

**STATE OF NEW YORK**

**JUDICIARY**

**—REQUEST FOR BID—**

(This is not an order)  
**BID MUST BE MADE ON THIS SHEET  
 OR AS OTHERWISE SPECIFIED**

NYS OFFICE OF COURT ADMINISTRATION  
 Contract & Procurement Unit  
 25 Beaver Street, R-840  
 New York, NY 10004  
  
 (Agency Name and Address)

Direct Inquiries to: Marie-Claude Ceppi  
 E-mail: mceppi@nycourts.gov

Price to include delivery to (describe exact location and method of delivery) All prices to be net and inclusive of all services specified herein unless otherwise specified.

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<b>Bid Number:</b> OCA/JB-198	<b>Commodity Group:</b>
<b>Opening Date:</b> 01/09/2014 <b>Time:</b> 3:00 pm <b>Issue Date:</b> 12/02/2013	<b>Commodity Name:</b> UCS <b>Work Life Assistance Program</b>

OFFICE OF GENERAL SERVICES "GENERAL SPECIFICATIONS" (DECEMBER 1998) ARE FULLY INCORPORATED HEREIN.

<p>Agency's Specification of item(s) Required                  (include quantities)</p> <p><b>UCS ATTACHMENT I, III, and IV ATTACHED &amp; INCORPORATED HEREIN.</b></p>	<p>Bidder's Quotation and Specific Description                  of Item Offered</p> <p><b>ALL BID RESPONSES MUST BE ENTERED ON THE ENCLOSED BID RESPONSE FORM UNLESS SPECIFIED OTHERWISE HEREIN.</b></p>
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**NOTICE TO BIDDERS**

Pursuant to the Rules and Regulations of the Chief Administrator for the Courts, sealed bids for furnishing the item(s) in this Request for Bid will be received at the above address. When submitting a bid, you must:

1. Complete this form in its entirety using ink or typewriter and return with all other documents.
2. Explain any deviations or qualifications if your bid deviates from the specifications. If necessary, attach a separate sheet setting forth such explanations.

3. Sign the bid. The bid must be completed in the name of the bidder (corporate or other) and must be fully and properly executed by an authorized person.

4. INDICATE THE BID NUMBER, THE BID OPENING DATE AND TIME ON THE ENVELOPE CONTAINING THE SEALED BID.

5. Mail the bid to the above agency address in sufficient time for it to be received before the specified bid opening. **LATE BIDS WILL BE REJECTED.**

BIDDER HEREBY CERTIFIES THAT THE ABOVE QUOTED (OR OTHERWISE NOTED) PRICES ARE APPLICABLE TO ALL CUSTOMERS FOR COMPARABLE QUANTITIES, QUALITY, STYLES OR SERVICES.

**BIDS MUST BE SIGNED**

Bidder's Firm Name:		Employer's Federal Identification Number:	
		NYS Vendor Identification Number:	
Address Street	City	State	Zip
Bidder's Signature		Official Title	
Printed or Typed Copy of Signature		Area Code/ Telephone Number <b>E-mail:</b>	

**DOCUMENT ENCLOSURE CHECKLIST**

**Please do not place a checkmark next to a document until you have verified that it is included in your bid response.**

\_\_\_ Bid Response Form **must be fully executed and included** in bidder's proposal. Failure to do so will immediately disqualify bidder's response.

The following documents must be fully executed and included in bidder's proposal. Failure to do so may disqualify bidder's response:

- \_\_\_ UCS Request for Bid Form with original signature
- \_\_\_ Attachment I, p.3 - Non-Collusive Bidding Certificate
- \_\_\_ Attachment I, p.4 - Corporate Acknowledgment
- \_\_\_ Attachment II - Not Applicable
- \_\_\_ Attachment III - Vendor Responsibility Questionnaire
  - questionnaire filed online via OSC VendRep System and certified/updated within six (6) months prior to this RFB's bid opening date
  - or  paper questionnaire
- \_\_\_ Attachment IV - Procurement Lobbying Forms
  - Disclosure of Prior Non-Responsibility Determination (UCS 420)
  - Affirmation of Understanding and Agreement (UCS 421)
  - Termination Clause (UCS 423)
- \_\_\_ Certificates of NYS Workers' Compensation and NYS Disability Benefits Insurance, or Certificate of Attestation of Exemption. Please see paragraph "Insurance Requirements" for a list of accepted forms. See the Workers' Compensation Board website for further information in obtaining these forms from your insurance carrier: [www.wcb.ny.gov](http://www.wcb.ny.gov). Please note that the ACORD certificate is not accepted as proof of workers' compensation and disability insurance coverage.
- \_\_\_ Copies of bidder's certificate(s) of insurance or other adequate proof evidencing the insurance coverages required by the bid specifications
- \_\_\_ Organizational Chart
- \_\_\_ Copies of Resumes, Certifications, Licenses for Account Manager, team and staff counselors
- \_\_\_ Sample Activity Report
- \_\_\_ Sample of Promotional Materials
- \_\_\_ Description of bidder's facilities, operational history, statement of policies, goals and objectives

**DOCUMENT ENCLOSURE CHECKLIST (Cont.)**

- \_\_\_\_\_ Description of particulars of services: experience, staffing, format for employee case intake, description of initial treatment/response methods, treatment continuation and client follow-up services
- \_\_\_\_\_ Detailed narrative of each subsection of program services
- \_\_\_\_\_ List of staff counselors
- \_\_\_\_\_ List of at least three (3) references (names, contacts, addresses, phone numbers, emails)
- \_\_\_\_\_ Original bid response + four (4) complete copies
- \_\_\_\_\_ Signed Document Enclosure Checklist

**To be complete, a bidder's bid response must include ALL the above documents. All documents requiring an original signature must bear the BLUE INK signature of the same authorized individual. Signatory notarization must be that of the person whose signature is affixed to all required documents.**

Company Name: \_\_\_\_\_

Authorized Officer's Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* GENERAL SPECIFICATIONS \*\*\*

I. The RFB/RFP Process

Note to Bidders

**1. Attachment I - Standard Request for Bid Clauses & Forms and Attachment IV- Procurement Lobbying Law required forms**

In addition to such other specifications and criteria as are presented herein, the NYS Unified Court System Attachment I - Standard Request for Bid Clauses & Forms , and Attachment IV - Disclosure of Prior Non-Responsibility Determination (UCS 420) as well as Affirmation of Understanding and Agreement (UCS 421) and Termination Clause (UCS 423) pursuant to the Procurement Lobbying Act, which must be downloaded or printed from the UCS Contract & Procurement website under “Addenda” for the appropriate solicitation, are incorporated and made a part of this solicitation.

**2. Attachment III - Vendor Responsibility Questionnaire**

The NYS Unified Court System (UCS) is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. The required Vendor Responsibility Questionnaire is designed to provide information to assist UCS in assessing a vendor’s responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each prospective contractor’s legal authority to do business in New York State, business integrity, financial and organizational resources, and performance history (including references).

The UCS recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. However, vendors may choose to complete a paper questionnaire and submit it with their proposal.

Online Questionnaire: To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller’s Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Bidders who file the Vendor Responsibility Questionnaire online via the OSC VendRep System are requested to checkmark the appropriate box on the Document Enclosure Checklist. Please note that

**OCA/JB-198  
UCS Work Life Assistance Program**

**Bid Opening: January 9, 2014  
3:00 pm**

online submissions must be certified and dated/updated not more than six (6) months prior to the bid opening date of this RFB/RFP. Bidders' authorized signature of the RFB/RFP form will serve as confirmation that bidders have knowingly filed their questionnaire online if the paper questionnaire is not included with the bidder's submission.

Paper Questionnaire: Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the UCS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

**Online RFB/RFP Package : Disclaimer**

Bidders accessing any Unified Court System/Office of Court Administration ("UCS/OCA") solicitations and related documents from the New York State UCS website [www.nycourts.gov/admin/bids](http://www.nycourts.gov/admin/bids) under "Current Solicitations" shall remain solely and wholly responsible for reviewing the respective solicitation & bid documents on the internet regularly, up to the scheduled date and time of the bid/proposal due date, to ensure their knowledge of any amendments, addenda, modifications or other information affecting the solicitation or bid documents in question.

**Bid Response/Proposal: Original and Copies**

Bidders shall submit all the following required **original RFB/RFP documents:** Bid/Proposal; Executed RFB/RFP Form; Attachment I - pages 3 and 4 of 10; Attachment III - Vendor Responsibility Questionnaire (questionnaire may be filed electronically with Office of State Comptroller ("OSC")); Attachment IV - Disclosure of Prior Non-Responsibility Determinations UCS 420, Affirmation of Understanding and Agreement UCS 421 as well as Termination Clause UCS 423; proof of Workers' Compensation and Disability Benefits insurance coverage (See "Insurance Requirements" on page 7); and any other required documentation, brochures, etc. listed on the Document Enclosure Checklist. Complete the paperwork on the forms provided with this solicitation unless otherwise requested. Do not retype or amend any portion of this solicitation. Failure to provide all original documents and the requested number of copies may result in disqualification of a bidder's response.

Bidders shall submit four (4) copies of all original RFB/RFP documents.

**Binding Nature of Bid/Proposal on Bidders**

All bids/proposals shall remain binding on bidders until such time as the Office of Court Administration, on behalf of the Judiciary Benefits Office, ("OCA/JBO") provides written notification of its intent to award the contract to a specific bidder or until the bidder withdraws its bid/proposal in writing, whichever occurs first.

**Estimated Quantities**

Any quantities specified in this solicitation constitute estimates only, and accordingly no commitment or guarantee to reach any specified volume of business is made or implied.

**Compliance with Laws**

Awarded contractor(s) must comply with all applicable federal, state and local laws, rules and regulations, including but not limited to, fire, health and safety codes, prior to and during the provision of all services under the contract resulting from this RFB/RFP.

**Independent Contractor Status**

It is expressly understood and agreed that the awarded contractor's status shall be that of an independent provider of services and that no officer, employee, servant or subcontractor of the contractor is an employee of the UCS, OCA or State of New York. The awarded contractor shall be solely responsible for the work, assignment, compensation, benefits and personal conduct and standards of all such persons assigned to the provision of services. Nothing herein shall be construed to impose any liability or duty on the UCS, OCA or State of New York to persons, firms, consultants or corporations employed or engaged by the awarded contractor either directly or indirectly in any capacity whatsoever, nor shall the UCS, OCA or State of New York be liable for any acts, omissions, liabilities, obligations or taxes of any nature including, but not limited to, unemployment and Workers' Compensation insurance of the awarded contractor or any of its employees or subcontractors.

**Rejected and Unacceptable Bids/Proposals**

The OCA/JBO reserves the right to reject any and all proposals or bids submitted in response to this solicitation. In addition, OCA/JBO may reject any bids/proposals from any bidders who are in arrears to the State of New York upon any debt or performance of any contract; or who have previously defaulted on any contractual obligations, (as contracting party, surety or otherwise), or on any obligation to the State of New York; or who have been declared not responsible or disqualified by any agency of the State of New York, who have any proceeding pending against them relating to the responsibility or qualification of the bidders to receive public contracts, whose proposal is incomplete or otherwise non-responsive in any material respect, or who are found to be non-responsible based on any of the criteria specified in the section headed 'Responsible Bidder'.

OCA also reserves the right to reject any bidder: (i) whose facilities and/or resources are, in the opinion of OCA, inadequate, too remote from the UCS locations to render services in a timely manner in accordance with all requirements of this solicitation; (ii) who does not provide

references in accordance with the bid specifications, or whose references report significant failure to comply with specifications; or (iii) who are otherwise, in the opinion of OCA, unable to meet specifications.

### **Clarification/Correction of Bids/Proposals**

In addition to any rights articulated elsewhere in this solicitation, the OCA/JBO reserves the right to require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of this solicitation. This clarifying information, if required in writing by UCS, must be submitted by the bidder, in accordance with formats as prescribed by OCA/JBO at the time said information is requested and, if received by the due date set forth in OCA/JBO's request for clarification, shall be included as a formal part of the bidder's proposal. Clarifying information, if any, whether provided orally, visually or in writing will be considered in the evaluation process. Failure to provide required information by its associated due date may result in rejection of the bidder's proposal. Nothing in the foregoing shall mean or imply that it is obligatory upon OCA/JBO to seek or allow clarifications or corrections as provided for herein.

### **References**

Each bidder must provide at least three (3) references, other than UCS, including the company/agency name, complete address, contact name, title, telephone number and email address, for whom the bidder has provided similar services at any time during the past three (3) years.

### **Indemnity**

Awarded contractor shall indemnify, defend and hold harmless UCS, its officers and employees from and against any and all claims, causes of action, damages, costs, liabilities and expenses of any kind (including reasonable attorney's fees and the cost of legal defense) which UCS may incur by reason of: (i) awarded contractor's breach of any term, provision, covenant, representation or warranty contained in the contract awarded as a result of this bid; (ii) any act, omission, negligence or intentional misconduct of awarded contractor or its employees, subcontractors, agents, volunteers or of other persons under its direction and control; (iii) awarded contractor's performance or failure to perform under the contract; and (iv) enforcement by UCS of the awarded contract or any provisions thereof.

### Insurance Requirements

Awarded contractor shall be required to maintain during the term of the contract, including any renewal terms, at their own cost and expense:

1. Workers' compensation and disability benefit insurance coverage as required under NYS law. **Each bidder must provide with its proposal proof of such workers' compensation and disability benefits insurance coverage or, if it is legally exempt from such coverage, proof of exemption.** Bidder must obtain the appropriate Workers Compensation Board forms from its insurance carrier or licensed agent, or must follow the procedures set forth by the Workers' Compensation Board for obtaining an exemption from coverage. See Workers' Compensation Board website at [www.wcb.ny.gov](http://www.wcb.ny.gov) under "Forms" for a manual listing required forms and procedures. Any questions regarding workers' compensation coverage requirements or debarments should be directed to:

Workers' Compensation Board  
Bureau of Compliance  
(518) 462-882  
(866) 298-7830

### Only the following forms will be accepted:

#### Proof of Workers' Compensation Coverage

- **Form C-105.2** - Certificate of Workers' Compensation Insurance issued by private insurance carriers; or
- **Form U-26.3** issued by the State Insurance Fund; or
- **Form SI-12** - Certificate of Workers' Compensation Self-Insurance; or
- **Form GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

#### Proof of Disability Benefits Coverage

- **Form DB-120.1** - Certificate of Disability Benefits Insurance, or
- **Form DB-155** - Certificate of Disability Benefits Self-Insurance; or
- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

On forms that have a space for a certificate holder to be listed, the carrier must enter:

NYS Unified Court System  
Office of Court Administration  
25 Beaver Street, Room 840  
New York, NY 10004

The insurance carrier will notify the certificate holder if a policy is canceled.

Please note: An ACORD Certificate of Insurance is not acceptable proof of NYS workers' compensation or disability benefits insurance coverage.

For additional information regarding worker's compensation and disability benefits requirements, please refer to the New York State Workers' Compensation Board website at: [www.wcb.ny.gov](http://www.wcb.ny.gov) under "Employers/Businesses."

2. Commercial General Liability Insurance (bodily injury and property damage on an occurrence basis), contractual and products/completed operations liability coverage, and auto liability with minimum limits as follows:

Bodily Injury and Property Damage	\$1 million, per occurrence, \$2million, aggregate
Personal Injury and Advertising:	\$1 million aggregate
Contractual and Products/ Completed Operations	\$2 million aggregate
Auto Liability, Combined single limits	\$1 million

Commercial General Liability insurance coverage shall be obtained from commercial insurance carriers licensed to do business in the State of New York and shall name UCS as an additional insured or loss payee as appropriate, and shall provide for at least thirty (30) days advance written notice to UCS of cancellation or non-renewal.

3. Professional liability insurance in the minimum amount of \$1,000,000.00 per occurrence and \$3,000,000 aggregate coverage, with appropriate tail coverage. Such insurance coverage shall be obtained from an insurance carrier licensed to do business in the State of New York.

**Confidentiality**

Bidders and awarded contractor are hereby advised that any and all information, records, files, documents or reports generated by, or contained in, any media format (e.g. print, electronic) provided to contractor by an Eligible Client (as hereinafter defined) or component of the UCS, or otherwise obtained by contractor in the performance of contractual services, shall be considered confidential and shall be treated and maintained accordingly at all times. Neither the contractor nor any of its employees or agents shall at any time be permitted to utilize any such information for any purpose outside the scope of awarded contract without the express written authorization of UCS or the Eligible Client, as the case may be. Further, any and all data developed for UCS by contractor, or any person or entity acting on behalf of contractor, remains the sole property of UCS. Contractor, or subcontractors, may not make use of such data or information without the express knowledge and written consent of UCS.

Awarded contractor shall protect and maintain the confidentiality of all information, records, files, test results and reports of any nature concerning any Eligible Client for whom Program services are provided.

Awarded contractor shall abide by all applicable state and federal rules and regulations, and all applicable ethical and professional requirements relating to confidentiality or privileged matters in connection with the provision of services set forth in the bid specifications.

**Responsible Bidder**

A bidder shall be defined as “responsible” in accordance with, but not limited to, references, past performance history, financial stability, the criteria set forth in paragraph 2 of the General Specifications (Attachment III-Vendor Responsibility Questionnaire), and the criteria set forth in the paragraph headed “Rejected and Unacceptable Bids/Proposals” as well as any other criteria necessary and reasonable to establish the bidder’s responsibility.

**Confidential/Proprietary Information:**

If applicable, bidders should specifically identify those portions of the proposal deemed to contain confidential or proprietary information or trade secrets, and must provide justification why such material, upon request, should not be disclosed to parties other than OCA/JB. Bidders are advised that any material deemed confidential by bidder may still be subject to disclosure in connection with any governmental or judicial proceeding or inquiry or as may be required by applicable law, including but not limited to Article 6 of the New York Public Officers Law (Freedom of

Information Law). Such confidential/proprietary information must be easily separable from the non-confidential sections of the proposal.

**Financial Stability**

Upon request by OCA, bidder shall provide its audited financial statements prepared in accordance with GAAP-Generally Accepted Accounting Principles for the past three (3) consecutive years and a copy of its last three (3) annual reports.

**Implied Requirements**

Products and services that are not specifically requested in this solicitation, but which are necessary to provide the functional capabilities proposed by the bidder, shall be included in the offer except as specified herein.

**Silence of the Specifications**

The apparent silence of the specifications contained as part of this package as to any detail or to the apparent omission of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

**Subcontracting**

If Bidder intends to subcontract any of the services or portion thereof required by this RFB/RFP, all subcontractors must be identified in bidder's proposal with a description of the services to be performed by the particular subcontractor. (Note: "subcontractor" shall not include professional service providers to whom individual client referrals will be made.)

Any changes in subcontractors by awarded contractor, will be subject to the prior written approval of UCS. The names must be submitted in ample time to permit acceptance or rejection of each proposed subcontractor by UCS without causing delay in the services required by the contract.

The awarded contractor will be the prime contractor and will be responsible for all services required by this RFB/RFP. The UCS will communicate only with awarded contractor and the awarded contractor shall remain wholly liable for the performance by and payment to any such subcontractors, their employees, agents, consultants or representatives.

**II. RFP# OCA/JB-198**

**Purpose and Scope**

The New York State Office of Court Administration (“OCA”), on behalf of the Judiciary Benefits Office (“JBO”), is soliciting sealed proposals for the provision of its WorkLife Assistance Program (“Program”), pursuant to which services and programs, as described herein, are provided for the judicial and non-judicial employees of the Unified Court System.

The Program will be available to all the employees of UCS. As of the date this RFP is issued, UCS has approximately 16,900 employees. UCS shall notify the awarded contractor of the number of employees on the UCS payroll as of the commencement date of each contract year. This number will be used to calculate the total compensation due awarded contractor for the WorkLife Assistance Program for each contract year. While all employees on the UCS payroll are and will be eligible to participate in the Program, the overall case utilization rate has remained at approximately three percent (3%) of all UCS employees for the past three years (2010, 2011, 2012 and 2013.) See Exhibits 3 and 4.

Regardless of the number of Eligible Clients that participate annually in the Program, the awarded contractor’s annual compensation shall be based solely on the total number of employees on the UCS payroll as of the commencement date of such contract year.

**Term of Award**

A single estimated quantity term contract will be awarded for an initial term of three (3) years starting on or about April 1, 2014. The OCA/JBO reserves the right to renew the contract for two (2) additional one (1) year terms upon the same terms and conditions except the premium rate. The OCA/JBO also reserves the right to extend the contract for a maximum of six (6) months upon the same terms and conditions, including the premium rate then in effect, after the end of either the initial term or the end of the first renewal term, as the case may be. The maximum term of the contract will be five (5) years. The initial contract, renewals and extensions are subject to the approval of the NYS Attorney General and the NYS Comptroller.

**Mandatory Pre-Bid Conference**

A mandatory pre-bid conference will be held on **December 17, 2013 at 2:30 pm** in Room 1161 at the Office of Court Administration, 25 Beaver Street, 11<sup>th</sup> Floor, New York, NY 10004. Bidders must attend this pre-bid conference or their bid responses will be disqualified.

**Questions**

All questions must be addressed **in writing** only, by e-mail or by fax, to:

Marie-Claude Ceppi  
Management Analyst

Fax: 212-428-2819 Email: [Mceppi@courts.state.ny.us](mailto:Mceppi@courts.state.ny.us)

The **deadline** to submit questions is December 12, 2013 at 5:00 pm.. No questions will be entertained after this deadline. An initial Questions & Answers (Q&A) listing all the questions received and their answers will be posted on the UCS website and distributed at the mandatory pre-bid conference. A revised Q&A reflecting new questions and answers handled at the mandatory pre-bid conference will be emailed only to those bidders having attended the pre-bid conference.

**IMPORTANT:** All questions regarding this solicitation must be directed solely to the attention of the above-designated person. Contact by any prospective bidder, or any representative thereof, with any other personnel of the UCS/OCA including the Judiciary Benefits Office in connection with this RFB/RFP may violate the Procurement Lobbying Act of 2005 (see Attachment IV), will jeopardize the respective bidder's standing and may cause rejection of its proposal.

**Packaging, Identifying and Delivering of Bids/Proposals**

Bidders may **not** submit their bid/proposal responses online.

All bid/proposal submissions must be securely contained in a **sealed package or carton** and **clearly labeled** on two sides as follows:

**Deliver immediately to Marie-Claude Ceppi R-840"**

**Sealed bid - Do not open**

**Due January 9, 2014 at 3:00 p.m.**

**OCA/JB-198**  
**UCS Work Life Assistance Program**

**Bid Opening: January 9, 2014**  
**3:00 pm**

Bids/Proposals must be **clearly addressed and submitted to:**

**Marie-Claude Ceppi**  
**Management Analyst**  
**NYS Office of Court Administration**  
**25 Beaver Street, R-840**  
**New York, NY 10004**

Failure to seal and mark the bid/proposal as prescribed may result in non-delivery and/or rejection of the bid/proposal. Please note that bids/proposals must be received by the above-named OCA-designated person by January 9, 2014 at 3:00 pm at the latest or the bid will be declared a late bid and will be disqualified. It is recommended that bidders allow several extra days for shipping in order to meet the deadline.

#### **No-Bids**

Bidders are requested to send a no-bid letter to OCA, Attn: Marie-Claude Ceppi, at the above address, should they decide not to participate in this solicitation. The envelope should be clearly marked in the lower left corner as follows: OCA/JB-198.

#### **Basis of Proposals and Award of Contract**

The OCA/JBO intends to award a single contract for the provision of all services specified herein. Proposals must therefore address each area of the WorkLife Assistance Program, as presented in the "Detailed Specifications" section of this RFP.

#### **Bidders Qualifications and Eligibility**

Prospective bidders must, at minimum, 1) have five (5) years' experience in managing work life assistance programs and, 2) be able to provide all the basic services outlined in the Standards and Criteria section of this RFP. See paragraph Qualifications - Bidder and its Affiliates, in the Detailed Specifications.

**Bid Response Evaluation and Mandatory Interview of Bidders**

A mandatory, in-person interview will be required from all bidders whose written bid response are deemed compliant with the RFB/RFP requirements. An evaluation committee (“Evaluation Committee”) will evaluate bidders’ written proposals and conduct a mandatory interview with each qualified bidder’s proposed Account Manager/Account Team. The OCA/JBO will ask questions and evaluate the answers provided by the Account Manager/Account Team according to the criteria stated in the Method of Award.

**Method of Award**

A single contract will be awarded to the bidder achieving the highest points total based upon all the criteria set forth below. The award of points by the Evaluation Committee for each criteria will be based on the evaluation of bidder’s written proposal (including follow up and investigation as may be necessary) and the results of bidder’s interview.

Maximum Points

Award Selection Criteria

**1. 25 points**                      **Experience & Background, NYS Staffing, NYS Affiliates**

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- a) 10 points    Experience in working with a represented workforce including security personnel having Peace Officer status and licensed to carry firearms
- b) 10 points    NYS Staffing level including counselors and administrative staffing
- c) 5 points     Currently established Affiliates in NYS per Judicial District (See Exhibit 2) (Districts 1, 2, 11, 12 and 13 as one district.)

**2. 30 points**                      **Program Services**

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- a)     10 points     EAP Assessment and referral services
- b)     5 points     Training, Health & Wellness, Outreach/Orientation services
- c)     5 points     Child Care, Elder Care, Consumer Services
- d)     5 points     Program Enhancements
- e)     5 points     Web site services

**3. 10 points**                      **Program Administration**

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- a)     5 points                      Account Manager’s Services and Mandatory Referral Services
- b)     5 points                      Account services

**4. 20 points**                      **Total Cost**

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Total Cost for the initial three (3) year term of the contract, defined as the premium rate per employee per year x 16,900 employees x 3 years.

**5. 15 points**                      **In-Person Interview**

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**100 points**                      **Total**

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**Premium Rates**

The premium rate per employee per year presented in a bidder’s proposal shall be net and inclusive of all services required to be included therein. There shall be no other charge, cost, reimbursement or expense of any kind payable to awarded contractor by UCS or users of the Program in connection with or arising from performance and delivery of Program and other services required under the awarded contract.

Bidder shall quote a single- premium rate per employee per year which will remain firm for the initial three (3) year term. The following formula shall be used to calculate the total compensation per year:

$$\text{Premium rate per employee per year} \times \text{Number of UCS employees (as provided annually by UCS)} = \text{Total cost per year.}$$

**Premium Rate Increases**

Premium rates shall be subject to adjustment as of the commencement date of each renewal term by an amount not greater than the percentage change in the Consumer Price Index for all Urban Consumers - New York-Northern NJ-Long Island, Not Seasonably Adjusted (Index 1982-1984 = 100) (“CPI”), plus one percent (1%), over the CPI as of the commencement date of the immediately preceding contract

term. Once established, premium rates shall remain fixed during any renewal term. No request for a premium rate increase will be considered for any extension term.

The awarded contractor must submit its request for a premium rate increase in writing with all supporting documentation to the OCA/JBO no later than ninety (90) days prior to the expiration of the contract's initial term and/or the renewal period. Such request shall be sent to:

Keith Miller  
Management Analyst  
Division of Human Resources  
Office of Court Administration  
25 Beaver Street  
New York, NY 10004

**Inspection of Bidder's Facilities**

Bidder understands and agrees that for purposes of properly evaluating bidder's facilities and resources, the Evaluation Committee may inspect all such facilities upon proper notification to bidder. Further, subsequent to the award of any contract, UCS reserves the right to conduct periodic site visits of the awarded contractor at mutually agreeable times and dates during any period such contract is in force.

**Method of Payment**

The awarded contractor shall be paid quarterly in arrears upon submission of an invoice satisfactory in form and content to UCS and OSC. All valid payments due to the awarded contractor shall be processed by the appropriate UCS office in the ordinary course of State business. Interest due on late payments, if any, shall be paid in accordance with State law and regulation. UCS/JBO will provide awarded contractor with the total number of UCS employees as of the commencement date of each contract year or renewal or extension term, as the case may be. Once determined, awarded contractor's annual compensation will remain the same for each contract year or extension term, whether or not the number of UCS employees increases or decreases during such period.

**Termination**

In addition to any other rights or remedies it may have, UCS may terminate an agreement with awarded contractor upon written notice to contractor: (i) upon sixty (60) days written notice without cause, (ii) forthwith, in the event that any representation made by the contractor in connection with this RFB shall prove to be false or misleading in any material respect, (iii) forthwith, upon a determination that Contractor is non-responsible or (iv) if Contractor defaults in the observance or performance of any of the terms and conditions of such agreement, and such default is not remedied within thirty (30) days after such notice has been delivered to contractor specifying the occurrence, omission, or failure giving rise to such default.

Early termination of the contract for cause may result in, among other consequences, all remedies available to UCS and New York State, the awarded contractor both being declared non-responsible by the UCS/OCA, pursuant to the UCS and Office of the State Comptroller's guidelines on vendor responsibility and in the contractor's removal from the UCS/OCA's bidders list for future solicitations.

**\*\*\*\* D E T A I L E D   S P E C I F I C A T I O N S \*\*\*\***

**BIDDER MUST PROVIDE WITH ITS BID RESPONSE:**

**1) A DESCRIPTION OF ITS FACILITIES, OPERATIONAL HISTORY, STATEMENT OF POLICIES, GOAL AND OBJECTIVE;**

**2) A DESCRIPTION OF PARTICULAR OF SERVICES:**

- **EXPERIENCE**
- **STAFFING**
- **FORMAT FOR EMPLOYEE CASE INTAKE**
- **DESCRIPTION OF INITIAL TREATMENT/RESPONSE METHODS**
- **TREATMENT CONTINUATION**
- **CLIENT FOLLOW-UP SERVICES**

3) A DETAILED NARRATIVE OF EACH SUBSECTION OF PROGRAM SERVICES:

- EMPLOYEE ASSISTANCE SERVICES
- TRAINING, HEALTH & WELLNESS AND OTHER SERVICES
- OUTREACH AND PROGRAM PROMOTION
- CHILDCARE SERVICES
- ELDER CARE SERVICES
- CONSUMER SERVICES

4) A LIST OF STAFF COUNSELORS

FAILURE TO PROVIDE SUCH DESCRIPTIONS AND NARRATIVE MAY DISQUALIFY BIDDER'S RESPONSE.

BIDDER MUST REFER TO THE DOCUMENT ENCLOSURE CHECKLIST FOR A FULL LIST OF DOCUMENTS AND FORMS REQUIRED.

**Introduction**

The UCS, recognizing the value of its workforce, seeks to continue its WorkLife Assistance Program to assist its employees with a wide range of programs and services designed to help employees balance the needs of personal life with the requirements of work and to address personal problems that may affect an employee's work performance. The Program will provide a confidential and cost-effective method of delivering services, including identifying personal problems at the earliest stage possible and motivating employees to seek appropriate treatment.

The Program's services must be available 24 hours a day, seven days a week.

All the services offered by the Program must be available to all UCS employees and their families, including immediate family members as well as parents, parents-in-law, siblings, domestic partners and anyone to whom the employee has a close personal relationship where the person would be considered "like" family (all of the foregoing, "Eligible Clients") . The awarded contractor must engage and retain during the term of the awarded contract, licensed staff counselors and other personnel sufficient, in the opinion of UCS, to satisfactorily conduct the Program and provide the other services required under the

awarded contract. If an Eligible Client is referred for ongoing treatment to an entity other than awarded contractor, a staff counselor of awarded contractor must follow-up to ensure that appropriate services are being performed. In cases of mandatory referrals (when an employee is obligated by the employer to contact the Program and sign a release), staff counselors of awarded contractor must monitor progress of the employee and report to UCS as may be required. In addition, the awarded contractor shall be required to provide information, guidance and referral services to Eligible Clients concerning childcare, elder care and consumer issues. Please note that all counseling affiliates of the awarded vendor must, where feasible, be participating providers under the New York State Health Insurance Program (NYSHIP) .

Bidder is required to possess meaningful prior experience providing EAP services for public or private organizations with predominantly unionized workforces governed by collective bargaining agreements, and with security and /or law enforcement workforces authorized to carry firearms, as is the case with approximately 26 % of UCS's employees. Bidder must include in its proposal a summary of its applicable experience, including the names of client organizations described above. UCS reserves the right to inquire of any such organizations as it deems necessary to complete its evaluation.

**Qualifications - Bidder and its Affiliates**

Bidder and its staff who will participate in the Program must be duly licensed as may be required, and must be presently operating in the State of New York. Bidder must further demonstrate the capacity to service Eligible Clients in all judicial districts in the State during the term of an awarded contract. Recent Program data indicates that approximately 16% of referrals receive services directly from Program provider's counselors at the provider's location. Bidder must indicate how long it has been providing EAP/Work Life assistance in New York State.

Bidder shall provide an organizational chart identifying the names and titles of the Account Manager and Account Team members who will be responsible for the UCS account. Bidder shall also provide a resume and copies of diplomas/state certifications/other qualifications for each identified Account Team member, including the Account Manager. The Account Manager's business address, phone and fax numbers, as well as e-mail address, should be provided. In addition, bidder must provide a complete list of staff counselors with appropriate mental health degrees/certifications. Awarded contractor shall provide updated staff documentation upon request.

Bidder's proposal must also indicate the approximate number of currently operating affiliates that the bidder will be using in the provision of counseling services within New York State. Bidder must also

indicate, the number of established affiliates located in each Judicial District as set forth in Exhibit 2. For this purpose, Districts, 1, 2, 11, 12 & 13 (New York City) are to be combined. Bidder (and/or awarded contractor) shall provide to UCS a list containing the names/addresses of its affiliates in one or more Districts, upon request. All entities to whom awarded contractor refers Eligible Client shall possess the requisite professional licensing and experience to service the particular referral. Awarded contractor shall be required to demonstrate same to UCS upon request. Notwithstanding the foregoing, awarded contractor shall remain primarily responsible and liable for the performance of all entities to whom it refers Eligible Clients. UCS shall have no independent communication with the affiliates, unless specific individual circumstances require otherwise.

Bidder must also indicate whether it has nationwide capabilities to provide directly, or through appropriate referrals, the full range of Program services to Eligible Clients throughout the United States, as the same may be necessary to the family members of UCS employees who do not reside within New York State.

### **PROGRAM SERVICES**

Awarded contractor shall be required to provide a short-term counseling program to Eligible Clients seeking assistance of up to a minimum of eight (8) sessions, as appropriate and necessary. UCS has a diverse employee population of approximately 16,900 judicial and non-judicial employees statewide. Higher concentrations of UCS employees are located in the more heavily populated areas of the state with up to approximately 65% in the greater NYC metropolitan area. Employees will participate either on a voluntary basis or, in cases of positive drug testing or disciplinary action, on a mandatory basis. If an employee's participation is mandatory, it will be monitored by the awarded contractor, who will report to UCS periodically concerning the employee's attendance and compliance.

As previously stated, recent data indicates that approximately 16% of referrals receive services directly from awarded contractor's counselors at the awarded contractor's location. Bidder must have available a sufficient number of its own employees, affiliates and/or UCS-approved subcontractors to meet all the needs of Eligible Clients. UCS will determine sufficiency of this qualification based on recent referral data which indicates approximately five hundred and fifty (550) Program referrals annually. Awarded contractor's mental health professional staff must be solely dedicated to providing EAP services; or, in the event bidder/awarded contractor provides related services, bidder shall, in its proposal, indicate how its case management services will operate absent any conflicts of interest. It must provide

assessment, motivation, counseling sessions and/or referral for counseling for each problem presented by each Eligible Client requesting assistance. Bidder's proposal must describe in sufficient detail the bidder's standards for service availability, return call procedures (emergency and non-emergency), and procedures for scheduling appointments (emergency and non-emergency).

Awarded contractor must provide services and referrals within the parameters of the UCS employee's health insurance coverage, where applicable. For example, whenever possible, awarded contractor will be required to make referrals and provide assistance for long-term treatment to resources that are covered by the UCS employee's existing health care plan. Bidder must demonstrate that it has established and ongoing relationships with a sufficient number of community-based resources who participate in NYSHIP. The state health insurance booklet entitled "Choices", which describes the State's Empire Plan, lists the NYSHIP-approved health maintenance organizations and explains the options available to UCS employees, is included in this RFP as Exhibit 1.

### **Employee Assistance Services**

Bidder must demonstrate through the proposal its ability to deliver the full spectrum of employee assistance services including but not limited to: emotional well being, relationship and family problems, alcohol and substance abuse problems, workplace challenges, conflicts between co-workers and legal and financial difficulties. Bidder must provide a short-term counseling program, as described under "Program Services", at no cost to the employee and at no additional cost to UCS.

### **Training, Health & Wellness and Other Services**

Awarded contractor shall be required to provide trainings for UCS management and union officials regarding Program-related issues upon request, which trainings will assist them in recognizing warning signs and motivating employees to use the Program services. NYS/UCS has courts in all 62 counties of New York State and has administrative offices, where liaisons may be located, in New York City, Long Island and seven different upstate locations. Bidder will be required to have a member of the Account Team travel to any of these locations throughout the contract period to provide manager training programs at no additional cost or expense to UCS.

Traumatic events occasionally occur with an employee population the size of UCS. It may be an incident that occurred at the court or the sudden loss of an employee or employee's immediate family member. Awarded contractor shall be required to provide critical incidence stress debriefings and/or grief group sessions at any UCS location throughout the State upon request, at no additional cost or

expense to UCS. Bidder's experience providing such debriefings and sessions shall be described in the bidder's proposal.

Health & Wellness promotion through informational materials shall also be an ongoing part of Program services to be provided by awarded contractor. Additional Health & Wellness activities, such as brown bag lunch seminars, shall also be conducted, as requested by UCS, at no additional cost or expense. The awarded contractor shall also be required to provide Health & Wellness programs upon request, at no additional cost or expense.

See Exhibit 4 UCS Annual Reports 2011-2012 Utilization for a sample listing of activity and locations where a member of the Account Team and/or affiliate may be required to travel. All costs and expenses for conducting such activities shall be the sole responsibility of the awarded contractor.

### **Outreach and Program Promotion**

Ongoing outreach and promotion of the Program is a crucial component of the services to be provided by the awarded contractor. In addition to addressing the needs of the individual employee, bidder must also include in its proposal a description of the employee outreach and promotional services it will provide, including information on the content and frequency of presentations to be offered, promotional material (including the number/amount of material bidder is willing to supply annually without additional cost to UCS), information regarding the availability of a website for use by UCS employees and any other promotional services that bidder may offer. Bidder shall include samples of its promotional materials with its proposal.

See Exhibit 3 - UCS Utilization Summary 2010-2013 for a sample listing of locations where a member of the Account Team and/or affiliate may be required to travel. Travel expenses for its affiliates or staff will solely be the responsibility of the Awarded contractor. Please also refer to Exhibit 4 UCS Annual Reports 2011-2012 Utilization for a sample listing of support provided annually.

### **Child Care Services**

Bidder must demonstrate its ability to provide services in the area of childcare. These services must include, but not necessarily be limited to, assessment by counseling staff of necessary and appropriate level of care as well as information and referrals for the full range of childcare options including: day care for pre-school aged children; care both before and after school; in-home care; and summer camps; and employee education concerning parenting, child development, adoption and academic services.

### **Elder Care Services**

Elder care services to be provided under the Program must include, but not necessarily be limited to: assessment by staff of necessary and appropriate level of care; information and referrals concerning the full range of housing options for the elderly and other community resources; assistance with Medicare and Medicaid information and applications; legal and financial assistance specific to the elderly; and assistance in handling the resulting family stress and other care-giver concerns.

### **Consumer Services**

In an attempt to provide comprehensive services for Eligible Clients, awarded contractor will also be expected to provide information relating to consumer issues. These consumer-related services will include, but not necessarily be limited to, information and referrals concerning education, travel, home improvement contractors, personal care, and pet care services and other services bidder feels are appropriate to enumerate.

### **Program Enhancements**

Bidder shall include in its proposal a description of any EAP program services it offers in addition to (and not as a replacement of) the required program services contained in this RFB; such program enhancements, if available, shall be at no additional cost to the UCS, and shall be included in bidder's premium rate.

## PROGRAM ADMINISTRATION

### **Account Manager**

The NYS/UCS has courts and administrative offices throughout the State. A critical part of the successful administration of the Program is the partnership between the awarded contractor's Account Manager/Team and the UCS Program Liaisons. The UCS WorkLife Assistance Program (Program) administration has become increasingly decentralized and accordingly program liaisons have become more regional functions. The Account Manager/Team must be available to work closely with all the Program Liaisons on all program-related matters including being available for frequent travel throughout the State to meet with liaisons and also for program promotion and training. Additionally, the Account Manager must also be available to other UCS managers as well as union officials for consultations regarding employee performances that may impact Program-related issues. The interview

with each bidder's Account Manager/Account Team will be scored according to the criteria stated in the Method of Award.

**Mandatory Referrals**

The Account Manager team will also be required to work closely with the Program Liaisons and UCS Human Resources and administrative authorities responsible for disciplinary matters and drug testing procedures, including, but not necessarily limited to, monitoring attendance and compliance of those employees placed in the Program on mandatory referrals and reporting to the designated UCS authorities concerning the employee's attendance and compliance. The Account Manager must also be available to meet with OCA/JBO administrators responsible for administration of the Program. The UCS has averaged, over the past three (3) years, approximately fifty (50) to sixty (60) mandatory/VIP referrals per year.

**Meetings and Reports**

The Awarded contractor shall work closely with and report to the OCA/JBO Program Administrators to assist in the ongoing development and implementation of the Program. The Awarded contractor shall submit, at no additional cost to UCS and at least twice annually, activity reports in a format and in accordance with the Program evaluation requirements satisfactory in form and substance to UCS. Bidder shall include a sample activity report with its proposal.

**Exhibits**

- Exhibit 1      NYSHIP "Choices" Booklet
- Exhibit 2      Map of UCS Judicial Districts
- Exhibit 3      UCS Utilization Summary 2010-2013
- Exhibit 4      UCS Annual Reports 2011-2012 Utilization



**OCA/JB-198**  
**UCS Work Life Assistance Program**

**Bid Opening: January 9, 2014**  
**3:00 pm**

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Exhibit 1



## HEALTH INSURANCE CHOICES FOR 2013

For Employees of the State of New York who are unrepresented or in Negotiating Units that have agreements/awards with New York State effective October 1, 2011 or later, Participating Employers, their Enrolled Dependents, COBRA Enrollees with their NYSHIP Benefits and Young Adult Option Enrollees. (Check with your agency Health Benefits Administrator or union if you are uncertain.)

NOVEMBER 2012



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## Make Your Health Plan Choices

This booklet explains the options available to you under the New York State Health Insurance Program (NYSHIP) for your health insurance and other elections. Choose either The Empire Plan or one of the NYSHIP-approved Health Maintenance Organizations (HMOs) in your area. Consider your health insurance options carefully. You may not change your health insurance option after the deadline except in special circumstances. (See your *NYSHIP General Information Book* and *Empire Plan Reports* or *HMO Reports* for details about changing options outside the Option Transfer Period.) If you still have specific questions after you've read the plan descriptions, contact your Health Benefits Administrator (HBA) or The Empire Plan carriers and HMOs directly.

## Rates for 2013 and Deadline for Changing Plans

The Empire Plan and HMO rates for 2013 are mailed to your home and posted on our web site as soon as they are approved. Click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices. (*Participating Employers, such as the Thruway Authority and MTA, will notify their enrollees of 2013 rates.*)

The rate flyer announces the option change deadline and paycheck deduction dates. You have 30 days from the date your agency receives rate information to make a decision. Your agency HBA can help if



See your agency HBA to change your health insurance option, enrollment or pre-tax status.

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

Changes are not automatic and deadlines apply. You must report any change that may affect your coverage to your agency HBA. See pages 1-3 in this booklet and your *NYSHIP General Information Book* for complete information.

# & REMINDERS

you have questions. COBRA and Young Adult Option enrollees may contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico and the Virgin Islands).

## **Choose Your Pre-Tax Contribution Program Status by November 30, 2012**

*Pre-Tax does not apply to COBRA and Young Adult Option enrollees.*

Under the Pre-Tax Contribution Program (PTCP), your health insurance premiums are deducted from your pay before taxes are taken out. This lowers your taxable income and increases your spendable income. Your paycheck stub shows whether or not you are enrolled in PTCP.

- **Regular Before-Tax Health** appears in the Before-Tax Deductions section if your health insurance premium is deducted from your wages before taxes are withheld.
- **Regular After-Tax Health** appears in the After-Tax Deductions section if your health insurance premium is deducted from your wages after taxes are withheld.

Under PTCP, you can make the following changes only in November each year and without a qualifying event:

- Change from Family to Individual coverage while your dependents are still eligible for coverage,
- Change from Individual to Family coverage (subject to normal waiting period rules),
- Enroll for coverage,
- Voluntarily cancel your coverage while you are still eligible for coverage, or
- Change your PTCP election.

**Note:** A change in coverage is not the same as a change in your PTCP election. Changes in coverage because of a qualifying event must be made within 30 days of the event (or within the waiting period if newly eligible), and delays may be expensive. For example, if your only covered dependent becomes ineligible for coverage in June and you do not notify your HBA of this qualifying event until August (i.e., not within 30 days), your dependent's coverage will be removed retroactively to when he/she first

became ineligible for benefits in June. Your PTCP deductions, however, will be changed from Family to Individual as of August, and no refund will be issued to you for the extra premium you paid in June or July.

Under Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the tax year only after a PTCP-qualifying event. For a list of PTCP-qualifying events, see your *NYSHIP General Information Book*. To change your pre-tax selection for 2013, see your agency HBA and complete a Health Insurance Transaction Form (PS-404) by November 30, 2012.

## **Your Biweekly Premium Contribution**

*The following does NOT apply to employees of Participating Employers. Participating Employers will provide premium information. It also does not apply to COBRA and Young Adult Option enrollees.*

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck.

- For Empire Plan and NYSHIP HMO enrollees in a title allocated or equated to Salary Grade 9 and below, the State will pay 88 percent of the cost of the premium for enrollee coverage and 73 percent for dependent coverage.
- For Empire Plan and NYSHIP HMO enrollees in a title allocated or equated to Salary Grade 10 and above, the State will pay 84 percent of the cost of the premium for enrollee coverage and 69 percent for dependent coverage.

The State's dollar contribution for the non-prescription drug components of the NYSHIP HMO premium will NOT exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

As soon as they are available, 2013 rates will be mailed to your home and posted on our web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices.

## Let Your Agency Know about Changes

You must notify your agency HBA if your home address or phone number changes. If you are an active employee of New York State and registered for MyNYSHIP, you may also make address and option changes online. **Note:** MyNYSHIP is not available for active employees of Participating Employers.

Changes in your family status, such as gaining or losing a dependent, may mean you need to change your health insurance coverage from Individual to Family or from Family to Individual. If you submit a timely request, you can make most changes any time, not just during the Option Transfer Period. See your *NYSHIP General Information Book* for details. Inform your agency HBA about any change promptly to ensure it is effective on the actual date of change in family status.

## Retiring or Vesting in 2013?

You may change your health insurance plan when you retire or vest your health insurance. Retirees and vestees who continue their NYSHIP enrollment may change health insurance options at any time once during a 12-month period. For more information on changing options as a retiree, ask your agency HBA for *Choices for 2013 for Retirees*.

## Eligible for Medicare?

If you or a dependent is eligible for Medicare because of age or disability, see Medicare and NYSHIP on page 5 for important information. Also, please read this section if you or a dependent will be turning age 65 in 2013 or if you are planning to retire in the coming year and will be Medicare-primary.

## Comparing Your NYSHIP Options

Choosing the health insurance plan to cover your needs and the needs of your family requires careful research. As with most important purchases, there is more to consider than cost.

The first step in making a good choice is understanding the similarities and the differences between your NYSHIP options. There are two types of health insurance plans available to you under NYSHIP: The Empire Plan and NYSHIP HMOs. The Empire Plan is available to all employees. Specific NYSHIP HMOs are available in the various geographic areas of New York State. Depending on where you live or work, one or several NYSHIP HMOs will be available to you. The Empire Plan and NYSHIP HMOs are similar in many ways, but also have important differences.

## Reenrollment in NYSHIP

Employees who participate in the Opt-out Program may reenroll in a NYSHIP health insurance option during the next annual Option Transfer Period. (See page 15 for more information about the Opt-out Program.)

To change your NYSHIP option any other time, employees must experience a qualifying event like a change in family status (e.g., marriage, birth, death or divorce) or loss in coverage. Employees must provide proof of the qualifying event within 30 days or any change in enrollment will be subject to NYSHIP's late enrollment waiting period, which is five biweekly pay periods. You will not be eligible for NYSHIP coverage during the waiting period. See the *NYSHIP General Information Book* for more details.

## Benefits

### The Empire Plan and NYSHIP HMOs

- All NYSHIP plans provide a wide range of hospital, medical/surgical, and mental health and substance abuse coverage.
- All plans provide prescription drug coverage if you do not receive it through a union Employee Benefit Fund.
- All plans provide certain preventive care services as required by the federal Patient Protection and Affordable Care Act (PPACA). For further information on preventive care services, visit [www.healthcare.gov](http://www.healthcare.gov).

*Benefits differ among plans. Read this booklet and the certificate/contracts carefully for details.*

## Exclusions

- All plans contain exclusions for certain services and prescription drugs.
- Workers' compensation-related expenses and custodial care generally are excluded.

For details on a plan's exclusions, read the *NYSHIP General Information Book* and *Empire Plan Certificate*, the NYSHIP HMO contract, or check with the plan directly.

## Geographic Area Served

### The Empire Plan

Benefits for all covered services – not just urgent and emergency care – are available worldwide.

### Health Maintenance Organizations (HMOs)

- Coverage is available in each HMO's specific service area.
- An HMO may arrange care outside its service area, at its discretion in certain circumstances.

## NYSHIP's Young Adult Option

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

### Young Adult Option Web Site

For more information about the Young Adult Option, go to <https://www.cs.ny.gov/yao> and choose your group. This site is your best resource for information on NYSHIP's Young Adult Option. If you don't have access to the Internet, your local library may offer computers for your use. If you have additional questions, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

## Benefits Provided by The Empire Plan and All NYSHIP HMOs

- Inpatient medical/surgical hospital care
- Outpatient medical/surgical hospital services
- Physician services
- Emergency services\*
- Laboratory services
- Radiology services
- Diagnostic services
- Diabetic supplies
- Maternity, prenatal care
- Well-child care
- Chiropractic services
- Physical therapy
- Occupational therapy
- Speech therapy
- Prosthetics and durable medical equipment
- Orthotic devices
- Bone density tests
- Mammography
- Inpatient mental health services
- Outpatient mental health services
- Alcohol and substance abuse detoxification
- Inpatient alcohol rehabilitation
- Inpatient drug rehabilitation
- Outpatient alcohol and drug rehabilitation
- Family planning and certain infertility services (Call The Empire Plan carriers or NYSHIP HMO for details.)
- Out-of-area emergencies
- Hospice benefits (at least 210 days)
- Home health care in lieu of hospitalization
- Prescription drug coverage (unless you have coverage through a union Employee Benefit Fund) including injectable medications, self-injectable medications, contraceptive drugs and devices and fertility drugs
- Enteral formulas covered through either HCAP for The Empire Plan or the NYSHIP HMO's prescription drug program (unless you have coverage through a union Employee Benefit Fund)
- Second opinion for cancer diagnosis

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

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

# Medicare and NYSHIP

**If you are an active employee,** NYSHIP (The Empire Plan or a NYSHIP HMO) provides primary coverage for you and your dependents, regardless of age or disability.

**Exceptions:** Medicare is primary for your domestic partner or same-sex spouse age 65 or over, or for an active employee or dependent of an active employee with end-stage renal disease (following a 30-month coordination period).

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

**If you are planning to retire and you or your spouse is 65 or older, contact your Social Security office three months before active employment ends to enroll in Medicare Parts A and B.** Medicare becomes primary to your NYSHIP coverage the first day of the month following a “runout” period of 28 days after the end of the payroll period in which you retire.

If you or a dependent is eligible for Medicare coverage primary to NYSHIP and you don't enroll in Parts A and B, The Empire Plan or HMO will not provide benefits for services Medicare would have paid if you or your dependent had enrolled.\*

*If you are planning to retire or vest in 2013, know how your NYSHIP benefits will be affected when Medicare is your primary coverage:*

- **If you are enrolled in original Medicare (Parts A and B) and The Empire Plan:** Since Medicare does not provide coverage outside the United States, The Empire Plan pays primary for covered services received outside the United States.
- **If you enroll in a NYSHIP HMO Medicare Advantage Plan:** You replace your original (fee-for-service) Medicare coverage with benefits offered by the Medicare Advantage Plan. Benefits and networks under the HMO's Medicare Advantage Plan may differ from your coverage as an active employee. To qualify for benefits, you must follow plan rules (except for emergency or out-of-area urgently needed care).
- **If you enroll in a NYSHIP HMO that coordinates coverage with Medicare:** You receive the same benefits from the HMO as an active employee and

still qualify for original Medicare benefits if you receive treatment outside your HMO.

**Medicare Part D** is the Medicare prescription drug benefit for Medicare-primary persons. Effective January 1, 2013, Medicare-primary enrollees and dependents in The Empire Plan will be enrolled automatically in Empire Plan Medicare Rx, a Part D prescription drug program. NYSHIP Medicare Advantage HMOs also provide Medicare Part D prescription drug coverage. You can be enrolled in only one Medicare Part D plan at a time. Enrolling in a Medicare Part D plan separate from your NYSHIP coverage may drastically reduce your benefits overall. For example:

- If you are a Medicare-primary Empire Plan enrollee or dependent and get your prescription drug coverage through Empire Plan Medicare Rx and then you enroll in another Medicare Part D plan outside of NYSHIP, Medicare will terminate your coverage in Empire Plan Medicare Rx. Since you must be enrolled in Empire Plan Medicare Rx to maintain Empire Plan coverage, that means you and your covered dependents may lose all your coverage under The Empire Plan.
- If you are enrolled in a NYSHIP Medicare Advantage HMO and then enroll in a Medicare Part D plan outside of NYSHIP, Medicare will terminate your enrollment in the NYSHIP Medicare Advantage HMO.

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

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

For more information about NYSHIP and Medicare, see your *NYSHIP General Information Book* or ask your agency HBA for a copy of *Choices for 2013 for Retirees, Planning for Retirement, Medicare & NYSHIP or Medicare for Disability Retirees*.

\* Part A is not required if you have to pay a Part A premium. See your agency HBA for more information.

# THE EMPIRE PLAN

## What's New in 2013?

### All NYSHIP Plans

- In accordance with the Patient Protection and Affordable Care Act (PPACA), enhanced women's health care benefits, including various preventive services and maternity-related screenings will take effect.
- In accordance with recent New York State legislation, expanded coverage for screening, diagnosis and treatment of autism will take effect.
- The *Summary of Benefits and Coverage* is a simple and standardized comparison document required by PPACA. To view a copy of the *Summary of Benefits and Coverage* for each NYSHIP plan, visit <https://www.cs.ny.gov/sbc/index.cfm>. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to request a copy.
- Medco Health Solutions, Inc. and Express Scripts, Inc. merged in early 2012.

### The Empire Plan

- The Empire Plan Prescription Drug Program for Medicare-primary enrollees and dependents is changing to Empire Plan Medicare Rx, which includes Medicare Part D benefits with expanded coverage designed specifically for NYSHIP. For more information, see page 5 or ask your agency HBA for a copy of *Choices for 2013* for Retirees.
- Enrollees covered under The Empire Plan Prescription Drug Program will be required to obtain two 30-day fills for certain maintenance drugs before obtaining a 90-day fill. See page 20 for more information.

### NYSHIP HMOs

- Community Blue has changed its name to BlueCross BlueShield of Western New York. Plan benefits for 2013 are listed on pages 30-31 under this new name.

## The Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. The Empire Plan has many managed care features, but enrollees are not required to choose a primary care physician and do not need referrals to see specialists. However, certain services, such as hospital and skilled nursing facility admissions, certain outpatient radiological tests, mental health and substance abuse treatment, home care and some prescription drugs, require preapproval. The New York State Department of Civil Service contracts with major insurance companies (carriers) to insure and administer different parts of the Plan.

The Empire Plan provides:

- Network and non-network inpatient and outpatient hospital coverage for medical, surgical and maternity care;
- Medical and surgical coverage under the Participating Provider Program or the Basic Medical Program and Basic Medical Provider Discount Program if you choose a nonparticipating provider;
- Home care services, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes through the Home Care Advocacy Program (HCAP);
- Managed Physical Medicine Program (chiropractic treatment and physical therapy) coverage;
- Inpatient and outpatient mental health and substance abuse coverage;
- Prescription drug coverage;
- Centers of Excellence Programs for cancer, transplants and infertility;
- 24-hour Empire Plan NurseLine<sup>SM</sup> for health information and support; and
- Worldwide coverage.

# OR A NYSHIP HMO

## Cost Sharing

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost of covered services depends on whether the provider you use is participating under the Plan.

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

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

- Inpatient hospital stays;
- Mental Health and Substance Abuse Program services;
- Managed Physical Medicine Program services; and
- Home Care Advocacy Program (HCAP) services.

**If you use a nonparticipating provider or non-network facility,** benefits for covered services are subject to a deductible and/or coinsurance. For medical/surgical and mental health and substance abuse services, The Empire Plan has a combined annual deductible of \$1,000 per enrollee, \$1,000 per enrolled spouse/domestic partner and \$1,000 per all dependent children combined. The combined deductible must be met before covered services under the Basic Medical Program and non-network expenses under the Mental Health and Substance Abuse Program can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible that is not included in the combined annual deductible.

The \$1,000 deductible amount will be reduced to \$500 per calendar year for employees in or equated to Salary Grade 6 or below on January 1, 2013.

**Note:** This reduction is not available to Judges and Justices or employees of Participating Employers.

After you satisfy the combined annual deductible, The Empire Plan pays 80 percent of the reasonable and customary charge for the Basic Medical Program and non-network practitioner services for Mental Health and Substance Abuse Program and 90 percent of covered services for the non-network Hospital Program and non-network approved facility services for the Mental Health and Substance Abuse Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the reasonable and customary charge for Basic Medical Program and non-network practitioner services. You also are responsible for the remaining 10 percent coinsurance for non-network Hospital and non-network approved facility services.

The Empire Plan has a combined annual coinsurance maximum of \$3,000 per enrollee, \$3,000 per enrolled spouse/domestic partner and \$3,000 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of the reasonable and customary charge. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.

The \$3,000 annual coinsurance maximum will be reduced to \$1,500 per calendar year for employees in or equated to Salary Grade 6 or below. **Note:** This reduction is not available to Judges and Justices or employees of Participating Employers.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program. The Managed Physical Medicine Program and Home Care Advocacy Program do not have a coinsurance maximum.

## Basic Medical Provider Discount Program

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

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

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447),

choose the Medical Program and ask a representative for help. You can also visit our web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then on NYSHIP Online. Select the group if prompted, and then click on Find a Provider.

The best savings are with participating providers. For more information, read *Reporting On Network Benefits*. You can find this publication at <https://www.cs.ny.gov>. Or, ask your agency HBA for a copy.

## Providers

Under The Empire Plan, you can choose from over 250,000 participating physicians and other providers and facilities nationwide, and from more than 68,000 participating pharmacies across the United States or a mail service pharmacy.

Some Licensed Nurse Practitioners and Convenience Care Clinics participate with The Empire Plan. Be sure to confirm participation before receiving care.

The Empire Plan guarantees access to primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State. **Note:** This benefit does not apply to enrollees of Participating Employers.

## Consider Cost

*The following does NOT apply to employees of Participating Employers. Participating Employers will provide premium information. It also does not apply to COBRA and Young Adult Option Enrollees.*

Although New York State pays most of the premium cost for your coverage regardless of which plan you choose, differences in plan benefits among the various health insurance options result in different employee contributions for coverage. (See Your Biweekly Premium Contribution on page 1.) However, when considering cost, think about all your costs throughout the year, not just your biweekly paycheck deduction. Keep in mind out-of-pocket expenses you are likely to incur during the year, such as copayments for prescriptions and other services, coinsurance and any costs of using providers or services not covered under the plan. Add the annual premium for that plan to these costs to estimate your total annual cost under that plan. Do this for each plan you are considering and compare the costs. Watch for the *NYSHIP Rates & Deadlines for 2013* flyer that will be mailed to your home and posted on our web site, <https://www.cs.ny.gov>, as soon as rates are approved. Along with this booklet, which provides copayment information, *NYSHIP Rates & Deadlines for 2013* will provide the information you need to figure your annual cost under each of the available plans.

## **NYSHIP Health Maintenance Organizations**

A Health Maintenance Organization (HMO) is a managed care system in a specific geographic area that provides comprehensive health care coverage through a network of providers.

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

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

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

NYSHIP HMOs are organized in one of two ways:

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

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

See the individual HMO pages in this booklet for additional benefit information and to learn if the HMO serves your geographic area.

## **NYSHIP and Medicare**

If you are Medicare-primary, see page 5 for an explanation of how Medicare affects your NYSHIP coverage.

# The Empire Plan and NYSHIP HMOs: Similarities and Differences

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

### The Empire Plan:

Yes. Under The Empire Plan, your benefits are the same wherever you receive care.

### NYSHIP HMOs:

Under an HMO, you are always covered away from home for emergency care. Some HMOs provide coverage for routine care if the HMO has reciprocity with another HMO. Some HMOs provide coverage for college students away from home if the care is urgent or if follow-up care has been preauthorized. See the Out-of-Area Benefit description on each HMO page for more information.

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

### The Empire Plan:

Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for nonparticipating providers and Basic Medical Provider Discount Program benefits for nonparticipating providers who are part of The Empire Plan MultiPlan group.<sup>1</sup> (See page 8 for more information on the Basic Medical Provider Discount Program.) Your hospital benefits will differ depending on whether you choose a network or non-network hospital.<sup>1</sup> (See page 11 for details.)

### NYSHIP HMOs:

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

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

### The Empire Plan:

Yes. Your copayment should be your only expense if you receive medically necessary and covered services and you:

- Choose a participating provider;
- Receive inpatient or covered outpatient hospital services at a network hospital and follow Benefits Management Program requirements.<sup>1</sup>

### NYSHIP HMOs:

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

<sup>1</sup> Applies only to Empire Plan-primary enrollees.

## Can I use the hospital of my choice?

### The Empire Plan:

Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital<sup>1</sup>. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program, or for mental health or substance abuse care in the OptumHealth network.

Network hospital inpatient: Paid-in-full hospitalization benefits.

Network hospital outpatient and emergency care: Subject to network copayments.

Non-network hospital inpatient and outpatient: 10 percent coinsurance<sup>2</sup> up to the annual combined maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see page 7).

### NYSHIP HMOs:

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

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

### The Empire Plan:

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

### NYSHIP HMOs:

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

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

### The Empire Plan:

You have guaranteed, paid-in-full access to medically necessary home care, equipment and supplies<sup>3</sup> through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

### NYSHIP HMOs:

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

<sup>2</sup> Greater of 10 percent coinsurance or \$75 for outpatient services.

<sup>3</sup> Diabetic shoes have an annual maximum benefit of \$500.

Note: These responses are generic and highlight only general differences between The Empire Plan and NYSHIP HMOs. Details for each plan are available on individual plan pages beginning on page 18 of this booklet, in the *Empire Plan Certificate* (available from your agency HBA) and in the HMO contract (available from each HMO).

## Making a Choice

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

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

### Things to Remember

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

### How to Use the *Choices* Benefit Charts, Pages 18 – 45

All NYSHIP plans must include a minimum level of benefits (see page 4). For example, The Empire Plan and all NYSHIP HMOs provide a paid-in-full benefit for medically necessary inpatient medical/surgical hospital care at network hospitals.

Use the charts to compare the plans. The charts list out-of-pocket expenses and benefit limitations effective on or about January 1, 2013. See plan documents for complete information on benefit limitations.

To generate an easy-to-read, side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service web site. Go to our homepage at <https://www.cs.ny.gov>, click on Benefit Programs, then NYSHIP Online. Select your group if prompted and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the comparison table.

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

### If You Decide to Change Your Plan

The Empire Plan and NYSHIP HMOs are summarized in this booklet. The Empire Plan is available to all employees. NYSHIP HMOs are available to employees in areas where they live or work. Pick the plans that would serve your needs best and call each for details before you choose.

If you decide to change your plan:

- See your agency HBA before the Option Transfer deadline announced in the rate flyer.
- Complete the necessary PS-404 form, or change your option online using MyNYSHIP if you are an active employee of a New York State agency.

**Note:** MyNYSHIP cannot be used to elect the Opt-out Program (see page 15).

## Questions and Answers

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

**A:** The Empire Plan is available worldwide, wherever you live or work. To enroll or continue enrollment in a NYSHIP-approved HMO, you must live or work in that HMO's service area. If you move permanently out of and/or no longer work in your HMO's service area, you must change options. See Plans by County on pages 16 and 17 and the individual HMO pages in this booklet to check the counties each HMO will serve in 2013.

### **Q: How do I find out which providers and hospitals participate? What if my doctor or other provider leaves my plan?**

**A:** Check with your providers directly to see whether they participate in The Empire Plan for New York State government employees or in a NYSHIP HMO.

For Empire Plan providers:

- Visit <https://www.cs.ny.gov>; click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Find a Provider.
- Ask your agency HBA for *The Empire Plan Participating Provider Directory*.
- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program for the type of provider you need.

For HMO providers:

- Visit the web sites (web site addresses are provided on the individual HMO pages in this booklet) for provider information.
- Call the telephone numbers on the HMO pages in this booklet. Ask which providers participate and which hospitals are affiliated.

If you choose a provider who does not participate in your plan, check carefully whether benefits would be available to you. Ask if you need authorization to have the provider's services covered. In most circumstances, HMOs do not provide benefits for services by nonparticipating providers or hospitals. Under The Empire Plan, you have benefits for participating and nonparticipating providers.

Participating providers change. You cannot change your plan outside the Option Transfer Period because your provider no longer participates.

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

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

### **Q: What if I retire in 2013 and become eligible for Medicare?**

**A:** Regardless of which option you choose, as a retiree, you and your dependent must be enrolled in Medicare Parts A and B when either of you first becomes eligible for primary Medicare coverage. Please read about Medicare and NYSHIP and Medicare Part D on page 5. Please note, especially, that your NYSHIP benefits become secondary to Medicare and that your benefits may change.

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

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

## Terms to Know

**Coinsurance:** The enrollee's share of the cost of covered services; a fixed percentage of medical expenses.

**Copayment:** The enrollee's share of the cost of covered services that is a fixed dollar amount paid when medical service is received, regardless of the total charge for service.

**Deductible:** The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services.

**Fee-for-service:** A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.

**Formulary:** A list of preferred drugs used by a health plan. If a plan has a **closed formulary**, you have coverage only for drugs that appear on the list. An **open or incented formulary** encourages use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible formulary**, brand-name prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug.

**Health Benefits Administrator (HBA):** An individual located in a State agency, often in the Human Resources or Personnel Office, who works with the Employee Benefits Division in the Department of Civil Service to process enrollment transactions and answer health insurance questions. You are responsible for notifying your agency HBA of changes that might affect your enrollment.

**Health Maintenance Organization (HMO):** A managed care delivery system organized to deliver health care services in a geographic area. An HMO provides a predetermined set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services, you and your enrolled dependents may have coverage only for services received from your HMO's network. See NYSHIP Health Maintenance Organizations on page 9 for more information on HMOs including descriptions of the two different types, Network and Independent Practice Association (IPA), that are offered under NYSHIP.

**Managed Care:** A health care program designed to ensure you receive the highest quality medical care for the lowest cost, in the most appropriate health care setting. Most managed care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He/she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.

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

**Medicare Advantage Plan:** Medicare option wherein the plan agrees with Medicare to accept a fixed monthly payment for each Medicare enrollee. In exchange, the plan provides or pays for all medical care needed by the enrollee. If you join a Medicare Advantage Plan, you replace your Original (fee-for-service) Medicare coverage (Parts A and B) with benefits offered by the plan and all of your medical care (except for emergency or out-of-area, urgently needed care) must be provided, arranged or authorized by the Medicare Advantage Plan. All NYSHIP Medicare Advantage HMOs include Medicare Part D drug coverage. The benefits under these plans are set in accordance with federal guidelines for Medicare Advantage Plans.

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

**New York State Health Insurance Program (NYSHIP):** NYSHIP covers over 1.2 million public employees, retirees and dependents and is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan or a NYSHIP-approved HMO.

**Option:** A health insurance plan offered through NYSHIP. Options include The Empire Plan and NYSHIP-approved HMOs within specific geographic areas. The Opt-out Program is also considered a NYSHIP option.

# THE OPT-OUT PROGRAM NYSHIP CODE #700

The Opt-out Program allows eligible employees of New York State who have other employer-sponsored group health insurance, to opt out of their NYSHIP coverage in exchange for an annual incentive payment. The annual incentive payment is \$1,000 to opt out of Individual coverage or \$3,000 to opt out of Family coverage.

The incentive payments will be prorated and reimbursed through your biweekly paycheck throughout the year (payable only when an employee is on the payroll). The payments will be taxable income.

**Note:** Participation in the Opt-out Program satisfies the requirement of enrollment in NYSHIP at the time of your retirement. The Opt-out Program is not available for employees of Participating Employers.

## Electing to Opt Out

If you are currently enrolled in NYSHIP and wish to participate in the Opt-out Program, you must elect to opt out during the annual Option Transfer Period and attest to having other employer-sponsored group health insurance each year. If you participate in the Program and you are eligible for dental and vision coverage under the State plan, your eligibility for dental and vision coverage will not be affected. See your agency HBA and complete the NYS Health Insurance Transaction Form (PS-404) and the 2013 Opt-out Attestation Form (PS-409). **You also must submit these forms if you opted out in 2012 and wish to opt out again in 2013.** You must attest that you are covered by other employer-sponsored group health coverage and provide information regarding the person that carries that coverage and the names of the other employer and health plan. **Make sure the other employer-sponsored plan will permit you to enroll as a dependent.** You are responsible for making sure your other coverage is in effect during the period you opt out of NYSHIP. Your NYSHIP coverage will terminate at the end of the plan year and the incentive payments will begin after January 1 (the new plan year).

If you are a new hire or a newly benefits-eligible employee who has other employer-sponsored group health insurance and wish to participate in the Opt-out Program, you must make your election no later than the first date of your eligibility for NYSHIP. See your agency HBA and complete the NYS Health Insurance Transaction Form (PS-404) and the 2013 Opt-out Attestation Form (PS-409).

**Unlike other NYSHIP options, you must elect the Opt-out Program on an annual basis.** If you do not make an election for the next plan year, your participation in the Opt-out Program will end and the incentive payment credited to your paycheck will stop.

## Eligibility Requirements

To qualify for the Program you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. The other coverage cannot be NYSHIP coverage provided through employment with the State of New York. However, NYSHIP coverage through another employer such as a municipality, school district or public benefit corporation qualifies as other coverage.

To be eligible for the Program for 2013, you must have been enrolled in NYSHIP by April 1, 2012 (or your first date of NYSHIP eligibility if that date is later than April 1), and remain enrolled through the end of the 2012 plan year. If you participated in the Opt-out Program for 2012, you must continue to meet eligibility requirements in order to participate in 2013.

Once you participate in the Opt-out Program, during any period that your employment status changes and, as a result, you leave the payroll and/or do not meet the requirements for the State contribution to the cost of your NYSHIP coverage, you are not eligible for the incentive payment. Also, if you are receiving the incentive for opting out of Family coverage and during the year your last dependent loses NYSHIP eligibility, you will be eligible for only the Individual payment.

# Plans by County

## The Empire Plan

The Empire Plan is available to all enrollees in the New York State Health Insurance Program (NYSHIP). You may choose The Empire Plan regardless of where you live or work. Coverage is worldwide. See pages 18-25 for a summary of The Empire Plan.

## Health Maintenance Organizations (HMOs)

Most NYSHIP enrollees have a choice among HMOs. You may enroll, or continue to be enrolled, in any NYSHIP-approved HMO that serves the area where you live or work. You may not be enrolled in an HMO outside your area. This list will help you determine which HMOs are available by county. The pages indicated will describe benefits available from each HMO.

Page in Choices	18	26	28	30	32	32	32	34	34	34	36	36	38	40	40	42	44	44	44	44	44	
	The Empire Plan	Aetna*	Blue Choice*	BlueCross BlueShield of Western New York*	CDPHP*	CDPHP*	CDPHP*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	GHI HMO	GHI HMO	HIP*	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP	
<b>NYSHIP CODE</b>	001	210	066	067	063	300	310	280	290	320	220	350	050	072	160	059	058	060	330	340	360	
Albany	•				•			•			•							•				
Allegany	•			•												•						
Bronx	•	•							•				•									
Broome	•					•									•					•		
Cattaraugus	•			•												•						
Cayuga	•														•					•		
Chautauqua	•			•												•						
Chemung	•														•							
Chenango	•					•										•				•		
Clinton	•							•								•						
Columbia	•				•			•			•							•				
Cortland	•														•					•		
Delaware	•					•		•			•					•				•		
Dutchess	•						•			•		•									•	
Erie	•			•												•						
Essex	•					•		•								•						
Franklin	•															•						•
Fulton	•				•			•								•			•			
Genesee	•			•												•	•					
Greene	•				•			•			•								•			
Hamilton	•					•												•				
Herkimer	•					•									•					•		
Jefferson	•														•					•		
Kings	•	•							•				•									
Lewis	•														•					•		

\* Medicare-primary NYSHIP enrollees will be enrolled in this HMO's Medicare Advantage Plan. For more information about NYSHIP Medicare Advantage Plans, ask your agency HBA for a copy of *Choices for 2013 for Retirees*.

Page in Choices	18	26	28	30	32	32	32	34	34	34	36	36	38	40	40	42	44	44	44	44	44	
	The Empire Plan	Aetna*	Blue Choice*	BlueCross BlueShield of Western New York*	CDPHP*	CDPHP*	CDPHP*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	Empire BlueCross BlueShield HMO*	GHI HMO	GHI HMO	HIP*	HMOBlue	HMOBlue	Independent Health*	MVP*	MVP*	MVP*	MVP*	MVP	
<b>NYSHIP CODE</b>	001	210	066	067	063	300	310	280	290	320	220	350	050	072	160	059	058	060	330	340	360	
Livingston	•		•														•					
Madison	•					•									•				•			
Monroe	•		•														•					
Montgomery	•				•			•							•			•				
Nassau	•	•							•				•									
New York	•	•							•				•									
Niagara	•			•												•						
Oneida	•					•									•				•			
Onondaga	•													•					•			
Ontario	•		•														•					
Orange	•	•					•			•		•									•	
Orleans	•			•												•	•					
Oswego	•													•					•			
Otsego	•					•									•				•			
Putnam	•	•								•		•									•	
Queens	•	•							•				•									
Rensselaer	•				•			•			•							•				
Richmond	•	•							•				•									
Rockland	•	•							•			•									•	
Saratoga	•				•			•			•							•				
Schenectady	•				•			•			•							•				
Schoharie	•				•			•										•				
Schuyler	•													•								
Seneca	•		•														•					
St. Lawrence	•														•							•
Steuben	•													•			•					
Suffolk	•	•							•				•									
Sullivan	•	•								•		•									•	
Tioga	•					•								•					•			
Tompkins	•													•					•			
Ulster	•						•			•		•									•	
Warren	•				•			•			•							•				
Washington	•				•			•			•							•				
Wayne	•		•														•					
Westchester	•	•							•				•									
Wyoming	•			•												•	•					
Yates	•		•														•					
New Jersey	•	•																				

\* Medicare-primary NYSHIP enrollees will be enrolled in this HMO's Medicare Advantage Plan. For more information about NYSHIP Medicare Advantage Plans, ask your agency HBA for a copy of *Choices for 2013 for Retirees*.

# THE EMPIRE PLAN

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2013.<sup>1</sup> You may also visit <https://www.cs.ny.gov>, or call toll free 1-877-7-NYSHIP (1-877-769-7447), the one number for The Empire Plan carriers. Call to connect to:

## The Medical/Surgical Program

### UnitedHealthcare

Medical and surgical coverage through:

- **Participating Provider Program** – More than 250,000 physicians and other providers participate; certain services are subject to a \$20 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, the Program considers up to 80 percent of reasonable and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance maximum is met, the Plan pays up to 100 percent of reasonable and customary charges for covered services. See Cost Sharing (page 7) for additional information.
- **Basic Medical Provider Discount Program** – If you use a nonparticipating provider who is part of The Empire Plan MultiPlan group (see page 8).

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

**Managed Physical Medicine Program** – Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider are subject to a \$20 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

Under the **Benefits Management Program**, you must call the Medical/Surgical Program for Prospective Procedure Review before an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests unless you are having the test as an inpatient in a hospital. (See the *Empire Plan Certificate* for details.)

When arranged by the Medical/Surgical Program, a voluntary, paid-in-full Specialist Consultant Evaluation is available.

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

## The Hospital Program

### Empire BlueCross BlueShield

The following benefit level applies when covered services are received at a BlueCross and BlueShield Association BlueCard® PPO **network hospital**:

- Medical or surgical inpatient stays are covered at no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program if The Empire Plan provides your primary coverage.
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments. Other provider charges will be paid in

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

# NYSHIP CODE #001

full if using a network provider. Non-network provider charges will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

The following benefit level applies for services received at **non-network hospitals** (for Empire Plan-primary enrollees only<sup>2</sup>):

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance<sup>3</sup> up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined (see page 7).

The Empire Plan will approve network benefits at a non-network facility if:

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

## Preadmission Certification Requirements

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

- Before a maternity or scheduled (nonemergency) hospital admission,
- Within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission, and
- 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 determined not to be medically necessary.

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

## The Mental Health and Substance Abuse Program UnitedHealthcare/OptumHealth

The Mental Health and Substance Abuse Program (MHSA) offers two levels of benefits. If you call the MHSA Program before you receive services and follow their recommendations, you receive:

### Network Benefits

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to three visits per crisis paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services subject to a \$20 copayment.
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program for substance abuse subject to a \$20 copayment.

If you do **NOT** follow the requirements for network coverage, you receive:

### Non-network Benefits<sup>4</sup>

(unlimited when medically necessary)

- For Practitioner Services: the MHSA Program will consider up to 80 percent of reasonable and customary charges for covered outpatient practitioner services after you meet the combined annual deductible. After the combined annual coinsurance maximum is reached per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services (see page 7).

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

<sup>3</sup> Greater of 10 percent or \$75 for outpatient services.

<sup>4</sup> You are responsible for obtaining MHSA Program certification for care obtained from a non-network practitioner or facility.

- For Approved Facility Services: You are responsible for 10 percent of covered billed charges up to the combined annual coinsurance maximum per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined. After the coinsurance maximum is met, the Plan pays 100 percent of billed charges for covered services (see page 7).

Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined.

## The Prescription Drug Program

### UnitedHealthcare & Express Scripts, Inc./ Medco Health Solutions, Inc. (ESI/Medco)

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

**Medicare-primary enrollees and dependents:** If you are or will be Medicare-primary in 2013, ask your agency HBA for a copy of *Choices for 2013* for Retirees for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.

- When you use a network pharmacy, the mail service pharmacy or the designated specialty pharmacy for up to a 30-day supply of a covered drug, you pay a \$5 copayment for Level 1 or most generic drugs, a \$25 copayment for Level 2, preferred drugs or compound drugs and a \$45 copayment for Level 3 or non-preferred drugs.
- For a 31- to 90-day supply of a covered drug through a network pharmacy, you pay a \$10 copayment for Level 1 or most generic drugs, a \$50 copayment for Level 2, preferred drugs or compound drugs and a \$90 copayment for Level 3 or non-preferred drugs.
- For a 31- to 90-day supply of a covered drug through the mail service pharmacy or the designated specialty pharmacy, you pay a \$5 copayment for Level 1 or most generic drugs, a \$50 copayment for Level 2, preferred drugs or compound drugs and a \$90 copayment for Level 3 or non-preferred drugs.

- Effective January 1, 2013, enrollees are required to obtain two 30-day fills of certain maintenance medications through a retail pharmacy prior to obtaining a 90-day fill through a retail or mail service pharmacy. **Note:** This does not apply to specialty medications. This includes:
  - current Empire Plan enrollees with a new prescription,
  - the first fills in 2013 for new Empire Plan enrollees, and
  - the first fills in 2013 for enrollees who opt in to The Empire Plan from a NYSHIP HMO. See the *Empire Plan Certificate/Reports* or contact the plan for more information.
- 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, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. Exceptions apply. Please contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
- The Empire Plan has a flexible formulary that excludes certain prescription drugs from coverage. An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day to answer questions about your prescriptions.
- You can use a nonparticipating pharmacy or pay cash at a participating pharmacy (instead of using your Empire Plan Benefit 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 whenever possible.

## Specialty Pharmacy

The Prescription Drug Program's Specialty Pharmacy Program offers enhanced services to individuals using specialty drugs, such as those used to treat complex conditions and those that require special handling, special administration,

or intensive patient monitoring. (The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.) The Program provides enrollees with enhanced services that include disease and drug education, compliance management, side-effect management, safety management, expedited, scheduled delivery of medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

Most specialty drugs are only covered when dispensed by The Empire Plan’s designated specialty pharmacy, Accredo. You are covered for an initial 30-day fill of your specialty medication at a retail pharmacy, but all subsequent fills must be obtained through Accredo specialty pharmacy. When Accredo dispenses a specialty medication, the applicable mail service copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy Program using the Medco Pharmacy mail order form. To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 8 a.m. and 8 p.m., Monday through Friday, Eastern time. Choose the Prescription Drug Program, and ask to speak with Accredo.

**The Empire Plan NurseLine<sup>SM</sup>**

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine<sup>SM</sup> for health information and support. Representatives are available 24 hours a day, seven days a week.

**Empire Plan Benefits Are Available Worldwide**

The Empire Plan gives you the freedom to choose a participating provider or a nonparticipating provider.

**Teletypewriter (TTY) Numbers**

For callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

**Medical/Surgical Program**

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

**Hospital Program**

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

**Mental Health and Substance Abuse Program**

TTY only:..... 1-800-855-2881

**Prescription Drug Program**

TTY only:..... 1-800-759-1089



**The Empire Plan Centers of Excellence Programs**

**The Centers of Excellence for Cancer Program** includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS). CRS is a nationwide network including many of the nation’s leading cancer centers. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program.

**The Centers of Excellence for Transplants Program** provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program and The Empire Plan is your primary coverage. Precertification is required.

**Infertility Centers of Excellence** are a select group of participating providers contracted by UnitedHealthcare and recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000. A travel allowance is available. Precertification is required.

For details on The Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports* and *Reporting On Centers of Excellence* available at <https://www.cs.ny.gov> or from your agency HBA.

## The Empire Plan

For employees of the State of New York who are unrepresented or in negotiating units that have awards/agreements with New York State effective 10/1/11 or later, Participating Employers, their enrolled dependents and for COBRA and Young Adult Enrollees with their NYSHIP benefits

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1,2</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Specialty Office Visits<sup>2</sup></b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Diagnostic Services<sup>2</sup>:</b>			
Radiology	\$30 <sup>4</sup> or \$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Lab Tests	\$30 <sup>4</sup> or \$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Pathology	No copayment	\$20 per visit	Basic Medical <sup>3</sup>
EKG/EEG	\$30 <sup>4</sup> or \$40 per outpatient visit	\$20 per visit	Basic Medical <sup>3</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>3</sup>
<b>Women's Health Care/OB GYN<sup>2</sup>:</b>			
Preventive Screenings and Maternity-Related Lab Tests	\$30 <sup>4</sup> or \$40 per outpatient visit	No copayment	Basic Medical <sup>3</sup>
Mammograms	\$30 <sup>4</sup> or \$40 per outpatient visit	No copayment	Basic Medical <sup>3</sup>
Pre/Postnatal Visits and Well-Woman Exams		No copayment	Basic Medical <sup>3</sup>
Bone Density Tests	\$30 <sup>4</sup> or \$40 per outpatient visit	No copayment	Basic Medical <sup>3</sup>
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment rental or purchase from a participating provider; one breast pump per birth	
<b>Family Planning Services</b>		\$20 per visit	Basic Medical <sup>3</sup>
<b>Infertility Services</b>	\$30 <sup>4</sup> or \$40 per outpatient visit	\$20 per visit; no copayment at designated Centers of Excellence <sup>5</sup>	Basic Medical <sup>3</sup>
<b>Contraceptive Drugs and Devices</b> (may also be covered under the Prescription Drug Program <sup>6</sup> subject to drug copayment)		\$20 per visit; no copayment for certain FDA-approved oral contraception methods (including outpatient surgical implantation) and counseling	Basic Medical <sup>3</sup>

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1,2</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Inpatient Hospital Surgery</b>	No copayment <sup>7</sup>	No copayment	Basic Medical <sup>3</sup>
<b>Outpatient Surgery<sup>8</sup></b>	\$40 <sup>4</sup> or \$60 per visit	\$20 per visit	Basic Medical <sup>3</sup>
<b>Emergency Room<sup>9</sup></b>	\$60 <sup>4</sup> or \$70 per visit	No copayment	Basic Medical <sup>3,10</sup>
<b>Urgent Care</b>	\$30 <sup>4</sup> or \$40 per outpatient visit <sup>11</sup>	\$20 per visit	Basic Medical <sup>3</sup>
<b>Ambulance</b>	No copayment <sup>12</sup>	\$35 per trip <sup>13</sup>	\$35 per trip <sup>13</sup>
<b>Mental Health Practitioner Services</b>		\$20 per visit; unlimited when medically necessary (MHSA)	Applicable annual deductible, <sup>3</sup> 80% of reasonable and customary, <sup>3</sup> after applicable coinsurance max, <sup>3</sup> 100% of reasonable and customary (See pages 19-20 for details.)
<b>Approved Facility Mental Health Services</b>		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after applicable coinsurance max, <sup>3</sup> covered in full (See pages 19-20 for details.)
<b>Outpatient Drug/Alcohol Rehabilitation</b>		\$20 per visit to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (MHSA)	Applicable annual deductible, <sup>3</sup> 80% of reasonable and customary, <sup>3</sup> after applicable coinsurance max, <sup>3</sup> 100% of reasonable and customary (See pages 19-20 for details.)

1 Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical Benefits Program. Non-network hospital coverage provided subject to coinsurance (see page 7).

2 Copayment waived for preventive services under PPACA. See [www.healthcare.gov](http://www.healthcare.gov) or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.

3 See pages 7-8 (Cost Sharing).

4 Copayment for CSEA and UCS enrollees only.

5 Certain Qualified Procedures require precertification and are subject to a \$50,000 lifetime allowance.

6 Coverage excludes contraceptive intrauterine devices (IUDs) that do not contain any FDA-approved hormone prescription drug products.

7 Pre-admission certification required.

8 In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$30 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan carriers.)

9 Waived if admitted.

10 Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers covered subject to deductible.

11 At a hospital-owned urgent care facility only.

12 If service is provided by admitting hospital.

13 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.

## The Empire Plan, continued

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1,2</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Inpatient Drug/Alcohol Rehabilitation</b>		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after applicable coinsurance max, <sup>3</sup> covered in full (See pages 19-20 for details.)
<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> .)
<b>Prosthetics</b>		No copayment <sup>13</sup>	Basic Medical, <sup>3,13</sup> \$1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
<b>Orthotic Devices</b>		No copayment <sup>13</sup>	Basic Medical <sup>3,13</sup>
<b>External Mastectomy Prostheses</b>			Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>3,13</sup> (Precertification may be required.)
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare-primary)	No copayment as an inpatient; \$20 per visit for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$20 per visit (MPN)  Speech therapy \$20 per visit	\$250 annual deductible, 50% of network allowance  Basic Medical <sup>3</sup>
<b>Diabetic Supplies</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> .)
<b>Insulin and Oral Agents</b> (covered under the Prescription Drug Program subject to drug copayment)			
<b>Diabetic Shoes</b>		\$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of \$500 (See the <i>Empire Plan Certificate/Reports</i> .)
<b>Hospice</b>	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum
<b>Skilled Nursing Facility</b>	No copayment up to 365 benefit days <sup>14</sup>		

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1,2</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Prescription Drugs</b> (see page 20)			
Specialty Drugs (see page 20)			
<b>Additional Benefits</b>			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Out of Area Benefit	Under The Empire Plan, your benefits are the same wherever you receive care.		
24-hour NurseLine <sup>SM</sup> for health information and support at 1-877-7-NYSHIP (1-877-769-7447)			
Voluntary Disease Management Programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders			
Diabetes Education Centers for enrollees who have a diagnosis of diabetes			
For more information regarding covered vaccines, tests and screenings, see the Empire Plan Preventive Care Coverage Chart on NYSHIP Online under Publications. Or, visit <a href="http://www.healthcare.gov">www.healthcare.gov</a> .			

<sup>1</sup> Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical Benefits Program. Non-network hospital coverage provided subject to coinsurance (see page 7).

<sup>2</sup> Copayment waived for preventive services under PPACA. See [www.healthcare.gov](http://www.healthcare.gov) or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.

<sup>3</sup> See pages 7-8 (Cost Sharing).

<sup>13</sup> Benefit paid up to cost of device meeting individual's functional need.

<sup>14</sup> Precertification required.



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Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	\$20 for initial visit only <sup>1</sup>
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>2</sup>
<b>Contraceptive Devices</b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$20 per visit
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$50 per visit
waived if admitted	
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$50 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment
unlimited	
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, unlimited	No copayment
Outpatient, max 60 consecutive days	\$20 per visit
<b>Diabetic Supplies</b>	\$20 per item
<b>Insulin and Oral Agents</b>	\$20 per item
<b>Diabetic Shoes</b>	No copayment
one pair per calendar year	
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$20 Tier 2/\$35 Tier 3
Mail Order, <sup>3</sup> 90-day supply	\$20 Tier 1/\$40 Tier 2/\$70 Tier 3
Coverage includes contraceptive drugs and devices, injectable and self-injectable medications, fertility drugs and enteral formulas.	

<sup>1</sup> One-time \$20 copayment for post natal visits (delivery, post-partum care).

<sup>2</sup> No copayment for generic and applicable Rx copayment for brand-name contraceptive drugs.

<sup>3</sup> Member communication materials will be mailed upon enrollment explaining the mail order process and how to submit a prescription.

## Specialty Drugs

Specialty drugs are obtained through Aetna Specialty Pharmacy, which is our preferred specialty pharmacy provider for Aetna Pharmacy Management members. Aetna Specialty Pharmacy is wholly owned and operated by Aetna Inc. As a full-service specialty pharmacy, we do not charge for delivery or dispensing fees for injectables. Specialty drugs dispensed through Aetna Specialty Pharmacy are subject to our retail and mail order pharmacy copayment/coinsurance amounts, coverage limits and exclusions.

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## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> , <sup>4</sup> routine only .....	No copayment <sup>5</sup>
<b>Hearing Aids</b> .....	Not covered
<b>Out of Area</b> .....	While traveling outside the service area, coverage is provided for emergency situations only.
<b>Eyeglasses</b> .....	Discount Program
<b>Home Health Care (HHC)</b> unlimited (by HHC agency) .....	No copayment
<b>Outpatient Home Health Care</b> <sup>6</sup> unlimited visits per 365-day period .....	No copayment
<b>Hospice Bereavement Counseling</b> ....	No copayment

## Plan Highlights for 2013

Aetna offers an array of quality benefits and a variety of special health programs for every stage of life; access to extensive provider and hospital networks in our multi-state service areas; emergency care covered worldwide; confidence in knowing that most of Aetna's mature HMOs have received the distinction of accreditation by the National Committee for Quality Assurance (NCQA).

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Aetna members have access to an extensive network of participating pharmacies in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. Aetna offers an **incented formulary**. Please refer to our formulary guide at [www.aetna.com/formulary](http://www.aetna.com/formulary) for prescriptions that require prior approval.

## Medicare Coverage

Medicare-primary enrollees are required to enroll in Aetna's **Medicare Advantage Plan**, The Golden Medicare Plan.

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## NYSHIP Code Number 210

An IPA HMO serving individuals living or working in the following counties:

**In New York:** Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, and Westchester

**In New Jersey:** All counties in New Jersey

## Aetna

99 Park Avenue  
New York, NY 10016

## For information:

**Customer Service Department:** 1-800-323-9930

**Medicare Advantage Customer Service:**  
1-800-282-5366

**For Preenrollment Medicare Information and a Medicare Packet:** 1-800-832-2640

**TTY:** 1-800-654-5984

**Web site:** [www.aetna.com](http://www.aetna.com)

<sup>4</sup> Includes refraction.

<sup>5</sup> Frequency and age schedules apply.

<sup>6</sup> Four hours of home health aid equals one home care visit.

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	\$25 per visit
Pathology	\$25 per visit
EKG/EEG	\$40 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 for Rx injection and \$25 office copayment; max 2 copayments per day.
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment (routine); \$5 copayment (diagnostic)
Mammograms	No copayment (routine); \$5 copayment (diagnostic)
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment (routine); \$5 copayment (diagnostic)
<b>Family Planning Services</b>	Applicable physician/facility copayment
<b>Infertility Services</b>	Applicable physician/facility copayment
<b>Contraceptive Drugs<sup>1</sup></b>	Applicable Rx copayment
<b>Contraceptive Devices<sup>1</sup></b>	Applicable copayment/coinsurance
<b>Inpatient Hospital Surgery</b>	
Physician	Lesser of \$200 copayment or 20% coinsurance
Facility	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Outpatient Surgery</b>	
Hospital	\$50 per visit
Physician's Office	Lesser of \$50 copayment or 20% coinsurance
Physician	\$40 per visit
Facility	\$50 per visit
<b>Emergency Room</b>	\$100 per visit waived if admitted within 24 hours
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient, max 30 visits combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25, up to a 30-day supply
<b>Insulin and Oral Agents</b>	\$25, up to a 30-day supply
<b>Diabetic Shoes</b>	50% coinsurance one pair per year, when medically necessary
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment max 45 days per admission, 360-day lifetime max

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

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply

\$10 Tier 1/\$30 Tier 2/\$50 Tier 3<sup>2</sup>

Mail Order, up to 90-day supply

\$20 Tier 1/\$60 Tier 2/\$100 Tier 3<sup>2</sup>

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

### Specialty Drugs

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

### Additional Benefits

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

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

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

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

### Maternity

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

### Plan Highlights for 2013

We deliver high-quality coverage plus discounts on services that encourage you to keep a healthy lifestyle. Two copayments per 90-day supply for prescriptions through PrimeMail. Pay \$5 for each PCP visit for sick children to age 26.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Fill prescriptions at any of our 60,000+ participating pharmacies nationwide. Simply show the pharmacist your ID card. Blue Choice offers an **incented formulary**. Call PrimeMail at 1-866-260-0487 for mail order prescriptions.

## 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 the Medicare Blue Choice number below for details.

## NYSHIP Code Number 066

An Network HMO serving individuals living or working in the following counties in New York: Livingston, Monroe, Ontario, Seneca, Wayne, and Yates

## Blue Choice

165 Court Street

Rochester, NY 14647

## For information:

**Blue Choice:** 585-454-4810 or 1-800-462-0108

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

**TTY:** 1-877-398-2282

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

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

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

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$10 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$15 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$15 per visit
Lab Tests	No copayment <sup>1</sup>
Pathology	No copayment
EKG/EEG	\$15 per visit
Radiation	\$15 per visit
Chemotherapy	\$15 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms, routine only	No copayment
Prenatal Visits	\$10 for initial visit only <sup>2</sup>
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services<sup>3</sup></b>	\$15 per visit
<b>Infertility Services<sup>4</sup></b>	\$15 per visit
<b>Contraceptive Drugs<sup>5</sup></b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	No copayment <sup>6</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$20 per visit
Physician's Office	\$15 per visit
Outpatient Surgery Facility	\$20 per visit
<b>Emergency Room</b>	\$100 per visit
waived if admitted	

Benefits	Enrollee Cost
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$100 per trip
<b>Outpatient Mental Health</b>	unlimited when medically necessary
Individual	\$15 per visit
Group	\$15 per visit
<b>Inpatient Mental Health</b>	No copayment
unlimited when medically necessary	
<b>Outpatient Drug/Alcohol Rehab</b>	\$15 per visit
unlimited when medically necessary	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited when medically necessary	
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits <sup>7</sup>	\$15 per visit
<b>Diabetic Supplies</b>	\$10 per item
<b>Insulin and Oral Agents</b>	\$10 per item
<b>Diabetic Shoes</b>	Not covered
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment
max 50 days	

<sup>1</sup> For services at a stand-alone Quest lab or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency room visit will also be paid in full.

<sup>2</sup> One-time \$10 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.

<sup>3</sup> Coverage is provided for diagnostic testing and procedures in conjunction with artificial insemination. The copayments, coinsurance and deductible under your Policy, which apply to hospital, medical or prescription drug benefits, are applicable to the benefits covered under family planning services.

<sup>4</sup> For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.

<sup>5</sup> Coverage is provided for prescription drugs approved by the FDA for use in treatment associated with contraception.

<sup>6</sup> No copayment unless a generic-equivalent is available and you are subject to a \$15 (Tier 2) or \$35 (Tier 3) copayment. A mail-order supply costs 2.5 times the applicable copayment.

<sup>7</sup> Twenty visits in aggregate for Physical Therapy, Occupational Therapy and Speech Therapy.

**Benefits** **Enrollee Cost**

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**Prescription Drugs**

Retail, 30-day supply  
\$5 Tier 1/\$15 Tier 2/\$35 Tier 3  
Mail Order, 90-day supply  
\$12.50 Tier 1/\$37.50 Tier 2/\$87.50 Tier 3<sup>8</sup>  
Coverage includes prenatal vitamins, vitamins with fluoride, fertility drugs, injectable/self-injectable medications, enteral formulas, insulin and oral diabetic agents. Most injectables require prior approval. Members will receive materials explaining the mail order process upon enrollment.

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**Specialty Drugs** Available through mail order at the applicable copayment.

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**Additional Benefits**

**Dental**.....20% discount at select providers, free second annual exam

**Vision**.....VisionPLUS Program (details below)

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

**Out of Area** ..... Worldwide coverage for emergency and urgent care through the BlueCard Program. Guest membership for routine care away from home that enables members on extended business trips or family members away at school to join a nearby Blue HMO for the same benefits.

**VisionPLUS Program** ..... Members are entitled to an eyecare program that includes a routine eye exam covered in full and discounts from participating VisionPLUS providers. Low copayments on frames, lenses and a discount on contact lenses and supplies.

**Artificial Insemination**.....20% coinsurance  
Other artificial means to induce pregnancy (in-vitro, embryo transfer, etc.) are not covered.

**Plan Highlights for 2013**

Members have access to wellness programs, providing innovative health management programs through online and community-based resources. Discounts are available on acupuncture, massage therapy, nutritional counseling, fitness centers and spas.

**Participating Physicians**

Over 3,000 physicians and healthcare professionals in our network who see patients in their private offices throughout our service area.

**Affiliated Hospitals**

BlueCross BlueShield contracts with all Western New York hospitals. Members may be directed to other hospitals to meet special needs when medically necessary.

**Pharmacies and Prescriptions**

Members may obtain prescriptions from a nationwide network of nearly 45,000 participating pharmacies. Prescriptions are filled for up to a 30-day supply (including insulin). We offer an **incented formulary**.

**Medicare Coverage**

Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, a **Medicare Advantage Plan**. To qualify, you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

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**NYSHIP Code Number 067**

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

**BlueCross BlueShield of Western New York**

The HMO of BlueCross BlueShield of Western New York  
P.O. Box 80  
Buffalo, NY 14240-0080

**For information:**

**Buffalo:** 716-887-8840 or 1-877-576-6440

**Olean:** 716-376-6000 or 1-800-887-8130

**Jamestown:** 716-484-1188 or 1-800-944-2880

**TTY:** 1-888-249-2583

**Web site:** www.bcbswny.com

<sup>8</sup> Two and a half copayments



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$20 per visit <sup>1</sup>
Lab Tests	\$20 per visit <sup>2</sup>
Pathology	\$20 per visit <sup>2</sup>
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 for initial visit only <sup>3</sup>
Postnatal Visits	No copayment
Bone Density Tests	\$20 per visit
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs<sup>4</sup></b>	No copayment
<b>Contraceptive Devices<sup>4</sup></b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$50 per visit
waived if admitted within 24 hours	
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment
unlimited	
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics<sup>5</sup></b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Short-term Physical and Occupational Therapy, max 30 visits each/calendar year	\$20 per visit
Outpatient Short-term Speech Therapy, max 20 visits/calendar year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 30-day supply	\$15 per item
Mail order, 90-day supply	Two and a half copayments
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$15 per item
Mail order, 90-day supply	Two and a half copayments
<b>Diabetic Shoes</b>	\$15 per pair
one pair per year, when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment
max 45 days	

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

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

<sup>3</sup> One-time \$20 copayment to confirm pregnancy.

<sup>4</sup> OTC contraceptives with a written physician order/prescription will be reimbursed at no member cost share. OTC contraceptives without a prescription will not be covered. Non-formulary contraceptives require prior authorization to be covered at no copayment. If not approved, 100% member liability applies.

<sup>5</sup> Excludes shoe inserts.

## Benefits

## Enrollee Cost

### Prescription Drugs

Retail, 30-day supply  
\$5 Tier 1/\$30 Tier 2/\$50 Tier 3  
Mail Order, 90-day supply Two and a half copayments

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

### Specialty Drugs

Certain specialty drugs, regardless of tier, require prior approval, are subject to clinical management programs and must be filled by a network specialty pharmacy. Contact Caremark Specialty Pharmacy Services at 1-800-237-2767. A representative will work with your doctor and arrange delivery. For more information, visit Rx Corner at [www.cdphp.com](http://www.cdphp.com).

### Additional Benefits

**Dental**..... Not covered  
**Vision**..... Not covered  
**Hearing Aids** ..... Not covered  
**Out of Area** ..... Coverage for emergency care out of area. College students are also covered for preapproved follow-up care.  
**Allergy Injections** ..... No copayment  
**Diabetes Self-management**  
**Education** ..... \$15 per visit  
**Glucometer** .....\$15 per item

### Plan Highlights for 2013

CDPHP covers emergency care worldwide. CDPHP InMotion<sub>SM</sub> is a free mobile smartphone fitness application with GPS technology to map your runs. View or share results at [inmotion.cdphp.com](http://inmotion.cdphp.com). With Rx for Less, get deep discounts on specified generic prescriptions filled at any CVS, Walmart, or Price Chopper. Dedicated member services reps are available weekdays from 8 a.m. to 8 p.m. We also have health experts who can find the best program or service for you. Simply call 1-888-94-CDPHP.

### Participating Physicians

CDPHP has nearly 10,000 participating practitioners and providers.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

CDPHP offers an **incented formulary** with few excluded drugs. Find participating pharmacies nationwide. Log in to Rx Corner at [www.cdphp.com](http://www.cdphp.com) to view claims. Mail order saves money; find forms online or call 518-641-3700 or 1-800-777-2273. Some drugs require prior approval, and a few specialty drugs require clinical management programs and must be filled by a network specialty pharmacy.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the CDPHP Group Medicare Choice plan. You must have Medicare Parts A and B and live or work in the counties listed below to qualify.

### NYSHIP Code Number 063

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

### NYSHIP Code Number 310

An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, and Ulster

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

500 Patroon Creek Boulevard  
Albany, NY 12206-1057

### For information:

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

**TTY:** 1-877-261-1164

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology <sup>1</sup>	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment
Chemotherapy	No copayment
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs<sup>2</sup></b>	Applicable Rx copayment
<b>Contraceptive Devices</b>	No copayment
<b>Inpatient Hospital Surgery<sup>3</sup></b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility <sup>3</sup>	\$75 per visit
<b>Emergency Room</b>	\$75 per visit
waived if admitted within 24 hours	
<b>Urgent Care</b>	\$20 per visit

Benefits	Enrollee Cost
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health<sup>3</sup></b>	
Individual, unlimited	\$10 per visit <sup>4</sup>
Group, unlimited	\$10 per visit <sup>4</sup>
<b>Inpatient Mental Health<sup>3</sup></b>	
unlimited	No copayment
<b>Outpatient Drug/Alcohol Rehab<sup>3</sup></b>	No copayment
<b>Inpatient Drug/Alcohol Rehab<sup>3</sup></b>	No copayment as many days as medically necessary
<b>Durable Medical Equipment<sup>3</sup></b>	20% coinsurance
<b>Prosthetics<sup>3</sup></b>	20% coinsurance
<b>Orthotics<sup>3</sup></b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient Physical Therapy, up to 30 visits per calendar year combined between home, office or outpatient facility	
Home or Office	\$20 per visit
Outpatient Facility	\$20 per visit
Outpatient Speech/Language, Occupational and Vision Therapy, up to 30 visits per calendar year combined between home, office or outpatient facility	
Home or Office	\$20 per visit
Outpatient Facility	\$20 per visit
<b>Diabetic Supplies<sup>5</sup></b>	\$20 per item
<b>Insulin and Oral Agents<sup>5</sup></b>	\$20 per item
<b>Diabetic Shoes<sup>5</sup></b>	\$20 per pair
unlimited pairs, when medically necessary	

<sup>1</sup> For MRI/MRA, CAT, PET and nuclear cardiology services, Empire's network provider must precertify in-network services, or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services.

<sup>2</sup> Certain prescription contraceptives are covered in full in accordance with the Affordable Care Act. To be covered in full, the prescription must be a generic drug or a brand-name drug with no generic equivalent and filled at a network pharmacy.

<sup>3</sup> Empire's network provider must precertify in-network services, or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.

<sup>4</sup> No copayment for visits at an outpatient mental health facility.

<sup>5</sup> For diabetic DME/supplies, copayment applies for up to 52 combined items annually, then covered at 100%.

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b> <sup>3</sup> max 60 days	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$25 Tier 2/\$50 Tier 3
Mail Order, 90-day supply	\$20 Tier 1/\$50 Tier 2/\$100 Tier 3

**Specialty Drugs**  
Specialty medications are only dispensed in 30-day supplies. Enrollees are required to pay the applicable copayment for each 30-day supply.

**Additional Benefits**

**Dental**..... Not covered  
**Vision**..... Not covered  
**Hearing Aids** ..... Not covered  
**Out of Area** ..... Coverage for travel outside the service area may be available. The **Guest Membership Program** offers temporary coverage through the local BlueCross and/or BlueShield HMO plan for contract holders who are away from home for more than 90 days but less than 180 days, and for full-time students and other eligible dependents who are away from home for more than 90 days. The **BlueCard Program** covers enrollees traveling outside of the service area who may encounter an urgent or emergent situation and are not enrolled in the Guest Membership Program.

**Plan Highlights for 2013**  
 Empire BlueCross BlueShield HMO provides a full range of benefits that include low out-of-pocket costs. Log in to [www.empireblue.com](http://www.empireblue.com) to view your claims and payment status, email messages, your personal profile and provider information. We earned the highest level of accreditation (Excellent) from the National Committee for Quality Assurance (NCQA).

**Participating Physicians**  
 Our network contains over 65,000 provider locations.

**Affiliated Hospitals**  
 Members are covered through a comprehensive network of area hospitals (over 140) to which their participating physician has admitting privileges. HMO members may be directed to other hospitals to meet special needs. Our provider directory and web site contain a list of all participating hospitals.

**Pharmacies and Prescriptions**  
 Enrollees with prescription coverage can use local and national pharmacies. Members who use our mail service pay only two copayments for each 90-day supply of medication. Coverage includes contraceptive drugs and devices, injectable and self-injectable drugs, fertility drugs and enteral formulas. Empire BlueCross BlueShield HMO offers an **incented formulary**.

**Medicare Coverage**  
 Medicare-primary enrollees are required to enroll in MediBlue, the Empire BlueCross BlueShield **Medicare Advantage Plan**. To qualify you must be enrolled in Medicare Parts A and B and live in one of the counties listed below.

**NYSHIP Code Number 280**  
 An IPA HMO serving individuals living or working in the following counties in New York: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington

**NYSHIP Code Number 290**  
 An IPA HMO serving individuals living or working in the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester

**NYSHIP Code Number 320**  
 An IPA HMO serving individuals living or working in the following counties in New York: Dutchess, Orange, Putnam, Sullivan, and Ulster

**Empire BlueCross BlueShield HMO**  
 11 Corporate Woods Boulevard  
 P.O. Box 11800  
 Albany, NY 12211-0800

**For information:**  
**Empire BlueCross BlueShield HMO:**  
 1-800-453-0113  
**For Medicare Advantage Plan**  
**Preenrollment Information:** 1-800-205-6551  
**TTY:** 1-800-241-6894  
**Web site:** [www.empireblue.com](http://www.empireblue.com)



an EmblemHealth Company

Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits<sup>1</sup></b>	\$20 per visit
<b>Diagnostic/Therapeutic Services<sup>2</sup></b>	
Radiology	\$20 per visit <sup>2</sup>
Lab Tests	No copayment <sup>2</sup>
Pathology	No copayment <sup>2</sup>
EKG/EEG	No copayment <sup>2</sup>
Radiation	No copayment <sup>2</sup>
Chemotherapy	No copayment <sup>2</sup>
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	\$20 per visit
<b>Contraceptive Drugs<sup>3</sup></b>	No copayment
<b>Contraceptive Devices<sup>3</sup></b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$50 per visit <sup>2</sup>
<b>Urgent Care</b>	\$35 per visit <sup>2</sup>
<b>Ambulance<sup>4</sup></b>	\$50 per trip <sup>2</sup>
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit <sup>2</sup>
Group, unlimited	\$20 per visit <sup>2</sup>

Benefits	Enrollee Cost
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit <sup>2</sup> unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	20% coinsurance
<b>Prosthetics</b>	20% coinsurance
<b>Orthotics</b>	20% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient, max 30 visits combined	\$20 per visit <sup>2</sup>
<b>Diabetic Supplies</b> 30-day supply	\$20 per item <sup>2</sup>
<b>Insulin and Oral Agents</b>	
Retail, 30-day supply	\$20 per item
Mail order, 90-day supply	\$40 per item
<b>Diabetic Shoes</b>	20% coinsurance unlimited pairs when medically necessary
<b>Hospice</b> , max 210 days	No copayment
<b>Skilled Nursing Facility</b>	No copayment max 120 days per year
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$20 Tier 2/\$30 Tier 3
Mail Order, 90-day supply	\$20 Tier 1/\$40 Tier 2/\$50 Tier 3
Subject to drug formulary, coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.	

<sup>1</sup> No Primary Care Physician (PCP) referral is required for GHI HMO participating providers.

<sup>2</sup> Applies to all covered dependents.

<sup>3</sup> Covered for FDA-approved contraceptive drugs and devices only.

<sup>4</sup> Air ambulance coverage is excluded.

## Specialty Drugs

Specialty drugs are defined as injectable and non-injectable drugs that require frequent dosing amounts, intensive clinical monitoring or specialized product handling. Members are required to pay the copayment for each 30-day supply of specialty medication. No mail order benefit is available.

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## Additional Benefits

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

**Vision**, routine ..... \$20 per exam per year

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

**Out of Area** ..... If you are out of the GHI HMO service area and experience a medical emergency, go to the nearest emergency facility. For non-emergency care, your PCP or the on-call physician must authorize your care as appropriate. If you cannot reach your PCP, call GHI HMO Customer Service at 1-877-2GHI-HMO (1-877-244-4466) 24 hours a day, seven days a week.

## Plan Highlights for 2013

No referrals are required. GHI HMO's provider network is available in 28 counties in NYS. GHI HMO's primary goal is to provide medical coverage that gives members confidence that they and their families are well covered. GHI is committed to providing individuals, families and businesses with access to affordable, quality healthcare, with outstanding customer service.

## Participating Physicians

Services are provided by participating physicians in their private offices. GHI HMO has over 21,000 member physicians and health care professionals. Please note: To enroll in GHI, NYSHIP members must live or work in one of the 15 NYSHIP-approved counties; however, once enrolled, they may use providers throughout GHI's 28-county service area.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

GHI HMO offers an **incented formulary**. Tier 1 includes generic drugs, Tier 2 includes preferred brand-name drugs and Tier 3 includes non-preferred brand-name drugs. If a brand-name drug is selected or prescribed and there is a generic equivalent available, the member pays the brand copayment and the difference in the price between generic and brand-name drug. All maintenance medication is obtained through the mail order program. For a complete list of prescriptions covered under our formulary, or for a list of prescriptions that require prior approval, go to [www.emblemhealth.com](http://www.emblemhealth.com) and click on Pharmacy Plan under Our Plans. For information regarding mail order drug benefits, or to set up your mail order account, contact Express Scripts at 1-877-866-5798.

## Medicare Coverage

GHI HMO offers the same benefits to Medicare-eligible NYSHIP enrollees. GHI HMO **coordinates coverage** with Medicare.

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## NYSHIP Code Number 220

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

## NYSHIP Code Number 350

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

## EmblemHealth

55 Water Street  
New York, NY 10041  
or

## EmblemHealth

P.O. Box 2844  
New York, NY 10016

## For information:

**Kingston:** 1-877-244-4466

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

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



**HEALTH PLAN OF NEW YORK**  
an EmblemHealth Company

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Office Visits</b>	\$5 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$5 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	No copayment
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	No copayment <sup>1</sup>
Chemotherapy	\$5 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$5 per visit
<b>Infertility Services<sup>2</sup></b>	\$5 per visit
<b>Contraceptive Drugs<sup>3</sup></b>	No copayment
<b>Contraceptive Devices<sup>3</sup></b>	No copayment
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	No copayment
Physician's Office	No copayment
Outpatient Surgery Facility	No copayment
<b>Emergency Room</b>	\$60 per visit
waived if admitted	
<b>Urgent Care</b>	\$5 per visit
<b>Ambulance</b>	No copayment
<b>Outpatient Mental Health</b>	
Individual, unlimited	No copayment
Group, unlimited	No copayment

<b>Benefits</b>	<b>Enrollee Cost</b>
<b>Inpatient Mental Health</b>	No copayment
unlimited	
<b>Outpatient Drug/Alcohol Rehab</b>	\$5 per visit
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	No copayment
<b>Prosthetics</b>	No copayment
<b>Orthotics</b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 30 days	No copayment
Outpatient, max 90 visits combined	\$5 per visit
<b>Diabetic Supplies</b>	\$5 per 30-day supply
<b>Insulin and Oral Agents</b>	\$5 per 30-day supply
<b>Diabetic Shoes<sup>4</sup></b>	No copayment
when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility, unlimited</b>	No copayment
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$5 Tier 1/\$15 Tier 2
Mail Order, 90-day supply	\$7.50 Tier 1/\$22.50 Tier 2
Subject to drug formulary, coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas. Copayments are reduced by 50 percent when utilizing the EmblemHealth mail order service. Up to a 90-day supply of generic or brand-name drugs may be obtained.	

<sup>1</sup> Inpatient and outpatient visits.

<sup>2</sup> For services received in a physician's office. Other copays may apply.

<sup>3</sup> Covered for FDA-approved contraceptive drugs and devices only.

<sup>4</sup> Precertification must be obtained from the participating vendor prior to purchase.

## Specialty Drugs

Coverage is provided through the EmblemHealth Specialty Pharmacy Program and includes injectables and oral agents that are more complex to administer, monitor and store in comparison to traditional drugs. Specialty drugs may require prior approval, which can be obtained by the HIP prescribing physician, and are subject to the applicable Rx copayment and Rx formulary.

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## Additional Benefits

<b>Dental</b> .....	Not covered
<b>Vision</b> , routine only .....	No copayment
<b>Hearing Aids</b> .....	Cochlear implants only
<b>Out of Area</b> .....	Members are covered for emergency care both in and outside the HMO service area, as well as with participating providers and nonparticipating providers.
<b>Eyeglasses</b> .....	\$45 per pair; one pair every 24 months from selected frames
<b>Laser Vision Correction (LASIK)</b> .....	Discount Program
<b>Fitness Program</b> .....	Discount Program
<b>Alternative Medicine Program</b> ...	Discount Program
<b>Artificial Insemination</b> .....	\$5 per visit
<b>Prostate Cancer Screening</b> .....	No copayment
<b>Dialysis Treatment</b> .....	\$10 per visit

## Plan Highlights for 2013

The HIP Prime network has expanded to over 29,000 providers in more than 61,000 locations. Plus, EmblemHealth offers more than 60 years of experience caring for union members and has the support of the New York State Central Labor Council. Our web site, emblemhealth.com, is available in English, Spanish, Chinese and Korean.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

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

## Medicare Coverage

EmblemHealth offers two plans to NYSHIP retirees. Retirees who are not Medicare-eligible are offered the same coverage as active employees. Medicare-primary retirees are required to enroll in the VIP Premier (HMO) Medicare Plan, a **Medicare Advantage Plan** that provides Medicare benefits and more.

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## NYSHIP Code Number 050

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

## EmblemHealth

55 Water Street  
New York, NY 10041

## For information:

**Customer Service:** 1-877-861-0175

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

**Web site:** www.emblemhealth.com



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$40 per visit
Lab Tests	\$25 per visit
Pathology	\$25 per visit
EKG/EEG	\$40 per visit
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	\$25 per visit
<b>Family Planning Services</b>	\$25 per PCP visit/ \$40 per Specialist visit
<b>Infertility Services</b>	Applicable physician/ facility copayment
<b>Contraceptive Drugs<sup>1</sup></b>	Applicable Rx copayment
<b>Contraceptive Devices<sup>1</sup></b>	Applicable copayment/ coinsurance
<b>Inpatient Hospital Surgery</b>	Lesser of \$200 copayment or 20% coinsurance
<b>Outpatient Surgery</b>	
Hospital	\$40 per visit
Physician's Office	Lesser of \$50 copayment or 20% coinsurance
Outpatient Surgery Facility	\$50 per visit
<b>Emergency Room</b>	\$100 per visit waived if admitted
<b>Urgent Care</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	No copayment unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit unlimited
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 60 days	No copayment
Outpatient Physical, Speech and Occupational Therapy max 30 visits combined	\$40 per visit
<b>Diabetic Supplies, 30-day supply</b>	\$25 per item
<b>Insulin and Oral Agents</b>	\$25 per item 30-day supply
<b>Diabetic Shoes</b>	50% coinsurance three pairs per year, when medically necessary
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment max 45 days per admission
<b>Prescription Drugs</b>	
Retail, 30-day supply	\$10 Tier 1/\$30 Tier 2/\$50 Tier 3 <sup>2</sup>
Mail Order, 90-day supply	\$20 Tier 1/\$60 Tier 2/\$100 Tier 3 <sup>2</sup>
Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.	

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

<sup>2</sup> Should a doctor select 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.

## 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 web site.

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## Additional Benefits

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

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

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

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

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

**Maternity**  
Physician charge for delivery..... Lesser of \$200 copayment or 20% coinsurance

**Smoking Cessation**  
Over the Counter (OTC) ..... Not covered  
Prescriptions ..... Contact us for details  
Counseling..... Contact us for details

## Plan Highlights for 2013

- No referrals required.
- Customer Service: Mon–Thurs: 7 a.m.–7 p.m., Fri: 9 a.m.–7 p.m., Sat: 9 a.m.–1 p.m.
- Routine preventive services, such as adult physicals, mammograms, pap smears, prostate screenings and routine adult immunizations are covered in full.
- Blue365 offers access to discounts and savings on products and services for healthy lifestyles.
- Our web site makes it easy to do business with us when it is convenient for you, 24 hours a day, seven days a week.

## Participating Physicians

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

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

HMOBlue members may purchase prescription drugs at over 60,000 participating FLRx Network pharmacies nationwide. We offer an **incented formulary**.

## Medicare Coverage

HMOBlue offers the same benefits to Medicare-eligible NYSHIP enrollees. HMOBlue **coordinates coverage** with Medicare.

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## NYSHIP Code Number 072

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

## Excellus BlueCross BlueShield

HMOBlue 072  
333 Butternut Drive  
Syracuse, NY 13214-1803  
or

## Excellus BlueCross BlueShield

HMOBlue 160  
12 Rhoads Drive  
Utica, NY 13502

## For information:

**HMOBlue 072 Customer Service:** 1-800-447-6269

**HMOBlue 160 Customer Service:** 1-800-722-7884

**TTY:** 1-877-398-2275

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



Benefits	Enrollee Cost
<b>Office Visits</b>	\$20 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$20 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology <sup>1</sup>	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$20 per visit
<b>Infertility Services</b>	
Physician's office	\$20 per visit
Outpatient surgery facility	\$75 per visit
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>2</sup>
<b>Contraceptive Devices</b>	Applicable Rx copayment <sup>2</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
<b>Emergency Room</b>	\$100 per visit
waived if admitted within 24 hours	
<b>Urgent Care</b>	\$50 per visit <sup>3</sup>
<b>Ambulance</b>	\$100 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$20 per visit
Group, unlimited	\$20 per visit
<b>Inpatient Mental Health</b>	No copayment
unlimited	
<b>Outpatient Drug/Alcohol Rehab</b>	\$20 per visit
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	No copayment
<b>Orthotics<sup>4</sup></b>	No copayment
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 45 days	No copayment
Outpatient, max 20 visits combined per year	\$20 per visit
<b>Diabetic Supplies</b>	
Retail, 30-day supply	\$20 per item
Mail Order	Not available
<b>Insulin and Oral Agents</b>	\$20 per item
or applicable pharmacy rider, whichever is less	
<b>Diabetic Shoes</b>	No copayment
one pair per year, when medically necessary	
<b>Hospice, unlimited</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment
max 45 days	
<b>Prescription Drugs<sup>5</sup></b>	
Retail, 30-day supply	\$5 Tier 1/\$25 Tier 2/\$60 Tier 3
Mail Order, 90-day supply	Two and a half copayments for maintenance drugs

<sup>1</sup> Office based: \$20 copayment; hospital based: \$40 copayment

<sup>2</sup> Copayment applies only for select Tier 3 oral contraceptive drugs and devices.

<sup>3</sup> Within the service area. Outside the service area - \$20 copayment plus the difference in cost between Independent Health's payment and the provider's charges, if any. \$50 per visit to a participating After Hours Care Facility.

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

<sup>5</sup> Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.

## Specialty Drugs

Benefits are provided for specialty drugs by two contracted specialty pharmacy vendors, Reliance Rx Pharmacy and Walgreens Specialty Pharmacy. Specialty drugs, available through the prescription drug benefit, include select high-cost injectables and oral agents such as oral oncology drugs. Specialty drugs require prior approval and are subject to the applicable Rx copayment based on the formulary status of the medication. Members pay one copayment for each 30-day supply.

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## Additional Benefits

**Dental**, preventive only ..... \$50 per cleaning and 20% discount on additional services at select providers

**Vision**, routine only ..... \$10 per visit once every 12 months

**Hearing Aids** ..... Discounts available at select locations

**Out of Area** ..... While traveling outside the service area, members are covered for emergency and urgent care situations only.

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

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

## Urgent Care in Service Area

for **After Hours Care** ..... \$50 per visit

**Wellness Services** ..... \$250 allowance for use at a participating facility

## Plan Highlights for 2013

Independent Health has led the way in providing Western New York with innovative solutions that set the standard for quality and service for health plans. We've consistently earned top ratings from NCQA, which is why you can feel comfortable and confident choosing us for your health coverage needs.

## Participating Physicians

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

## Affiliated Hospitals

Independent Health members are covered at all Western New York hospitals to which their physicians have admitting privileges. Members may be directed to other hospitals when medically necessary.

## Pharmacies and Prescriptions

All retail pharmacies in Western New York participate. Members may obtain prescriptions out of the service area by using our National Pharmacy Network, which includes 58,000 pharmacies nationwide. Independent Health offers an **incented formulary**. Tier 1 includes most generic drugs, Tier 2 includes most preferred brand-name drugs and Tier 3 includes non-preferred brand-name drugs.

## Medicare Coverage

Medicare-primary NYSHIP retirees must enroll in Medicare Encompass, a **Medicare Advantage Plan**. Copayments differ from the copayments of a NYSHIP-primary enrollee. Call for detailed information.

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## NYSHIP Code Number 059

An IPA HMO serving individuals living or working in the following counties in New York: 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

**Web site:** [www.independenthealth.com](http://www.independenthealth.com)



Benefits	Enrollee Cost
<b>Office Visits</b>	\$25 per visit (\$10 for children) <sup>1</sup>
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
<b>Specialty Office Visits</b>	\$40 per visit
<b>Diagnostic/Therapeutic Services</b>	
Radiology	\$25 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$25 per visit
Radiation	\$40 per visit
Chemotherapy	\$40 per visit
<b>Women's Health Care/OB GYN</b>	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$25 for initial visit only
Postnatal Visits	No copayment
Bone Density Tests	No copayment
<b>Family Planning Services</b>	\$25 PCP/\$40 Specialist per visit
<b>Infertility Services</b>	\$25 PCP/\$40 Specialist per visit
<b>Contraceptive Drugs</b>	No copayment <sup>2</sup>
<b>Contraceptive Devices<sup>3</sup></b>	No copayment <sup>2</sup>
<b>Inpatient Hospital Surgery</b>	No copayment
<b>Outpatient Surgery</b>	
Hospital	\$40 per visit
Physician's Office	\$25 PCP/\$40 Specialist per visit
Outpatient Surgery Facility	\$40 per visit
<b>Emergency Room</b>	\$75 per visit
waived if admitted	
<b>Urgent Care</b>	\$25 per visit
<b>Ambulance</b>	\$50 per trip

Benefits	Enrollee Cost
<b>Outpatient Mental Health</b>	
Individual, unlimited	\$40 per visit
Group, unlimited	\$40 per visit
<b>Inpatient Mental Health</b>	No copayment
unlimited	
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit
unlimited	
<b>Inpatient Drug/Alcohol Rehab</b>	No copayment
unlimited	
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
Inpatient, max 2 months	No copayment
per condition	
Outpatient, max 30 visits combined	\$40 per visit
<b>Diabetic Supplies</b>	\$25 copayment
per boxed item for a 31-day supply	
<b>Insulin and Oral Agents</b>	\$25 copayment
per boxed item for a 31-day supply	
<b>Diabetic Shoes</b>	50% coinsurance
unlimited pairs, when medically necessary	
<b>Hospice, max 210 days</b>	No copayment
<b>Skilled Nursing Facility</b>	No copayment
max 45 days	
<b>Prescription Drugs</b>	
Retail, 30-day supply	
	\$10 Tier 1/\$30 Tier 2/\$50 Tier 3
Mail Order, 90-day supply	
	\$25 Tier 1/\$75 Tier 2/\$125 Tier 3
If a member requests a brand-name drug to the prescribed generic drug, he/she pays the difference between the cost of the generic and the	

<sup>1</sup> PCP Sick Visits for Children (newborn up to age 26) \$10 per visit.

<sup>2</sup> Brand-name contraceptives with generic equivalents require member payment of the difference in cost between the generic and brand-name drugs plus the Tier 1 copayment.

<sup>3</sup> Over-the-counter contraceptives are not covered.

## Prescription Drugs, *continued*

brand-name plus the Tier 1 copayment. Coverage includes fertility, injectable and self-injectable medications and enteral formulas. Approved prescription generic contraceptive drugs and devices and those without a generic equivalent are covered at 100% under retail and mail order.

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## Specialty Drugs

MVP uses CuraScript, a specialty pharmacy services company. Specific copayments are listed above. Refer to [www.curascript.com](http://www.curascript.com) for additional information.

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## Additional Benefits

**Dental**, preventive only ..... \$25 per visit, children to age 19  
**Vision**, routine only ..... \$25 per exam/24 months  
**Hearing Aids** ..... Not covered  
**Out of Area** ..... While traveling outside the service area, coverage is provided for emergency situations only.

## Plan Highlights for 2013

Each MVP subscriber receives \$100 HealthDollars to spend on health, wellness and fitness programs! No referrals required! As an MVP member, you can enjoy significant savings on a wide variety of health-related items, plus special discounts on LASIK eye surgery, eyewear, alternative medicine and health and fitness center memberships! Visit [www.mvphealthcare.com](http://www.mvphealthcare.com) to learn more.

## Participating Physicians

MVP Health Care provides services through more than 27,500 participating physicians and health practitioners located throughout its service area.

## Affiliated Hospitals

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

## Pharmacies and Prescriptions

Virtually all pharmacy “chain” stores and many independent pharmacies within the MVP service area participate with MVP. Also, MVP offers convenient mail order service for select maintenance drugs. MVP offers an **incented formulary**.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in the MVP Gold Plan, our **Medicare Advantage Plan**. Some of the MVP Gold Plan’s copayments may vary from the MVP HMO Plan’s copayments. The MVP HMO plan **coordinates coverage** with Medicare in the North Region (360). Contact Member Services for further details.

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### NYSHIP Code Number 058

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

### NYSHIP Code Number 060

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

### NYSHIP Code Number 360

An IPA HMO serving individuals living or working in the following counties in New York: Franklin, and St. Lawrence

## MVP Health Care

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

## For information:

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

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

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

# NYSHIP ONLINE

NYSHIP Online is designed to provide you with targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and click on Benefit Programs, then NYSHIP Online. Select your group if prompted. If the group at the top of the NYSHIP Online homepage is not your employee group, be sure to choose Change Your Group.

If you do not have access to the internet, your local library may offer computers for your use.

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

The screenshot shows the NYSHIP Online website interface. At the top, there are navigation tabs for "Job Seekers", "Employees", "Retirees", and "HR Professionals". Below these are links for "Your Group • Your Plan", "Change Your Group", and "Search", along with "Text Version / Text Adjust". The main header features the "nyshiponline" logo and "Employee Benefits Division, Department of Civil Service". A left sidebar lists "Current Topics" including "Health Benefits & Option Transfer", "Other Benefits", "Using Your Benefits", "Planning to Retire?", "Find a Provider", "Calendar", "What's New?", and "MyNYSHIP - Employee Self-Service". A central image shows a man and a woman looking at a computer monitor. A bottom navigation bar includes links for "Civil Service Home", "Site Map", "HIPAA Privacy Information", "Notices", "About Us", "Awards", "Tech Help", and "Copyright/Disclaimer". A footer contains "Contact Us", "Language Access Information", "FAQ", "Privacy Policy", "Using This Site", "Site Map", and "EOP". Copyright information for 2012 is also present.

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

## How to find answers to your benefit questions and gain access to additional important information

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

Job Seekers | **Employees** | Retirees | HR Professionals

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

# nyshiponline

Current Topics | Health Benefits | Other Benefits | Using Your Benefits | Planning to Retire? | Find a Provider | Search | Calendar | What's New?

Your Group • Your Plan | Change Your Group | Text Version | Text Adjust | **Self-Service Login (MyNYSHIP)**

## Using Your Benefits

[Empire Plan Copayments](#)

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

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

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

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

[Empire Plan Drug List - Alphabetical Order](#) | [PDF Version](#)

[Empire Plan Drug List - Therapeutic Class Order](#) | [PDF Version](#)

[Changes to Drug Lists and Notifications of Safety Issues](#)

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

[Archived Publications](#)

[Health Benefits Administrators](#)

[Young Adult Option Coverage](#)

[Format Options for Forms and Publications](#)

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

Contact Us | Language Access Information | FAQ | Privacy Policy | Using This Site | Site Map | EOP

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# NOTES

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# NOTES

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New York State  
Department of Civil Service  
Albany, NY 12239  
<https://www.cs.ny.gov>

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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 Department of Civil Service web site (<https://www.cs.ny.gov>). Click on Benefit Programs then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA and Young Adult Option Enrollees, contact the Employee Benefits Division.

 Choices was printed using recycled paper and environmentally sensitive inks.

Choices 2013/Actives Settled



AL1106

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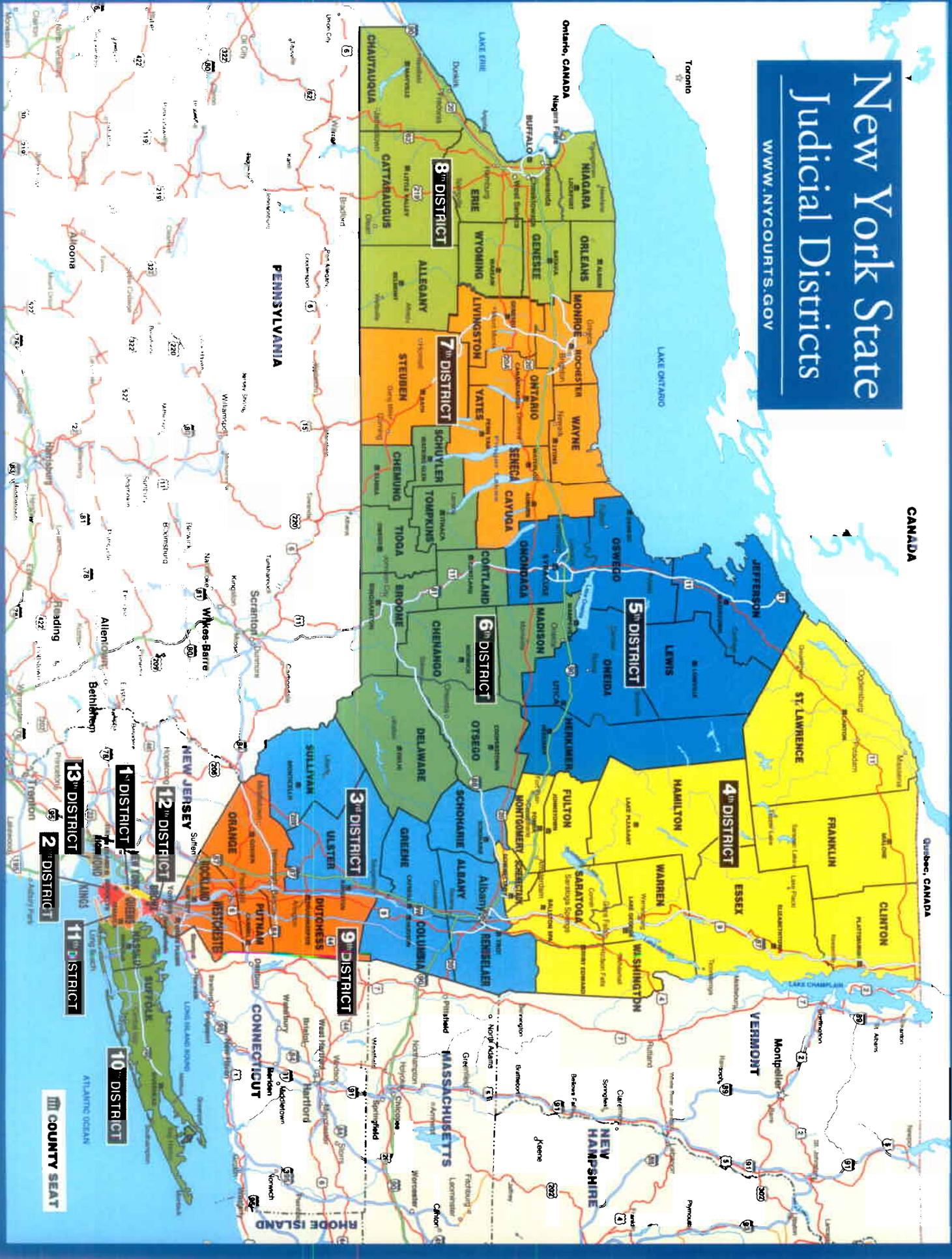


The New York State Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with NYSHIP carriers and Joint Labor/Management Committees on Health Benefits.

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

# New York State Judicial Districts

[WWW.NYCOURTS.GOV](http://WWW.NYCOURTS.GOV)



CANADA

Quebec, CANADA

VERMONT

NEW HAMPSHIRE

MASSACHUSETTS

CONNECTICUT

NEW JERSEY

PENNSYLVANIA

ONTARIO

WYOMING

OHIO

INDIANA

MICHIGAN

OHIO

## UCS Utilization Summary 2010-2013

### 2010 Annual

#### Utilization/consultation overview

- Case utilization
  - 3%
  - 557 cases total
- No web utilization
- Manager consultations: 228 hours (approx.)
- Formal referrals (including union and VIP cases) = 50 (approx.)

#### On-site support: 13 on-site events

- EAP Orientations
  - White Plains, NY:      March 9, 2010      1 hour
  - New York, NY:          August 8, 2010      1 hour
  - Cohoes, NY:            August 16, 2010    1 hour
- Transition to Supervisor trainings
  - New York, NY:          March 17, 2010      2 hours
  - June 10, 2010      2 hours
  - October 21, 2010    2 hours
  - Buffalo, NY:            May 13, 2010        2 hours
  - Mineola, NY:            June 15, 2010       2 hours
  - Rochester, NY:          October 27, 2010    2 hours
- CSEA union meeting
  - Albany, NY:            April 14, 2010      4 hours
- COBANC union meeting
  - East Meadow, NY:      April 20, 2010      2 hours
- On-site CISD
  - Bronx, NY:              October 5, 2010     5 hours
- Wellness Seminar
  - New York, NY:          October 22, 2010    1 hour

**Total hours (Consultations & On-Site Support) = 255 hours**

## 2011 Annual

### Utilization/consultation overview

- Case utilization
  - 2.84%
  - 530 cases
- Total utilization, including web usage
  - 9.42%
  - 1761 cases
- Manager consultations: 288 hours
- Formal referrals (including union and VIP cases) = 65

### On-site support: 31 on-site events

- Downsizing support
 

– Central Islip, NY:	May 24, 2011	3 hours
– New York, NY:	May 20, 2011	5 hours
	May 26, 2011	5 hours
	June 1, 2011	4 hours
– Mineola, NY:	May 23, 2011	4 hours
– Hudson, NY:	May 23, 2011	5 hours
– Saratoga Springs, NY:	May 24, 2011	4 hours
– Syracuse, NY:	May 24, 2011	5 hours
– Binghamton, NY:	May 25, 2011	4 hours
– Rochester, NY:	May 25, 2011	5 hours
– Buffalo, NY:	May 25, 2011	5 hours
– White Plains, NY:	May 26, 2011	4 hours
– Cohoes NY:	April 22, 2011	5 hours
	May 20, 2011	3 hours
– New York, NY:	April 27, 2011	3 hours
- Transition to Supervisor trainings
 

– New York, NY:	May 5, 2011	1 hour
– Rochester, NY:	May 10, 2011	1 hour
– Albany, NY:	April 7, 2011	1 hour
– New York, NY:	March 23, 2011	1 hour
– Binghamton, NY:	September 21, 2011	1 hour
– Rochester, NY:	November 2, 2011	1 hour
– Mineola, NY:	December 1, 2011	1 hour
- Judges' meeting (NY, NY): May 23, 2011 2 hours
- CSEA Union Orientation
 

– Utica, NY:	March 11, 2011	5 hours
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## 2011 Annual (cont'd)

On-site support: 31 on-site events (cont'd)

- On-site CISD
  - Brooklyn, NY: March 8, 2011 4 hours
  - Kew Gardens, NY: March 8, 2011 5 hours
  - Brooklyn, NY: March 15, 2011 8 hours
- Manager Trainings and Resiliency Wellness Seminars
  - Rochester, NY: March 3, 2011 5 hours
  - Rochester, NY: March 4, 2011 3 hours
  - Jamaica, NY: September 8, 2011 2 hours
  - New York, NY: November 29, 2011 2 hours

**Total hours (Consultations & On-site Support) = 378 hours**



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## 2012 Annual

### Utilization/consultation overview

- Case utilization
  - 3.07%
  - 548 cases
- Total utilization, including web usage
  - 9.83%
  - 1757 cases
- Manager consultations: 263 hours
- Formal referrals (including union and VIP cases) = 63

### On-site support: 19 on-site events

- On-site CISD
  - Binghamton, NY: February 10, 2012 3 hours
  - Hudson, NY: March 2, 2012 4 hours
  - New York, NY: June 6, 2012 4 hours
  - New York, NY: June 13, 2012 4 hours
  - Saratoga Springs, NY: August 9, 2012 3 hours
  - New York, NY: November 27, 2012 1 hour
  - Troy, NY: December 18, 2012 4 hours
- Transition to Supervisor trainings
  - New York, NY: April 3, 2012 1 hour
  - Rochester, NY: May 9, 2012 1 hour
  - New York, NY: October 16, 2012 1 hour
- Manager Trainings
  - Buffalo, NY: September 27, 2012 2 hours
  - Rochester, NY: October 16, 2012 1 hour
- Wellness Seminars
  - Rochester, NY: May 10, 2012 5 hours
  - Rochester, NY: July 20, 2012 1 hour
  - Rochester, NY: October 16, 2012 1 hour

**Total hours (Consultations & On-site Support) = 299 hours**



## 2013 Year-to-date (January 2013 – November 2013)

### Utilization/consultation overview

- Case utilization
  - 3.14%
  - 504 cases
- Total utilization, including web usage
  - 11.36%
  - 1819 cases
- Manager consultations: 215 hours
- Formal referrals (including union and VIP cases) = 47

### On-site support: 51 on-site events

- On-site CISD
  - Westbury, NY: June 28, 2013 6 hours
  - Rochester, NY: July 3, 2013 3 hours
  - Brooklyn, NY: July 16, 2013 4 hours
  - Brooklyn, NY: July 17, 2013 8 hours
  - Brooklyn, NY: July 18, 2013 3 hours
  - Bronx, NY: July 22, 2013 7 hours
  - Bronx, NY: October 18, 2013 3 hours
- Transition to Supervisor trainings
  - New York, NY: February 5, 2013 1 hour
  - New York, NY: November 19, 2013 1 hour
- Chief Clerks Association Conference
  - Albany, NY: October 3, 2013 1 hour
- NYS Court Clerks Association Delegate Training
  - New York, NY: April 30, 2013 1 hour
- Court Attorneys Association of the City of New York Delegate Training
  - New York, NY: September 17, 2013 1 hour
- Manager Trainings
  - Staten Island, NY: May 9, 2013 1 hour
  - New York, NY: May 13, 2013 7 hours
  - Bronx, NY: May 14, 2013 6 hours
  - Brooklyn, NY: May 15, 2013 6 hours
  - Queens, NY: May 16, 2013 5 hours
  - Staten Island, NY: May 17, 2013 2 hours



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**2013 Year-to-date (January 2013 – November 2013) (cont'd)**

- **Manager Trainings**
  - Penn Yan, NY: August 7, 2013 1 hour
  - Mineola, NY: August 19, 2013 1 hour
  - White Plains, NY: September 9, 2013 1 hour
  - Riverhead, NY: September 10, 2013 1 hour
  - Central Islip, NY: September 10, 2013 1 hour
  - Ellicottville, NY: September 12, 2013 1 hour
  - Syracuse, NY: September 27, 2013 1 hour
  - Kingston, NY: October 8, 2013 1 hour
  - Castleton-on-Hudson, NY: October 8, 2013 1 hour
  - Binghamton, NY: October 9, 2013 2 hours
  - Malone, NY: October 22, 2013 1 hour
  - Fort Edward, NY: October 23, 2013 1 hour
  - Saratoga Springs, NY: October 23, 2013 1 hour
- **Wellness Seminars**
  - Binghamton, NY: February 26, 2013 1 hour
  - Monroe, NY: March 12, 2013 1 hour
  - Monroe, NY: March 19, 2013 1 hour
  - Monroe, NY: March 20, 2013 1 hour
  - Cayuga, NY: March 27, 2013 1 hour
  - Yates, NY: March 29, 2013 1 hour
  - Steuben, NY: April 2, 2013 1 hour
  - Ontario, NY: April 8, 2013 1 hour
  - Wayne, NY: April 12, 2013 1 hour
  - New York, NY: April 19, 2013 1 hour
  - Richmond, NY: April 19, 2013 1 hour
  - Elmira, NY: May 1, 2013 1 hour
  - Elmira, NY: May 1, 2013 1 hour
  - Wampsville, NY: May 9, 2013 1 hour
  - Wampsville, NY: May 9, 2013 1 hour
  - Buffalo, NY: May 22, 2013 1 hour
  - New York, NY: May 31, 2013 1 hour
  - Mayville, NY: June 14, 2013 1 hour



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**2013 Year-to-date (January 2013 – November 2013) (cont'd)**

- Wellness Seminars
  - Buffalo, NY: June 26, 2013 1 hour
  - New York, NY: July 19, 2013 1 hour
  - Buffalo, NY: August 5, 2013 1 hour
  - Lockport, NY: August 7, 2013 1 hour
  - Buffalo, NY: August 28, 2013 1 hour
  - White Plains, NY: September 9, 2013 1 hour
  - Ellicottville, NY: September 12, 2013 1 hour
  - Little Valley, NY: September 18, 2013 1 hour
  - Buffalo, NY: September 25, 2013 1 hour
  - Cooperstown, NY: September 26, 2013 1 hour
  - Albany, NY: September 26, 2013 1 hour
  - Syracuse, NY: September 27, 2013 1 hour
  - Bath, NY: October 2, 2013 1 hour
  - Hempstead, NY: October 16, 2013 1 hour
  - Mineola, NY: October 24, 2013 1 hour
  - Hempstead, NY: November 20, 2013 1 hour

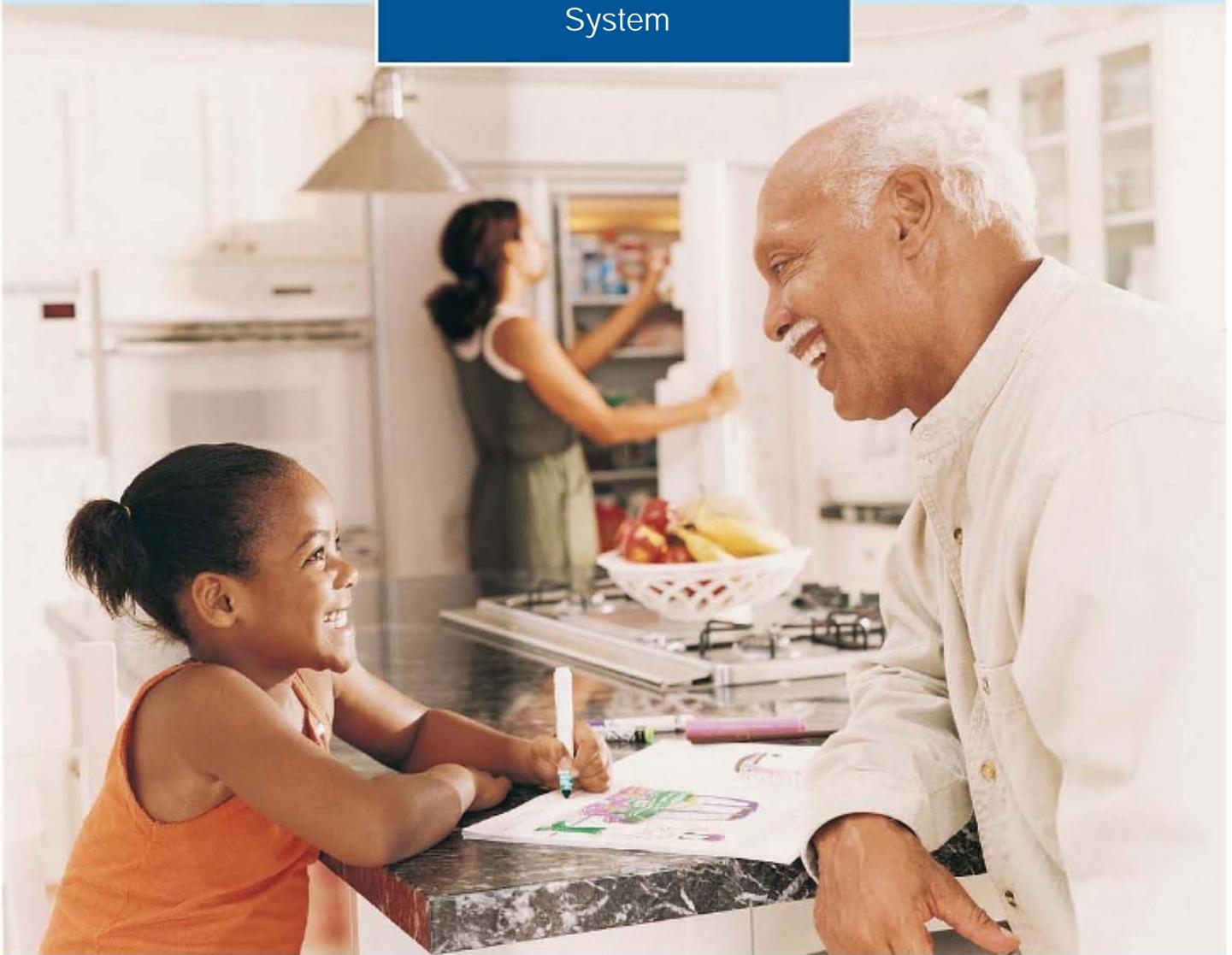
**Total hours (Consultations & On-site Support) = 329 hours**

UTILIZATION REPORT

1/1/2011 to 12/31/2011

## Work/Life Assistance Program Utilization Report

New York State Unified Court  
System

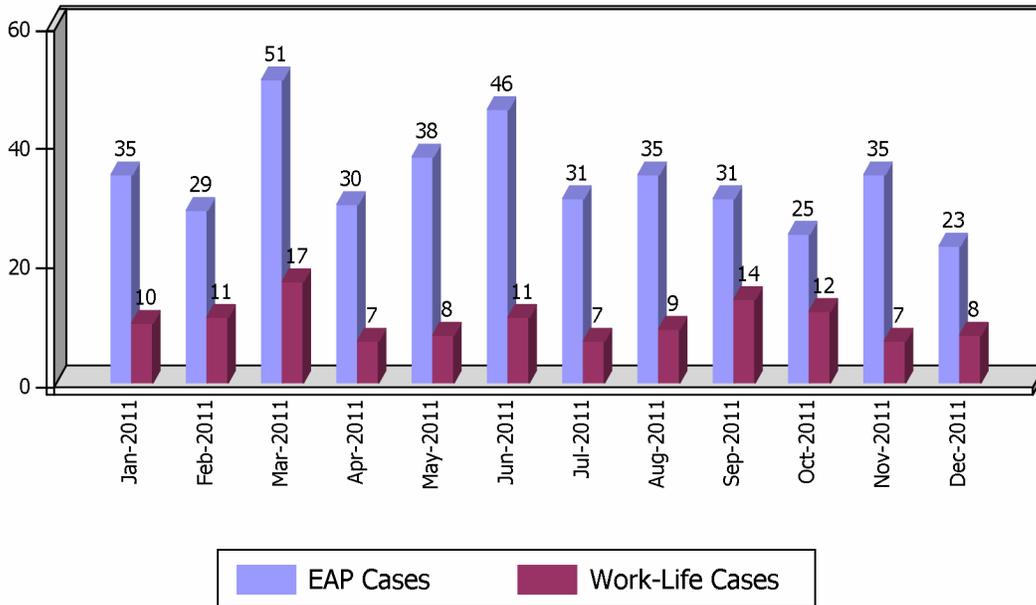


# UTILIZATION OVERVIEW

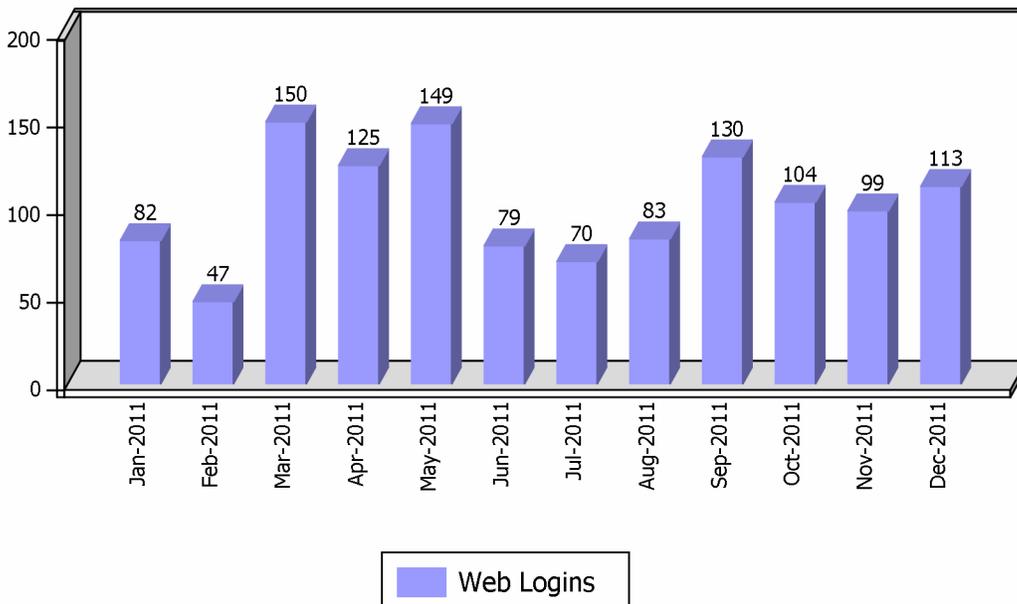
Number of Employees: 18,696

Service Component	Web Logins	EAP Cases	Work-Life Cases	Total
Actual Number of Cases	1231	409	121	1761
Projected Annualized Usage (%)	6.58%	2.19%	0.65%	9.42%

Cases Per Month



Web Logins Per Month

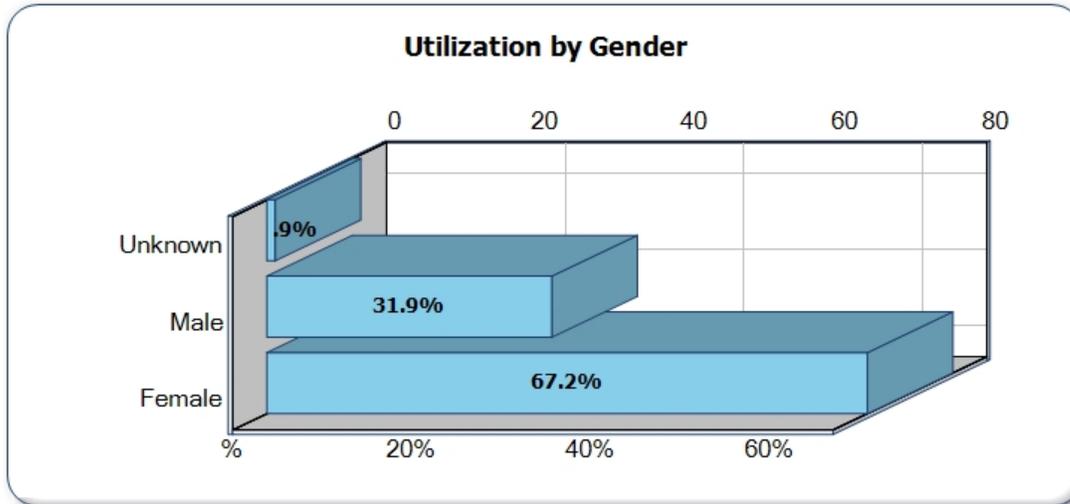


## EXECUTIVE SUMMARY

Key Statistical Information		Period	YTD
Workplace Activities		192	192
A. Manager/HR Consultation		79	79
B. Activity as a Result of HR/Manager Consultation		113	113
EAP Cases *		409	409
Personal		357	357
Substance Abuse		4	4
Work		48	48
Work-Life Cases *		121	121
Child Care		13	13
Daily Living		59	59
Elder Care		31	31
Legal		1	1
Literature Only		5	5
Non-Referral / General Information		12	12
Work-life Web Logins *		1,231	1,231
Page Hits *		6,568	6,568
Total Utilization (Cases & Web Logins) *		1,761	1,761

\* Please see the Terminology Glossary for definitions.

## CALLER INFORMATION



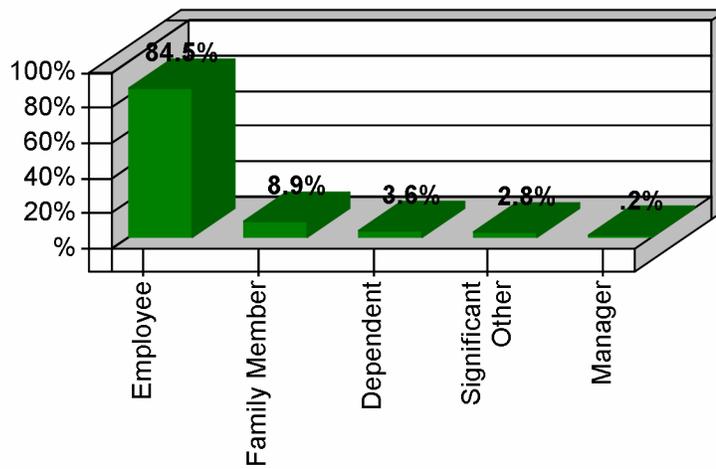
### Marital Status

Status	Period	Period %	YTD	YTD %
Undisclosed	226	42.6%	226	42.6%
Married	130	24.5%	130	24.5%
Single	118	22.3%	118	22.3%
Divorced	28	5.3%	28	5.3%
Separated	20	3.8%	20	3.8%
Common-law	6	1.1%	6	1.1%
Widowed	2	0.4%	2	0.4%
<b>Total</b>	<b>530</b>		<b>530</b>	

**Caller Relation**

Caller Relation	Period	Period %	YTD	YTD %
Employee	448	84.5%	448	84.5%
Family Member	47	8.9%	47	8.9%
Dependent	19	3.6%	19	3.6%
Significant Other	15	2.8%	15	2.8%
Manager	1	0.2%	1	0.2%
<b>Total</b>	<b>530</b>		<b>530</b>	

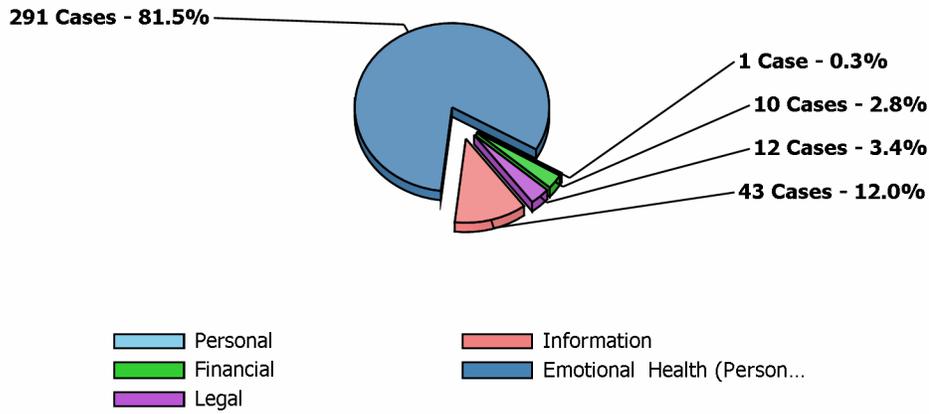
**Utilization By Caller Relation**



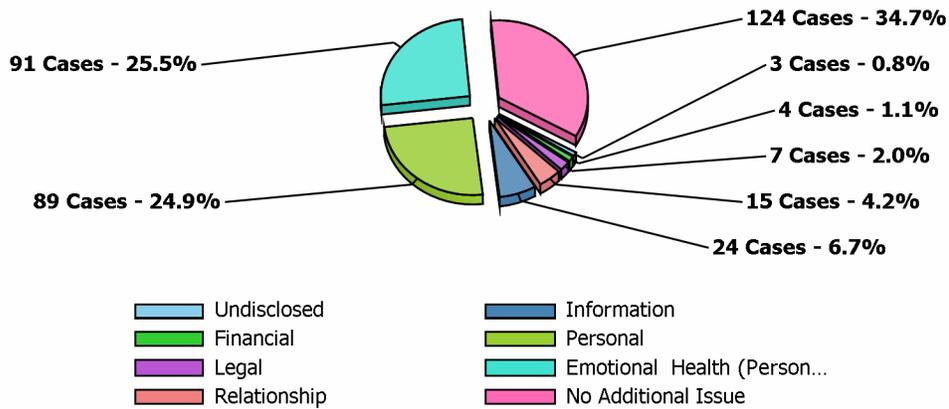
# MAIN ISSUES IN EAP CASES

## Personal Issues

Presenting Issues - 357 Case(s)

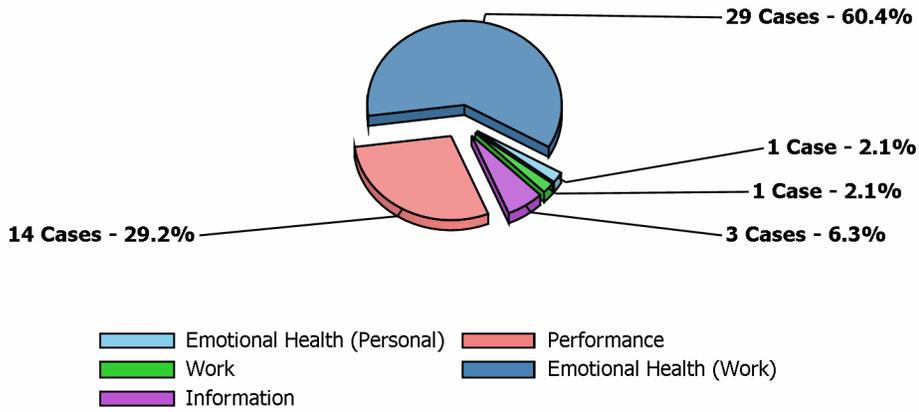


Secondary Issues - 357 Case(s)

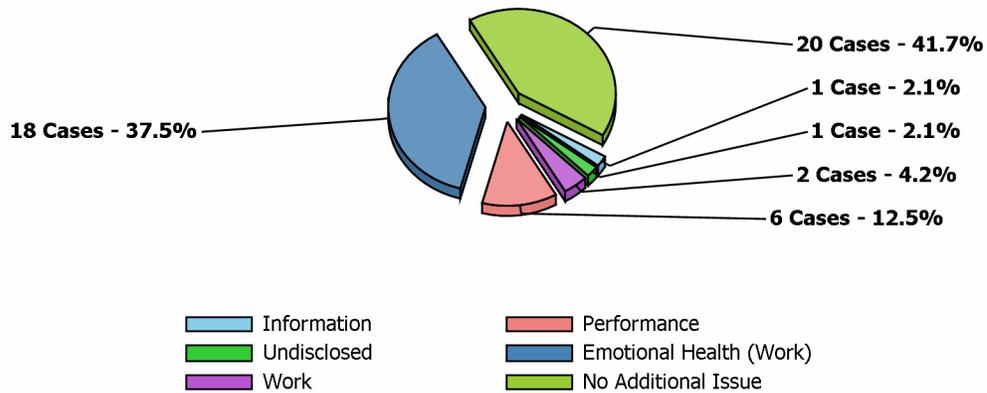


Work Issues

Presenting Issues - 48 Case(s)



Secondary Issues - 48 Case(s)



## Presenting Personal Issues

	Period	Period %	YTD	YTD %
<b>Emotional Health (Personal)</b>				
Anxiety	14	4.8%	14	4.8%
Bereavement	13	4.5%	13	4.5%
Child Abuse	2	0.7%	2	0.7%
Depression	26	8.9%	26	8.9%
Domestic Violence	2	0.7%	2	0.7%
Drugs/alcohol	20	6.9%	20	6.9%
Family Issues	59	20.3%	59	20.3%
Impacted by drugs/alcohol	5	1.7%	5	1.7%
Other Addictive Disorders	5	1.7%	5	1.7%
Other Mental Health Issue	21	7.2%	21	7.2%
Physical Health	8	2.7%	8	2.7%
Relationship Issues	72	24.7%	72	24.7%
Stress	40	13.7%	40	13.7%
Threat of Violence	4	1.4%	4	1.4%
<b>Financial</b>				
Budgeting	2	20.0%	2	20.0%
Debt	7	70.0%	7	70.0%
Investments	1	10.0%	1	10.0%
<b>Information</b>				
Childcare	2	4.7%	2	4.7%
Community resources	6	14.0%	6	14.0%
Consumer	6	14.0%	6	14.0%
Education	1	2.3%	1	2.3%
Eldercare	9	20.9%	9	20.9%
General information	10	23.3%	10	23.3%
Health	8	18.6%	8	18.6%
Other	1	2.3%	1	2.3%
<b>Legal</b>				
Consumer	3	25.0%	3	25.0%
Criminal Litigation	1	8.3%	1	8.3%
Immigration	1	8.3%	1	8.3%
Marital	1	8.3%	1	8.3%
Other: Legal personal	3	25.0%	3	25.0%
Property	3	25.0%	3	25.0%

<b>Personal</b>				
Secondary Issue - Work	1	100.0%	1	100.0%

## Secondary Personal Issues

	Period	Period %	YTD	YTD %
Undisclosed	0	0.00 %	3	0.00 %

## Emotional Health (Personal)

Bereavement	6	6.6%	6	6.6%
Family Issues	27	29.7%	27	29.7%
Impacted by drugs/alcohol	8	8.8%	8	8.8%
Other Mental Health Issue	26	28.6%	26	28.6%
Physical Health	7	7.7%	7	7.7%
Relationship Issues	17	18.7%	17	18.7%

## Financial

Debt	3	75.0%	3	75.0%
Investments	1	25.0%	1	25.0%

## Information

Community resources	6	25.0%	6	25.0%
Consumer	4	16.7%	4	16.7%
Education	1	4.2%	1	4.2%
Eldercare	2	8.3%	2	8.3%
General information	3	12.5%	3	12.5%
Health	6	25.0%	6	25.0%
Other	1	4.2%	1	4.2%
Property / Housing	1	4.2%	1	4.2%

## Legal

Marital	2	28.6%	2	28.6%
Other: Legal personal	2	28.6%	2	28.6%
Power of Attorney	1	14.3%	1	14.3%
Property	2	28.6%	2	28.6%

## No Additional Issue

No Issue Identified	124	100.0%	124	100.0%
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## Personal

Alcohol	7	7.9%	7	7.9%
Anxiety	17	19.1%	17	19.1%
Depression	24	27.0%	24	27.0%
Domestic Violence	1	1.1%	1	1.1%
Drugs	5	5.6%	5	5.6%

Gambling	1	1.1%	1	1.1%
Secondary Issue - Work	4	4.5%	4	4.5%
Stress	27	30.3%	27	30.3%
Trauma	3	3.4%	3	3.4%

### Relationship

Relationship Issue	15	100.0%	15	100.0%
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### Presenting Substance Abuse Issues

	Period	Period %	YTD	YTD %
Undisclosed	0	0.00 %	1	0.00 %

### Performance

Alcohol/Drugs	3	100.0%	3	100.0%
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### Secondary Substance Abuse Issues

	Period	Period %	YTD	YTD %
Undisclosed	0	0.00 %	1	0.00 %

### No Additional Issue

No Issue Identified	3	100.0%	3	100.0%
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### Presenting Work Issues

	Period	Period %	YTD	YTD %
<b>Emotional Health (Personal)</b>				
Family Issues	1	100.0%	1	100.0%

### Emotional Health (Work)

Conflict with management	3	10.3%	3	10.3%
Interpersonal relationship	13	44.8%	13	44.8%
Job Anxiety/Job Security	4	13.8%	4	13.8%
Reaction to workplace incident	2	6.9%	2	6.9%
Threat of Violence	2	6.9%	2	6.9%
Work Related Stress	5	17.2%	5	17.2%

### Information

Benefits	1	33.3%	1	33.3%
Service Overview	2	66.7%	2	66.7%

### Performance

Alcohol/Drugs	2	14.3%	2	14.3%
Attitude	1	7.1%	1	7.1%
Health/Mental Health	11	78.6%	11	78.6%

<b>Work</b>				
Secondary Issue - Personal	1	100.0%	1	100.0%

### Secondary Work Issues

	Period	Period %	YTD	YTD %
<b>Undisclosed</b>				
Undisclosed	0	0.00 %	1	0.00 %

### Emotional Health (Work)

Change in the workplace/Restructuring	2	11.1%	2	11.1%
Conflict with management	4	22.2%	4	22.2%
Interpersonal relationship	5	27.8%	5	27.8%
Job Anxiety/Job Security	3	16.7%	3	16.7%
Work Related Stress	3	16.7%	3	16.7%
Workload/Time Management	1	5.6%	1	5.6%

### Information

Benefits	1	100.0%	1	100.0%
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### No Additional Issue

No Issue Identified	20	100.0%	20	100.0%
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### Performance

Attendance / Absence / Punctuality	2	33.3%	2	33.3%
Health/Mental Health	3	50.0%	3	50.0%
Performance Issues	1	16.7%	1	16.7%

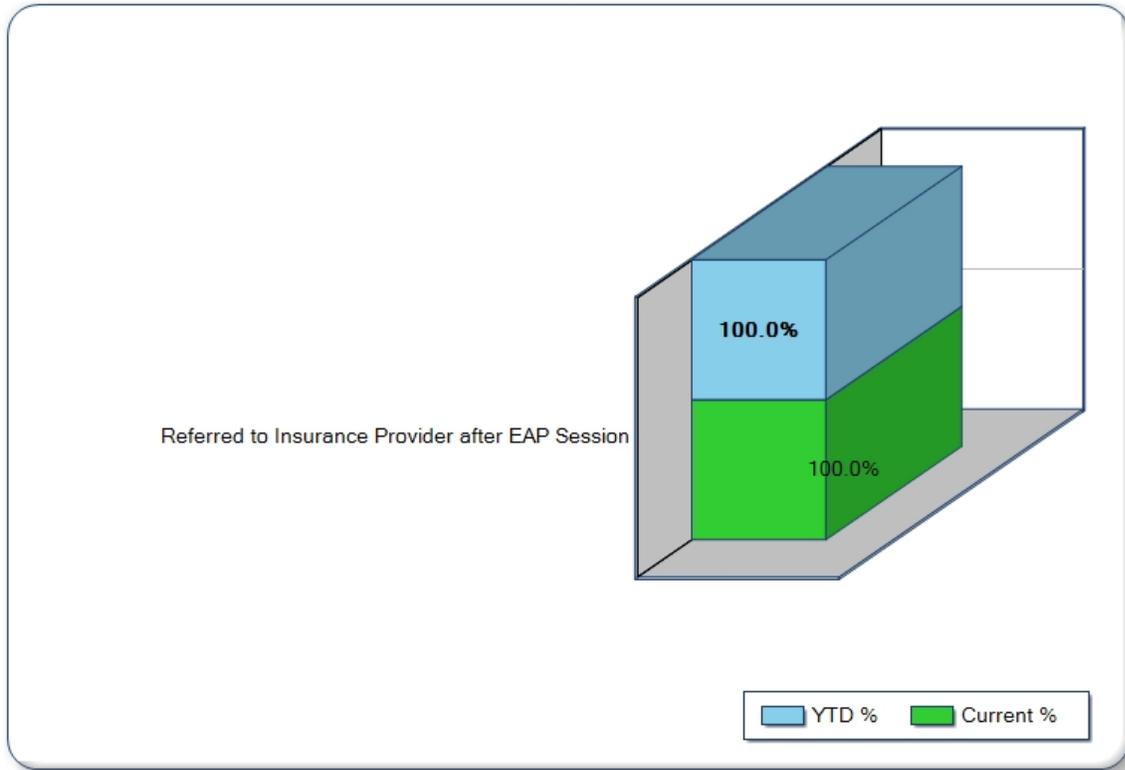
### Work

Secondary Issue - Personal	2	100.0%	2	100.0%
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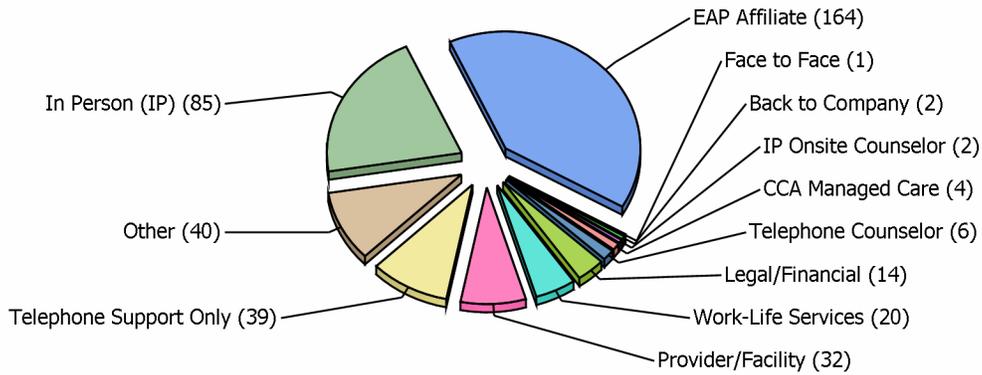
<b>Total</b>	812		818	
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### EAP CASE RESOLUTION

Resolution Type	Period	Period %	YTD	YTD %
Referred to Insurance Provider after EAP Session	2	100.0%	2	100.0%
<b>Total</b>	2		2	



## SUPPORT PROVIDED IN EAP CASES



Support Provided	%
EAP Affiliate	40.1%
In Person (IP)	20.8%
Other	9.8%
Telephone Support Only	9.5%
Provider/Facility	7.8%
Work-Life Services	4.9%
Legal/Financial	3.4%
Telephone Counselor	1.5%
CCA Managed Care	1.0%
Back to Company	0.5%
IP Onsite Counselor	0.5%
Face to Face	0.2%
Total	100.0%

## CRITICAL FACTORS IN EAP CASES

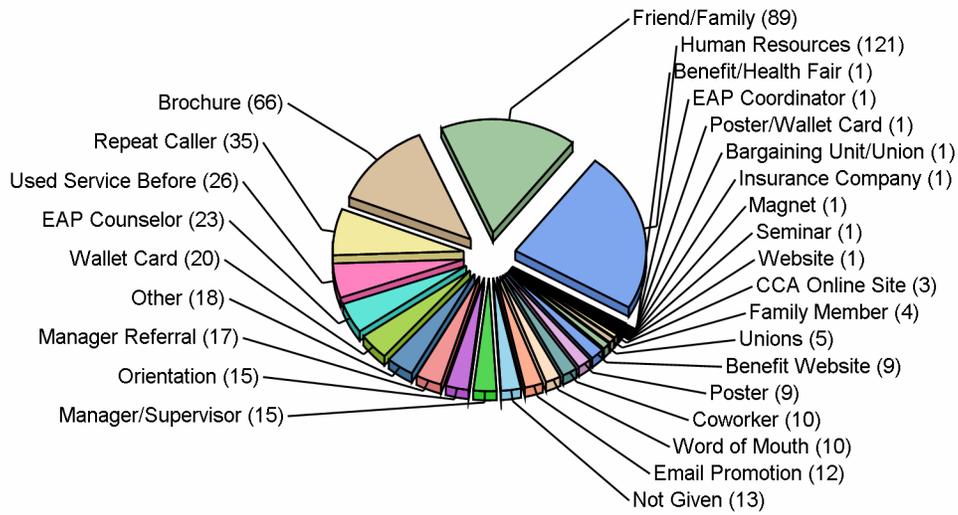
Type of Critical Factors	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	YTD
Substance Abuse	3	3	2	2	3	2	2	5	1	1	4	3	31
Other	3	-	-	-	-	1	-	1	2	-	-	-	7
Suicide Risk	-	-	4	1	-	-	-	-	-	-	-	-	5
Violence Risk	-	-	1	-	-	-	-	-	-	-	-	2	3
Total	6	3	7	3	3	3	2	6	3	1	4	5	46

For New York State Unified Court System, there were 46 critical factor cases reported. Critical Factors are references to matters discussed in a counseling assessment, which pertain to issues needing extra care or attention clinically. These references do not indicate that a client is currently in danger, but that one of these factors was present during time of contact, and that our counselors took appropriate risk measures in order to respond appropriately.

## KNOWLEDGE OF SERVICE

Sources of Information	%
Human Resources	22.9%
Friend/Family	16.9%
Brochure	12.5%
Repeat Caller	6.6%
Used Service Before	4.9%
EAP Counselor	4.4%
Wallet Card	3.8%
Other	3.4%
Manager Referral	3.2%
Manager/Supervisor	2.8%
Orientation	2.8%
Not Given	2.5%
Email Promotion	2.3%
Coworker	1.9%
Word of Mouth	1.9%
Benefit Website	1.7%
Poster	1.7%
Unions	0.9%
Family Member	0.8%
CCA Online Site	0.6%
Benefit/Health Fair	0.2%
EAP Coordinator	0.2%
Poster/Wallet Card	0.2%
Bargaining Unit/Union	0.2%
Insurance Company	0.2%
Magnet	0.2%
Seminar	0.2%
Website	0.2%

Sources of Information



## WORK-LIFE CASES BY CATEGORY

Provider Type	Period	Period %	YTD	YTD %
<b>Child Care</b>				
Day Care Centers	7	53.8%	7	53.8%
Family Day Care Homes	2	15.4%	2	15.4%
Nanny Agencies	3	23.1%	3	23.1%
Summer Camps	1	7.7%	1	7.7%
Sub Total	13		13	
<b>Daily Living</b>				
Career	3	5.1%	3	5.1%
Community Resources	21	35.6%	21	35.6%
Education	3	5.1%	3	5.1%
Financial	1	1.7%	1	1.7%
Financial Assistance	9	15.3%	9	15.3%
Health/Wellness	8	13.6%	8	13.6%
Household Services	4	6.8%	4	6.8%
Housing	6	10.2%	6	10.2%
Pets	1	1.7%	1	1.7%
Travel	3	5.1%	3	5.1%
Sub Total	59		59	
<b>Elder Care</b>				
Financial Assistance (Government Programs)	2	6.5%	2	6.5%
Geriatric Care Management	3	9.7%	3	9.7%
Home Care	12	38.7%	12	38.7%
Housing	9	29.0%	9	29.0%
Miscellaneous	5	16.1%	5	16.1%
Sub Total	31		31	
<b>Legal</b>				
In-Person Attorney	1	100.0%	1	100.0%
Sub Total	1		1	
<b>Literature Only</b>				
Adult/dependent Care	4	80.0%	4	80.0%
Child Resources	1	20.0%	1	20.0%
Sub Total	5		5	
<b>Non-Referral / General Information</b>				
Child Care	2	16.7%	2	16.7%
Daily Living	1	8.3%	1	8.3%

Provider Type	Period	Period %	YTD	YTD %
Elder Care	2	16.7%	2	16.7%
Information Only	7	58.3%	7	58.3%
Sub Total	12		12	
<b>Total</b>	121		121	

## WEB PAGE HITS BY CATEGORY

Content Category	Period	Total	YTD %
<b>Aging</b>			
Adults With Disabilities	49	49	15.6%
Aging Well	23	23	7.3%
Caregivers	31	31	9.8%
Government Programs	16	16	5.1%
Grief and Loss	27	27	8.6%
Health	23	23	7.3%
Home Care	31	31	9.8%
Housing Options	41	41	13.0%
Planning the Future	74	74	23.5%
Sub Total	315	315	
<b>Balancing</b>			
Addiction and Recovery	157	157	11.6%
Communication	63	63	4.7%
Families	95	95	7.0%
Grief and Loss	74	74	5.5%
Mental Health	359	359	26.6%
Personal Growth	164	164	12.2%
Relationships	437	437	32.4%
Sub Total	1,349	1,349	
<b>Division Homepage</b>			
Division Feature	20	20	100.0%
Sub Total	20	20	
<b>Homepage</b>			
Advanced Search	5	5	0.2%
Archived Seminars	18	18	0.8%
Care Space - Parenting	3	3	0.1%
Disclaimer	1	1	0.0%
Division Feature	67	67	3.1%
Health Risk Assessment	8	8	0.4%
Monthly Feature	910	910	42.3%
News	172	172	8.0%
Online Seminars	4	4	0.2%
Poll	2	2	0.1%
Privacy Policy	1	1	0.0%
Return to Homepage	764	764	35.5%
Savings Center	53	53	2.5%

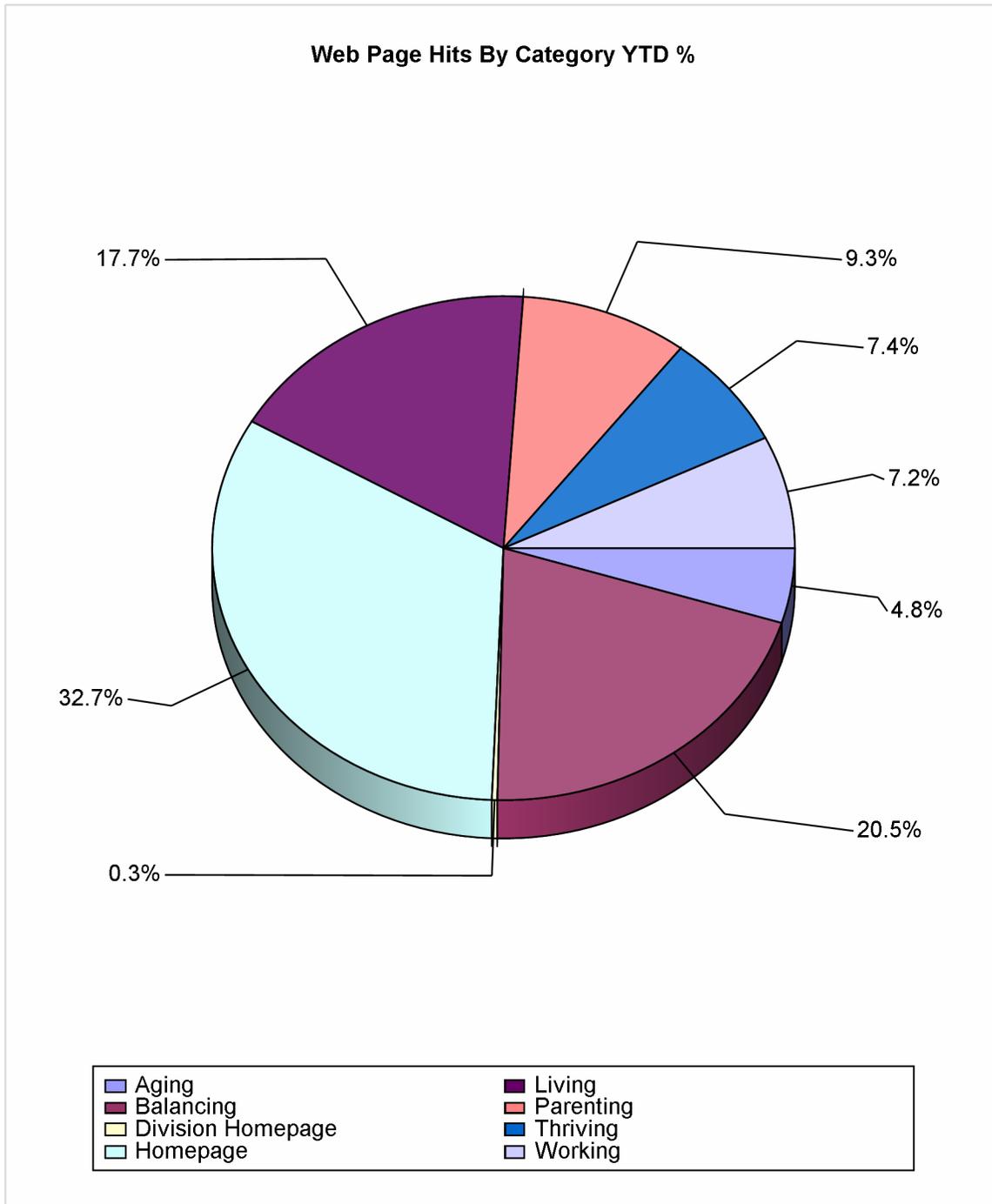
Content Category	Period	Total	YTD %
Search	97	97	4.5%
Search Detail	25	25	1.2%
Seminars	19	19	0.9%
Tax Act	2	2	0.1%
Sub Total	2,151	2,151	

Living			
Consumer Tips	77	77	6.6%
Errands Online	25	25	2.2%
Financial	337	337	29.0%
Fraud and Theft	9	9	0.8%
Home Buying or Selling	87	87	7.5%
Home Improvement	90	90	7.7%
Legal	149	149	12.8%
Legal Forms	157	157	13.5%
Moving	38	38	3.3%
Pets	63	63	5.4%
Safety	57	57	4.9%
Travel and Leisure Time	73	73	6.3%
Sub Total	1,162	1,162	

Parenting			
Adoption	29	29	4.7%
Child Care	118	118	19.2%
Developmental Stages	110	110	17.9%
Education	139	139	22.7%
Kids' Well-being	63	63	10.3%
Parenting	154	154	25.1%
Sub Total	613	613	

Thriving			
Adolescents' Health	23	23	4.8%
Children's Health	4	4	0.8%
Health Challenges	55	55	11.4%
Healthy Eating	92	92	19.0%
Infants' and Toddlers' Health	12	12	2.5%
Live Healthy	78	78	16.1%
Medical Care	18	18	3.7%
Men's Health	52	52	10.7%
Seniors' Health	23	23	4.8%
Women's Health	127	127	26.2%
Sub Total	484	484	

Content Category	Period	Total	YTD %
<b>Working</b>			
Accomplished Employee	108	108	22.8%
Career Development	39	39	8.2%
Career Transition	62	62	13.1%
Effective Manager	94	94	19.8%
Training and Development	32	32	6.8%
Workplace Diversity	13	13	2.7%
Workplace Productivity	35	35	7.4%
Workplace Safety	91	91	19.2%
	<b>Sub Total</b>	<b>474</b>	
<b>Total</b>	<b>6,568</b>	<b>6,568</b>	



## **WEB PAGE HITS BY CONTENT**

There are no Skill Builders results to report for the specified date range.

## WORKPLACE ACTIVITIES SUMMARY

Type	Count	Duration (min)	Attendees
A. Manager/HR Consultation	79	3,055.0	16
Crisis Management - Employee Death	1	20.0	0
Crisis Management - Homicidalilty	2	240.0	2
Crisis Management - Other	3	135.0	0
Crisis Management - Suicidalilty	1		0
Crisis Management - Threat of Violence	1	60.0	1
Downsizing	16	435.0	0
EAP & Work/Life Branding and Communication	11	374.0	0
Employee - Personal Issue	8	226.0	3
Employee Conflict	2	185.0	0
Employee Medical/Disability Concern	4	60.0	2
Employee Morale	4	110.0	0
Employee Performance Management	10	540.0	6
Employee Relations	3	95.0	0
Employee Termination Process	2	270.0	1
Health/Benefit Fair Planning	1	20.0	0
Manager Performance Management	1	60.0	0
Organizational Change	2	90.0	0
Other	1	30.0	0
Risk Mitigation - Aberrant Behavior	2	40.0	0
Risk Mitigation - Drugs/Alcohol	3	65.0	1
Unspecified	1		0
<b>B. Activity as a Result of HR/Manager Consultation</b>	<b>113</b>	<b>13,453.0</b>	<b>521</b>
Critical Incident On-Site Counseling	3	1,020.0	16
Downsizing On-Site Support	14	3,960.0	260
Employee Orientation	4		41
Formal Manager Referral	76	8,325.0	71
Manager Training	2		20
VIP/Informal Referral	4	95.0	3
Wellness Seminar	10	53.0	110
<b>Total</b>	<b>192</b>	<b>16,508.0</b>	<b>537</b>

## REPORT TERMINOLOGY GLOSSARY

**Assisted Search:**

A dependent care intake form submitted via the website directly to a Consultant who will locate and confirm providers.

**EAP Cases:**

Each time a participant contacts an EAP Consultant via telephone, Assisted Search or LiveConnect.

**Work-Life Cases:**

Each time a participant contacts a Work-Life Consultant via telephone, Assisted Search or LiveConnect.

**LiveConnect:**

A website visitor communicating electronically in real time with a Consultant using instant messaging. The Consultant completes the dependent care or daily living intake form while conversing electronically with the web visitor.

**Non-Referral Event**

General consultation that does not result in a search request.

**Page Hits:**

Recorded each time a user moves from section to section on the website.

**Total Utilization (Cases & Web Logins):**

The total of consultations via telephone, LiveConnect and Assisted Search plus the total number of website logins.

**Web Logins:**

Recorded each time a user logs in to the website.

# New York State Unified Court System

## EAP & Work/Life Annual Utilization Report



*Report*

1/1/2012 - 12/31/2012

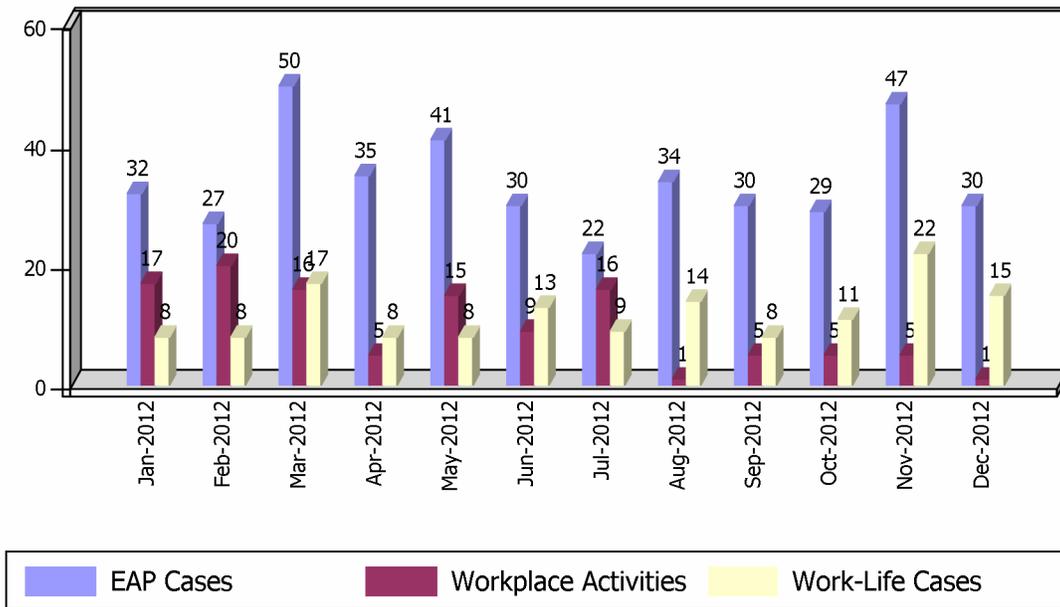
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## UTILIZATION OVERVIEW

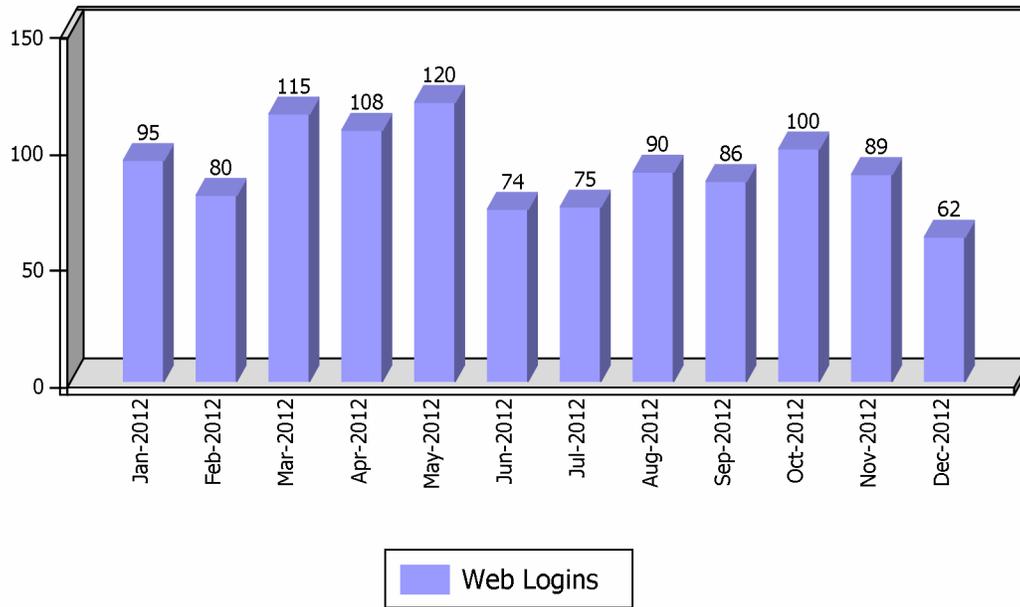
Number of Employees: 17,822

Service Component	Web Logins	Workplace Activities	EAP Cases	Work-Life Cases	Total
Actual Number of Cases	1094	115	407	141	1757
Projected Annualized Usage (%)	6.12%	0.64%	2.28%	0.79%	9.83%

Cases Per Month



Web Logins Per Month

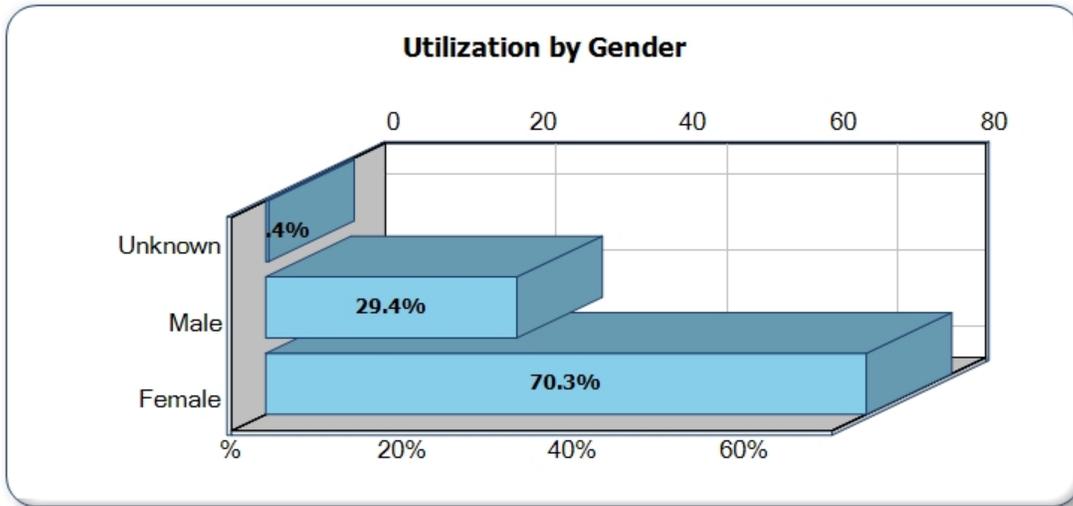


## EXECUTIVE SUMMARY

Key Statistical Information		Period	YTD
Workplace Activities		115	115
	A. Manager/HR Consultation	28	28
	B. Activity as a Result of HR/Manager Consultation	87	87
EAP Cases *		407	407
	Personal	359	359
	Work	48	48
Work-Life Cases *		141	141
	Child Care	16	16
	Daily Living	70	70
	Elder Care	35	35
	Financial	1	1
	Legal	4	4
	Literature Only	1	1
	Non-Referral / General Information	14	14
Work-life Web Logins *		1,094	1,094
	Page Hits *	5,497	5,497
Total Utilization (Cases & Web Logins) *		1,642	1,642

\* Please see the Terminology Glossary for definitions.

## CALLER INFORMATION



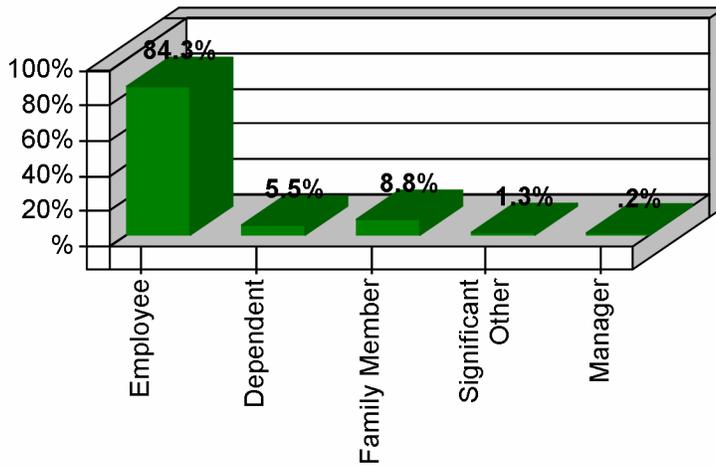
### Marital Status

Status	Period	Period %	YTD	YTD %
Undisclosed	214	39.1%	214	39.1%
Married	146	26.6%	146	26.6%
Single	110	20.1%	110	20.1%
Divorced	37	6.8%	37	6.8%
Separated	35	6.4%	35	6.4%
Widowed	6	1.1%	6	1.1%
<b>Total</b>	<b>548</b>		<b>548</b>	

**Caller Relation**

Caller Relation	Period	Period %	YTD	YTD %
Employee	462	84.3%	462	84.3%
Family Member	48	8.8%	48	8.8%
Dependent	30	5.5%	30	5.5%
Significant Other	7	1.3%	7	1.3%
Manager	1	0.2%	1	0.2%
<b>Total</b>	<b>548</b>		<b>548</b>	

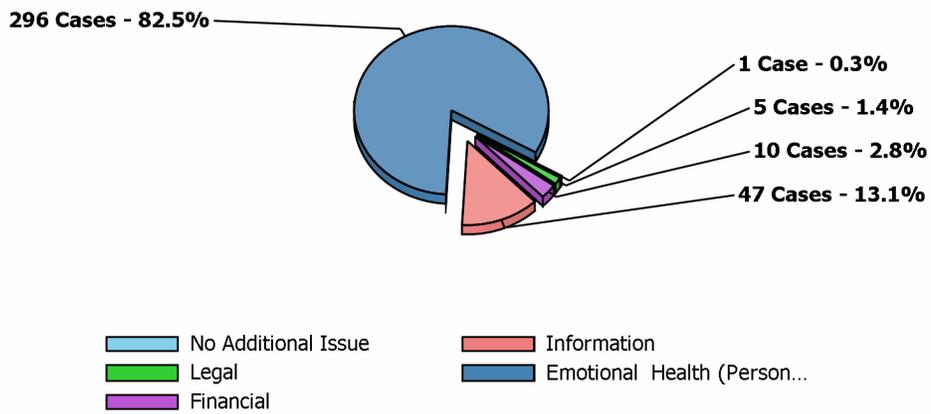
**Utilization By Caller Relation**



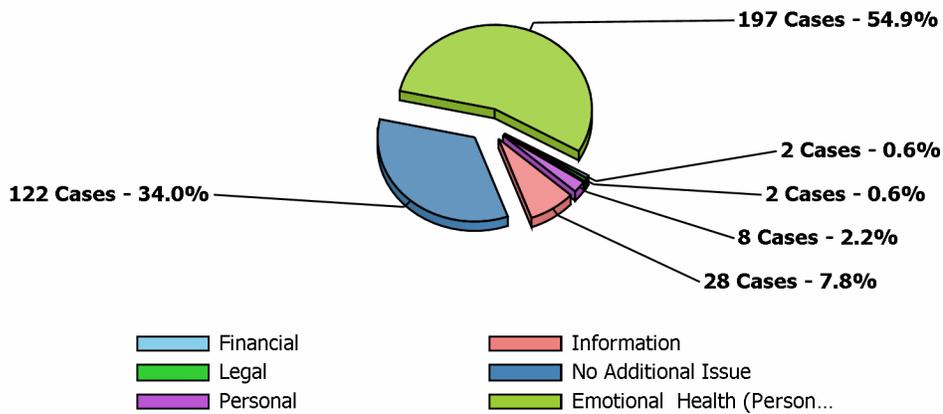
## MAIN ISSUES IN EAP CASES

### Personal Issues

Presenting Issues - 359 Case(s)



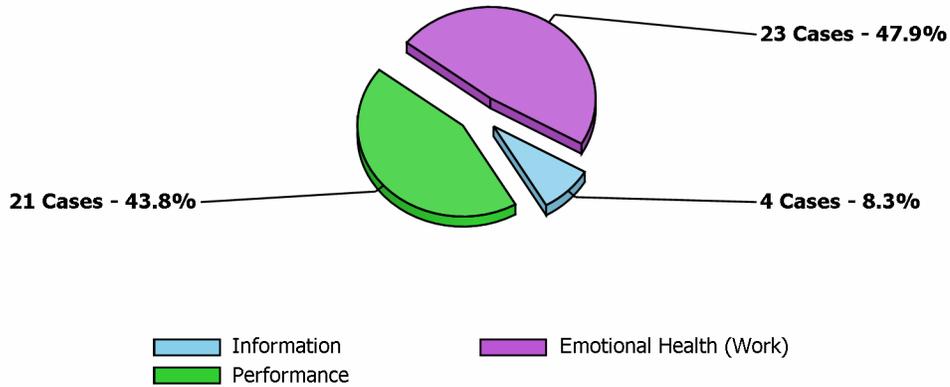
Secondary Issues - 359 Case(s)



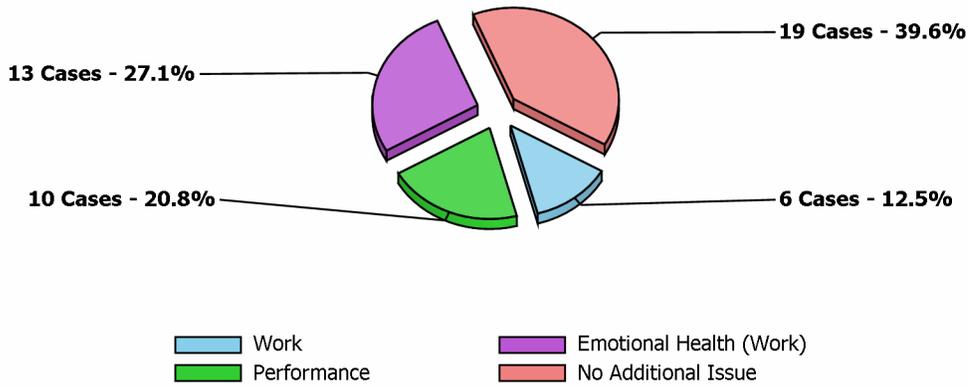
Work Issues

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Presenting Issues - 48 Case(s)



Secondary Issues - 48 Case(s)



## Presenting Personal Issues

	Period	Period %	YTD	YTD %
<b>Emotional Health (Personal)</b>				
Anxiety	34	11.5%	34	11.5%
Bereavement	15	5.1%	15	5.1%
Child Abuse	2	0.7%	2	0.7%
Depression	48	16.2%	48	16.2%
Domestic Violence	2	0.7%	2	0.7%
Drugs/alcohol	20	6.8%	20	6.8%
Family Issues	61	20.6%	61	20.6%
Impacted by drugs/alcohol	11	3.7%	11	3.7%
Other Addictive Disorders	2	0.7%	2	0.7%
Other Mental Health Issue	14	4.7%	14	4.7%
Physical Health	8	2.7%	8	2.7%
Relationship Issues	43	14.5%	43	14.5%
Stress	33	11.1%	33	11.1%
Suicidal ideation	2	0.7%	2	0.7%
Threat of Violence	1	0.3%	1	0.3%
<b>Financial</b>				
Budgeting	1	10.0%	1	10.0%
Debt	1	10.0%	1	10.0%
Other	7	70.0%	7	70.0%
Retirement planning	1	10.0%	1	10.0%
<b>Information</b>				
Childcare	1	2.1%	1	2.1%
Community resources	6	12.8%	6	12.8%
Consumer	6	12.8%	6	12.8%
Eldercare	10	21.3%	10	21.3%
General information	14	29.8%	14	29.8%
Health	3	6.4%	3	6.4%

**Report Period**

1/1/2012 - 12/31/2012

Other	4	8.5%	4	8.5%
Property / Housing	3	6.4%	3	6.4%
<b>Legal</b>				
Consumer	1	20.0%	1	20.0%
Other: Legal personal	3	60.0%	3	60.0%
Property	1	20.0%	1	20.0%
<b>No Additional Issue</b>				
No Issue Identified	1	100.0%	1	100.0%

**Secondary Personal Issues**

	Period	Period %	YTD	YTD %
<b>Emotional Health (Personal)</b>				
Anxiety	37	18.8%	37	18.8%
Bereavement	8	4.1%	8	4.1%
Child Abuse	1	0.5%	1	0.5%
Depression	21	10.7%	21	10.7%
Domestic Violence	1	0.5%	1	0.5%
Drugs/alcohol	3	1.5%	3	1.5%
Family Issues	36	18.3%	36	18.3%
Impacted by drugs/alcohol	7	3.6%	7	3.6%
Other Addictive Disorders	1	0.5%	1	0.5%
Other Mental Health Issue	17	8.6%	17	8.6%
Physical Health	4	2.0%	4	2.0%
Relationship Issues	20	10.2%	20	10.2%
Stress	39	19.8%	39	19.8%
Suicidal ideation	2	1.0%	2	1.0%
<b>Financial</b>				
Debt	1	50.0%	1	50.0%
Other	1	50.0%	1	50.0%
<b>Information</b>				
Childcare	1	3.6%	1	3.6%

**Report Period**

1/1/2012 - 12/31/2012

Community resources	2	7.1%	2	7.1%
Consumer	4	14.3%	4	14.3%
Disability	1	3.6%	1	3.6%
Eldercare	3	10.7%	3	10.7%
General information	7	25.0%	7	25.0%
Health	4	14.3%	4	14.3%
Natural disaster	1	3.6%	1	3.6%
Other	3	10.7%	3	10.7%
Property / Housing	2	7.1%	2	7.1%

**Legal**

Consumer	1	50.0%	1	50.0%
Other: Legal personal	1	50.0%	1	50.0%

**No Additional Issue**

No Issue Identified	122	100.0%	122	100.0%
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**Personal**

Secondary Issue - Work	8	100.0%	8	100.0%
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**Presenting Work Issues**

	Period	Period %	YTD	YTD %
<b>Emotional Health (Work)</b>				
Change in the workplace/Restructuring	1	4.3%	1	4.3%
Conflict with management	3	13.0%	3	13.0%
Interpersonal relationship	1	4.3%	1	4.3%
Job Anxiety/Job Security	4	17.4%	4	17.4%
Reaction to workplace incident	3	13.0%	3	13.0%
Suicidal Ideation	2	8.7%	2	8.7%
Threat of Violence	1	4.3%	1	4.3%
Work Related Stress	7	30.4%	7	30.4%
Work/Life Balance	1	4.3%	1	4.3%
<b>Information</b>				
Service Overview	4	100.0%	4	100.0%

Performance				
Alcohol/Drugs	11	52.4%	11	52.4%
Anger management	3	14.3%	3	14.3%
Attendance / Absence / Punctuality	5	23.8%	5	23.8%
Harassment	1	4.8%	1	4.8%
Other Performance Issues	1	4.8%	1	4.8%

**Secondary Work Issues**

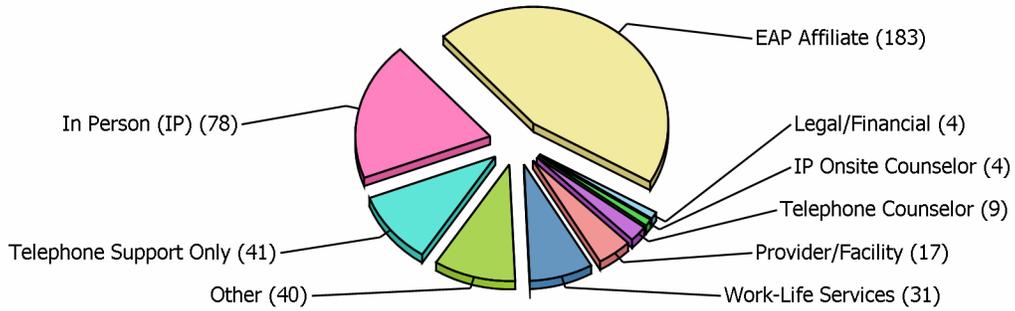
	Period	Period %	YTD	YTD %
Emotional Health (Work)				
Change in the workplace/Restructuring	2	15.4%	2	15.4%
Interpersonal relationship	1	7.7%	1	7.7%
Job Anxiety/Job Security	3	23.1%	3	23.1%
Reaction to workplace incident	1	7.7%	1	7.7%
Suicidal Ideation	1	7.7%	1	7.7%
Work Related Stress	4	30.8%	4	30.8%
Work/Life Balance	1	7.7%	1	7.7%

No Additional Issue				
No Issue Identified	19	100.0%	19	100.0%

Performance				
Alcohol/Drugs	2	20.0%	2	20.0%
Anger management	1	10.0%	1	10.0%
Attitude	3	30.0%	3	30.0%
Health/Mental Health	1	10.0%	1	10.0%
Other Performance Issues	3	30.0%	3	30.0%

Work				
Secondary Issue - Personal	6	100.0%	6	100.0%

## SUPPORT PROVIDED IN EAP CASES



Support Provided	%
EAP Affiliate	45.0%
In Person (IP)	19.2%
Telephone Support Only	10.1%
Other	9.8%
Work-Life Services	7.6%
Provider/Facility	4.2%
Telephone Counselor	2.2%
Legal/Financial	1.0%
IP Onsite Counselor	1.0%
Total	100.0%

**CRITICAL FACTORS IN EAP CASES**

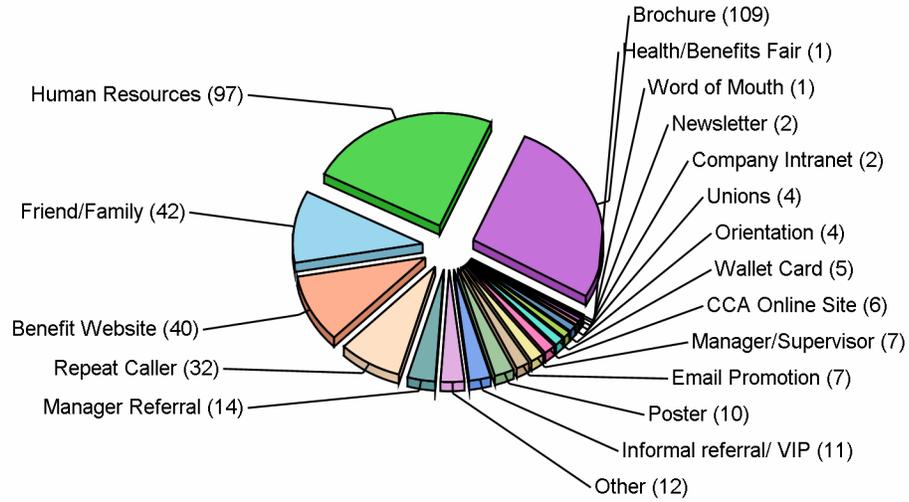
Type of Critical Factors	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	YTD
Substance Abuse	2	1	5	3	3	3	2	2	5	2	1	1	30
Suicide Risk	2	-	2	2	1	1	-	-	-	-	-	2	10
Other	-	-	1	1	1	2	-	-	2	1	-	1	9
Child/Elder Abuse	-	-	-	2	-	-	-	-	-	-	-	1	3
Violence Risk	-	-	-	-	-	1	1	-	-	-	-	1	3
Total	4	1	8	8	5	7	3	2	7	3	1	6	55

For New York State Unified Court System, there were 55 critical factor cases reported. Critical Factors are references to matters discussed in a counseling assessment, which pertain to issues needing extra care or attention clinically. These references do not indicate that a client is currently in danger, but that one of these factors was present during time of contact, and that our counselors took appropriate risk measures in order to respond appropriately.

**KNOWLEDGE OF SERVICE**

Sources of Information	%
Brochure	26.8%
Human Resources	23.9%
Friend/Family	10.3%
Benefit Website	9.9%
Repeat Caller	7.9%
Manager Referral	3.4%
Other	3.0%
Informal referral/ VIP	2.7%
Poster	2.5%
Manager/Supervisor	1.7%
Email Promotion	1.7%
CCA Online Site	1.5%
Wallet Card	1.2%
Unions	1.0%
Orientation	1.0%
Newsletter	0.5%
Company Intranet	0.5%
Health/Benefits Fair	0.2%
Word of Mouth	0.2%

Sources of Information



## WORK-LIFE CASES BY CATEGORY

Provider Type	Period	Period %	YTD	YTD %
<b>Child Care</b>				
Day Care Centers	8	50.0%	8	50.0%
Family Day Care Homes	1	6.3%	1	6.3%
Public/Private Schools	4	25.0%	4	25.0%
Summer Camps	3	18.8%	3	18.8%
Sub Total	16		16	
<b>Daily Living</b>				
Career	1	1.4%	1	1.4%
Community Resources	21	30.0%	21	30.0%
Education	2	2.9%	2	2.9%
Financial	1	1.4%	1	1.4%
Financial Assistance	6	8.6%	6	8.6%
Government Programs	1	1.4%	1	1.4%
Health/Wellness	13	18.6%	13	18.6%
Household Services	5	7.1%	5	7.1%
Housing	16	22.9%	16	22.9%
Pets	1	1.4%	1	1.4%
Special Needs	3	4.3%	3	4.3%
Sub Total	70		70	
<b>Elder Care</b>				
Geriatric Care Management	2	5.7%	2	5.7%
Home Care	18	51.4%	18	51.4%
Housing	12	34.3%	12	34.3%
Miscellaneous	2	5.7%	2	5.7%
Transportation	1	2.9%	1	2.9%
Sub Total	35		35	
<b>Financial</b>				
Financial Assist	1	100.0%	1	100.0%
Sub Total	1		1	

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*Report Period*

*1/1/2012 - 12/31/2012*

<b>Provider Type</b>	<b>Period</b>	<b>Period %</b>	<b>YTD</b>	<b>YTD %</b>
<b>Legal</b>				
In-Person Attorney	4	100.0%	4	100.0%
<b>Sub Total</b>	<b>4</b>		<b>4</b>	
<b>Literature Only</b>				
Advantage Kit	1	100.0%	1	100.0%
<b>Sub Total</b>	<b>1</b>		<b>1</b>	
<b>Non-Referral / General Information</b>				
Daily Living	2	14.3%	2	14.3%
Elder Care	1	7.1%	1	7.1%
Information Only	10	71.4%	10	71.4%
Legal	1	7.1%	1	7.1%
<b>Sub Total</b>	<b>14</b>		<b>14</b>	
<b>Total</b>	<b>141</b>		<b>141</b>	

## WEB PAGE HITS BY CATEGORY

Content Category	Period	Total	YTD %
<b>Aging</b>			
Adults With Disabilities	53	53	14.4%
Aging Well	9	9	2.5%
Caregivers	57	57	15.5%
Government Programs	50	50	13.6%
Grief and Loss	34	34	9.3%
Health	29	29	7.9%
Home Care	42	42	11.4%
Housing Options	77	77	21.0%
Planning the Future	16	16	4.4%
Sub Total	367	367	
<b>Balancing</b>			
Addiction and Recovery	173	173	13.7%
Communication	22	22	1.7%
Families	104	104	8.2%
Grief and Loss	108	108	8.5%
Mental Health	477	477	37.6%
Personal Growth	99	99	7.8%
Relationships	284	284	22.4%
Sub Total	1,267	1,267	
<b>Homepage</b>			
Care Space - Parenting	10	10	0.5%
Division Feature	127	127	6.9%
Feature1	3	3	0.2%
Health Risk Assessment	15	15	0.8%
Monthly Feature	1,255	1,255	67.8%
News	250	250	13.5%
Poll	2	2	0.1%
Privacy Policy	1	1	0.1%

Content Category	Period	Total	YTD %
Savings Center	51	51	2.8%
Search	91	91	4.9%
Seminars	40	40	2.2%
Tax Act	6	6	0.3%
Sub Total	1,851	1,851	

### Living

Consumer Tips	35	35	4.5%
Errands Online	25	25	3.2%
Financial	210	210	27.0%
Fraud and Theft	1	1	0.1%
Home Buying or Selling	29	29	3.7%
Home Improvement	19	19	2.4%
Legal	168	168	21.6%
Legal Forms	88	88	11.3%
Moving	26	26	3.3%
Pets	98	98	12.6%
Safety	30	30	3.9%
Travel and Leisure Time	50	50	6.4%
Sub Total	779	779	

### Parenting

Adoption	35	35	7.0%
Child Care	56	56	11.2%
Developmental Stages	93	93	18.5%
Education	88	88	17.5%
Kids' Well-Being	101	101	20.1%
Parenting	129	129	25.7%
Sub Total	502	502	

### Thriving

Adolescents' Health	5	5	1.2%
Children's Health	16	16	3.7%
Health Challenges	66	66	15.3%

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*Report Period*

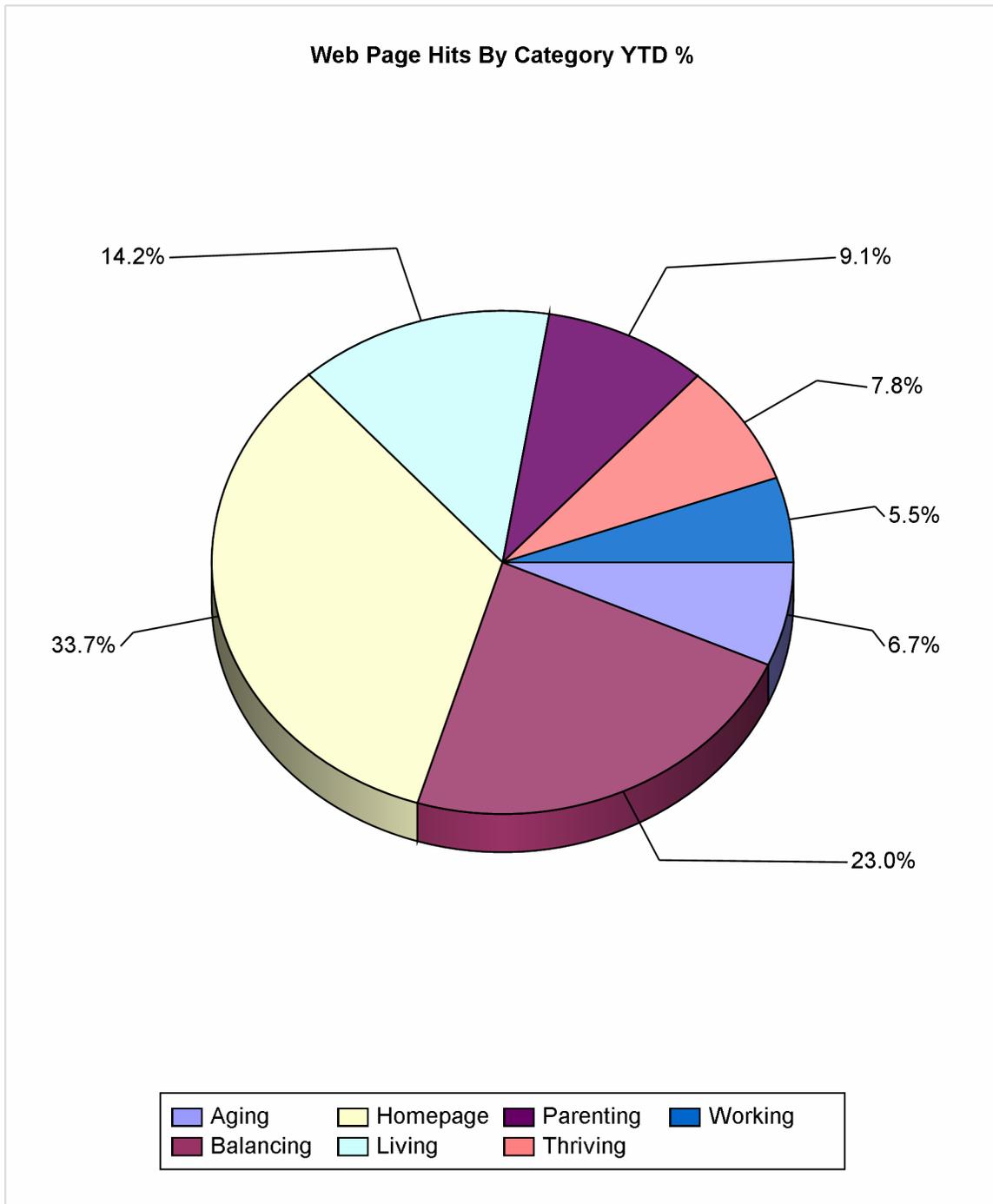
*1/1/2012 - 12/31/2012*

<b>Content Category</b>	<b>Period</b>	<b>Total</b>	<b>YTD %</b>
Healthy Eating	66	66	15.3%
Infants' and Toddlers' Health	19	19	4.4%
Live Healthy	17	17	3.9%
Medical Care	12	12	2.8%
Men's Health	39	39	9.0%
Seniors' Health	5	5	1.2%
Women's Health	186	186	43.2%
<b>Sub Total</b>	<b>431</b>	<b>431</b>	

### **Working**

Accomplished Employee	65	65	21.7%
Career Development	22	22	7.3%
Career Transition	15	15	5.0%
Effective Manager	78	78	26.0%
Training and Development	17	17	5.7%
Workplace Diversity	21	21	7.0%
Workplace Productivity	50	50	16.7%
Workplace Safety	32	32	10.7%
<b>Sub Total</b>	<b>300</b>	<b>300</b>	

<b>Total</b>	<b>5,497</b>	<b>5,497</b>	
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## **WEB PAGE HITS BY CONTENT**

There are no Skill Builders results to report for the specified date range.

## WORKPLACE ACTIVITIES SUMMARY

Type	Count	Duration (min)	Attendees
A. Manager/HR Consultation	28	1,160.0	3
Account Administration	2	20.0	0
Crisis Management - Homicidality	1	10.0	0
Crisis Management - Suicidality	2	105.0	0
EAP & Work/Life Branding and Communication	1	35.0	0
Employee - Personal Issue	8	315.0	0
Employee Medical/Disability Concern	3	150.0	1
Employee Morale	3	135.0	0
Employee Performance Management	3	150.0	2
Organizational Change	3	210.0	0
Risk Mitigation - Drugs/Alcohol	2	30.0	0
<b>B. Activity as a Result of HR/Manager Consultation</b>	<b>87</b>	<b>9,335.0</b>	<b>222</b>
Critical Incident On-Site Counseling	8	1,460.0	70
Employee Orientation	2	40.0	0
Formal Manager Referral	58	7,195.0	45
Manager Training	5	300.0	70
Other	1	60.0	1
VIP/Informal Referral	6	280.0	1
Wellness Seminar	7	0.0	35
<b>Total</b>	<b>115</b>	<b>10,495.0</b>	<b>225</b>

## **REPORT TERMINOLOGY GLOSSARY**

**Assisted Search:**

A dependent care intake form submitted via the website directly to a Consultant who will locate and confirm providers.

**EAP Cases:**

Each time a participant contacts an EAP Consultant via telephone, Assisted Search or LiveConnect.

**Work-Life Cases:**

Each time a participant contacts a Work-Life Consultant via telephone, Assisted Search or LiveConnect.

**LiveConnect:**

A website visitor communicating electronically in real time with a Consultant using instant messaging. The Consultant completes the dependent care or daily living intake form while conversing electronically with the web visitor.

**Non-Referral Event**

General consultation that does not result in a search request.

**Page Hits:**

Recorded each time a user moves from section to section on the website.

**Total Utilization (Cases & Web Logins):**

The total of consultations via telephone, LiveConnect and Assisted Search plus the total number of website logins.

**Web Logins:**

Recorded each time a user logs in to the website.