## ATTACHMENT 30



**Employee Benefit Cards - RFP entitled: "Pharmacy Benefit** Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation **Prescription Drug Programs**"



The Empire Plan

# 123456789

JEANNIE EMPIRE PLAN ENROLLEE

In-network Out-of-Pocket Limits: Drug: \$XXXX, Non-Drug: \$XXXX

Non-network Combined Deductible: \$XXXX Non-network Combined Coinsurance Max: \$XXXX Physical Medicine Program Deductible: \$XXX

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For enrollee services, precertification & provider relations, please call:

1-877-7-NYSHIP (1-877-769-7447)

For details on your health benefits, visit www.cs.ny.gov/ employee-benefits

Providers: This card represents but does not quarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan. Hospital and related services provided by Anthem HealthChoice Assurance Inc., a licensee of the Blue Cross and Blue Shield Association.

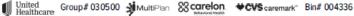




BLUE CROSS PLAN 303

Blue Cross Prefix: YLS





Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service

## ATTACHMENT 30

### Individual Coverage



Student Employee Health Plan

Administered by the New York State Depart ent of Civil Service

### Smith, John 123456789

Effective until 08/31/24 or when coverage ends,

### Hospital benefits

- POSPHIA Definition

  \$ 25 ERI\(\frac{2}{2}\)200 per admission

  \$ 15 outpatient visit and hospital-based urgent care

  \$ 30 P/T

### Medical/Surgical benefits

\$10 office visit, office surgery, labs, radiology, chiropractic treatment, P/T, urgent care

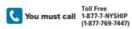
Mental Health/Substance Use benefits • \$25 ER/\$200 per admission or detox stay

\$10 outpatient visit.

Rx benefits Retail Pharmacy 30 days/Mail Service or Specialty Pharmacy 31-90 days\*

\$5/\$5" Level 1 or generic
 \$25/\$50" Level 2 or preferred brand name
 \$45/\$90" Level 3 or non-preferred brand name

In-network Out-of-Pocket Limits: Drug: \$3,300, Non-Drug: \$6,150 Non-network Combined Deductible: \$100 Physical Medicine Program Deductible: \$100



Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select the Medical/Surgical Program

MHSU Services: see your At A Glance for precent services. For emergency admissions, call the MHSU Program within 48 hours.

Home Care and Diabetic Supplies/Equipment: Select the Medical/Surgical Program.

For details on your health benefits, visit www.cs.ny.gov/employee-benefits

Submit hospital and hospice claims to your local Blue Plan. Hospital and related claims services provided by Anthem HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association.

Submit medical provider claims in accordance with your participating provider agreement.

Submit behavioral health provider claims to Carelon

Behavioral Health. All other non-hospital providers
call 1-877-759-7447 for information about eligibility. nefits and claims submission.



PPO BLUE CROSS Blue Cross PLAN 303 Prefix: YLS



Scarelon ♥CVScaremark: Bin# 004336

This card represents but does not guarantee enrollment in the New York State Health Insurance Program. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends

### **Family Coverage**



Student Employee Health Plan

Administered by the New York State Department of Civil Service

### Smith, John

123456789

Effective until 08/31/24 or when coverage ends, whichever is sooner

### Hospital benefits

- \$25 ER/\$200 per admission
- \$15 outpatient visit and hospital-based urgent care \$10 P/T

\$10 office visit, office surgery, labs, radiology, chiropractic treatment, P/T, urgent care

# Mental Health/Substance Use benefits • \$25 ER/\$200 per admission or detox stay • \$10 outpatient visit

Rx benefits
Rotal Pharmacy 30 days/Mail Service or
Specially Pharmacy 31-90 days\*
- \$51/\$5" Level 1 or generic
- \$25/\$59" Level 2 or preferred brand name
- \$45/\$90" Level 3 or non-preferred brand name

# In-network Out-of-Pocket Limits:

Drug: \$3,300, Non-Drug: \$6,150 (Ind); Drug: \$6,650, Non-Drug: \$12,250 (Family) Non-network Combined Deductible: \$100 per person Physical Medicine Program Deductible: \$100 per person



# Precertification required for: Admission to a hospital: Select the Hospital Program.

For an emergency admission, call within 48 hours. Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select the Medical/Surgical Program.

MHSU Services: see your At A Glance for precent services. For emergency admissions, call the MHSU Program within 48 hours.

Home Care and Diabetic Supplies/Equipment: Select the Medical/Surgical Program.

For details on your health benefits, visit www.cs.ny.gov/employee-benefits

Submit hospital and hospice claims to your local Blue Plan. Hospital and related claims services provided by Arthem HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.





United Healthcare Group# 030500

Scarelon. ♥CVScaremark: Bin# 004336

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