical ³
Emergency Department	\$100 per visit ⁹	No copayment	Basic Medical ^{3,10}
Urgent Care	\$50 per outpatient visit ¹¹	\$30 per visit	Basic Medical ³
Ambulance	No copayment ¹²	\$70 per trip ¹³	\$70 per trip ¹³
Telehealth		\$25 per visit	Basic Medical ³
Mental Health Practitioner Services		\$25 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see page 17 for details)

¹ 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 16).

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

³ See Cost Sharing (beginning on page 17) for Basic Medical information.

⁴ Routine obstetrical ultrasounds may be subject to a \$25 copayment.

⁵ Any single external mastectomy prosthesis costing \$1,000 or more requires prior approval.

⁶ Certain qualified procedures are subject to a \$50,000 lifetime allowance.

⁷ Preadmission certification may be required.

⁸ In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$50 per visit. In a provider's office, the copayment is \$25 per visit.

⁹ Copayment waived if admitted.

¹⁰ 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.

¹¹ At a hospital-owned urgent care facility only.

¹² If service is provided by admitting hospital.

¹³ Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.

The Empire Plan

Benefits	Network Hospital Benefits ^{1,2}	Participating Provider ²	Nonparticipating Provider
Approved Facility Mental Health Services		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see page 17 for details)
Outpatient Drug/Alcohol Rehabilitation		\$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 17 for details)
Inpatient Drug/Alcohol Rehabilitation		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see page 17 for details)
Durable Medical Equipment		No copayment (HCAP) ¹⁴	50% of network allowance (see the <i>Empire Plan Certificate</i>) ¹⁴
Prosthetics		No copayment ¹⁵	Basic Medical ^{3,15} \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
Orthotic Devices		No copayment ¹⁵	Basic Medical ^{3,15}
Rehabilitative Care (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 ¹⁶	Physical or occupational therapy \$25 per visit (MPMP) Speech therapy \$25 per visit	\$250 annual deductible, 50% of network allowance (MPMP) Basic Medical ³
Diabetic Supplies		No copayment (HCAP)	50% of network allowance (see the <i>Empire Plan Certificate</i>)
Insulin and Oral Agents (covered under the Prescription Drug Program, subject to drug copayment)			
Diabetic Shoes		\$500 annual maximum benefit ¹⁴	75% of network allowance up to an annual maximum benefit of \$500 (see the <i>Empire Plan Certificate</i>) ¹⁴
Hospice	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum

Skilled Nursing Facility ^{17,18}	No copayment	10% of billed charges up to the combined annual coinsurance maximum
Prescription Drugs (see pages 19–22):		
Specialty Drugs (see pages 20–22)		
Additional Benefits:		
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	Individual coverage: \$3,200 for the Prescription Drug Program. ¹⁸ \$5,900 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs. Family coverage: \$6,400 for the Prescription Drug Program. ¹⁸ \$11,800 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs.	Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.	
24-hour NurseLine SM 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 www.hhs.gov/healthcare/rights/preventive-care .		

¹ 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 16).

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

³ See Cost Sharing (beginning on page 17) for Basic Medical information.

¹⁴ If Medicare is your primary coverage, you must use a Medicare-approved supplier or your benefits will be reduced in accordance with the “Impact of Medicare on this Plan” section of your *Empire Plan Certificate*.

¹⁵ Benefit paid up to cost of device meeting individual’s functional need.

¹⁶ 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.

¹⁷ Up to 120 benefit days; Benefits Management Program provisions apply.

¹⁸ Does not apply to Medicare-primary enrollees.

Benefits	Enrollee Cost
Office Visits	\$25 per visit (\$5 for children to age 26)
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$40 per visit
Diagnostic/Therapeutic Services	
Radiology	\$40 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 for Rx injection and \$25 office copayments (max two copayments per day)
Dialysis	No copayment
Women's Health Care/Reproductive Health	
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	No copayment and Equipment Must be obtained from a participating Durable Medical Equipment provider
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$25 PCP, \$40 specialist per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs	Applicable Rx copayment ¹
Contraceptive Devices	Applicable Rx copayment ¹
Inpatient Hospital Surgery	
Physician	No copayment
Facility	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$40 physician and \$50 facility per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department	\$100 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telehealth	No copayment ²
Outpatient Mental Health	
Individual	\$25 per visit (\$5 for children to age 26) unlimited
Group	\$25 per visit (\$5 for children to age 26) unlimited
Inpatient Mental Health	No copayment unlimited
Outpatient Drug/Alcohol Rehab	\$25 per visit (\$5 for children to age 26)
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 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
Diabetic Supplies	\$25 per item up to a 30-day supply

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

² Telehealth via our partner MDLIVE is covered in full. Telehealth visits with participating providers are subject to applicable office visit copayments.

Benefits	Enrollee Cost
Insulin and Oral Agents up to a 30-day supply	\$25 per prescription
Diabetic Shoes one pair per year when medically necessary	50% coinsurance
Hospice , 210 days max	No copayment
Skilled Nursing Facility 45 days max per admission, 360-day lifetime max	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ³
Mail Order, up to 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ³
You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	
Specialty Drugs	
Designated specialty drugs are covered only at a network specialty pharmacy and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com .	

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....	\$6,350 Individual, \$12,700 Family per year
Dental ⁴	\$40 per visit
Vision ⁵	\$40 per visit one routine exam every two years. Children to age 19 are covered every year.
Eyewear	\$60 reimbursement once per calendar year. Eyewear for children to age 19: 50% coinsurance, one pair per calendar year
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 and for families living apart.

Maternity

Physician's charge for delivery \$50 copayment

Plan Highlights for 2023

Earn \$500 per family (\$250 employee and \$250 spouse/domestic partner) in dividend dollars each year for performing healthy activities through our HealthyRewards online incentive program.

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 visit www.excellusbcbs.com for a list of participating hospitals.

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

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

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

⁵ Unlimited visits allowed for exams to treat a disease or injury of the eye.

Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
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
Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment

Benefits	Enrollee Cost
Emergency Department¹	\$50 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$50 per visit ²
Ambulance	\$35 per trip
Telehealth	\$20 copayment per visit, 20% coinsurance for mental health
Outpatient Mental Health	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
Inpatient Mental Health	No copayment 190 days max per lifetime ³
Outpatient Drug/Alcohol Rehab	20% coinsurance unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁴	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	\$5 per item for a 30-day supply from a preferred supplier
Insulin and Oral Agents	\$5 per item for a 30-day supply from a preferred supplier
Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Hospice	Covered by Medicare

¹ Worldwide coverage.

² 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.

³ In a psychiatric facility.

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

Benefits	Enrollee Cost
Skilled Nursing Facility	
(days 1–20)	\$0 copayment per day
(days 21–100)	\$25 copayment per day
100 days max	
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁵
You can order up to a 90-day supply through 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 day's supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com .	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$3,400 per year
Dental	Coverage for preventive services only
Vision	\$20 per visit for routine eye exams
Eyewear	\$120 annual eyewear allowance
Hearing Aids	\$499 or \$799 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	\$50 copayment
Chiropractic	\$5 copayment per visit for manual manipulation of the spine to correct subluxation
Acupuncture ⁶	50% coinsurance, 10 visits max ⁷

Plan Highlights for 2023

Take advantage of our Silver & Fit® membership to participating fitness facilities or \$150 annual allowance to use at nonparticipating fitness facilities. Pay a low \$5 copayment for PCP visits and no copayment for routine physicals and lab tests.

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.

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

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

⁶ No coverage out of network.

⁷ Up to 20 visits max per year for chronic lower back pain.



Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$20 per visit (\$0 for children under age 19)	Weight Loss/Bariatric Surgery	Cost varies by service Covered when medically necessary.
Annual Adult Routine Physicals	No copayment	Emergency Department	\$50 per visit (waived if admitted within 24 hours)
Well Child Care	No copayment	Urgent Care Facility	\$25 per visit
Specialty Office Visits	\$20 per visit	Ambulance	\$50 per trip
Diagnostic/Therapeutic Services		Telehealth	\$0/\$20 per visit ⁴
Radiology	\$20 per visit ¹	Outpatient Mental Health	
Lab Tests	\$20 per visit ¹	Individual, unlimited	\$20 per visit
Pathology	\$20 per visit ¹	Group, unlimited	\$20 per visit
EKG/EEG	\$20 per visit ¹	Inpatient Mental Health	No copayment
Radiation	\$20 per visit	unlimited	
Chemotherapy	\$20 per visit	Outpatient Drug/Alcohol Rehab	\$20 per visit
Dialysis	\$20 per visit	unlimited	
Women's Health Care/Reproductive Health		Inpatient Drug/Alcohol Rehab	No copayment
Pap Tests	No copayment	Durable Medical Equipment	20% coinsurance
Mammograms	No copayment	Prosthetics	20% coinsurance
Prenatal Visits	\$20 copayment for initial visit, no copayment for subsequent visits	Orthotics⁵	20% coinsurance
Postnatal Visits	No copayment	Rehabilitative Care, Physical, Speech and Occupational Therapy	
Bone Density Tests	No copayment	Inpatient, 60 days max	No copayment
Breastfeeding Services and Equipment	No copayment	Outpatient Physical or Occupational Therapy, 30 visits max each per calendar year	\$20 per visit
External Mastectomy Prosthesis	20% coinsurance	Outpatient Speech Therapy, 20 visits max per calendar year	\$20 per visit
Family Planning Services	No copayment	Diabetic Supplies	
Infertility Services	\$20 per visit ²	Retail, 30-day supply	\$20 per item
Contraceptive Drugs	No copayment ³	Mail Order, 90-day supply	\$50 per item
Contraceptive Devices	No copayment ³	Insulin and Oral Agents	
Inpatient Hospital Surgery	No copayment	Retail, 30-day supply	\$20 per item ⁶
Outpatient Surgery		Mail Order, 90-day supply	\$40 per item
Hospital	\$75 per visit		
Physician's Office	\$20 per visit		
Outpatient Surgery Facility	\$75 per visit		

¹ Copayment is waived if utilizing a preferred provider or facility.

² May vary depending on place of service.

³ OTC contraceptives with a written physician order/prescription will be reimbursed at no member cost share. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.

⁴ May vary depending on place of service. \$0 for live video visits 24/7 with Doctor On Demand.

⁵ Excludes shoe inserts.

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

Benefits	Enrollee Cost
Diabetic Shoes	\$20 per pair one pair per year when medically necessary
Hospice , 210 days max	No copayment
Skilled Nursing Facility 45 days max	No copayment
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 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

(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% coinsurance⁷

Out of Area

..... Coverage for emergency care
as well as preapproved follow-up care for
college students.

Allergy Injections

..... No copayment

Diabetes Self-Management Education

..... \$20 per visit

Glucometer

..... \$20 per device

Diabetic Prevention Program

..... No copayment

Acupuncture

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

Plan Highlights for 2023

\$0 primary care visits for members under age 19.
\$0 virtual mental health and substance use visits for members ages 5+ with aptihealth. Receive up to \$1,065 in wellness benefits, including \$365 in CDPHP Life Points Rewards that can be redeemed for gift cards, \$600 for the CDPHP fitness reimbursement (gym fees, online fitness classes, youth sports fees, activity trackers) and a \$100 reimbursement for weight loss programs. Get reimbursed up to \$1,500 per

pregnancy for doula services. College students and travelers can access live video doctor visits 24/7 and can get treatment at 1,100+ CVS MinuteClinic locations.

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/stateemployees 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, Jefferson, Lewis, Madison, Oneida, Otsego, St. Lawrence 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/stateemployees

⁷ One per ear, every three years.

**MEDICARE
ADVANTAGE PLAN**



Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$15 per visit	Emergency Department	\$75 per visit (waived if admitted within 24 hours)
Annual Adult Routine Physicals	No copayment	Urgent Care Facility	\$30 per visit
Specialty Office Visits	\$20 per visit	Ambulance	\$75 per trip
Diagnostic/Therapeutic Services		Telehealth	\$0/\$20 per visit ³
Radiology	\$20/\$40 per visit ¹	Outpatient Mental Health	
Lab Tests	\$0/\$20 per visit ²	Individual, unlimited	\$20 per visit
Pathology	\$20 per visit	Group, unlimited	\$20 per visit
EKG/EEG	\$20 per visit	Inpatient Mental Health⁴	No copayment 190 days max per lifetime
Radiation	\$20 per visit	Outpatient Drug/Alcohol Rehab	\$20 per visit unlimited
Chemotherapy	\$20 per visit	Inpatient Drug/Alcohol Rehab	No copayment unlimited
Dialysis	\$20 per visit	Durable Medical Equipment	20% coinsurance
Women's Health Care/Reproductive Health		Prosthetics	20% coinsurance
Pap Tests	No copayment	Orthotics	20% coinsurance
Mammograms	No copayment	Rehabilitative Care, Physical, Speech and Occupational Therapy	
Prenatal Visits	\$20 per visit	Inpatient, unlimited	No copayment
Postnatal Visits	\$20 per visit	Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Bone Density Tests	No copayment	Outpatient Speech Therapy, unlimited	\$20 per visit
Breastfeeding Services and Equipment	Not covered	Diabetic Supplies⁵	20% coinsurance up to a 30-day supply or \$10 copayment, whichever is less
External Mastectomy Prosthesis	20% coinsurance	Insulin and Oral Agents	Applicable Rx copayment
Family Planning Services	\$20 per visit	Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Infertility Services	\$20 per visit	Hospice	Covered by Medicare
Contraceptive Drugs	Applicable Rx copayment	Skilled Nursing Facility	No copayment 100 days max
Contraceptive Devices	Applicable Rx copayment		
Inpatient Hospital Surgery	No copayment		
Outpatient Surgery			
Hospital	\$75 per visit		
Physician's Office	\$75 per visit		
Outpatient Surgery Facility	\$75 per visit		
Weight Loss/Bariatric Surgery	Cost varies by service		
Covered when medically necessary.			

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

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

³ May vary depending on place of service. \$0 live video visits 24/7 with Doctor On Demand.

⁴ In a freestanding psychiatric facility.

⁵ 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. Durable Medical Equipment (infusion pumps): 20% coinsurance per item.

Benefits	Enrollee Cost
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$50 Tier 4, \$55 Tier 5 ⁶
Mail Order, 90-day supply	\$0 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, N/A Tier 5
Specialty Drugs	
Some 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	
(In-Network Benefits)	\$2,500 per year ⁷
Dental	\$150 reimbursement for office visits; up to two cleanings annually
Vision	\$20 per visit ⁸
Hearing Aids	\$199 or \$499 copayment per hearing aid. Covers one per ear per year; 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 care requires prior authorization.
SeniorFit	No-cost gym membership at select sites, including Rudy A. Cicotti Center, SilverSneakers and Capital District YMCA facilities.
Weight Loss Reimbursement	Once-per-benefit-period reimbursement of up to \$100 for completing a weight loss program with a preferred vendor.
Acupuncture	50% coinsurance, 10 visits max
Plan Highlights for 2023	
\$0 video doctor visits. \$0 Tier 1 prescriptions. Earn up to \$125 in gift cards for completing healthy activities and get up to \$100 reimbursement for completing a weight loss program. Get 30 hours of companionship and help with everyday tasks at home. Hearing aids for \$199/\$499. Fourteen free meals delivered to your home at no cost after an inpatient stay. No-cost SilverSneakers fitness membership.	
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/statemedicareretirees 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.

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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:

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/statemedicareretirees

⁶ Tier 5 drugs limited to a 30-day supply.

⁷ 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.

⁸ \$100 eyewear allowance per year.



Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$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
Women's Health Care/Reproductive Health	
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
Family Planning Services	\$5 PCP visit, \$10 specialist visit
Infertility Services	\$10 per visit
Contraceptive Drugs¹	No copayment
Contraceptive Devices¹	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	No copayment
Weight Loss/Bariatric Surgery	No copayment Preauthorization may be required.
Emergency Department	\$75 per visit (waived if admitted)

Benefits	Enrollee Cost
Urgent Care Facility	\$25 copayment
Ambulance	No copayment
Telehealth	\$5 PCP visit, \$10 specialist visit
Outpatient Mental Health	No copayment unlimited
Inpatient Mental Health	No copayment unlimited
Outpatient Drug/Alcohol Rehab	\$5 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 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 for all outpatient rehabilitative care	
Diabetic Supplies	\$5 per 34-day supply
Insulin and Oral Agents	\$5 per 34-day supply
Diabetic Shoes²	No copayment when medically necessary
Hospice , 210 days max	No copayment
Skilled Nursing Facility	No copayment unlimited

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

² 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. 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
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
Alternative Medicine Program	Discount program
Artificial Insemination	\$10 per visit
Prostate Cancer Screening	No copayment

Plan Highlights for 2023

EmblemHealth's HIP Prime HMO Plan features the Active & Fit ExerciseRewards™ Program, as well as continued telehealth visit support available from your PCP/Specialist.

Participating Physicians

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

Affiliated Hospitals

HIP 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

Benefits	Enrollee Cost
Office Visits	No copayment
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$5 per visit
Diagnostic/Therapeutic Services	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
Dialysis	No copayment
Women's Health Care/Reproductive Health	
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
Family Planning Services	\$0 PCP visit, \$5 specialist visit
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Not covered
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	No copayment
Physician's Office	\$0 PCP visit, \$5 specialist visit
Outpatient Surgery Facility	No copayment
Weight Loss/Bariatric Surgery	No copayment
Preauthorization may be required.	
Emergency Department	\$25 per visit (waived if admitted)

Benefits	Enrollee Cost
Urgent Care Facility	\$5 per visit
Ambulance	No copayment
Telehealth	\$0 for PCP or individual substance use visits; \$5 per visit for specialist, individual mental health and individual psychiatry; unlimited
Outpatient Mental Health	\$5 per visit unlimited
Inpatient Mental Health	No copayment no limit in a general hospital; 190-day lifetime limit in a psychiatric facility
Outpatient Drug/Alcohol Rehab	\$5 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$5 per visit
Outpatient Speech Therapy, unlimited	\$5 per visit
Diabetic Supplies	\$5 per prescription
Insulin and Oral Agents	
Retail, 30-day supply	
\$0 Tier 1 & Tier 2 (preferred pharmacy), \$5 Tier 1 & Tier 2 (standard pharmacy), \$45 Tier 3, \$0 Tier 4	
Mail Order, 90-day supply	\$0 Tier 1 & Tier 2, \$67.50 Tier 3, \$0 Tier 4
Diabetic Shoes¹	\$5 copayment per pair when medically necessary

¹ Precertification must be obtained from the participating vendor prior to purchase. One pair of diabetic shoes (including inserts) 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, \$0 Tier 4
Mail Order, 90-day supply	\$0 Tier 1 & Tier 2, \$67.50 Tier 3, \$0 Tier 4
Specialty Drugs	Prior approval required; 30-day supply limit.
Additional Benefits	
Annual Out-of-Pocket Maximum	(In-Network Benefits) \$3,400 per year
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, urgent care and dialysis 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 2023	
EmblemHealth's Medicare Advantage HMO Plan includes access to health and wellness education programs, as well as continued low out-of-pocket costs at the point of service. Telehealth visits continue to be covered as well, available from your PCP/Specialist. Member Rewards available.	
Participating Physicians	
The VIP 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 New York State. 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 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: 1-877-344-7364	
TTY: 1-888-447-4833	
Website: www.emblemhealth.com	



A trade name of Highmark Western and Northeastern New York Inc.,
an independent licensee of the Blue Cross Blue Shield Association.

Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹	Outpatient Surgery	
Annual Adult Routine Physicals	No copayment	Hospital	\$100 per visit
Well Child Care	No copayment	Physician's Office	\$15 per visit
Specialty Office Visits	\$15 per visit	Outpatient Surgery Facility	\$100 per visit
Diagnostic/Therapeutic Services		Weight Loss/Bariatric Surgery	\$100 copayment
Radiology	\$15 per visit	Emergency Department	\$100 per visit (waived if admitted)
Lab Tests	No copayment ²	Urgent Care Facility ⁷	\$25 per visit
Pathology	No copayment	Ambulance	\$100 per trip
EKG/EEG	\$15 per visit	Telehealth	No copayment
Radiation	\$15 per visit	Outpatient Mental Health	
Chemotherapy	\$15 per visit	Individual, unlimited	\$10 per visit
Dialysis	\$10 per visit	Group, unlimited	\$10 per visit
Women's Health Care/Reproductive Health		Inpatient Mental Health	No copayment unlimited
Pap Tests	No copayment	Outpatient Drug/Alcohol Rehab	\$10 per visit unlimited
Mammograms	No copayment	Inpatient Drug/Alcohol Rehab	No copayment unlimited
Prenatal Visits	\$10 for initial visit only ³	Durable Medical Equipment	50% coinsurance
Postnatal Visits	\$10 per visit	Prosthetics	20% coinsurance
Bone Density Tests	No copayment	Orthotics	20% coinsurance
Breastfeeding Services and Equipment	No copayment ⁴	Rehabilitative Care, Physical, Speech and Occupational Therapy	
External Mastectomy Prosthesis one per breast per year	No copayment	Inpatient, unlimited ⁸	No copayment
Family Planning Services	\$15 per visit	Outpatient Physical or Occupational Therapy, 20 visits max ⁹	\$15 per visit
Infertility Services ⁵	\$15 per visit	Outpatient Speech Therapy, 20 visits max ⁹	\$15 per visit
Contraceptive Drugs	No copayment ⁶		
Contraceptive Devices	No copayment ⁶		
Inpatient Hospital Surgery	No copayment		

¹ No copayment for primary care visits for children age 19 and under.

² 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.

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

⁴ \$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.

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

⁶ 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.

⁷ Urgent Care is covered outside of our 8-county service area of Western New York.

⁸ Prior authorization is required.

⁹ Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

Benefits	Enrollee Cost
Diabetic Supplies	\$10 per item
Insulin and Oral Agents	\$10 per item
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 50 days max per plan year	No copayment
Prescription Drugs	
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 600 \$0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$3,000 Individual, \$6,000 Family per year
Dental	Not covered
Vision	Discounts available ¹⁰
Hearing Aids	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model through TruHearing. ¹¹
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. Call the number on the back of your ID card for more information.
In Vitro Fertilization	\$15 copayment Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.
Wellness Services	\$600 Single/\$750 Family Wellness Card annual allowance for use at participating vendors. Funds do not roll over.

Plan Highlights for 2023

An increased Wellness Card benefit, over 600 \$0 preventive drugs, \$0 Telemedicine, \$0 Pediatric Primary Care visits, Diabetic Management Program, Away From Home Care and Blue 365 Wellness Program.

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.

Highmark Blue Cross Blue Shield of Western New York

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

For Information:

Highmark Blue Cross Blue Shield of Western New York: 1-877-576-6440

TTY: 711

Website: <https://www.highmark.com/member/nyship-bcbswny.html>

¹⁰ Call 1-800-999-5431 for discount information.

¹¹ If you do not use TruHearing, your benefit is subject to 50% coinsurance. For more benefit information, TruHearing may be reached at 1-800-334-1807.

MEDICARE ADVANTAGE PLAN



A trade name of Highmark Western and Northeastern New York Inc.,
an independent licensee of the Blue Cross Blue Shield Association.

Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹	Contraceptive Devices	No copayment ^{6,7}
Annual Adult Routine Physicals	No copayment	Part B Medical	
Specialty Office Visits	\$30 per visit	Inpatient Hospital Surgery	No copayment ²
Diagnostic/Therapeutic Services		Outpatient Surgery	
Radiology	\$30 per test ²	Hospital	\$75 per visit ²
Lab Tests	No copayment ^{2,3}	Physician's Office	\$10 PCP, \$30 specialist
Pathology	No copayment	Outpatient Surgery Facility	\$75 per visit ²
EKG/EEG	\$30 per test	Weight Loss/Bariatric Surgery	See Outpatient Surgery or Inpatient Hospital Surgery
Radiation	\$30 per test ²	Emergency Department	\$65 per visit ⁸
Chemotherapy	No copayment ²	Urgent Care Facility	\$35 per visit ⁸
Dialysis	No copayment	Ambulance	\$100 per trip ²
Women's Health Care/Reproductive Health		Telehealth	No copayment for Amwell In-office copayment for other providers ⁹
Pap Tests	No copayment ⁴	Outpatient Mental Health	\$40 per visit ²
Mammograms	No copayment ⁴	Inpatient Mental Health	No copayment ^{2,10}
Prenatal Visits	No copayment ⁵	Outpatient Drug/Alcohol Rehab	\$40 per visit ² unlimited
Postnatal Visits	No copayment ⁵	Inpatient Drug/Alcohol Rehab	No copayment ^{2,10}
Bone Density Tests	No copayment ⁴	Durable Medical Equipment	\$0 compression stockings, 20% coinsurance on all other items ²
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered	Prosthetics	20% coinsurance ^{2,11}
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year	Orthotics	20% coinsurance ^{2,11}
Family Planning Services	\$10 PCP, \$30 specialist ⁶		
Infertility Services	Not covered		
Contraceptive Drugs	Applicable Rx copayment ^{6,7}		

¹ No copayment for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

² Prior authorization is required.

³ 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.

⁴ No copayment if preventive.

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

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

⁷ 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.

⁸ Worldwide coverage. Copayment waived if admitted to hospital within one day.

⁹ See Evidence of Coverage for details.

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

¹¹ On all items except diabetic shoes/inserts.

Benefits	Enrollee Cost
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment ²
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	No copayment
Part B coverage: glucose monitors, lancets and test strips	
Insulin and Oral Agents	Applicable Rx copayment ^{2,12}
Diabetic Shoes¹³	No copayment when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment ² 100 days max per benefit period
Prescription Drugs	
Retail, 31-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 ²
Mail Order, 32-90-day supply	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, Tier 5 not covered ²
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. Formulary available online or mailed upon request.
Specialty Drugs²	
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.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$3,000 per year
Dental	\$200 allowance
Vision	\$200 allowance (frames, lenses, contacts), \$0 copayment for one routine exam per year. ¹⁴
Hearing Aids	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model. ¹⁵

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 2023

No copayment for Amwell telemedicine. In-office copayment for other providers.

Participating Physicians

Our network has more than 9,800 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 65,000 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.

Highmark Blue Cross Blue Shield 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: <https://www.highmark.com/member/nyship-bcbswny.html>

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

¹³ One pair of custom-molded shoes (including inserts) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year. Coverage includes fitting.

¹⁴ \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

¹⁵ Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



A trade name of Highmark Western and Northeastern New York Inc,
an independent licensee of the Blue Cross Blue Shield Association.

Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹	Outpatient Surgery	
Annual Adult Routine Physicals	No copayment	Hospital	\$100 per visit
Well Child Care	No copayment	Physician's Office	\$15 per visit
Specialty Office Visits	\$15 per visit	Outpatient Surgery Facility	\$100 per visit
Diagnostic/Therapeutic Services		Weight Loss/Bariatric Surgery	\$100 copayment
Radiology	\$15 per visit	Emergency Department	\$100 per visit (waived if admitted)
Lab Tests	No copayment ²	Urgent Care Facility ⁷	\$25 per visit
Pathology	No copayment	Ambulance	\$100 per trip
EKG/EEG	\$15 per visit	Telehealth	No copayment
Radiation	\$15 per visit	Outpatient Mental Health	
Chemotherapy	\$15 per visit	Individual, unlimited	\$10 per visit
Dialysis	\$10 per visit	Group, unlimited	\$10 per visit
Women's Health Care/Reproductive Health		Inpatient Mental Health	No copayment unlimited
Pap Tests	No copayment	Outpatient Drug/Alcohol Rehab	\$10 per visit unlimited
Mammograms	No copayment	Inpatient Drug/Alcohol Rehab	No copayment unlimited
Prenatal Visits	\$10 for initial visit only ³	Durable Medical Equipment	50% coinsurance
Postnatal Visits	\$10 per visit	Prosthetics	20% coinsurance
Bone Density Tests	No copayment	Orthotics	20% coinsurance
Breastfeeding Services and Equipment	No copayment ⁴	Rehabilitative Care, Physical, Speech and Occupational Therapy	
External Mastectomy Prosthesis one per breast per year	No copayment	Inpatient, unlimited ⁸	No copayment
Family Planning Services	\$15 per visit	Outpatient Physical or Occupational Therapy, 20 visits max ⁹	\$15 per visit
Infertility Services ⁵	\$15 per visit	Outpatient Speech Therapy, 20 visits max ⁹	\$15 per visit
Contraceptive Drugs	No copayment ⁶		
Contraceptive Devices	No copayment ⁶		
Inpatient Hospital Surgery	No copayment		

¹ No copayment for primary care visits for children age 19 and under.

² 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.

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

⁴ \$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.

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

⁶ 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.

⁷ Urgent Care is covered outside of our 13-county service area of Northeastern New York.

⁸ Prior authorization is required.

⁹ Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.

Benefits	Enrollee Cost
Diabetic Supplies	\$10 per item
Insulin and Oral Agents	\$10 per item
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 50 days max per plan year	No copayment
Prescription Drugs	
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 600 \$0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits).....	\$3,000 Individual, \$6,000 Family per year
Dental	Not covered
Vision	Discounts available ¹⁰
Hearing Aids	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model through TruHearing. ¹¹
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. For more information, call the number on the back of your ID card.
In Vitro Fertilization	\$15 copayment Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.
Wellness Services	\$600 Single/\$750 Family Wellness Card annual allowance for use at participating facilities. Funds do not roll over.

Plan Highlights for 2023

An increased Wellness Card benefit, over 600 \$0 preventive drugs, \$0 Telemedicine, \$0 Pediatric Primary Care visits, Diabetic Management Program, Away From Home Care and Blue 365 Wellness Program.

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

Highmark Blue Shield of Northeastern New York
P.O. Box 15013, Albany, NY 12212

For Information:

Highmark Blue Shield of Northeastern New York: 1-800-888-1238

TTY: 711

Website: <https://www.highmark.com/member/nyship-blueshieldneny.html>

¹⁰ Call 1-800-999-5431 for discount information.

¹¹ If you do not use TruHearing, your benefit is subject to 50% coinsurance. For more benefit information, TruHearing may be reached at 1-800-334-1807.

MEDICARE ADVANTAGE PLAN



A trade name of Highmark Western and Northeastern New York Inc,
an independent licensee of the Blue Cross Blue Shield Association.

Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹	Contraceptive Devices	No copayment ^{6,7}
Annual Adult Routine Physicals	No copayment	Part B Medical	
Specialty Office Visits	\$30 per visit	Inpatient Hospital Surgery	No copayment ²
Diagnostic/Therapeutic Services		Outpatient Surgery	
Radiology	\$30 per test ²	Hospital	\$75 per visit ²
Lab Tests	No copayment ^{2,3}	Physician's Office	\$10 PCP, \$30 specialist
Pathology	No copayment	Outpatient Surgery Facility	\$75 per visit ²
EKG/EEG	\$30 per test	Weight Loss/Bariatric Surgery	See Outpatient Surgery or Inpatient Hospital Surgery
Radiation	\$30 per test ²	Emergency Department	\$65 per visit ⁸
Chemotherapy	No copayment ²	Urgent Care Facility	\$35 per visit ⁸
Dialysis	No copayment	Ambulance	\$100 per trip ²
Women's Health Care/Reproductive Health		Telehealth	No copayment for Amwell In-office copayment for other providers ⁹
Pap Tests	No copayment ⁴	Outpatient Mental Health	\$40 per visit ²
Mammograms	No copayment ⁴	Inpatient Mental Health	No copayment ^{2,10}
Prenatal Visits	No copayment ⁵	Outpatient Drug/Alcohol Rehab	\$40 per visit ² unlimited
Postnatal Visits	No copayment ⁵	Inpatient Drug/Alcohol Rehab	No copayment ^{2,10}
Bone Density Tests	No copayment ⁴	Durable Medical Equipment	\$0 compression stockings, 20% coinsurance on all other items ²
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered	Prosthetics	20% coinsurance ^{2,11}
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year	Orthotics	20% coinsurance ^{2,11}
Family Planning Services	\$10 PCP, \$30 specialist ⁶		
Infertility Services	Not covered		
Contraceptive Drugs	Applicable Rx copayment ^{6,7}		

¹ No copayment for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

² Prior authorization is required.

³ 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.

⁴ No copayment if preventive.

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

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

⁷ 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.

⁸ Worldwide coverage. Copayment waived if admitted to hospital within one day.

⁹ See Evidence of Coverage for details.

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

¹¹ On all items except diabetic shoes/inserts.

Benefits	Enrollee Cost
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment ²
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	No copayment
Part B coverage: glucose monitors, lancets and test strips	
Insulin and Oral Agents	Applicable Rx copayment ^{2,12}
Diabetic Shoes¹³	No copayment when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment 100 days max per benefit period ²
Prescription Drugs	
Retail, 31-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 ²
Mail Order, 32-90-day supply	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, Tier 5 not covered ²
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. Formulary available online or mailed upon request.
Specialty Drugs²	
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.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$3,000 per year
Dental	\$200 allowance
Vision	\$200 allowance (frames, lenses, contacts), \$0 copayment for one routine exam per year. ¹⁴
Hearing Aids	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model. ¹⁵

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 2023

No copayment for Amwell telemedicine. In-office copayment for other providers.

Participating Physicians

Our network has more than 5,900 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 65,000 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 HMO serving individuals living or working in the following select counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington.

Highmark Blue Shield of Northeastern New York
PO BOX 15013, Albany, NY 12212

For Information:

Senior Blue HMO members should call:

1-800-329-2792

TTY: 711

Website: <https://www.highmark.com/member/nyship-blueshieldneny.html>

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

¹³ One pair of custom-molded shoes (including inserts) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year. Coverage includes fitting.

¹⁴ \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

¹⁵ Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



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Benefits	Enrollee Cost
Office Visits	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$40 per visit
Diagnostic/Therapeutic Services	
Radiology	\$40 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment ¹
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
Must be obtained from a participating Durable Medical Equipment provider	
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$25 PCP, \$40 specialist per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs	Applicable Rx copayment ²
Contraceptive Devices	Applicable Rx copayment ²
Inpatient Hospital Surgery	
Physician	\$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$40 physician copayment per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$50 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department	\$100 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telehealth	No copayment ³
Outpatient Mental Health	
Individual, unlimited	\$25 per visit
Group, unlimited	\$25 per visit
Inpatient Mental Health	No copayment
unlimited	
Outpatient Drug/Alcohol Rehab	\$25 per visit
unlimited	
Inpatient Drug/Alcohol Rehab	No copayment
unlimited	
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 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
Diabetic Supplies	\$25 per item
30-day supply	
Insulin and Oral Agents	\$25 per item
30-day supply	

¹ Inpatient Maternity/Delivery services follow the same cost share as Inpatient Surgery.

² Generic oral contraceptives and certain OTC contraceptive devices covered in full in accordance with the Affordable Care Act.

³ Telehealth via our partner MDLIVE is covered in full. Telehealth visits with participating providers are subject to applicable office visit copayments.

Benefits	Enrollee Cost
Diabetic Shoes	50% coinsurance three pairs per year when medically necessary
Hospice , 210 days max	No copayment
Skilled Nursing Facility	No copayment 45 days max per calendar year
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ⁴
Mail Order, 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ⁴

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental⁵ \$40 per visit
for injury to sound and natural teeth.

Vision⁶ \$40 per visit
one routine exam every two years. Children to age 19 are covered every year.

Eyewear \$60 reimbursement once every two calendar years. Children to age 19: 50% coinsurance, one pair per calendar year

Hearing Aids Children to age 19: Covered in full for up to two hearing aids every three years; \$40 copayment per visit for fittings

Hearing Exam \$40 per visit for routine (once every 12 months) and diagnostic

Out of Area The BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at college and families living apart.

Plan Highlights for 2023

Earn \$500 per family (\$250 employee and \$250 spouse/domestic partner) in dividend dollars each year for performing healthy activities through our HealthyRewards online incentive program.

⁴ 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.

⁵ Coverage for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; routine care not covered.

⁶ Unlimited visits allowed for exams to treat a disease or injury of the eye.

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

**MEDICARE
ADVANTAGE PLAN**



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
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	Not covered and Equipment
External Mastectomy Prosthesis	No copayment
Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment

¹ Worldwide coverage.

² 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.

³ In a psychiatric facility.

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

Benefits	Enrollee Cost
Emergency Department¹	\$50 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$50 per visit ²
Ambulance	\$35 per trip
Telehealth	\$20 copayment per visit, 20% coinsurance for mental health
Outpatient Mental Health	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
Inpatient Mental Health	No copayment 190 days max per lifetime ³
Outpatient Drug/Alcohol Rehab	20% coinsurance unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁴	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	\$5 per item for a 30-day supply from a preferred supplier
Insulin and Oral Agents	\$5 per item for a 30-day supply from a preferred supplier
Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	
(days 1–20)	\$0 copayment per day
(days 21–100)	\$25 copayment per day
100 days max	

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 ⁵
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 day's supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits) \$3,400 per year

Dental Coverage for preventive services only

Vision \$20 per visit for routine eye exams

Eyewear \$120 annual eyewear allowance

Hearing Aids \$499 or \$799 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 \$50 copayment

Acupuncture⁶ 50% coinsurance, 10 visits max⁷

Plan Highlights for 2023

Take advantage of our Silver & Fit® membership to participating facilities or \$150 annual allowance to use at nonparticipating facilities. \$5 copayment for PCP visits and no copayment for routine physicals and lab tests.

Participating Physicians

With more than 4,700 providers available, Medicare Blue Choice HMO offers you more choice of doctors than any other area HMO.

Affiliated Hospitals

All hospitals within our designated service area participate with Medicare Blue Choice HMO. 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.

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

Medicare HMOBlue: 1-877-883-9577

TTY: 1-800-662-1220

Website: www.excellusbcbs.com

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

⁶ No coverage out of network.

⁷ Up to 20 visits max per year for chronic low back pain.



Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits		Outpatient Surgery	
Adult (19+)	\$10 per visit	Hospital	\$100 per visit
Child (0–18)	No copayment	Physician's Office	
Annual Adult Routine Physicals	No copayment	Adult (19+)	\$10 PCP/\$20 Specialist per visit
Well Child Care	No copayment	Child (0–18)	\$0 PCP/\$20 Specialist per visit
Specialty Office Visits	\$20 per visit	Outpatient Surgery Facility	\$100 per visit
Diagnostic/Therapeutic Services		Weight Loss/Bariatric Surgery³	
Radiology	\$20 per visit ¹	Inpatient	No copayment
Lab Tests	No copayment	Outpatient	\$100 copayment
Pathology	No copayment	Emergency Department	\$100 per visit
EKG/EEG		(waived if admitted)	
Adult (19+)	\$10 PCP/\$20 Specialist per visit	Urgent Care Facility	\$35 per visit ⁴
Child (0–18)	\$0 PCP/\$20 Specialist per visit	Ambulance	\$100 per trip
Radiation	\$20 copayment per visit ¹	Telehealth	
Chemotherapy		General Medical/Mental Health	No copayment
Adult (19+)	\$10 PCP/\$20 Specialist per visit	Dermatology	\$20 per visit
Child (0–18)	\$0 PCP/\$20 Specialist per visit	Outpatient Mental Health	\$10 per visit ⁴
Dialysis	\$20 copayment per visit	unlimited	
Women's Health Care/Reproductive Health		Inpatient Mental Health	No copayment
Pap Tests	No copayment	unlimited	
Mammograms	No copayment	Outpatient Drug/Alcohol Rehab	\$10 per visit ⁴
Prenatal Visits	No copayment	unlimited	
Postnatal Visits	No copayment	Inpatient Drug/Alcohol Rehab	No copayment
Bone Density Tests	No copayment	unlimited	
Breastfeeding Services	No copayment	Durable Medical Equipment	50% coinsurance
and Equipment		Prosthetics	20% coinsurance
External Mastectomy Prosthesis	20% coinsurance	Orthotics	No copayment
unlimited		Rehabilitative Care, Physical, Speech and Occupational Therapy	
Family Planning Services	\$20 per visit ²	Inpatient, 45 days max	No copayment
Infertility Services		Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
Office	\$20 per visit	Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
Outpatient Surgery Facility	\$100 per visit		
Contraceptive Drugs	No copayment		
Contraceptive Devices	No copayment		
Inpatient Hospital Surgery	No copayment		

¹ Hospital based: \$40 copayment per visit.

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

³ Preauthorization required.

⁴ No copayment for children ages 0–18.

Benefits	Enrollee Cost
Diabetic Supplies	
Retail	No copayment
Mail Order	Not covered
Insulin and Oral Agents	
Retail	\$10 or applicable Rx copayment, whichever is less
Mail Order	\$25 or applicable Rx copayment, whichever is less
Diabetic Shoes	
Hospice , unlimited	
Skilled Nursing Facility	
45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3 ^{5,6}
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3 ^{5,6}
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
Specialty Drugs	
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.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$4,000 Individual, \$8,000 Family per year
Dental	Discounts available and may vary by vendor. Please visit www.independenthealth.com for details.
Vision	No copayment one routine visit every 12 months
Eyeglasses	\$50 for single vision lenses; frames 40% off retail price
Hearing Aids	Hearing aids from \$499 to \$2,199 each from Start Hearing. Contact plan for details.
Out of Area	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.

Plan Highlights for 2023

Earn “Red Shirt Reward” dollars by completing activities focused on improving your health and wellness and redeem them for gift cards. \$600 single/\$750 family HealthExtras wellness card also available.

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 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 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

⁵ Tier 1 drugs are \$0 for children ages 0–18.

⁶ Preventive medications are covered in full, see formulary for details.

**MEDICARE
ADVANTAGE PLAN**



Benefits	Enrollee Cost
Office Visits	\$20 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit ¹
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment ²
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	20% coinsurance ³
Women's Health Care/Reproductive Health	
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
Family Planning Services	\$20 per visit
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Not covered
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment for Medicare-covered surgeries

Benefits	Enrollee Cost
Emergency Department	\$65 per visit (waived if admitted within 24 hours)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip ⁴
Telehealth	Applicable network provider copayment
Outpatient Mental Health	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
Inpatient Mental Health	No copayment
190 days max per lifetime	
Outpatient Drug/Alcohol Rehab	\$40 per visit
unlimited	
Inpatient Drug/Alcohol Rehab	No copayment
unlimited	
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁵	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	
Retail, 30-day supply	No copayment
Mail Order	Not available
Insulin and Oral Agents	Applicable Rx copayment
Diabetic Shoes	No copayment one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment up to 100 days per benefit period

¹ No copayment for endocrinologist office visits and diabetic retinopathy screenings for members with diabetes.

² 20% coinsurance for genetic testing.

³ Home dialysis equipment is also subject to 20% coinsurance.

⁴ Including air ambulance.

⁵ 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 Tier 3, \$125 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 is subject to any changes required by the Centers for Medicare & Medicaid Services for 2023.	
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 covered in full.	
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	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$3,450 per year
Dental	\$20 per visit ⁶
Vision	No copayment for routine eye exam
Eyeglasses	\$200 annual allowance
Hearing Aids	Hearing aids from \$499 to \$2,199 each from Start Hearing. Contact plan for details. ⁷
Out of Area	While traveling outside the service area, coverage is provided for renal dialysis and urgent and emergency situations only.
Home Health Care	No copayment unlimited, requires prior authorization
Brook Personal Health Companion	Smart phone app for assistance with diabetes and hypertension management.
SilverSneakers Fitness Membership	No copayment

Plan Highlights for 2023

Independent Health's Medicare Advantage plan was awarded a 5-star rating in 2022 by the Centers for Medicaid and Medicare Services.

Participating Physicians

Independent Health is affiliated with more than 3,000 providers throughout the eight counties of Western New York.

Affiliated Hospitals

Independent Health Medicare Encompass members are covered at all Western New York hospitals where 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

⁶ Two cleanings, X-rays, fluoride treatments and oral exams per year, including one full mouth X-ray every 36 months.

⁷ Call the plan for additional information.



Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits		Weight Loss/Bariatric Surgery	No copayment at Center of Excellence with prior approval
To age 26	\$0 copayment	Emergency Department	\$75 per visit (waived if admitted)
Ages 26+	\$15 per visit	Urgent Care Facility	\$15 per visit
Annual Adult Routine Physicals	No copayment	Ambulance	\$50 per trip
Well Child Care	No copayment	Telehealth	
Specialty Office Visits	\$25 per visit	Gia® Virtual Care Services	No copayment
Diagnostic/Therapeutic Services		Virtual Care PCP/Specialist	\$15/\$25 per visit
Radiology	\$15/\$25 per visit ^{1,2}	Outpatient Mental Health	\$15 per visit unlimited
Lab Tests	No copayment	Inpatient Mental Health	No copayment unlimited
Pathology	No copayment	Outpatient Drug/Alcohol Rehab³	\$15 per visit unlimited
EKG/EEG	\$25 per visit	Inpatient Drug/Alcohol Rehab³	No copayment unlimited
Radiation	\$25 per visit	Durable Medical Equipment	50% coinsurance
Chemotherapy	\$15/\$25 per visit ²	Prosthetics	50% coinsurance
Dialysis	\$15/\$25 per visit ²	Orthotics	50% coinsurance
Women's Health Care/Reproductive Health		Rehabilitative Care, Physical, Speech and Occupational Therapy	
Pap Tests	No copayment	Inpatient, 60 days max combined	No copayment
Mammograms	No copayment	Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$15/\$25 per visit ²
Prenatal Visits	No copayment	Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$15/\$25 per visit ²
Postnatal Visits	No copayment		
Bone Density Tests	No copayment		
Breastfeeding Services and Equipment ³	No copayment		
External Mastectomy Prosthesis ⁴	50% coinsurance		
Family Planning Services³	\$25 per visit		
Infertility Services³	\$25 per visit		
Contraceptive Drugs⁵	No copayment		
Contraceptive Devices⁵	No copayment		
Inpatient Hospital Surgery	No copayment		
Outpatient Surgery			
Hospital	\$25 per visit		
Physician's Office	\$25 per visit		
Outpatient Surgery Facility	\$25 per visit ¹		

¹ \$0 copayment when you use MVP preferred providers.

² \$15 copayment at PCP Office/\$25 Specialist copayment.

³ Refer to the Certificate of Coverage for requirements.

⁴ Contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.

⁵ Over-the-counter contraceptives are not covered.

⁶ Not to exceed \$100 per prescription per 30-day supply of insulin.

Benefits	Enrollee Cost
Hospice , 210 days max	No copayment
Skilled Nursing Facility 45 days max per calendar year	No copayment
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, up to 90-day supply	\$0 Tier 1, \$75 Tier 2, \$125 Tier 3

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, prescribed contraceptives, 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 once every 24 months (routine only)
Hearing Aids	Not covered
Out of Area	Emergencies only

Plan Highlights for 2023

24/7 access to Gia® virtual care services, including emergency and urgent care, primary care, mental health, psychiatry and more. \$0 PCP visits to age 26; \$600 Well-Being Reimbursement.

Participating Physicians

MVP provides services through 54,000 providers throughout its service area.

Affiliated Hospitals

Find a participating facility at mvphealthcare.com/findadoctor.

Pharmacies and Prescriptions

Thousands of participating pharmacies, including all major pharmacy chains. 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

**MEDICARE
ADVANTAGE PLAN**



Benefits	Enrollee Cost	Benefits	Enrollee Cost
Office Visits	\$10 per visit	Urgent Care Facility	\$15 per visit
Annual Adult Routine Physicals	No copayment	Ambulance	\$50 per trip
Specialty Office Visits	\$15 per visit	Telehealth	
Diagnostic/Therapeutic Services		Gia® Virtual Care	No copayment
Radiology	\$15 per visit	Virtual Care PCP/Specialist	\$10/\$15 per visit
Lab Tests	No copayment		
Pathology	No copayment		
EKG/EEG	No copayment		
Radiation	No copayment ¹	Outpatient Mental Health	
Chemotherapy	\$15 per visit	Individual, unlimited	\$15 per visit
Dialysis	No copayment ¹	Group, unlimited	\$15 per visit
Women's Health Care/Reproductive Health		Inpatient Mental Health	No copayment
Pap Tests	No copayment ¹	190-day lifetime max	
Mammograms	No copayment	Outpatient Drug/Alcohol Rehab	\$15 per visit
Prenatal Visits	\$10 PCP, \$15 Specialist for initial visit only	unlimited	
Postnatal Visits	\$10 PCP, \$15 Specialist for initial visit only	Inpatient Drug/Alcohol Rehab	No copayment
Bone Density Tests	No copayment	unlimited	
Breastfeeding Services and Equipment	No copayment	Durable Medical Equipment	20% coinsurance
External Mastectomy Prosthesis	20% coinsurance	Prosthetics	20% coinsurance
Family Planning Services	Not covered	Orthotics	20% coinsurance
Infertility Services	Not covered		
Contraceptive Drugs	Applicable Rx copayment	Rehabilitative Care, Physical, Speech and Occupational Therapy	
Contraceptive Devices	Applicable Rx copayment	Inpatient	No copayment
Inpatient Hospital Surgery	No copayment	Outpatient Physical or Occupational Therapy, annual max of \$2,150 for Occupational Therapy, combined annual max of \$2,150 for Physical Therapy & Speech Therapy	\$15 per visit
Outpatient Surgery		Outpatient Speech Therapy, combined annual max of \$2,150 for Physical Therapy & Speech Therapy	\$15 per visit
Hospital	No copayment		
Physician's Office	\$10 PCP, \$15 Specialist per visit	Diabetic Supplies	\$0 for preferred brands, 10% coinsurance for non-preferred brands with prior authorization
Outpatient Surgery Facility	No copayment	Insulin and Oral Agents	Applicable Rx copayment
Weight Loss/Bariatric Surgery	Covered in full at a Center of Excellence with prior approval	Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Emergency Department	\$65 per visit (waived if admitted)	Hospice	Covered by Medicare
		Skilled Nursing Facility	
		(days 1–20)	No copayment
		(days 21–100)	\$135 copayment per day
		100 days max per calendar year	

¹ In the event that a consultation is necessary, an office visit copayment may also apply.

Benefits	Enrollee Cost
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$60 Tier 4, \$60 Tier 5 ²
Mail Order, 90-day supply	\$0 Tier 1, \$20 Tier 2, \$60 Tier 3, \$120 Tier 4 ²
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 copayment information above.	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits)	\$4,000 per year
Dental	Not covered
Vision	\$15 copayment for annual routine exam, \$100 allowance every two years for frames or contact lenses
Hearing Aids	Two TruHearing aids max per year (\$699 copayment/aid for Advanced, \$999 copayment/aid for Premium with rechargeability). Or, choose from a wider selection of aids at a discount using a \$600/aid annual allowance (two aids max per year). Copayment and allowance cannot be combined. A three-year supply of batteries for non-rechargeable aids is included.
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	50% coinsurance, 10 visits max
Plan Highlights for 2023	
No copayment for preventative care visits, virtual care via plan-approved vendors and Tier 1 Preferred Generic drugs. Up to 14 free meals delivered to your home after an inpatient hospital stay. SilverSneakers Fitness Program includes free membership to participating fitness centers.	
Participating Physicians	
MVP provides services through 23,000 providers throughout its service area.	
Affiliated Hospitals	
Find a participating facility at mvphealthcare.com/findadoctor .	

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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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.

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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

² 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 066 Blue Choice

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 067 Highmark BlueCross BlueShield
of Western New York

Option 069 Highmark BlueShield
of Northeastern New York

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)

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

As a retiree, you are eligible to change options once in a 12-month period. Under certain circumstances (see page 2), you might be able or required to change more than once within that 12-month period. If you are Medicare primary and plan to change 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.

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 their Medicare card) _____ Effective Date Part A: _____

Dependent Signature (required) _____ Effective Date Part B: _____

Dependent Name _____ SSN: _____

Medicare ID # (on their 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 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 067	Highmark BlueCross BlueShield of Western New York
Option 069	Highmark BlueShield of Northeastern New York
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 61) 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 _____

Please provide the following required information for each enrolled dependent:

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

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

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

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

USE THIS FORM FOR OPTION CHANGE ONLY



NYSHIP Online

NYSHIP Online is designed to provide you with targeted information about your NYSHIP benefits.

To log on, type www.cs.ny.gov/employee-benefits in your web browser and then click on the blue box that says **Click here for NYSHIP Online for RETIREES**. You will be required to identify the type of employer from which you retired. Then, select your health insurance plan type (**Empire Plan** or **HMO**) to access the site.

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Click the tabs on the left side of the page to navigate to the information you are seeking.

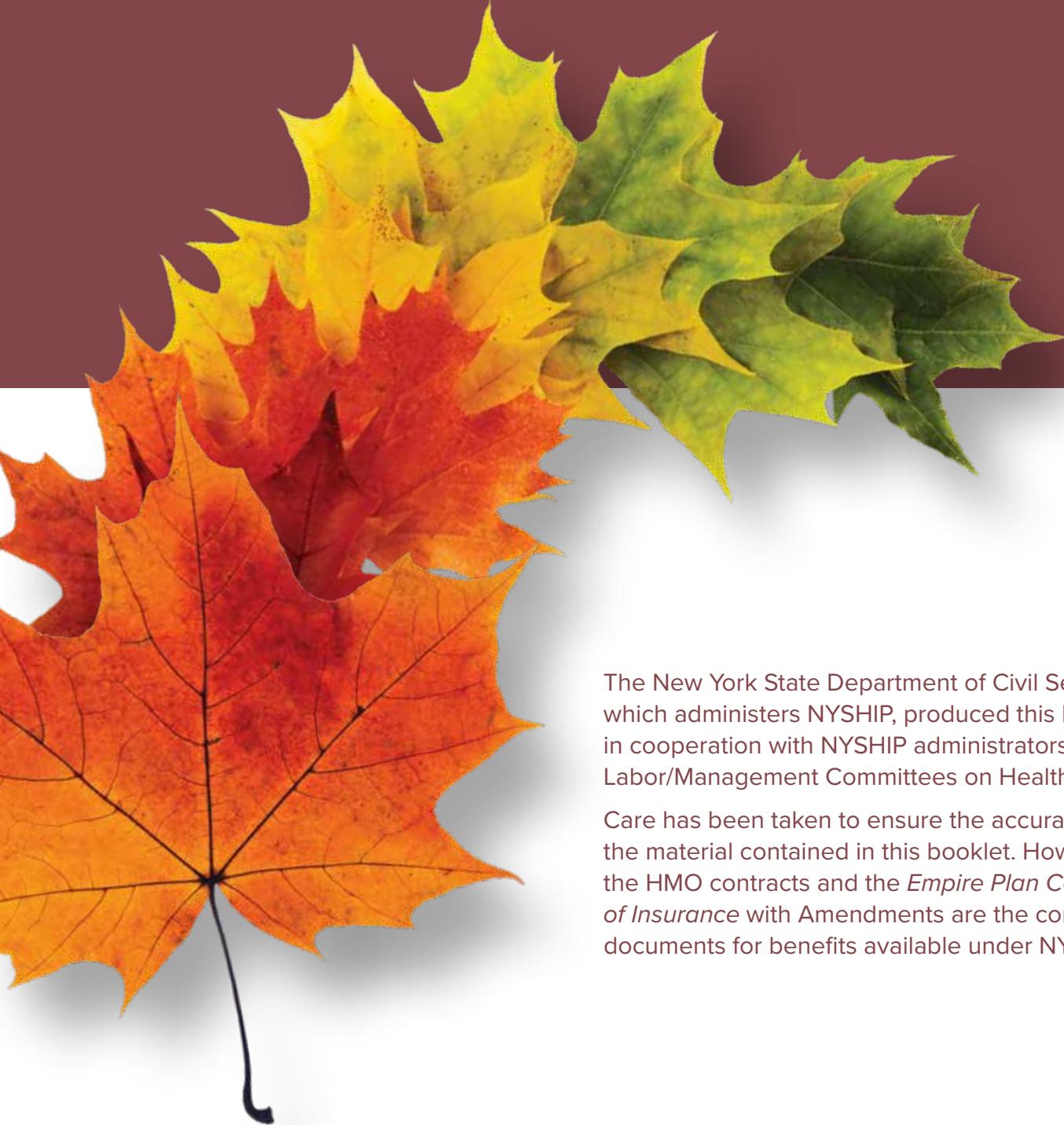
Health Benefits & Option Transfer is where you will find rates and health plan choices, your *NYSHIP General Information Book*, and links to forms and publications.

Links to helpful telephone numbers and websites, additional publications and forms and (for Empire Plan enrollees) expanded drug formulary information can be found under **Using Your Benefits**.

The frequently updated **What's New** section includes timely NYSHIP information based on your plan and is searchable by topic.

Also available on NYSHIP Online: resources that explain how NYSHIP and Medicare work together and access to MyNYSHIP, the enrollee self-service portal.

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

2023 Health Insurance Choices (Retiree) – October 2022

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. 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).