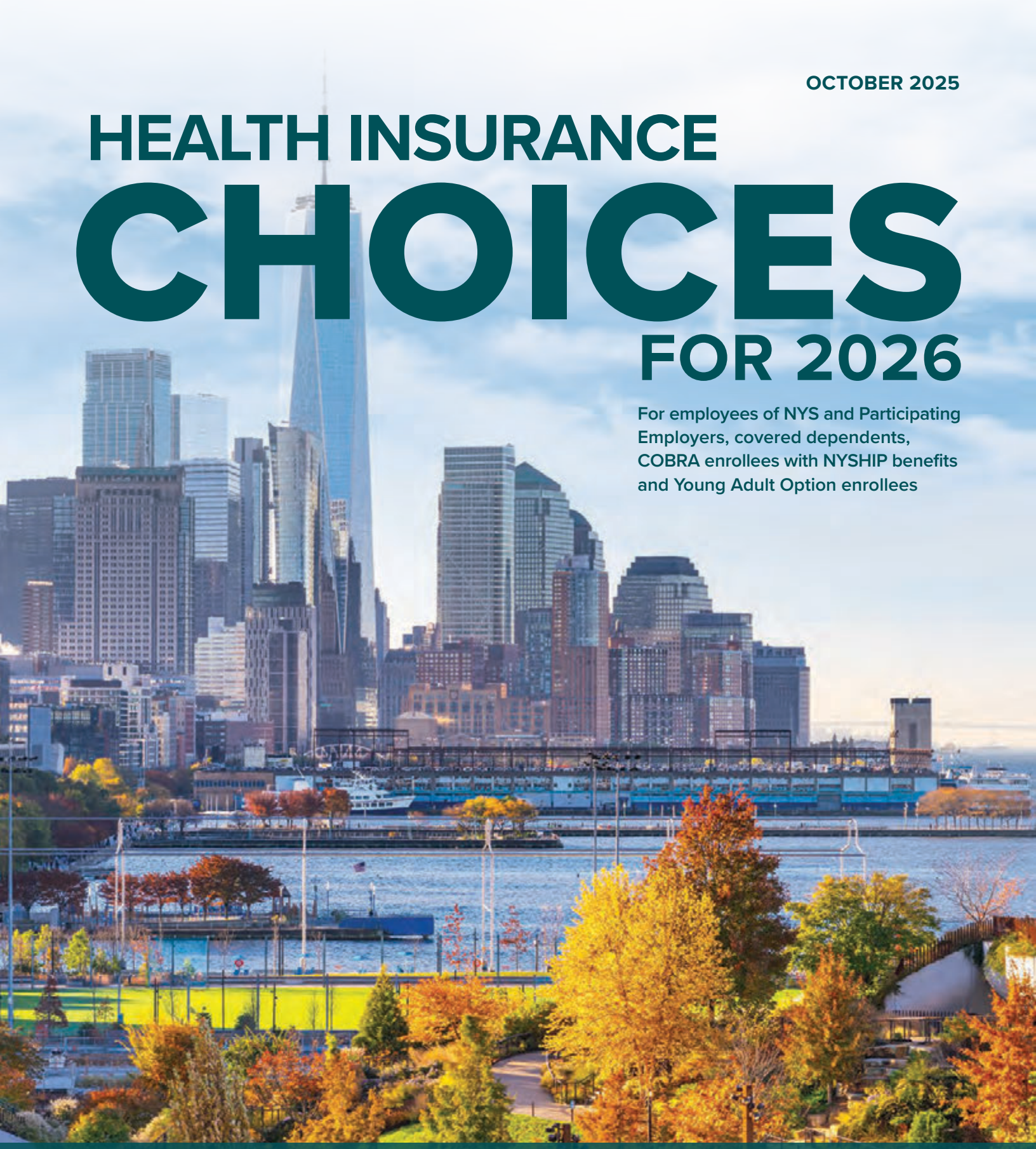
OCTOBER 2025

HEALTH INSURANCE CHOICES FOR 2026

For employees of NYS and Participating Employers, covered dependents, COBRA enrollees with NYSHIP benefits and Young Adult Option enrollees



NEW YORK STATE
Department of Civil Service
New York State Health Insurance Program

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • cs.ny.gov/employee-benefits

It's Time To Review Your Health Plan Options for 2026!

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

This booklet explains the options available to you under NYSHIP for your health insurance coverage and other benefits.

The 2026 option-change deadline will be announced once rates for the upcoming plan year have been approved.

You may not change your option after the deadline except in special circumstances (see your *General Information Book* for details).

If you have questions after you read this booklet, contact your health benefits administrator (HBA), The Empire Plan program administrators or the health maintenance organizations (HMOs) directly.

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.

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 is the annual out-of-pocket maximum?
- What will happen if I need care while away from home?
- Are my special needs covered?
- Is there a deductible?
- How often do I anticipate needing care?
- What benefits are available for a catastrophic illness or injury?
- Are there any benefit limitations?

Selecting a health insurance plan is an important and personal decision.

Only you know your family's lifestyle, health, budget and benefit preferences.

Reminders

New in 2026

The Empire Plan

The **maximum out-of-pocket limits** for covered, in-network services under The Empire Plan have changed for 2026. These limits are initially determined during the collective bargaining process and updated annually thereafter based on negotiated agreements. See the charts on page 18 for more information about how out-of-pocket limits apply to each Empire Plan program.

NYSHIP HMO

As of January 1, 2026, **EmblemHealth** will expand its **Downstate** NYSHIP service area **(Option #050)** to include Rockland county.

If You Decide to Change Your Option

If you decide to change your option, submit a completed *NYSHIP Health Insurance Transaction Form* (PS-404) to your HBA or make the change online using MyNYSHIP* before the Option Transfer deadline announced in the rates flyer.

If you would like to newly enroll in the Opt-out Program, you must also complete and submit a *NYSHIP Opt-out Program Attestation Form* (PS-409). See page 12 for details.

If You Plan to Retire or Vest in 2026

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes and, thereafter, at any time once during a 12-month period, for any reason. **Note:** In certain circumstances, you may be allowed to change your option more than once during a single 12-month period. See your *General Information Book* for details.

If you are planning to retire or vest in 2026, take the time now to familiarize yourself with the eligibility requirements for continuing your health insurance coverage. Refer to your *General Information Book* and ask your HBA for copies of *Planning for Retirement* and *Choices for 2026* for Retirees.

* You must be an active employee of a New York State agency and have a personal NY.gov ID to access MyNYSHIP. MyNYSHIP is not available to active employees of Participating Employers (PEs).

Let Your Agency Know About Changes

You must notify your HBA of any changes to your enrollment record (home address, phone number, marital status, dependent eligibility) in a timely manner. Changes in your family status, such as the addition or loss of a dependent, may mean that you need to change your health insurance coverage from Individual to Family or from Family to Individual. If you submit a request within 30 days of a change in family status, you may make these coverage changes without being subject to a late enrollment waiting period. See your *General Information Book* for details. Promptly inform your HBA about any change to ensure it is effective on the actual date of change in family status. If you are registered for MyNYSHIP,* you may also make address and option changes online.**

** MyNYSHIP cannot be used to enroll in the Opt-out Program.

Cost of Coverage

2026 Health Plan Rates

The 2026 health plan rates will be mailed to your home and posted on the NYSHIP website as soon as they have been approved. **Note:** Participating Employers (PEs), such as the Thruway Authority and the Metropolitan Transportation Authority, will notify their enrollees of 2026 rates.

The rates flyer announces the option-change deadline and dates on which changes in health insurance payroll deductions will occur. You will have 30 days from the date your agency receives the rate information to submit any changes.

The Pre-Tax Contribution Program

COBRA and Young Adult Option (YAO) enrollees are not eligible to participate in the Pre-Tax Contribution Program (PTCP). The following also does not apply to enrollees of PEs. PEs that participate in a pre-tax contribution program will provide specific pre-tax information to their employees.

The PTCP is a voluntary program that allows employees to have their share of the health insurance premium deducted from their wages before taxes are withheld, which in turn may lower tax liability.

Employees must initially decide whether to participate in PTCP when first eligible for NYSHIP health coverage. Subsequently, they may change their PTCP status each year during the PTCP Election Period.

Your current PTCP status is noted on your paycheck.

- If you are enrolled in PTCP, your paycheck stub shows “Regular Before-Tax Health” in the Before-Tax Deductions section. Your health insurance premium is deducted from your wages before taxes are withheld.
- If you are not enrolled in PTCP, or part of your deduction is being taken after tax (e.g., for a non-federally qualifying dependent), your paycheck stub shows “Regular After-Tax Health” in the After-Tax Deductions section. Your health insurance premium is deducted from your wages after taxes are withheld.

The PTCP Election Period runs concurrently with the annual Option Transfer Period. Dates will be announced once rates have been approved. Per Internal Revenue Service (IRS) rules, this election period is the only opportunity for employees to change their PTCP status; arbitrary, mid-year status changes are not allowed.

If you wish to change your PTCP election for the 2026 plan year, complete and sign a *NYSHIP Health Insurance Transaction Form* (PS-404) and submit it to your HBA any time during the PTCP Election Period. **NO ACTION IS REQUIRED TO KEEP YOUR CURRENT PTCP STATUS.**

For more information about the PTCP, please consult the *Planning for Option Transfer* publication and your *General Information Book*.

Your Share of the Premium

The following does not apply to employees of PEs (PEs will provide premium information) or to COBRA enrollees, Young Adult Option enrollees or enrollees in leave without pay status (who pay the full cost of coverage).

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

Whether you enroll in The Empire Plan or a NYSHIP HMO, the State's share and your share of the cost of coverage are based on the following (salary requirements vary; contact your HBA for more information):

Individual Coverage		
Enrollee Pay Grade	State Share	Employee Share
Grade 9 and below*	88%	12%
Grade 10 and above*	84%	16%

Dependent Coverage		
Enrollee Pay Grade	State Share	Employee Share
Grade 9 and below*	73%	27%
Grade 10 and above*	69%	31%

* Or salary equivalent, if no Grade assigned. Contact your HBA to confirm.

If you enroll in a NYSHIP HMO, the State's dollar contribution for the hospital, medical/surgical and mental health and substance use components of your HMO premium will not exceed its dollar contribution for those components of The Empire Plan premium. For the prescription drug component of your HMO premium, the State pays the share noted in the table; the dollar amount is not limited by the cost of Empire Plan drug coverage.

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 HMOs. Additionally, if you have other employer-sponsored group health coverage available to you, you may be eligible to participate in the Opt-out Program (see page 12 for details).

The Empire Plan vs. NYSHIP HMOs

Empire Plan	HMO
Plan Type A self-insured Preferred Provider Organization (PPO) plan with features of a managed care system.	**Plan Type** 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.	**Service Area** 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 one 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: • Visit the NYSHIP website • Check with the provider/facility directly • Call The Empire Plan toll free at 1-877-7-NYSHIP	**Participating Providers** 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: • 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.	**Out-of-Pocket Expenses/Cost Sharing** Enrollees usually pay a copayment as a per-visit fee or coinsurance. HMOs have no annual deductible. Out-of-network benefits not available.

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

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* 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 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.

NYSHIP's Young Adult Option (YAO)

This option allows unmarried, young adult children (age 29 or younger) of NYSHIP enrollees to purchase their own NYSHIP coverage. During the YAO Open Enrollment Period (which coincides with the Option Transfer Period), eligible adult children of NYSHIP enrollees can enroll in the YAO and current YAO 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 YAO, go to 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 the NYSHIP website. Choose 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.

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 13–14 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 you will receive the highest level of benefits at network facilities. See page 13 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 covered at no cost to you. 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 13 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 Program for cancer, transplants, infertility and substance use disorder
- 24-hour Empire Plan NurseLine℠ for health information and support
- 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:

- 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
- Skilled nursing facility services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Medically necessary bone density tests
- Mammography
- Inpatient mental health services
- Outpatient mental health services
- Alcohol and substance use detoxification
- Inpatient alcohol rehabilitation
- Inpatient drug rehabilitation
- Outpatient alcohol and drug rehabilitation
- Family planning and certain infertility services
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage, including injectable and self-injectable medications, 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 (unless you have coverage through a union employee benefit fund)
- 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.

NYSHIP HMO members have access to plan network benefits when using a participating provider located within the service area associated with the option code in which they are enrolled. **Before receiving care when traveling outside of an HMO's designated service area, you should always check to make sure that the provider participates with the HMO's NYSHIP network.**

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 (069), CDPHP (063), EmblemHealth (220), MVP (060)

Allegany: Highmark BCBS (067), Independent Health (059)

Bronx: EmblemHealth (050)

Broome: CDPHP (300), HMOBlue (072), MVP (330)

Cattaraugus: Highmark BCBS (067), Independent Health (059)

Cayuga: HMOBlue (072), MVP (330)

Chautauqua: Highmark BCBS (067), Independent Health (059)

Chemung: HMOBlue (072), MVP (058)

Chenango: CDPHP (300), HMOBlue (160), MVP (330)

Clinton: CDPHP (300), HMOBlue (160), MVP (360)

Columbia: Highmark BS (069), CDPHP (063), EmblemHealth (220), MVP (060)

Cortland: HMOBlue (072), MVP (330)

Delaware: CDPHP (310), EmblemHealth (350), HMOBlue (160), MVP (330)

Dutchess: CDPHP (310), EmblemHealth (350), MVP (340)

Erie: Highmark BCBS (067), Independent Health (059)

Essex: CDPHP (300), HMOBlue (160), MVP (360)

Franklin: CDPHP (300), HMOBlue (160), MVP (360)

Fulton: Highmark BS (069), CDPHP (063), HMOBlue (160), MVP (060)

Genesee: Highmark BCBS (067), Independent Health (059), MVP (058)

Greene: Highmark BS (069), CDPHP (063), EmblemHealth (220), MVP (060)

Hamilton: CDPHP (300), HMOBlue (160), MVP (060)

Herkimer: CDPHP (300), HMOBlue (160), MVP (330)

Jefferson: CDPHP (300), HMOBlue (160), MVP (330)

Kings: EmblemHealth (050)

Lewis: CDPHP (300), HMOBlue (160), MVP (330)

Livingston: Blue Choice (066), MVP (058)

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

The Opt-out Program NYSHIP Code #700

The Opt-out Program is available to eligible employees who have other employer-sponsored group health coverage. If eligible, you may opt out of NYSHIP coverage in exchange for an incentive payment. Employees who are represented by UUP are not eligible to participate in this program. The State Opt-out Program is not available to employees of PEs; however, a PE may offer a similar option or buyout.

The annual incentive payment is $1,000 for opting out of Individual coverage or $3,000 for opting out of Family coverage. The incentive payment is prorated and credited through your biweekly paycheck throughout the year (payable only when you are eligible for NYSHIP coverage at the employee share of the premium). **Note:** Opt-out incentive payments increase your taxable income.

It is not necessary to reenroll in the Opt-out Program each year. *No action is required for current Opt-out enrollees who are still eligible and wish to remain in the program for the 2026 plan year.*

Eligibility Requirements

To be eligible for the Opt-out Program, you must:

- Have been enrolled in the Opt-out Program for the prior plan year or
- Have been enrolled in a NYSHIP health plan by April 1, 2025 (or on your first date of NYSHIP eligibility if that date is later than April 1) and remained continuously enrolled while eligible for the employee share of the premium through the end of 2025.

To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as a result of their employment. New York State employees cannot opt out of NYSHIP if they are covered under NYSHIP as a dependent through another New York State employee.

An individual cannot be enrolled in more than one NYSHIP option in their own right as an employee. Since the Opt-out Program is considered a NYSHIP option, an individual cannot opt out through one employer and be enrolled in NYSHIP health benefits in their own right through another employer.

If the employee is covered as a dependent on another NYSHIP policy through a local government or public entity, they are only eligible for the Individual Opt-out incentive amount ($1,000).

Before requesting enrollment in the Opt-out Program, find out whether the other employer-sponsored plan will permit you to enroll as a dependent. You are responsible for making sure that your other coverage is in effect during the period you opt out of NYSHIP.

Note: Opt-out Program participation satisfies NYSHIP enrollment requirements at the time of your retirement. The Opt-out Program is not available to retirees.

Enrolling in the Opt-out Program

If you are currently enrolled in The Empire Plan or a NYSHIP HMO and wish to participate in the Opt-out Program, you must choose to opt out during the annual Option Transfer Period and attest to and provide information regarding your other employer-sponsored group health benefits for the next plan year.

To enroll in the Opt-out Program, you must complete a *NYSHIP Health Insurance Transaction Form* (PS-404) and a *NYSHIP Opt-out Program Attestation Form* (PS-409) and submit both to your HBA. Your NYSHIP coverage will terminate at the end of the current plan year, and the incentive payments will begin with the first pay period affecting coverage for 2026.

Once enrolled in the Opt-out Program, you are not eligible for the incentive payment during any period that you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage. Additionally, if you are receiving the opt-out incentive for Family coverage and your last dependent loses NYSHIP eligibility, you will only be eligible for the Individual payment from that date forward.

The Empire Plan NYSHIP Code #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2026.[1] Visit the NYSHIP website 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 one 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 Basic Medical Provider Discount Program, your out-of-pocket costs may be lower (see page 16).
- **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 covered at no cost to you. 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** – 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 specialist consultant evaluation is available at no cost to you. 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 Blue Cross and Blue Shield 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 covered under the Medical/Surgical Program at no cost to you (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 covered at no cost to you 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% coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10% coinsurance or $75 per visit. The Empire Plan will cover 100% 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 urgent or an emergency
- You do not have access to a network facility within a 30-mile radius or 30-minute travel time from your home address that can provide the medically necessary services that you require
- 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, covered at no cost to you
- Crisis intervention, covered for up to three visits per crisis at no cost to you; 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 Benefits[3]

(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 15 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 NurseLine℠

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

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, ask your HBA for a copy of *Reporting On Network Benefits* or view it on the NYSHIP website.

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 the chart on page 18 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 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. See the table on page 16 for 2026 combined annual deductible amounts. The Managed Physical Medicine Program (MPMP) 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% of the allowed amount, which is based on 275% of the Medicare rates published by the Centers for Medicare & Medicaid Services (CMS), for the Basic Medical Program and non-network practitioner services for the MHSU Program, 50% of the network allowance for covered services for non-network HCAP or MPMP services and 90% of the billed charges for covered services for non-network approved facility services for the MHSU Program. You are responsible for the remaining 20% coinsurance and all charges in excess of the allowed amount for Basic Medical Program and non-network practitioner services, 10% for non-network MHSU-approved facility services and the remaining 50% of the network allowance for covered, non-network HCAP or MPMP services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum 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. See the table on page 16 for 2026 combined annual coinsurance maximum amounts.

After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100% of covered charges under the Hospital Program and 100% of the allowed amount 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 allowed amount.

2026 Combined Annual Deductible and Annual Coinsurance Maximum Amounts		
Enrollee Group/Category	**Combined Annual Deductible**	**Combined Annual Coinsurance Maximum**
Enrollee	$1,250	$3,750
Enrolled spouse/domestic partner	$1,250	$3,750
Dependent children combined	$1,250	$3,750
Reduced amount for enrollees[1] in titles equated to Salary Grade 6 and below[2]	$625	$1,875
Reduced amount for enrollees[1] represented by UUP who earn less than $43,520	$625	$1,875

[1] And each deductible or coinsurance maximum amount for an enrolled spouse/domestic partner and dependent children combined.

[2] This reduction does not apply to justices or judges.

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 The Empire Plan is your primary insurance coverage and you use a nonparticipating provider who is part of the Basic Medical Provider Discount Program, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of the Basic Medical Provider Discount Program fee schedule or the allowed amount. The Basic Medical Provider Discount Program provider will submit bills to and receive payments directly from UnitedHealthcare. You are only responsible for the applicable deductible and coinsurance amounts.

To find a provider in the Basic Medical Provider Discount Program, visit the NYSHIP website or call The Empire Plan, choose the Medical/Surgical Program and ask a representative for help.

Prescription Drug Program

The Prescription Drug Program does not apply to those who have drug coverage through a union employee benefit fund. If you are Medicare primary or will be in 2026, ask your HBA for a copy of 2026 Choices *for Retirees for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.*

Advanced Flexible Formulary Drug List

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. View the list on the NYSHIP website.

Copayments for Covered Drugs

The following copayments apply for covered drugs purchased from a network pharmacy, the mail service pharmacy or the designated specialty pharmacy. Prior authorization is required for certain drugs.

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

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent
- Tamoxifen, raloxifene (for patients age 35 and over), anastrozole and exemestane when prescribed for the primary prevention of breast cancer
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), when prescribed for enrollees who are at high risk of acquiring HIV
- Medications used for emergency contraception and pregnancy termination
- Certain preventive adult vaccines, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network

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.

Copayments for Covered Drugs		
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	$5
	Level 2 drugs, **preferred** drugs or compound drugs	$30
	Level 3 drugs or **non-preferred** drugs	$60
31- to 90-day supply from a network pharmacy	Level 1 drugs or most **generic** drugs	$10
	Level 2 drugs, **preferred** drugs or compound drugs	$60
	Level 3 drugs or **non-preferred** drugs	$120
31- to 90-day supply from the mail service pharmacy or the designated specialty pharmacy	Level 1 drugs or most **generic** drugs	$5
	Level 2 drugs, **preferred** drugs or compound drugs	$55
	Level 3 drugs or **non-preferred** drugs	$110

You can use a non-network pharmacy or pay out of pocket at a network pharmacy and submit 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 out-of-pocket amount. To reduce your out-of-pocket expenses, use your Empire Plan benefit 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 the chart below for more information.

Specialty Pharmacy Program

CVS Specialty® 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 Specialty®. 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 the NYSHIP website. To get started with CVS Specialty®, 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.

2026 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services

For NYS employees who are Management/Confidential; represented by CSEA, DC-37, NYSCOPBA, PEF and UUP; justices, judges and nonjudicial employees of the Unified Court System (UCS); Legislature; employees of Participating Employers; and their covered dependents

Coverage Type	Prescription Drug Program*	Hospital, Medical/Surgical and Mental Health and Substance Use Programs, Combined	Total
Individual	$1,494	$2,750	$4,244
Family	$2,977	$5,510	$8,487

For NYS employees who are represented by C-82, PBA-S/T, PBANYS and PIA; and their covered dependents

Coverage Type	Prescription Drug Program*	Hospital, Medical/Surgical and Mental Health and Substance Use Programs, Combined	Total
Individual	$1,450	$2,670	$4,120
Family	$2,890	$5,350	$8,240

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

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 PO Box 1600, Kingston, NY 12402-1600

Claims submission fax: 845-336-7716 Online: memberforms.uhc.com/DirectMedicalReimbursement.html

▶ PRESS OR SAY 2

Hospital Program: *Administered by Anthem Blue Cross*

Administrative services are provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

TTY: 711

New York State Service Center, PO Box 1407, Church Street Station, New York, NY 10008-1407

Claims submission fax: 866-829-2395 Online: anthembluecross.com/nys/resources-forms

▶ PRESS OR SAY 3

Mental Health and Substance Use Program: *Administered by Carelon Behavioral Health*

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

TTY: 711 PO Box 1850, Hicksville, NY 11802

Claims submission fax: 855-378-8309

Online: carelonbh.com/empireplan/en/home

▶ PRESS OR SAY 4

Prescription Drug Program: *Administered by CVS Caremark*

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

TTY: 711

Customer Care Correspondence, PO Box 6590, Lee's Summit, MO 64064-6590

Claims submission: PO Box 52136, Phoenix, AZ 85072-2136

▶ PRESS OR SAY 5

Empire Plan NurseLine℠: *Administered by UnitedHealthcare*

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

The Empire Plan

For employees of NYS and Participating Employers, covered dependents, COBRA enrollees with NYSHIP benefits and Young Adult Option enrollees

Benefits	Network Hospital Benefits[1,2]	Participating Provider[2]	Nonparticipating Provider
Office Visits[2]		$25 per visit	Basic Medical[3]
Specialty Office Visits[2]		$25 per visit	Basic Medical[3]
Diagnostic Services:[2]			
Radiology	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Lab Tests	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Pathology	No copayment	$25 per visit	Basic Medical[3]
EKG/EEG	$40[4] or $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	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Mammograms	No copayment	No copayment	Basic Medical[3]
Pre/Postnatal Visits		No copayment[5]	Basic Medical[3]
Bone Density Tests	$40[4] or $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.	One single or double prosthesis per calendar year covered under Basic Medical at no cost to enrollee (not subject to deductible or coinsurance)[6]
Family Planning Services[2]		$25 per visit	Basic Medical[3]

Infertility Services	$40[4] or $50 per outpatient visit[7]	$25 per visit; no copayment at designated Centers of Excellence[7]	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[8]	No copayment	Basic Medical[3]
Outpatient Surgery	$75[4] or $95 per visit	$50 per visit[9]	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	$90[4] or $100 per visit[10]	No copayment	Basic Medical[3,11]
Urgent Care	$40[4] or $50 per outpatient visit[12]	$30 per visit[13]	Basic Medical[3]
Ambulance	No copayment[14]	$70 per trip[15]	$70 per trip[15]
Telehealth[16]		$25 per visit	Basic Medical[3]
Mental Health Practitioner Services		$25 per visit	Applicable annual deductible, 80% of allowed amount; after applicable coinsurance max, 100% of allowed amount (see pages 15–16 for details)

1 Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 14).

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

3 See Cost Sharing (beginning on page 15) for Basic Medical information.

4 For enrollees represented by CSEA and UCS enrollees only.

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

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

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

8 Preadmission certification required.

9 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.

10 Copayment waived if admitted.

11 Attending emergency department physicians and other providers, including providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services, are covered at no cost to the enrollee. Other providers are considered under the Basic Medical Program and are not subject to deductible or coinsurance.

12 At a hospital-owned urgent care facility only.

13 Up to two copayments per service date may apply.

14 If service is provided by admitting hospital.

15 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.

16 Copayments are waived for medical and mental health visits accessed through LiveHealth Online, currently administered through Anthem Blue Cross.

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 at no cost to enrollee (see pages 15–16 for details)
Outpatient Drug/Alcohol Rehabilitation		$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, 80% of allowed amount; after applicable coinsurance max, 100% of allowed amount (see pages 15–16 for details)
Inpatient Drug/Alcohol Rehabilitation		No copayment	90% of billed charges; after applicable coinsurance max, covered at no cost to enrollee (see pages 15–16 for details)
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (see the *Empire Plan Certificate*)
Prosthetics		No copayment[17]	Basic Medical[3,17] $1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
Orthotic Devices		No copayment[17]	Basic Medical[3,17]
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[18]	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 *Empire Plan Certificate*)
Insulin and Oral Agents[19] (covered under the Prescription Drug Program)			
Diabetic Shoes		$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of $500 (see the *Empire Plan Certificate*)
Hospice	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum

Skilled Nursing Facility[20,21]	No copayment		10% of billed charges up to the combined annual coinsurance maximum
Prescription Drugs (see pages 17–18):			
Specialty Drugs (see page 18)			
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	Refer to charts on page 18 for maximum out-of-pocket limit amounts for the 2026 plan year.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		
24-hour NurseLine℠ 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 *Empire Plan Preventive Care Coverage Guide* on the NYSHIP website under “Current Publications” or visit hhs.gov/healthcare/about-the-aca/preventive-care.			

[1] Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 14).

[2] Copayment waived for preventive services under the PPACA. See hhs.gov/healthcare/about-the-aca/preventive-care or the NYSHIP website for details. Diagnostic services require plan copayment or coinsurance.

[3] See Cost Sharing (beginning on page 15) for Basic Medical information.

[17] Benefit paid up to cost of device meeting individual’s functional need.

[18] 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.

[19] No copayment for insulin. Oral agents are subject to copayment.

[20] Up to 120 benefit days; Benefits Management Program provisions apply.

[21] Does not apply to Medicare-primary enrollees.

Blue Choice®

A product of Excellus BlueCross BlueShield, Rochester Region

Benefits	Enrollee Cost
Office Visits	$25 per visit ($5 to age 26)
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$25 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), $25 copayment (diagnostic)
Breastfeeding Services and Equipment Must be obtained from a participating Durable Medical Equipment provider	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	$25 PCP, $25 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
Outpatient Surgery	
Hospital	$50 per visit
Physician's Office	$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	$25 physician and $50 facility per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department (waived if admitted within 23 hours)	$100 per visit
Urgent Care Facility	$35 per visit
Ambulance	$100 per trip
Telehealth	
Virtual Care PCP/Specialist	$25 ($5 to age 26)/ $25 per visit
MDLIVE®	No copayment for Medical and Behavioral Health
Outpatient Mental Health	
Individual, unlimited	$25 per visit ($5 to age 26)
Group, unlimited	$25 per visit ($5 to age 26)
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$25 per visit ($5 to age 26)
Inpatient Drug/Alcohol Rehab unlimited	No copayment
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	$25 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	$25 per visit
Diabetic Supplies up to a 30-day supply	$25 per item

Benefits	Enrollee Cost
Insulin and Oral Agents	
Insulin	No copayment
Non-insulin diabetic drugs up to a 30-day supply	$25 per item
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[2]
Mail Order, up to 90-day supply	$20 Tier 1, $60 Tier 2, $100 Tier 3[2]
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[3] ..... $25 per visit

Vision[4] ..... $25 per visit; one routine exam every two years. Children up to age 19 are covered every year.

Eyewear ..... Adults: $60 reimbursement every two 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

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 2026

Earn $500 per family ($250 employee and $250 spouse/domestic partner) through our ThriveWell Rewards 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 66,000 participating pharmacies nationwide. Blue Choice offers convenient mail-order services for select maintenance drugs. We offer a **closed 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.

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/mygroup/nyship

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

[2] 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.

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

[4] Unlimited visits allowed for exams to treat a disease or injury of the eye.

Benefits	Enrollee Cost
Office Visits	Under age 19: $0 copayment Ages 19+: $15 per visit
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology[1]	$25/$125 (advanced) per visit[2]
Lab Tests	$25 per visit[2]
Pathology	$25 per visit[2]
EKG/EEG	$25 per visit[2]
Radiation	$15 per visit
Chemotherapy	$15 per visit
Dialysis	$15 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	$15 copayment for initial visit; no copayment for subsequent visits
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	50% coinsurance
Family Planning Services	No copayment
Infertility Services	$25 per visit[3]
Contraceptive Drugs	No copayment[4]
Contraceptive Devices	No copayment[4]
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	$100 per visit
Physician's Office	$15 PCP, $25 Specialist per visit
Outpatient Surgery Facility	$100 per visit
Weight Loss/Bariatric Surgery when medically necessary	$0 inpatient, $100 outpatient
Emergency Department (waived if admitted within 24 hours)	$100 per visit
Urgent Care Facility	$25 per visit

Benefits	Enrollee Cost
Ambulance	$50 per trip
Telehealth	
Virtual Care PCP/Specialist	$15/$25 per visit
Doctor On Demand®	No copayment
Behavioral Health	$15 per visit
Outpatient Mental Health	
Individual, unlimited	$15 per visit
Group, unlimited	$15 per visit
Inpatient Mental Health, unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$15 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics[5]	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max per calendar year	$25 per visit
Outpatient Speech Therapy, 20 visits max per calendar year	$25 per visit
Diabetic Supplies	
Retail, 30-day supply	$15 per item
Mail Order, 90-day supply	$30 per item
Insulin and Oral Agents	
Retail, 30-day supply	$0/$15 per item[6]
Mail Order, 90-day supply	$30 per item
Diabetic Shoes one pair per year when medically necessary	$15 per pair
Hospice, 210 days max	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply[7]	$5 Tier 1 ($0 Tier 1 for under age 19), $30 Tier 2, $50 Tier 3 at preferred pharmacies

Benefits	Enrollee Cost
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, or download our pharmacy app, ConnectRx On the Go.	
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) ..... $6,350 Individual; $12,700 Family per year

Dental ..... Not covered

Vision ..... Not covered

Laser Vision Correction ..... $750 reimbursement, once per lifetime benefit

Hearing Aids ..... $599/$899 copayment per hearing aid.[8]

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

Allergy Injections ..... No copayment

Acupuncture ..... 10 visits max, $25 per visit

Diabetic Prevention Program ..... No copayment

Plan Highlights for 2026

$0 PCP visits and Tier 1 Rx for members under age 19. Up to $2,640 in wellness benefits, including $600 fitness reimbursement (youth sports, gyms, fitness classes, activity trackers), $365 in CDPHP Life Points Rewards redeemable for gift cards, $100 for weight loss programs, up to $1,500 per pregnancy for doula services and $75 maternal health education. College students/travelers can access video doctor visits, such as Doctor on Demand®, with no copayment and 1,100+ CVS MinuteClinic locations.

Participating Physicians

CDPHP has nearly 24,000 participating practitioners and providers. Urgent and emergent care covered worldwide.

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

Visit www.cdphp.com/stateemployees for information about our preferred pharmacy network and discount medication program and to download our pharmacy app, ConnectRx On the Go. We offer a **closed formulary**.

Medicare Coverage

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

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)

6 Wellness Way, Latham, NY 12110

For Information:

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

TTY: 711

Website: www.cdphp.com/stateemployees

1 Preauthorization is required for advanced imaging services (CT, MRI, PET and nuclear medicine).

2 $25 copayment waived at preferred sites.

3 May vary depending on place of service.

4 OTC contraceptives with a written physician 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.

5 Excludes shoe inserts.

6 No copayment for insulin; oral agents: $15 per item.

7 $20 Tier 1, $60 Tier 2, $100 Tier 3 at non-preferred pharmacies.

8 Covers one per ear per year; must be purchased through TruHearing.

EmblemHealth®

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 Drugs[1]	No copayment
Contraceptive Devices[1]	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	No copayment
Weight Loss/Bariatric Surgery (Preauthorization may be required.)	No copayment
Emergency Department (waived if admitted)	$75 per visit
Urgent Care Facility	$25 copayment per visit

Benefits	Enrollee Cost
Ambulance	No copayment
Telehealth	
Virtual Care PCP/Specialist	$5/$10 per visit
Virtual Portal	No coverage
Outpatient Mental Health unlimited	No copayment
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	No copayment
Inpatient Drug/Alcohol Rehab unlimited	No copayment
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 90 visits max for all outpatient rehabilitative care	$5 PCP visit, $10 specialist visit, $0 outpatient facility
Outpatient Speech Therapy 90 visits max for all outpatient rehabilitative care	$5 PCP visit, $10 specialist visit, $0 outpatient facility
Diabetic Supplies	$5 per 34-day supply
Insulin and Oral Agents 34-day supply	No copayment
Diabetic Shoes[2] when medically necessary	No copayment
Hospice, 210 days max	No copayment
Skilled Nursing Facility unlimited	No copayment

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 select 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 2026

For 2026, EmblemHealth's HIP Prime HMO Plan includes Amazon Pharmacy access for both short-term and extended-day supplies (up to 90 days) alongside telehealth visits as available from your PCP/Specialist.

Participating Physicians

The EmblemHealth 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

EmblemHealth 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 access to more than 55,000 pharmacies, including mail order through Amazon Pharmacy, where you can save on both short-term and extended-day supplies (up to 90 days) on most medications. The same cost sharing by drug tier applies regardless of the pharmacy used. 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.

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, Rockland, 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/resources/new-york-state-employees

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

[2] Precertifcation must be obtained from participating vendor prior to purchase.

Benefits	Enrollee Cost
Office Visits	$10 per visit [1]
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$15 per visit [1]
Diagnostic/Therapeutic Services	
Radiology	$15 per visit
Lab Tests[2]	No copayment
Pathology	No copayment
EKG/EEG	$15 per visit
Radiation	$15 per visit
Chemotherapy	$15 per visit
Dialysis	$10 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	$10 per visit[3]
Postnatal Visits	$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment[4]
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	$15 per visit
Infertility Services	$15 per visit
Contraceptive Drugs	No copayment[5]
Contraceptive Devices	No copayment[5]
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	$100 per visit
Physician's Office	$15 per visit
Outpatient Surgery Facility	$100 per visit
Weight Loss/Bariatric Surgery	$100 copayment
Emergency Department (waived if admitted)	$100 per visit
Urgent Care Facility[6]	No copayment
Ambulance	$100 per trip

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	$10/$15 per visit with an in-network provider
Well360 Virtual Health	No copayment
Outpatient Mental Health	
Individual, unlimited	$10 per visit
Group, unlimited	$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited[7]	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max[8]	$15 per visit
Outpatient Speech Therapy, 20 visits max[8]	$15 per visit
Diabetic Supplies	$10 per item
Insulin and Oral Agents	No copayment
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 100 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	$10 Tier 1, $60 Tier 2, $120 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 ..... Eye exams covered in full. Eyewear discounts available.[9]

Hearing Aids ..... 50% coinsurance when obtained from a participating provider. Discounts available through Blue365.[10]

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 vendors. Funds do not roll over.

Plan Highlights for 2026

$0 specialist office visits for children under age 19. $0 urgent care. A 90-day supply of prescription drugs for two copayments. Weight management and perioperative programs.

Participating Physicians

You have access to 11,000+ physicians and 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 a 31-day supply. We offer a **closed 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 and B and live in the service area.

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

1 Seneca Street, Suite 3400, Buffalo, NY 14203

For Information:

Highmark Blue Cross Blue Shield: 1-844-639-2441

TTY: 711

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

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1 Covered in full for members under the age of 19.

2 Members are required to use Quest Diagnostics or an outpatient hospital that participates as a Quest Diagnostics hospital draw site.

3 $10 copayment for the final visit only.

4 For hospital-grade pump rental, covered for duration of breastfeeding. $170 allowance towards purchase of one manual/electric pump per pregnancy.

5 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.

6 Urgent care is covered worldwide.

7 Prior authorization is required.

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

9 Through Davis Vision providers only.

10 For more information, visit www.blue365deals.com/WNY.

HIGHMARK

Benefits	Enrollee Cost
Office Visits	$10 per visit [1]
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$15 per visit [1]
Diagnostic/Therapeutic Services	
Radiology	$15 per visit
Lab Tests[2]	No copayment
Pathology	No copayment
EKG/EEG	$15 per visit
Radiation	$15 per visit
Chemotherapy	$15 per visit
Dialysis	$10 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	$10 per visit[3]
Postnatal Visits	$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment[4]
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	$15 per visit
Infertility Services	$15 per visit
Contraceptive Drugs	No copayment[5]
Contraceptive Devices	No copayment[5]
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	$100 per visit
Physician's Office	$15 per visit
Outpatient Surgery Facility	$100 per visit
Weight Loss/Bariatric Surgery	$100 copayment
Emergency Department (waived if admitted)	$100 per visit
Urgent Care Facility[6]	No copayment
Ambulance	$100 per trip

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	$10/$15 per visit with an in-network provider
Well360 Virtual Health	No copayment
Outpatient Mental Health	
Individual, unlimited	$10 per visit
Group, unlimited	$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited[7]	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max[8]	$15 per visit
Outpatient Speech Therapy, 20 visits max[8]	$15 per visit
Diabetic Supplies	$10 per item
Insulin and Oral Agents	No copayment
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 100 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	$10 Tier 1, $60 Tier 2, $120 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 ..... Eye exams covered in full; Eyewear discounts available.[9]

Hearing Aids ..... 50% coinsurance when obtained from a participating provider. Discounts available through Blue365.[10]

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 2026

$0 specialist office visits for children under age 19. $0 urgent care. A 90-day supply of prescription drugs for two copayments. Weight management and perioperative programs.

Participating Physicians

You have access to 7,000+ physicians and 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 a 31-day supply. We offer a **closed 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 and B and live in the service area.

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

P.O. Box 15013, Albany, NY 12212

For Information:

Highmark Blue Shield: 1-844-639-2440

TTY: 711

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

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1 Covered in full for members under the age of 19.

2 Members are required to use Quest Diagnostics or an outpatient hospital that participates as a Quest Diagnostics hospital draw site.

3 $10 copayment for the final visit only.

4 For hospital-grade pump rental, covered for the duration of breast feeding. $170 allowance towards the purchase of one manual or electric pump per pregnancy.

5 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.

6 Urgent Care is covered worldwide.

7 Preauthorization is required.

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

9 Through Davis Vision providers only.

10 For more information, visit www.blue365deals.com/BSNENY.

HMOBlue®

A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
Office Visits	$25 per visit
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	$25 per visit
Chemotherapy	$25 per visit
Dialysis	$25 per visit
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 Must be obtained from a participating Durable Medical Equipment provider	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	$25 PCP, $25 specialist per visit
Infertility Services	Applicable physician/facility copayment
Contraceptive Drugs[2]	Applicable Rx copayment
Contraceptive Devices[2]	Applicable Rx copayment
Inpatient Hospital Surgery	
Physician	$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment
Outpatient Surgery	
Hospital	$25 physician copayment per visit
Physician's Office	$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	$50 per visit

Benefits	Enrollee Cost
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department (waived if admitted within 23 hours)	$100 per visit
Urgent Care Facility	$35 per visit
Ambulance	$100 per trip
Telehealth	
Virtual Care PCP/Specialist	$25/$25 per visit
MDLIVE®	No copayment
Outpatient Mental Health	
Individual, unlimited	$25 per visit
Group, unlimited	$25 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$25 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
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	$25 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	$25 per visit
Diabetic Supplies 30-day supply	$25 per item
Insulin and Oral Agents	
Insulin	No copayment
Non-insulin diabetic drugs 30-day supply	$25 per item
Diabetic Shoes three pairs per year when medically necessary	50% coinsurance
Hospice, 210 days max	No copayment

Benefits	Enrollee Cost
Skilled Nursing Facility 45 days max per calendar year	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 Tier 1, $30 Tier 2, $50 Tier 3[3]
Mail Order, 90-day supply	$20 Tier 1, $60 Tier 2, $100 Tier 3[3]
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

Dental[4] ..... $25 per visit for injury to sound and natural teeth

Vision[5] ..... $25 per visit
one routine exam every two years. Children up to age 19 are covered every year.

Eyewear ..... Adults: $60 reimbursement every two 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 ..... $25 per visit for routine (once every 12 months) and diagnostic exams

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 2026

Earn $500 per family ($250 employee and $250 spouse/domestic partner) through our ThriveWell Rewards online incentive program.

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 a **closed 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.

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/HMOBlue 160
333 Butternut Drive, Syracuse, NY 13214-1803

For Information:

HMOBlue Customer Service: 1-800-499-1275
TTY: 1-800-662-1220
Website: www.excellusbcbs.com/mygroup/nyship

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 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.

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.

Independent Health

Benefits	Enrollee Cost
Office Visits	
Adult (19+)	$10 per visit
Child (0–18)	No copayment
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$20 per visit
Diagnostic/Therapeutic Services	
Radiology	
Adult (19+)	$20 Specialist per visit [1]
Child (0–18)	$0 PCP/$20 Specialist per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	
Adult (19+)	$10 PCP/$20 Specialist per visit
Child (0–18)	$0 PCP/$20 Specialist per visit
Radiation	$20 copayment per visit [1]
Chemotherapy	
Adult (19+)	$10 PCP/$20 Specialist per visit
Child (0–18)	$0 PCP/$20 Specialist per visit
Dialysis	$20 copayment per visit
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 unlimited	20% coinsurance
Family Planning Services	$20 per visit[2]
Infertility Services	
Office	$20 per visit
Outpatient Surgery Facility	$100 per visit
Contraceptive Drugs	No copayment
Contraceptive Devices	No copayment
Inpatient Hospital Surgery	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	$100 per visit
Physician's Office	
Adult (19+)	$10 PCP/$20 Specialist per visit
Child (0–18)	$0 PCP/$20 Specialist per visit
Outpatient Surgery Facility	$100 per visit
Weight Loss/Bariatric Surgery[3]	
Inpatient	No copayment
Outpatient	$100 copayment
Emergency Department (waived if admitted)	$100 per visit
Urgent Care Facility	$35 per visit[4]
Ambulance	$100 per trip
Telehealth	
Virtual Care PCP/Specialist	$0/$20 per visit
Virtual Behavioral Health	No copayment
Outpatient Mental Health unlimited	$10 per visit[4]
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$10 per visit[4]
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined	$20 per visit
Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined	$20 per visit
Diabetic Supplies	
Retail	No copayment
Mail Order	Not covered

Benefits	Enrollee Cost
Insulin and Oral Agents	No copayment
Diabetic Shoes	No copayment
Hospice, unlimited	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply[5]	$5 Tier 1, $30 Tier 2, $60 Tier 3[6]
Mail Order, 90-day supply[5]	$12.50 Tier 1, $75 Tier 2, $150 Tier 3[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; 40% off retail price for frames

Hearing Aids ..... Hearing aids from $499 to $2,199 each from Start Hearing. Contact plan for details.

Out of Area ..... Coverage 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.

Wellness Services ..... $600 Single/$750 Family wellness card annual allowance for use at participating vendors. Funds do not roll over.

Plan Highlights for 2026

Independent Health will continue to offer the same benefits in 2026, including the $600 Single/ $750 Family Wellness Services annual allowance.

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

Most retail pharmacies in Western New York participate. Members may obtain prescriptions outside 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.

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/NYSHIP

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.
5 Preventive medications are covered in full, see formulary for details.
6 Tier 1 drugs are $0 for children ages 0–18.

Benefits	Enrollee Cost
Office Visits	No copayment
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$15/$25 per visit[1,2]
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	$25 per visit [1]
Radiation	$25 per visit
Chemotherapy	$15/$25 per visit[2]
Dialysis	$15/$25 per visit[2]
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[3]	No copayment
External Mastectomy Prosthesis[4]	50% coinsurance
Family Planning Services[3]	$25 per visit
Infertility Services[3]	$25 per visit
Contraceptive Drugs[5]	No copayment
Contraceptive Devices[5]	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]
Weight Loss/Bariatric Surgery at a Center of Excellence with prior approval	No copayment
Emergency Department (waived if admitted)	$75 per visit
Urgent Care Facility	$15 per visit

Benefits	Enrollee Cost
Ambulance	$50 per trip
Telehealth	
Virtual Care PCP/Specialist	$0/$25 per visit
Gia® Virtual Care	No copayment
Outpatient Mental Health unlimited	No copayment
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab[3] unlimited	No copayment
Inpatient Drug/Alcohol Rehab[3] unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max combined	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined[2]	$15/$25 per visit
Outpatient Speech Therapy, 30 visits max combined[2]	$15/$25 per visit
Diabetic Supplies[3] 30-day supply	No copayment
Insulin and Oral Agents[3] 30-day supply	No copayment
Diabetic Shoes	50% coinsurance
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. Thirty-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 once every 6 months (to age 19)

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

Hearing Aids ..... 50% coinsurance single purchase once every three years

Out of Area ..... Emergencies only

Plan Highlights for 2026

The Gia® by MVP mobile app gives you access to 24/7 virtual care services, including primary, urgent and emergency care. Get up to $600 in Well-Being Reimbursements per contract per calendar year. $0 primary care visits for all family members.

Participating Physicians

MVP provides services through more than 60,000 providers throughout its service area.

Affiliated Hospitals

Find a participating facility at www.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.

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: 711

Website: www.mvphealthcare.com/welcome/nyship

[1] $0 copayment when you use MVP preferred providers.

[2] $15 PCP copayment/$25 Specialist copayment.

[3] Refer to the *Certificate of Coverage* for requirements.

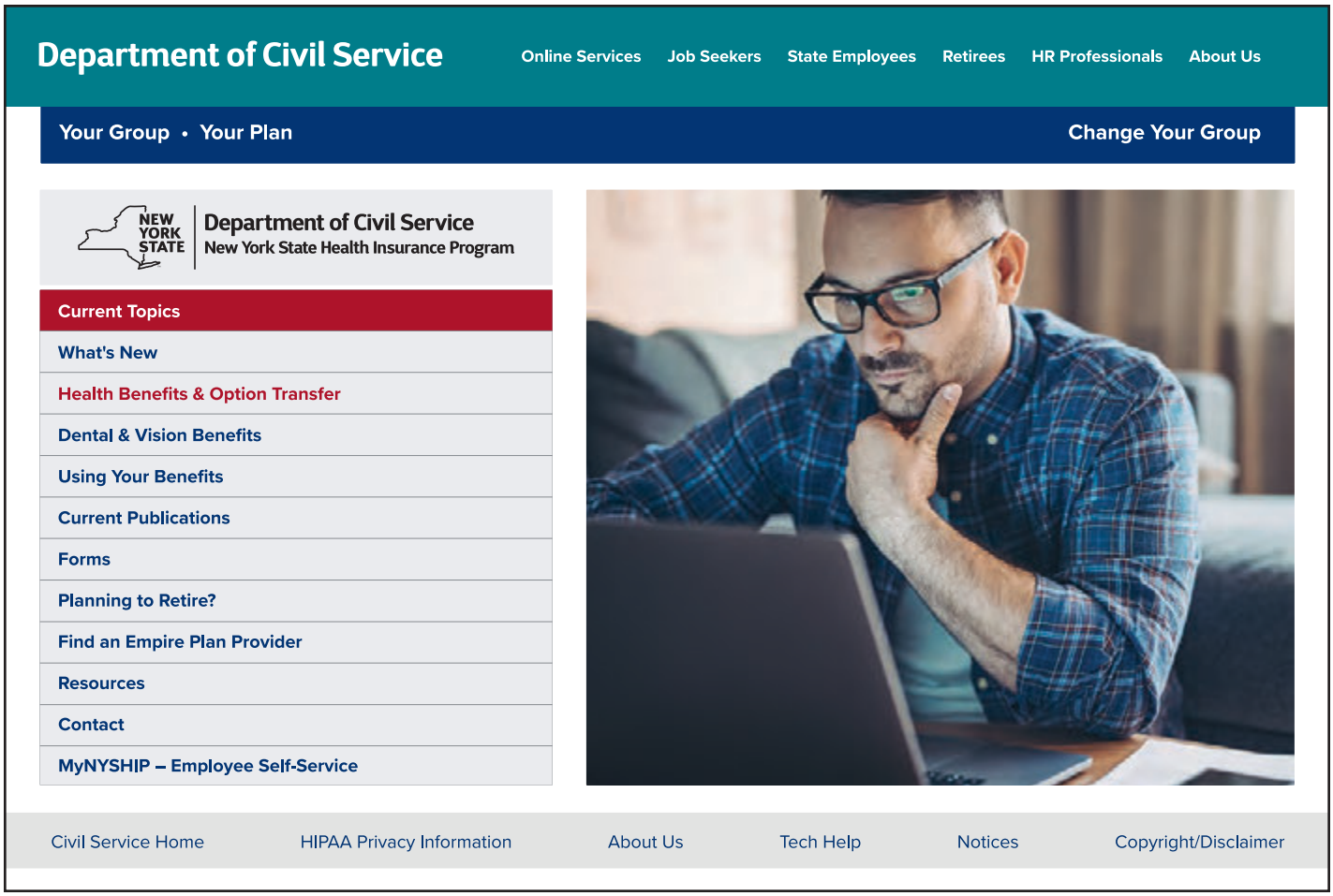
[4] Contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.

[5] Over-the-counter contraceptives are not covered.

The NYSHIP Website

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

To log on, type cs.ny.gov/employee-benefits in your web browser and identify your employer type, group and health insurance plan type (**Empire Plan** or **HMO**).



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.

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

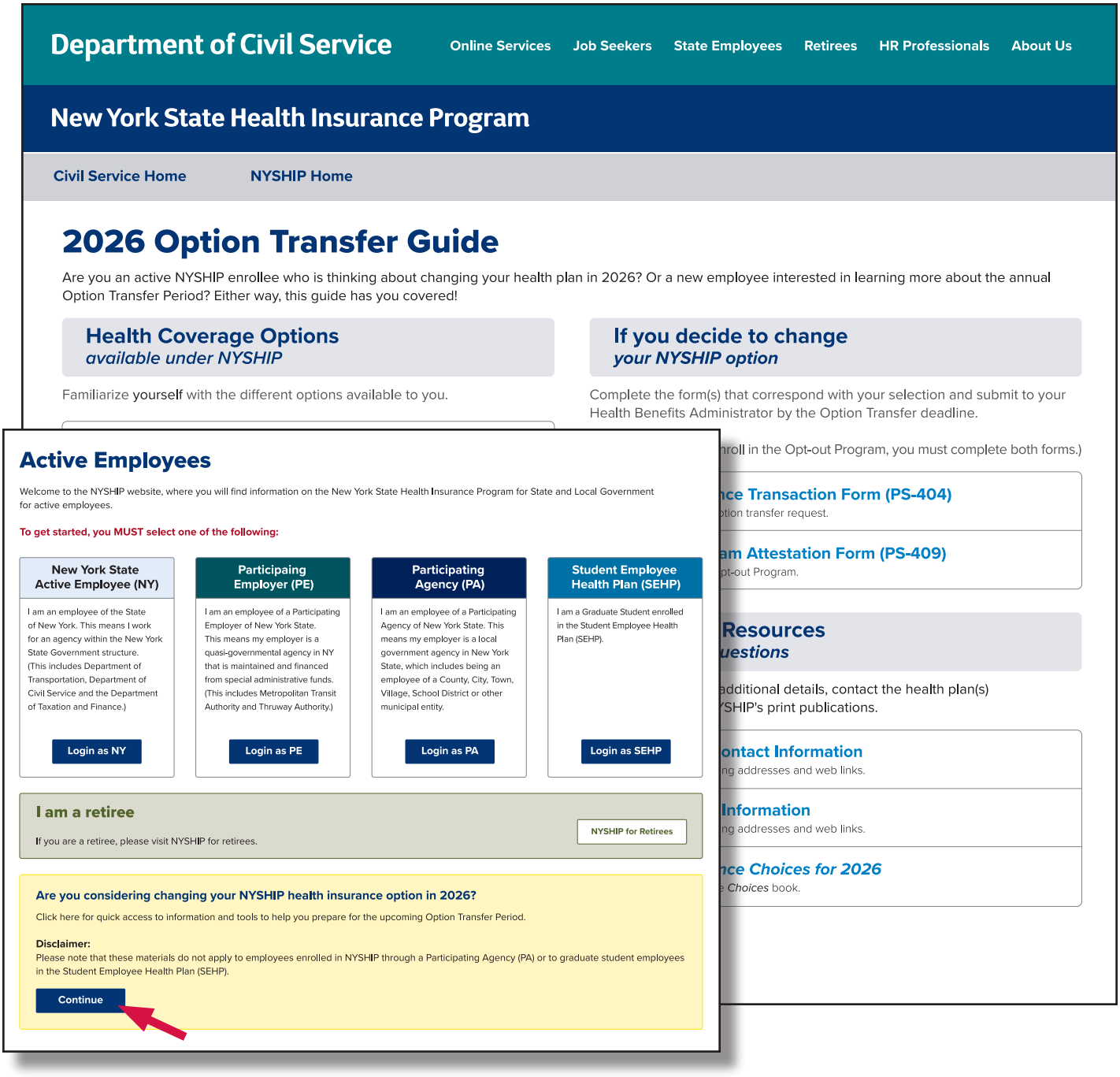
The frequently updated "**What's New**" section includes timely NYSHIP information based on your plan and is searchable by topic.

Also available on the NYSHIP website: resources to assist you in planning for retirement and access to MyNYSHIP,* the enrollee self-service portal.

* MyNYSHIP is not available to active employees of PEs. You must be an active employee of a New York State agency and have a personal NY.gov ID to access MyNYSHIP.

Option Transfer Guide

NYSHIP's Option Transfer Guide, available on the NYSHIP website, provides quick access to option transfer-related information and instructions, as well as tools and additional resources to assist you in your research. To access it, type cs.ny.gov/employee-benefits in your web browser.



This web page makes it easy to compare health benefits and costs, access PDF versions of current Option Transfer publications and download forms with just a few quick clicks. The Option Transfer Guide also includes links to information about a few other programs that are available for eligible NYSHIP enrollees to consider, including the Opt-out Program, the PTCP and PEP.

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.

NEW YORK STATE | **Department of Civil Service**
New York State Health Insurance Program

2026 Health Insurance Choices (Active) – October 2025

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the NYSHIP website at cs.ny.gov/employee-benefits. Visit the NYSHIP website 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 your health benefits administrator. COBRA and Young Adult Option enrollees, contact the Employee Benefits Division.

♻ *Health Insurance Choices* was printed using recycled paper and environmentally sensitive inks. Choices 2026/Active AL2090