

October 2021

HEALTH INSURANCE CHOICES FOR 2022



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



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INFORMATION & REMINDERS

It's Time to Make Your Health Plan Choices for 2022

This booklet explains the options available to you under the New York State Health Insurance Program (NYSHIP) for your health insurance and other elections. Consider your choices carefully. You may not change your option after the deadline, except in special circumstances (see your *General Information Book* for details).

NYSHIP does not offer an open enrollment period.

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

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.

2022 Rates and Deadline for Changing Plans

The NYSHIP 2022 health plan rates will be mailed to your home and posted on NYSHIP Online as soon as they have been approved. **Note:** Participating Employers (PEs), such as the Thruway Authority and the Metropolitan Transportation Authority, will notify their enrollees of 2022 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 the 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 for assistance at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico and the Virgin Islands).

The Pre-Tax Contribution Program

COBRA and Young Adult Option enrollees are not eligible to participate in the Pre-Tax Contribution Program (PTCP). 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.

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

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

Your current PTCP status is noted on your paycheck.

- If you are enrolled in PTCP, your paycheck stub shows “Regular Before-Tax Health” in the Before-Tax Deductions section. Your health insurance premium is deducted from your wages before taxes are withheld.

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

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

If you wish to change your PTCP selection for the 2022 plan year, complete and sign a *NYS Health Insurance Transaction Form (PS-404)* and submit it to your HBA any time during the PTCP Election Period. **NO ACTION IS REQUIRED TO KEEP YOUR CURRENT PTCP STATUS.**

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

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

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

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 of any changes to your enrollment record (home address, phone number, marital status, dependent eligibility) in a timely manner.

Changes in your family status, such as the addition or loss of a dependent, may mean that you need to change your health insurance coverage from Individual to Family or from Family to Individual. If you submit a request within 30 days of a change in family status, you may make these coverage changes without being subject to a late enrollment waiting period. See your *General Information Book* for details. Promptly inform your HBA about any change to ensure it is effective on the actual date of change in family status.

If you are registered for MyNYSHIP, you may also make address and option changes online.

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.

If You Plan to Retire or Vest in 2022

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

If you are planning to retire or vest in 2022, take the time now to familiarize yourself with the eligibility requirements for continuing your health insurance coverage. Refer to your *General Information Book* and ask your HBA for copies of *Planning for Retirement* and *Choices for 2022* for Retirees.

If You Will Be Eligible for Medicare in 2022

NYSHIP requires all enrollees and their dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.* If you are eligible for Medicare-primary coverage 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 had enrolled.

If you or a dependent is eligible for Medicare because of age or disability, or if you are planning to retire in the coming year and will become Medicare primary, take the time now to learn how NYSHIP and Medicare work together and make note of the steps you must take to prevent lapses in coverage. For more information, see your *General Information Book* and ask your HBA for copies of *Medicare & NYSHIP* and *Planning for Retirement*.

* NYSHIP provides primary coverage for active employees and their dependents, regardless of age or disability. Exceptions: Medicare is primary for domestic partners aged 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).



COMPARING YOUR NYSHIP HEALTH PLAN OPTIONS

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

The first step toward making an informed choice is understanding how the NYSHIP options differ from one another. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP-approved Health Maintenance Organizations (HMOs). Additionally, if you have other employer-sponsored group health coverage available to you, you may be eligible to participate in the Opt-out Program (see page 12 for details).

The Empire Plan

New in 2022

- For 2022, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$8,700 for Individual coverage and \$17,400 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs. See the table on page 4 for more information about how out-of-pocket limits apply to each Empire Plan program.
- Effective January 1, 2022, certain diabetic supplies are covered in full under The Empire Plan **when dispensed at a network pharmacy**: insulin syringes, insulin needles, insulin pen needles, alcohol swabs and gauze.
- Through LiveHealth Online, enrollees can access board-certified doctors and licensed therapists 24 hours a day, seven days a week via smartphone, tablet or personal computer. **The Empire Plan will continue to cover telemedicine visits through LiveHealth Online at no cost through December 31, 2022.**

- **New benefit cards** that include deductible and out-of-pocket maximum amounts in addition to other important information to aid with claims submissions will be issued to Empire Plan enrollees and their covered dependents for the 2022 plan year.

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

- **Worldwide coverage:** Benefits for covered services, not just urgent and emergency care, are available worldwide.
- **Nationwide Network:** Over 1.2 million network providers and facilities are available throughout the United States.
- **Choose any in-network doctor for routine care:** Empire Plan enrollees are not required to choose a Primary Care Physician (PCP).
- **No referrals:** Empire Plan enrollees are not required to obtain referrals to see specialists; however, certain services do require preapproval.
- **Copayments:** Empire Plan enrollees usually pay a copayment as a per-visit fee.
- **Out-of-network benefits:** Benefits for covered services obtained from a nonparticipating provider or non-network facility are subject to a deductible and/or coinsurance.

For Empire Plan provider information:

- Visit NYSHIP Online at www.cs.ny.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.

2022 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services

Coverage Type	Prescription Drug Program*	Hospital, Medical/Surgical and Mental Health and Substance Use Programs, Combined	Total
Individual Coverage	\$3,050	\$5,650	\$8,700
Family Coverage	\$6,100	\$11,300	\$17,400

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

NYSHIP Health Maintenance Organizations

New in 2022

- The **BlueCross BlueShield of Western New York HMO (Option #067)** and the **BlueShield of Northeastern New York HMO (Option #069)** have changed their names to **Highmark BlueCross BlueShield of Western New York** and **Highmark BlueShield of Northeastern New York**, respectively.
- As of January 1, 2022, the **CDPHP Central HMO (Option #300)** will expand its NYSHIP service area to include Jefferson, Lewis and St. Lawrence counties.

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

- **Geographic service areas:** Coverage for services received outside the specified geographic area is limited.* HMO enrollees who use doctors, hospitals or pharmacies outside the HMO's network must, in most cases, pay the full cost of services unless authorized by the HMO or in an emergency.
- **PCPs provide routine care and referrals:** HMO enrollees usually choose a Primary Care Physician (PCP) from the HMO's network for routine medical care. It may be necessary to obtain referrals to receive services from certain specialists and hospitals.
- **Copayments/coinsurance:** HMO enrollees usually pay a copayment as a per-visit fee or coinsurance (percentage of cost).
- **No annual deductible:** HMOs have no annual deductible.

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

* 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.

For HMO provider information:

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

Exclusions

All plans contain coverage exclusions for certain services and prescription drugs. Additionally, Workers' Compensation-related expenses and custodial care are generally excluded from coverage. For details on a plan's exclusions, read the *Empire Plan Certificate* or the NYSHIP HMO contract, or check with the plan directly.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. To view a copy of an *SBC* for The Empire Plan or a NYSHIP HMO, visit www.cs.ny.gov/sbc. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical Program to request a copy of the *SBC* for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO.

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 and select the employer group of the young adult's parent. 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.

Plan Comparison Tool

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on NYSHIP Online. Go to www.cs.ny.gov/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.

THE EMPIRE PLAN & NYSHIP HMOS: SIMILARITIES & DIFFERENCES

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

The Empire Plan:

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

NYSHIP HMOS:

With an HMO plan, you are always covered for emergency care. Some HMOs may provide coverage for urgent or routine care outside the HMO service area. Additionally, some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been preauthorized. See the out-of-area benefit description on each HMO page for more 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 17 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 7 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 Use Program, non-network hospital services are subject to 10 percent of covered charges up to the combined annual coinsurance maximum (see page 16).

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:

Through the Home Care Advocacy Program (HCAP), benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes* are paid in full. Prior authorization is required.

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 13 of this booklet, in the *Empire Plan Certificate* (available online or from your HBA) and in the HMO contracts (available from each 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 NurseLineSM for health information and support
- Worldwide coverage

Each NYSHIP HMO provides:

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

All plans provide:

- | | | |
|---|--|--|
| • Preventive care services | • Speech therapy | • 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) |
| • Inpatient medical/surgical hospital care | • Prosthetics and durable medical equipment | • 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) |
| • Outpatient medical/surgical hospital services | • Orthotic devices | • Second opinion for cancer diagnosis |
| • Physician services | • Medically necessary bone density tests | • Gender affirming care |
| • Emergency care | • Mammography | • In vitro fertilization (up to 3 cycles) |
| • Laboratory services | • Inpatient mental health services | • Fertility preservation |
| • Radiology services | • Outpatient mental health services | • Telehealth |
| • Chemotherapy | • Alcohol and substance use detoxification | |
| • Radiation therapy | • Inpatient alcohol rehabilitation | |
| • Dialysis | • Inpatient drug rehabilitation | |
| • Diagnostic services | • Outpatient alcohol and drug rehabilitation | |
| • Diabetic supplies | • Family planning and certain infertility services | |
| • Maternity, prenatal care | • Out-of-area emergencies | |
| • Well-child care | • Hospice benefits (at least 210 days) | |
| • Chiropractic services | • Home health care in lieu of hospitalization | |
| • Skilled nursing facility services | | |
| • Physical therapy | | |
| • Occupational therapy | | |

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.

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? Is the medicine I take covered under the plan? What is my share of the cost? What type of formulary does the plan have? Can I use the mail service pharmacy? (If you receive your drug coverage from a union Employee Benefit Fund, ask the fund about your benefits.)
- 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? 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 currently use are covered.) How would I consult a specialist if I needed one? Would I need a referral?
- How much paperwork is required by the health plan? Will I have to fill out forms?

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 *NYS 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 12).



PLANS BY COUNTY

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

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

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

Montgomery: Highmark BS of Northeastern New York (069), CDPHP (063), HMOBlue (160), MVP (060)
Nassau: HIP (050)
New York: HIP (050)
Niagara: Highmark BCBS of Western New York (067), Independent Health (059)
Oneida: CDPHP (300), HMOBlue (160), MVP (330)
Onondaga: HMOBlue (072), MVP (330)
Ontario: Blue Choice (066), MVP (058)
Orange: CDPHP (310), HIP (350), MVP (340)
Orleans: Highmark BCBS of Western New York (067), Independent Health (059), MVP (058)
Oswego: HMOBlue (072), MVP (330)
Otsego: CDPHP (300), HMOBlue (160), MVP (330)
Putnam: HIP (350), MVP (340)
Queens: HIP (050)
Rensselaer: Highmark BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
Richmond: HIP (050)
Rockland: MVP (340)
Saratoga: Highmark BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)

Schenectady: Highmark BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
Schoharie: CDPHP (063), MVP (060)
Schuyler: HMOBlue (072), MVP (058)
Seneca: Blue Choice (066), MVP (058)
St. Lawrence: CDPHP (300), HMOBlue (160), MVP (360)
Steuben: HMOBlue (072), MVP (058)
Suffolk: HIP (050)
Sullivan: HIP (350), MVP (340)
Tioga: CDPHP (300), HMOBlue (072), MVP (330)
Tompkins: HMOBlue (072), MVP (330)
Ulster: CDPHP (310), HIP (350), MVP (340)
Warren: Highmark BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
Washington: Highmark BS of Northeastern New York (069), CDPHP (063), HIP (220), MVP (060)
Wayne: Blue Choice (066), MVP (058)
Westchester: HIP (050), MVP (340)
Wyoming: Highmark BCBS of Western New York (067), Independent Health (059), MVP (058)
Yates: Blue Choice (066), MVP (058)

THE OPT-OUT PROGRAM NYSHIP CODE #700

The Opt-out Program is available to eligible employees who have other employer-sponsored group health coverage. If eligible, you may opt out of NYSHIP coverage in exchange for an incentive payment. **Note:** Employees who are represented by UUP are not eligible to participate in this program. The State Opt-out Program also 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 2022 plan year.

Eligibility Requirements

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

- Have been enrolled in the Opt-out Program for the prior plan year, or
- Have been enrolled in a NYSHIP health plan by April 1, 2021 (or on your first date of NYSHIP eligibility if that date is later than April 1) and remained continuously enrolled while eligible for the employee share of the premium through the end of 2021.

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

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

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

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

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

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 2022.

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 continue your enrollment or choose other NYSHIP coverage for 2022 during the Option Transfer Period.

THE EMPIRE PLAN NYSHIP CODE #001

Note: Employees represented by C-82 should refer to the companion publication entitled **Health Insurance Choices for 2022 Supplement** in place of pages 13–23 of this book for information about 2022 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, 2022.¹ You may also visit 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

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

Medical and surgical coverage through:

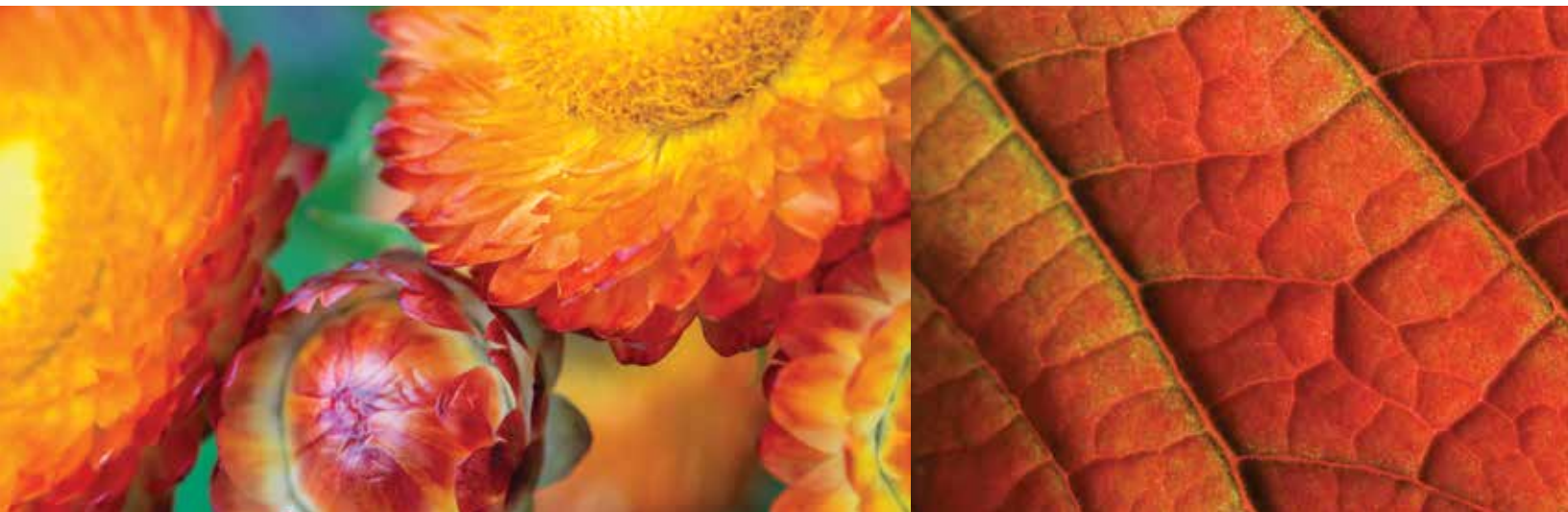
- **Participating Provider Program** – The Participating Provider Program network administered by UnitedHealthcare includes over 1.2 million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States. Certain services are subject to a \$25 copayment.

- **Basic Medical Program** – If you use a nonparticipating provider, 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 15) 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 17).

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

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

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



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

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

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

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- Anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program (if The Empire Plan provides your primary coverage).
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to outpatient hospital copayments.
- Except as 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,² you will be subject to 10 percent coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10 percent coinsurance or \$75 per visit. The Empire Plan will begin to cover 100 percent of the billed charges for covered inpatient and outpatient services only after the combined annual coinsurance maximum threshold has been reached.

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

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

Preadmission Certification Requirements

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

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

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

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

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

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

Mental Health and Substance Use Program

Beacon Health Options, Inc.

P.O. Box 1850, Hicksville, NY 11802

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

Network Benefits

(unlimited when medically necessary)

If you call the MHSU Program before you receive services 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 Benefits³

(unlimited when medically necessary)

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

- For Practitioner Services: The MHSU Program will consider up to 80 percent of usual and customary charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner and per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached, the Program reimburses up to 100 percent of usual and customary charges for covered services (see page 16).
- 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 16).

- 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 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.

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

- Mental Health and Substance Use (MHSU) 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.

2022 Annual Maximum Out-of-Pocket Limit

Your maximum out-of-pocket expenses for in-network covered services will be \$5,650 for Individual coverage and \$11,300 for Family coverage for Hospital, Medical/Surgical and MHSU Programs, combined. Once you reach the limit, you will have no additional copayments.

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

Combined Annual Deductible

For Medical/Surgical and MHSU Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible that must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSU Programs can be reimbursed. See the table below for 2022 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 MHSU Program, 50 percent of the network allowance for covered services for non-network HCAP services and 90 percent of the billed charges for covered services for non-network approved facility services for the MHSU Program. You are responsible for the remaining 20 percent coinsurance and all charges

in excess of the usual and customary charge for Basic Medical Program and non-network practitioner services, 10 percent for non-network MHSU-approved facility services and the remaining 50 percent of the network allowance for covered, non-network HCAP services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum that must be met before covered services under the Basic Medical Program and non-network expenses under the Hospital and MHSU Programs will be fully reimbursed. See the table below for 2022 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 MHSU Program. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges. You are also responsible for paying all charges in excess of the usual and customary charge.

2022 Combined Annual Deductible and Annual Coinsurance Maximum Amounts		
Employees who are Management/Confidential; represented by CSEA, DC-37, NYSCOPBA, PBA, PBANYS, PEF, 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 ¹ in titles equated to Salary Grade 6 and below ²	\$625	\$1,875
Reduced amount for enrollees ¹ represented by UUP who earn less than \$40,210	\$625	\$1,875

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

² This reduction does not apply to judges or justices.



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

Basic Medical Provider Discount Program

If you are Empire Plan primary, the Plan also includes a program to reduce your out-of-pocket costs when you use a nonparticipating provider. The 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.

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. Select your group and plan, if prompted, and then Find a Provider.

Prescription Drug Program

CVS Caremark

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

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

- When you use a network pharmacy, the mail service pharmacy or the designated 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 designated 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, raloxifene, anastrozole and exemestane do not require a copayment when prescribed for the primary prevention of breast cancer. In addition, generic oral contraceptive drugs/devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment. The copayment waivers for these drugs will only be provided if the drug is filled at a network pharmacy.
- Certain preventive adult vaccines, 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.



2022 Annual Maximum Out-of-Pocket Limit*

Annual maximum out-of-pocket expenses for covered drugs received from a network pharmacy will be \$3,050 for Individual coverage and \$6,100 for Family coverage. Once you reach the limit, you will have no additional copayments for prescription drugs.

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 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.

The Empire Plan NurseLineSM

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

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

Medicare-primary enrollees and dependents:

If you are Medicare primary or will be in 2022, ask your HBA for a copy of 2022 *Choices* for Retirees for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.

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 Use Program

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

Prescription Drug Program

TTY only:.....711

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

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For employees of the State of New York who are Management/Confidential; represented by CSEA, DC-37, NYSCOPBA, PBA, PBANYS, PEF, 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 ^{1,2}	Participating Provider ²	Nonparticipating Provider
Office Visits²		\$25 per visit	Basic Medical ³
Specialty Office Visits²		\$25 per visit	Basic Medical ³
Diagnostic Services:²			
Radiology	\$40 ⁴ or \$50 per outpatient visit	\$25 per visit	Basic Medical ³
Lab Tests	\$40 ⁴ or \$50 per outpatient visit	\$25 per visit	Basic Medical ³
Pathology	No copayment	\$25 per visit	Basic Medical ³
EKG/EEG	\$40 ⁴ or \$50 per outpatient visit	\$25 per visit	Basic Medical ³
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical ³
Women's Health Care/ Reproductive Health:²			
Well-Woman Exams		No copayment	Basic Medical ³
Screenings and Maternity-Related Lab Tests	\$40 ⁴ or \$50 per outpatient visit	\$25 per visit	Basic Medical ³
Mammograms	No copayment	No copayment	Basic Medical ³
Pre/Postnatal Visits		No copayment ⁵	Basic Medical ³
Bone Density Tests	\$40 ⁴ or \$50 per outpatient visit	\$25 per visit	Basic Medical ³
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchased from a participating provider; one double-electric breast pump per birth	
External Mastectomy Prostheses		No network benefit. See nonparticipating provider.	Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ⁶
Family Planning Services²		\$25 per visit	Basic Medical ³
Infertility Services	\$40 ⁴ or \$50 per outpatient visit ⁷	\$25 per visit; no copayment at designated Centers of Excellence ⁷	Basic Medical ³

Benefits	Network Hospital Benefits ^{1,2}	Participating Provider ²	Nonparticipating Provider
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical ³
Inpatient Hospital Surgery	No copayment ⁸	No copayment	Basic Medical ³
Outpatient Surgery	\$75 ⁴ or \$95 per visit	\$25 per visit ⁹	Basic Medical ³
Weight Loss/Bariatric Surgery	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Basic Medical ³
Emergency Department	\$90 ⁴ or \$100 per visit ¹⁰	No copayment	Basic Medical ^{3,11}
Urgent Care	\$40 ⁴ or \$50 per outpatient visit ¹²	\$30 per visit	Basic Medical ³
Ambulance	No copayment ¹³	\$70 per trip ¹⁴	\$70 per trip ¹⁴
Telehealth		\$25 per visit	Basic Medical ³
Mental Health Practitioner Services		\$25 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see pages 16–17 for details)

¹ Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 14).

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

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

⁴ For enrollees represented by CSEA and UCS enrollees only.

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

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

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

⁸ Preadmission certification required.

⁹ In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$50 per visit or Basic Medical benefits apply, depending upon the status of the center. (Check with the center or The Empire Plan program administrators.)

¹⁰ Copayment waived if admitted.

¹¹ 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.

¹² At a hospital-owned urgent care facility only.

¹³ If service is provided by admitting hospital.

¹⁴ Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.

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

Benefits	Network Hospital Benefits ^{1,2}	Participating Provider ²	Nonparticipating Provider
Skilled Nursing Facility ^{17,18}	No copayment		10% of billed charges up to the combined annual coinsurance maximum
Prescription Drugs (see pages 17–19):			
Specialty Drugs (see page 19)			
Additional Benefits:			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See nonparticipating provider.	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Annual Out-of-Pocket Maximum	Individual coverage: \$3,050 for the Prescription Drug Program. ¹⁸ \$5,650 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs. Family coverage: \$6,100 for the Prescription Drug Program. ¹⁸ \$11,300 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		
24-hour NurseLine SM for health information and support at 1-877-7-NYSHIP (1-877-769-7447); press or say 5.			
Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease (CAD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), congestive heart failure, depression, diabetes and eating disorders.			
Diabetes education centers for enrollees who have a diagnosis of diabetes.			
For more information regarding covered vaccines, tests and screenings, see the <i>Empire Plan Preventive Care Coverage Guide</i> on NYSHIP Online under Publications or visit www.hhs.gov/healthcare/rights/preventive-care .			
¹ Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 14). ² Copayment waived for preventive services under the PPACA. See www.hhs.gov/healthcare/rights/preventive-care or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance. ³ See Cost Sharing (beginning on page 15) for Basic Medical information. ¹⁵ Benefit paid up to cost of device meeting individual's functional need. ¹⁶ Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization. ¹⁷ Up to 120 benefit days; Benefits Management Program provisions apply. ¹⁸ Does not apply to Medicare-primary enrollees.			

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

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$40 physician and \$50 facility per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department (waived if admitted within 23 hours)	\$100 per visit
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telehealth	No copayment
Outpatient Mental Health	
Individual	\$25 per visit (\$5 for children to age 26)
Group	\$25 per visit (\$5 for children to age 26)
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab (\$5 for children to age 26)	\$25 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Diabetic Supplies up to a 30-day supply	\$25 per item
Insulin and Oral Agents up to a 30-day supply	\$25 per prescription

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

Benefits	Enrollee Cost
Diabetic Shoes one pair per year when medically necessary	50% coinsurance
Hospice , 210 days max	No copayment
Skilled Nursing Facility 45 days max per admission, 360-day lifetime max	No copayment
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ²
Mail Order, up to 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ²
You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	
Specialty Drugs	
Designated specialty drugs are covered only at a network specialty pharmacy and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com .	
Additional Benefits	
Annual Out-of-Pocket Maximum (In-Network Benefits)	\$6,350 Individual, \$12,700 Family per year
Dental ³	\$40 per visit
Vision ⁴	\$40 per visit
one routine exam every two years. Children to age 19 are covered every year.	
Eyewear	\$60 reimbursement once every two calendar years. Children to age 19: 50% coinsurance, one pair per calendar year
Hearing Aids	Children to age 19: Covered in full for up to two hearing aids every three years
Out of Area	Our BlueCard and Away From Home Care Programs cover routine and urgent care while traveling, for students away at school, members on extended out-of-town business and for families living apart
Maternity	
Physician's charge for delivery	\$50 copayment

Plan Highlights for 2022

Through our HealthyRewards online incentive program, you can now earn up to \$500 per family (\$250 employee and \$250 spouse/domestic partner) in dividend dollars each year for performing healthy activities that fit into your day and tracking your progress online.

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.

Pharmacies and Prescriptions

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

Medicare Coverage

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

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

NYSHIP Code number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For Information:

Blue Choice: 1-800-499-1275

TTY: 1-800-662-1220

Medicare Blue Choice: 1-877-883-9577

Website: www.excellusbcbs.com

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

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

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



Benefits	Enrollee Cost
Office Visits	\$20 per visit (\$0 for children to age 19)
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit ¹
Lab Tests	\$20 per visit ²
Pathology	\$20 per visit ²
EKG/EEG	\$20 per visit ¹
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	\$20 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 copayment for initial visit, no copayment for subsequent visits
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
Family Planning Services	No copayment
Infertility Services	\$20 per visit ³
Contraceptive Drugs	No copayment ⁴
Contraceptive Devices	No copayment ⁴
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit

Benefits	Enrollee Cost
Weight Loss/Bariatric Surgery	Covered when medically necessary. Cost varies by service.
Emergency Department (waived if admitted within 24 hours)	\$50 per visit
Urgent Care Facility	\$25 per visit
Ambulance	\$50 per trip
Telehealth	\$0/\$20 per visit ⁵
Outpatient Mental Health	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$20 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁶	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max per calendar year	\$20 per visit
Outpatient Speech Therapy, 20 visits max each per calendar year	\$20 per visit
Diabetic Supplies	
Retail, 30-day supply	\$20 per item
Mail Order, 90-day supply	\$50 per item

¹ Waived if provider is a preferred center.

² No copayment if provider is a designated laboratory.

³ May vary depending on place of service.

⁴ OTC contraceptives with a written physician order/prescription will be reimbursed at no member cost share. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.

⁵ May vary depending on place of service. \$0 for live video visits 24/7 with Doctor On Demand.

⁶ Excludes shoe inserts.

Benefits	Enrollee Cost
Insulin and Oral Agents	
Retail, 30-day supply	\$20 per item ⁷
Mail Order, 90-day supply	\$40 per item
Diabetic Shoes	\$20 per pair
one pair per year when medically necessary	
Hospice, 210 days max	No copayment
Skilled Nursing Facility	No copayment
45 days max	
Prescription Drugs	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, 90-day supply	\$10 Tier 1, \$60 Tier 2, \$100 Tier 3
Over-the-counter formulary drugs are subject to Tier 1 copayment. By law, generics match brand-name strength, purity and stability. Ask your doctor about generic alternatives.	
Specialty Drugs	
Certain specialty drugs require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy. Caremark will work with your doctor to arrange delivery (call 1-800-237-2767).	
Additional Benefits	
Annual Out-of-Pocket Maximum	
(In-Network Benefits).....	\$8,550 Individual, \$17,100 Family per year
Dental	Not covered
Vision	Not covered
Laser Vision Correction	\$750 reimbursement once per lifetime benefit
Hearing Aids	20% coinsurance ⁸
Out of Area	Coverage for emergency care as well as preapproved follow-up care for college students.
Allergy Injections	No copayment
Diabetes Self-Management Education	\$20 per visit
Glucometer	\$20 per device
Diabetic Prevention Program	No copayment
Acupuncture	\$20 per visit, 10 visits max
Weight Loss Program Reimbursement	Up to \$100 per plan year upon qualified program completion
Fitness Reimbursement	Up to \$200 enrollee/ \$100 dependent, available twice per plan year

⁷ \$20 copayment applies for each 30-day supply of insulin, capped at \$100 total member out-of-pocket cost.

⁸ One per ear, every three years.

Plan Highlights for 2022

Complete healthy activities and earn up to \$365 in Life Points. College students have access to live video doctor visits and treatment at more than 1,100 CVS MinuteClinics.

Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

Affiliated Hospitals

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

Pharmacies and Prescriptions

Log in to Rx Corner at www.cdphp.com to find participating pharmacies and view claims. Mail order saves money; find forms online or call 518-641-3700 or 1-800-777-2273. We offer a **closed formulary**.

Medicare Coverage

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

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

NYSHIP Code number 063

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

NYSHIP Code number 300

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

NYSHIP Code number 310

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

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

500 Patroon Creek Boulevard, Albany, NY 12206-1057

For Information:

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

TTY: 711

Website: www.cdphp.com



Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$5 PCP visit; \$10 specialist visit
Lab Tests	\$5 PCP visit; \$10 specialist visit
Pathology	No copayment
EKG/EEG	\$5 PCP visit; \$10 specialist visit
Radiation	\$10 specialist visit
Chemotherapy	\$5 PCP visit; \$10 specialist visit
Dialysis	\$5 PCP visit; \$10 specialist visit \$0 freestanding center/outpatient hospital
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$5 PCP visit, \$10 specialist visit
Infertility Services	\$10 per visit
Contraceptive Drugs¹	No copayment
Contraceptive Devices¹	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	No copayment
Weight Loss/Bariatric Surgery	No copayment Preauthorization may be required.
Emergency Department (waived if admitted)	\$75 per visit

Benefits	Enrollee Cost
Urgent Care Facility	\$5 copayment
Ambulance	No copayment
Telehealth	\$5 PCP visit, \$10 specialist visit
Outpatient Mental Health unlimited	No copayment
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$5 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 30 days max	No copayment
Outpatient Physical or Occupational Therapy,	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility
90 visits max for all outpatient rehabilitative care	
Outpatient Speech Therapy,	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility
90 visits max for all outpatient rehabilitative care	
Diabetic Supplies	\$5 per 34-day supply
Insulin and Oral Agents	\$5 per 34-day supply
Diabetic Shoes² when medically necessary	No copayment
Hospice, 210 days max	No copayment
Skilled Nursing Facility unlimited	No copayment

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

² Precertification must be obtained from participating vendor prior to purchase.

Benefits

Enrollee Cost

Prescription Drugs

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

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

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

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 2022

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

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

NYSHIP Code number 050

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

NYSHIP Code number 220

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

NYSHIP Code number 350

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

EmblemHealth

55 Water Street, New York, NY 10041

For Information:

Customer Service: 1-800-447-8255

TTY: 1-888-447-4833

Website: www.emblemhealth.com

Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment ²
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 for initial visit only ³
Postnatal Visits	\$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment ⁴
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	\$15 per visit
Infertility Services ⁵	\$15 per visit
Contraceptive Drugs	No copayment ⁶
Contraceptive Devices	No copayment ⁶
Inpatient Hospital Surgery	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	\$15 per visit
Outpatient Surgery Facility	\$100 per visit
Weight Loss/Bariatric Surgery	\$100 copayment
Emergency Department (waived if admitted)	\$100 per visit
Urgent Care Facility ⁷	\$25 per visit
Ambulance	\$100 per trip
Telehealth	No copayment
Outpatient Mental Health	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited ⁸	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max ⁹	\$15 per visit
Outpatient Speech Therapy, 20 visits max ⁹	\$15 per visit

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

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

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

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

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

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

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

⁸ Prior authorization is required.

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

Benefits	Enrollee Cost
Diabetic Supplies	\$10 per item
Insulin and Oral Agents	\$10 per item
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 50 days max per plan year	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3
May require prior approval. Over 900 \$0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	
Additional Benefits	
Annual Out-of-Pocket Maximum (In-Network Benefits).....	\$3,000 Individual, \$6,000 Family per year
Dental	Not covered
Vision	Discounts available ¹⁰
Hearing Aids ¹¹	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model through TruHearing.
Out of Area	Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area. Call the number on the back of your ID card for more information.
Artificial Insemination & In Vitro Fertilization	20% coinsurance Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered
Wellness Services	\$500 Single/\$600 Family Wellness Card annual allowance for use at participating vendors. Funds do not roll over.

Plan Highlights for 2022

A lower Specialist copayment of \$15, \$0 Pediatric Primary Care visits, \$500 Single/\$600 Family Wellness Card, over 900 \$0 preventive drugs, Away from Home Care and Blue 365 Wellness Program.

Participating Physicians

You have access to 11,000+ physicians/healthcare professionals.

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

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

NYSHIP Code number 067

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

Highmark Blue Cross Blue Shield of Western New York

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

For Information:

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

TTY: 711

Website: www.bcbswny.com/NYSHIP

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

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

Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment ²
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 for initial visit only ³
Postnatal Visits	\$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment ⁴
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	\$15 per visit
Infertility Services ⁵	\$15 per visit
Contraceptive Drugs	No copayment ⁶
Contraceptive Devices	No copayment ⁶
Inpatient Hospital Surgery	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	\$15 per visit
Outpatient Surgery Facility	\$100 per visit
Weight Loss/Bariatric Surgery	\$100 copayment
Emergency Department (waived if admitted)	\$100 per visit
Urgent Care Facility ⁷	\$25 per visit
Ambulance	\$100 per trip
Telehealth	No copayment
Outpatient Mental Health	
Individual, unlimited	\$10 per visit
Group, unlimited	\$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited ⁸	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max ⁹	\$15 per visit
Outpatient Speech Therapy, 20 visits max ⁹	\$15 per visit

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

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

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

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

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

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

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

⁸ Prior authorization is required.

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

Benefits	Enrollee Cost
Diabetic Supplies	\$10 per item
Insulin and Oral Agents	\$10 per item
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 50 days max per plan year	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3
May require prior approval. Over 900 \$0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	
Additional Benefits	
Annual Out-of-Pocket Maximum (In-Network Benefits).....	\$3,000 Individual \$6,000 Family per year
Dental	Not covered
Vision	Discounts available ¹⁰
Hearing Aids ¹¹	\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model through TruHearing.
Out of Area	Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area. For more information, call the number on the back of your ID card.
Artificial Insemination & In Vitro Fertilization	20% coinsurance Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.
Wellness Services	\$500 Single/\$600 Family Wellness Card annual allowance for use at participating facilities.

Plan Highlights for 2022

A lower Specialist copayment of \$15, \$0 Pediatric Primary Care visits, \$500 Single/\$600 Family Wellness Card, over 900 \$0 preventive drugs, Away from Home Care and Blue 365 Wellness Program.

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

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

NYSHIP Code number 069

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

Highmark Blue Shield of Northeastern New York

P.O. Box 15013, Albany, NY 12212

For Information:

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

TTY: 711

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

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

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



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

Benefits	Enrollee Cost
Office Visits	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$40 per visit
Diagnostic/Therapeutic Services	
Radiology	\$40 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
Must be obtained from a participating Durable Medical Equipment provider	
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$25 PCP, \$40 specialist per visit
Infertility Services	Applicable physician/facility copayment
Contraceptive Drugs	Applicable Rx copayment ¹
Contraceptive Devices	Applicable Rx copayment ¹
Inpatient Hospital Surgery	
Physician	\$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment
Outpatient Surgery	
Hospital	\$40 physician copayment per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$50 per visit

Benefits	Enrollee Cost
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department	\$100 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telehealth	No copayment
Outpatient Mental Health	
Individual, unlimited	\$25 per visit
Group, unlimited	\$25 per visit
Inpatient Mental Health	No copayment unlimited
Outpatient Drug/Alcohol Rehab	\$25 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$40 per visit
Diabetic Supplies	\$25 per item 30-day supply
Insulin and Oral Agents	\$25 per item 30-day supply
Diabetic Shoes	50% coinsurance three pairs per year when medically necessary
Hospice, 210 days max	No copayment
Skilled Nursing Facility	No copayment 45 days max per calendar year

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

Benefits

Enrollee Cost

Prescription Drugs

Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ²
Mail Order, 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ²

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

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental³.....\$40 per visit

Vision⁴.....\$40 per visit
one routine exam every two years. Children to age 19 are covered every year.

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

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

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

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

Plan Highlights for 2022

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

² 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.

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

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



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

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	
Adult (19+)	\$10 PCP/\$20 Specialist per visit
Child (0–18)	\$0 PCP/\$20 Specialist per visit
Outpatient Surgery Facility	\$100 per visit
Weight Loss/Bariatric Surgery³	
Inpatient	No copayment
Outpatient	\$100 copayment
Emergency Department (waived if admitted)	\$100 per visit
Urgent Care Facility	\$35 per visit ⁴
Ambulance	\$100 per trip
Telehealth	
General Medical/Mental Health	No copayment
Dermatology	\$20 per visit
Outpatient Mental Health unlimited	\$10 per visit ⁴
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$10 per visit ⁴
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 45 days max	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit

¹ No copayment for children ages 0–18 in a PCP office. Hospital based: \$40 copayment per visit.

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

³ Preauthorization required.

⁴ No copayment for children ages 0–18.

Benefits	Enrollee Cost
Outpatient Speech Therapy, 20 visits max per year for all outpatient services combined	\$20 per visit
Diabetic Supplies	
Retail, 90-day supply	No copayment
Mail Order	Not available
Insulin and Oral Agents	
Retail	\$10 or applicable Rx copayment, whichever is less
Mail Order	\$25 or applicable Rx copayment, whichever is less
Diabetic Shoes	No copayment
Hospice , unlimited	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply	\$5 Tier 1, ⁵ \$30 Tier 2, \$60 Tier 3
Mail Order, 90-day supply	\$12.50 Tier 1, ⁵ \$75 Tier 2, \$150 Tier 3
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
Specialty Drugs	
Specialty drugs are provided by Reliance Rx Pharmacy and Walgreens, require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication.	

Benefits

Annual Out-of-Pocket Maximum

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

Dental.....Discounts available

Vision.....No copayment
one routine visit every 12 months

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.....Outside of the service area,
members are covered for urgent care and
emergency situations only. Dependents are
covered if they reside outside the service area
for more than 90 days but less than 365 days.

Wellness Services.....\$600 Individual/\$750 Family
allowance for use at a participating facility

Plan Highlights for 2022

We have increased the annual allowance on the Wellness Services Card and removed copayments for general telehealth services and diabetic supplies.

Participating Physicians

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

Affiliated Hospitals

All Western New York hospitals participate with Independent Health and care may be directed to other hospitals when medically necessary.

Pharmacies and Prescriptions

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 58,000 pharmacies nationwide. We offer a **closed formulary**.

Medicare Coverage

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

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

NYSHIP Code number 059

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

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

For Information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Website: www.independenthealth.com

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



Benefits	Enrollee Cost
Office Visits	
Ages 0–25	No copayment
Ages 26+	\$15 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$25 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15/\$25 per visit ^{1,2}
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$25 per visit
Radiation	\$25 per visit
Chemotherapy	\$15/\$25 per visit ²
Dialysis	\$15/\$25 per visit ²
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment ³	No copayment
External Mastectomy Prosthesis ⁴	50% coinsurance
Family Planning Services³	\$25 per visit
Infertility Services³	\$25 per visit
Contraceptive Drugs⁵	No copayment
Contraceptive Devices⁵	No copayment
Inpatient Hospital Surgery	No copayment

Benefits	Enrollee Cost
Outpatient Surgery	
Hospital	\$25 per visit
Physician's Office	\$25 per visit
Outpatient Surgery Facility	\$25 per visit ¹
Weight Loss/Bariatric Surgery	Covered in full at Center of Excellence with prior approval
Emergency Department (waived if admitted)	\$75 per visit
Urgent Care Facility	\$15 per visit
Ambulance	\$50 per trip
Telehealth	
Gia® Virtual Care ⁶	No copayment
Virtual Care PCP/Specialist	\$15/\$25 per visit ²
Outpatient Mental Health unlimited	\$15 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab³ unlimited	\$15 per visit
Inpatient Drug/Alcohol Rehab³ unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max combined	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined	\$15/\$25 per visit ²
Outpatient Speech Therapy, 30 visits max combined	\$15/\$25 per visit ²

¹ No copayment at Preferred Provider facilities.

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

³ Refer to the Certificate of Coverage for requirements.

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

⁵ Over-the-counter contraceptives are not covered.

⁶ Virtual care services from MVP Health Care are provided by UCM Digital Health, Amwell and Physera at no cost share for members. Plan exceptions may apply. Members' direct or digital provider visits may be subject to copayment/cost share per plan.

Benefits	Enrollee Cost
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Diabetic Supplies³ 30-day supply ⁷	\$15 per boxed item
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Insulin and Oral Agents³ 30-day supply ⁷	\$15 per boxed item
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Diabetic Shoes	50% coinsurance
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Hospice , 210 days max	No copayment
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Skilled Nursing Facility 45 days max per calendar year	No copayment
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Prescription Drugs

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

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

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

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

Hearing Aids.....Not covered

Out of Area.....Emergencies only

Plan Highlights for 2022

\$0 PCP visits through age 25; \$15 PCP visits ages 26+; \$0 Tier 1 generic drugs (retail and mail order). No copayment for laboratory, radiology and ambulatory/outpatient surgery from a preferred provider. \$600 in WellBeing Rewards.

Participating Physicians

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

Affiliated Hospitals

Find a participating facility at mvphealthcare.com/findadoctor.

Pharmacies and Prescriptions

Thousands of participating pharmacies, including all major pharmacy chains. We offer a **closed formulary**.

Medicare Coverage

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

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

NYSHIP Code number 058

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

NYSHIP Code number 060

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

NYSHIP Code number 330

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

NYSHIP Code number 340

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

NYSHIP Code number 360

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

MVP Health Care

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

For Information:

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

TTY: 1-800-662-1220

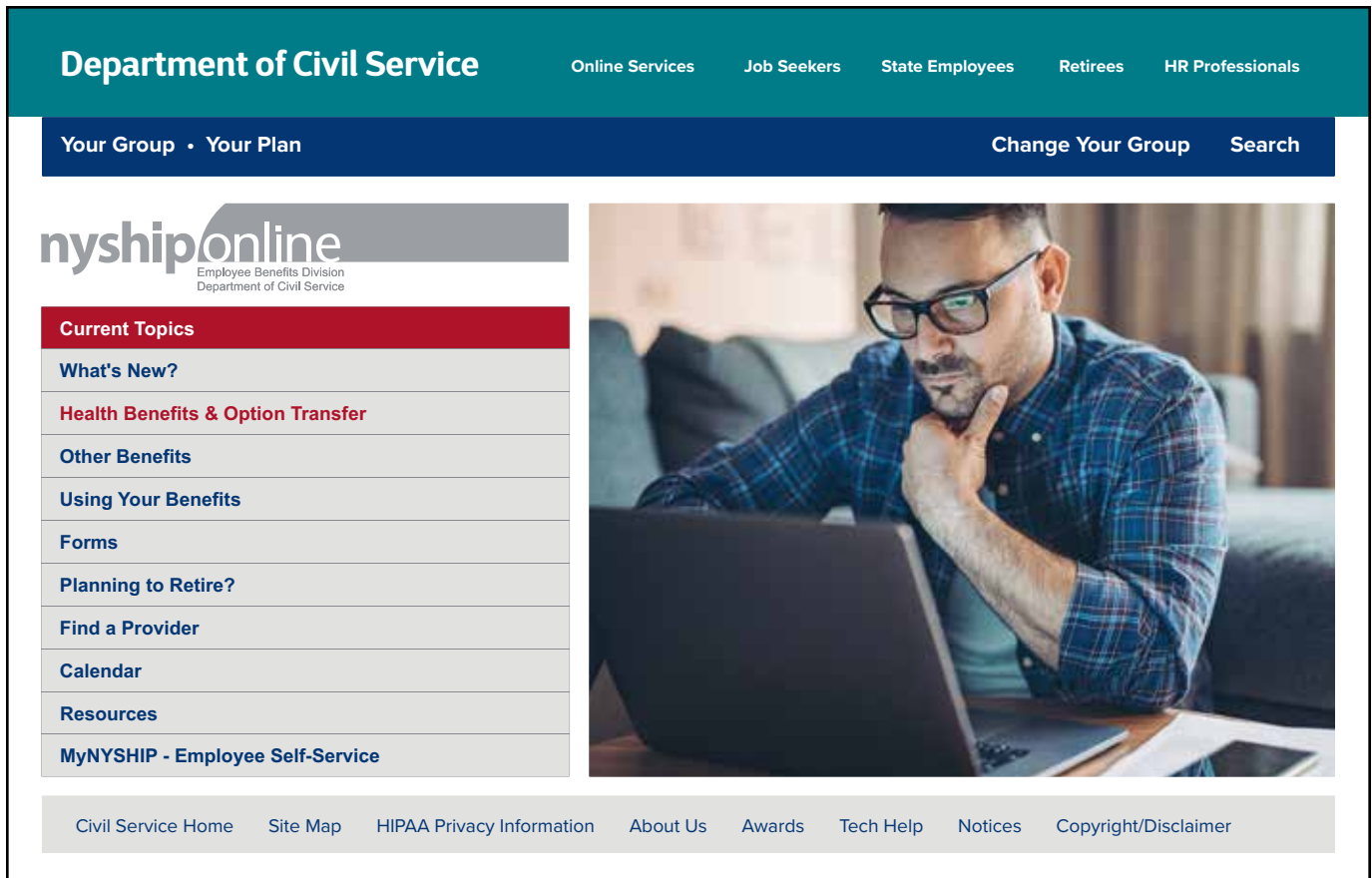
Website: www.mvphealthcare.com

⁷ Not to exceed \$100 per prescription per 30-day supply of insulin.

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 and select your group and plan, if prompted.

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



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.

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.

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[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.

 [Important Terms to Know](#)

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

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

 [2021 Empire Plan Advanced Flexible Formulary - Comprehensive Formulary](#)

 [2021 Empire Plan Advanced Flexible Formulary - April 2021](#)

 [2021 Empire Plan Advanced Flexible Formulary - Specialty Pharmacy Drug List - July 2021](#)

 [2021 Empire Plan Advanced Flexible Formulary - Prior Authorization Drug List - July 2021](#)

 [2021 Empire Plan Advanced Flexible Formulary - Excluded Drug List - January 2021](#)

 [2021 At A Glance](#) - Easy to access benefits summary that can answer most of your general questions.

 [2021 Empire Plan Preventive Care Coverage Guide](#)

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NOTES

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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

2022 Health Insurance Choices (Active) – October 2021

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. 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 2022/Active ☐ AL1789