



Health Insurance

Choices

& Rates for 2002

New York State Health Insurance Program

For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and their Enrolled Dependents *and for COBRA enrollees with their benefits*

Statewide

Choose your 2002 Health Insurance by: December 28, 2001

This is Your Only Notice of 2002 Rate Changes. See pages 4-5. Save this book through 2002 for Plan information even if you are not changing plans.

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November 2001

A Message from the Commissioner



George C. Sinnott

Choosing your health insurance is an important decision. In selecting your health insurance plan for 2002 you want to be sure to choose the one that best meets your individual needs. This booklet will provide you with information you need in order to help you make an informed decision.

On the following pages, you will find explanations of the Empire Plan and Health Maintenance Organizations (HMOs) that are available to you under the New York State Health Insurance Program (NYSHIP). You'll also find information on the premiums for 2002 and how to change health insurance plans.

You may call the Empire Plan carriers and HMOs directly for additional information on benefits. Please refer to their descriptions in this booklet for the telephone numbers.

For more information on changing plans or help with determining which plans are available to you, call the Employee Benefits Division at the New York State Department of Civil Service at (518) 457-5754 or 1-800-833-4344.

Thank you,

George C. Sinnott, Commissioner
NYS Department of Civil Service

Information and Reminders

This booklet is your guide to the New York State Health Insurance Program (NYSHIP) choices for 2002. It contains information on plans, rates and the December 28, 2001 deadline for requesting a change.

Choose Your Health Insurance Plan for 2002 By December 28, 2001

During the next several weeks, you may choose your health insurance plan for 2002. You may choose coverage under the Empire Plan or coverage with a NYSHIP-approved Health Maintenance Organization (HMO) in your area. Read this booklet and other plan materials carefully so that you will be able to make an informed decision.

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

Changing Your Health Insurance Plan Outside the Option Transfer Period

Consider your 2002 health insurance plan carefully. In general, you may change your health insurance plan outside this Option Transfer Period only if you move, and then only under certain conditions. See your *NYSHIP General Information Book* for details.

Changes in providers: You cannot change your health insurance plan outside of the Option Transfer Period because of a change in the providers who participate in your plan.

You and Your Dependents Must Enroll in Medicare

When you or your covered dependents become eligible for primary Medicare

coverage (Medicare pays first, before NYSHIP), you or your covered dependents must be enrolled in Medicare Part A and Part B, even if you are working for another employer. If you or they are not enrolled in Medicare when first eligible, benefits under the Empire Plan or your HMO will be drastically reduced.

To avoid a gap in coverage, you must contact your local Social Security office three months before you or your dependent turns age 65. You must have Medicare coverage in effect on the first day of the month in which you or your dependent reaches age 65. (Or, if your birthday falls on the first of the month, you must have your Medicare coverage in effect on the first day of the month preceding the month in which you turn age 65.)

If you or a dependent becomes eligible for Medicare because of a disability, you or your dependent must enroll in Medicare as soon as eligible.

Read your *NYSHIP General Information Book* for complete information on Medicare.

Medicare and Your NYSHIP Benefits

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

The Empire Plan

The Empire Plan coordinates benefits with Medicare. Although Medicare does not cover medical expenses incurred outside the United States, Empire Plan benefits are available worldwide. See your *NYSHIP General Information Book* for details.

Health Maintenance Organizations (HMOs)

If you are Medicare-primary and enrolled in a NYSHIP HMO, you will have one of the two following types of coverage:

- **Benefits available outside the HMO:** With an HMO that coordinates coverage with Medicare, you can choose to receive Medicare benefits outside of your HMO. You would be responsible for Medicare's coinsurance, deductibles and other charges. No payment will be made by the HMO. Most NYSHIP HMOs coordinate coverage with Medicare.
- **No benefits outside the HMO:** With a Medicare+Choice plan, you must receive all services from your HMO. You must also follow the HMO's requirements and use their providers. You will not receive any Medicare benefits if you choose to receive care outside your HMO.

The HMO pages tell you how each HMO covers Medicare-eligible enrollees. See "Terms to Know" on page 7 for more information.

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

Non-NYSHIP HMOs

You may receive information from Medicare and from HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans to supplement or replace your Empire Plan or NYSHIP HMO coverage. Please be aware that your Empire Plan or NYSHIP HMO benefits will be significantly reduced if you join one of these

plans. If you join a Medicare+Choice option offered outside NYSHIP you may have no benefits except the benefits available through that HMO. If you cancel your NYSHIP coverage, you lose several benefits:

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.
- Your sick leave credit is no longer available to reduce your premium.
- If you wish to re-enroll in NYSHIP, there is a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents are not eligible for Dependent Survivor coverage.

Before you choose a Medicare+Choice option outside NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

Keep Your Health Insurance Up To Date

You must write to the Employee Benefits Division at the NYS Department of Civil Service, The State Campus, Albany, New York 12239, when changes in your family or marital status affect your coverage or if your address changes. Be sure to include your identification number and telephone number. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

To Contact The Employee Benefits Division

Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement New York Government Employee Benefit Card for the Empire Plan. If you would like to speak to a representative, please call Monday through Friday between 9 am and 3 pm Eastern Standard Time.

What Your Retirement Check and "Notice of Change" Document Will Show

Your deductions will change to reflect the 2002 health insurance rates and your new 2002 health insurance plan (if you change plans). The monthly Medicare reimbursement for the regular cost of Medicare Part B in 2002 will be \$54.00, up 8 percent from \$50.00 per month in 2001.

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. The sample check stub and "Notice of Change" document (for the direct deposit enrollee) shown below are from the New York State and Local Employees' Retirement System. If you receive your pension from another retirement program, your check stub and "Notice of Change" document will look different.

1 Medicare Premium and Your Credit Reimbursement of \$54.00 per Month

The Medicare Part B premium announced for 2002 is \$54.00 per month.

The State will reimburse you and your enrolled dependents an amount equal to the usual cost of Medicare Part B coverage when Medicare becomes primary, unless you or your dependent receives reimbursement from another source.

2 Insurance Premium Deduction

Your share of the NYSHIP premium, less any sick leave credit, is shown as a deduction in this box.

Your retirement check of December 31, 2001 should reflect the 2002 rates.

IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN: You will see the correct deduction for your new health insurance plan and a retroactive deduction (if necessary) no earlier than your December 31, 2001 or January 31, 2002 pension check. The date will depend on when your health insurance plan change is received and processed.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING March 31, 2001.

Social Security #: 999999999 Fed. Tax Filing Status: MARRIED, HIGHER SINGLE RATE
 Registration #: 99999999 Number of Exemptions: 2
 Retirement #: 099999999 YTD Federal Tax Withheld: \$1,140.67

The credits and deductions which make up your net retirement benefits are shown below for the last month and this month. Items which will change this month are indicated by an "X".

Benefits	Last Month	This Month
Normal Allowance	\$1,659.91	\$1,659.91
Cost of Living	\$0.00	\$0.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$0.00	\$0.00
Gross Benefit	\$1,659.91	\$1,659.91
Miscellaneous Adjustments		
Total Federal Withholding Tax	\$149.59	\$399.59
Miscellaneous Deductions	\$0.00	\$0.00

NEW YORK STATE & LOCAL RETIREMENT SYSTEMS

Name: JANE Q. PUBLIC Check #: 001778173
 SSN: 000100000 Date: August 31, 2001
 Retirement #: 123456789 Registration #: 12345678

Health Insurance Health Insurance Medicare Medicare

Net Retirement This change in Withholding at (518) 474-

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GROSS TOTAL
\$4,400.00	\$21.00	\$54.00		\$4,475.00
FEDERAL WITHHOLDING	INSURANCE PREMIUM		MISC LIFE INSURANCE	TOTAL DEDUCTIONS
\$64.87	\$88.57		\$20.00	\$173.44
				CHECK AMOUNT
				\$4,301.56

In the event of the death of the payee, this check is void and must be returned to the payer.

DETACH HERE BEFORE CASHING

Note to Enrollees Who Pay the Employee Benefits Division Directly

The 2002 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, you will see a retroactive adjustment in your January or February bill.

NYSHIP Options at a Glance

The Empire Plan

The Empire Plan is NYSHIP's comprehensive health insurance program which provides:

- Inpatient and outpatient hospital coverage for medical, surgical and maternity care through Empire Blue Cross and Blue Shield. Covered inpatient services are paid in full.
- Medical and surgical coverage administered by United HealthCare. Coverage under the Participating Provider Program, or under the Basic Medical Program if you choose a non-participating provider.
- Home care services, diabetic supplies, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP).
- Physical medicine (chiropractic treatment and physical therapy) coverage administered by Managed Physical Network, Inc. (MPN).
- Inpatient and outpatient mental health and substance abuse coverage administered by ValueOptions.
- Prescription drug coverage, administered by Express Scripts, unless prescription drug coverage is provided by a union Employee Benefit Fund.
- Benefits Management Program through Empire Blue Cross and Blue Shield for prior authorization of hospital admissions, skilled nursing facility admissions and through United HealthCare for Magnetic Resonance Imaging (MRI).

Health Maintenance Organizations (HMOs)

All NYSHIP HMOs provide a wide range of health services. Each offers a specific package of hospital benefits, medical and surgical care and preventive care. These services are provided or arranged by a primary care physician (PCP) whom you have selected from the HMO's staff or physician network.

All NYSHIP HMOs cover inpatient and outpatient hospital care in full at a network hospital and offer prescription drug coverage unless it is provided through a union Employee Benefit Fund.

There are different types of HMOs:

- A Staff Model HMO employs or contracts with physicians and other medical specialists directly and maintains its own health centers. Most centers are equipped with X-ray, laboratory, pharmacy and other services. Members receive most of their care under one roof.
- A Group Model HMO contracts with one or several groups of physicians to provide services. Groups may work for only one HMO, or may be free to contract with others and see fee-for-service patients.
- A Network HMO provides medical services within a "network" that can include its own health centers as well as outside participating physicians, medical groups and multi-specialty medical centers.
- An IPA (Independent Practice Association) HMO provides medical services through private practice physicians who have contracted independently with the HMO to provide services in their offices.

Members enrolling in Group, Network and IPA model HMOs may be able to select a doctor whom they already know if that doctor participates with the HMO.

Benefits

The Empire Plan & HMOs

All NYSHIP plans provide a wide range of benefits including hospital, medical/surgical, and mental health and substance abuse coverage. All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund. However, benefits differ among plans. Read this book and the certificate/contracts carefully for details.

All plans contain exclusions for certain services and prescription drugs such as those that are considered cosmetic or experimental. Also, workers' compensation-related expenses and custodial care are generally excluded. For information on exclusions, read the plan certificate or contract and check with the plan directly.

Geographic Area Served

The Empire Plan

Benefits for covered services are available worldwide.

Health Maintenance Organizations (HMOs)

Coverage is available in a specific geographic area where you live or work.

An HMO may, at its option, arrange for care outside its service area in certain situations. Emergency coverage is available worldwide.



Cost Sharing

The Empire Plan

You pay a copayment for most covered medical and surgical services provided by a participating provider. The provider is reimbursed directly by United HealthCare.

If you use a non-participating provider, you must pay the provider and file a claim for reimbursement under the Basic Medical Program. After the annual deductible is met (\$271 in 2002), covered services are reimbursed at 80 percent of the reasonable and customary charge. Once you meet the annual out-of-pocket coinsurance maximum (\$1,303 in 2002), you will be reimbursed at 100 percent of the reasonable and customary charge.

For emergency room and outpatient hospital services, a copayment may be required.

Home care services and supplies received through the Home Care Advocacy Program (HCAP) are paid in full. You have no copayment. Your out-of-pocket expenses vary if you don't use HCAP.

For mental health/substance abuse services under ValueOptions and physical medicine services under Managed Physical Network (MPN), network coverage has modest copayments and no deductible. Benefits for non-network coverage are substantially lower.

If you are covered by the Empire Plan Prescription Drug Program and use your health insurance card at a network pharmacy, you pay only your copayment for generic drugs and brand-name drugs with no generic equivalent.

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees, Medicare processes your claim and then automatically submits it to the Empire Plan for secondary coverage. You rarely need to file claim forms—regardless of whether you use participating or non-participating providers.

Health Maintenance Organizations (HMOs)

Most HMOs charge a copayment for certain services, usually in the form of a per-visit fee.

HMOs have no annual deductible.

Rarely, if ever, are claim forms required.

In general, you pay the full cost if you use a provider not approved by your HMO.

Providers

The Empire Plan

Choose from over 120,000 physicians and other providers located throughout New York State and in many other states as well. Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina enrollees also have access to Empire Plan participating provider benefits through over 57,000 United HealthCare Option PPO network providers. In Florida alone, there are over 17,000 network physicians.

Payment for medical and surgical services by non-participating providers is considered under the Basic Medical Program.

ValueOptions, HCAP and MPN all provide services and/or supplies through network providers. Access to network benefits in the ValueOptions, HCAP and MPN programs is guaranteed nationwide if you call before receiving services and follow program requirements. Medically necessary services and/or supplies from a non-participating provider are covered, but deductibles, coinsurance and benefit limits apply.

The Empire Plan Prescription Drug Program has 47,000 network pharmacies nationwide as well as a mail service pharmacy.

Health Maintenance Organizations (HMOs)

Choose a primary care physician from the HMO's network for routine medical care.

Medically necessary visits to specialists are covered when authorized by your primary care physician.

Use of a non-participating provider is covered only when authorized by an HMO or for emergency services.

Benefits Provided by the Empire Plan and all NYSHIP HMOs

Please see the individual plan descriptions beginning on page 10 to determine the differences in coverage and out-of-pocket expenses.

See the plan documents for complete information on benefits.

- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency services
- Laboratory services
- Radiology services
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care
- Well-child care (no cost to you)
- Chiropractic services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Inpatient mental health services (at least 30 days per calendar year)
- Outpatient mental health services (at least 20 visits per calendar year)
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation (at least 30 days per calendar year)
- Inpatient drug rehabilitation (at least 30 days per calendar year)
- Outpatient alcohol and drug rehabilitation (at least 60 visits per calendar year)
- Family planning and certain infertility services (Call the Empire Plan carriers or HMOs for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Prescription drug coverage including injectable medications, self-injectable medications, oral contraceptives and fertility drugs (unless you have coverage through a union Employee Benefit Fund)
- Enteral formulas covered through either HCAP for Empire Plan or the prescription drug program for HMOs (unless you have coverage through a union Employee Benefit Fund)

New York State Health Insurance Program 2002 Rates

Check your plan – this is your only notice of a rate change.

Enrollee contributions for Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions. The premium contributions of retirees and some dependent survivors of the Thruway Authority are included in this booklet. Retirees of other Participating Employers: Contact your former employer for 2002 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2002 rates.

Please read this rate sheet carefully to find the rate that applies to you. There are different rates for different groups as a result of legislation and administrative agreements. *COBRA enrollees will be notified of their rates separately.*

To learn more about a plan, turn to the page number listed to the left of each plan.

Note: To enroll in an HMO or to remain enrolled in your current HMO, you must live or work in the HMO's NYSHIP service area. Please see pages 8 and 9 for more information.

Page In CHOICES

	Code	Plan and Service Area
10-11	001	The Empire Plan The Empire Plan is available to enrollees and their eligible dependents worldwide.
12	210	Aetna U.S. Healthcare Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester Counties in New York State, and all counties in Connecticut and New Jersey; (For enrollees with retiree benefits only: also serves the Philadelphia and Pittsburgh areas in Pennsylvania)
13	066	Blue Choice Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties
14	063	Capital District Physicians' Health Plan Serving Albany, Columbia, Essex, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties
14	300	Capital District Physicians' Health Plan Serving Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga Counties
14	310	Capital District Physicians' Health Plan Serving Orange and Ulster Counties
15	067	Community Blue Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties
*	068	Elderplan Serving people age 65 and over in Kings, New York, Queens and Richmond Counties
16	280	Empire HMO (formerly BlueChoice HMO) Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Orange, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington Counties
16	290	Empire HMO (formerly BlueChoice HMO) Serving Bronx, Dutchess, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester Counties
17	220	GHI HMO Select Serving Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington Counties
18	050	HIP Health Plan of New York Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester Counties
19	160	HMOBlue Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Oswego, Otsego and St. Lawrence Counties
20	072	HMO-CNY Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Steuben, Tioga, western Madison and parts of Chenango and Delaware Counties
21	059	Independent Health-Western New York Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties
22	060	MVP Health Care Serving Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Fulton, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington Counties
23	058	Preferred Care Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates Counties
24	055	Univera (formerly Univera Healthcare - CNY) Serving Chemung, Cortland, Herkimer, Madison, Oneida, Onondaga, Schuyler, Steuben, Tompkins, and portions of Cayuga and Oswego Counties
25	057	Univera (formerly Univera Healthcare - WNY) Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming Counties
26	070	Vytra Health Plans Serving Nassau, Queens and Suffolk Counties

Monthly Rates

Rates for retirees do not reflect sick leave credits.

Retirement Prior to 1/1/83 and all retirees of Thruway Authority Retirees of other Participating Employers: Contact your former employer for 2002 rates.		Retirement on or after 1/1/83 and certain Dependent Survivors Eligible survivors of active employees who died on or after April 1, 1979 or of retirees who retired on or after April 1, 1979. DC-37 Retirees Enrollees covered under Preferred List provisions		Amended Dependent Survivors Eligible survivors of active employees who died between April 1, 1975 and March 31, 1979 Some dependent survivors of Thruway Authority		Vestees and all other Dependent Survivors	
Ind	Fam	Ind	Fam	Ind	Fam	Ind	Fam
0.00	93.89	30.10	123.99	93.89	93.89	300.96	676.54
66.60	273.44	91.43	298.27	117.18	117.18	314.90	783.64
29.89	196.38	55.98	222.47	111.07	111.07	290.82	735.11
0.00	107.37	23.50	131.50	92.61	92.61	235.02	605.45
0.00	104.17	23.28	128.25	92.02	92.02	232.81	600.90
0.00	123.71	24.04	147.79	95.03	95.03	240.45	620.59
0.00	95.73	21.62	117.35	95.73	95.73	216.19	599.13
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20.36	191.45	46.22	217.31	112.30	112.30	278.98	728.19
30.45	217.67	56.28	243.50	116.22	116.22	288.71	753.61
23.48	194.97	48.44	219.93	109.27	109.27	273.06	710.13
6.14	118.91	31.53	144.30	94.25	94.25	260.03	637.05
69.51	313.39	94.63	338.51	125.44	125.44	320.71	822.48
29.79	229.34	55.05	254.60	117.61	117.61	282.39	752.84
0.00	85.75	19.15	104.90	85.75	85.75	191.52	534.51
22.73	197.16	46.56	220.99	107.04	107.04	261.08	689.26
9.09	143.91	34.66	169.48	101.79	101.79	264.84	672.01
13.40	181.94	38.69	207.23	111.11	111.11	266.29	710.75
0.00	92.45	20.86	113.31	92.45	92.45	208.65	578.46
0.00	141.74	26.43	168.40	108.31	108.31	264.30	697.55

Making a Choice

Decision-Making Checklist

Choosing a health insurance plan is an important decision. Think about what health care you and your family might need during the next year. Review the plans and ask for more information.

Here are a few questions to consider:

- ✓ What benefits does the plan have for doctor visits and other medical care? How are durable medical equipment and other supplies covered? What is my share of the cost?
- ✓ What benefits does the plan have for prescription drugs? Will the medicine I take be covered under the plan? (Retirees of the Unified Court System and Participating Employers: Your prescription drug plan won't change if you receive your drugs from a union Employee Benefit Fund.) How much will my prescriptions cost me?
- ✓ What choice of providers do I have under the plan? (Ask if the provider or facilities you use are covered.) How would I consult a specialist if I need one? Do I need a referral?
- ✓ What is the cost of the health plan to me?
- ✓ What will my out-of-pocket expenses be?
- ✓ Does the plan cover special needs? Are there any benefit limitations? (If you or one of your dependents has a medical condition requiring specific treatment or other special needs, check on coverage carefully. Don't assume you'll have coverage. Ask the Empire Plan carriers or HMOs about your specific treatment.)
- ✓ Are routine office visits covered for out-of-area college students or is only emergency health care available?
- ✓ How much paperwork is involved in the health plan – do I have to fill out forms?
- ✓ How will Medicare affect my NYSHIP coverage? If I choose an HMO is it a Medicare+Choice plan? Does the plan coordinate coverage with Medicare? See the inside cover and page 1 for information on Medicare.
- ✓ Does the plan cover me if I travel?

What You Need To Do

On the following pages you will find summaries of the Empire Plan and all NYSHIP HMOs. The Empire Plan is available to all NYSHIP enrollees. HMOs are available to enrollees who live or work in the HMO's area. Pick the plans that would best serve your needs and call each plan for details.

If you decide to change your option:

1. Compare the coverage and cost of your options.
2. Complete and mail your "Option Transfer Request" form on page 29 by December 28, 2001. Send it to the Employee Benefits Division at the address on the form.
If you need more time, the Employee Benefits Division will accept your changes until January 11, 2002. However, submitting your change later than December 28, 2001, may adversely affect your ability to get services. The effective date for your new option will be January 1, 2002. Sending your option transfer request in by December 28, 2001 will help avoid claim and deduction problems.
3. If you are Medicare-primary and are enrolled in a Medicare+Choice or Cost plan and cancel your coverage with an HMO, please see page 32 for instructions.

If you are changing to the Empire Plan:

Steps 1-3 above are all you need to take. You will receive your New York Government Employee Benefit Card in four to six weeks.

If you are enrolling in an HMO:

Complete "Notice of Intent to Enroll in an HMO for 2002" on page 31. Send the completed form to your new HMO by December 28, 2001. You will receive identification cards in four to six weeks.

If you need medical services before your new card arrives, and you need help verifying your new enrollment, contact the Employee Benefits Division.

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

How to Use the *Choices* Benefit Charts, Pages 11-26

All of the plans in NYSHIP must include a minimum level of benefits. Some benefits are the same. For example, the Empire Plan and all of the HMOs pay for inpatient medical/surgical hospital care. Also, all plans cover well-child care.

BENEFITS PROVIDED BY ALL PLANS AT THE SAME LEVEL OF COVERAGE (See list on page 3) ARE NOT LISTED ON EACH PLAN'S CHART.

Use the charts to compare the differences between the plans. The chart lists your out-of-pocket expenses and benefit limitations effective January 1, 2002. See plan documents for complete information on benefit limitations.

A Reminder

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

Questions & Answers

Q: Can I join the Empire Plan or any NYSHIP-approved HMO?

A: The Empire Plan is available worldwide regardless of where you live or work. To enroll in a NYSHIP-approved HMO or to continue enrollment, you must live or work in that HMO's service area. If you move permanently out of and/or no longer work in your HMO's service area, you must change options. Page 8 shows the HMOs and the areas in which they are available.

Q: Do the plans have different benefits?

A: Yes. This book summarizes benefits. Read plan documents for details and call the Empire Plan carriers or HMOs directly. See the telephone numbers listed with each plan.

Q: How do I find out which providers participate? What if my doctor or other provider leaves my HMO or the Empire Plan?

A: If you are considering the Empire Plan, check with your providers to see whether they participate. Visit our Web site at <http://www.cs.state.ny.us>. Click on Employee Benefits. You'll find a link to the *Empire Plan Participating Provider Directory* including names of participating chiropractors and physical therapists. Call United HealthCare or MPN at 1-800-942-4640 for a Participating Provider list. Call ValueOptions at 1-800-446-3995 about mental health practitioners.

If you are considering an HMO, ask the HMO which providers participate and which hospitals are affiliated.

Participating providers may change during the year. You cannot change your option outside of the Option Transfer Period because your provider no longer participates.

If you want to use a provider who does not participate in your plan, check carefully on whether benefits would be available to you. Ask what authorization you would need in order to have the provider's services covered. Under most circumstances HMOs do not provide benefits for services by non-participating providers.

Q: I have a preexisting condition. Can I change options?

A: Yes. Under NYSHIP, you can change your plan during the Option Transfer Period and still have coverage for a preexisting condition. However, coverage and exclusions differ. Ask the plan you are considering about coverage for your condition.

Q: What if I or my dependent becomes eligible for Medicare in 2002?

A: All NYSHIP plans provide broad coverage for Medicare-primary enrollees, but there are important differences among HMOs. To receive Medicare coverage from some HMOs, you must use the HMO's providers except for emergency care. These are called Medicare+Choice plans. With other HMOs, if you choose to receive care outside the HMO, you still have your Medicare coverage. See the inside cover and page 1 for more Medicare information. Read the individual HMO's page in this booklet, call the HMO and ask about coverage for Medicare enrollees.

Remember - Regardless of which option you choose, as a retiree, you and your dependent must be enrolled in Medicare Part A and Part B at the time you or your dependent first becomes eligible.

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

A: Yes. As a COBRA dependent, you may elect to change to Individual coverage in a plan different from that of the enrollee's Family coverage. You may enroll in the Empire Plan or choose any of the NYSHIP-approved HMOs in the area where you live or work.

Terms to Know

• **Employee Benefits Division** – The Employee Benefits Division, State of New York Department of Civil Service, administers NYSHIP. Call 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for NYSHIP information. Or visit our Web site at <http://www.cs.state.ny.us>

• **Fee-for-service** – A method of billing for health care services under which a provider charges a fee each time you receive a service.

• **Formulary** – A list of preferred drugs used by a health plan. If a plan has a closed formulary, you have coverage for only the drugs that appear on the list. If the plan has an open formulary, use of the list is voluntary.

• **Health Maintenance Organization (HMO)** – A managed health delivery system organized to deliver health care services in a geographic area. An HMO provides a pre-determined set of benefits through a network of selected physicians, laboratories and hospitals for a pre-paid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network.

• **Medicare** – A federal health insurance program that covers certain people who are age 65 or older, disabled persons, or those who have end stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare and Medicaid Services (CMS) and administered by the Social Security Administration.

• **Medicare+Choice Plan** – The HMO agrees to accept a fixed monthly payment for each Medicare enrollee. In exchange, the HMO provides or pays for all medical care needed by the enrollee. If you join a Medicare+Choice plan, you are replacing your original Medicare coverage with the benefits offered by the HMO. These benefits are set in accordance with Medicare's guidelines for benefits offered under a Medicare+Choice plan.

• **Medicare Cost Contract** – Same as a Medicare+Choice plan; however, you still qualify for original fee-for-service Medicare benefits. If you receive treatment outside your HMO, you are responsible for the Medicare deductible, coinsurance and claim submissions. No payment will be made by the HMO. (Only Blue Choice on page 13 offers this option.)

• **Network** – A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.

• **New York State Health Insurance Program (NYSHIP)** – NYSHIP covers 1.1 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides medical benefits through the Empire Plan or a NYSHIP-approved HMO.

• **Option** – A health insurance plan offered through NYSHIP. Options include the Empire Plan or NYSHIP-approved HMOs within a specific geographic area.

• **Primary/Medicare-primary** – A health insurance plan is primary when it is responsible for paying health benefits before any other group health insurance. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State) when you turn 65, become disabled, or have end stage renal disease. Read plan documents for complete information.

Plans by Region

The Empire Plan:

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose the Empire Plan regardless of where you live or work. See pages 10-11 for a summary of the Empire Plan.

Health Maintenance Organizations (HMOs):

Most NYSHIP enrollees also have a choice of HMOs. You may enroll in any NYSHIP-approved HMO that serves the area where you live or work. You may not enroll in an HMO outside your area. If you no longer live or work in the NYSHIP service area of the HMO in which you are now enrolled, you must change to another plan. Use the list below and the map on page 9 to determine which NYSHIP-approved HMOs are available by region. Then read the HMO page indicated to determine the exact counties served by each NYSHIP-approved HMO. If your county is listed on an HMO page, you may enroll in that HMO. Read the description of the benefits available.

Western New York Region

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Community Blue	15
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Central New York Region

Capital District Physicians' Health Plan	14
Empire HMO (formerly BlueChoice HMO)	16
GHI HMO Select	17
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HMO - CNY	20
MVP Health Care.....	22
Univera (formerly Univera Healthcare - CNY).....	24

Upper and Mid-Hudson Region

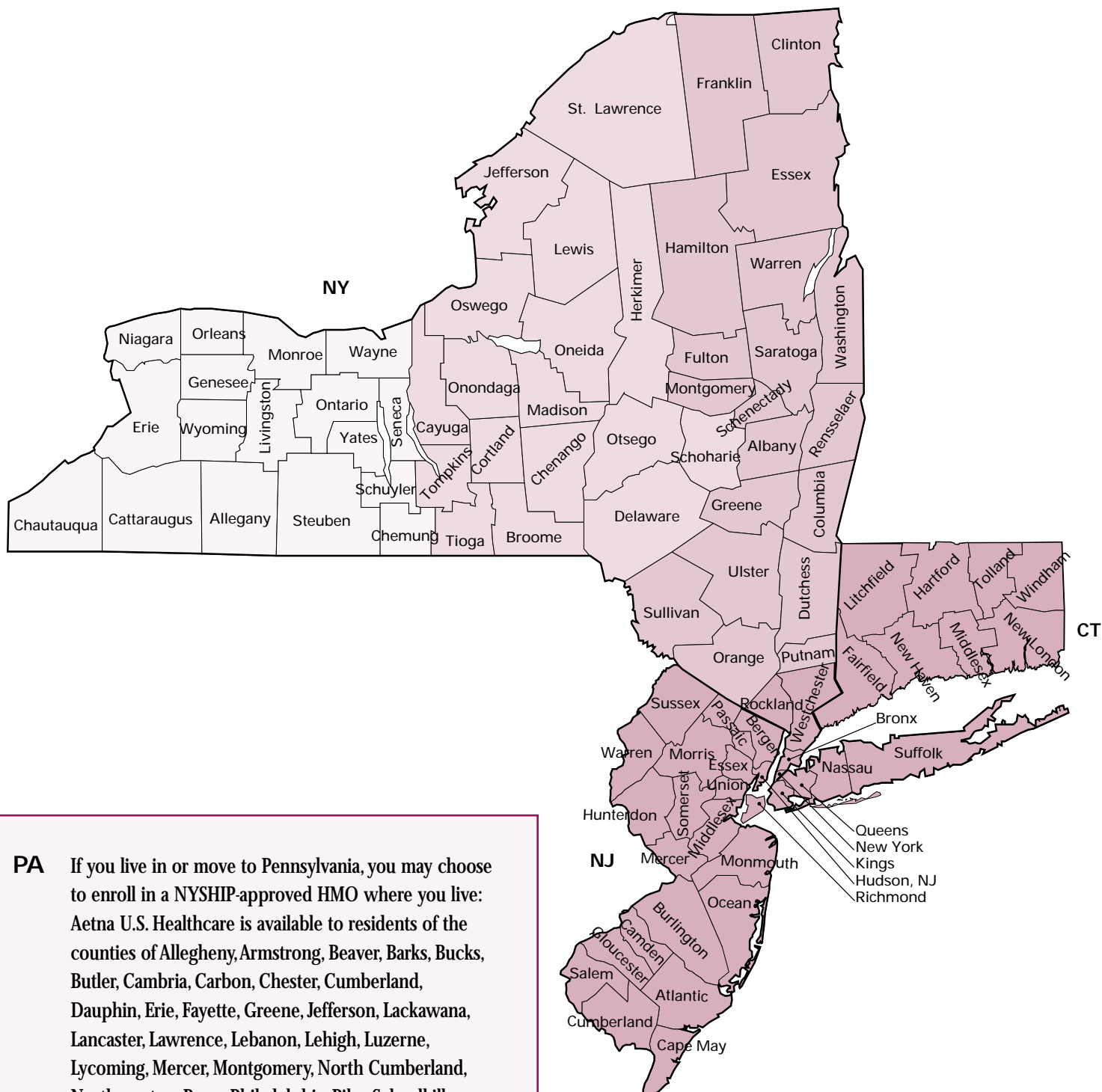
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Lower New York Region

(Includes Connecticut and New Jersey)

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* Plan information for 2002 was not submitted. For information, call Elderplan at 718-921-7898 (TTY: 718-491-7248)



PA If you live in or move to Pennsylvania, you may choose to enroll in a NYSHIP-approved HMO where you live: Aetna U.S. Healthcare is available to residents of the counties of Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Cambria, Carbon, Chester, Cumberland, Dauphin, Erie, Fayette, Greene, Jefferson, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, North Cumberland, Northampton, Perry, Philadelphia, Pike, Schuylkill, Snyder, Somerset, Susquehanna, Washington, Wayne, Westmoreland and York.

This HMO is described on page 12 of this booklet. For further information about an HMO, please call the HMO directly or the New York Health Plan Association at (518) 462-2293.

The Empire Plan - NYSHIP Code Number 001

The following is a brief list of the benefits available under each portion of the Empire Plan as of January 1, 2002. These benefits are subject to medical necessity and to limitations and exclusions described in the Empire Plan Certificate of Insurance and Empire Plan Reports/Certificate Amendments. You'll find specific information in *The Empire Plan at a Glance* on the New York State Department of Civil Service Web site at <http://www.cs.state.ny.us>. Click on Employee Benefits.

Hospital Benefits Program

Empire Blue Cross and Blue Shield

NYS Service Center, P.O. Box 1407, Church Street Station
New York, NY 10008-1407
(518) 367-0009 (Albany area and Alaska)
1-800-342-9815 (NYS and other states except Alaska)
1-800-241-6894 (TTY only)

Participating hospitals worldwide.

Medical or surgical inpatient stays are covered with no cost to you.

Medical Benefits Program

United HealthCare

P.O. Box 1600, Kingston, NY 12402-1600
1-800-942-4640 1-888-697-9054 (TTY only)

Medical and surgical coverage through:

- Participating Provider Program—over 80,000 physicians and other providers participate, with 17,000 physicians in Florida alone.
- Basic Medical Program—if you use a provider outside the network. See “Cost Sharing” on page 3 for an explanation of reimbursement under the Empire Plan Basic Medical Program.

Home Care Advocacy Program (HCAP)—paid-in-full benefit for home care, durable medical equipment and medical supplies (including diabetic and ostomy supplies). Guaranteed access to network benefits nationwide. Limited non-network benefits available.

Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider—\$10 copayment. Guaranteed access to network benefits nationwide. Limited non-network benefits available. Call MPN at 1-800-942-4640.

Mental Health and Substance Abuse Program

GHI/ValueOptions

P.O. Box 778, Troy, NY 12181-0778
1-800-446-3995 1-800-334-1897 (TTY only)

The Empire Plan Mental Health and Substance Abuse Program offers two levels of benefits. If you call ValueOptions before you receive services and follow ValueOptions' recommendations, you receive the following Network Benefits:

Mental Health Services (unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis Intervention (up to 3 visits paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services (\$15 copayment)

Alcohol/Drug Abuse Services

- Inpatient rehab (paid in full)
- Outpatient rehab (\$10 copayment. Unlimited when medically necessary)

If you do not call ValueOptions or do not follow their recommendations, limited non-network benefits are available for medically necessary care. For non-network care, you pay a \$2,000 deductible for inpatient/\$500 deductible for outpatient. The plan then pays 50 percent of the network allowance. There are limits on inpatient and outpatient benefits and annual and lifetime maximums when you use non-network benefits.

Prescription Drug Program

CIGNA/Express Scripts

P.O. Box 1180, Troy, NY 12181-1180
1-800-964-1888 1-800-840-7879 (TTY only)

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

- Open formulary.
- You pay a \$5 copayment for generic drugs and a \$15 copayment for brand-name drugs that have no generic equivalent. For brand-name drugs that have generic equivalents, you pay a \$15 copayment plus the difference in cost between the brand-name drug and its generic equivalent.
- One copayment covers up to a 90-day supply at either a participating pharmacy or the Express Scripts mail service pharmacy.
- You may fill your prescriptions through the mail service pharmacy. A pharmacist is on call 24 hours a day for urgent questions on your prescription.
- If you use a non-participating pharmacy, you will pay the full cost of the prescription and then submit a claim for partial reimbursement.
- Prior authorization is required for certain drugs.
- Drug Utilization Review (DUR) when you use your card.

Benefits Management Program

Empire Blue Cross and Blue Shield

(518) 367-0009 (Albany area and Alaska)
1-800-342-9815 (NYS and other states except Alaska)
1-800-241-6894 (TTY only)

The Benefits Management Program requires a phone call for:

- Pre-Admission Certification before a maternity or scheduled hospital admission
- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility (when the Empire Plan pays primary)

Voluntary inpatient Medical Case Management to help coordinate services for serious conditions is available.

United HealthCare

1-800-638-9918 1-888-697-9054 (TTY only)

The Benefits Management Program requires a phone call for:

- Prospective Procedure Review before elective (scheduled) Magnetic Resonance Imaging (MRI)

When arranged by United HealthCare, voluntary, paid-in-full Specialist Consultant Evaluation is available.

Voluntary outpatient Medical Case Management to help coordinate services for serious conditions is available.

**Empire Plan benefits are available worldwide.
The Empire Plan gives you the freedom to choose a
participating provider or a non-participating provider.**

Benefits	Empire Blue Cross and Blue Shield Hospital*	Empire Plan Participating Provider	Non-Participating Provider
Office Visit		\$10/visit	Basic Medical**
Specialty Office Visits		\$10/visit	Basic Medical**
Chiropractic Treatment		\$10/visit (MPN)	\$250 deductible, 50% of network allowance \$1500 annual maximum benefit
Diagnostic/Therapeutic Services			
X-Rays	\$25/visit	\$10/visit	Basic Medical**
Lab Tests	\$25/visit	\$10/visit	Basic Medical**
Pathology	\$25/visit	\$10/visit	Basic Medical**
EKG/EEG	\$25/visit	\$10/visit	Basic Medical**
Radiation/Chemotherapy	no cost	no cost	Basic Medical**
Women's Health Care/OB GYN			
Pap Tests	\$25/visit	\$10/visit	Basic Medical** (for medically necessary test)
Mammograms	\$25/visit	\$10/visit	Basic Medical**
Pre and Postnatal Visits		no cost	Basic Medical**
Family Planning Services		\$10/visit	Basic Medical**
Infertility Services		\$10/visit or no cost at designated Centers of Excellence***	Basic Medical**
Emergency Room	\$35/visit		
Ambulance		\$35 copay	\$35 copay
Inpatient Mental Health		no cost; unlimited when medically necessary (ValueOptions)	\$2000 deductible, 50% of network allowance up to 30 days/year
Outpatient Mental Health		\$15/visit; unlimited when medically necessary (ValueOptions)	\$500 deductible, 50% of network allowance up to 30 visits/year
Inpatient Drug Rehabilitation		no cost; 3 stays per lifetime (more may be approved case by case) (ValueOptions)	\$2000 deductible, 50% of network allowance 1 stay per year, 3 stays per lifetime
Inpatient Alcohol Rehabilitation		same as inpatient drug above	same as inpatient drug above
Outpatient Drug/Alcohol Rehabilitation		\$10/visit; unlimited when medically necessary (ValueOptions)	\$500 deductible, 50% of network allowance up to 30 visits/year
Durable Medical Equipment		no cost (HCAP)	50% of network allowance
Prosthetics			Basic Medical**
Orthotics			Basic Medical**
Rehabilitative Care (Not covered in a skilled nursing facility if Medicare-primary)	\$10/visit for physical therapy following related surgery or hospitalization	Physical or occupational therapy \$10/visit (MPN) Speech therapy \$10/visit	\$250 deductible, 50% of network allowance \$1500 annual maximum benefit Basic Medical**
Diabetic Supplies (insulin is covered under the Empire Plan Prescription Drug Program)		no cost (HCAP)	50% of network allowance
Hospice	no cost, no limit		
Skilled Nursing Facility (precertification required)	no cost; up to 365 benefit days. No benefits if Medicare-primary		
Prescription Drugs (see page 10)			
Additional Benefits			
Dental (preventive)		not covered	not covered
Vision (routine only)		not covered	not covered
Hearing Aids		up to \$1200 every 4 years/ 2 years for children	up to \$1200 every 4 years/ 2 years for children
Transplant Services	No cost at designated Centers of Excellence Precertification required	\$10/visit	Basic Medical**

*Services provided by Empire HealthChoice, Inc. a licensee of the Blue Cross and Blue Shield Association.

***Certain Qualified Procedures require precertification and are subject to \$25,000 lifetime allowance.

**See page 3 (Cost Sharing) for an explanation of reimbursement under the Basic Medical Program.



Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit.....	\$5/visit	\$5/visit
Non-Office Hours and Home Health Care (by physician)	\$10/visit	\$5/visit
Specialty Office Visits.....	\$5/visit	\$5/visit
Chiropractic	\$5/visit	\$5/visit
Diagnostic/Therapeutic Services		
X-Rays.....	\$5/visit	\$5/visit
Lab Tests	\$5/visit	\$5/visit
Pathology.....	\$5/visit	\$5/visit
EKG/EEG.....	\$5/visit	\$5/visit
Radiation/Chemotherapy.....	\$5/visit	\$5/visit
Women's Health Care/OB GYN		
Pap Tests	\$5/visit	\$5/visit
Mammograms	No cost	No cost
Pre and Postnatal Visits	\$5/visit	\$5/visit
	(no cost after initial visit)	
Family Planning Services	\$5/visit	\$5/visit
Infertility Services.....	\$5/visit	\$5/visit
Emergency Room/Urgent Care.....	\$35/visit	\$35/visit
Ambulance.....	No cost	No cost
Outpatient Mental Health	*	*
Inpatient Mental Health.....	**	**
Outpatient Drug/Alcohol Rehab, max 60 visits.....	\$5/visit	\$5/visit
Inpatient Drug Rehab.....	**	**
Inpatient Alcohol Rehab	**	**
Durable Medical Equipment.....	No cost	No cost
Prosthetics.....	No cost	No cost
Orthotics	No cost	No cost
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, max 60 days.....	No cost	No cost
Outpatient, max 60 visits.....	\$5/visit	\$5/visit
Diabetic Supplies	\$5/item	\$5/item
Hospice, unlimited	No Cost	Not covered***
Skilled Nursing Facility.....	****	****
Prescription Drugs		
NYSHIP-primary.....	\$5/prescription/34-day supply	
	\$10/prescription/mail order/90-day supply	
Medicare-primary	\$5/prescription/34-day supply	
	\$10/prescription/mail order/90-day supply	
Injectable and self-injectable prescription medications, oral contraceptives and fertility drugs are covered at the regular prescription drug copay.		
*NYSHIP-primary, lesser of \$25 or 50% coinsurance, max 20 visits		
Medicare-primary, \$25/visit, unlimited visits		
**NYSHIP-primary, no cost, max 35 days,		
Medicare-primary, no cost, max 190 days		
***Provided through the federal Medicare program		
****NYSHIP-primary, no cost, unlimited,		
Medicare-primary, no cost max 100 day/benefit period		
Mental Health/Substance Abuse benefits vary according to State mandates. Consult your plan documents for further benefit information.		

Additional Benefits

Dental, preventive: NYSHIP-primary, not available; Medicare-primary,
\$2/cleaning/24 months, discount on other services

Vision, routine only: NYSHIP-primary, \$5/visit; Medicare-primary, \$5/visit
Eyeglasses: NYSHIP-primary, discount program;

Medicare-primary, up to \$70/24 months and discount program

Hearing Aids: NYSHIP-primary, not covered;

Medicare-primary, up to \$500/36 months

Home Health Care (HHC), unlimited (by HHC agency): NYSHIP-primary,
no cost; Medicare-primary, no cost

Plan Highlights for 2002

We offer you an array of quality benefits and a variety of health programs
for every life stage: access to extensive provider and hospital networks in
our multi-state service areas; worldwide emergency care; accreditation by
the National Committee for Quality Assurance (NCQA).

Participating Physicians

Services are provided by local participating physicians in their private
offices throughout Aetna U.S. Healthcare's service area. Participating
physicians are not employees of Aetna U.S. Healthcare.

Affiliated Hospitals

Members are covered at area hospitals to which their Aetna U.S.
Healthcare participating physician has admitting privileges. Members may
be directed to other hospitals to meet special needs.

Pharmacies & Prescriptions

Members have access to an extensive network of participating
pharmacies in all 50 states, the District of Columbia, Puerto
Rico and the Virgin Islands. Aetna U.S. Healthcare offers an
open formulary. Please refer to our formulary guide at
www.aetnaushc.com/products/rx/index.html for prescriptions
that require prior approval.

Medicare Coverage

Aetna U.S. Healthcare offers a **Medicare+Choice** plan that differs
from an active employee or retiree not eligible for Medicare. The Golden
Medicare Plan™ is available in the bolded counties listed below. All other
Medicare-eligible employees not residing in the bolded counties listed
below can select Aetna U.S. Healthcare's benefit plan detailed in the
"Your Cost NYSHIP Primary" column on this page. Call the Golden
Medicare Plan™ Customer Service number at 1-800-282-5366 for
detailed information.

Aetna U.S. Healthcare

Nassau Omni West
333 Earle Ovington Blvd.
Ste. 502, Uniondale, NY 11553

NYSHIP Code Number 210

An IPA HMO serving individuals living or working in **Bronx**, Kings,
Nassau, New York, Orange, Putnam, **Queens**, Richmond, **Rockland**,
Suffolk, Sullivan and **Westchester** counties in New York; all counties in
New Jersey (**Bergen**, **Essex**, **Hudson**, **Passaic**, **Sussex**, **Union**,
Monmouth, **Ocean** and **Camden**) and in Connecticut.

For enrollees with retiree benefits only: **Allegheny**, Armstrong, Beaver,
Barks, Bucks, Butler, Cambria, Carbon, **Chester**, Cumberland, Dauphin,
Erie, Greene, **Fayette**, Jefferson, Lackawana, Lancaster, Lawrence,
Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montgomery, North
Cumberland, Northampton, Perry, **Philadelphia**, Pike, Schuylkill,
Snyder, Somerset, Susquehanna, Washington, Wayne, **Westmoreland**,
and York in Pennsylvania.

For information, call Aetna U.S. Healthcare's

Customer Services Department at.....1-800-323-9930
TTY.....1-800-654-5984
Medicare+Choice Customer Service at.....1-800-282-5366
Or visit our Web site atwww.aetnaushc.com

Blue Choice.

A product of Blue Cross Blue Shield of the Rochester Area

Independent Licensee of the Blue Cross Blue Shield Association

Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary *
Office Visit.....	\$5/visit	\$5/visit
Specialty Office Visits.....	\$10/visit	\$10/visit
Chiropractic.....	\$10/visit	\$10/visit
Diagnostic/Therapeutic Services		
X-Rays.....	\$10/visit	No cost
Lab Tests.....	No cost	No cost
Pathology.....	No cost	No cost
EKG/EEG.....	No cost	No cost
Radiation/Chemotherapy.....	No cost	No cost
Women's Health Care/OB GYN		
Pap Tests.....	No cost	\$10/visit
Mammograms.....	No cost	No cost
Pre and Postnatal Visits.....	No cost	No cost
Family Planning Services.....	\$5/\$10/visit**	
Infertility Services.....	\$5/\$10/visit***	
Emergency Room.....	\$50/visit	\$35/visit
Urgent Care.....	\$5/\$10/visit***	
Ambulance.....	No cost	No cost
Outpatient Mental Health, max 20 visits.....	50% coinsurance S/SC**	
Inpatient Mental Health, 30 days annual max, 190 days lifetime max*	No cost	No cost
Outpatient Drug/Alcohol Rehab, 60 visits annual max		
.....	\$10/visit	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost	No cost
Inpatient Drug Rehab, max 30 days.....	No cost	No cost
Durable Medical Equipment.....	No cost	No cost
Prosthetics.....	No cost	No cost
Orthotics.....	No cost	No cost
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient*****.....	No cost	No cost
Outpatient, max 45 visits; short term.....	\$10/visit	\$10/visit
Diabetic Supplies and Insulin.....	No cost	No cost
Hospice, max 210 days.....	No cost	No cost
Skilled Nursing Facility****.....	No cost	No cost
Prescription Drugs.....	\$5 generic/\$10 brand	
.....	from 30 days up to 90-day supply	
Oral contraceptives.....	\$10 copay each 30-day supply	
30-day/\$10 copay, 60-day/\$20 copay, 90-day/\$30 copay		
Injectable Drugs.....	30-day supply \$5 generic/\$10 brand prescription	
Mail Order.....	\$5 generic/\$10 brand up to 90-day supply	

* Blue Choice offers two Medicare Cost plans, Blue Choice Senior (S) and SeniorCare (SC)

** S: no cost; SC: \$5 per visit in center/\$10 per visit out of center

*** \$5 PCP visit/\$10 Specialist visit

**** NYSHIP-primary, no cost, max 120 days; Medicare-primary, first 50 days no charge, 50% coinsurance for the 51st through 100th days; No coverage after 100 days

***** NYSHIP-primary, no cost, max 90 days; Medicare-primary, no cost, unlimited

Additional Benefits

Vision.....\$10 exam/24 months; and 12 months up to age 19;
S:\$10 visit/24 months; SC: \$5 visit in center.
Eyewear benefit.....\$60/24 months for NYSHIP-primary plans
Hearing Aids.....children to age 19, \$600 max, every 3 years.
S, SC: not covered.
Acupuncture, max 10 visits/year.....50% coinsurance
Complementary Alternative Medicine discounts. After hours medical care for minor emergencies at Lifetime Health. Healthy Choices wellness programs, athletic clubs discounts and nutritional classes.
Dental.....not covered.

Plan Highlights 2002

Oral contraceptives are covered in 2002. Coverage provided worldwide when life threatening or approved by your Primary Care Physician. HMO USA provides Away From Home Care for illnesses while traveling in over 200 cities coast-to-coast. Guest Membership - Coverage at an affiliated HMO when living away from home for at least 90 consecutive days. Not available for Medicare Cost plans. Awarded National Committee for Quality Assurance (NCQA) highest level of accreditation.

Participating Physicians

Over 3,100 providers available, Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Blue Choice is the right plan for you.

Affiliated Hospitals

All operating hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call the number below for a directory or check out our Web site at: www.bcbsra.com

Pharmacies & Prescriptions

Blue Choice members may have their prescriptions filled at any participating pharmacy. Show the pharmacist your ID card. Blue Choice offers an **open formulary**. Fertility drugs, injectable and self-injectable prescription drugs are covered.

Medicare Coverage

Blue Choice offers two different **Medicare Cost** plans, Blue Choice Senior and SeniorCare. Some benefits differ from those listed. Please call Member Services at the number listed below for detailed information.

Blue Choice

165 Court St.
Rochester, NY 14647

NYSHIP Code Number 066

An IPA HMO serving individuals living or working in Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

For information, call

Blue Choice at.....716-454-4810
or.....1-800-462-0108

TTY.....1-800-454-2845

Or Visit Our Web site.....www.bcbsra.com



Plan Highlights 2002

CDPHP is based in Albany, NY, and has earned national attention for quality of care and member satisfaction. While it is a familiar health plan to those closer to the state capital, the plan is a relatively recent offering for State employees in the Hudson Valley and Central New York, where it is rapidly gaining recognition as a quality health plan. CDPHP offers coverage for college students, including urgently needed or emergency services and preapproved follow-up care. Visit us on-line at www.cdphp.com to discover more about our plan.

Benefits

	Your Cost
Office Visit	\$10/visit
Annual Adult Routine Physicals	No cost
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit*
Lab Tests.....	\$10/visit*
Pathology	\$10/visit
EKG/EEG	\$10/visit
Radiation/Chemotherapy.....	\$10/visit
*No cost for specific diagnostic services at network radiology or laboratory sites.	
Women's Health Care/OB GYN	
Pap Tests.....	\$10/visit
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services.....Basic, \$10/visit; Advanced, 50% coinsurance	
Emergency Room.....	\$50/visit
Urgent Care.....	\$25/visit
Ambulance	\$10/visit
Outpatient Mental Health, max 20 visits	\$10/visit 1st-4th \$35/visit 5th-20th
Outpatient Mental Health Group, max 20 visits	\$10/visit 1st-4th \$15/visit 5th-20th
Inpatient Mental Health, max 30 days/calendar year	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotic Devices (excludes shoe inserts)	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No cost
Outpatient short-term PT and OT, max 120 days.....	\$10/visit
Outpatient speech, max 60 days.....	\$10/visit
Diabetic Supplies and Insulin, up to 30 days	lesser of 20% coinsurance or \$10/item
Diabetes self-management education	\$10/visit
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 90 days.....	No cost
Prescription Drugs, 30-day supply.....	\$5/generic, \$20/brand (includes fertility, injectable/self-injectable drugs and oral contraceptives)
Retail, 30-day supply.....	\$5/generic, \$20/brand
Mail Order, 90-day supply	\$10/generic, \$40/brand

Additional Benefits

Dental, preventive.....	Not covered
Allergy treatment.....	No cost
Vision, eye exam once every 24 months	\$10/visit
Eyeglasses, Hearing Aids.....	Not covered

Participating Physicians

CDPHP is now affiliated with more than 5,000 physicians in New York State.

Affiliated Hospitals

CDPHP is proud to be affiliated with most major hospitals within our newly expanded service area. Members are cared for within the CDPHP network, unless an out-of-network facility is approved for special care needs.

Pharmacies & Prescriptions

Participating pharmacies include CVS, Eckerd, Hannaford, Kmart, Price Chopper, Rite Aid, The Medicine Shoppe, Stop & Shop and selected independent pharmacies located in the CDPHP service area. CDPHP offers a **closed formulary**.

Medicare Coverage

CDPHP offers the same benefits to NYSHIP Medicare eligibles. CDPHP **coordinates coverage** with Medicare.

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

Patroon Creek Corporate Center
1223 Washington Ave.
Albany, NY 12206-1057

NYSHIP Code Number 063

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

NYSHIP Code Number 300

Individuals living or working in Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties.

NYSHIP Code Number 310

Individuals living or working in Orange and Ulster counties.

For information, call

CDPHP's Marketing Department518-641-5000
or1-800-993-7299

TTY.....1-877-261-1164

Or Visit Our Web site.....www.cdphp.com



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG	\$10/visit
Radiation/Chemotherapy	\$10/visit
Women's Health Care/OB GYN	
Pap Tests	No cost
Mammograms	\$10/visit
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services	20% coinsurance
Emergency Room.....	\$50/visit
Urgent Care.....	\$10/visit
Ambulance	\$50/visit
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics.....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days.....	No cost
Outpatient, max 20 visits	\$10/visit
Diabetic Supplies and Insulin	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 50 days.....	No cost
Prescription Drugs.....	\$5/generic
Includes contraceptives, prenatal and vitamins with fluoride, insulin and oral diabetic agents, injectable and self-injectable drugs and fertility drugs. If a generic drug is available and a brand-name drug is dispensed, the member pays the copayment plus the difference between the cost of the generic drug and brand-name drug. Most injectable and fertility drugs are subject to prior approval. Select list of maintenance prescriptions may be purchased in a 100-unit supply for a \$5 copayment, subject to prior approval.	

Additional Benefits

Dental, preventive.....	20% discount at select providers
Vision, routine only.....	\$10/exam/2 years
Annual exam for children age 14 and under who have a documented refractive error. 20% discount on contact lenses & other items. Up to 60% off on eyewear at select locations.	
Hearing Aids.....	Not covered
24-hour Medical Advice	24-hour toll-free telephone line staffed by specially trained registered nurses to assess symptoms or discuss medical procedures.

Plan Highlights 2002

Community Blue has created an alternative medicine discount program called AlternaHealth. This program was developed specifically to meet members' requests for greater choice in health care options. Our participating providers offer a 25% discount toward acupuncture, massage therapy and nutritional counseling, and a 15% discount to fitness centers and spas.

Away From Home Care gives Community Blue members peace of mind when traveling, providing access to urgent and follow-up care out of the area, not just emergency care. Coverage is available for college students and dependents living outside the service area through our Guest Membership program. See our *Alive & Lively* brochure for over 300 education programs.

Participating Physicians

Community Blue has over 2,900 physicians and health care professionals in our network who see patients in their private offices throughout our service area.

Affiliated Hospitals

Community Blue contracts with all Western New York hospitals to provide health care services to our members. Community Blue members may be directed to other hospitals to meet special needs when medically necessary.

Pharmacies & Prescriptions

Community Blue members may obtain prescriptions from any of our 350 participating pharmacies or by mail order through Express Scripts for a 30-day supply at a \$5 copayment. Services are also available through a nationwide network of over 45,000 pharmacies when outside the Community Blue service area. Community Blue offers a **closed formulary**.

Medicare Coverage

Community Blue offers the same benefits to NYSHIP Medicare eligibles. Community Blue **coordinates coverage** with Medicare.

Community Blue

The HMO of Blue Cross & Blue Shield of Western New York
1901 Main St.
Buffalo, NY 14208

NYSHIP Code Number 067

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

For information, call the nearest Member Services Office:

Buffalo	716-884-2800 or 1-800-544-2583
Olean.....	716-376-6000 or 1-800-887-8130
Jamestown.....	716-484-1188 or 1-800-944-2880
TTY	1-800-123-4567
Or Visit Our Web site	www.healthnowny.com



formerly BlueChoice HMO

Benefits

	Your Cost
Office Visit.....	\$5/visit
Specialty Office Visits.....	\$5/visit
Chiropractic	\$5/visit
Diagnostic/Therapeutic Services	
X-Rays.....	No cost
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG.....	No cost
Radiation/Chemotherapy	No cost
Women's Health Care/OB GYN	
Pap Tests	No cost
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services	\$5/visit
Infertility Services	\$5/visit
Emergency Room.....	\$35/visit*
Urgent Care.....	\$5/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	\$25/visit
Inpatient Mental Health, max 30 days.....	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	No cost
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	No cost
Prosthetics	No cost
Orthotics	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 30 days	No cost
Outpatient, short term	\$5/visit**
Diabetic Supplies and Insulin, 30-day supply.....	\$5/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 60 days.....	No cost
Prescription Drugs, 30-day supply	\$5/15/25/Rx
Injectable Drugs, 30-day supply	\$5/15/25/Rx
Mail Order	\$5/15/25/Rx

More information available under "Pharmacies & Prescriptions"

* Waived if admitted within 24 hours.

** Up to 30 visits per year for physical therapy. Inpatient and outpatient have separate 30-day limits. Note: Occupational, speech and vision therapy have a combined 30 visits in home, office or outpatient facility per year.

Plan Highlights 2002

Empire's HMO provides State employees located in our 28-county service area with a full range of benefits that include low out-of-pocket costs. With Empire's state-of-the-art Web site, www.empireblue.com, your personal healthcare information is yours to manage any time of the day or night. You will instantly be able to find a list of your claims and payment status data, e-mail messages, your personal profile and healthcare provider information. The information is for your eyes only and is password-protected to guarantee your privacy.

Empire's HMO earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

Participating Physicians

Empire's HMO provides access to a network of over 57,000 provider locations.

Affiliated Hospitals

Empire's HMO members are covered through a network of area hospitals (over 125) to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and Web site contain a list of all participating hospitals, including New York City hospitals.

Pharmacies & Prescriptions

Enrollees with prescription drug coverage receive a prescription drug card that can be used at both local and national pharmacies. If a physician prescribes a drug that is not on our formulary, members may pay a \$25 copayment for a 30-day supply. If a member decides to stay within our formulary, a \$5 copayment for generic prescriptions or a \$15 copayment for brand-name prescriptions will be charged for each 30-day supply. Mail order prescriptions are also available. The same copayments apply for each 30-day supply when using the mail order prescription drug program. Injectable and self-injectable prescriptions, oral contraceptives and prescriptions to treat infertility are covered. Empire's HMO offers an **open formulary**.

Medicare Coverage

Empire's HMO offers the same benefits to NYSHIP Medicare eligibles. Empire's HMO **coordinates coverage** with Medicare.

Empire HMO (formerly BlueChoice HMO)

A product of Empire Blue Cross and Blue Shield
11 Corporate Woods Blvd.
PO Box 11800
Albany, NY 12211-0800

NYSHIP Code Number 280 (Upstate)

An IPA HMO serving individuals living or working in Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Orange, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington counties.

NYSHIP Code Number 290 (Downstate)

Individuals living or working in Bronx, Dutchess, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties.

For information, call

Empire Blue Cross and Blue Shield at.....1-800-662-5193

TTY.....1-800-241-6894

Or Visit Our Web site.....www.empireblue.com



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays	\$10/visit
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG.....	No cost
Radiation/Chemotherapy	No cost
Women's Health Care/OB GYN	
Pap Tests	No cost
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	50% coinsurance
Infertility Services	50% coinsurance
Emergency Room.....	\$35/visit
Urgent Care.....	\$10/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	\$10/visit, 1st-5th
	\$25/visit, 6th-20th
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics.....	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days.....	No cost
Outpatient, physical therapy, max 30 visits	\$10/visit
Outpatient, speech therapy, evaluation only	\$10/visit
Diabetic Supplies and Insulin	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 120 days/year	No cost
Prescription Drugs, 30-day supply.....	\$5 generic/\$10 preferred brand/ \$20 non-preferred brand
Mail Order, 90-day supply	\$10 generic/ \$20 preferred brand/\$40 non-preferred brand

Additional Benefits

Dental, preventive	Not covered
Vision, routine only.....	\$10/exam/year
Hearing Aids.....	Not covered

Plan Highlights 2002

Since 1937, GHI has been building a statewide reputation for strength, stability and an extraordinary commitment to prompt, responsive service. As the largest not-for-profit health insurer in New York State, GHI introduced the GHI HMO in 1999. GHI HMO's provider network is available in 15 counties in New York State.

GHI HMO's primary concern is to provide medical coverage that gives our members confidence that you and your family are well covered. With more than 3 million statewide members, GHI is committed to provide individuals, families and businesses with access to affordable, quality healthcare, supported by outstanding customer service.

Participating Physicians

Services are provided by local participating physicians in their private offices. GHI HMO has over 7,336 member physicians and health care professionals throughout its 15-county NYSHIP-approved service area.

Affiliated Hospitals

GHI HMO members are covered at area hospitals to which their GHI HMO physician has admitting privileges. GHI HMO members may be directed to other hospitals based on medical necessity when prior approval is obtained and the care is deemed appropriate by a GHI HMO Medical Director.

Pharmacies & Prescriptions

GHI HMO offers an **open formulary**. This includes injectable and self-injectable drugs, oral contraceptives and fertility drugs. Fertility drugs are limited to 3 cycles per lifetime. Members may utilize any GHI HMO pharmacy for retail prescription drugs up to a 30-day supply. If a brand drug is selected or prescribed and there is a generic equivalent available, the member pays the brand copay and the difference in price between the generic and the brand drug. All maintenance medication is obtained through the mail order program. Ask your doctor to prescribe the needed medication for up to 90 days, plus refills, if appropriate. Mail your prescription and the correct copayment in the special order envelope. To help ensure you never run short of your prescription medication, you should reorder on or after the refill date indicated on the refill slip or your medication container, or when you have 14 days of medication left. Mail order medication is pre-paid by check or money order or you may authorize billing to your credit card.

Medicare Coverage

GHI HMO offers the same benefits to NYSHIP Medicare eligibles. GHI HMO **coordinates coverage** with Medicare.

GHI HMO

120 Wood Rd.
PO Box 4181
Kingston, NY 12401

NYSHIP Code Number 220

An IPA HMO serving individuals living or working in Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties in New York.

For information, call toll-free

Albany.....	1-877-239-7634
Kingston.....	1-877-244-4466
TTY	1-877-208-7920

Or Visit Our Web sitewww.ghihmo.com



Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit.....	\$5/visit	\$5/visit
Specialty Office Visits.....	\$5/visit	\$5/visit
Chiropractic.....	\$5/visit	\$5/visit
Diagnostic/Therapeutic Services		
X-Rays.....	No cost	No cost
Lab Tests.....	No cost	No cost
Pathology.....	No cost	No cost
EKG/EEG.....	No cost	No cost
Radiation/Chemotherapy.....	\$5/visit	No cost
Women's Health Care/OB GYN		
Pap Tests.....	No cost	No cost
Mammograms.....	No cost	No cost
Pre and Postnatal Visits.....	No cost	N/A
Family Planning Services.....	\$5/visit	N/A
Prostate Cancer Screening.....	No cost	No cost
Infertility Services.....	\$5/visit ¹⁰	N/A
Artificial Insemination.....	\$50/covered procedure	N/A
Emergency Room.....	\$25/visit	\$25/visit
Ambulance.....	No cost	No cost
Outpatient Mental Health.....	No cost ¹	\$25/visit ²
Inpatient Mental Health.....	No cost ³	No cost ⁴
Outpatient Drug/Alcohol Rehab.....	\$5/visit ⁵	No cost ²
Inpatient Alcohol Rehab.....	No cost ³	No cost ²
Inpatient Drug Rehab.....	No cost ³	No cost ²
Durable Medical Equipment.....	No cost	No cost
Prosthetics.....	No cost	No cost
Orthotics.....	No cost	No cost
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, max 30 days.....	No cost ³	No cost
Outpatient.....	\$5/visit ⁶	\$5/visit ⁸
Diabetic Supplies and Insulin.....	\$5/month	No cost
Hospice, max 210 days.....	No cost	No cost ⁷
Skilled Nursing Facility.....	No cost ⁸	No cost ⁹
Prescription Drugs: NYSHIP-primary: \$5/30-day supply (subject to drug formulary)--Oral Contraceptives included. Medicare-primary: \$5/30-day supply and \$45-non formulary/30-day supply. Formulary copays are reduced by 50% when utilizing the HIP Mail Order Service. Up to a 90-day generic or brand-name supply may be obtained. Self-injectables and injectables included.		
¹ Max 20 visits; ² Unlimited visits; ³ Max 30 days; ⁴ 190-day lifetime max;		
⁵ Max 60 visits; ⁶ Max 90 visits; ⁷ Provided by a Medicare-certified hospice;		
⁸ Unlimited days; ⁹ Max 100 days per benefit period ¹⁰ Includes the supplies and drugs related to the diagnosis and treatment of infertility.		

Additional Benefits

Vision Care, routine	
NYSHIP-primary.....	no cost
Medicare-primary.....	\$5/visit
Eyeglasses	
NYSHIP-primary.....	\$45/pair/24 mos., selected frames
Medicare-primary.....	no cost/12 mos., selected frames

Laser Vision Correction (LASIKS)

NYSHIP-primary.....	Discount program
Medicare-primary.....	not covered
Hearing Aids	
NYSHIP-primary.....	not covered
Medicare-primary.....	\$500 max/36 mos.
Podiatry, routine, max 4 visits	
NYSHIP-primary.....	not covered
Medicare-primary.....	\$5/visit

Plan Highlights 2002

HIP continues to grow. Over 15,000 physicians now participate in our network with most of them in private practice. Plus, HIP offers over 54 years of experience caring for union members and the support of AFL-CIO.

Participating Physicians

You may choose a HIP participating physician practicing in his or her own private office or in a multi-specialty medical center. It's a choice you won't find anywhere else in the New York metropolitan area.

Affiliated Hospitals

HIP members have access to 106 of the area's leading hospitals, including major teaching institutions.

Pharmacies & Prescriptions

Filling a prescription is easy with HIP's network of over 32,000 participating pharmacies, including 3,500 participating pharmacies within New York State. HIP also has a Mail Order Program through Express Scripts, Inc. HIP offers a **closed formulary**. Generic drugs will be dispensed when available.

Medicare Coverage

HIP offers two plans to NYSHIP retirees. Retirees who are not Medicare-eligible are offered the same coverage as active employees. For Medicare-eligible retirees, HIP offers HIP VIP Premier Medicare Plan, a **Medicare+Choice** plan that provides Medicare benefits and more. If you are not Medicare-eligible, refer to the "Your Cost NYSHIP Primary" column on this page which shows the benefits and costs available to you.

HIP Health Plan of New York

7 West 34th St.
New York, NY 10001

NYSHIP Code Number 050

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

HIP Participates in the ONECARD Rx_{SM} Program.

For information, call.....1-877-861-0175

TTY.....1-888-447-4833

Or Visit Our Web site.....www.hipusa.com



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	No cost
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG.....	No cost
Radiation/Chemotherapy	No cost
Women's Health Care/OB GYN	
Pap Tests	No cost
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	No cost
Infertility Services	50% coinsurance
Emergency Room.....	\$50/visit
Urgent Care.....	\$10/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days.....	No cost
Outpatient, short-term, max 60 visits	\$10/visit
Diabetic Supplies and Insulin, max 30-day supply.....	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility max 120 days	No cost
Prescription Drugs and Injectables Drugs, 30-day supply	
Generic	\$5/prescription
Preferred	\$15/prescription
Non-Preferred	\$30/prescription
Mail Order, 90-day supply	
Generic	\$15/prescription
Preferred	\$45/prescription
Non-Preferred	\$90/prescription
This includes contraceptives and limited fertility drugs, injectables and self-injectable medications.	

Additional Benefits

Dental, preventive.....	Not covered
Vision, routine only.....	\$10/2 years
Hearing Aids.....	Not covered
Hearing Exam	\$10/2years

Plan Highlights 2002

HMOBlue has an extensive and growing network of participating providers, including Albany Medical Center, Bassett Healthcare, Jefferson Physician Organization, Northern New York Individual Practice Association and the Slocum-Dickson Medical Group.

Female members may visit their OB/GYN without referral, but must choose a separate primary care provider.

Members enjoy the worldwide protection of HMOBlue USA for emergency/urgent care and for free guest memberships with HMOs across the country for families living apart.

Participating Physicians

HMOBlue services are provided by your choice of local physicians who see patients in their private offices. HMOBlue has over 3,000 primary care physicians and specialists listed in the HMOBlue directory.

Affiliated Hospitals

HMOBlue members are covered at area hospitals to which their HMOBlue physician has admitting privileges. HMOBlue members may be directed to other hospitals to meet special needs. This now includes Fletcher Allen.

Pharmacies & Prescriptions

HMOBlue members select any of the chain pharmacies, (e.g. Eckerd, CVS, Rite Aid, Walgreens, Wal-Mart, etc.) or independent pharmacies, within or outside the service area, which participate in the FLRx network. HMOBlue offers an **open formulary**. Some brand-name drugs are listed on the Plan's Maximum Allowable Cost (MAC) list. For drugs on this list, you pay the brand-name copay plus the difference in cost between the brand drug on the MAC list and its generic equivalent.

Medicare Coverage

HMOBlue offers the same benefits to NYSHIP Medicare eligibles. HMOBlue **coordinates coverage** with Medicare.

HMOBlue

BlueCross BlueShield of Utica-Watertown	
12 Rhoads Dr., Utica, NY 13502.....	1-800-722-7884
50 Dietz St. Ste L, Oneonta, NY 13820.....	1-800-317-5658
1116 Arsenal St., Watertown, NY 13601	1-800-433-1488
11 Broad St. Ste A-B, Plattsburgh, NY 12901	1-888-212-6156

NYSHIP Code Number 160

An IPA HMO serving individuals living or working in Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Oswego, Otsego and St. Lawrence Counties.

For information, call 1-800-722-7884

Or Visit Our Web site www.bcbsuw.com

Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays	No cost
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG.....	No cost
Radiation/Chemotherapy	No cost
Women's Health Care/OB GYN	
Pap Tests	No cost
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services.....	\$10/visit
Emergency Room.....	\$50/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Drug Rehab, max 30 days	No cost
Inpatient Alcohol Rehab, max 30 days	No cost
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics.....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 60 days	No cost
Outpatient, max 60 visits	\$10/visit
Diabetic Supplies and Insulin	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 120 days	No cost
Prescription Drugs.....	\$5/generic
\$15/preferred brand-name, \$30/non-preferred brand-name	
There is a separate copayment for each 30-day supply, either retail or mail order. You can order up to a 90-day supply through the mail order program with three copayments. This includes contraceptives and limited fertility drugs, injectables and self-injectable medications.	

Additional Benefits

Dental, preventive.....	Not covered
Vision, routine only.....	\$10/visit
	(1 routine visit every 24 months)
Hearing Aids.....	Not covered
Hearing exam, routine, one every other year	\$10/visit

Plan Highlights 2002

HMO-CNY wants to ensure that 2002 is a healthful year for our members. Members have access to an extensive selection of area providers. Our low cost office visits keep you healthy, while saving you money. HMO-USA's guest membership program provides access to care when away from home.

Participating Physicians

HMO-CNY is affiliated with more than 2,200 Central New York physicians and health care professionals who see patients in their private offices.

Affiliated Hospitals

All hospitals within our designated service area participate with HMO-CNY. Members are covered at the hospitals to which their HMO-CNY physician has admitting privileges. Members may be directed to other hospitals to meet special needs when medically necessary.

Pharmacies & Prescriptions

HMO-CNY members select any of the chain pharmacies (e.g. Eckerd, CVS, Rite Aid, Revco, etc.). Or independent pharmacies, within or outside the service area, which participate in the FLRx network. HMO-CNY offers an **open formulary**.

Medicare Coverage

HMO-CNY offers the same benefits to NYSHIP Medicare eligibles. HMO-CNY **coordinates coverage** with Medicare.

HMO-CNY

344 S. Warren St.
PO Box 4712
Syracuse, NY 13221-4712

NYSHIP Code Number 072

An IPA HMO serving individuals living or working in Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Steuben, Tioga, parts of Chenango and Delaware, and western Madison counties.

For information, call

HMO-CNY at.....315-448-6820
or1-800-447-6269

TTY.....315-448-6764

Or Visit Our Web sitewww.bcbscn.org



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG	\$10/visit
Radiation/Chemotherapy	\$10/visit
Women's Health Care/OB GYN	
Pap Tests.....	\$10/visit
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services	50% coinsurance
Emergency Room.....	\$50/visit
Urgent Care.....	\$10/visit
Ambulance	\$25/visit
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	50% coinsurance
Prosthetics.....	No cost
Orthotics (excludes shoe inserts)	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 45 days	No cost
Outpatient, max up to 2 consecutive months/diagnosis/calendar year	\$15/visit
Diabetic Supplies and Insulin	lesser of \$8 copay or 20% coinsurance per 30-day supply
Diabetic Durable Medical Equipment.....	\$10 copayment
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 45 days.....	No cost
Home Health Care.....	\$10/visit
Prescription Drugs.....	30-day supply \$5 tier I, \$15 tier II, \$30 tier III
Injectable and self-injectable prescriptions drugs, oral contraceptives and prescription drugs to treat infertility are covered under the prescription drug benefit at the same copay as any other drug. Norplant is covered with a 20% coinsurance.	
Mail Order	N/A

Additional Benefits

Dental, preventive.....	\$30/cleaning and 20% discount on additional services at select providers
Routine Vision exams	\$10/visit once every 12 months
Lenses copayment range	\$35-\$100
Discount of 20%-50% on frames at participating providers	
Hearing Aids.....	Not covered

Plan Highlights 2002

Independent Health is one of the most progressive HMOs in the country. Our history of quality coverage, award-winning customer service, wellness programs, and member discounts are just a few of the reasons why so many people trust Independent Health to provide their health care coverage. It's what we do that makes us different.

Participating Physicians

Independent Health is affiliated with over 2,900 physicians and health care professionals who see patients in their private offices throughout its service area.

Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their Independent Health physician has admitting privileges. Independent Health members may be directed to other hospitals to meet special needs when medically necessary.

Pharmacies & Prescriptions

Over 350 pharmacies including all national chains and most independent pharmacies participate. Members may also obtain prescriptions while outside of the service area using Independent Health's national pharmacy network. Independent Health offers a **closed formulary**.

Medicare Coverage

Independent Health offers the same benefits to NYSHIP Medicare eligibles. Independent Health **coordinates coverage** with Medicare.

Independent Health - Western New York

511 Farber Lakes Dr.
Buffalo, NY 14221

NYSHIP Code Number 059

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

For information, call

the Marketing Department at.....716-631-5392
or1-800-453-1910

TTY.....716-631-3108

Or Visit Our Web site.....www.independenthealth.com



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	No cost
Lab Tests.....	No cost
Pathology.....	No cost
EKG/EEG.....	No cost
Radiation/Chemotherapy.....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests.....	\$10/visit
Mammograms	No cost
Pre and Postnatal Visits.....	No cost after initial \$10/visit
Family Planning Services.....	\$10/visit
Infertility Services.....	Basic: \$10/visit, Advanced: 50% coinsurance
Emergency Room.....	\$50/visit
Urgent Care (PCP Office Only)	\$10/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	\$10/1st visit;
\$20/visits 2nd-5th lesser of \$40 or 50% coinsurance/visits 6th-20th	
Inpatient Mental Health Physician, max 20 visits	lesser of \$40
or 50% coinsurance/visit	
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days.....	No cost
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 months	No cost
Outpatient, max 2 months	\$10/visit
Diabetic Supplies and Insulin	Lesser of \$10
or 20% coinsurance/item, 30-day supply	
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 45 days	No cost
Prescription Drugs, 30-day supply.....	\$5/generic, \$20/brand
\$40 non-formulary brand	
Mail Order, 90-day supply.....	\$10/generic, \$40/brand
\$80 non-formulary brand	
Prescription drug benefits include coverage for injectables, oral contraceptives and drugs for the treatment of infertility, subject to limitations listed above.	

Additional Benefits

Dental, preventive.....	\$10/visit, children to age 19
Vision, routine only.....	\$10/exam/24 months
Hearing Aids.....	Not covered

Plan Highlights 2002

MVP Health Care offers great customer service 7 days a week from 8am till midnight – so we're here when it's convenient for you! MVP nurses are available evenings and weekends to answer your urgent medical questions.

MVP provides comprehensive coverage for you and your family including preventive dental for kids, out-of-area college student coverage, mail order prescription drugs and much more!

MVP offers convenient Web site features including the ability to search our Doctor network, change your primary care physician, search our prescription drug formulary and more!

To find out more, visit us on the Web at www.joinMVP.com and click on our special section for New York State employees.

Participating Physicians

MVP Health Care provides services through more than 10,000 participating physicians located throughout its service area. Each region has distinctively different physician lists and geographic service areas.

Affiliated Hospitals

MVP members are covered at participating area hospitals to which their MVP physician has admitting privileges. MVP members may be directed to other hospitals to meet special needs.

Pharmacies & Prescriptions

Virtually all pharmacy "chain" stores and many independent pharmacies within the MVP service area participate with the MVP Prescription program. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers a **closed formulary**.

Medicare Coverage

MVP offers the same benefits to NYSHIP Medicare eligibles. MVP **coordinates coverage** with Medicare.

MVP Health Care

PO Box 2207
625 State St.
Schenectady, NY 12301-2207

NYSHIP Code Number 060

An IPA HMO serving individuals living or working in Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Fulton, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington counties.

MVP participates in the ONECARD RX_{SM} Program.

For information, call

Schenectady.....	518-370-4793
Yorkville	315-736-1625
Fishkill.....	845-897-6060
Vestal	607-763-4622
Syracuse.....	315-445-3700
Or	1-800 TALK-MVP (825-5687)
Or Visit Our Web site.....	www.mvphealthplan.com



Benefits

	Your Cost NYSHIP Primary	Your Cost Medicare Primary
Office Visit.....	\$5/visit	\$10/visit
Primary Care Physician (PCP) Visits for Children, age 0-2.....	No cost	\$10/visit
Specialty Office Visits.....	\$10/visit	\$15/visit
Chiropractic.....	\$10/visit	\$15/visit
Diagnostic/Therapeutic Services		
X-Rays.....	\$10/visit	\$15/visit
Lab Tests.....	\$5/visit	No cost
Pathology.....	\$10/visit	No cost
EKG/EEG.....	\$10/visit	\$15/visit
Radiation/Chemotherapy.....	No cost	No cost
Women's Health Care/OB GYN		
Pap Tests.....	No cost	No cost
Mammograms.....	No cost	No cost
Pre and Postnatal Visits.....	No cost	\$10/visit
Family Planning Services.....	\$5/visit	\$10/visit
Infertility Services.....	\$5/visit/PCP	\$10/visit/PCP
	\$10/visit/specialist	\$15/visit/specialist
Emergency Room.....	\$50/visit	\$50/visit
Urgent Care Center.....	\$25/visit	\$10/visit
Ambulance.....	No cost	\$35/visit
Outpatient Mental Health, max 20 visits.....*	*	*
Inpatient Mental Health, max 30 days		
Medicare-primary (190 days lifetime).....	No cost	No cost
Outpatient Drug/Alcohol Rehab.....	\$10/visit**	\$15/visit**
Inpatient Drug Rehab, max 30 days.....	No cost	No cost
Inpatient Alcohol Rehab, max 30 days.....	No cost	No cost
Durable Medical Equipment.....	20% coinsurance	
Prosthetics.....	20% coinsurance	
Orthotics.....	20% coinsurance	
Rehabilitative Care, physical, speech and occupational therapy		
Inpatient, unlimited.....	No cost	No cost
Outpatient.....	\$10/visit***	\$15/visit***
Hospice, max 210 days.....	No cost	No cost
Skilled Nursing Facility.....	****	****
Prescription Drugs.....	\$5/generic, \$10/brand	
For each 30-day supply at retail (NYSHIP and Medicare-primary)		
Prescription Drugs.....	\$5/generic, \$10/brand	
For each 90-day supply at mail order (NYSHIP-primary)*****		
Prescription Drugs.....	\$10/generic, \$20/brand	
For each 90-day supply at mail order (Medicare-primary)		
Prescription plan includes insulin, oral agents, birth control pills, fertility prescriptions and injectable prescriptions. Member pays copay plus the difference between the price of the generic drug and the brand-name drug when a brand is dispensed instead of an equivalent generic.		
*NYSHIP-primary, 50% coinsurance/visit (maximum 20 visits); Medicare-primary, \$15/1st visit, 50% coinsurance/visit thereafter (unlimited visits when medically necessary).		
** NYSHIP-primary limited to 60 visits per year; Medicare-primary limited to visits when medically necessary.		
***NYSHIP-primary, max 45 visits; Medicare-primary, unlimited.		
****NYSHIP-primary, no cost, max 120 days per year and 360 days per lifetime; Medicare-primary, no cost days 1-20, 50% coinsurance days 21-100 (maximum 100 days).		
*****NYSHIP-primary limited to first prescription to 30 days or retail.		

Additional Benefits

Dental, preventive.....	Both plans, Not covered
Vision, annual routine and diagnostic	
NYSHIP-primary.....	\$10/visit
Medicare-primary.....	\$10/visit for routine, \$15/visit for diagnostic
Eyeglasses.....	Both plans, 20%-60% discount
Hearing Aids	
NYSHIP-primary.....	\$600/three calendar years for children up to age 19
Medicare-primary.....	Not covered.
Acupuncture	
NYSHIP-primary.....	10 visits/calendar year, 50% coinsurance
Medicare-primary.....	Not covered

Plan Highlights 2002

For the year 2002, we continue to offer the following benefits to our members: For NYSHIP-primary retirees, annual routine eye exam, hearing aids for children and acupuncture are now covered. For Medicare-primary retirees, the travel benefit covers you for non-emergency and non-urgently needed care while traveling outside of New York State with \$100 deductible, 30% coinsurance up to \$3,000 per calendar year.

Participating Physicians and Hospitals

Preferred Care is affiliated with over 3,100 physicians and health care professionals who see patients in their private offices. Members are covered at area hospitals to which their participating physicians have admitting privileges. Members may be directed to other hospitals to meet special needs.

Pharmacies & Prescriptions

Preferred Care members use any pharmacy and present card. To use an out-of-network pharmacy, members are responsible for the copay plus the costs above the Preferred Care network rate. Preferred Care offers an **open formulary**.

Medicare Coverage

Preferred Care offers a **Medicare+Choice** plan, the Gold Plan, to retirees who are eligible for Medicare. Refer to the "Your Cost NYSHIP Primary" column if you retire before becoming Medicare-eligible. Once you become eligible for Medicare, some of the Gold Plan's copayments will vary from the copayments of actives or non Medicare-eligible retirees. Please call the number below for further details.

Preferred Care

259 Monroe Ave.
Rochester, NY 14607

NY NYSHIP Code Number 058

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

For information, call.....716-325-3113

or1-800-950-3224

Medicare-Eligible:716-327-5760 or 1-888-280-6205

TTY.....716-325-2629

Or visit our Web sitewww.preferredcare.org



Benefits

Your Cost

Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG	\$10/visit
Radiation/Chemotherapy.....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests.....	\$10/visit
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services	50% coinsurance
Emergency Room.....	\$35/visit
Ambulance	\$35/visit
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics.....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 consecutive months/condition.....	No cost
Outpatient, max 30 visits/year	\$10/visit
Diabetic Supplies and Insulin	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 45 days.....	No cost
Prescription Drugs	
Retail	1 copay per 30-day supply
Mail Order	3 copays per 90-day maintenance supply
Tier I.....	\$5/prescription
Tier II.....	\$15/prescription
Tier III.....	\$35/prescription
Includes coverage for injectable and self-injectable medications, oral contraceptives, and self-injectable and oral fertility drugs. Tier I drugs are generally generic drugs. Tier II drugs are brand name products with no generic equivalent. Tier III drugs are non-preferred brand drugs with alternate clinically equivalent drugs available in Tier I or Tier II.	

Additional Benefits

Dental, preventive.....	Not covered
Vision, routine only.....	\$20/exam
Hearing Aids.....	Not covered

Plan Highlights 2002

Univera offers a variety of discounts through our Plus Club Program. Univera members are also encouraged to participate in our "BuddyCheck 9" breast cancer awareness program.

Participating Physicians

As a Univera member, you choose from our network of affiliated physicians which includes 95% of the physicians in Central New York.

Affiliated Hospitals

Univera members will be referred to the hospital associated with their physician. Univera members may be referred to other hospitals to meet their special needs.

Pharmacies & Prescriptions

Members using Health Services Medical Group (HSMG) must use their Health Center pharmacy. Members who select physicians outside of HSMG use any participating major pharmacy chain or independent pharmacy. Members can also access our mail order drug program at Familymeds.com, or by calling 1-888-267-3025.

Medicare Coverage

Univera offers the same benefits to NYSHIP Medicare eligibles. Univera **coordinates coverage** with Medicare.

Univera (formerly Univera Healthcare-CNY)

8278 Willett Pkwy.
Baldwinsville, NY 13027

NYSHIP Code Number 055

A Network HMO serving individuals living or working in Chemung, Cortland, Herkimer, Madison, Oneida, Onondaga, Schuyler, Steuben, Tompkins, and portions of Cayuga and Oswego counties.

For information, call

Univera's Customer Service Department at.....1-800-223-4780

TTY.....1-800-396-9393

Or Visit Our Web site.....www.univerahealthcare.com



Benefits

	Your Cost
Office Visit	\$10/visit
Specialty Office Visits.....	\$10/visit
Chiropractic	\$10/visit
Diagnostic/Therapeutic Services	
X-Rays.....	\$10/visit
Lab Tests	No cost
Pathology.....	No cost
EKG/EEG	\$10/visit
Radiation/Chemotherapy.....	\$10/visit
Women's Health Care/OB GYN	
Pap Tests	\$10/visit
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$10/visit
Infertility Services	50% coinsurance
Emergency Room.....	\$35/visit
Ambulance	\$35/visit
Outpatient Mental Health, max 20 visits	50% coinsurance
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits	\$10/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics.....	50% coinsurance
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 consecutive months/condition.....	No cost
Outpatient, max 30 visits/year	\$10/visit
Diabetic Supplies and Insulin	\$10/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 45 days.....	No cost
Prescription Drugs	
Retail	1 copay per 30-day supply
Mail Order	3 copays per 90-day maintenance supply
Tier I	\$5/prescription
Tier II.....	\$15/prescription
Tier III.....	\$35/prescription
Includes coverage for injectable and self-injectable medications, oral contraceptives, and self-injectable and oral fertility drugs. Tier I drugs are generally generic drugs. Tier II drugs are brand name products with no generic equivalent. Tier III drugs are non-preferred brand drugs with alternate clinically equivalent drugs available in Tier I or Tier II.	

Additional Benefits

Dental, preventive.....	Not covered
Vision, routine only.....	\$20/exam
Hearing Aids.....	Not covered

Plan Highlights 2002

Univera offers a variety of health education programs to our members, including diabetes management, smoking cessation, Lamaze classes and stress management. Our discount programs include savings on vitamins and mineral supplements, home safety products and health club memberships. Members are encouraged to take part in our award winning "Buddy Check 2" breast cancer awareness and prevention program and our "2 Smart 2 Start" smoking prevention program for pre-teens.

Participating Physicians

As a Univera member, you choose from our network of affiliated physicians which includes 97% of the doctors in Western New York, all area hospitals, plus the major labs and pharmacy chains.

Affiliated Hospitals

Univera participates with all Western New York hospitals. You'll go to the participating hospital that your doctor selects.

Pharmacies & Prescriptions

Univera participates with all major pharmacy chains and most independent drugstores. Members who see physicians practicing at our medical centers also have the convenience of using the center pharmacies. Through our mail order vendor, Familymeds.com, members can call 1-888-267-3025.

Medicare Coverage

Univera offers the same benefits to NYSHIP Medicare eligibles. Univera **coordinates coverage** with Medicare.

Univera (formerly Univera Healthcare-WNY)

205 Park Club Ln.
Buffalo, NY 14221-5239

NYSHIP Code Number 057

A Network HMO serving individuals living or working in Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties.

To Join, call716-847-0881
or1-800-427-8490

Current Members, call716-857-4448
or1-800-337-3338
TTY1-800-421-1220

Or Visit Our Web site.....www.univerahealthcare.com



Your Cost

Office Visit.....	\$5/visit
Specialty Office Visits.....	\$5/visit
Chiropractic	\$5/visit
Diagnostic/Therapeutic Services	
X-Rays.....	No cost
Lab Tests	No cost
Pathology.....	\$5/visit
EKG/EEG.....	\$5/visit
Radiation/Chemotherapy.....	No cost
Women's Health Care/OB GYN	
Office Visit	\$5/visit
Pap Tests	No cost
Mammograms	No cost
Pre and Postnatal Visits	No cost
Family Planning Services.....	\$5/visit
Infertility Services.....	\$5/visit
Emergency Room.....	\$25/visit
Urgent Care.....	\$5/visit
Ambulance.....	No cost
Outpatient Mental Health, max 20 visits	\$5/visit 1st-3rd
	\$25/visit 4th-20th
Inpatient Mental Health, max 30 days	No cost
Outpatient Drug/Alcohol Rehab, max 60 visits.....	\$5/visit
Inpatient Alcohol Rehab, max 30 days	No cost
Inpatient Drug Rehab, max 30 days	No cost
Durable Medical Equipment.....	No cost
Prosthetics.....	No cost
Orthotics	No cost
Rehabilitative Care, physical, speech and occupational therapy	
Inpatient, max 2 months	No cost
Outpatient, max 2 months.....	\$5/visit
Diabetic Supplies and Insulin.....	\$5/item
Hospice, max 210 days	No cost
Skilled Nursing Facility, max 45 days.....	No cost
Prescription Drugs, 30-day supply.....	\$5 generic/\$12 preferred brand/ \$35 non-preferred brand at participating pharmacies
Mail Order, 90-day supply for maintenance type medication	\$10 generic/ \$24 preferred brand/\$70 non-preferred brand.
Members may access Mail Order Program by calling Express Pharmacy Services at 1-800-222-3383.	

Additional Benefits

Dental, preventive.....	Not covered
Vision, routine only.....	Not covered
Eyeglasses.....	Not covered
Hearing Aids.....	Not covered

Plan Highlights 2002

Vytra provides comprehensive benefits to cover you when you are sick as well as preventive care to promote your good health. You and each family member will select their own physician from a list of over 1,900 primary care physicians (PCPs) in Vytra's service area. Your PCP provides your routine care and arranges specialist's care and hospitalization. Women may also select an OB/GYN in addition to their PCP.

Participating Physicians

Vytra is affiliated with over 7,000 physicians and health care professionals who see patients in their private offices. Expanded network providers are now located in Manhattan.

Affiliated Hospitals

Vytra members are covered at area hospitals to which their Vytra physician has admitting privileges. Vytra members may be directed to other hospitals to meet special needs.

Pharmacies & Prescriptions

Vytra uses National Medical Healthcard Systems, which includes over 90% of the nation's pharmacies and over 1,000 in Nassau, Queens, and Suffolk counties. Vytra offers a **closed formulary**. Vytra covers fertility drugs, oral contraceptives, injectable and self-injectable prescription medications at the regular prescription drug copay.

Medicare Coverage

Vytra offers the same benefits to NYSHIP Medicare eligibles. Vytra **coordinates coverage** with Medicare.

Vytra Health Plans

Corporate Center
395 North Service Rd.
Melville, NY 11747-3127

NYSHIP Code Number 070

An IPA HMO serving individuals living or working in Nassau, Queens and Suffolk counties.

For information, call

Vytra Health Plans.....631-694-6565 for current members
or1-800-406-0806 for prospective members

Or Visit Our Web site.....www.vytra.com

Forms To Change Your Option

If You Are Changing Your Option

1. Complete the "2002 NYSHIP Option Transfer Request" form on the opposite page.
 - **Health Insurance Identification Number**
This number is on your current health insurance identification card. In most cases, this is the same as your Social Security number. However, if you are a dependent survivor, it may be your deceased spouse's or parent's Social Security number.
 - **Spouse and dependent information**
Fill in this information only if you are enrolled with Family coverage.
2. Send the completed form to the Employee Benefits Division at the address listed at the top of the form by December 28, 2001.
3. If you are enrolling in an HMO, also complete the information on page 31, "Notice of Intent to Enroll in an HMO for 2002." See page 30 for instructions.

2002 NYSHIP Option Transfer Request

Please fill in this form and return it by December 28, 2001 to:

NYS Department of Civil Service
Employee Benefits Division, Operations Unit
The State Campus
Albany, New York 12239

Call us at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)
if you have any questions about this form.

Enrollee's Name		Health Insurance Identification Number	
Address		County	Telephone Number ()
City or Post Office	State	ZIP Code	Is This a New Address? Date of New Address:

Check One ☐ COBRA ☐ Retiree ☐ Vestee ☐ Dependent Survivor ☐ Preferred List

Medicare ☐ Yes ☐ No If Yes: Part A Effective Date: Part B Effective Date:

Dependent Medicare ☐ Yes ☐ No If Yes: Part A Effective Date: Part B Effective Date:

Are you or your dependent reimbursed from another source for Part B coverage? ☐ Yes ☐ No

If Yes, by whom _____ amount \$ _____

Current Option

Effective January 1, 2002, please change my health insurance option to:

Option Code Number Plan Name

If you have Family coverage, Dependents' Social Security Numbers (Attach separate sheet of paper if necessary)

Date	Enrollee's Signature
------	----------------------

If you are enrolling in an HMO, please double check pages 8 and 9. Is the HMO approved by NYSHIP to serve your county? Please also complete the form on page 31 and send it to the HMO.



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

USE THIS FORM FOR OPTION CHANGE ONLY

To Enroll in an HMO

Please fill in the form on page 31 and **send it to your HMO** by December 28, 2001. Use the address that appears on the appropriate HMO page.

Pay special attention to:

- **Health Center/Primary Physician/Pharmacy**

If you are enrolling in an HMO, fill in the name of the Health Center, Primary Care Physician and Pharmacy you have chosen. Call the HMO for a list of participating providers.

Remember—You must also send the “2002 NYSHIP Option Transfer Request” form on page 29 to the New York State Department of Civil Service.

If you are enrolled in Medicare, and you enroll in one of the following Medicare+Choice or Cost plans...

Option 210	Aetna U.S. Healthcare
Option 066	Blue Choice
Option 068	Elderplan
Option 050	HIP Health Plan of New York
Option 058	Preferred Care

...you must call the HMO for a special HMO/CMS enrollment form.

Act quickly. Federal regulations require that the form be completed and returned to the HMO by December 28, 2001 or you will not be able to receive medical care from the HMO beginning January 1, 2002.

Notice of Intent to Enroll in an HMO for 2002

Please fill in this form and send it to your HMO by December 28, 2001. Use the address that appears on the appropriate HMO page.

Name		Date of Birth
Street Address		County
City or Post Office		Health Insurance Identification Number
State	ZIP Code	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number ()	Coverage <input type="checkbox"/> Individual <input type="checkbox"/> Family	If yes: Part A Effective Date: Part B Effective Date:
Health Center/Primary Physician/Pharmacy (Indicate your choices)		

Effective January 1, 2002, please change my health insurance option to:

Option Code Number	Plan Name
Date	Enrollee's Signature

If you have Family coverage, please also complete the bottom portion of this form.

Note: If you have Individual coverage, but want Family coverage, see page 1 for information on how to change.

Name of Spouse/Domestic Partner (If Covered Dependent)		Date of Birth of Spouse/Domestic Partner
Spouse/Domestic Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employed, Name of Employer	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Spouse/Domestic Partner have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Individual <input type="checkbox"/> Family		If Yes: Part A Effective Date: Part B Effective Date:
Health Center/Primary Physician/Pharmacy of Spouse/Domestic Partner		

Name of Child (if Covered Dependent)		Dependent's Date of Birth
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employed, Name of Employer	Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Dependent have other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Individual <input type="checkbox"/> Family		If yes: Part A Effective Date: Part B Effective Date:
Dependent's Health Center/Primary Physician/Pharmacy		
Any other Enrolled Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If any other information is required, the HMO will contact you.	

I have mailed the "2002 NYSHIP Option Transfer Request" form to the New York State Department of Civil Service. Please indicate date sent ____/____/____.



When you are enrolled in Medicare and you leave an HMO

If you are enrolled in Medicare and you change out of one of the following Medicare+Choice or Cost plans...

Option 210	Aetna U.S. Healthcare
Option 066	Blue Choice
Option 068	Elderplan
Option 050	HIP Health Plan of New York
Option 058	Preferred Care

...you must fill out the form on the opposite page and send it by December 21, 2001 **to the HMO you are leaving**. Use the address that appears on the appropriate HMO page.

Act quickly! This form is required by federal regulations to disenroll your Medicare coverage from the HMO you are leaving. If you do not fill out this form and mail it to the HMO before December 21, you will have claim problems with your new NYSHIP option. You may be responsible for the full cost of services that would have been covered by Medicare.

Enrollment Cancellation

Effective January 1, 2002, please cancel my enrollment in:

Option Code Number	Plan Name		
Member's Name	First	Middle	Last
Address			
Telephone Number ()			
Medicare Number (As it appears on your Medicare Card)			
Date	Enrollee's Signature (Required)		

Important: Complete and mail this form to the HMO you are leaving as soon as possible, but no later than December 21, 2001. Termination of coverage with this HMO will be effective on the first day of the month following the month the HMO receives this written request. You will not be able to receive medical care from your new option until the effective date of disenrollment.

My current option is _____.

and I want to change my option to _____.

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

USE THIS FORM FOR OPTION CHANGE ONLY

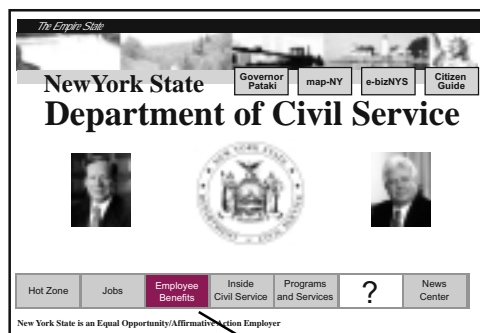


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NYS OnLine: Your Benefits Resource



NYS OnLine answers many questions for NYSHIP enrollees. "What's New" gives a heads-up on new publications or important benefit information. You can select your group and see current health insurance information, link to the *Empire Plan Participating Provider Directory* online and find useful phone numbers. *Choices* and other Option Transfer publications are available online as soon as they are approved for printing. Rates are also posted promptly upon approval. NYS OnLine meets universal accessibility standards adopted by New York State for NYS Agency Web sites and has been honored for excellence in health benefits presentation by the WWW Health Awards and APEX Awards. Visit us at <http://www.cs.state.ny.us>.

The Empire State

New York State

Governor Pataki map-NY e-bizNYS Citizen Guide

Hot Zone Jobs **Employee Benefits** Inside Civil Service Programs and Services ? News Center

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The Empire State

New York State

NYS OnLine Benefits

Employee Benefits Division

State of New York Department of Civil Service

Find the **benefit**, click on the group Benefits vary by group

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New York State Health Insurance Program (NYSHIP) for NY State and Local Governments:

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Retirees State/PE

Participating Employers

Participating Agencies

NYSHIP for Local Govts.

Empire Plan Providers

Option Transfer

More New York State Government Benefits

Dental:

Council 82

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NYSCOPBA

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PBA Troopers

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Council 82

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NYSCOPBA

PBA Supervisors

PBA Troopers

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Survivor Benefits

All

Workers' Compensation:

Accident Reporting System

ONECARD Rx/ARS

Dispute Resolution Program

Long Term Care

NYPERL


Health Insurance Choices & Rates for 2002

**For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and their Enrolled Dependents
and for COBRA enrollees with their benefits**

The New York State Department of Civil Service, which administers NYSHIP, produced this book in cooperation with the New York Health Plan Association and the Empire Plan carriers.

Care has been taken to ensure the accuracy of the material contained in this book. However, the HMO contracts and the certificate of insurance from the Empire Plan carriers and the addenda are the controlling documents for benefits available under NYSHIP.

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Employee Benefits Division Web site (<http://www.cs.state.ny.us>), which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA enrollees may call the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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