

OCTOBER 2025

HEALTH INSURANCE CHOICES FOR 2026

For retirees, vestees, dependent survivors and preferred list enrollees of NYS and Participating Employers, covered dependents, COBRA enrollees with NYSHIP benefits and Young Adult Option enrollees



Department of Civil Service
New York State Health Insurance Program

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



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

NYSHIP provides comprehensive health benefits to retirees of New York State and Participating Employers (PEs) that can help you and your family stay healthy and live well. Under NYSHIP, you may choose coverage under The Empire Plan or one of the NYSHIP-approved health maintenance organizations (HMOs) in your area. Use this booklet to learn about the different plans and select one that best suits your needs. **You may change your NYSHIP option once at any time during a 12-month period.**

For more information about a specific plan, call The Empire Plan or any of the HMOs directly. You can also call the Employee Benefits Division (EBD) of the Department of Civil Service at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands), Monday through Friday between 9 a.m. and 4 p.m., Eastern time.

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

Here are some questions to ask yourself as you review the information on the following pages:

- What is the premium?
- What choice of providers do I have?
- Are the providers and facilities I currently use considered in- or out-of-network?
- Is the medicine I currently take covered?
- What is my share of the cost?
- What is the annual out-of-pocket maximum?
- What will happen if I need care while away from home?
- Are my special needs covered?
- Is there a deductible?
- How often do I anticipate needing care?
- What benefits are available for a catastrophic illness or injury?
- Are there any benefit limitations?
- Will the plan cover me if I stay out of the area for an extended period of time?
- How will Medicare affect my NYSHIP coverage?*

* See page 5 for more information on Medicare.

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

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





Reminders

NEW IN 2026

The Empire Plan

For 2026, the **maximum out-of-pocket limit** for covered, in-network services under The Empire Plan is \$4,244 for Individual coverage and \$8,487 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug programs. See page 25 for more information about how out-of-pocket limits apply to each Empire Plan program.

NYSHIP HMO

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

When to Contact the Employee Benefits Division

The Employee Benefits Division (EBD) is responsible for providing benefits assistance, processing transactions/enrollment record updates and answering questions. You may also contact EBD to request a copy of the *General Information Book, Empire Plan Certificate*, other plan documents or replacement benefit cards.

Representatives are available Monday through Friday between 9 a.m. and 4 p.m., Eastern time and may be reached by calling 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands).

You must notify EBD if your address changes or if changes in your family or marital status affect your coverage.

To report an address or telephone number change, call EBD at the number listed above. If you are enrolled in MyNYSHIP, you may make these changes yourself online at cs.ny.gov/mynyship.

All other changes in personal information must be submitted to EBD in writing, along with proof of the change (such as a copy of a driver's license, birth, marriage or death certificate), at the following address:

New York State Department of Civil Service
Employee Benefits Division
Albany, New York 12239

Please make sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan ID number, along with your telephone number (including area code).

Deadlines may apply, so act promptly once you determine a change is needed. See your *General Information Book* for details.

Changing Your Health Insurance Plan

You may change your health insurance plan only once in a 12-month period unless you add a newly eligible dependent to your coverage or move (under certain conditions). See your *General Information Book* for details. A change in the providers who participate in your plan is not a situation that allows you to change your NYSHIP option more than once in a 12-month period.

Note: To enroll in an HMO or remain enrolled in your current HMO, you must live in the HMO's NYSHIP service area. If you are enrolled in an HMO and no longer qualify for that plan based on this requirement, you must change your option. See the Plans by County pages and the individual HMO pages in this booklet for more information.

If you decide to change your option:

1. Complete the *NYSHIP Health Insurance Transaction Form* on pages 61–62.
2. Mail it to EBD as early as possible prior to the coverage effective date you are requesting. (The effective date must be the first of a month.)

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR IT.

Benefit Cards

You will receive your Empire Plan or HMO plan identification card(s) in the mail once your option transfer request has been processed. If you need medical services before your new card arrives and you need help verifying your new enrollment, contact EBD (see page 2).

If you and/or any of your dependents are Medicare primary and enrolled in The Empire Plan, each of you will also receive an Empire Plan Medicare Rx card from SilverScript (see page 20). Each card will have a unique ID number, which will be used at network pharmacies specifically for that person's medications and account information. If you need to obtain prescription drugs before your new card arrives, call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx for assistance.





Medicare Enrollment Requirement

When you and/or your dependents first become eligible for primary Medicare coverage (Medicare pays first, before NYSHIP), you must enroll in Medicare Part A and Part B, even if you are working for another employer. (If you are retired from New York State or a Participating Employer (PE) and return to work in a benefits-eligible position for the same employer, NYSHIP will provide primary coverage for you and your Medicare-eligible covered dependents while you are on the payroll.* **Note:** New York State is considered the same employer regardless of which agency or branch hires you.) If you have Family coverage, each of your covered dependents must also be enrolled in Medicare Parts A and B when they are first eligible for Medicare coverage that is primary to NYSHIP.

If you or your dependents are not enrolled in Medicare Parts A and B when first eligible for Medicare-primary coverage, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.**

See *Medicare and NYSHIP*, your *General Information Book* (both available on the NYSHIP website) and pages 5–6 in this booklet for more information about enrolling in Medicare and how NYSHIP and Medicare work together.

If you are a COBRA enrollee, special provisions apply when you become eligible for Medicare. Call EBD for information.

* Medicare will continue to provide primary coverage for an enrolled domestic partner aged 65 or over.

** If you are asked to pay a Medicare Part A premium, contact EBD for more information.

Medicare and NYSHIP

NYSHIP requires you and your dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP; otherwise, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.

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

The Empire Plan

The Empire Plan coordinates benefits with Medicare Parts A and B. See your *General Information Book* and *Empire Plan Certificate* for details. Because Medicare does not provide coverage outside of the United States, The Empire Plan pays primary for covered services received outside of the United States.

Medicare-primary retirees and dependents covered under The Empire Plan are enrolled automatically in Empire Plan Medicare Rx, a Medicare Part D prescription drug program with expanded coverage designed specifically for NYSHIP. If you are subject to a separate Income-Related Monthly Adjustment Amount (IRMAA) or late enrollment penalty by Medicare for Part D coverage, the State will not reimburse you for that charge. See page 6 and the Empire Plan Medicare Rx *Evidence of Coverage* (available from SilverScript) for more information.

NYSHIP HMOs

If you are Medicare primary and enroll in a NYSHIP HMO's Medicare Advantage plan (Part C), you replace your original Medicare (Parts A and B) coverage with benefits offered by the Medicare Advantage plan. The plan also includes Medicare Part D prescription drug benefits. If you are subject to a separate IRMAA or late enrollment penalty by Medicare for Part D coverage, the State will not reimburse you for that charge. To qualify for benefits, all medical care (except for emergency care) must be provided, arranged or authorized by the Medicare Advantage plan.

If you or your covered dependents become Medicare primary while enrolled in a NYSHIP HMO, you or your covered dependents will be automatically enrolled in your HMO's Medicare Advantage plan. If you are not already enrolled in Medicare Parts A and B at that time, however, your NYSHIP coverage will be canceled. See *Medicare and NYSHIP* for additional information.

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

Non-NYSHIP Plans

After becoming eligible for Medicare, you and your dependents may receive advertisements from non-NYSHIP Medicare Advantage (Part C) and Part D plans in your area. Please keep in mind that **enrolling in a non-NYSHIP Medicare product (including those in which you or your dependents may be enrolled through another employer) in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.**

If you cancel your NYSHIP coverage to join a non-NYSHIP Medicare Advantage plan:

- The State will no longer reimburse you or your Medicare-eligible dependents for the Part B premium.
- If you wish to reenroll in NYSHIP, there may be a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents will not be eligible for dependent survivor coverage.

If you have questions about how your NYSHIP benefits will be affected, call EBD at 518-457-5754 or 1-800-833-4344.

Medicare Part D

Medicare Part D is the prescription drug benefit for Medicare-primary individuals. NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan or a NYSHIP HMO, but your coverage is coordinated differently depending upon your option and Medicare eligibility status:

- Empire Plan retirees and dependents who are not yet Medicare eligible receive their drug coverage under the Empire Plan Prescription Drug Program (see pages 18–20 for more information).
- Medicare-primary retirees and dependents covered under The Empire Plan are each enrolled automatically in Empire Plan Medicare Rx (see page 20 for more information). Each Medicare-primary individual will receive a unique ID number and an Empire Plan Medicare Rx card to use at the pharmacy.
- Medicare-primary retirees and dependents covered under a NYSHIP HMO will be enrolled automatically in that HMO's Medicare Advantage plan, which also includes Part D prescription drug coverage.

Remember, if you enroll in a non-NYSHIP Medicare Advantage (Part C) or Medicare Part D plan in addition to your NYSHIP coverage, you will be automatically disenrolled from NYSHIP coverage.

People with limited income may qualify for Medicare's Extra Help program, which helps cover prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your Medicare Part D drug costs, including monthly prescription drug premiums and copayments. For information about Extra Help, contact:

- The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) (TTY 1-800-759-1089) and press 4 from the main menu for Empire Plan Medicare Rx.
- Your HMO plan, if you are enrolled in a NYSHIP HMO (see the individual HMO pages in this booklet for contact information).
- Your local Social Security office or [ssa.gov](https://www.ssa.gov).
- Your state Medicaid office.
- 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week (TTY users should call 1-877-486-2048).

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

Medicare Part B Premium and Reimbursement

When Medicare is primary, NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment) and any IRMAA you must pay for Part B, unless you receive reimbursement from another source or your Medicare premium is paid by another entity on your behalf. The standard Medicare Part B premium depends on your individual circumstances, such as when you first enrolled in Medicare Part B, whether you pay for it through a Social Security deduction or directly to CMS and whether you are subject to the IRMAA additional premium. The Social Security Administration will notify you of your Medicare Part B premium for 2026.

If you are changing your health insurance plan:

The correct deduction for your new health insurance plan, plus or minus any retroactive adjustment, will be reflected in your pension check or monthly bill.

The date of the adjustment will depend on when your health insurance plan change request is received and processed by EBD. You will receive information regarding your 2026 NYSHIP premiums from NYSHIP prior to the end of the year. If you have questions about your cost of coverage after reviewing this information, contact EBD (not the retirement system). Please see EBD contact information on page 2.

Paying For Coverage

2026 Health Plan Rates

The 2026 health plan rates will be mailed to your home and posted on the NYSHIP website as soon as they have been approved.

Lifetime Sick Leave Credit

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new plan year.

If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2026, subtract your monthly sick leave credit from the new monthly premium.

Enrollees Who Pay EBD Directly

The 2026 rate for your current health insurance plan will be reflected in your December billing statement or pension check for your January coverage. If you are changing options, the date of the adjustment will depend on when your change request is received and processed by EBD.

If you are entitled to Medicare Part B reimbursement, your bill or pension will be credited for the standard Part B premium (see page 6). This will result in a reduced monthly bill amount if your NYSHIP plan premium exceeds your Medicare reimbursement or a quarterly refund if your monthly Medicare reimbursement exceeds your monthly NYSHIP premium amount.

Your Notice of Change Document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Your Notice of Change Document will show new deduction amounts for your health plan's 2026 premium.



Comparing Your NYSHIP Health Plan Options

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

The Empire Plan vs. NYSHIP HMOs	
Empire Plan	HMO
Plan Type A self-insured Preferred Provider Organization (PPO) plan with features of a managed care system.	Plan Type A managed care system in a specific geographic area that provides comprehensive coverage through a network of providers.
Service Area Benefits for covered services, not just urgent and emergency care, are available worldwide.	Service Area Aside from emergencies, coverage for services received outside the service area is limited and at the discretion of the individual HMO.
Participating Providers Enrollees have access to over one million network providers and facilities throughout the United States and are not required to choose a Primary Care Physician (PCP) or obtain referrals to see specialists. Certain services require preapproval. For provider information: • Visit the NYSHIP website • Check with the provider/facility directly • Call The Empire Plan toll free at 1-877-7-NYSHIP	Participating Providers Enrollees usually choose a PCP from the HMO's network for routine medical care. It may be necessary to obtain referrals to receive services from certain specialists and hospitals. For provider information: • Visit HMO websites* • Check with provider/facility directly • Call the HMOs directly*
Out-of-Pocket Expenses/Cost Sharing Enrollees usually pay a copayment as a per-visit fee. Benefits for covered services obtained from a nonparticipating provider are subject to a deductible and/or coinsurance.	Out-of-Pocket Expenses/Cost Sharing Enrollees usually pay a copayment as a per-visit fee or coinsurance. HMOs have no annual deductible. Out-of-network benefits not available.

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

Exclusions

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

Summary of Benefits and Coverage

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

NYSHIP's Young Adult Option

This option allows unmarried, young adult children (age 29 or younger) of NYSHIP enrollees to purchase their own NYSHIP coverage. During the Young Adult Option Open Enrollment Period (which coincides with the Option Transfer Period for Active employees), eligible adult children of NYSHIP enrollees can enroll in the Young Adult Option and current Young Adult Option enrollees are able to switch plans. The premium is the full cost of Individual coverage for the NYSHIP option selected.

For more information about the Young Adult Option, go to cs.ny.gov/yao or call EBD at 518-457-5754 or 1-800-833-4344.

Plan Comparison Tool

To generate a side-by-side comparison of the benefits provided by the NYSHIP plans in your area, use the Plan Comparison Tool, available on the NYSHIP website. Choose the counties in which you live and work and the plans you want to compare to quickly view the benefit information most important to you/your family in a convenient, single-screen format.



Questions and Answers

Question	Empire Plan	HMO
Will I be covered for medically necessary care I receive away from home?	Yes, coverage is available worldwide. If you use a nonparticipating provider, deductibles, coinsurance and benefit limits may apply.	You are always covered for emergency care. Some HMOs may provide coverage for urgent or routine care outside the service area or for college students away from home.
If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?	Yes. If the doctor you choose participates in The Empire Plan, network benefits will apply for covered services. Your hospital benefits will differ depending on whether you choose a network or non-network hospital (see pages 14–15 for details).	You should expect to choose a participating physician and a participating hospital. Under certain circumstances, you may be able to receive a referral to a non-network provider but will need to contact your HMO for prior approval.
Can I be sure I will not need to pay more than my copayment(s) when I receive medical services?	Your copayment(s) should be your only expense if you receive medically necessary and covered services from a participating provider.	As long as you receive medically necessary and covered services and obtain any required referrals, your copayment(s) or coinsurance should be your only expense.
Can I use the hospital of my choice?	Yes. You have coverage worldwide, but you will receive the highest level of benefits at network facilities. See page 14 for details.	Except in an emergency, you generally do not have coverage at non-network hospitals unless authorized by the HMO.
What kind of physical therapy, occupational therapy and chiropractic care is available?	You have guaranteed access to unlimited, medically necessary care.	Coverage is available for a specified number of days/visits each year.
What if I need durable medical equipment, medical supplies or home nursing?	Through the Home Care Advocacy Program (HCAP), benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies) and enteral formulas are covered at no cost to you. Prior authorization is required.	Benefits are available, vary depending on the HMO and may require a greater percentage of cost sharing.

Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available beginning on page 14 of this booklet, as well as in the *Empire Plan Certificate* and individual HMO contracts.

Benefits Overview

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care
- Center of Excellence Program for cancer, transplants, infertility and substance use disorder*
- 24-hour Empire Plan NurseLineSM for health information and support
- Coordination with Medicare
- Worldwide coverage

* Benefits through the Center of Excellence for Substance Use Disorder Program are only available to Empire Plan-primary enrollees.

Each NYSHIP HMO provides:

- Inpatient and outpatient hospital care at a network hospital
- A specific package of health services, including hospital, medical, surgical and preventive care benefits, provided or arranged by the Primary Care Physician (PCP) selected by the enrollee from the HMO's network
- A unique wellness benefit that rewards enrollees for engaging in healthy activities

All plans provide:

- Preventive care services
- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency care
- Laboratory services
- Radiology services
- Chemotherapy
- Radiation therapy
- Dialysis
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care
- Well-child care
- Chiropractic services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Medically necessary bone density tests
- Mammography
- Inpatient mental health services
- Outpatient mental health services
- Alcohol and substance use detoxification
- Inpatient alcohol rehabilitation
- Inpatient drug rehabilitation
- Outpatient alcohol and drug rehabilitation
- Family planning and certain infertility services (call The Empire Plan administrators or NYSHIP HMOs for details)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage including injectable and self-injectable medications, vaccines, contraceptive drugs and devices and fertility drugs (unless you have coverage through a union employee benefit fund)
- Enteral formulas covered through either The Empire Plan's Home Care Advocacy Program (HCAP) or the NYSHIP HMO's prescription drug program
- Second opinion for cancer diagnosis
- Gender-affirming care
- In vitro fertilization (up to 3 cycles)
- Fertility preservation
- Telehealth

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

Plans by County

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

Many NYSHIP enrollees have a choice among HMOs. You may enroll or continue to be enrolled in any NYSHIP-approved HMO that serves the area where you live or work.

You may not be enrolled in an HMO outside your area.

NYSHIP HMO members have access to plan network benefits when using a participating provider located within the service area associated with the option code in which they are enrolled.

Before receiving care when traveling outside of an HMO's designated service area, you should always check to make sure that the provider participates with the HMO's NYSHIP network.

This list shows which HMOs are available in each county. Medicare-primary NYSHIP HMO enrollees will be enrolled in their HMO's Medicare Advantage plan.

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

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

Bronx: EmblemHealth (050)

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

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

Cayuga: HMOBlue (072), MVP (330)

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

Chemung: HMOBlue (072), MVP (058)

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

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

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

Cortland: HMOBlue (072), MVP (330)

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

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

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

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

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

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

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

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

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

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

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

Kings: EmblemHealth (050)

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

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

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

The Empire Plan NYSHIP Code #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2026.¹ Visit the NYSHIP website or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for additional information on the following programs.

Medical/Surgical Program

Medical and surgical coverage through:

- **Participating Provider Program** – The Participating Provider Program network administered by UnitedHealthcare includes over one million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States. Certain services are subject to a \$25 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, covered expenses are reimbursed under the Empire Plan's Basic Medical Program, subject to deductible and coinsurance.
- **Basic Medical Provider Discount Program** – If you are Empire Plan primary and use a nonparticipating provider who is part of the Basic Medical Provider Discount Program, your out-of-pocket costs may be lower (see page 17).
- **Home Care Advocacy Program (HCAP)** – Benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes are covered at no cost to you. Prior authorization is required. Guaranteed access to network benefits nationwide. Limited non-network benefits available (see the *Empire Plan Certificate* for details).
- **Managed Physical Medicine Program (MPMP)** – Chiropractic treatment, physical therapy and occupational therapy through a network provider are subject to a \$25 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.
- **Benefits Management Program** – If The Empire Plan is your primary coverage, you must call the Medical/Surgical Program for Prospective Procedure Review before an elective (scheduled) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computerized tomography (CT) scan, positron emission tomography (PET) scan or nuclear medicine test, unless you are having the test as an inpatient in a hospital (see the *Empire Plan Certificate* for details).

When arranged by the Medical/Surgical Program, a voluntary specialist consultant evaluation is available at no cost to you. Voluntary outpatient medical case management is available to help coordinate services for catastrophic and complex cases.

Hospital Program

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

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- Anesthesiology, pathology and radiology provider charges for covered hospital services are covered under the Medical/Surgical Program at no cost to you (if The Empire Plan provides your primary coverage).
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to outpatient hospital copayments.
- Except as noted above, physician charges received in a hospital setting will be covered at no cost to you if the provider is a participating provider under the Medical/Surgical Program. Physician charges for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

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

If you are an Empire Plan-primary enrollee,² you will be subject to 10% coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10% coinsurance or \$75 per visit. The Empire Plan will cover 100% of the billed charges for covered inpatient and outpatient services only after the combined annual coinsurance maximum threshold has been reached.

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

- Your hospital care is urgent or an emergency
- You do not have access to a network facility within a 30-mile radius or 30-minute travel time from your home address that can provide the medically necessary services that you require
- Another insurer or Medicare provides your primary coverage
- You are in an ongoing course of treatment or are pregnant when a hospital leaves the network

Preadmission Certification Requirements

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

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

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

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

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

Mental Health and Substance Use Program

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

Network Benefits

(unlimited when medically necessary)

If you call the MHSU Program before you receive services, you receive:

- Inpatient services, covered at no cost to you
- Crisis intervention, covered for up to three visits per crisis at no cost to you; after the third visit, the \$25 copayment per visit applies
- Outpatient services, including office visits, home-based or telephone counseling and nurse practitioner services, for a \$25 copayment per visit
- Intensive Outpatient Program (IOP) with an approved provider for a \$25 copayment per day

Non-Network Benefits³

(unlimited when medically necessary)

Covered services received from a nonparticipating practitioner or non-network facility are subject to cost sharing requirements. See Cost Sharing on page 16 for additional information.

Outpatient counseling sessions for family members of an individual being treated for alcohol or substance use are covered for a maximum of 20 visits per year for all family members combined.

The Empire Plan NurseLineSM

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

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

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

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

Empire Plan Cost Sharing

Plan Providers

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost depends on whether the provider you use participates in the plan. You receive the maximum plan benefits when you use participating providers. For more information, view *Reporting On Network Benefits* (available on the NYSHIP website or by contacting EBD).

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

Even if there are no network providers in your area, you are guaranteed access to network benefits within the United States and its territories for the following services if you call The Empire Plan at 1-877-769-7447 beforehand to arrange care:

- Mental Health and Substance Use (MHSU) Program services
- Managed Physical Medicine Program (MPMP) services (physical therapy, chiropractic care and occupational therapy)
- Home Care Advocacy Program (HCAP) services (including durable medical equipment)

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

Annual Maximum Out-of-Pocket Limit

There is a limit on the amount you are expected to pay out of pocket for in-network services and supplies during the plan year. Once you reach the limit, you will have no additional copayments. Please see page 25 for more information.

Combined Annual Deductible

For Medical/Surgical and MHSU Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible of \$1,250 per enrollee, \$1,250 per enrolled spouse/domestic partner and \$1,250 per all dependent children combined that must be met

before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSU Programs can be reimbursed. The Managed Physical Medicine Program (MPMP) has a separate deductible (\$250 per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined) that is not included in the combined annual deductible.

After the combined annual deductible has been met, The Empire Plan considers 80% of the allowed amount, which is based on 275% of the Medicare rates published by the Centers for Medicare & Medicaid Services (CMS), for the Basic Medical Program and non-network practitioner services for the MHSU Program, 50% of the network allowance for covered services for non-network HCAP or MPMP services and 90% of the billed charges for covered services for non-network approved facility services for the MHSU Program. You are responsible for the remaining 20% coinsurance and all charges in excess of the allowed amount for Basic Medical Program and non-network practitioner services, 10% for non-network MHSU-approved facility services and the remaining 50% of the network allowance for covered, non-network HCAP or MPMP services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum of \$3,750 per enrollee, \$3,750 per enrolled spouse/domestic partner and \$3,750 per all dependent children combined that must be met before covered services under the Basic Medical Program and non-network expenses under the Hospital and MHSU Programs will be fully reimbursed.

After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100% of covered charges under the Hospital Program and 100% of the allowed amount for services covered under the Basic Medical Program and MHSU Program. You are responsible for paying the provider and will be reimbursed by the plan for covered charges. You are also responsible for paying all charges in excess of the allowed amount.

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



Basic Medical Provider Discount Program

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

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

Medicare Crossover Program

Under the Medicare Crossover Program for Medicare-primary Empire Plan enrollees and dependents with no other group coverage, Medicare processes your claim for medical/surgical, hospital

and mental health/substance use expenses 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 nonparticipating providers.

If you are a Medicare-primary Empire Plan enrollee or dependent, you are automatically enrolled in the Medicare Crossover Program but you may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your Medicare Beneficiary Identifier (MBI) and your secondary coverage information. You will know you are enrolled once you receive an explanation of Medicare benefits (EOMB) that states your claim has been forwarded to The Empire Plan. If the EOMB does not state that your claim was forwarded to The Empire Plan, you or your provider will have to submit a claim to The Empire Plan. If you are a Medicare-primary Empire Plan enrollee or dependent and are having problems with your claims, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical Program for assistance.

Prescription Drug Coverage

Retired Empire Plan enrollees and covered dependents who are not yet eligible for Medicare coverage that pays primary to NYSHIP receive prescription drug benefits under the Prescription Drug Program. Once an enrollee and/or dependent becomes Medicare-primary, they are automatically enrolled in and begin receiving benefits under Empire Plan Medicare Rx, a Medicare Part D prescription drug plan.

What You Pay

You pay the copayments shown below for prescriptions covered under either the Empire Plan Prescription Drug Program or Empire Plan Medicare Rx.

You can use a non-network pharmacy or pay out of pocket at a network pharmacy (instead of using your Empire Plan benefit card or Medicare Rx card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan benefit card or Medicare Rx card whenever possible.

Annual Maximum Out-of-Pocket Limit*

There is a limit on the amount you are expected to pay out of pocket for covered prescription drugs received from a network pharmacy during the plan year. Once you reach the limit, you will have no additional copayments for prescription drugs. Please see page 25 for more information.

Prescription Drug Program

for non-Medicare-primary retirees/dependents (see Empire Plan Medicare Rx Program section if you will become Medicare primary in 2026)

Note: The Prescription Drug Program does not apply to those who have drug coverage through a union employee benefit fund.

- A one-month supply of your medication covers up to 30 days and a long-term supply covers up to 90 days.
- The Empire Plan Prescription Drug Program has a flexible formulary drug list for prescription drugs. Designed to provide enrollees and the plan with the best value in prescription drug spending, the **Advanced Flexible Formulary** excludes coverage for certain brand-name and generic drugs that have no clinical advantage over other covered

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

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



medications in the same therapeutic class. A copy of the Advanced Flexible Formulary is available on the NYSHIP website.

- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred copayment, plus the difference in cost between the brand-name drug and the generic equivalent (or “ancillary charge”), not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Advanced Flexible Formulary. Exceptions apply.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day, seven days a week to answer questions about your prescriptions.

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

- Oral chemotherapy drugs for the treatment of cancer
- Medications used for emergency contraception and pregnancy termination
- Tamoxifen, raloxifene (for patients age 35 and over), anastrozole and exemestane when prescribed for the primary prevention of breast cancer
- Generic oral contraceptive drugs/devices or drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), when prescribed for enrollees who are at high risk of acquiring HIV

- Certain preventive adult vaccines for non-Medicare-primary enrollees, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network

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

Specialty Pharmacy Program

CVS Specialty® is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. The program provides enhanced services to individuals using specialty drugs (such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring), including disease and drug education; compliance, side effect and safety management; expedited, scheduled delivery of medications at no additional charge; refill reminder calls; and coordination of all necessary supplies (such as needles and syringes) applicable to the medication. Under the program, you are covered for an initial 30-day fill of most specialty medications at a retail pharmacy, but all subsequent fills must be obtained through CVS Specialty®. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. The complete list of specialty drugs included in the program is available on the NYSHIP website. To get started with CVS Specialty®, request refills or speak to a specialty-trained pharmacist or nurse, call The Empire Plan, choose the Prescription Drug Program and ask to speak with Specialty Customer Care.

Empire Plan Medicare Rx Program

for Medicare-primary retirees/dependents

Note: Empire Plan Medicare Rx does not apply to those who have drug coverage through a union employee benefit fund. This is not a comprehensive description of benefits. See *Evidence of Coverage* (available from SilverScript), other plan documents or visit empireplanrxprogram.com for complete details.

Empire Plan retirees and dependents who are Medicare primary on or after January 1, 2026 will be enrolled automatically in Empire Plan Medicare Rx. Each person will receive a unique ID number and Empire Plan Medicare Rx card to use at the pharmacy.

- A one-month supply of your medication covers up to 30 days and a long-term supply covers up to 90 days.
- The 2026 **Empire Plan Medicare Rx Formulary** includes Medicare Part D covered drugs and a supplemental benefit provided under the Advanced Flexible Formulary.
- If Empire Plan Medicare Rx excludes or limits your coverage of a Part D drug that you take, you or your doctor can request a coverage determination or file an appeal to change a coverage decision. For information on the appeal process for drugs on the Advanced Flexible Formulary that have coverage limitations, please call The Empire Plan.
- Prior authorization is required for certain drugs. Call The Empire Plan and press 4 to speak with a CVS Caremark customer care representative if you have questions. A Comprehensive Formulary, which indicates all Medicare Part D covered drugs requiring prior authorization with “PA,” is available through the SilverScript link at empireplanrxprogram.com. Drugs not covered under Medicare Part D will not appear on the Comprehensive Formulary but may be covered under the supplemental benefit provided by the Advanced Flexible Formulary and may still require prior authorization.
- Certain covered medications may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed may be limited. You or your doctor may also need to provide clinical information about your health to ensure your drug is covered correctly by Medicare.
- Prescriptions covered under Medicare Part B are covered under the Empire Plan Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because they are covered under Medicare first and the Empire Plan Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B medications. Most pharmacies already know which drugs each Medicare program covers.
- Once your out-of-pocket spending reaches \$2,100 in 2026, catastrophic coverage begins and there are no further copayments assessed for Part D covered drugs for the remainder of the plan year. For excluded drugs covered under the additional coverage provided by Empire Plan Medicare Rx, you’ll continue to pay the same cost sharing amount during the catastrophic coverage stage.
- People with limited income may qualify for Medicare’s Extra Help program, which helps cover their prescription drug costs (see page 6).
- **Medicare only provides coverage to enrollees living in the United States and its territories** (Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands and American Samoa). If your permanent residence is located outside the United States, you are not eligible for Medicare coverage. If you are enrolled in Empire Plan Medicare Rx and plan to move outside the United States, please contact EBD before you relocate to help prevent a lapse in coverage.

Specialty Pharmacy

CVS Specialty® is your plan’s specialty pharmacy. When CVS Caremark delivers a specialty or non-specialty medication by mail, the applicable mail service copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the CVS Caremark Mail Service Pharmacy Order Form. To request mail service forms or refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan, choose the Prescription Drug Program and ask to speak with Specialty Customer Care.

Reminder: Enrolling in another Medicare product in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage.

The Empire Plan Center of Excellence Program

The Center of Excellence for Cancer Program provides coverage at no cost to you for cancer-related services received through Cancer Resource Services (CRS). CRS is a nationwide network that includes many of the nation's leading cancer centers. The enhanced benefits, including a travel allowance within the United States, are available only when you are enrolled in the program. Precertification is required.

The Center of Excellence for Transplants Program provides coverage at no cost to you for services covered under the program and performed at a qualified Center of Excellence or a Blue Cross Blue Shield Association's Blue Distinction Center for Transplants. The enhanced benefits, including a travel allowance within the United States, are available only when you are enrolled in the program. Preauthorization is required.

The Center of Excellence for Infertility Program is a select group of participating providers recognized as leaders in reproductive medical technology and infertility procedures. Benefits are provided at no cost to you, subject to the lifetime maximum benefit of \$50,000 per covered individual. A travel allowance within the United States is available.

The Center of Excellence for Substance Use Disorder Program* provides high-quality substance use treatment at Hazelden Betty Ford Foundations located throughout the United States at no cost to you. The enhanced benefits, including a travel allowance when applicable, are available only when you are enrolled in the program. Preauthorization is required.

For details on the Empire Plan Center of Excellence Program, see the *Empire Plan Certificate* (available on the NYSHIP website) or call EBD.

* Benefits through the Center of Excellence for Substance Use Disorder Program are only available to Empire Plan-primary enrollees.



The Empire Plan

For retirees, vestees, dependent survivors and preferred list enrollees of NYS and Participating Employers, covered dependents, COBRA enrollees with NYSHIP benefits and Young Adult Option enrollees

Benefits	Network Hospital Benefits ^{1,2}	Participating Provider ²	Nonparticipating Provider
Office Visits²		\$25 per visit	Basic Medical ³
Specialty Office Visits²		\$25 per visit	Basic Medical ³
Diagnostic Services:²			
Radiology	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Lab Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Pathology	No copayment	\$25 per visit	Basic Medical ³
EKG/EEG	\$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	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Mammograms	No copayment	No copayment	Basic Medical ³
Pre/Postnatal Visits		No copayment ⁴	Basic Medical ³
Bone Density Tests	\$50 per outpatient visit	\$25 per visit	Basic Medical ³
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchased from a participating provider; one double-electric breast pump per birth	
External Mastectomy Prostheses		No network benefit. See nonparticipating provider.	One single or double prosthesis per calendar year covered under Basic Medical at no cost to enrollee (not subject to deductible or coinsurance) ⁵
Family Planning Services²		\$25 per visit	Basic Medical ³

Infertility Services	\$50 per outpatient visit ⁶	\$25 per visit; no copayment at designated Centers of Excellence ⁶	Basic Medical ³
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical ³
Inpatient Hospital Surgery	No copayment ⁷	No copayment	Basic Medical ³
Outpatient Surgery	\$95 per visit	\$50 per visit ⁸	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	\$100 per visit ⁹	No copayment	Basic Medical ^{3,10}
Urgent Care	\$50 per outpatient visit ¹¹	\$30 per visit ¹²	Basic Medical ³
Ambulance	No copayment ¹³	\$70 per trip ¹⁴	\$70 per trip ¹⁴
Telehealth¹⁵		\$25 per visit	Basic Medical ³
Mental Health Practitioner Services		\$25 per visit	Applicable annual deductible, 80% of allowed amount; after applicable coinsurance max, 100% of allowed amount (see page 16 for details)
Approved Facility Mental Health Services		No copayment	90% of billed charges; after applicable coinsurance max, covered at no cost to enrollee (see page 16 for details)

¹ Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 15).

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

³ See Cost Sharing (beginning on page 16) for Basic Medical information.

⁴ Routine obstetrical ultrasounds may be subject to a \$25 copayment.

⁵ Any single external mastectomy prosthesis costing \$1,000 or more requires prior approval.

⁶ Certain qualified procedures are subject to a \$50,000 lifetime allowance.

⁷ Preadmission certification may be required.

⁸ 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.

⁹ Copayment waived if admitted.

¹⁰ 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 and coinsurance.

¹¹ At a hospital-owned urgent care facility only.

¹² Up to two copayments per service date may apply.

¹³ If service is provided by admitting hospital.

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

¹⁵ Copayments are waived for medical and mental health visits accessed through LiveHealth Online, currently administered through Anthem Blue Cross.

The Empire Plan

Benefits	Network Hospital Benefits ^{1,2}	Participating Provider ²	Nonparticipating Provider
Outpatient Drug/ Alcohol Rehabilitation		\$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, 80% of allowed amount; after applicable coinsurance max, 100% of allowed amount (see page 16 for details)
Inpatient Drug/Alcohol Rehabilitation		No copayment	90% of billed charges; after applicable coinsurance max, covered at no cost to enrollee (see page 16 for details)
Durable Medical Equipment		No copayment (HCAP) ¹⁶	50% of network allowance (see the <i>Empire Plan Certificate</i>) ¹⁶
Prosthetics		No copayment ¹⁷	Basic Medical ^{3,17} \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
Orthotic Devices		No copayment ¹⁷	Basic Medical ^{3,17}
Rehabilitative Care (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; \$25 per visit for outpatient physical therapy following related surgery or hospitalization ¹⁸	Physical or occupational therapy \$25 per visit (MPMP) Speech therapy \$25 per visit	\$250 annual deductible, 50% of network allowance (MPMP) Basic Medical ³
Diabetic Supplies		No copayment (HCAP)	50% of network allowance (see the <i>Empire Plan Certificate</i>)
Insulin and Oral Agents¹⁹ (covered under the Prescription Drug Program)			
Diabetic Shoes		\$500 annual maximum benefit ¹⁶	75% of network allowance up to an annual maximum benefit of \$500 (see the <i>Empire Plan Certificate</i>) ¹⁶
Hospice	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum
Skilled Nursing Facility^{20,21}	No copayment		10% of billed charges up to the combined annual coinsurance maximum

Prescription Drugs (see pages 18–20):			
Specialty Drugs (see pages 19–20)			
Additional Benefits:			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See nonparticipating provider.	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Annual Out-of-Pocket Maximum	Individual coverage: \$1,494 for the Prescription Drug Program. ²¹ \$2,750 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs. Family coverage: \$2,977 for the Prescription Drug Program. ²¹ \$5,510 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		

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

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

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

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

¹ Inpatient stays at network hospitals are covered at no cost to the enrollee. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 15).

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

³ See Cost Sharing (beginning on page 16) for Basic Medical information.

¹⁶ If Medicare is your primary coverage, you must use a Medicare-approved supplier or your benefits will be reduced in accordance with the “Impact of Medicare on this Plan” section of your *Empire Plan Certificate*.

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.

Benefits	Enrollee Cost
Office Visits	\$25 per visit (\$5 to age 26)
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	\$25 per visit
Diagnostic/Therapeutic Services	
Radiology	\$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 for Rx injection and \$25 office copayments (max two copayments per day)
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment (routine), \$25 copayment (diagnostic)
Breastfeeding Services and Equipment	No copayment
Must be obtained from a participating Durable Medical Equipment provider	
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$25 PCP, \$25 specialist per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs	Applicable Rx copayment ¹
Contraceptive Devices	Applicable Rx copayment ¹
Inpatient Hospital Surgery	
Physician	No copayment
Facility	No copayment
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less

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

Benefits	Enrollee Cost
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Insulin and Oral Agents

Insulin	No copayment
Non-insulin diabetic drugs up to a 30-day supply	\$25 per item

Diabetic Shoes 50% coinsurance one pair per year when medically necessary

Hospice, 210 days max No copayment

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

Prescription Drugs

Retail, 30-day supply	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3 ²
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Mail Order, up to 90-day supply	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3 ²
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You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.

Specialty Drugs

Designated specialty drugs are covered only at a network specialty pharmacy and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcbs.com.

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental³.....\$25 per visit

Vision⁴.....\$25 per visit; one routine exam every two years. Children up to age 19 are covered every year.

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

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

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

Maternity

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

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 066

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

Blue Choice

165 Court Street, Rochester, NY 14647

For Information:

Blue Choice: 1-800-499-1275

TTY: 1-800-662-1220

Medicare Blue Choice: 1-877-883-9577

Website: www.excellusbcbs.com/mygroup/nyship

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

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

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

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

Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP, \$20 specialist per visit
Postnatal Visits	\$5 PCP, \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment
Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department¹ (waived if admitted within 23 hours)	\$50 per visit
Urgent Care Facility	\$50 per visit ²
Ambulance	\$35 per trip

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	\$5/\$20 per visit
Virtual Behavioral Health	20% coinsurance
MDLIVE®	\$5/\$20 (Behavioral Health) per visit
Outpatient Mental Health	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
Inpatient Mental Health	No copayment
190 days max per lifetime ³	
Outpatient Drug/Alcohol Rehab	20% coinsurance unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁴	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	\$5 per item for a 30-day supply from a preferred supplier
Insulin and Oral Agents	\$5 per item for a 30-day supply from a preferred supplier
Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	
(1–20 days)	\$0 copayment per day
(21–100 days)	\$25 copayment per day
100 days max	
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁵

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. 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.

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,400 per year

Dental.....Coverage for preventive services only

Vision.....\$20 per visit for routine eye exams

Eyewear.....\$120 annual eyewear allowance

Hearing Aids.....\$499 or \$799 copayment per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

Out of Area.....20% coinsurance up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice service area.

Health and Wellness.....Silver & Fit® Program

Medicare Part B Drugs.....\$50 copayment

Chiropractic.....\$5 copayment per visit for manual manipulation of the spine to correct subluxation

Acupuncture⁶.....50% coinsurance, 10 visits max⁷

Plan Highlights for 2026

Take advantage of our Silver & Fit® membership at participating fitness facilities (no annual fee) or \$150 annual reimbursement at nonparticipating fitness facilities. Low \$5 copayments for PCP visits and lab tests are covered in full.

Participating Physicians

With more than 3,200 providers available, Medicare Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Medicare Blue Choice is the right plan for you.

Affiliated Hospitals

All hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please call for a directory or visit www.excellusbcbs.com.

Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our more than 66,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. 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 from the copayments of NYSHIP-primary enrollees. Please call 1-877-883-9577 for details.

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:

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-662-1220

Website: www.excellusbcbs.com/mygroup/nyship

¹ Worldwide coverage.

² You pay a \$50 copayment for covered services at a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$20 copayment.

³ In a psychiatric facility.

⁴ Covered when there is an underlying medical condition. Requires preauthorization.

⁵ Copayments shown apply for a 90-day supply dispensed via mail order or retail.

⁶ No coverage out of network.

⁷ Up to 20 visits max per year for chronic lower back pain.



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	\$0 inpatient, when medically necessary \$100 outpatient
Emergency Department (waived if admitted within 24 hours)	\$100 per visit
Urgent Care Facility	\$25 per visit

Benefits	Enrollee Cost
Ambulance	\$50 per trip
Telehealth	
Virtual Care PCP/Specialist	\$15/\$25 per visit
Doctor On Demand®	No copayment
Behavioral Health	\$15 per visit
Outpatient Mental Health	
Individual, unlimited	\$15 per visit
Group, unlimited	\$15 per visit
Inpatient Mental Health, unlimited	No copayment
Outpatient Drug/Alcohol Rehab unlimited	\$15 per visit
Inpatient Drug/Alcohol Rehab unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics⁵	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max per calendar year	\$25 per visit
Outpatient Speech Therapy, 20 visits max per calendar year	\$25 per visit
Diabetic Supplies	
Retail, 30-day supply	\$15 per item
Mail Order, 90-day supply	\$30 per item
Insulin and Oral Agents	
Retail, 30-day supply	\$0/\$15 per item ⁶
Mail Order, 90-day supply	\$30 per item
Diabetic Shoes	\$15 per pair one pair per year when medically necessary
Hospice, 210 days max	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply ⁷	\$5 Tier 1 (\$0 Tier 1 for under age 19), \$30 Tier 2, \$50 Tier 3 at preferred pharmacies

Benefits	Enrollee Cost
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Mail Order, 90-day supply	\$10 Tier 1, \$60 Tier 2, \$100 Tier 3
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Over-the-counter formulary drugs are subject to Tier 1 copayment. By law, generics match brand-name strength, purity and stability. Ask your doctor about generic alternatives, or download our pharmacy app, ConnectRx On the Go.

Specialty Drugs

Certain specialty drugs require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy.

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental.....Not covered

Vision.....Not covered

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

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

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

Allergy Injections.....No copayment

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

Diabetic Prevention Program.....No copayment

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 063

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

NYSHIP Code Number 300

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

NYSHIP Code Number 310

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

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

6 Wellness Way, Latham, NY 12110

For Information:

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

TTY: 711

Website: www.cdphp.com/stateemployees

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

² \$25 copayment waived at preferred sites.

³ May vary depending on place of service.

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

⁵ Excludes shoe inserts.

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

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

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

MEDICARE ADVANTAGE PLAN



Benefits	Enrollee Cost
Office Visits	\$15 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology ¹	\$20/\$40 per visit ²
Lab Tests	\$0/\$20 per visit ³
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	\$20 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 per visit
Postnatal Visits	\$20 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	20% coinsurance
Family Planning Services	\$20 per visit
Infertility Services	\$20 per visit
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$75 per visit
Physician's Office	\$75 per visit
Outpatient Surgery Facility	\$75 per visit
Weight Loss/Bariatric Surgery	\$0 inpatient, when medically necessary \$75 outpatient
Emergency Department	\$75 per visit (waived if admitted within 24 hours)
Urgent Care Facility	\$30 per visit
Ambulance	\$75 per trip
Telehealth	
Virtual Care PCP/Specialist	\$15/\$20 per visit
Doctor On Demand®	No copayment

Benefits	Enrollee Cost
Outpatient Mental Health	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
Inpatient Mental Health⁴	No copayment
190 days max per lifetime	
Outpatient Drug/Alcohol Rehab	\$20 per visit
unlimited	
Inpatient Drug/Alcohol Rehab	No copayment
unlimited	
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies⁵	20% coinsurance
up to a 30-day supply	or \$10 copayment, whichever is less
Insulin and Oral Agents	Applicable Rx copayment
Diabetic Shoes	20% coinsurance
one pair per year when medically necessary	
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment
100 days max	
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$50 Tier 4, \$55 Tier 5 ^{6,7}
	at preferred pharmacies
Mail Order, 90-day supply	\$0 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, N/A Tier 5
Specialty Drugs	
Some specialty drugs for serious conditions 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).....\$2,500 per year⁸

Dental.....\$150 reimbursement for office visits;
up to two cleanings annually.

Vision.....\$20 per visit⁹

Hearing Aids.....\$199/\$499 copayment
per hearing aid.¹⁰

Out of Area.....Get urgently needed care from any provider when outside the service area and emergency care worldwide. All other care requires prior authorization.

SeniorFit.....No-cost gym membership at CDPHP Fitness Connect at the Ciccotti Center and SilverSneakers locations.

Weight Loss Reimbursement.....Once-per-benefit-period reimbursement of up to \$100 for completing a weight loss program with a preferred vendor.

Acupuncture.....50% coinsurance, 10 visits max

Plan Highlights for 2026

\$0 Doctor On Demand® visits. \$0 Tier 1 prescriptions. Earn up to \$125 in gift cards for completing healthy activities. Get \$100 for completing a weight loss program. Thirty hours of companionship and help with everyday tasks at home. Hearing aids \$199/\$499. Fourteen free meals delivered to your home at no cost after an inpatient stay. No-cost SilverSneakers fitness membership.

Participating Physicians

CDPHP has nearly 24,000 participating practitioners and providers.

Affiliated Hospitals

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

Pharmacies and Prescriptions

CDPHP offers a Part D formulary and network pharmacies nationwide. Log in to Rx Corner at www.cdphp.com/statemedicareretirees to view claims. Mail order saves money; find forms online or call 518-641-3950 or 1-888-248-6522. We offer a **closed formulary**.

Medicare Coverage

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

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: 1-888-248-6522

or 518-641-3950, 8 a.m. to 8 p.m., Eastern time

TTY: 711

Website: www.cdphp.com/statemedicareretirees

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

² \$20 copayment for X-rays/ultrasounds. \$40 copayment for advanced imaging (CT, MRI, PET and nuclear medicine).

³ No copayment for specific diagnostic services at preferred lab sites.

⁴ In a freestanding psychiatric facility.

⁵ Abbott blood glucose monitor and blood glucose test strips: \$5 copayment. Insulin, diabetic insulin needles, syringes, alcohol swabs, gauze: covered under Part D prescription benefits. Durable Medical Equipment (infusion pumps): 20% coinsurance per item.

⁶ Tier 5 drugs limited to 30-day supply.

⁷ \$10 Tier 1, \$20 Tier 2, \$60 Tier 3, \$100 Tier 4, \$110 Tier 5 at standard pharmacies.

⁸ Once you pay \$2,500 for covered medical services, additional copayments for covered medical services will be waived for the remainder of the calendar year.

⁹ \$100 eyewear allowance/year.

¹⁰ One per ear per year; must be purchased through TruHearing.



Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	\$10 per visit
Diagnostic/Therapeutic Services	
Radiology	\$5 PCP visit; \$10 specialist visit
Lab Tests	\$5 PCP visit; \$10 specialist visit
Pathology	No copayment
EKG/EEG	\$5 PCP visit; \$10 specialist visit
Radiation	\$10 specialist visit
Chemotherapy	\$5 PCP visit; \$10 specialist visit
Dialysis	\$5 PCP visit; \$10 specialist visit \$0 freestanding center/outpatient hospital
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$5 PCP visit, \$10 specialist visit
Infertility Services	\$10 per visit
Contraceptive Drugs¹	No copayment
Contraceptive Devices¹	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	No copayment
Weight Loss/Bariatric Surgery	No copayment (Preauthorization may be required.)
Emergency Department	\$75 per visit (waived if admitted)
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	No copayment unlimited
Inpatient Mental Health	No copayment unlimited
Outpatient Drug/Alcohol Rehab	No copayment unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 30 days max	No copayment
Outpatient Physical or Occupational Therapy	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility 90 visits max for all outpatient rehabilitative care
Outpatient Speech Therapy	\$5 PCP visit, \$10 specialist visit, \$0 outpatient facility 90 visits max for all outpatient rehabilitative care
Diabetic Supplies	\$5 per 34-day supply
Insulin and Oral Agents	No copayment 34-day supply
Diabetic Shoes²	No copayment when medically necessary
Hospice, 210 days max	No copayment
Skilled Nursing Facility	No copayment unlimited

Benefits Enrollee Cost

Prescription Drugs

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

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

Specialty Drugs

Coverage provided through the EmblemHealth Specialty Pharmacy Program. Prior approval required; 30-day supply limit.

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental.....Not covered

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

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

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

Hearing Aids.....Cochlear implants only

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

Alternative Medicine Program.....Discount program

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

Prostate Cancer Screening.....No copayment

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 050

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

NYSHIP Code Number 220

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

NYSHIP Code Number 350

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

EmblemHealth

55 Water Street, New York, NY 10041

For Information:

Customer Service: 1-800-447-8255

TTY: 1-888-447-4833

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

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

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

Benefits	Enrollee Cost
Office Visits	No copayment
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$5 per visit
Diagnostic/Therapeutic Services	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 per visit
Postnatal Visits	\$5 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$0 PCP visit, \$5 specialist visit
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Not covered
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	No copayment
Physician's Office	\$0 PCP visit, \$5 specialist visit
Outpatient Surgery Facility	No copayment
Weight Loss/Bariatric Surgery	No copayment Preauthorization may be required.
Emergency Department (waived if admitted)	\$25 per visit
Urgent Care Facility	\$5 per visit
Ambulance	No copayment

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	\$0/\$5 per visit
Virtual Mental Health/Psychiatry	\$5 per visit
Outpatient Mental Health	\$5 per visit unlimited
Inpatient Mental Health	No copayment no limit in a general hospital; 190-day lifetime limit in a psychiatric facility
Outpatient Drug/Alcohol Rehab	\$5 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	No copayment
Prosthetics	No copayment
Orthotics	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$5 per visit
Outpatient Speech Therapy, unlimited	\$5 per visit
Diabetic Supplies	\$5 per prescription
Insulin and Oral Agents	
Retail, 30-day supply	\$5 Tier 1 (Generic), \$5 Tier 2 (Preferred Brand), \$45 Tier 3 (Non-Preferred), \$0 Tier 4 (Select Care Drugs)
Mail Order, 90-day supply	\$0 Tier 1 (Generic), \$0 Tier 2 (Preferred Brand), \$67.50 Tier 3 (Non-Preferred), \$0 Tier 4 (Select Care Drugs)
Diabetic Shoes¹	\$5 copayment per pair when medically necessary
Hospice	Covered by Medicare for 180 days in a Medicare-certified hospice facility, plus unlimited 60-day extensions if Medicare guidelines are met.
Skilled Nursing Facility	No copayment 100 days max per benefit period (non-custodial)

Benefits	Enrollee Cost
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Prescription Drugs

Retail, 30-day supply
 \$5 Tier 1 (Generic), \$5 Tier 2 (Preferred Brand),
 \$45 Tier 3 (Non-Preferred),
 \$0 Tier 4 (Select Care Drugs)

Mail Order, 90-day supply
 \$0 Tier 1 (Generic), \$0 Tier 2 (Preferred Brand),
 \$67.50 Tier 3 (Non-Preferred),
 \$0 Tier 4 (Select Care Drugs)

Once you have paid \$2,100 out-of-pocket for Part D drugs, Catastrophic Coverage applies.

Specialty Drugs	30-day supply limit
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Additional Benefits
Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,400 per year

Dental.....Not covered

Vision.....\$5 per visit (routine only)

Eyeglasses.....\$150 annual eyewear allowance,
 one pair per year

Hearing Aids.....\$500 max per 36 months

Out of Area.....Covered for emergency care,
 urgent care and dialysis only

Podiatry.....\$5 per visit, 4 visits max
 for routine procedures

Prostate Cancer Screening.....No copayment

Acupuncture.....\$5 per visit, 20 visits max
 prior authorization may be required

Plan Highlights for 2026

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

Participating Physicians

The VIP Prime network offers a traditional network of independent physicians who see patients in their own offices, as well as providers in physician group practices. Group practices offer services in most major specialties, plus ancillary services like lab tests, X-rays and pharmacy services.

Affiliated Hospitals

EmblemHealth VIP 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

Medicare-primary NYSHIP retirees must enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage plan** that provides Medicare benefits and more. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area.

NYSHIP Code Number 050

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

NYSHIP Code Number 220

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

NYSHIP Code Number 350

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

EmblemHealth

55 Water Street, New York, NY 10041

For Information:

Customer Service: 1-877-344-7364

TTY: 1-888-447-4833

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

¹ Precertification must be obtained from the participating vendor prior to purchase. One pair of diabetic shoes (including insert) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year.



Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	\$15 per visit ¹
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests ²	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Dialysis	\$10 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 per visit ³
Postnatal Visits	\$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment ⁴
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	\$15 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs	No copayment ⁵
Contraceptive Devices	No copayment ⁵
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	\$15 per visit
Outpatient Surgery Facility	\$100 per visit
Weight Loss/Bariatric Surgery	\$100 copayment
Emergency Department (waived if admitted)	\$100 per visit
Urgent Care Facility⁶	No copayment
Ambulance	\$100 per trip

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,000 Individual,
\$6,000 Family per year

Dental.....Not covered

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

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

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

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

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

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 067

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

Highmark Blue Cross Blue Shield

1 Seneca Street, Suite 3400, Buffalo, NY 14203

For Information:

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

TTY: 711

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

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

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

³ \$10 copayment for the final visit only.

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

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

⁶ Urgent care is covered worldwide.

⁷ Prior authorization is required.

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

⁹ Through Davis Vision providers only.

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

Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$30 per visit
Diagnostic/Therapeutic Services	
Radiology ²	\$30 per test
Lab Tests ^{2,3}	No copayment
Pathology	No copayment
EKG/EEG	\$30 per test
Radiation ²	\$30 per test
Chemotherapy ²	No copayment
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year
Family Planning Services	\$10 PCP, \$30 specialist
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	No copayment ⁴
Part B Medical	
Inpatient Hospital Surgery²	No copayment
Outpatient Surgery	
Hospital ²	\$75 per visit
Physician's Office	\$10 PCP, \$30 specialist
Outpatient Surgery Facility ²	\$75 per visit
Weight Loss/Bariatric Surgery	See Outpatient Surgery or Inpatient Hospital Surgery

Benefits	Enrollee Cost
Emergency Department⁵	\$65 per visit
Urgent Care Facility⁵	\$35 per visit
Ambulance²	\$100 per trip
Telehealth	
Virtual Care PCP/Specialist	\$10/\$30 per visit with an in-network provider
Well360 Virtual Health	\$30 Specialist/\$35 Urgent Care/\$40 Behavioral Health per visit
Outpatient Mental Health²	\$40 per visit
Inpatient Mental Health^{2,6}	No copayment
Outpatient Drug/Alcohol Rehab²	\$40 per visit unlimited
Inpatient Drug/Alcohol Rehab^{2,6}	No copayment
Durable Medical Equipment	\$0 compression stockings, 20% coinsurance on all other items ²
Prosthetics²	20% coinsurance ⁷
Orthotics²	20% coinsurance ⁷
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited ²	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	No copayment
Part B coverage: glucose monitors, lancets and test strips	
Insulin and Oral Agents²	Applicable Rx copayment ⁸
Diabetic Shoes⁹	No copayment when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility²	No copayment 100 days max per benefit period

Benefits Enrollee Cost

Prescription Drugs

Retail \$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5

Mail Order \$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, Tier 5 not covered

Part D Rx: Once your total drug costs (what you and the plan have paid, combined) reach \$2,100, you pay \$0 for Part D prescriptions for rest of the plan year. Receive up to a 100-day supply (retail or mail order) of Tier 1 and 2 drugs and up to a 90-day supply (retail or mail order) of Tier 3 and 4 drugs. Tier 5 drugs are limited to a 31-day supply (retail only).

Specialty Drugs²

Your provider may supply and administer drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: You pay applicable copayment.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,000 per year

Dental.....\$200 allowance

Vision.....\$200 allowance (frames, lenses, contacts), \$0 copayment for one routine exam per year.¹⁰

Hearing Aids¹¹.....\$699 copayment per aid for advanced model, \$999 copayment per aid for premium model.

Out of Area.....Plan covers emergency and urgent care as well as kidney dialysis services outside the service area.

Fitness Benefit.....No copayment

Plan Highlights for 2026

Part D Rx out-of-pocket limit of \$2,100. \$0 fitness benefit. \$200 allowance for eyewear through Davis Vision and \$200 allowance for dental care.

Participating Physicians

Our network has more than 9,800 physicians and health care professionals.

Affiliated Hospitals

All Western New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

Pharmacies and Prescriptions

Part D Rx Plan: Includes a nationwide network of over 65,000 participating pharmacies. We offer a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP 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:

Senior Blue HMO members should call:

1-800-329-2792

TTY: 711

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

¹ No copayment for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

² Prior authorization is required.

³ For services performed at a Quest Diagnostics lab/permitted draw site.

⁴ No copayment for the device when supplied by your physician, but an office copayment may apply. You pay the applicable Rx tier copayment at the pharmacy.

⁵ Worldwide coverage. Copayment waived if admitted to hospital within one day.

⁶ 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.

⁷ On all items except diabetic shoes/inserts.

⁸ \$0 Part B medical coverage for insulin via pump. Maximum copayment of \$35 for Part D insulin.

⁹ One pair of custom-molded shoes (including inserts) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts are allowed per calendar year. Coverage includes fitting.

¹⁰ \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

¹¹ Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Well-Child Care	No copayment
Specialty Office Visits	\$15 per visit ¹
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests ²	No copayment
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
Dialysis	\$10 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 per visit ³
Postnatal Visits	\$10 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment ⁴
External Mastectomy Prosthesis one per breast per year	No copayment
Family Planning Services	\$15 per visit
Infertility Services	\$15 per visit
Contraceptive Drugs	No copayment ⁵
Contraceptive Devices	No copayment ⁵
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	\$15 per visit
Outpatient Surgery Facility	\$100 per visit
Weight Loss/Bariatric Surgery	\$100 copayment
Emergency Department (waived if admitted)	\$100 per visit
Urgent Care Facility⁶	No copayment
Ambulance	\$100 per trip

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,000 Individual,
\$6,000 Family per year

Dental.....Not covered

Vision.....Eye exams covered in full;
Eyewear discounts available.⁹

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

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

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

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

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 069

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

Highmark Blue Shield

P.O. Box 15013, Albany, NY 12212

For Information:

Highmark Blue Shield: 1-844-639-2440

TTY: 711

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

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

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

³ \$10 copayment for the final visit only.

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

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

⁶ Urgent Care is covered worldwide.

⁷ Preauthorization is required.

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

⁹ Through Davis Vision providers only.

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

Benefits	Enrollee Cost
Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$30 per visit
Diagnostic/Therapeutic Services	
Radiology ²	\$30 per test
Lab Tests ^{2,3}	No copayment
Pathology	No copayment
EKG/EEG	\$30 per test
Radiation ²	\$30 per test
Chemotherapy ²	No copayment
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment for classes; equipment not covered
External Mastectomy Prosthesis	20% coinsurance one prosthesis per affected breast per year
Family Planning Services	\$10 PCP, \$30 specialist
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	No copayment ⁴
Part B Medical	
Inpatient Hospital Surgery²	No copayment
Outpatient Surgery	
Hospital ²	\$75 per visit
Physician's Office	\$10 PCP, \$30 specialist
Outpatient Surgery Facility ²	\$75 per visit
Weight Loss/Bariatric Surgery	See Outpatient Surgery or Inpatient Hospital Surgery

Benefits	Enrollee Cost
Emergency Department⁵	\$65 per visit
Urgent Care Facility⁵	\$35 per visit
Ambulance²	\$100 per trip
Telehealth	
Virtual Care PCP/Specialist with an in-network provider	\$10/\$30 per visit
Well360 Virtual Health	\$30 Specialist/\$35 Urgent Care/\$40 Behavioral Health per visit
Outpatient Mental Health²	\$40 per visit
Inpatient Mental Health^{2,6}	No copayment
Outpatient Drug/Alcohol Rehab²	\$40 per visit unlimited
Inpatient Drug/Alcohol Rehab^{2,6}	No copayment
Durable Medical Equipment	\$0 compression stockings, 20% coinsurance on all other items ²
Prosthetics²	20% coinsurance ⁷
Orthotics²	20% coinsurance ⁷
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited ²	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	No copayment
Part B coverage: glucose monitors, lancets and test strips	
Insulin and Oral Agents²	Applicable Rx copayment ⁸
Diabetic Shoes⁹	No copayment when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility²	No copayment 100 days max per benefit period

Benefits Enrollee Cost

Prescription Drugs

Retail \$0 Tier 1, \$15 Tier 2,
\$30 Tier 3, \$50 Tier 4, \$50 Tier 5

Mail Order \$0 Tier 1, \$30 Tier 2,
\$60 Tier 3, \$100 Tier 4, Tier 5 not covered

Part D Rx Plan: Once your total drug costs (what you and the plan have paid, combined) reach \$2,100, you pay \$0 for Part D prescriptions for the rest of the plan year. Receive up to a 100-day supply (retail or mail order) of Tier 1 and 2 drugs and up to a 90-day supply (retail or mail order) of Tier 3 and 4 drugs. Tier 5 drugs are limited to a 31-day supply (retail only).

Specialty Drugs²

Your provider may supply and administer drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: You pay the applicable copayment.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,000 per year

Dental.....\$200 allowance

Vision.....\$200 allowance
(frames, lenses, contacts), \$0 copayment for one routine exam per year.¹⁰

Hearing Aids¹¹.....\$699 copayment
per aid for advanced model, \$999 copayment per aid for premium model.

Out of Area.....Plan covers emergency and urgent care as well as kidney dialysis services outside of the service area.

Fitness Benefit.....No copayment

Plan Highlights for 2026

Part D Rx out-of-pocket limit of \$2,100, \$0 fitness benefit. \$200 allowance for eyewear through Davis Vision and \$200 allowance for dental care.

Participating Physicians

Our network has more than 5,900 physicians and health care professionals.

Affiliated Hospitals

All Northeastern New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

Pharmacies and Prescriptions

Part D Rx Plan: Includes a nationwide network of over 65,000 participating pharmacies. We offer a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP 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:

Senior Blue HMO members should call:

1-800-329-2792

TTY: 711

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

¹ No copayment for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.

² Prior authorization is required.

³ For services performed at a Quest Diagnostics lab/permitted draw site.

⁴ No copayment for the device when supplied by your physician. In this scenario, the device is covered under your medical coverage. An office copayment may apply. Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy.

⁵ Worldwide coverage. Copayment waived if admitted to hospital within one day.

⁶ 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.

⁷ On all items except diabetic shoes/inserts.

⁸ \$0 Part B medical coverage for insulin via pump. Maximum copayment of \$35 for Part D insulin.

⁹ One pair of custom-molded shoes (including inserts) and two pairs of inserts, or one pair of depth shoes and three pairs of inserts allowed per calendar year. Coverage includes fitting.

¹⁰ \$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.

¹¹ Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.



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	No copayment
Must be obtained from a participating Durable Medical Equipment provider	
External Mastectomy Prosthesis	No copayment
Family Planning Services	\$25 PCP, \$25 specialist per visit
Infertility Services	Applicable physician/ facility copayment
Contraceptive Drugs²	Applicable Rx copayment
Contraceptive Devices²	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	\$100 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telehealth	
Virtual Care PCP/Specialist	\$25/\$25 per visit
MDLIVE®	No copayment
Outpatient Mental Health	
Individual, unlimited	\$25 per visit
Group, unlimited	\$25 per visit
Inpatient Mental Health	No copayment unlimited
Outpatient Drug/Alcohol Rehab	\$25 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max for all outpatient services combined	\$25 per visit
Outpatient Speech Therapy, 30 visits max for all outpatient services combined	\$25 per visit
Diabetic Supplies	\$25 per item 30-day supply
Insulin and Oral Agents	
Insulin	No copayment
Non-insulin diabetic drugs 30-day supply	\$25 per item
Diabetic Shoes	50% coinsurance three pairs per year when medically necessary
Hospice, 210 days max	No copayment

Benefits	Enrollee Cost
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Skilled Nursing Facility 45 days max per calendar year	No copayment
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Prescription Drugs

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

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

Dental⁴.....\$25 per visit
for injury to sound and natural teeth

Vision⁵.....\$25 per visit
one routine exam every two years. Children up to age 19 are covered every year.

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

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

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

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

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 072

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

NYSHIP Code Number 160

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

Excellus BlueCross BlueShield

HMOBlue 072/HMOBlue 160

333 Butternut Drive, Syracuse, NY 13214-1803

For Information:

HMOBlue Customer Service: 1-800-499-1275

TTY: 1-800-662-1220

Website: www.excellusbcbs.com/mygroup/nyship

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

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

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

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

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

MEDICARE ADVANTAGE PLAN



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

Benefits	Enrollee Cost
Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP, \$20 specialist per visit
Postnatal Visits	\$5 PCP, \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment
Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment
Emergency Department¹	\$50 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$50 per visit ²
Ambulance	\$35 per trip

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	\$5/\$20 per visit
Virtual Behavioral Health	20% coinsurance
MDLIVE®	\$5/\$20 (Behavioral Health) per visit
Outpatient Mental Health	
Individual, unlimited	20% coinsurance
Group, unlimited	20% coinsurance
Inpatient Mental Health	No copayment
190 days max per lifetime ³	
Outpatient Drug/Alcohol Rehab	20% coinsurance unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁴	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	\$5 per item for a 30-day supply from a preferred supplier
Insulin and Oral Agents	\$5 per item for a 30-day supply from a preferred supplier
Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	
(1–20 days)	\$0 copayment per day
(21–100 days)	\$25 copayment per day
100 days max	
Prescription Drugs	
Retail, 30-day supply	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3
Mail Order, 90-day supply	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3 ⁵

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. 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.

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,400 per year

Dental.....No copayment, preventive services only

Vision.....\$20 per visit for routine eye exams

Eyewear.....\$120 annual eyewear allowance

Hearing Aids.....\$499 or \$799 copayment per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

Out of Area.....Out-of-network services reimbursed at 20% coinsurance up to annual \$5,000 max.

Health and Wellness.....Silver & Fit® Program

Medicare Part B Drugs.....\$50 copayment

Acupuncture⁶.....50% coinsurance, 10 visits max⁷

Plan Highlights for 2026

Take advantage of our Silver & Fit® membership at participating fitness facilities (no annual fee) or \$150 annual reimbursement at nonparticipating fitness facilities. Low \$5 copayments for PCP visits and lab tests are covered in full.

Participating Physicians

With more than 4,700 providers available, Medicare Blue Choice HMO offers you more choice of doctors than any other area HMO.

Affiliated Hospitals

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

Pharmacies and Prescriptions

Medicare Blue Choice HMO members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card. 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. Some copayments will vary from the copayments of NYSHIP-primary employees.

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:

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-662-1220

Website: www.excellusbcbs.com/mygroup/nyship

¹ Worldwide coverage.

² You pay a \$50 copayment for covered services at a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$20 copayment.

³ In a psychiatric facility.

⁴ Covered when there is an underlying medical condition. Requires preauthorization.

⁵ Copayments shown apply for a 90-day supply dispensed via mail order or retail.

⁶ No coverage out of network.

⁷ Up to 20 visits max per year for chronic low back pain.



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

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

Benefits	Enrollee Cost
Insulin and Oral Agents	No copayment
Diabetic Shoes	No copayment
Hospice , unlimited	No copayment
Skilled Nursing Facility 45 days max	No copayment
Prescription Drugs	
Retail, 30-day supply ⁵	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3 ⁶
Mail Order, 90-day supply ⁵	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3 ⁶
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	
Specialty Drugs	
Specialty drugs are provided by Reliance Rx Pharmacy and Walgreens, require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication.	
Additional Benefits	
Annual Out-of-Pocket Maximum (In-Network Benefits).....	\$4,000 Individual, \$8,000 Family per year
Dental	Discounts available and may vary by vendor. Please visit www.independenthealth.com for details.
Vision	No copayment, one routine visit every 12 months
Eyeglasses	\$50 for single vision lenses; 40% off retail price for frames
Hearing Aids	Hearing aids from \$499 to \$2,199 each from Start Hearing. Contact plan for details.
Out of Area	Coverage for urgent care and emergency situations only. Dependents are covered if they reside outside the service area for more than 90 days but less than 365 days.
Wellness Services	\$600 Single/\$750 Family wellness card annual allowance for use at participating vendors. Funds do not roll over.

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

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

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 059

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

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

For Information:

Customer Service: 1-800-501-3439

TTY: 716-631-3108

Website: www.independenthealth.com/NYSHIP

¹ Hospital based: \$40 copayment per visit.

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

³ Preauthorization required.

⁴ No copayment for children ages 0–18.

⁵ Preventive medications are covered in full, see formulary for details.

⁶ Tier 1 drugs are \$0 for children ages 0–18.

MEDICARE ADVANTAGE PLAN



Benefits	Enrollee Cost
Office Visits	\$20 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit ¹
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	No copayment ²
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	20% coinsurance ³
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 per visit
Postnatal Visits	\$20 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	\$20 copayment per education visit to PCP or specialist office, equipment subject to 20% coinsurance
External Mastectomy Prosthesis	20% coinsurance
Family Planning Services	\$20 per visit
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Not covered
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
Weight Loss/Bariatric Surgery	Applicable surgery copayment for Medicare-covered surgeries
Emergency Department	\$65 per visit (waived if admitted within 24 hours)
Urgent Care Facility	\$35 per visit

Benefits	Enrollee Cost
Ambulance⁴	\$100 per trip
Telehealth	
Virtual Care PCP/Specialist	\$20 per visit
Virtual Behavioral Health	\$40 per visit
Outpatient Mental Health	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
Inpatient Mental Health	No copayment
190 days max per lifetime	
Outpatient Drug/Alcohol Rehab	\$40 per visit unlimited
Inpatient Drug/Alcohol Rehab	No copayment unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics⁵	No copayment
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, unlimited	No copayment
Outpatient Physical or Occupational Therapy, unlimited	\$20 per visit
Outpatient Speech Therapy, unlimited	\$20 per visit
Diabetic Supplies	
Retail, 30-day supply	No copayment
Mail Order	Not available
Insulin and Oral Agents	Applicable Rx copayment
Diabetic Shoes	No copayment one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment up to 100 days per benefit period
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5
Mail Order, 90-day supply	\$0 Tier 1, \$37.50 Tier 2, \$75 Tier 3, \$125 Tier 4

Coverage includes injectable and self-injectable medications and enteral formulas. Medicare Encompass prescription drug coverage is an enhancement to Medicare Part D and is subject to any changes required by the Centers for Medicare & Medicaid Services for 2026. NYSHIP's prescription drug coverage under Medicare Encompass is a five-tier benefit that covers Part D prescription drugs through all four drug phases throughout the year. Medicare-covered Part B drugs will be covered in full.

Specialty Drugs

\$50 Tier 5 benefits are provided for specialty drugs by Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs include select high-cost injectables and oral agents, such as Part D oral oncology drugs. Specialty drugs require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication. Members pay one copayment for each 30-day supply. A 90-day supply is not available.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$3,450 per year

Dental⁶.....No copayment

Vision.....No copayment for routine eye exam

Eyeglasses.....\$200 annual allowance

Hearing Aids.....Hearing aids from \$499 to \$1,949 each from Start Hearing. Contact plan for details.

Out of Area.....While traveling outside the service area, coverage is provided for renal dialysis and urgent and emergency situations only.

Home Health Care.....No copayment unlimited, requires prior authorization

Brook Personal Health Companion.....Smart phone app for assistance with diabetes and hypertension management.

SilverSneakers

Fitness Membership.....No copayment

Plan Highlights for 2026

Independent Health's Medicare Advantage Plan was awarded a 4.5 out of 5-star rating in 2025 by the Centers for Medicare & Medicaid Services.

Participating Physicians

Independent Health is affiliated with more than 3,000 providers throughout the eight counties of Western New York.

Affiliated Hospitals

Independent Health Medicare Encompass members are covered at all Western New York hospitals where their physicians have admitting privileges. 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 enrollees are required to enroll in Medicare Encompass, Independent Health's **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:

Member Services Department: 1-800-665-1502

TTY: 711

Website: <https://www.independenthealth.com/NYSHIP>

¹ No copayment for endocrinologist office visits and diabetic retinopathy screenings for members with diabetes.

² 20% coinsurance for genetic testing.

³ Home dialysis equipment is also subject to 20% coinsurance.

⁴ Including air ambulance.

⁵ Excludes shoe inserts.

⁶ Two cleanings, X-rays, fluoride treatments and oral exams per year, including one full mouth X-ray every 36 months.



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 Services³	\$25 per visit
Infertility Services³	\$25 per visit
Contraceptive Drugs⁵	No copayment
Contraceptive Devices⁵	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	No copayment at a Center of Excellence with prior approval
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 Rehab³ unlimited	No copayment
Inpatient Drug/Alcohol Rehab³ unlimited	No copayment
Durable Medical Equipment	50% coinsurance
Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient, 60 days max combined	No copayment
Outpatient Physical or Occupational Therapy, 30 visits max combined ²	\$15/\$25 per visit
Outpatient Speech Therapy, 30 visits max combined ²	\$15/\$25 per visit
Diabetic Supplies³ 30-day supply	No copayment
Insulin and Oral Agents³ 30-day supply	No copayment
Diabetic Shoes	50% coinsurance
Hospice, 210 days max	No copayment
Skilled Nursing Facility 45 days max per calendar year	No copayment
Prescription Drugs	
Retail, 30-day supply	\$0 Tier 1, \$30 Tier 2, \$50 Tier 3
Mail Order, up to 90-day supply	\$0 Tier 1, \$75 Tier 2, \$125 Tier 3

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

Specialty Drugs

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

Additional Benefits

Annual Out-of-Pocket Maximum

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

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

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

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

Out of Area.....Emergencies only

Plan Highlights for 2026

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

Participating Physicians

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

Affiliated Hospitals

Find a participating facility at
www.mvphealthcare.com/findadoctor.

Pharmacies and Prescriptions

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

Medicare Coverage

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

NYSHIP Code Number 058

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

NYSHIP Code Number 060

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

NYSHIP Code Number 330

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

NYSHIP Code Number 340

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

NYSHIP Code Number 360

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

MVP Health Care

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

For Information:

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

TTY: 711

Website: www.mvphealthcare.com/welcome/nyship

¹ \$0 copayment when you use MVP preferred providers.

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

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

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

⁵ Over-the-counter contraceptives are not covered.

MEDICARE ADVANTAGE PLAN



Benefits	Enrollee Cost
Office Visits	\$10 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$15 per visit
Diagnostic/Therapeutic Services	
Radiology	\$15 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment ¹
Chemotherapy	\$15 per visit
Dialysis	No copayment ¹
Women's Health Care/Reproductive Health	
Pap Tests	No copayment ¹
Mammograms	No copayment
Prenatal Visits	\$10 PCP, \$15 Specialist for initial visit only
Postnatal Visits	\$10 PCP, \$15 Specialist for initial visit only
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable Rx copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	No copayment
Physician's Office	\$10 PCP, \$15 Specialist per visit
Outpatient Surgery Facility	No copayment
Weight Loss/Bariatric Surgery	Covered in full at a Center of Excellence with prior approval
Emergency Department (waived if admitted)	\$65 per visit
Urgent Care Facility	\$15 per visit
Ambulance	\$50 per trip

Benefits	Enrollee Cost
Telehealth	
Virtual Care PCP/Specialist	\$10/\$15 per visit
Gia® Virtual Care	No copayment
Outpatient Mental Health	
Individual, unlimited	\$15 per visit
Group, unlimited	\$15 per visit
Inpatient Mental Health	No copayment
190-day lifetime max	
Outpatient Drug/Alcohol Rehab	\$15 per visit
unlimited	
Inpatient Drug/Alcohol Rehab	No copayment
unlimited	
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment
Outpatient Physical or Occupational Therapy, annual max of \$2,410 for Occupational Therapy; ² combined annual max of \$2,410 for Physical Therapy and Speech Therapy ²	\$15 per visit
Outpatient Speech Therapy, combined annual max of \$2,410 for Physical Therapy and Speech Therapy ²	\$15 per visit
Diabetic Supplies	\$0 for preferred brands; 10% coinsurance for non-preferred brands with prior authorization
Insulin and Oral Agents	Applicable Rx copayment
Diabetic Shoes	20% coinsurance one pair per year when medically necessary
Hospice	Covered by Medicare
Skilled Nursing Facility	
(1–20 days)	No copayment
(21–100 days)	\$135 copayment per day
100 days max per calendar year	
Prescription Drugs	
Retail, 30-day supply ³	\$0 Tier 1, \$10 Tier 2, \$30 Tier 3, \$60 Tier 4, \$60 Tier 5

Benefits Enrollee Cost

Mail Order, 90-day supply^{3,4} \$0 Tier 1, \$20 Tier 2,
\$60 Tier 3, \$120 Tier 4

Coverage includes injectable and self-injectable medications and enteral formulas, subject to the limitations listed in your *Certificate of Coverage*.

Specialty Drugs

MVP uses CVS Caremark for specialty drugs.
See copayment information above.

Additional Benefits

Annual Out-of-Pocket Maximum

(In-Network Benefits).....\$4,000 per year

Dental.....Not covered

Vision.....\$15 copayment for annual routine exam;
\$100 allowance every two years for frames or
contact lenses.

Hearing Aids.....Two TruHearing aids max per year
(\$699 copayment/aid for Advanced, \$999
copayment/aid for Premium with rechargeability)
or choose from a wider selection of aids at a
discount using a \$600/aid annual allowance
(two aids max per year). Copayment and allowance
cannot be combined. A three-year supply of
batteries for non-rechargeable aids is included.

Out of Area.....Non-emergency medical care
while traveling outside MVP Gold's service area
is covered and subject to 30% coinsurance up
to \$5,000 per calendar year.

Acupuncture.....50% coinsurance, 10 visits max

Plan Highlights for 2026

There are no copayments for preventive care visits,
telehealth visits via plan-approved vendors and
Tier 1 Preferred Generic drugs. Up to 14 free Mom's
Meals delivered to your home after an inpatient stay.
Our SilverSneakers Fitness Program includes a free
membership at participating fitness centers.

Participating Physicians

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

Affiliated Hospitals

Find a participating facility at
www.mvphealthcare.com/findadoctor.

Pharmacies and Prescriptions

Virtually all pharmacy chain stores and many

independent pharmacies within the service area
participate. Convenient mail-order service for select
maintenance drugs. We offer a **closed formulary**.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll
in the MVP Preferred Gold Plan, MVP's **Medicare
Advantage plan**. Some copayments may differ 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. Please contact Customer Service
for further details.

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)

Medicare-eligible: 1-800-209-3945

TTY: 711

Website: www.mvphealthcare.com/welcome/nyship

¹ In the event that a consultation is necessary, a \$10/\$15 copayment may also apply.

² Once the annual maximum has been reached, you may continue receiving therapy services if your provider attests it is medically necessary.

³ Specialty prescription drugs include non-formulary drugs.

⁴ Tier 1 Rx mail order: 100-day supply.

The NYSHIP Website

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

To log on, type cs.ny.gov/employee-benefits in your web browser and then click on the box that says “**NYSHIP for Retirees.**” You will be required to identify the type of employer from which you retired.

Then, choose your health insurance plan type (**Empire Plan** or **HMO**) to access the site.

Department of Civil Service

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Retiree (Your Group) • Your Plan

Change Your Group



Department of Civil Service
New York State Health Insurance Program

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[Health Benefits & Option Transfer](#)

[Dental & Vision Benefits](#)

[Medicare](#)

[Using Your Benefits](#)

[Current Publications](#)

[Forms](#)

[Find an Empire Plan Provider](#)

[Resources](#)

[Contact](#)

[MyNYSHIP – Enrollee Self-Service](#)



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Click the tabs on the left side of the page to navigate to the information you are seeking.

“**Health Benefits & Option Transfer**” is where you will find rates and health plan choices.

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

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

Also available on the NYSHIP website: resources that explain how NYSHIP and Medicare work together and access to MyNYSHIP, the enrollee self-service portal.

Option Transfer Guide

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

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New York State Health Insurance Program

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Option Transfer Guide for Retirees Enrolled in NYSHIP

As a Retiree of the State of New York or a Participating Employer who is enrolled in NYSHIP, you are permitted to change your health plan option once in a 12-month period for any reason. Use this guide to learn more about the choices available to you under NYSHIP and to quickly access the information, tools and forms needed to prepare and submit an option transfer request.

Health Coverage Options
available under NYSHIP

Information and Tools
to assist you in your research

Familiarize yourself with the different options available to you.

Take a deeper dive into the individual NYSHIP plans; compare benefits and costs to figure out which one best meets your needs.

The Empire Plan vs. NYSHIP HMOs

Retirees

Welcome to the NYSHIP website, where you will find information on the New York State Health Insurance Program for State and Local Government for retirees.

To get started, you MUST select one of the following:

New York State Retiree (NY)

I was an employee of the State of New York. This means I worked for an agency within the New York State Government structure. (This includes Department of Transportation, Department of Civil Service and the Department of Taxation and Finance.)

Login as NY

Participating Employer Retiree (PE)

I was an employee of a Participating Employer of New York State. This means my employer was a quasi-governmental agency in NY that is maintained and financed from special administrative funds. (This includes Metropolitan Transit Authority and Thruway Authority)

Login as PE

Participating Agency Retiree (PA)

I was an employee of a Participating Agency of New York State. This means my employer was a local government agency in New York State, which includes being an employee of a County, City, Town, Village, School District or other municipal entity.

Login as PA

I am an active employee

If you are an active employee, please visit the NYSHIP website.

NYSHIP for Active Employees

Are you considering changing your NYSHIP health insurance option in 2026?

Click here for quick access to information and tools to help you prepare for the upcoming Option Transfer Period.

Continue

Health Insurance Choices for 2026

Medicare & NYSHIP

General Information Book (NY Retiree)

General Information Book (PE Active & Retiree)

Welcome to EBD

ice

Consider as you review your health plan options.

NYSHIP

ent NYSHIP plan types work together with Medicare to provide primary enrollees.

son Tool

de comparison of benefits provided by NYSHIP plans available

verage

SHIP and Medicare premiums, Medicare Part B reimbursement rks.

de to change option

o submit your option transfer request.

nce Transaction Form (PS-404R)

nd send it to the Employee Benefits Division.

I NY.gov ID, you can submit your option transfer request online self-service portal.

Choices 2026/Retiree 59

OPTION TRANSFER INSTRUCTIONS

1. Complete the *NYSHIP Health Insurance Transaction Form* on pages 61–62 if you want to switch from The Empire Plan to a NYSHIP HMO, from a NYSHIP HMO to The Empire Plan or from a NYSHIP HMO to another NYSHIP HMO. Enrollee signature is required. If you and your dependent(s) are transferring into The Empire Plan, each Medicare-primary individual will be automatically enrolled in the Empire Plan Medicare Rx program; you do not need to submit an additional form to enroll in that program.
2. Send the completed form to the Employee Benefits Division (EBD) as early as possible prior to the effective date you are requesting. The requested date must be the first of a month. EBD will send you an option change confirmation letter that will include the effective date of the change.
3. **If you are enrolling in one of the following options that include Medicare coverage, the Social Security number and Medicare identification number of each Medicare-primary dependent are also required. If your mailing address is a PO box, you must provide your residential mailing address.**

Option 001 The Empire Plan	Option 069 Highmark Blue Shield
Option 066 Blue Choice	Option 072 HMOBlue (Central NY)
Option 063 CDPHP (Capital)	Option 160 HMOBlue (Utica)
Option 300 CDPHP (Central)	Option 059 Independent Health
Option 310 CDPHP (Hudson Valley)	Option 058 MVP Health Care (Rochester)
Option 050 EmblemHealth (Downstate)	Option 060 MVP Health Care (East)
Option 220 EmblemHealth (Capital)	Option 330 MVP Health Care (Central)
Option 350 EmblemHealth (Hudson Valley)	Option 340 MVP Health Care (Mid-Hudson)
Option 067 Highmark Blue Cross Blue Shield	Option 360 MVP Health Care (North)

As a retiree, you are eligible to change options once in a 12-month period. Under certain circumstances (see page 3), you might be able or required to change more than once within that 12-month period. If you are Medicare primary and plan to change into or out of one of the options listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment from your current option is effective the last day of the month, and enrollment in your new option is effective the first day of the following month. You must submit this request prior to the effective date of the requested change.

You may also change your option online using MyNYSHIP if you are a registered user. **It is now necessary to have a personal NY.gov ID to access MyNYSHIP.** For more information and instructions, visit cs.ny.gov/mynyship/welcome.



INSTRUCTIONS: Read and complete both pages. Please print, check the appropriate choices and sign/date the document.

1-11 ENROLLEE INFORMATION

1. Last Name _____		First Name _____		MI _____	
2. Social Security Number ____ - ____ - _____		3. Gender ☐ F ☐ M ☐ X			
4. Permanent Address Street _____		City _____		State _____ Zip _____	
5. Mailing Address (if different) Street _____		City _____		State _____ Zip _____	
6. Date of Birth ____ / ____ / _____		7. Telephone Home () _____		Cell () _____	
8. Personal Email Address _____					
9. Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated Marital Status Date ____ / ____ / _____					
10. Covered under Medicare?	☐ Self		Medicare ID Number _____		Date ____ / ____ / _____
	☐ Dependent		Dependent Name _____		
			Medicare ID Number _____		Date ____ / ____ / _____
11. Is any of this information new? ☐ No ☐ Yes Box Number(s) _____ Effective Date of Change ____ / ____ / _____					

12 ENROLL IN COVERAGE

12A. Individual Enrollment
☐ Empire Plan ☐ HMO Code _____ HMO Name _____

12B. Family Enrollment (Complete Box 13)
☐ Empire Plan ☐ HMO Code _____ HMO Name _____

13 DEPENDENT INFORMATION

Must be provided when choosing to enroll or opt-out of NYSHIP family coverage
(You may attach the PS-404S Additional Dependent Information Supplement if necessary.) Date of event ____ / ____ / _____

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update

Last Name _____ First Name _____ MI _____ Relationship _____
Date of Birth ____ / ____ / _____ Gender ☐ F ☐ M ☐ X Social Security Number ____ - ____ - _____
Address (if different) _____

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update

Last Name _____ First Name _____ MI _____ Relationship _____
Date of Birth ____ / ____ / _____ Gender ☐ F ☐ M ☐ X Social Security Number ____ - ____ - _____
Address (if different) _____

☐ If you have additional dependents, please check this box and attach PS-404S with their information.

14 NOTIFICATION PREFERENCES

To change how you receive NYSHIP publications, select one option below. If no option is selected, you will continue to receive mail only. A valid personal email is required for email delivery. Some communications must be sent by mail.

☐ I would like to receive publications by email only. ☐ I would like to receive publications by email and mail.



15 CHANGE OR CANCEL EXISTING COVERAGE

15A. Change Coverage

Date of event __ / __ / ____

☐ **Change to FAMILY** (Complete Box 13 on page 1)

☐ **Change to INDIVIDUAL**

☐ Marriage

☐ Divorce

☐ Domestic Partner

☐ Termination of Domestic Partnership (Attach completed PS-425.4)

☐ Newborn

☐ Only dependent ineligible due to age

☐ Request coverage for dependents not previously covered

☐ I voluntarily cancel coverage for my dependents

☐ Previous coverage terminated (proof required)

☐ Only dependent died

☐ Other _____

☐ Other _____

NOTE: If you are indicating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependent in Box 13 if applicable. Final divorce decrees (first and last page) are required.

15B. Voluntarily Cancel Coverage ☐ Medical (10) ☐ Dental (11) ☐ Vision (14) Request date __ / __ / ____

15C. Change NYSHIP Plan Option Change to: ☐ Empire Plan ☐ HMO Code _____ HMO Name _____

16 DONATE LIFE REGISTRY ELECTION

You must fill out the following section. This question must be answered each time the form is filled out.

Would you like to be added to the Donate Life Registry? ☐ Yes ☐ Skip this question

By indicating yes in response to the question asking if you would like to be added to the Donate Life Registry, you are certifying that you are 16 years of age or older, consenting to donate your organs and tissues for the purposes of transplantation and research in the event of your death and authorizing NYSHIP to share your name and identifying information with the Registry.

ID Number on New York State Driver License, Learner Permit, or Non-Driver ID Card _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344.

AUTHORIZATION

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c, I hereby authorize the NYS Department of Civil Service (DCS) to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for insurance premiums payable on behalf of DCS. Authorization is given to make any future adjustment deductions and/or changes DCS certifies to NYSLRS as necessary in the amount of such insurance premiums. I understand that DCS is my agent and all requests to begin, modify, or revoke deductions must be submitted to DCS. This authorization shall remain in effect until revoked by me by written notice to DCS or until otherwise revoked pursuant to law.

I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date. I am aware of how to obtain a current *Summary of Benefits and Coverage* for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims.

I certify that the information I have supplied is true and correct. I hereby authorize deduction from my salary or retirement allowance of the amount required, if any, for the coverage indicated above.

► **Enrollee Signature (Required)** _____

Date __ / __ / ____

Contact The Empire Plan

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447)
and select the appropriate program.

► PRESS OR SAY 1

Medical/Surgical Program: Administered by UnitedHealthcare

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time.

TTY: 1-888-697-9054 PO Box 1600, Kingston, NY 12402-1600

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

► PRESS OR SAY 2

Hospital Program: Administered by Anthem Blue Cross

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

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

TTY: 711

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

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

► PRESS OR SAY 3

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

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

TTY: 711 PO Box 1850, Hicksville, NY 11802

Claims submission fax: 855-378-8309

Online: carelonbh.com/empireplan/en/home

► PRESS OR SAY 4

Prescription Drug Program: Administered by CVS Caremark

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

TTY: 711

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

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

Claims submission for the Medicare Rx Prescription Drug Program: PO Box 52066, Phoenix, AZ 85072-2066

► PRESS OR SAY 5

Empire Plan NurseLineSM: Administered by UnitedHealthcare

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

Notes

Notes



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

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



Department of Civil Service
New York State Health Insurance Program

2026 Health Insurance Choices (Retiree) – October 2025

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the NYSHIP website at cs.ny.gov. 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 the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

Health Insurance Choices was printed using recycled paper and environmentally sensitive inks. Choices 2026/Retiree AL2091