

# Health Insurance Choices for 2020



**October 2019**

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



**NYSHIP**  
New York State  
Health Insurance Program

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

# Contents

<b>Information &amp; Reminders</b>	<b>i</b>
<b>Make Your Health Plan Choices</b>	<b>i</b>
Rates and Deadline for Changing Plans	i
Pre-Tax Contribution Program	1
Your Share of the Premium	2
Let Your Agency Know About Changes	2
If You Retire or Leave State Service in 2020	2
If You Become Eligible for Medicare in 2020	2
<b>Medicare &amp; NYSHIP</b>	<b>3</b>
<b>Comparing Your NYSHIP Options</b>	<b>4</b>
Benefits	4
Exclusions	4
Geographic Area Served	4
Finding Providers/Hospitals in Your Network	4
<b>The Empire Plan or a NYSHIP HMO</b>	<b>5</b>
What's New?	5
The Empire Plan	5
NYSHIP HMOs	6
Summary of Benefits and Coverage	6
NYSHIP's Young Adult Option	6
<b>Benefits Overview</b>	<b>7</b>
<b>Making a Choice</b>	<b>8</b>
Things to Remember	9
If You Decide to Change Your Option	9
How to Use the Choices Benefits Charts	9
<b>Plan Similarities and Differences</b>	<b>10-11</b>
<b>Questions &amp; Answers</b>	<b>12</b>
<b>Opt-out Program</b>	<b>13</b>
<b>Plans by County</b>	<b>14-15</b>
<b>Empire Plan Benefits</b>	<b>16-25</b>
<b>NYSHIP HMO Benefits</b>	<b>26-39</b>
<b>NYSHIP Online</b>	<b>40-41</b>

# Information & Reminders

## Make Your Health Plan Choices

This booklet explains the options available to you under the New York State Health Insurance Program (NYSHIP) for your health insurance and other elections. You may choose coverage under The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. Or, if you can be covered under other employer-sponsored group health benefits, you may be eligible to elect the Opt-out Program.\*

Consider your options carefully. You may not change your option after the deadline, except in special circumstances (see your *General Information Book* for details about changing options outside of the Option Transfer Period). If you still have questions after you have read the information in this booklet, contact your Health Benefits Administrator (HBA), The Empire Plan program administrators or the HMOs directly.

## Rates for 2020 and Deadline for Changing Plans

The Empire Plan and HMO rates for 2020 will be mailed to your home and posted on our website, NYSHIP Online, as soon as they have been approved. To find this information online, go to [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Next, select your group and plan, if prompted, and then Health Benefits & Option Transfer. Choose Rates and Health Plan Choices.

**Note:** Participating Employers (PEs), such as the Thruway Authority and the Metropolitan Transportation Authority, will notify their enrollees of 2020 rates.

The rate flyer announces the option-change deadline and dates that changes in health insurance payroll deductions will occur. You will have 30 days from the date your agency receives rate information to submit any changes. Your HBA can help if you have questions. COBRA and Young Adult Option enrollees may contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico and the Virgin Islands).

\* The Opt-out Program is available to eligible NYS employees who have other employer-sponsored group health insurance. Employees who are represented by UUP are not eligible to participate in this program. Check with your HBA if you have any questions about your eligibility for the Opt-out Program. PE employees should check with their HBA to determine whether their employer offers a program similar to the Opt-out Program. See page 13 for more information about this program.



## Changing Your 2020 Pre-Tax Contribution Program (PTCP) Status

*PTCP does not apply to COBRA and Young Adult Option enrollees. The following also may not apply to enrollees of Participating Employers (PEs). PEs that participate in a pre-tax contribution program will provide specific pre-tax information to their employees.*

Under PTCP, your share of the health insurance premium is deducted from your wages before taxes are withheld, which may lower your tax liability.

If you wish to change your PTCP election for 2020, complete and sign a *NYS Health Insurance Transaction Form* (PS-404) and submit it to your HBA any time during the PTCP Election Period.

**New in 2020:** The PTCP Election Period will now run concurrently with the Option Transfer Period. Dates will be announced once rates have been approved.

**NO ACTION IS REQUIRED TO KEEP YOUR CURRENT PTCP STATUS.**

### Checking Your PTCP Status

Your paycheck shows whether or not you are enrolled in PTCP.

- 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.

### New Enrollees

When enrolling in NYSHIP coverage, new enrollees must elect whether or not to participate in PTCP. No election will be made automatically on the enrollee’s behalf. Enrollment cannot be completed without a PTCP election.

### PTCP Enrollment Limits Mid-Year Changes

Internal Revenue Service (IRS) rules do not allow enrollees to change their PTCP election outside of the annual Election Period. However, if you experience a PTCP qualifying event that leads you to change your

See your HBA to change your health insurance option, type of coverage or pre-tax status.

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

**Note:** It is no longer necessary to reenroll in the Opt-out Program each year. See page 13 for a detailed description of this option.

Remember, changes are not automatic, and deadlines apply. You must report any change that may affect your coverage to your HBA.

See pages 1-2 of this book and your *General Information Book* for more information.

health option or coverage type (Family or Individual) or to cancel your coverage, your pre-tax payroll deduction will be adjusted accordingly. Any request to change your benefits during the tax year must be consistent with a PTCP qualifying event and submitted within 30 days of the event.

PTCP qualifying events include:

- Change in marital status
- Change in number of dependents (the event must affect the eligibility of all covered dependents)
- Change in your (or your dependent’s) employment status that affects eligibility for health benefits
- Change in your dependent’s status that affects eligibility for health benefits
- Change in your (or your dependent’s) place of residence or worksite that affects eligibility for benefits
- Significant change in health benefits and/or premium under NYSHIP
- Significant change in health benefits and/or premium under your (or your dependent’s) other employer’s plan
- COBRA events
- Judgment, decree or order to provide health benefits to eligible dependents
- Medicare or Medicaid eligibility
- Leaves of absence
- HIPAA special enrollment rights

**A coverage change due to a PTCP qualifying event must be requested within 30 days of the event (or within the waiting period if newly eligible); delays may be costly.**

## Your Share of the Premium

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

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium, 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):

Enrollee Pay Grade	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
Grade 9 and below*	88%	12%	73%	27%
Grade 10 and above*	84%	16%	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.

## Let Your Agency Know About Changes

You must notify your HBA if your home address or phone number changes. If you are an active employee of New York State and registered for MyNYSHIP, you may also make address and option changes online.

**Note:** It is now necessary to have a personal NY.gov ID to access MyNYSHIP. See page 40 for more information. MyNYSHIP is not available for active employees of PEs.

Changes in your family status, such as gaining or losing 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 changes outside of the Option Transfer Period without experiencing a break in coverage. 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 Retire or Leave State Service in 2020

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes. As a retiree or vestee, you may change your health insurance option at any time once during a 12-month period. For more information on changing options as a retiree or vestee, ask your HBA for a copy of *2020 Choices for Retirees*.

## If You Become Eligible for Medicare in 2020

If you or a dependent is eligible for Medicare because of age or disability, refer to the Medicare & NYSHIP section on page 3 for important information. Please read this section if you or any dependent will be turning 65 in 2020 or if you are planning to retire in the coming year and will become Medicare primary.

# Medicare & NYSHIP

If you are an active employee, NYSHIP provides primary coverage for you and your dependents, regardless of age or disability. Exceptions: Medicare is primary for domestic partners age 65 or older or for an active employee or dependent of an active employee with end-stage renal disease (following a 30-month coordination period).

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

If you or a dependent are eligible for but don't enroll in Medicare Parts A and B, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

If you are planning to retire or vest in 2020 and you or your spouse are 65 or older, contact your Social Security office three months before active employment ends to enroll in Medicare Parts A and B. Medicare becomes primary to your NYSHIP coverage the first day of the month following a "runout" period of 28 days after the end of the payroll period in which you retire. Make sure to take the time to learn how primary Medicare coverage will affect NYSHIP:

- **If you are enrolled in original Medicare (Parts A and B) and The Empire Plan:** The Empire Plan coordinates benefits with Medicare Parts A and B. Because Medicare does not provide coverage outside the United States, The Empire Plan pays primary for covered services received outside the United States.
- **If you are enrolled in a NYSHIP HMO that coordinates coverage with Medicare:** You receive the same benefits from the HMO as active employees do and also qualify for original Medicare benefits if you receive services not covered by your HMO.
- **If you are enrolled in a NYSHIP HMO's Medicare Advantage Plan (Part C):** You replace your original Medicare coverage with benefits offered by the Medicare Advantage Plan. The plan also includes Medicare Part D prescription drug benefits. Benefits and networks under the HMO's Medicare Advantage Plan may differ from your coverage as an active employee.

**Note: Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Medicare Advantage Plan, a Medicare Part D plan or another Medicare product (including those in which you or your covered dependents may be enrolled through another employer) in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.**

**Medicare Part D** is the prescription drug benefit for Medicare-primary individuals. Medicare-primary Empire Plan enrollees and dependents are enrolled automatically in Empire Plan Medicare Rx, a Part D prescription drug program. NYSHIP Medicare Advantage HMOs also provide Medicare Part D prescription drug coverage. Remember, if you enroll in a Medicare Part D plan separate from your NYSHIP coverage, you will be automatically disenrolled from your NYSHIP Plan. For example:

- If you are a Medicare-primary Empire Plan enrollee or dependent with prescription drug coverage through Empire Plan Medicare Rx and then you enroll in another Medicare Part D plan outside of NYSHIP, the Centers for Medicare & Medicaid Services (CMS) will terminate your Empire Plan Medicare Rx coverage. Because you must be enrolled in Empire Plan Medicare Rx to maintain Empire Plan coverage, you and your covered dependents will lose all coverage under The Empire Plan.
- If you are enrolled in a NYSHIP HMO's Medicare Advantage Plan and then enroll in a Medicare Part D plan outside of NYSHIP, CMS will terminate your enrollment in the HMO.

If you have been approved for Extra Help by Medicare and you are enrolled in The Empire Plan or a NYSHIP Medicare Advantage HMO, you may be reimbursed for some or all of your cost for Medicare Part D coverage. For information about qualifying for Extra Help, contact Medicare. If you have been approved for Extra Help, contact the Employee Benefits Division or your HMO.

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

**For more information about NYSHIP and Medicare, see your *General Information Book* or ask your HBA for a copy of *2020 Choices for Retirees, Planning for Retirement or Medicare & NYSHIP*.**

# Comparing Your NYSHIP Options

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

The first step toward making a good choice is understanding the similarities and differences between your NYSHIP options. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP-approved HMOs. The Empire Plan is available to all employees. NYSHIP HMOs are available in various geographic areas of New York State. Depending on where you live or work, at least one HMO will be available to you.

Additionally, if you have other employer-sponsored group health coverage available to you, you may be eligible for the Opt-out Program (see page 13 for details).

## Benefits

### The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of hospital, medical/surgical and mental health and substance use coverage.
- All plans provide prescription drug coverage for those who do not receive it through a union Employee Benefit Fund.
- All plans provide coverage for certain preventive care services as required by the federal Patient Protection and Affordable Care Act (PPACA). For more information on preventive care services, visit [www.hhs.gov/healthcare/rights/preventive-care](http://www.hhs.gov/healthcare/rights/preventive-care) (Empire Plan enrollees may also find additional information on NYSHIP Online).

*Benefits differ among plans. Refer to this booklet and the Empire Plan Certificate (available from your HBA and on NYSHIP Online) and HMO contracts (available from each HMO) for details.*

## Exclusions

- All plans contain coverage exclusions for certain services and prescription drugs.
- 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.

## Geographic Area Served

### The Empire Plan

Benefits for covered services, not just urgent and emergency care, are available worldwide. However, access to **network benefits** is not guaranteed in all states and regions.

### Health Maintenance Organizations (HMOs)

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

## Finding Providers/Hospitals in Your Network

### For Empire Plan provider information:

- Visit NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Select your group and plan, if prompted, and then Find a Provider. **Note:** This is the most up-to-date source for provider information.
- Check with the provider/facility directly.
- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.

### For HMO provider information:

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

**Note:** You cannot change your plan outside the Option Transfer Period if your only reason for the change is that your provider no longer participates.

# The Empire Plan or a NYSHIP HMO

## What's New in 2020?

### The Empire Plan

- For 2020, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$8,150 for Individual coverage and \$16,300 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Abuse and Prescription Drug Programs. See table below for more information about how out-of-pocket limits apply to each Empire Plan program.
- As a result of a change in policy, **gender affirming surgery** and any other associated surgeries, services and procedures (including those performed to change an enrollee's physical appearance to more closely conform secondary sex characteristics to their identified gender) are now covered if a behavioral health provider determines the surgery or procedure is medically necessary. See your *Empire Plan Report* for more information.

### NYSHIP HMOs

- As of January 1, 2020, **the Empire BlueCross BlueShield HMO will no longer be offered as a NYSHIP option.** If you currently have coverage under the Empire BlueCross BlueShield HMO, be sure to review your plan materials and any other related NYSHIP mailings carefully and select either The Empire Plan, a different NYSHIP HMO or the Opt-out Program during the Option Transfer Period.

## The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed-care features,

but enrollees are not required to choose a primary care physician (PCP) and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, certain outpatient radiological tests, certain mental health and substance use treatment/services, home care and some prescription drugs, require preapproval.

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

### Providers

Under The Empire Plan, you can choose from more than 300,000 participating physicians and other providers and facilities nationwide and from more than 65,000 participating pharmacies across the United States or a mail service pharmacy.

Some licensed nurse practitioners and convenience care clinics participate with The Empire Plan. Be sure to confirm participation before receiving care.

Under the Guaranteed Access benefit, The Empire Plan provides access to network benefits for covered services provided by PCPs and certain specialists when you are Empire Plan primary and do not have access to a network provider within a reasonable distance from your residence. This benefit is available in New York State and specific counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State. **Note:** This benefit does not apply to enrollees of Participating Employers.

**2020 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services**

Coverage Type	Prescription Drug Program*	Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, Combined	Total
Individual Coverage	\$2,850	\$5,300	\$8,150
Family Coverage	\$5,700	\$10,600	\$16,300

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



## NYSHIP Health Maintenance Organizations

A health maintenance organization (HMO) is a managed-care system in a specific geographic area that provides comprehensive health care coverage through a network of providers.

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

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

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

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

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

### **NYSHIP HMOs and Medicare**

If you are Medicare eligible, see page 3 for an explanation of how Medicare affects your NYSHIP HMO coverage.

## NYSHIP's Young Adult Option

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

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

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

## Summary of Benefits and Coverage

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

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



# Benefits Overview

## The Empire Plan provides:

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

## Each NYSHIP HMO provides:

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

## All plans provide:

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

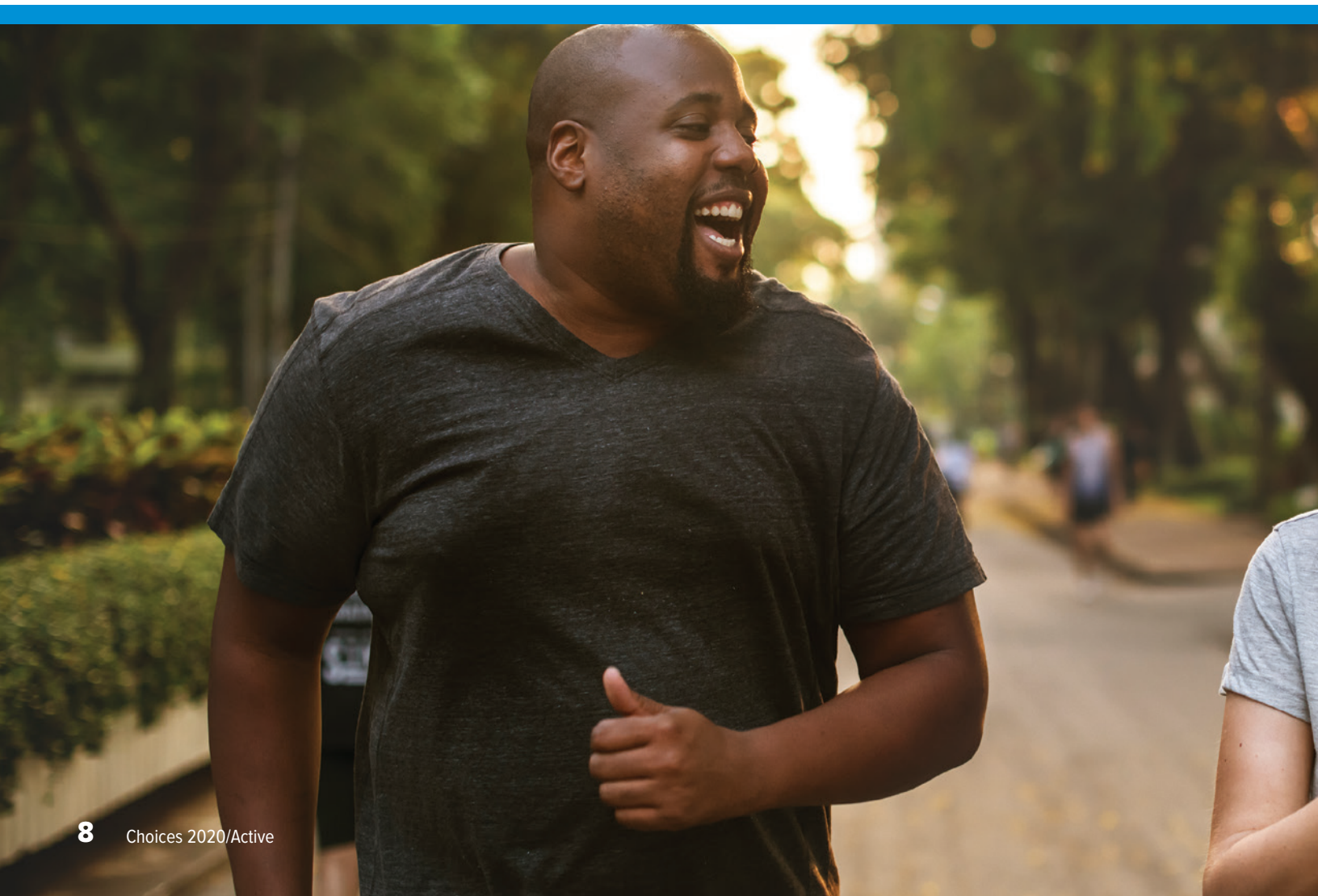
**Please see the individual plan descriptions in this booklet to determine the differences in coverage and out-of-pocket expenses. See plan documents for complete information on benefits.**

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

# Making a Choice

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

- What is my premium for the health plan?
- What benefits does the plan have for office visits and other medical care? What is my share of the cost?
- What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? What is my share of the cost? What type of formulary does the plan have? Can I use the mail service pharmacy? (If you receive your drug coverage from a union Employee Benefit Fund, ask the fund about your benefits.)
- Are routine office visits and urgent care covered for out-of-area college students, or is only emergency health care covered?
- Does the plan cover special needs? How are durable medical equipment and other supplies covered? Are there any benefit limitations? (If you or one of your dependents has a medical or mental health/substance use condition requiring specific treatment or other special needs, check the coverage carefully. Don't assume you will have coverage. Ask The Empire Plan program administrators or HMOs about your specific treatment.)
- What benefits are available for a catastrophic illness or injury?
- What choice of providers do I have under the plan? (Ask if the provider or facilities you use are covered.) How would I consult a specialist if I needed one? Would I need a referral?
- How much paperwork is required by the health plan? Do I have to fill out forms?



## Things to Remember

- Gather as much information as possible
- Consider your and your family's unique needs
- Compare the coverage and cost of your options
- Look for a health plan that provides the best balance of cost and benefits for you

## If You Decide to Change Your Option

If you have reviewed the coverage and cost of your options and decide to change your option, submit a completed *Health Insurance Transaction Form* (PS-404) to your HBA or change your option online using MyNYSHIP (if you are an active employee of a New York State agency) before the Option Transfer deadline announced in the rate flyer.

**Note:** MyNYSHIP cannot be used to elect the Opt-out Program (see page 13).

## Understanding the Benefit Information on Pages 16–39

This booklet summarizes benefits available under The Empire Plan and NYSHIP HMOs. The Empire Plan is available to all employees. You may choose an available NYSHIP HMO based on the area in which you live or work. Identify the plans that best serve your needs, and call each plan for details before you choose.

All NYSHIP plans must include a minimum level of benefits (see page 7). For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient hospital care at network hospitals.

Use the charts to compare plans. The charts list out-of-pocket expenses and benefit limitations effective January 1, 2020. Make note of differences in coverage that are important to you and your family. See plan documents for complete information on benefit limitations.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on NYSHIP Online. Go to [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) and choose your group and plan, if prompted. From the NYSHIP Online homepage, select Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the comparison table.

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





# The Empire Plan & NYSHIP HMOs: Similarities & Differences

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

### The Empire Plan:

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

### NYSHIP HMOs:

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

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

### The Empire Plan:

Yes. You can use the specialist of your choice. If the doctor you choose participates in The Empire Plan, network benefits will apply for covered services. You have Basic Medical Program benefits for nonparticipating providers and Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of the Empire Plan MultiPlan group (see page 19 for more information on the Basic Medical Provider Discount Program). Your hospital benefits will differ depending on whether you choose a network or non-network hospital (see page 11 for details).

### NYSHIP HMOs:

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

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

### The Empire Plan:

Your copayment(s) should be your only expense if you receive medically necessary and covered services from a participating provider.

### NYSHIP HMOs:

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

## Can I use the hospital of my choice?

### **The Empire Plan:**

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

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

Non-network hospital inpatient stays are subject to 10 percent coinsurance, and non-network outpatient services are subject to the greater of 10 percent coinsurance or \$75, up to the combined annual coinsurance maximum. Under the Mental Health and Substance Abuse Program, non-network hospital services are subject to 10 percent of covered charges up to the combined annual coinsurance maximum (see page 18).

### **NYSHIP HMOs:**

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

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

### **The Empire Plan:**

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

### **NYSHIP HMOs:**

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

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

### **The Empire Plan:**

You have guaranteed, paid-in-full access to medically necessary home care, equipment and supplies\* through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

### **NYSHIP HMOs:**

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

\* Diabetic shoes have an annual maximum benefit of \$500.

**Note:** These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 16 of this booklet, in the *Empire Plan Certificate* (available online or from your HBA) and in the HMO contracts (available from each HMO).

# Questions & Answers

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

**A:** The Empire Plan is available regardless of where you live or work. To enroll or continue enrollment in a NYSHIP-approved HMO, you must live or work in that HMO's service area. See your *General Information Book* for details. See Plans by County on pages 14 and 15 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2020.

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

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

## **Q: What if I retire in 2020 and become eligible for Medicare?**

**A:** Regardless of which option you choose, as a retiree, you and your dependent (if applicable) must be enrolled in Medicare Parts A and B when either of you first becomes eligible for primary Medicare coverage (see page 3). Please note that your NYSHIP benefits will become secondary to Medicare and that your benefits may change.

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

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

## **Q: I elected the Opt-out Program in 2019. Can I switch to NYSHIP health coverage for 2020?**

**A:** Yes. All plan options are available during the Option Transfer Period (see Making a Choice on page 8).

## **Consider Cost**

When considering cost, think about all your costs throughout the year, not just your biweekly paycheck deduction. Keep in mind any out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Watch for the *NYSHIP Rates & Deadlines for 2020* flyer that will be mailed to your home and posted on NYSHIP Online, [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits), as soon as rates have been approved. (**Note:** Participating Employers will provide premium information to their employees.) Along with this booklet, which includes copayment information, *NYSHIP Rates & Deadlines for 2020* will provide the details you need to determine your annual cost under each of the available plans.



# 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. The State Opt-out Program is not available to employees of Participating Employers (PEs); however, a PE may offer a similar option.

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 no longer 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 2020 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 enrolled in a NYSHIP health plan by April 1, 2019 (or on your first date of NYSHIP eligibility if that date is later than April 1), and
- Remain continuously enrolled while eligible for the employee share of the premium through the end of 2019.

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 his or her 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.

According to NYSHIP rules, an individual cannot be enrolled in more than one NYSHIP option in his or her own right. 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 his or her own right through another employer.

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

**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.

## Electing to Opt Out

If you are currently enrolled in The Empire Plan or a NYSHIP HMO and wish to participate in the Opt-out Program, you must elect 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 elect the Opt-out Program, you must complete a *NYS Health Insurance Transaction Form* (PS-404) and an *Opt-out 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 2020.

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.

**Reminder:** If you are currently enrolled in the Opt-out Program, you may remain there or choose other NYSHIP coverage for 2020 during the Option Transfer Period.

# Plans by County

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

Many NYSHIP enrollees have a choice among HMOs. You may enroll or continue to be enrolled in any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area. This list shows which HMOs are available in each county. Medicare-primary NYSHIP HMO enrollees will be enrolled in their HMO's Medicare Advantage Plan, except where noted below.

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

\* This HMO does not offer a Medicare Advantage Plan in this county but instead coordinates coverage with Medicare for Medicare-primary enrollees. For more information about how primary Medicare coverage affects NYSHIP, see page 3 and/or ask your HBA for a copy of *2020 Choices for Retirees*.

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

\* This HMO does not offer a Medicare Advantage Plan in this county but instead coordinates coverage with Medicare for Medicare-primary enrollees. For more information about how primary Medicare coverage affects NYSHIP, see page 3 and/or ask your HBA for a copy of *2020 Choices for Retirees*.



# The Empire Plan NYSHIP Code #001

**Note:** Employees represented by C-82, PBANYS and PEF should refer to the companion publication entitled *Health Insurance Choices for 2020 Supplement* in place of pages 16-25 of this book for information about 2020 Empire Plan benefits, including copayments, coinsurance and deductibles.

Empire Plan benefits are available worldwide, and the Plan gives you the freedom to choose a participating or nonparticipating provider or facility. This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2020.<sup>1</sup> You may also visit [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for additional information on the following programs.

## Medical/Surgical Program

### UnitedHealthcare

Medical and surgical coverage through:

- **Participating Provider Program** – More than 300,000 physicians and other providers participate; certain services are subject to a \$25 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, the Program considers up to 80 percent of usual and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance maximum is met, the Plan considers up to 100 percent of usual and customary charges for covered services. See Cost Sharing (beginning on page 18) for additional information.
- **Basic Medical Provider Discount Program** – If you are Empire Plan primary and use a nonparticipating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket costs may be lower (see page 19).

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

**Managed Physical Medicine Program** – Chiropractic treatment, physical therapy and occupational therapy through a Managed Physical Network (MPN) provider are subject to a \$25 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

Under the **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, paid-in-full specialist consultant evaluation is available. Voluntary outpatient medical case management is available to help coordinate services for catastrophic and complex cases.

## Hospital Program

### Empire BlueCross

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

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- Anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program (if The Empire Plan provides your primary coverage).

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

- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to outpatient hospital copayments.
- Except as noted above, physician charges received in a hospital setting will be paid in full if the provider is a participating provider under the Medical/Surgical Program. Physician charges for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

If you are an Empire Plan-primary enrollee,<sup>2</sup> you will be subject to 10 percent coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10 percent coinsurance or \$75 per visit. In either scenario, expenses will be reimbursed only after the applicable combined annual coinsurance maximum threshold (see page 19) has been reached.

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

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

### **Preadmission Certification Requirements**

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

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

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

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

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

## **Mental Health and Substance Abuse Program**

### **Beacon Health Options Inc.**

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

### **Network Benefits**

(unlimited when medically necessary)

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

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

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

(unlimited when medically necessary)

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

- For Practitioner Services: The MHSA Program will consider up to 80 percent of usual and customary charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner

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

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

and per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined, the Program pays up to 100 percent of usual and customary charges for covered services (see page 19).

- For Approved Facility Services: You are responsible for 10 percent of covered, billed charges up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined. After the coinsurance maximum is met, the Program pays 100 percent of billed charges for covered services (see page 19).
- Outpatient treatment sessions for family members of an individual being treated for alcohol or substance use are covered for a maximum of 20 visits per year for all family members combined.

## Empire Plan Cost Sharing

### Plan Providers

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost of covered services depends on whether the provider you use participates in the Plan. You receive the maximum plan benefits when you use participating providers. For more information, read *Reporting On Network Benefits*. You can find this publication at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) or ask your HBA for a copy.

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

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

- Mental Health and Substance Abuse (MHSA) Program services
- Managed Physical Medicine Program services (physical therapy, chiropractic care and occupational therapy)

- Home Care Advocacy Program (HCAP) services (including durable medical equipment)

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

### 2020 Annual Maximum Out-of-Pocket Limit

Your maximum out-of-pocket expenses for in-network covered services will be \$5,300 for Individual coverage and \$10,600 for Family coverage for Hospital, Medical/Surgical and MHSA Programs, combined. Once you reach the limit, you will have no additional copayments.

### Combined Annual Deductible

For Medical/Surgical and MHSA Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible that must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSA Programs can be reimbursed. See the table on page 19 for 2020 combined annual deductible amounts. The Managed Physical Medicine Program has a separate \$250 deductible per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined that is not included in the combined annual deductible.

After you satisfy the combined annual deductible, The Empire Plan considers 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSA Program, 50 percent of the network allowance for covered services for non-network HCAP services and 90 percent of the billed charges for covered services for non-network approved facility services for the MHSA Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the usual and customary charge for Basic Medical Program and non-network practitioner services, 10 percent for non-network MHSA-approved facility services and the remaining 50 percent of the network allowance for covered, non-network HCAP services.

### Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum that must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSA Programs can be reimbursed. See the table below for 2020 combined annual coinsurance maximum amounts.

After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of covered charges under the Hospital Program and 100 percent of the usual and customary charges for services covered under the Basic Medical Program and MHSA Program. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges. You are also responsible for paying all charges in excess of the usual and customary charge.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and MHSA Program. The Managed Physical Medicine Program and HCAP do not have a coinsurance maximum.

### Basic Medical Provider Discount Program

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

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

2020 Combined Annual Deductible and Annual Coinsurance Maximum Amounts		
Employees who are Management/Confidential; represented by CSEA, DC-37, NYSCOPBA, PBA, PIA or UUP; judges, justices and nonjudicial employees of UCS; and Legislature	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 <sup>1</sup> in titles equated to Salary Grade 6 and below <sup>2</sup>	\$625	\$1,875
Reduced amount for enrollees <sup>1</sup> represented by UUP who earn less than \$37,891	\$625	\$1,875

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

<sup>2</sup> This reduction does not apply to judges or justices.

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

## Prescription Drug Program

### CVS Caremark

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

- When you use a network pharmacy, the mail service pharmacy or the specialty pharmacy for a 1- to 30-day supply of a covered drug, you pay a \$5 copayment for Level 1 or most generic drugs; a \$30 copayment for Level 2, preferred drugs or compound drugs; and a \$60 copayment for Level 3, certain generic drugs or non-preferred drugs.
- For a 31- to 90-day supply of a covered drug through a network pharmacy, you pay a \$10 copayment for Level 1 or most generic drugs; a \$60 copayment for Level 2, preferred drugs or compound drugs; and a \$120 copayment for Level 3, certain generic drugs or non-preferred drugs.
- For a 31- to 90-day supply of a covered drug through the mail service pharmacy or the specialty pharmacy, you pay a \$5 copayment for Level 1 or most generic drugs; a \$55 copayment for Level 2, preferred drugs or compound drugs; and a \$110 copayment for Level 3, certain generic drugs or non-preferred drugs.
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred copayment, plus the difference in cost between the brand-name drug and the generic equivalent (or “ancillary charge”), not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Advanced Flexible Formulary. Exceptions apply. Please contact the Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- The Empire Plan has a flexible formulary (Advanced Flexible Formulary) that excludes certain prescription drugs from coverage.
- Prior authorization is required for certain drugs.
- Oral chemotherapy drugs for the treatment of cancer do not require a copayment.
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer, do not require a copayment. In addition, generic oral contraceptive drugs/devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment. The copayment waivers for these drugs will only be provided if the drug is filled at a network pharmacy.
- Certain preventive adult vaccines, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network, do not require a copayment.
- A pharmacist is available 24 hours a day, seven days a week to answer questions about your prescriptions.
- You can use a non-network pharmacy or pay out of pocket at a network pharmacy (instead of using your Empire Plan Benefit Card) 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 copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

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

### 2020 Annual Maximum Out-of-Pocket Limit\*

Your annual maximum out-of-pocket expenses for covered drugs received from a network pharmacy will be \$2,850 for Individual coverage and \$5,700 for Family coverage. Once you reach the limit, you will have no additional copayments for prescription drugs.

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



Specialty Pharmacy

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. The Program provides enhanced services to individuals using specialty drugs (such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring). The complete list of specialty drugs included in the Specialty Pharmacy Program is available on NYSHIP Online. Go to [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) and choose your group and plan, if prompted. Select Using Your Benefits and then Specialty Pharmacy Drug List.

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

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

Medicare-primary enrollees and dependents:

If you are or will be Medicare primary in 2020, ask your HBA for a copy of *2020 Choices* for Retirees for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.

The Empire Plan NurseLineSM

Call The Empire Plan and press or say 5 for the NurseLineSM for health information and support. Representatives are available 24 hours a day, seven days a week.

Contact The Empire Plan

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

Teletypewriter (TTY) Numbers

These numbers are available to callers who use a TTY device because of a disability and are all toll free.

Medical/Surgical Program

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

Hospital Program

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

Mental Health and Substance Abuse Program

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

Prescription Drug Program

TTY only:.....711

# The Empire Plan

For employees of the State of New York who are Management/Confidential; represented by CSEA, DC-37, NYSCOPBA, PBA, PIA or UUP; judges, justices and nonjudicial employees of the Unified Court System (UCS); Legislature; and their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees.

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Office Visits<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Diagnostic Services:<sup>2</sup></b>			
Radiology	\$40 <sup>4</sup> or \$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Lab Tests	\$40 <sup>4</sup> or \$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$25 per visit	Basic Medical <sup>3</sup>
EKG/EEG	\$40 <sup>4</sup> or \$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/ Reproductive Health:<sup>2</sup></b>			
Screenings and Maternity-Related Lab Tests	\$40 <sup>4</sup> or \$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Mammograms	No copayment	No copayment	Basic Medical <sup>3</sup>
Pre/Postnatal Visits and Well-Woman Exams		\$25 per visit	Basic Medical <sup>3</sup>
Bone Density Tests	\$40 <sup>4</sup> or \$50 per outpatient visit	\$25 per visit	Basic Medical <sup>3</sup>
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchase from a participating provider; one double-electric breast pump per birth	
External Mastectomy Prostheses		No network benefit. See nonparticipating provider.	Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>5</sup>
<b>Family Planning Services<sup>2</sup></b>		\$25 per visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>	\$40 <sup>4</sup> or \$50 per outpatient visit <sup>6</sup>	\$25 per visit; no copayment at designated Centers of Excellence <sup>6</sup>	Basic Medical <sup>3</sup>

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical <sup>3</sup>
Inpatient Hospital Surgery	No copayment <sup>7</sup>	No copayment	Basic Medical <sup>3</sup>
Outpatient Surgery	\$75 <sup>4</sup> or \$95 per visit	\$25 per visit <sup>8</sup>	Basic Medical <sup>3</sup>
Emergency Department	\$90 <sup>4</sup> or \$100 per visit <sup>9</sup>	No copayment	Basic Medical <sup>3,10</sup>
Urgent Care	\$40 <sup>4</sup> or \$50 per outpatient visit <sup>11</sup>	\$30 per visit	Basic Medical <sup>3</sup>
Ambulance	No copayment <sup>12</sup>	\$70 per trip <sup>13</sup>	\$70 per trip <sup>13</sup>
Mental Health Practitioner Services		\$25 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see pages 18–19 for details)
Approved Facility Mental Health Services		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see pages 18–19 for details)
<p><sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 16).</p> <p><sup>2</sup> Copayment waived for preventive services under the PPACA. See <a href="http://www.hhs.gov/healthcare/rights/preventive-care">www.hhs.gov/healthcare/rights/preventive-care</a> or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.</p> <p><sup>3</sup> See Cost Sharing (beginning on page 18) for Basic Medical information.</p> <p><sup>4</sup> For enrollees represented by CSEA and UCS enrollees only.</p> <p><sup>5</sup> Any single external mastectomy prosthesis costing \$1,000 or more requires prior approval.</p> <p><sup>6</sup> Certain qualified procedures require precertification and are subject to a \$50,000 lifetime allowance.</p> <p><sup>7</sup> Preadmission certification required.</p> <p><sup>8</sup> In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$50 per visit or Basic Medical benefits apply, depending upon the status of the center. (Check with the center or The Empire Plan program administrators.)</p> <p><sup>9</sup> Copayment waived if admitted.</p> <p><sup>10</sup> Attending emergency department physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers are considered under the Basic Medical Program and are not subject to deductible or coinsurance.</p> <p><sup>11</sup> At a hospital-owned urgent care facility only.</p> <p><sup>12</sup> If service is provided by admitting hospital.</p> <p><sup>13</sup> Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.</p>			

## The Empire Plan

Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see pages 18–19 for details)
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see pages 18–19 for details)
<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (see the <i>Empire Plan Certificate</i> )
<b>Prosthetics</b>		No copayment <sup>14</sup>	Basic Medical <sup>3,14</sup> \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
<b>Orthotic Devices</b>		No copayment <sup>14</sup>	Basic Medical <sup>3,14</sup>
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; \$25 per visit for outpatient physical therapy following related surgery or hospitalization <sup>15</sup>	Physical or occupational therapy \$25 per visit (MPN)  Speech therapy \$25 per visit	\$250 annual deductible, 50% of network allowance  Basic Medical <sup>3</sup>
<b>Diabetic Supplies</b>		No copayment (HCAP)	50% of network allowance (see the <i>Empire Plan Certificate</i> )
<b>Insulin and Oral Agents</b> (covered under the Prescription Drug Program, subject to drug copayment)			
<b>Diabetic Shoes</b>		\$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of \$500 (see the <i>Empire Plan Certificate</i> )
<b>Hospice</b>	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum
<b>Skilled Nursing Facility<sup>16,17</sup></b>	No copayment		10% of billed charges up to the combined annual coinsurance maximum



Benefits	Network Hospital Benefits <sup>1,2</sup>	Participating Provider <sup>2</sup>	Nonparticipating Provider
<b>Prescription Drugs</b> (see pages 20–21)			
Specialty Drugs (see page 21)			
<b>Additional Benefits:</b>			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See nonparticipating provider.	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Annual Out-of-Pocket Maximum	Individual coverage: \$2,850 for the Prescription Drug Program. <sup>17</sup> \$5,300 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs. Family coverage: \$5,700 for the Prescription Drug Program. <sup>17</sup> \$10,600 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Abuse Programs.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		
24-hour NurseLine <sup>SM</sup> for health information and support at 1-877-7-NYSHIP (1-877-769-7447); press or say Option 5.			
Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders.			
Diabetes education centers for enrollees who have a diagnosis of diabetes.			
For more information regarding covered vaccines, tests and screenings, see the <i>Empire Plan Preventive Care Coverage Chart</i> on NYSHIP Online under Publications or visit <a href="http://www.hhs.gov/healthcare/rights/preventive-care">www.hhs.gov/healthcare/rights/preventive-care</a> .			
<sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 16). <sup>2</sup> Copayment waived for preventive services under the PPACA. See <a href="http://www.hhs.gov/healthcare/rights/preventive-care">www.hhs.gov/healthcare/rights/preventive-care</a> or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance. <sup>3</sup> See Cost Sharing (beginning on page 18) for Basic Medical information.		<sup>14</sup> Benefit paid up to cost of device meeting individual’s functional need. <sup>15</sup> Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization. <sup>16</sup> Up to 120 benefit days; Benefits Management Program provisions apply. <sup>17</sup> Does not apply to Medicare-primary enrollees.	

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

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$40 physician and \$50 facility per visit
<b>Emergency Department</b>	\$100 per visit (waived if admitted within 24 hours)
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual	\$25 per visit (\$5 for children to age 26)
Group	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25 per item up to a 30-day supply
<b>Insulin and Oral Agents</b>	\$25 per prescription up to a 30-day supply
<b>Diabetic Shoes</b>	50% coinsurance one pair per year when medically necessary
<b>Hospice, 210 days max</b>	No copayment

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

## Benefits

## Enrollee Cost

**Skilled Nursing Facility** No copayment  
45 days max per admission, 360-day lifetime max

### Prescription Drugs

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

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

You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.

### Specialty Drugs

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

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

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

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

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

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

### Maternity

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

**Telemedicine**.....\$10 per visit

We have partnered with MDLIVE® to provide you with a faster way to access healthcare for non-emergency medical conditions and behavioral health conditions through telemedicine.

## Plan Highlights for 2020

Laboratory and pathology services are covered in full. We deliver high-quality coverage, plus discounts on

services that encourage you to keep a healthy lifestyle. Excellus BCBS, via our partner MDLIVE®, now offers another low-cost way to receive care. Visit with a U.S. board-certified doctor right from your home, office or on the go for non-emergency medical and behavioral health conditions for only a \$10 copayment.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

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

## NYSHIP Code Number 066

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

## Blue Choice

165 Court Street, Rochester, NY 14647

## For information:

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

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

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

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

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

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

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



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

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$18 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Emergency Department</b> (waived if admitted)	\$100 per visit
<b>Urgent Care Facility</b> <sup>7</sup>	\$25 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$18 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max <sup>8</sup>	\$18 per visit
Outpatient Speech Therapy, 20 visits max <sup>8</sup>	\$18 per visit

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

<sup>2</sup> For services at a standalone Quest lab or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency department visit are also paid in full.

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

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

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

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

<sup>7</sup> Urgent Care is covered outside of our eight-county service area of Western New York.

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



Benefits	Enrollee Cost
<b>Diabetic Supplies</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice</b> 210 days max per year	No copayment
<b>Skilled Nursing Facility</b> 50 days max per plan year	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3
May require prior approval. Over 600 \$0 preventive drugs available.	
<b>Specialty Drugs</b>	
Available through mail order at the applicable copayment.	
<b>Additional Benefits</b>	
<b>Annual Out-of-Pocket Maximum</b> (In-Network Benefits)	\$3,000 Individual, \$6,000 Family per year
<b>Dental</b>	Not covered
<b>Vision</b>	Discounts available <sup>9</sup>
<b>Hearing Aids</b> <sup>10</sup>	Plan covers up to two TruHearing Flyte hearing aids every year (one per ear per year).
<b>Out of Area</b>	Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area.
<b>Artificial Insemination &amp; In Vitro Fertilization</b>	20% coinsurance Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.
<b>Wellness Services</b>	\$500 Wellness Card allowance for use at participating facilities

## Plan Highlights for 2020

Wellness allowance may be used for, but not limited to, acupuncture, massage therapy, chiropractic visits and health food stores. Visit [www.bcbswny.com](http://www.bcbswny.com) for information on discounts and wellness programs. You can use Telemedicine hosted by Doctor on Demand at no copayment. Over 600 \$0 preventive drugs available and no copayment for pediatric PCP visits, age 19 and under.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

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

## NYSHIP Code number 067

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

## BlueCross BlueShield of Western New York

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

## For information:

**BlueCross BlueShield of Western New York:**

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

**TTY:** 711

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

<sup>9</sup> Call 1-888-497-7419 for discount information.

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>2</sup>
Pathology	\$20 per visit <sup>2</sup>
EKG/EEG	\$20 per visit <sup>1</sup>
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	\$20 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 initial copayment to confirm pregnancy; no copayment for subsequent visits
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
<b>Family Planning Services</b>	No copayment
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs</b>	No copayment <sup>3</sup>
<b>Contraceptive Devices</b>	No copayment <sup>3</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit

Benefits	Enrollee Cost
<b>Emergency Department</b>	\$50 per visit (waived if admitted within 24 hours)
<b>Urgent Care Facility</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics<sup>4</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max each per calendar year	\$20 per visit
Outpatient Speech Therapy, 20 visits max per calendar year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item
<b>Diabetic Shoes</b>	\$20 per pair one pair per year when medically necessary
<b>Hospice</b>	No copayment 210 days max

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

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

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

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

## Benefits

## Enrollee Cost

<b>Skilled Nursing Facility</b> 45 days max	No copayment
--	--------------

### Prescription Drugs

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

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

### Specialty Drugs

Certain specialty drugs, regardless of tier, require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy. Contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will work with your doctor and arrange delivery.

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

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

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

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

**Hearing Aids**.....20% coinsurance<sup>5</sup>

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

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

**Diabetes Self-Management Education**.....\$20 per visit

**Glucometer**.....\$20 per device

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

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

**Virtual Doctor Visits**.....\$20 per visit

### Weight Loss Program

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

**Fitness Reimbursement**.....\$200 enrollee/  
\$100 spouse per 50 gym visits; available twice per  
plan year

<sup>5</sup> One per ear, every three years.

## Plan Highlights for 2020

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

### Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

### Affiliated Hospitals

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

### Pharmacies and Prescriptions

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

### Medicare Coverage

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

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

### NYSHIP Code number 063

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

### NYSHIP Code number 300

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

### NYSHIP Code number 310

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

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

500 Patroon Creek Boulevard, Albany, NY 12206-1057

### For information:

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

**TTY:** 711

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

Benefits	Enrollee Cost
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$10 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	\$10 per visit for specialist, no copayment for hospital and PCP
Dialysis	\$10 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
<b>Family Planning Services</b>	\$5 PCP, \$10 specialist per visit
<b>Infertility Services</b>	\$10 per visit
<b>Contraceptive Drugs<sup>1</sup></b>	No copayment
<b>Contraceptive Devices<sup>1</sup></b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$5 PCP, \$10 specialist per visit
Outpatient Surgery Facility	No copayment
<b>Emergency Department</b> (waived if admitted)	\$75 per visit

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

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

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



Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental.....Not covered

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

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

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

Hearing Aids.....Cochlear implants only

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

Fitness Program.....Discount program

Alternative Medicine Program.....Discount program

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

Prostate Cancer Screening.....No copayment

Plan Highlights for 2020

The HIP Prime network has more than 69,000 physicians practicing at 219,000 locations. HIP, an EmblemHealth company, has been providing health benefits to hardworking New Yorkers for nearly seven decades and is committed to building a healthy future for you and your family. More information is available at [www.emblemhealth.com](http://www.emblemhealth.com).

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

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

NYSHIP Code number 050

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

NYSHIP Code number 220

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

NYSHIP Code number 350

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

EmblemHealth

55 Water Street, New York, NY 10041

For information:

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

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

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



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

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

Benefits	Enrollee Cost
<b>Outpatient Surgery</b>	
Hospital	\$40 physician copayment per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Department</b> (waived if admitted)	\$100 per visit
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$25 per visit (\$5 for children to age 26)
Group, unlimited	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b> unlimited	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
<b>Diabetic Supplies</b> 30-day supply	\$25 per item
<b>Insulin and Oral Agents</b> 30-day supply	\$25 per item
<b>Diabetic Shoes</b>	50% coinsurance three pairs per year when medically necessary

<sup>1</sup> \$200 physician charge for delivery or 20% coinsurance, whichever is less.

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

Benefits	Enrollee Cost
<b>Hospice</b> 210 days max	No copayment
<b>Skilled Nursing Facility</b> 45 days max per calendar year	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 <sup>3</sup>
Mail Order, 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 <sup>3</sup>
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
<b>Specialty Drugs</b>	
Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and pharmacies is available on our website.	

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

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

**Vision**.....\$40 per visit for eye exams  
associated with disease or injury

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

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

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

**Smoking Cessation**.....The Quit For Life program is  
an award-winning support program to help you quit  
using tobacco for good. Call 1-800-442-8904 or go  
to [www.quitnow.net/Excellus](http://www.quitnow.net/Excellus) for more information.

**Telemedicine**.....\$10 per visit  
We have partnered with MDLIVE® to provide you  
with a faster way to access healthcare for non-  
emergency medical conditions and behavioral  
health conditions through telemedicine.

## Plan Highlights for 2020

We deliver high-quality coverage, plus discounts on services that encourage you to keep a healthy lifestyle.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

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

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

### NYSHIP Code number 072

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

### NYSHIP Code number 160

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

### Excellus BlueCross BlueShield

#### HMOBlue 072

333 Butternut Drive  
Syracuse, NY 13214-1803

### Excellus BlueCross BlueShield

#### HMOBlue 160

12 Rhoads Drive, Utica, NY 13502

### For information:

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

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

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

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



Benefits	Enrollee Cost
<b>Office Visits</b>	
Adult (19+)	\$20
Child (0-18)	\$0 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$10 per visit <sup>2</sup>
Pathology	\$10 per visit
EKG/EEG	\$20 per visit <sup>1</sup>
Radiation	\$20 per visit <sup>1</sup>
Chemotherapy	\$20 per visit <sup>1</sup>
Dialysis	\$20 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis unlimited	No copayment
<b>Family Planning Services<sup>3</sup></b>	\$20 per visit
<b>Infertility Services</b>	
Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit
<b>Contraceptive Drugs</b>	No copayment
<b>Contraceptive Devices</b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$100 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$100 per visit

Benefits	Enrollee Cost
<b>Emergency Department</b> (waived if admitted within 24 hours)	\$100 per visit
<b>Urgent Care Facility</b>	
Adult (19+)	\$35 per visit
Child (0-18)	\$0 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Adult (19+), unlimited	\$20 per visit
Child (0-18), unlimited	\$0 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab</b>	
Adult (19+), unlimited	\$20 per visit
Child (0-18), unlimited	\$0 per visit
<b>Inpatient Drug/Alcohol Rehab</b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 90-day supply	\$20 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	
Retail	\$20 or applicable Rx copayment, whichever is less
Mail Order	\$45 or applicable Rx copayment, whichever is less

<sup>1</sup> Office based: \$20 copayment; hospital based: \$40 copayment. \$0 copayment for child (0-18) in a PCP office.

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

<sup>3</sup> Only preventive family planning services are covered in full. Non-preventive services require a copayment.

## Benefits Enrollee Cost

**Diabetic Shoes** No copayment  
one pair per year when medically necessary

**Hospice** No copayment  
unlimited

**Skilled Nursing Facility** No copayment  
45 days max

### Prescription Drugs

Retail, 30-day supply

Adult (19+) \$5 Tier 1, \$30 Tier 2, \$60 Tier 3

Child (0-18) \$0 Tier 1, \$30 Tier 2, \$60 Tier 3

Mail Order, 90-day supply

Adult (19+) \$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3

Child (0-18) \$0 Tier 1, \$75 Tier 2, \$150 Tier 3

Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.

### Specialty Drugs

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

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

**Dental** Discount program available

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

**Eyeglasses** \$50 for single vision lenses,  
frames; 40% off retail price

**Hearing Aids** Discounts available at different tiers  
from select providers. Contact plan for details.

**Out of Area** While traveling outside  
of the service area, members are covered for  
emergency and urgent care center situations only.  
In addition, dependents up to age 26 are covered  
when seeing a provider in our national network if  
they reside outside the service area for more than  
90 days but less than 365 days. Please see our  
website for details.

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

**Wellness Services** \$400 allowance  
for use at a participating facility

**Urgent Care in Service Area  
for After-Hours Care** \$35 per visit<sup>4</sup>

## Plan Highlights for 2020

\$0 copayment for children aged 18 and under for  
primary care and Tier 1 prescriptions. Wellness card  
allowance increased to \$400 per plan year.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

All retail pharmacies in Western New York participate.  
Members may obtain prescriptions out of the service  
area by using our National Pharmacy Network,  
which includes 58,000 pharmacies nationwide.  
Independent Health offers 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. Call our Member Services  
Department for detailed information.

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

## NYSHIP Code number 059

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

## Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

## For information:

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

**TTY:** 716-631-3108

**Website:** www.independenthealth.com

<sup>4</sup> \$35 copayment for brick-and-mortar freestanding urgent care centers (WNY Immediate Care, WellNow, etc.).  
\$20 copayment for urgent care provided in a participating primary care physician's office.





Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit (\$10 for children) <sup>1</sup>
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$25 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$25 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
Dialysis	\$25 per visit
<b>Women's Health Care/Reproductive Health</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services <sup>2</sup> and Equipment	No copayment
External Mastectomy Prosthesis <sup>3</sup>	50% coinsurance
<b>Family Planning Services<sup>4</sup></b>	\$25 per visit
<b>Infertility Services<sup>4</sup></b>	\$25 per visit
<b>Contraceptive Drugs<sup>5</sup></b>	No copayment <sup>6</sup>
<b>Contraceptive Devices<sup>5</sup></b>	No copayment <sup>6</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$25 per visit
Physician's Office	\$25 per visit
Outpatient Surgery Facility	\$25 per visit

Benefits	Enrollee Cost
<b>Emergency Department</b> (waived if admitted)	\$75 per visit
<b>Urgent Care Facility</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$25 per visit
Group, unlimited	\$25 per visit
<b>Inpatient Mental Health</b> unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>7</sup></b> unlimited	\$25 per visit
<b>Inpatient Drug/Alcohol Rehab<sup>7</sup></b> unlimited	No copayment
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, 2 months max per condition	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined	\$25 per visit
Outpatient Speech Therapy, 30 visits max combined	\$25 per visit
<b>Diabetic Supplies<sup>8</sup></b> 31-day supply	\$25 per boxed item
<b>Insulin and Oral Agents<sup>8</sup></b> 31-day supply	\$25 per boxed item
<b>Diabetic Shoes</b> unlimited pairs when medically necessary	50% coinsurance
<b>Hospice</b> , 210 days max	No copayment

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

<sup>2</sup> Please refer to the Certificate of Coverage for requirements/provider specifications regarding Breastfeeding Services and Equipment.

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

<sup>4</sup> Please refer to the Certificate Of Coverage for requirements regarding Infertility Services.

<sup>5</sup> Over-the-counter contraceptives are not covered.

<sup>6</sup> Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs, plus the Tier 1 copayment.

<sup>7</sup> Please refer to the Certificate of Coverage for requirements regarding Substance Use Disorder.

<sup>8</sup> Please refer to the Certificate of Coverage for requirements regarding Diabetic Supplies.

## Benefits

## Enrollee Cost

<b>Skilled Nursing Facility</b> 45 days max per calendar year	No copayment
--	--------------

### Prescription Drugs

Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, up to 90-day supply	\$25 Tier 1, \$75 Tier 2, \$125 Tier 3

If a member requests a brand-name drug over the prescribed generic, they pay the difference between the cost of the generic and the brand-name drug plus the Tier 1 copayment. This includes fertility, injectable and self-injectable medications and enteral formulas. Approved generic contraceptive prescriptions, devices, and those without a generic equivalent are covered at 100% under retail and mail order.

### Specialty Drugs

Retail covered as noted in Tier 1, Tier 2 and Tier 3 classes. 30-day supply limit. Prior authorization may be required. 30-day supply available through Specialty Pharmacy. Members required to use Caremark Specialty retail.

## Additional Benefits

### Annual Out-of-Pocket Maximum

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

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

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

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

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

### Plan Highlights for 2020

\$600 in WellBeing Rewards. Telemedicine provides access to health care professionals including MDs, behavioral health specialists, psychiatrists and more through a mobile device or computer nearly anywhere in the US at a \$25 copayment.<sup>9</sup>

### Participating Physicians

MVP provides services through more than 44,400 physicians and health practitioners throughout its service area.

### Affiliated Hospitals

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

### Pharmacies and Prescriptions

Virtually all pharmacy “chain” stores and many

independent pharmacies within the MVP service area participate. MVP also offers mail-order service for select maintenance drugs. MVP offers a **closed formulary**.

### Medicare Coverage

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

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

### NYSHIP Code number 058

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

### NYSHIP Code number 060

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

### NYSHIP Code number 330

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

### NYSHIP Code number 340

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

### NYSHIP Code number 360

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

### MVP Health Care

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

### For information:

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

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

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

<sup>9</sup> Please refer to the Certificate of Coverage for requirements regarding Wellbeing Rewards.

# NYSHIP Online

NYSHIP Online, the New York State Department of Civil Service website, is designed to provide you with targeted information about your NYSHIP benefits. Visit NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) and select your group and plan, if prompted.

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

**Department of Civil Service** Online Services Job Seekers State Employees Retirees HR Professionals

Your Group • Your Plan Change Your Group Search

**nyshiponline**  
Employee Benefits Division  
Department of Civil Service

**Current Topics**

- What's New?
- Health Benefits & Option Transfer
- Other Benefits
- Using Your Benefits
- Forms
- Planning to Retire?
- Find a Provider
- Calendar
- MyNYSHIP - Employee Self-Service

Civil Service Home Site Map HIPAA Privacy Information About Us Awards Tech Help Notices Copyright/Disclaimer

**Reminder:** If you are an active employee of New York State and a registered user of MyNYSHIP, you may change your option online (excluding the Opt-out Program) during the Option Transfer Period. See your HBA if you have questions.

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

## How to Find Answers to Your Benefit Questions and Access Additional Important Information

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

**Department of Civil Service**[Online Services](#)[Job Seekers](#)[State Employees](#)[Retirees](#)[HR Professionals](#)

**nyshiponline**[Civil Service Home](#)[Site Map](#)[HIPAA Privacy Information](#)[About Us](#)[Awards](#)[Tech Help](#)[Copyright/Disclaimer](#)

[Current Topics](#)[What's New?](#)[Health Benefits & Option Transfer](#)[Other Benefits](#)[Using Your Benefits](#)[Forms](#)[Planning to Retire?](#)[Find a Provider](#)[Calendar](#)[MyNYSHIP – Employee Self-Service](#)

**Your Group • Your Plan**[Change Your Group](#)[Search](#)

### Using Your Benefits

[Empire Plan Copayments](#)


[Empire Plan Programs and Administrators Contact Info](#)


[Telephone Numbers](#) - General contact information for health and other benefits, benefit funds, and State and U.S. government.


[Publications](#) - A library of recent publications related to your benefits.


[Empire Plan Providers, Pharmacies and Services](#)


[Forms](#) - Empire Plan Claims Forms and Non-Participating Provider Claims Forms and Administrative Forms.


 [2019 Empire Plan Flexible Formulary](#)

 [2019 Drugs that Require Prior Authorization](#)

 [2019 Specialty Pharmacy Drug List](#)

 [2019 Excluded Drug List](#)

 [2019 At A Glance](#) - Easy to access benefits summary that can answer most of your general questions.

 [2019 Empire Plan Preventive Care Coverage](#)

[NYSHIP Policy Memos](#)

[Archived Publications](#)

[Health Benefits Administrators](#)

[Young Adult Option Coverage](#)

[Format Options for Forms and Publications](#)

[Military Leave Benefit Extension for Employees of the State of New York](#)

# Notes



# Notes

# Notes



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

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



**NYSHIP**  
New York State  
Health Insurance Program

### ***2020 Health Insurance Choices (Active) – October 2019***

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact 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 2020/Active



AL1652