OCTOBER 2026

HEALTH INSURANCE CHOICES FOR 2027



This publication applies to:

- NYS employees represented by Council 82, DC-37, NYSCOPBA, PBA, PBANYS and PIA
- Unified Court System (UCS) employees *not* represented by OCA CSEA or designated as M/C, Judicial or Unrepresented

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

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • nyship.ny.gov



Your NYSHIP Health Plan Options for 2027

This publication explains the NYSHIP health plan options available to you for the 2027 plan year.

Although benefits differ between plans, all NYSHIP options provide comprehensive coverage that includes hospital care, medical/surgical care, prescription drug benefits and mental health/substance use treatment.

For more information about the benefits available under a specific plan, contact the plan directly. If you have questions about enrollment, contact your health benefits administrator (HBA).

Important Terms

Coinsurance: Your share of the cost of certain non-network services after you have paid your entire deductible.

Coinsurance Maximum: The highest amount of coinsurance you must pay during the plan year before your health plan begins paying 100% of covered expenses.

Copayment: Your share of the cost of certain network services, typically payable at the time that the service is rendered.

Cost Sharing: The portion of health care–related costs (in addition to your monthly premium) that you must pay yourself vs. the portion that your health plan pays.

Deductible: The amount of money you must pay out of your own pocket for certain non-network services before your health plan will begin to reimburse you for them.

Changing Your Plan Option

OPEN ENROLLMENT FOR ACTIVE EMPLOYEES

NYSHIP now offers Open Enrollment instead of an annual Option Transfer Period. This year's Open Enrollment will run from **December 1–31, 2026**.

During this time, active employees can:

- Enroll in NYSHIP for the first time with no waiting period or qualifying event
- Change between The Empire Plan, a NYSHIP HMO or, if eligible, the Opt-Out Program
- Switch to Individual or Family coverage, or add previously eligible dependents to existing Family coverage, with no waiting period or qualifying event
- Change their Pre-Tax Contribution Program (PTCP) status
- Enroll in the Productivity Enhancement Program (PEP) for the upcoming year, if eligible
- Enroll in the Young Adult Option (YAO)

Plan changes cannot be made after December 31 except under certain circumstances (see your *General Information Book* for details).

How to Change Your Plan Option

If you want to change your plan option, complete a *NYSHIP Health Insurance Transaction Form* and submit it to your HBA during Open Enrollment.

If you want to enroll in the Opt-Out Program, you must also complete and submit a *NYSHIP Opt-Out Program Attestation Form* (PS-409) along with proof of your other coverage.

Forms are available on the NYSHIP website.

In-Network Out-of-Pocket Limit: The highest amount of money you are expected to pay out of your own pocket for network services and supplies during a given plan year. Once this limit has been reached, network benefits are covered at no cost to you for the remainder of the plan year.

Network Providers: A group of health care providers and facilities who have contracted with a health plan to provide services to enrollees at negotiated rates.

Non-Network Providers: Health care providers and facilities who do not participate in a health plan's contracted network.

Plan Option: A health insurance plan offered through NYSHIP. Options include The Empire Plan and NYSHIP-approved HMOs. The Opt-Out Program is also a plan option for eligible active employees.

Comparing Your NYSHIP Health Plan Options

There are two types of health insurance plans available under NYSHIP: The Empire Plan and NYSHIP-approved HMOs.

THE EMPIRE PLAN VS. NYSHIP-APPROVED HMOS		
	Empire Plan	**HMO**
Service Area	Benefits are available worldwide.	Coverage is limited to the HMO's geographical service area.
Network Providers	Enrollees have access to over one million network providers and facilities throughout the U.S. and its territories. Enrollees are not required to choose a primary care provider (PCP) or get referrals to see specialists.	Enrollees must choose a PCP from the HMO's network for routine medical care. Referrals may be required to see specialists or access certain services.
Out-of-Pocket Costs	**Network providers/facilities:** Enrollees pay a per-visit copayment. **Non-network providers/facilities:** Enrollees pay the full cost up front. Reimbursement is subject to deductible and coinsurance.	**Network providers/facilities:** Enrollees pay a per-visit copayment or coinsurance. HMOs have no annual deductible. Visits to **non-network providers/facilities** are not covered.
Benefit Highlights	Through **The Empire Plan Center of Excellence (COE) Program**, enrollees have access to select providers and facilities recognized as leaders in: • cancer treatment • transplants • infertility • substance use disorder	All NYSHIP-approved HMOs offer **wellness incentive programs** that reward enrollees for reaching exercise goals and taking preventive steps to stay healthy.



Compare NYSHIP Plans

Generate a side-by-side comparison of the benefits provided by NYSHIP plans in your area on the NYSHIP website.

Select your group and location to view:

- Medical and hospital care benefits
- Prescription drug, mental health and substance use coverage
- Copayment and coinsurance amounts, coverage limits and out-of-pocket maximums
- Incentive and support programs

Scan the QR code or visit nyship.ny.gov/plan-comparison to get started.

Young Adult Option (YAO)

NYSHIP's Young Adult Option (YAO) allows children who do not qualify as dependents to purchase their own Individual NYSHIP coverage. To enroll in the YAO, your child must be under 30, unmarried, not covered by Medicare and ineligible for employer-sponsored health insurance of their own. For more information, go to nyship.ny.gov/young-adult-coverage.

PLANS BY COUNTY

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

You may enroll in any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area.

Some NYSHIP-approved HMOs have more than one geographical service area and offer multiple plan options. If enrolled in an HMO, you have guaranteed access to network benefits when using network providers located in the service area associated with your plan option only. Coverage outside of the designated service area is not guaranteed and is at the discretion of each individual HMO.

This list shows which HMOs are available in each county.

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

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

The Opt-Out Program NYSHIP Code #700

PROGRAM OVERVIEW

The Opt-Out Program allows active employees who have other employer-sponsored group health insurance to opt out of NYSHIP health coverage for an incentive payment. This payment is:

- $1,000 for opting out of Individual coverage or $3,000 for opting out of Family coverage
- Taxable income
- Credited to your biweekly paycheck throughout the year (lump-sum payments are not available)
- Prorated if you participate for only part of the year
- Payable only when you are eligible for NYSHIP coverage at the employee share of the premium

Opting out of coverage through this program allows you to remain a NYSHIP enrollee for the purposes of establishing coverage in retirement.

The program applies to health coverage only. Enrollment does not impact eligibility for dental or vision coverage.

ELIGIBILITY REQUIREMENTS

To participate in the Opt-Out Program, you must:

- Be an active NYS employee with an employer contribution to the cost of your NYSHIP coverage
- Be a member of a group eligible for the Opt-Out Program
- Have been enrolled continuously in NYSHIP since April 1, 2026 or your first date of NYSHIP eligibility if that date is later than April 1
- Have other employer-sponsored group health insurance

RESTRICTIONS

You cannot opt out if:

- Your other coverage is NYSHIP coverage through your own employment with another NYS agency, a Participating Employer or a Participating Agency
- You are covered as a dependent on another NYS employee's NYSHIP policy (however, you are eligible for the Individual incentive payment if you are covered as a dependent on another NYSHIP policy through a Participating Employer or Participating Agency)

ENROLLING IN THE OPT-OUT PROGRAM

To enroll in the program, submit the following documents to your HBA before the December 31 Open Enrollment deadline (or, if you are a new employee, before the end of your new hire waiting period):

- *NYSHIP Health Insurance Transaction Form*
- *NYSHIP Opt-Out Program Attestation Form* (PS-409)
- Proof of other health insurance (such as a copy of your benefit card)

Incentive payments will begin with the first pay period affecting coverage for 2027.



The Empire Plan NYSHIP Code #001

The Empire Plan is the largest health plan option available through NYSHIP. Benefits are available worldwide and negotiated through the collective bargaining process, ensuring coverage reflects the needs of enrollees.

The Empire Plan provides comprehensive coverage through the following programs:

- **Hospital Program** (Anthem Blue Cross)
  Coverage for services provided in network or non-network inpatient or outpatient hospitals, skilled nursing facilities and hospice settings. Over 95% of United States hospitals are in the Anthem Blue Cross network.
- **Medical/Surgical Program** (UnitedHealthcare)
  Coverage for services received from health care professionals licensed to provide medical/surgical services. It also covers services received at other facilities not covered under the Hospital Program, such as ambulatory surgical centers, imaging centers, laboratories, cardiac rehabilitation centers, urgent care centers and convenience care clinics. UnitedHealthcare's Participating Provider Program network includes over one million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States.
- **Mental Health and Substance Use Program** (Carelon Behavioral Health)
  Coverage for inpatient and outpatient mental health care and substance use care.
- **Prescription Drug Program** (CVS Caremark)
  for Empire Plan-primary enrollees and dependents
  Coverage for prescriptions for covered drugs at network, mail service, specialty and non-network pharmacies.
- **Empire Plan Medicare Rx Prescription Drug Program** (SilverScript, an affiliate of CVS Caremark)
  for Medicare-primary enrollees and dependents
  A Medicare Part D plan with expanded coverage designed specifically for Empire Plan enrollees. Coverage for prescriptions for covered drugs at network, mail service, specialty and non-network pharmacies.

COPAYMENTS FOR COVERED DRUGS

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

Empire Plan Cost Sharing

Empire Plan benefits are available worldwide. What you pay depends on whether you use network or non-network providers.

NETWORK VS. NON-NETWORK PROVIDERS

When you use network providers, you only pay a copayment for certain services, and The Empire Plan covers the rest. Other services are covered at no cost to you.

When you use non-network providers, you pay the full cost up front. Benefits are subject to a deductible and coinsurance. You are responsible for a greater share of the cost.

If there are no network providers in your area, you can receive network-level benefits for certain services by calling The Empire Plan in advance.

NETWORK OUT-OF-POCKET LIMIT

Each calendar year, there is a limit on what you pay out of pocket for services and supplies from network providers and facilities. Once you reach this limit, you will have no additional copayments for the rest of the year.

2027 EMPIRE PLAN MAXIMUM OUT-OF-POCKET LIMITS FOR NETWORK SERVICES

For NYS employees who are represented by DC-37 and NYSCOPBA and employees of the Unified Court System who are not represented by OCA CSEA or designated as M/C or Judicial

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

For NYS employees who are represented by C-82, PBA, PBANYS and PIA

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

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

NON-NETWORK COSTS

When you use non-network providers, the following apply:

- **Combined annual deductible:** You must meet a deductible each calendar year before The Empire Plan will reimburse you for its share of the cost of most medical, mental health and substance use services.
- **Coinsurance:** After paying the deductible, you must pay a percentage of the cost for most medical, mental health and substance use services. Inpatient hospital stays and outpatient hospital services are also subject to coinsurance.
- **Coinsurance maximum:** Each calendar year, there is a limit on the coinsurance you pay. After you reach this limit, The Empire Plan will cover 100% of the cost of applicable services for the rest of the year.

When you use non-network providers and facilities for **chiropractic care, physical therapy and occupational therapy**, a separate Managed Physical Medicine Program (MPMP) annual deductible applies:

- $250 per enrollee
- $250 per enrolled spouse/domestic partner
- $250 for all dependent children combined

You must meet this deductible before The Empire Plan will reimburse you for these services.

See the table below for deductible and coinsurance maximum amounts. See The Empire Plan chart on pages 10–13 for an overview of reimbursement amounts. For full information on benefits, see the *Empire Plan Certificate*.

Empire Plan Provider Directory

Choose from a nationwide network of over one million providers, 15,000 hospitals and 9,000 pharmacies. Listings are organized by program, allowing you to locate the specific type of provider or facility you are seeking within a few clicks.

Scan the QR code or visit nyship.ny.gov/find-provider to get started.

2027 COMBINED ANNUAL DEDUCTIBLE AND ANNUAL COINSURANCE MAXIMUM AMOUNTS

Enrollee Group/Category	Combined Annual Deductible	Combined Annual Coinsurance Maximum
Enrollee	$1,250	$3,750
Enrolled spouse/domestic partner	$1,250	$3,750
Dependent children combined	$1,250	$3,750
Reduced amount for enrollees[1] in titles equated to Salary Grade 6 and below	$625	$1,875

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

THE EMPIRE PLAN

Benefits	Hospital Benefits[1,2]	Med/Surg and MHSU Network Provider[2]	Med/Surg and MHSU Non-Network Provider
Office Visits[2]		$25 per visit	Basic Medical[3]
Specialty Office Visits[2]		$25 per visit	Basic Medical[3]
Diagnostic Services:[2]			
Radiology	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Lab Tests	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Pathology	No copayment	$25 per visit	Basic Medical[3]
EKG/EEG	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical[3]
Women's Health Care/ Reproductive Health:[2]			
Well-Woman Exams		No copayment	Basic Medical[3]
Screenings and Maternity-Related Lab Tests	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Mammograms	No copayment	No copayment	Basic Medical[3]
Pre/Postnatal Visits		No copayment[5]	Basic Medical[3]
Bone Density Tests	$40[4] or $50 per outpatient visit	$25 per visit	Basic Medical[3]
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchased from a network provider; one double-electric breast pump per birth	
External Mastectomy Prostheses		No network benefit. See Non-Network Provider.	One single or double prosthesis per calendar year covered under Basic Medical at no cost to enrollee (not subject to deductible or coinsurance)[6]
Family Planning Services[2]		$25 per visit	Basic Medical[3]
Infertility Services	$40[4] or $50 per outpatient visit[7]	$25 per visit; no copayment at designated Centers of Excellence[7]	Basic Medical[3,7]
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical[3]
Inpatient Hospital Surgery	No copayment[8]	No copayment	Basic Medical[3]
Outpatient Surgery	$75[4] or $95 per visit	$50 per visit[9]	Basic Medical[3]
Weight Loss/Bariatric Surgery	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Basic Medical[3]
Emergency Department	$90[4] or $100 per visit[10]	No copayment	Basic Medical[3,11]
Urgent Care	$40[4] or $50 per outpatient visit[12]	$30 per visit[13]	Basic Medical[3]
Ambulance	No copayment[14]	$70 per trip[15]	$70 per trip[15]
Telehealth[16]		$25 per visit	Basic Medical[3]
Mental Health Practitioner Services		$25 per visit	Applicable annual deductible, then 20% of allowed amount; after applicable coinsurance max, costs in excess of allowed amount only

1 Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Inpatient stays at non-network hospitals are subject to 10% coinsurance of billed charges. Outpatient services received at non-network hospitals are subject to the greater of 10% coinsurance of billed charges or $75 per visit. After the coinsurance limit has been reached, The Empire Plan will cover 100% of the cost of applicable services. Medicare-primary enrollees receive network benefits for covered services at both network and non-network hospitals.

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

3 After the combined annual deductible has been met, The Empire Plan reimburses 80% of the allowed amount for covered services. The enrollee is responsible for the remaining 20% coinsurance plus any charges above the allowed amount. Once the annual coinsurance maximum has been reached, The Empire Plan will cover 100% of the allowed amount.

4 For UCS enrollees only.

5 Obstetrical ultrasounds may be subject to a $25 copayment.

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

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

8 Preadmission certification required.

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

10 Copayment waived if admitted.

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

12 At a hospital-owned urgent care facility only.

13 Up to two copayments per service date may apply.

14 If service is provided by admitting hospital.

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

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

THE EMPIRE PLAN			
Benefits	**Hospital Benefits**[1,2]	**Med/Surg and MHSU Network Provider**[2]	**Med/Surg and MHSU Non-Network Provider**
Approved Facility Mental Health Services		No copayment	10% of billed charges; after applicable coinsurance max, covered at no cost to enrollee
Outpatient Drug/Alcohol Rehabilitation		$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, then 20% of allowed amount; after applicable coinsurance max, costs in excess of allowed amount only
Inpatient Drug/Alcohol Rehabilitation		No copayment	10% of billed charges; after applicable coinsurance max, covered at no cost to enrollee
Durable Medical Equipment		No copayment (HCAP)	Any amounts in excess of 50% of network allowance (see the *Empire Plan Certificate*)
Prosthetics		No copayment[17]	Basic Medical[3,17] $1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
Orthotic Devices		No copayment[17]	Basic Medical[3,17]
Rehabilitative Care (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; $25 per visit for outpatient physical therapy following related surgery or hospitalization[18]	Physical or occupational therapy $25 per visit (MPMP) Speech therapy $25 per visit	$250 annual MPMP deductible, then any amounts in excess of 50% of network allowance Basic Medical[3]
Diabetic Supplies		No copayment (HCAP)	50% of network allowance (see the *Empire Plan Certificate*)
Insulin and Oral Agents[19] (covered under the Prescription Drug Program)			
Diabetic Shoes		$500 annual maximum benefit	25% of network allowance; annual maximum benefit of $500 (see the *Empire Plan Certificate*)
Hospice	No copayment, no limit		
Skilled Nursing Facility[20, 21]	No copayment		
Prescription Drugs (see page 7):			
Additional Benefits:			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See Non-Network Provider.	Up to $1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Annual Out-of-Pocket Maximum	Refer to charts on page 8 for maximum out-of-pocket limit amounts for the 2027 plan year.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		

24-hour NurseLine[SM] for health information and support at 1-877-7-NYSHIP (1-877-769-7447); press or say 5.

Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease (CAD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), congestive heart failure, depression, diabetes and eating disorders.

Diabetes education centers for enrollees who have a diagnosis of diabetes.

For more information regarding covered vaccines, tests and screenings, see the *Empire Plan Preventive Care Coverage Guide* on the NYSHIP website or visit hhs.gov/healthcare/about-the-aca/preventive-care.

1 Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Inpatient stays at non-network hospitals are subject to 10% coinsurance of billed charges. Outpatient services received at non-network hospitals are subject to the greater of 10% coinsurance of billed charges or $75 per visit. After the coinsurance limit has been reached, The Empire Plan will cover 100% of the cost of applicable services. Medicare-primary enrollees receive network benefits for covered services at both network and non-network hospitals.

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

3 After the combined annual deductible has been met, The Empire Plan reimburses 80% of the allowed amount for covered services. The enrollee is responsible for the remaining 20% coinsurance plus any charges above the allowed amount. Once the annual coinsurance maximum has been reached, The Empire Plan will cover 100% of the allowed amount.

17 Benefit paid up to cost of device meeting individual's functional need.

18 Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization.

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

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

21 Does not apply to Medicare-primary enrollees.

Blue Choice®

A product of Excellus BlueCross BlueShield, Rochester Region

BENEFITS	ENROLLEE COST
Office Visits	$25 per visit ($5 to age 26)
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	$25 per visit
Chemotherapy	$25 for Rx injection, $25 office copayments (max two copayments per day)
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment (routine), $25 copayment (diagnostic)
Breastfeeding Services and Equipment Must be obtained from a participating provider	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	$25 per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs	Applicable Rx copayment [1]
Contraceptive Devices	Applicable Rx copayment [1]
Inpatient Hospital Surgery	
Physician	No copayment
Facility	No copayment
Outpatient Surgery	
Hospital	$50 per visit
Physician's Office	$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	$25 physician and $50 facility per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department (waived if admitted within 23 hours)	$100 per visit
Urgent Care Facility	$35 per visit
Ambulance	$100 per trip
Telehealth	
Virtual Care PCP/Specialist	$25 per visit ($5 to age 26)
MDLIVE®	No copayment for medical and behavioral health
Outpatient Mental Health	
Individual, unlimited	$25 per visit ($5 to age 26)
Group, unlimited	$25 per visit ($5 to age 26)
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$25 per visit ($5 to age 26)
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30-visit combined max for all therapy visits	$25 per visit
Outpatient Speech Therapy, 30-visit combined max for all therapy visits	$25 per visit
Diabetic Supplies up to a 30-day supply	$25 per item

BENEFITS	ENROLLEE COST
Insulin and Oral Agents	
Insulin	No copayment
Non-insulin diabetic drugs up to a 30-day supply	$25 per item
Diabetic Shoes one pair per year when medically necessary	50% coinsurance
Hospice, 210 days max	No copayment
Skilled Nursing Facility 45 days max per admission, 360-day lifetime max	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 Tier 1, $30 Tier 2, $50 Tier 3[2]
Mail Order, up to 90-day supply	$20 Tier 1, $60 Tier 2, $100 Tier 3[2]
You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a $30, $90 or $150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes injectable and self-injectable medications and enteral formulas.	
Specialty Drugs	
After the first fill, specialty medications must be obtained through a participating specialty pharmacy and are limited to a 30-day supply. See our website for a list of specialty medications and pharmacies.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $6,350 Individual, $12,700 Family per year

Dental[3] ..... $25 per visit

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

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

Hearing Aids ..... Children (to age 19): covered in full for up to two hearing aids every three years

Out of Area ..... Our BlueCard and Away From Home Care programs cover routine and urgent care while traveling, for students away at school and for families living apart.

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

Plan Highlights for 2027

All lab tests are covered in full. Earn $500 per family ($250 employee/$250 spouse) through our ThriveWell Rewards online wellness incentive program.

Participating Physicians

With 98% provider participation, Blue Choice offers you more choice of doctors than any other area HMO.

Affiliated Hospitals

All hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please visit excellusbcbs.com/mygroup/nyship for a list of participating hospitals.

Pharmacies and Prescriptions

Fill prescriptions at any of our more than 66,000 participating pharmacies nationwide. Blue Choice offers convenient mail-order services for select maintenance drugs. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For Information:

Blue Choice: 1-800-499-1275

TTY: 1-800-662-1220

Medicare Blue Choice: 1-877-883-9577

Website: excellusbcbs.com/mygroup/nyship

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

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

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

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

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

BENEFITS	ENROLLEE COST
Urgent Care Facility	$25 per visit
Ambulance	$50 per trip
Telehealth	
Virtual Care PCP/Specialist	$15/$25 per visit
MDLIVE® Medical/Mental Health	No copayment
MDLIVE® Teledermatology	$25 per visit
Behavioral Health (aptihealth/Valera)	$15 per visit
Outpatient Mental Health	
Individual, unlimited	$15 per visit
Group, unlimited	$15 per visit
Inpatient Mental Health, unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$15 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics[5]	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max per calendar year	$25 per visit[6]
Outpatient Speech Therapy, 20 visits max per calendar year	$25 per visit
Diabetic Supplies	
Retail, 30-day supply	$15 per item
Mail Order, 90-day supply	$30 per item
Insulin and Oral Agents	
Retail, 30-day supply	$0/$15 per item[7]
Mail Order, 90-day supply	$30 per item
Diabetic Shoes one pair per year when medically necessary	$15 per pair
Hospice, 210 days max	No copayment
Skilled Nursing Facility 45 days max	No copayment

BENEFITS	ENROLLEE COST
Prescription Drugs	
Retail, 30-day supply	$5 Tier 1 ($0 Tier 1 for under age 19), $30 Tier 2, $50 Tier 3 at preferred pharmacies
Mail Order, 90-day supply	$10 Tier 1, $60 Tier 2, $100 Tier 3
Over-the-counter formulary drugs are subject to Tier 1 copayment. By law, generics match brand-name strength, purity and stability. Ask your doctor about generic alternatives.	
Specialty Drugs	
Certain specialty drugs require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $6,350 Individual; $12,700 Family per year

Dental ..... Not covered

Vision ..... Not covered

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

Hearing Aids ..... 50% coinsurance[8]

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

Allergy Injections ..... No copayment

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

Diabetic Prevention Program ..... No copayment

Plan Highlights for 2027

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

Visit cdphp.com/stateemployees for information about our participating pharmacy network. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 063

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

NYSHIP Code Number 300

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

NYSHIP Code Number 310

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

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

6 Wellness Way, Latham, NY 12110

For Information:

Member Services: 518-641-3700 or 1-800-777-2273
TTY: 711
Website: cdphp.com/stateemployees

1 Preauthorization is required for advanced imaging services (CT, MRI, PET and nuclear medicine).
2 $25 copayment waived at preferred sites.
3 May vary depending on place of service.
4 OTC contraceptives with a written physician prescription will be reimbursed at no member cost share. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.
5 Excludes shoe inserts.
6 New for 2027: Vori Physical Therapy (Musculoskeletal) Telemedicine covered in full.
7 No copayment for insulin; oral agents: $15 per item.
8 Covers one per ear per year; must be purchased through TruHearing.

EmblemHealth®

BENEFITS	ENROLLEE COST
Office Visits	$5 per visit
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$10 per visit
Diagnostic/Therapeutic Services	
Radiology	$5 PCP visit; $10 specialist visit
Lab Tests	$5 PCP visit; $10 specialist visit
Pathology	No copayment
EKG/EEG	$5 PCP visit; $10 specialist visit
Radiation	$10 specialist visit
Chemotherapy	$5 PCP visit; $10 specialist visit
Dialysis	$5 PCP visit; $10 specialist visit $0 freestanding center/outpatient hospital
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	$5 PCP visit, $10 specialist visit
Infertility Services	$10 per visit
Contraceptive Drugs[1]	No copayment
Contraceptive Devices[1]	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	No copayment
Weight Loss/Bariatric Surgery Preauthorization may be required.	No copayment
Emergency Department (waived if admitted)	$75 per visit
Urgent Care Facility	$25 copayment per visit

BENEFITS	ENROLLEE COST
Ambulance	No copayment
Telehealth	
Virtual Care PCP/Specialist	$5/$10 per visit
Virtual Portal	No coverage
Outpatient Mental Health unlimited	No copayment
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	No copayment
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 30 days max	No copayment
Outpatient Physical or Occupational Therapy 90 visits max for all outpatient rehabilitative care	$5 PCP visit, $10 specialist visit, $0 outpatient facility
Outpatient Speech Therapy 90 visits max for all outpatient rehabilitative care	$5 PCP visit, $10 specialist visit, $0 outpatient facility
Diabetic Supplies	$5 per 34-day supply
Insulin and Oral Agents 34-day supply	No copayment
Diabetic Shoes[2] when medically necessary	No copayment
Hospice, 210 days max	No copayment
Skilled Nursing Facility unlimited	No copayment

BENEFITS	ENROLLEE COST
Prescription Drugs	
Retail, 30-day supply	$5 Tier 1, $20 Tier 2
Mail Order, 90-day supply	$7.50 Tier 1, $30 Tier 2
Subject to drug formulary, includes fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments reduced by 50% when utilizing EmblemHealth mail-order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	
Specialty Drugs	
Coverage provided through the EmblemHealth Specialty Pharmacy Program. Prior approval required; 30-day supply limit.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $6,850 Individual, $13,700 Family per year

Dental ..... Not covered

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

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

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

Hearing Aids ..... Cochlear implants only

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

Alternative Medicine Program ..... Discount program

Artificial Insemination ..... $10 per visit

Prostate Cancer Screening ..... No copayment

Plan Highlights for 2027

For 2027, EmblemHealth's HIP Prime HMO Plan will continue to offer the same benefits, including telehealth visits (as available from your PCP/specialist).

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

Filling a prescription is easy with access to more than 55,000 pharmacies, including mail order through Amazon Pharmacy, where you can save on both short-term and extended-day supplies (up to 90 days) on most medications. The same cost sharing by drug tier applies regardless of the pharmacy used. Tier 1 includes generic drugs; Tier 2 includes brand-name drugs. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 050

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

NYSHIP Code Number 220

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

NYSHIP Code Number 350

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

EmblemHealth

55 Water Street, New York, NY 10041

For Information:

Customer Service: 1-800-447-8255

TTY: 1-888-447-4833

Website: emblemhealth.com/resources/new-york-state-employees

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

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

HIGHMARK

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

BENEFITS	ENROLLEE COST
Telehealth	
Virtual Care PCP/Specialist	$10/$15 per visit with an in-network provider
Well360 Virtual Health	No copayment
Outpatient Mental Health	
Individual, unlimited	$10 per visit
Group, unlimited	$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited[7]	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max[8]	$15 per visit
Outpatient Speech Therapy, 20 visits max[8]	$15 per visit
Diabetic Supplies	$10 per item
Insulin and Oral Agents	No copayment
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 100 days max per plan year	No copayment
Prescription Drugs	
Retail, 30-day supply	$5 Tier 1, $30 Tier 2, $60 Tier 3
Mail Order, 90-day supply	$10 Tier 1, $60 Tier 2, $120 Tier 3
May require prior approval. Over 600 $0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $3,000 Individual, $6,000 Family per year

Dental ..... Not covered

Vision ..... Eye exams covered in full. Eyewear discounts available.[9]

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

Out of Area ..... Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area. For more information, call the number on the back of your ID card.

In Vitro Fertilization ..... $15 per visit
Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.

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

Plan Highlights for 2027

$0 PCP and specialist office visits for children under the age of 19. $0 urgent care. A 90-day supply of prescription drugs for two copayments. Weight management and wellness card benefits.

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions filled up to a 31-day supply. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 067

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

Highmark Blue Cross Blue Shield

1 Seneca Street, Suite 3400, Buffalo, NY 14203

For Information:

Highmark Blue Cross Blue Shield: 1-844-639-2441
TTY: 711
Website: highmark.com/member/nyship-bcbswny.html

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1 Covered in full for members under the age of 19.
2 Members are required to use Quest Diagnostics or an outpatient hospital that participates as a Quest Diagnostics hospital draw site.
3 $10 copayment for the final visit only.
4 For hospital-grade pump rental, covered for duration of breastfeeding. $170 allowance towards purchase of one manual/electric pump per pregnancy.
5 No copayment for contraceptive drugs and devices unless a generic equivalent is available, in which case you are subject to a $30 (Tier 2) or $60 (Tier 3) copayment.
6 Urgent care is covered worldwide.
7 Prior authorization is required.
8 Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.
9 Through Davis Vision providers only.
10 For more information, visit blue365deals.com/WNY.

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

BENEFITS	ENROLLEE COST
Telehealth	
Virtual Care PCP/Specialist	$10/$15 per visit with an in-network provider
Well360 Virtual Health	No copayment
Outpatient Mental Health	
Individual, unlimited	$10 per visit
Group, unlimited	$10 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$10 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited[7]	No copayment
Outpatient Physical or Occupational Therapy, 20 visits max[8]	$15 per visit
Outpatient Speech Therapy, 20 visits max[8]	$15 per visit
Diabetic Supplies	$10 per item
Insulin and Oral Agents	No copayment
Diabetic Shoes	Not covered
Hospice	No copayment
Skilled Nursing Facility 100 days max per plan year	No copayment
Prescription Drugs	
Retail, 30-day supply	$5 Tier 1, $30 Tier 2, $60 Tier 3
Mail Order, 90-day supply	$10 Tier 1, $60 Tier 2, $120 Tier 3
May require prior approval. Over 600 $0 preventive drugs available.	
Specialty Drugs	
Available through mail order at the applicable copayment.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $3,000 Individual, $6,000 Family per year

Dental ..... Not covered

Vision ..... Eye exams covered in full; eyewear discounts available.[9]

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

Out of Area ..... Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area. For more information, call the number on the back of your ID card.

In Vitro Fertilization ..... $15 per visit
Three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered.

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

Plan Highlights for 2027

$0 PCP and specialist office visits for children under the age of 19. $0 urgent care. A 90-day supply of prescription drugs for two copayments. Weight management and wellness card benefits.

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions filled up to a 31-day supply. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 069

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

Highmark Blue Shield

P.O. Box 15013, Albany, NY 12212

For Information:

Highmark Blue Shield: 1-844-639-2440

TTY: 711

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

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

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

3 $10 copayment for the final visit only.

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

5 No copayment for contraceptive drugs and devices unless a generic equivalent is available, in which case you are subject to a $30 (Tier 2) or $60 (Tier 3) copayment.

6 Urgent care is covered worldwide.

7 Preauthorization is required.

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

9 Through Davis Vision providers only.

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

HMOBlue®

A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

BENEFITS	ENROLLEE COST
Office Visits	$25 per visit
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	$25 per visit
Chemotherapy	$25 per visit
Dialysis	$25 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment [1]
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment Must be obtained from a participating provider	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	$25 per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs[2]	Applicable Rx copayment
Contraceptive Devices[2]	Applicable Rx copayment
Inpatient Hospital Surgery	
Physician	$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment
Outpatient Surgery	
Hospital	$25 physician copayment per visit
Physician's Office	$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	$50 per visit

BENEFITS	ENROLLEE COST
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department (waived if admitted within 23 hours)	$100 per visit
Urgent Care Facility	$35 per visit
Ambulance	$100 per trip
Telehealth	
Virtual Care PCP/Specialist	$25 per visit
MDLIVE®	No copayment for medical and behavioral health
Outpatient Mental Health	
Individual, unlimited	$25 per visit
Group, unlimited	$25 per visit
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	$25 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30-visit combined max for all therapy visits	$25 per visit
Outpatient Speech Therapy, 30-visit combined max for all therapy visits	$25 per visit
Diabetic Supplies 30-day supply	$25 per item
Insulin and Oral Agents	
Insulin	No copayment
Non-insulin diabetic drugs 30-day supply	$25 per item
Diabetic Shoes three pairs per year when medically necessary	50% coinsurance
Hospice, 210 days max	No copayment

BENEFITS	ENROLLEE COST
Skilled Nursing Facility 45 days max per calendar year	No copayment
Prescription Drugs	
Retail, 30-day supply	$10 Tier 1, $30 Tier 2, $50 Tier 3[3]
Mail Order, 90-day supply	$20 Tier 1, $60 Tier 2, $100 Tier 3[3]
Specialty Drugs After the first fill, specialty medications must be obtained through a participating specialty pharmacy and are limited to a 30-day supply. See our website for a list of specialty medications and pharmacies.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $6,350 Individual, $12,700 Family per year

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

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

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

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

Hearing Exam ..... $25 per visit for routine (once every 12 months) and diagnostic exams

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

Plan Highlights for 2027

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

Participating Physicians

With 98% provider participation, HMOBlue offers a robust network of doctors.

Affiliated Hospitals

All hospitals in the HMOBlue service area are available to you, plus some outside the service area. Visit excellusbcbs.com/mygroup/nyship for a list of participating hospitals.

Pharmacies and Prescriptions

Fill prescriptions at any of our more than 66,000 participating pharmacies nationwide. HMOBlue offers convenient mail-order services for select maintenance drugs. We offer a **closed formulary**.

Medicare Coverage

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

NYSHIP Code Number 072

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

NYSHIP Code Number 160

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

Excellus BlueCross BlueShield

HMOBlue 072/HMOBlue 160
333 Butternut Drive, Syracuse, NY 13214-1803

For Information:

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

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

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

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

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

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

Independent Health

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

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

BENEFITS	ENROLLEE COST
Insulin and Oral Agents	No copayment
Diabetic Shoes	No copayment
Hospice, unlimited	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply[5]	$5 Tier 1, $30 Tier 2, $60 Tier 3[6]
Mail Order, 90-day supply[5]	$12.50 Tier 1, $75 Tier 2, $150 Tier 3[6]
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
Specialty Drugs	
Specialty drugs are provided by Reliance Rx Pharmacy and Walgreens, require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication.	

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $4,000 Individual, $8,000 Family per year

Dental .... Discounts available and may vary by vendor. Please visit independenthealth.com/NYSHIP for details.

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

Eyeglasses ..... $50 for single vision lenses; 40% off retail price for frames

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

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

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

Plan Highlights for 2027

Independent Health will continue to offer the same benefits in 2027, including the $600 Single/ $750 Family Wellness Services annual allowance.

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 059

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

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

For Information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Website: independenthealth.com/NYSHIP

1 Hospital based: $40 copayment per visit.
2 Only preventive family planning services are covered in full. Non-preventive services require a copayment.
3 Preauthorization required.
4 No copayment for children ages 0–18.
5 Preventive medications are covered in full, see formulary for details.
6 Tier 1 drugs are $0 for children ages 0–18.

BENEFITS	ENROLLEE COST
Office Visits	No copayment
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	$25 per visit
Diagnostic/Therapeutic Services	
Radiology	$15/$25 per visit[1,2]
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	$25 per visit [1]
Radiation	$25 per visit
Chemotherapy	$15/$25 per visit[2]
Dialysis	$15/$25 per visit[2]
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment[3]	No copayment
External Mastectomy Prosthesis[4]	50% coinsurance
Family Planning Services[3]	$25 per visit
Infertility Services[3]	$25 per visit
Contraceptive Drugs[5]	No copayment
Contraceptive Devices[5]	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	$25 per visit
Physician's Office	$25 per visit
Outpatient Surgery Facility	$25 per visit [1]
Weight Loss/Bariatric Surgery at a Center of Excellence with prior approval	No copayment
Emergency Department (waived if admitted)	$75 per visit
Urgent Care Facility	$15 per visit

BENEFITS	ENROLLEE COST
Ambulance	$50 per trip
Telehealth	
Virtual Care PCP/Specialist	$0/$25 per visit
Gia® Virtual Care	No copayment
Outpatient Mental Health unlimited	No copayment
Inpatient Mental Health unlimited	No copayment
Outpatient Drug/Alcohol Rehab[3,6] unlimited	No copayment
Inpatient Drug/Alcohol Rehab[3] unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max combined	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined[2]	$15/$25 per visit
Outpatient Speech Therapy, 30 visits max combined[2]	$15/$25 per visit
Diabetic Supplies[3] 30-day supply	No copayment
Insulin and Oral Agents[3] 30-day supply	No copayment
Diabetic Shoes	50% coinsurance
Hospice[7], 210 days max	No copayment
Skilled Nursing Facility 45 days max per calendar year	No copayment
Prescription Drugs	
Retail, 30-day supply	$0 Tier 1, $30 Tier 2, $50 Tier 3
Mail Order, up to 90-day supply	$0 Tier 1, $75 Tier 2, $125 Tier 3

If a brand-name drug is requested over the generic equivalent, you pay the difference between the cost of the two. This includes fertility drugs, prescribed contraceptives, injectables and enteral formulas. Approved generic contraceptive drugs, devices and those without a generic equivalent are covered at 100% under retail and mail order.

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum
(In-Network Benefits) ..... $6,350 Individual, $12,700 Family per year

Dental ..... $25 per preventive visit once every 6 months (to age 19)

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

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

Out of Area ..... Emergency services only.

Dependents are eligible for up to $2,500 in out-of-area, non-emergency services per plan year through the end of the month in which they turn age 26.

Plan Highlights for 2027

Use the Gia by MVP® mobile app to message a doctor, connect to urgent, emergency and behavioral health care, and request medications, lab tests and screenings. Plus, get on-the-go access to your plan at no cost for most services. Get up to $600 per contract in Well-Being Reimbursements per calendar year.

Participating Physicians

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

Affiliated Hospitals

Find a participating facility at mvphealthcare.com/findadoctor.

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 058

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

NYSHIP Code Number 060

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

NYSHIP Code Number 330

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

NYSHIP Code Number 340

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

NYSHIP Code Number 360

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

MVP Health Care

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

For Information:

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

TTY: 711

Website: mvphealthcare.com/welcome/nyship

[1] $0 copayment when you use MVP preferred providers.
[2] $15 PCP copayment/$25 specialist copayment.
[3] Refer to the *Certificate of Coverage* for requirements.
[4] Contact MVP for additional information regarding prior authorizations, quantity limits, participating providers, etc.
[5] Over-the-counter contraceptives are not covered.
[6] Includes 20 family counseling visits per year.
[7] Includes 5 family counseling visits.



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

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

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

2027 Health Insurance Choices – October 2026

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the NYSHIP website at nyship.ny.gov. Visit the NYSHIP website for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your health benefits administrator. COBRA and Young Adult Option enrollees, contact the Employee Benefits Division.

♻ *Health Insurance Choices* was printed using recycled paper and environmentally sensitive inks.

Unsettled NY Active Choices 2027 NY1605