

## Section Four

# Summary of Health Plans

- I. Point of Service Plans (POS)  
Exclusive Provider Organizations (EPO)  
Participating Provider Organizations (PPO)/  
Indemnity Plans
- II. Health Maintenance Organizations (HMOs)
- III. Health Plans for Medicare-Eligible Retirees

The health plan summary descriptions and comparison charts contained in this booklet are for informational purposes only and are subject to change. The benefits are subject to the terms, conditions and limitations of the applicable contracts and laws.

I.

## **Exclusive Provider Organization (EPO), Point-of-Service (POS) and Participating Provider Organization (PPO)/Indemnity Plans (For Employees and Non-Medicare Retirees and their dependents)**

Exclusive Provider Organization (EPO) plans offer a higher level of choice and flexibility than many other managed care plans. Members can see any provider in the EPO network, which contains family and general practitioners as well as specialists in all areas of medicine. There is no need to choose a primary care physician and no referrals are necessary to see a specialist. An EPO provides members with an extensive local, national and worldwide network of providers. There are no claim forms to file and members will never have to pay more than the copayment for covered services. There is no out-of-network coverage.

Point-of-Service (POS) plans offer the freedom to use either a network provider or an out-of-network provider for medical and hospital care. If the subscriber uses a network provider, health care delivery resembles that of a traditional HMO, with prepaid comprehensive coverage and little out-of-pocket costs for services. When the subscriber uses an out-of-network provider, health care delivery resembles that of an indemnity insurance product, with less comprehensive coverage and subject to deductibles and/or coinsurance.

Participating Provider Organization (PPO)/Indemnity plans offer the freedom to use either a network provider or an out-of-network provider for medical and hospital care. Participating Provider Organization (PPO)/Indemnity plans contract with health care providers who agree to accept a negotiated lower payment from the health plan, with copayments from the subscribers, as payment in full for medical services. When the subscriber uses a non-participating provider, the subscriber is subject to deductibles and/or coinsurance.

### **The following Point-of-Service, Exclusive Provider Organization, and Participating Provider Organization/Indemnity plans are offered by the Health Benefits Program**

| <b>Health Plan</b>                         | <b>Phone Number</b> | <b>Web Address</b>   |
|--|---------------------|--|
| Aetna QPOS                                 | (800) 445-8742      | <a href="http://www.aetna.com">www.aetna.com</a>                   |
| DC 37 Med-Team (DC 37 members only)        | (212) 501-4444      | <a href="http://www.ghi.com">www.ghi.com</a>                       |
| Empire EPO                                 | (800) 767-8672      | <a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a> |
| <b>GHI-CBP/Empire BlueCross BlueShield</b> |                     |  |
| Group Health Incorporated:                 | (212) 501-4444      | <a href="http://www.ghi.com">www.ghi.com</a>                       |
| Empire BlueCross BlueShield:               | (800) 433-9592      | <a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a> |
| HIP Prime POS                              | (800) 447-6929      | <a href="http://www.hipusa.com">www.hipusa.com</a>                 |

Descriptions of the Health Plans listed above can be found on pages 21 through 26.

#### Special Note

**If a Medicare-eligible retiree is enrolled in a Medicare HMO or a Medicare supplemental plan and has non-Medicare eligible dependents, the corresponding plans on pages 21 through 27 provide benefits for those dependents. For information about Medicare enrollee coverage, please refer to the health plans on pages 42 through 48.**

#### Cost

**Employee and Non-Medicare Retiree premium costs for EPO, POS and PPO/Indemnity plans are listed on pages 38 and 53 through 56.**



## Aetna Quality Point-of-Service Program

The Quality Point-of-Service Program (QPOS) offers all of the comprehensive benefits of the Aetna HMO plan with the added freedom to "self-refer" -- choose to use out-of-network providers or visit network doctors without a Primary Care Physician (PCP) referral.

Aetna QPOS is available to City of New York employees and non-Medicare retirees residing in NY (the five boroughs and the following counties: Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster and Westchester); the entire states of CT, DE, and NJ ; and a number of counties in GA, MD, MA, NC, PA and Washington, D.C.

You can keep your out-of-pocket expense to a minimum when you see your PCP for routine care, and when he or she refers necessary specialty or hospital care. PCP office visits are covered by a \$15 copayment and referred specialist office visits are covered with a \$20 copayment. There are no deductibles to pay.

You also have the freedom to go directly to a PCP, specialist or hospital for medically necessary care any time you wish, even out-of-network providers. If you choose that route, you will be responsible for a coinsurance amount of 20% of the customary and reasonable fee; and a deductible -- \$250 for those with the Individual plan; \$750 for those with the Family plan. Aetna will reimburse you the coinsurance amount of 80% of the customary and reasonable fee. Once you have paid \$2,500 in coinsurance on the Individual plan or \$7,500 on the Family plan, you will be reimbursed 100% of the customary and reasonable fee for covered charges up to the annual maximum benefit of \$250,000. You are responsible for amounts charged in excess of customary and reasonable fees.

Self-referred outpatient mental health care is covered at 50% of the customary and reasonable fee.

Several benefits require that Aetna's precertification program (phone number found on your Aetna ID card) be contacted in order to avoid a substantial reduction in benefits for self-referred care. For example, self-referred Durable Medical Equipment costs exceeding \$1,500 must be precertified; a planned self-referred hospital admission must be precertified at least five days in advance.

Certain benefits are covered in-network only: routine physicals; routine pediatric dental; routine GYN exams; infertility services; and the special medical programs listed below.

Additionally, members have access to:

**Aetna Navigator<sup>TM</sup>**, Aetna's member and consumer self-service website that provides a single source for online health and benefits information 24 hours a day, 7 days a week at [www.aetna.com](http://www.aetna.com). Through Aetna Navigator, members can change their primary care physician, replace an ID card, research Aetna's products and programs, contact Aetna directly and access a vast amount of health and wellness information. Aetna Navigator also includes secure, personalized features for members who register on the site including access to claim and benefit status. Additionally, members can contact their designated member services team and customize their home page to meet their individual health needs.

**DocFind<sup>®</sup>**, an online provider list located at [www.aetna.com](http://www.aetna.com); **InteliHealth<sup>®</sup>**, an online consumer health information network located at [www.intelihealth.com](http://www.intelihealth.com); and **Informed Health<sup>®</sup> Line**, a telephonic nurse line available 24 hours a day, 7 days a week.

### Aetna Special Medical Programs

**Disease Management** -- Specific programs are aimed at slowing or avoiding complications of certain diseases through early detection and treatment to help improve outcomes and quality of life. The programs include Low Back Pain, Asthma, Heart Failure and Diabetes.

**The Moms-to-Babies<sup>TM</sup> Maternity Management Program** -- A management program to help identify at-risk pregnancies, which are given special attention from nurse case managers.

**Natural Alternatives<sup>TM</sup>** -- A program that offers contracted discounted rates for alternative types of health care (e.g., chiropractors [for chiropractic care not covered under the medical plan], acupuncturists, massage therapists and nutritional counselors), all available without a referral or precertification.

**Vision One<sup>®</sup> Discount Program** -- A program that offers significant discounts on eye care needs, such as prescription eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and eye care accessories. Members can call 1-800-793-8618 to find the Vision One<sup>®</sup> locations nearest to them. This benefit is in addition to, not in place of, members' union welfare fund vision benefits.

### Prescription Drugs

**An Optional Rider benefit is available for prescription drug coverage with a three-tier copay structure: \$10 for generic drugs/\$20 for formulary drugs/\$35 for non-formulary, mandatory generic, 30-day supply, available at retail pharmacy. Mail Order Delivery for prescription drugs is 2 times retail copay up to a 90-day supply.**

### For More Information

**For more details, refer to the City of New York/Aetna Commercial packet. To speak to a customer service representative, call 1-800-445-8742, 8:00 a.m. – 6:00 p.m., Monday through Friday.**

**You can send your questions in writing to:**

**Aetna  
99 Park Avenue  
New York, NY 10016  
Attn: City of New York Department**

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



## GHI-Comprehensive Benefits Plan (GHI-CBP)

With GHI-CBP, you have the freedom to choose any provider worldwide. You can select a GHI participating provider and not pay any deductibles or coinsurance, or go out-of-network and still receive coverage, subject to deductibles and coinsurance.

GHI's provider network includes all medical specialties. When you need specialty care, you select the specialist and make the appointment. Payment for services will be made directly to the provider - you will not have to file a claim form when you use a GHI participating provider.

**Participating Provider Benefits** -- There is a \$15 copayment per visit to GHI participating medical providers/practitioners and participating mental health care providers. These include practices such as Family Practice, General Practice, Internal Medicine, OB/GYN, Pediatrics, and providers such as Allergists, Cardiologists, Chiropractors and Gastroenterologists (a full list is available on [www.ghi.com](http://www.ghi.com)).

There is a \$20 copayment per visit for GHI participating Surgeons, all Surgical Subspecialties, and Dermatologists. Examples of these providers are those who practice: Cardiothoracic and Thoracic Surgery; Colon and Rectal Surgery; General Surgery; Neurological Surgery; Ophthalmology; Oral Surgery; Orthopedics, and many others (a full list is available on [www.ghi.com](http://www.ghi.com)).

**Home Care Services** -- These services include intermittent home care services, home infusion therapy, private duty nursing and durable medical equipment. Benefits are paid in full when precertified by the GHI Managed Care Department. Contact GHI Coordinated Care at (212) 615-4662 in New York City, or 800-223-9870 outside New York City. Durable medical equipment is subject to an annual \$100 per person deductible. Coverage for home infusion therapy is available only through GHI participating providers, but all other services can be obtained through non-participating providers, subject to separate annual deductibles and coinsurance.

**Mental Health and Chemical Dependency Program** -- This plan offers both inpatient and outpatient chemical dependency and mental health benefits. You can choose from over 8,000 psychiatrists, psychologists, social workers and other providers in the metropolitan New York City area who comprise the GHI Behavioral Management provider network. Out-of-network benefits are also available. Complete details on this program are available by calling GHI at 800-NYC-CITY (800-692-2489).

**Centers of Specialized Care** -- This network of specialty hospitals offers focused expertise in cardiac care and certain transplant procedures. These services are paid in full, without deductibles or coinsurance, when provided at a Center of Specialized Care hospital. Details are available by calling GHI at 800-223-9870 or 212-615-4662.

**Non-Participating Provider Benefits** -- When you do not use the services of a participating provider, GHI provides coverage for the services of non-participating providers. Payment for these services is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The rate at which you will be reimbursed for a particular service is contained within the Schedule. These reimbursement rates were originally based on 1983 procedure allowances, and some have been increased periodically. The reimbursement levels, as provided by the Schedule, may be less than the fee charged by the non-participating provider. Please note that certain non-participating provider reimbursement levels may be increased if you have the optional rider. The subscriber is responsible for any difference between the fee charged and the reimbursement, as provided by the Schedule. A copy of the Schedule is available for inspection at GHI.

Non-participating provider reimbursement is subject to calendar year deductibles (\$200 per person, up to a maximum of \$500 per family) and a lifetime maximum of \$2 million per person.

**Catastrophic Coverage** -- If you choose non-participating providers for predominantly in-hospital care and incur \$1,500 or more in covered expenses (based on physicians' reasonable and customary charges, as determined by GHI), you are eligible for additional "Catastrophic Coverage." Under this coverage, GHI pays 100% of reasonable and customary charges, as determined by GHI.

### Optional Rider

#### **Prescription Drugs**

Retail pharmacy up to a 30-day supply (2 fills) subject to deductible of \$150 per ind./\$450 per family. After deductible, you pay: Generic - 20% coinsurance with a min. charge of \$5 or actual cost if less; Brand-Name Formulary - 40% coinsurance with min. charge of \$25 or actual cost if less; Brand-Name Non-Formulary - 50% coinsurance with min. charge of \$40 or actual cost if less. If you choose a formulary or non-formulary brand that has a generic equivalent, you will pay the difference in cost between the drug and the generic coinsurance.

#### **Mandatory Maintenance Mail Order**

Up to a 60-day supply. You pay: \$10 Generic/\$40 Brand-Name Formulary/\$60 Brand-Name Non-Formulary. You must use Mail Service for medications. Prescriptions will not be filled at retail after two (2) fills. **Prior Authorization** is required for certain brand-name medications.

**Step-therapy Prescription Program** encourages use of best medications for your condition.

#### **Over-the-Counter Equivalent Program (OTC)**

- Prescription Medications that have an OTC equivalent will not be covered.

### Optional Rider (continued)

- Enhanced schedule for certain services increases the reimbursement of the basic program's non-participating provider fee schedule, on average, by 75%.
- Additional outpatient psychiatric and inpatient chemical dependency treatment services. Call 800-NYC-City (800-692-2489) for details about this benefit.

### For More Information

You may contact:  
**Group Health Incorporated**  
441 Ninth Avenue  
New York, NY 10001  
(212) 501-4444



## Empire BlueCross BlueShield Hospital Plan

The Empire BlueCross BlueShield Hospital Plan offers City of New York employees, retirees and their families enrolled in the GHI/Comprehensive Benefits Plan broad protection against the high cost of hospital care. With the Empire BlueCross BlueShield hospital identification card, employees and their families have access to more than 5,700 participating hospitals across the country. The hospitals file directly with their local Blue Cross and Blue Shield plan, nearly eliminating your out-of-pocket payments and claims filing.

**Inpatient Care\*:** After you meet your \$300 deductible per admission (\$750 annual maximum per person), Empire's Hospital Plan offers you paid-in-full inpatient care for up to 365 days of hospitalization. You are covered for such inpatient services as semi-private room and board, general nursing care, drugs and medicines, the use of blood transfusion equipment, and the administration of blood or blood derivatives. Maternity benefits are covered in full and are subject to a \$300 deductible. Nursery charges are covered in full. Newborn children are covered from birth for treatment of illness or injury. Benefits are provided for air ambulance service (not subject to the inpatient deductible) to hospitals in connection with an emergency situation when no other transportation (such as commercial airlines or surface transportation) is available. Each family member must meet his or her own deductible; if you are admitted again within 90 days, you do not have to meet another deductible. In addition, you do not have to pay a deductible for the following: ill newborns who remain in the hospital after birth; or hospice benefits.

**Emergency Care:** There is a \$50 co-payment for emergency room care such as treatment for sudden and serious illness and accidental injury treatment. This co-payment is waived if the patient is admitted to the same hospital. Coverage is provided for emergency room physicians and non-invasive cardiology, radiology and pathology services. Charges for specialty doctors and/or follow-up care should be submitted to GHI.

**Outpatient Care:** In addition to emergency room care, Empire BlueCross BlueShield's Hospital Plan also provides coverage for ambulatory surgery, chemotherapy, and presurgical testing. Ambulatory surgery is covered at 80% of approved charges. You pay 20% coinsurance up to a maximum of \$200 per calendar year. After that, such treatment or surgery is covered in full. There are up to 36 visits available for outpatient cardiac rehabilitation. (These benefits are subject to NYC Healthline precertification and approval.)\*

**Skilled Nursing Facility Care:** A maximum of 90 days is available for skilled nursing facility care, which may include 30 inpatient days in a rehabilitation hospital primarily for physical therapy, physical rehabilitation or physical medicine.

**Hospice Care:** The Hospital Plan also offers coverage for hospice care for up to 210 days. Full benefits for this service are provided when they are rendered in a participating facility.

**Worldwide Protection:** If you travel abroad and need inpatient care you will receive full benefits if you are admitted to any general hospital. Empire's Hospital Plan also offers you access to BlueCard Worldwide®, the international hospital and provider network of the Blue Cross and Blue Shield Association. If you need outpatient care you will receive full benefits in a participating or any general hospital for use of a hospital's facilities for a surgical operation. For emergency care in non-participating hospitals, you may not be covered in full for physician or specialist services.

### For More Information

To keep you informed about the Empire BlueCross BlueShield Hospital Plan, Empire has staffed the Dedicated Service Center with customer service representatives specially trained to explain the program.

If you would like additional information about Empire's Hospital Plan, please call (800) 433-9592. The Center telephone hours are from 8:30 A.M. to 5:30 P.M., Monday through Friday.

You may write the plan at:

Empire BlueCross  
BlueShield  
City of New York  
Dedicated Service  
Center  
P.O. Box 3598  
Church Street Station  
N.Y., NY 10008-3598

[www.empireblue.com/nyc](http://www.empireblue.com/nyc)

### Hospital Pre-Admission and Medical Care Requirements

\*Enrollees must call NYC Healthline at 800-521-9574 prior to any scheduled hospital admission or within 48 hours of an emergency admission. Failure to call NYC Healthline may result in a penalty of up to \$500.



#### Prescription Drugs

The DC 37 Health & Security Plan provides prescription drug benefits.

#### Cost

There is no cost for this program.

#### For More Information

For additional information, please call (212) 501-4444 and identify yourself as a DC 37 member.

DC 37  
125 Barclay Street,  
3<sup>rd</sup> Floor  
New York, NY 10007

www.ghi.com

## DC 37 Med-Team

Available only to DC 37 members, retirees, and their families, the DC 37 Med-Team Program offers a full range of coverage and more choices. Depending on the health care services you need, you are free to get covered services from medical providers participating in the GHI network or choose non-participating providers and receive out-of-network benefits. The DC 37 Med-Team Program provides network benefits in GHI participating hospitals located in New York and New Jersey that are designated by GHI as being part of the network available to the DC 37 Med-Team Program (please note, emergency care is covered as a network benefit in any hospital located throughout the United States).

When you choose the DC 37 Med-Team Program, you get these advantages:

- You can choose to use participating or non-participating providers and still receive benefits.
- You do not need a referral to see a specialist, so you are free to use any provider.
- In-network hospital and medical benefits are paid in full after copayments.
- There are no claim forms to file when you use in-network physicians and specialists.

**In-Network Benefits** – In-network benefits include office, specialist and chiropractic visits, allergy testing, diabetes supplies, diabetes education and management, visits for physical therapy, physical rehabilitation, occupational, speech and vision therapy, one annual physical examination, well-woman care, skilled nursing facility care, hospice care, home healthcare visits including home infusion therapy, durable medical equipment, diagnostic procedures such as X-rays, MRI, lab tests, chemotherapy, radiation therapy, diagnostic screening tests, pap smears, mammography, and well-child care including immunization visits. In-network hospital admissions are subject to a \$250 copay per admission. Home and Office visits and Lab & X-ray services are subject to a \$10 copayment.

**Note:** Non-emergency hospital admissions, Diagnostic X-ray and certain other medical services require pre-certification and failure to comply with the pre-certification requirements may result in a reduction in benefits.

**Out-of-Network Benefits** – Out-of-network services are covered health care services provided by a hospital or other provider that does not participate in the GHI network, or hospitals other than GHI participating hospitals located within New York and New Jersey that are designated by GHI as being considered non-participating under the DC 37 Med-Team Program. When you use an out-of-network provider, benefits are subject to the following:

You pay an annual deductible of \$1,250 per individual/\$3,000 per family, 30% coinsurance with a maximum out-of-pocket coinsurance of \$3,750 per individual/\$9,375 per family per calendar year plus any amount above the GHI Allowed Charge.

You will usually have to pay the provider when you receive care. You will need to file a claim and payment will be sent to you.

**Note:** Durable Medical Equipment, Mental Health Care, and Routine Podiatric Care are not covered out-of-network.

## Special Programs

**GHI Centers of Excellence** – A program that gives members access to hospitals and medical professionals with demonstrated expertise and success in performing cardiac care and organ transplants.

**Disease Management Program** – Educational programs for eligible members to learn to manage chronic illnesses such as asthma, diabetes, etc.

**Good Health Incentives program** – Offers special discounts on a wide variety of health-related products and services including: General Nutrition Centers, WellQuest Fitness Network, Weight Watchers, Davis Vision Laser Vision Correction, Davis Vision Affinity Discount Program, Acupuncture Therapy Discount Program, Massage Therapy Discount Program, Registered Dietician Discount Program, HEARx – Hearing Aid and Product Discount, CARExpress Discount Health Programs and My Medical CD.



## Empire EPO

### Prescription Drugs

A prescription drug rider offers access to over 4,200 pharmacy network providers in the New York tri-state area, and over 54,000 network pharmacies nationwide. There is a \$10 co-payment for generic drugs, \$25 co-payment for brand drugs on the formulary list and \$50 co-payment for drugs not on the formulary list. After Empire Pharmacy Management has paid \$3,000 in drug expenses, all drugs have a 50% coinsurance for each benefit year.

### For More Information

For additional information call 1-800-767-8672, 8:30 a.m. to 5:00 p.m., Monday through Friday.

You may contact the plan at:  
 Empire BlueCross  
 BlueShield  
 City of New York  
 Dedicated Service  
 Center  
 P.O. Box 3598  
 Church Street Station  
 N.Y., NY 10008-3598

Empire's EPO, an Exclusive Provider Organization, provides all active and non-Medicare retirees nationally a health plan choice where they live, work, study (dependent students) or travel. Empire's local network provides access to over 70,000 provider locations and 215 hospitals. Nationally over 668,000 physicians and over 5,700 participating hospitals are available through BlueCard, the national network of Blue Cross and Blue Shield plans. You do not need to choose a primary care physician, there are NO REFERRALS NECESSARY to see a specialist and no claim forms to complete.

Inpatient hospital care is covered in full when arranged for and authorized by Empire's Medical Management Program with a \$250 co-payment per individual, and a maximum of \$625 co-payment per family. Office visits are covered with a \$15 co-payment. Other benefits include office, specialist and chiropractic visits, allergy testing, diabetes supplies, diabetes education and management, physical therapy, physical rehabilitation, occupational, speech and vision therapy, one annual physical examination, well-woman care, skilled nursing facility care, hospice care, home health care visits including home infusion, durable medical equipment, X-rays, MRI, lab tests, chemotherapy, radiation therapy, diagnostic screening tests, pap smears, mammography, maternity and related maternity care, and well-child care including immunizations visits. There is a \$35 co-payment for use of the emergency room, which is waived if admitted within 24 hours.

**360° Health<sup>SM</sup> -- Empire's Health Services Program** is a comprehensive suite of preventive care programs, wellness information, case management and care coordination services, all seamlessly integrated to achieve optimal health outcomes for our members.

**Empire HealthLine<sup>SM</sup>** gives members access to health care information through a toll-free, confidential phone service. Specially trained registered nurses are on hand 24 hours a day, 7 days a week, to help with your medical questions and concerns. Members have access to an audio library of more than 1,100 health care topics in English and Spanish.

**SARA Early Risk Management** (Systematic Analysis Review and Assistance) is a program that identifies patients at risk for potentially serious medical conditions. It analyzes and cross-references existing medical, laboratory, pharmacy and hospital claims data and provides your physicians with added support.

**Empire Maternity Care Program** -- By working with your choice of medical professionals, this program follows your pregnancy's progress from the first trimester through delivery.

*Empire provides ongoing management and coordination of services for chronic conditions.* Members with certain chronic conditions can receive individualized care to help them maintain their full potential for good health. Once Empire identifies you as a candidate, they will mail you program information. Participation in the program is voluntary, and at no additional cost.

**Building Better Health** -- The depression management program was specially designed to educate members about the warning signs of depression, as well as assist them with identifying treatment options and helping them learn how to improve the quality of their lives.

**Transplant Program** -- Through the national BlueCross and BlueShield Association's Blue Quality Centers for Transplant (BQCT), Empire offers you one of the best local and national organ and tissue transplant networks in the world.

**Medical Management** -- Rely on our rigorous medical management program to get you access to the care you need and deserve.

## HIP Prime<sup>®</sup> POS

HIP Prime<sup>®</sup> POS is a point-of-service plan offering both in- and out-of-network coverage. Members can go to virtually any doctor or specialist at any location and still take advantage of HIP's value. There is no charge if you are referred by your primary care physician (PCP) and use doctors, hospitals and services in the HIP network. Non-referred and out-of-network services are subject to deductibles and coinsurance.

### Prescription Drugs

A rider is available for HIP Prime<sup>™</sup> POS members which covers the cost of prescriptions with \$5 generic/\$15 formulary copay for prescriptions filled at any of HIP's participating pharmacies.

### For More Information

To learn more please write to:  
HIP  
55 Water Street  
New York, NY 10041

Or call  
1-800-HIP-NYC9  
(1-800-447-6929)

Representatives will be available Monday through Friday, 8:00 a.m. to 6:00 p.m. to answer your questions.

You can also request an updated participating physician directory or log on to [www.hipusa.com](http://www.hipusa.com) now available in English, Spanish, Chinese and Korean.

**In-Network Benefits** – In-network, you and your family receive comprehensive hospital and medical benefits from HIP participating providers. HIP's New York service area includes the five boroughs of New York City as well as Nassau, Suffolk, Westchester, Rockland and Orange Counties. HIP's participating network now numbers over 22,000 participating providers in more than 33,000 service locations. Members have access to top quality health care providers through HIP's alliances with outstanding medical groups and hospitals, including Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital, St. Luke's Roosevelt Hospital and Beth Israel Medical Center.

You and each family member choose a PCP practicing in a private office or in any of HIP's convenient neighborhood health care centers. You may visit your PCP as often as necessary. Your PCP coordinates your care and works with specialists from virtually every area of medical practice to provide you with the health care you need.

As a HIP Prime POS member, you and your dependents will be covered for a broad range of in-network hospital and medical services that include routine examinations, medical screenings, X-rays, mammography services, inpatient hospital rehabilitation and skilled nursing facility care, outpatient rehabilitation (physical therapy, occupational therapy, speech therapy) dialysis, home care, well-child care, urgent care, mental health services and a preventive dental program.

### **Emergency Care**

HIP provides coverage for emergency services around-the-clock, whenever and wherever needed. If you experience a medical emergency when traveling outside of the HIP service area – anywhere in the world – you are covered for hospital and medical care. Simply obtain the care you need and notify HIP with 48 hours.

### **Out-of-Network Benefits**

HIP Prime POS offers you the freedom to choose medical and hospital care outside the HIP network. If you choose to bypass your PCP and receive non-referred care or use a physician not affiliated with HIP, you are reimbursed after the deductible for up to 80% of HIP customary charges. Your hospital stay is covered for up to 80% of HIP customary charges as long as it is approved in advance by HIP. Routine preventive care such as periodic health exams, routine immunizations and eye exams are covered only when provided by a participating provider. Routine pediatric and well-child care is covered up to 80% of HIP customary charges. For maternity care, newborn nursing services and mother's hospital services are covered in full in- and out-of-network.

Following an annual deductible of \$250 per individual or \$500 per family, members receive 80% reimbursement of HIP customary charges. You must pay any charges that exceed HIP customary charges. When the 20% coinsurance reaches \$2,000 per individual or \$4,000 per family in a calendar year, HIP Prime POS pays 100% of customary charges for the remainder of the calendar year up to a maximum of \$5 million. You must first contact the HIP Member Advocacy Program to obtain prior approval for services such as hospital and skilled nursing facility care, ambulatory surgery, home care, MRI's, CAT Scans and outpatient alcohol and substance abuse treatment (see your Evidence of Coverage for details and a complete listing of services requiring HIP's prior approval). Failure to obtain prior approval will result in a 50% penalty.

## II.

### Health Maintenance Organizations (HMOs)

(For Employees and Non-Medicare Retirees and their dependents)

A Health Maintenance Organization (HMO) is a system of health care that provides managed, pre-paid hospital and medical services to its members. An HMO member chooses a Primary Care Physician (PCP) from within the HMO network, and the PCP manages all medical services, provides referrals, and is responsible for non-emergency admissions. Individuals and/or families who choose to join an HMO can receive health care at little or no out-of-pocket cost, provided they use the HMO's doctors and facilities. Because the HMO provides all necessary services, there are usually no deductibles to meet or claim forms to file. In most plans, if a physician outside of the health plan is used without a referral from the PCP, the patient is responsible for all bills incurred.

#### The following Health Maintenance Organizations are offered by the Health Benefits Program

##### Cost

See employee and non-Medicare retiree premium costs rate page.

See retiree premium costs rate pages.

| Health Plan                    | Phone Number   | Web Address            |
|--------------------------------|----------------|------------------------|
| Aetna HMO                      | (800) 445-8742 | www.aetna.com          |
| CIGNA HealthCare               | (800) 832-3211 | www.cigna.com          |
| Empire HMO (NY)                | (800) 767-8672 | www.empireblue.com/nyc |
| GHI HMO                        | (877) 244-4466 | www.ghihmo.com         |
| Health Net                     | (800) 441-5741 | www.healthnet.com      |
| HIP PRIME HMO                  | (800) 447-6929 | www.hipusa.com         |
| MetroPlus (HHC employees only) | (877) 475-3795 | www.nyc.gov/html/hhc   |
| Vytra Health Plans             | (800) 448-2527 | www.vytra.com          |

Descriptions of the Health Plans listed above can be found on pages 30 through 37. A comparison chart of these plans can be found on pages 39 and 40.

##### Special Notes for Medicare-Eligible Retirees

If a Medicare-eligible retiree is enrolled in a Medicare HMO and has non-Medicare eligible dependents, the corresponding HMOs on pages 30 through 37 provide benefits for those dependents. For information about Medicare enrollee coverage, please refer to the health plans on pages 42 through 48.



## Aetna HMO

Aetna is available to City of New York employees and non-Medicare retirees residing in the New York City region (the five boroughs and following counties: Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster and Westchester) the entire states of New Jersey, Connecticut, and Delaware; and a number of counties in Georgia, Maryland, Massachusetts, North Carolina, Pennsylvania, and Washington D.C.

### Prescription Drugs

An Optional Rider benefit is available for prescription drug coverage with a three-tier copay structure: \$10 for generic drugs/\$20 for formulary drugs/\$35 for non-formulary, mandatory generic, 30-day supply, available at retail pharmacy. Mail Order Delivery for prescription drugs is 2 times retail copay up to a 90-day supply.

Each Aetna member selects a participating primary care physician to coordinate his/her care and issue specialist and hospital referrals. Office visits are covered with a \$15 copayment for primary care physicians and a \$20 copayment for specialists. There are no deductibles to pay.

Additionally, members have access to:

**Aetna Navigator™**, Aetna's member website that provides a single source for online health and benefits information 24 hours a day, 7 days a week at [www.aetna.com](http://www.aetna.com). Through Aetna Navigator, members can change their primary care physician, replace an ID card, research Aetna's products and programs, contact Aetna directly and access a vast amount of health and wellness information. Aetna Navigator also includes secure, personalized features for members who register on the site including access to claim and benefit status. Additionally, members can contact their designated member services team and customize their home page to meet their individual health needs.

**DocFind®**, an online provider list located at [www.aetna.com](http://www.aetna.com); **InteliHealth®**, an online consumer health information network located at [www.intelihealth.com](http://www.intelihealth.com); and **Informed Health® Line**, a telephonic nurse line available 24 hours a day, 7 days a week.

## Aetna Special Medical Programs

**Disease Management** -- Specific programs are aimed at slowing or avoiding complications of certain diseases through early detection and treatment to help improve outcomes and quality of life. The programs include: Low Back Pain, Asthma, Heart Failure and Diabetes.

**The Moms-to-Babies™ Maternity Management Program** -- A management program to help identify at-risk pregnancies, which are given special attention from nurse case managers.

**Natural Alternatives** -- A program that offers contracted discounted rates for alternative types of health care (e.g., chiropractors [for chiropractic care not covered under the medical plan], acupuncturists, massage therapists and nutritional counselors), all available without a referral or precertification.

**Vision One® Discount Program** -- A program that offers significant discounts on eye care needs, such as prescription eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and eye care accessories. Members can call 1-800-793-8618 to find the Vision One® locations nearest to them. This benefit is in addition to, not in place of, members' union welfare fund vision benefits.

### For More Information

For more details, refer to the City of New York/Aetna Commercial packet. To speak to a customer service representative, call 1-800-445-8742, 8:00 a.m. - 6:00 p.m., Monday through Friday. You can send your questions in writing to:  
Aetna  
99 Park Avenue  
New York, New York 10016  
Attn: City of New York Department



**CIGNA**

*A Business of Caring.*

## CIGNA HealthCare

CIGNA HealthCare provides comprehensive health care coverage to NYC employees and non-Medicare retirees living in New York, New Jersey, Los Angeles, CA., and Phoenix, AZ.

CIGNA's network of highly qualified physicians is one of the largest in the New York and New Jersey area with over 8,600 primary care physicians and over 20,000 specialists.

### Prescription Drugs

CIGNA HealthCare offers an optional rider for prescription drug coverage. There is a \$10 copayment for a 30-day supply of generic and formulary brand drugs per prescription at participating pharmacies. Generic substitution is required if an FDA approved generic exists. A 90-day supply is available through mail order for a \$20 copayment.

**Participating Doctors** - Each of CIGNA HealthCare's doctors has been carefully selected and credentialed.

**Choice of Doctors** - Each member of your family can elect his or her own primary care physician from our network. Your primary care physician will manage all your healthcare needs including referrals to network specialists. You are subject to a \$10 copayment for each office visit and a \$150 copayment per hospital admission.

**Personalized Care** - You see your CIGNA doctor or CIGNA specialist in the privacy and comfort of his or her private office - which is often near where you live.

**Emergency Coverage** - No matter where you travel in the U.S. or worldwide, you are covered for emergency care.

## Health and Wellness Programs

CIGNA HealthCare plans offer preventive care and health education programs. Through our local and national wellness programs, participants receive information and support that help them stay fit and enjoy healthier lives.

The CIGNA HealthCare Well Aware Program for Better Health is a comprehensive disease management program directed toward participants with asthma, low back pain and diabetes. CIGNA offers health screenings, including mammography and cholesterol screening.

CIGNA's commitment to wellness emphasizes prevention and staying well through Women's Health Care and Men's Health Care. Important baby and child immunizations are covered by our Child Health Immunization Program. CIGNA encourages participants to take advantage of these important wellness programs by sending them annual birthday card reminders.

CIGNA also participates in a nationwide LIFESOURCE Organ Transplant service for quality transplant services.

### Healthy Woman Program

The Healthy Woman's Program covers annual pap tests, mammograms as needed, and access to OB/GYNs without a referral from a primary care physician.

### 24-Hour Health Information Line

Registered nurses are available 24 hours a day to help you make an appropriate assessment about what to do for yourself or someone in your family. Call the doctor? Rush to the emergency room? Wait until morning? Registered nurses are available to provide general health information.

You have 24-hour access to CIGNA's vast automated audio health information library so that you can research topics of interest on your own, in complete privacy, as you please.

### Health Club Discounts

CIGNA participates in the Global Fit Network, which offers discounted access to health and fitness clubs across the tri-state region.

### For More Information

Employees or retirees who have questions can call 1-800-832-3211.

Representatives are available to answer your questions.

In New York City you can write to:

CIGNA HealthCare  
140 East 45<sup>th</sup> Street  
New York, NY 10017

[www.cigna.com](http://www.cigna.com)

## Empire HMO

Empire's HMO, available to New York State residents in our 28-county service area, lets you choose from over 51,000 local provider locations and over 140 participating hospitals in our 28-county New York service area. This program features a full range of benefits with low out-of-pocket costs, no claim forms, and access to quality health care for you and your family.

With Empire's HMO, every family member can choose his or her own Primary Care Physician (PCP). The PCP must participate in Empire's HMO network and may be selected in any of the following areas of specialization: internists, family practitioners, general practitioners, or pediatricians. Your PCP helps manage your care by making the necessary referrals to specialists in the network.

Inpatient hospital care is covered in full when arranged for and authorized by your PCP, except for a \$250 co-payment per individual, with a maximum of \$625 co-payment per family. Office visits are covered with a \$15 co-payment. Other benefits include office, specialist and chiropractic visits, allergy testing, diabetes supplies, diabetes education and management, physical therapy, physical rehabilitation, occupational, speech and vision therapy, one annual physical examination, well-woman care, skilled nursing facility care, hospice care, home health care visits including home infusion, durable medical equipment, X-rays, MRI, lab tests, chemotherapy, radiation therapy, diagnostic screening tests, pap smears, mammography, maternity and related maternity care, and well-child care including immunizations visits. There is a \$35 co-payment for use of the emergency room, which is waived if admitted within 24 hours.

**360° Health<sup>SM</sup> - Empire's Health Services Program** is a comprehensive suite of preventive care programs, wellness information, case management and care coordination services, all seamlessly integrated to achieve optimal health outcomes for our members. **Empire HealthLine<sup>SM</sup>** gives members access to health care information through a toll-free, confidential phone service. Specially trained registered nurses are on hand 24 hours a day, 7 days a week, to help with your medical questions and concerns. Members have access to an audio library of more than 1,100 health care topics in English and Spanish.

**SARA Early Risk Management** (Systematic Analysis Review and Assistance) is a program that identifies patients at risk for potentially serious medical conditions. It analyzes and cross-references existing medical, laboratory, pharmacy and hospital claims data and provides your physicians with added support.

**Empire Maternity Care Program** -- By working with your choice of medical professionals, this program follows your pregnancy's progress from the first trimester through delivery.

*Empire provides ongoing management and coordination of services for chronic conditions.* Members with certain chronic conditions can receive individualized care to help them maintain their full potential for good health. Once Empire identifies you as a candidate, they will mail you program information. Remember, participation in the program is voluntary, and at no additional cost.

**Building Better Health** --The depression management program was specially designed to educate members about the warning signs of depression, as well as assist them with identifying treatment options and helping them learn how to improve the quality of their lives.

**Transplant Program** -- Through the national BlueCross and BlueShield Association's Blue Quality Centers for Transplant (BQCT), Empire offers you one of the best local and national organ and tissue transplant networks in the world.

**Medical Management** -- Rely on our rigorous medical management program to get you access to the care you need and deserve.

### Prescription Drugs

A prescription drug rider offers access to over 4,200 pharmacy network providers in the New York tri-state area, and over 54,000 network pharmacies nationwide. There is a \$10 copayment for generic drugs, \$25 copayment for brand drugs on the formulary list and \$50 copayment for drugs not on the formulary list. After Empire Pharmacy Management has paid \$3,000 in drug expenses, all drugs have a 50% coinsurance for each benefit year.

### For More Information

Please call 1- 800-767-8672, 8:30 a.m. to 5:00 p.m., Monday through Friday.

Contact the plan at:  
Empire BlueCross  
BlueShield  
City of New York  
Dedicated Service  
Center  
P.O. Box 3598  
Church Street Station  
New York, NY 10008-  
3598  
[www.empireblue.com/nyc](http://www.empireblue.com/nyc)

## GHI HMO

This plan is open to employees and retirees residing in the counties of Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester in New York.

GHI HMO is a Health Maintenance Organization (HMO), offering its members the opportunity to receive health care services at a participating physician's private office. Each GHI HMO member selects his or her own Primary Care Physician (PCP). Physician office visits require a \$15 copayment.

As a GHI HMO member, you and each member of your family will choose a PCP from GHI HMO's list of participating providers. For adults, the PCP will specialize in either internal medicine or family practice and, for children, specialization will be in either pediatrics or family practice. Your PCP will coordinate all health care services, including referrals, which must be arranged for and authorized by your PCP.

GHI HMO members receive full coverage for inpatient hospital care when arranged for and authorized by their PCP. Most inpatient care will be provided at a participating hospital where your PCP or Specialist has admitting privileges, including all participating hospitals in the GHI HMO service area. Specialized care not available in local participating hospitals may be referred to GHI HMO's tertiary medical centers. In addition, medically necessary services not provided by GHI HMO participating hospitals or affiliated providers will be arranged by your PCP and covered in full.

### Comprehensive Coverage

GHI HMO coverage is comprehensive. Routine health care, office visits, allergy tests and treatment, eye and ear exams, laboratory services, X-rays, diagnostic tests, second surgical opinions, health education, well-baby and well-child care, prenatal and post-natal care, services of a physician, surgeon, anesthesiologist, emergency services, skilled nursing care, mental health care, physical therapy and rehabilitation, chiropractic services and acupuncture are all covered.

### Emergency Care

Emergency care is covered, provided that the services are authorized by your GHI HMO PCP. For life-threatening emergencies, members receive immediate care and then are expected to call their GHI HMO PCP within 48 hours of receiving care. Members are covered 24 hours per day/7 days per week. Emergency care is covered anywhere in the world. There is a \$35 copayment for each emergency room visit that does not result in an admission.

#### Prescription Drugs

**GHI HMO offers an optional rider for prescription drug coverage. Retail copayments are: \$8 generic; \$16 preferred brand and \$30 non-preferred brand per prescription at participating pharmacies. Mail order (up to 90-day supply) copayments are: \$16 generic; \$32 preferred brand and \$50 non-preferred brand. Prescriptions are dispensed on a generic basis. Members requesting a brand name drug must pay the difference between the brand name drug and the generic drug when a generic drug is available, plus the generic copayment.**

#### For More Information

**Contact GHI HMO at:  
(877) 244-4466 or (877) 208-7920 (TDD only).**

**You can also send your questions in writing to:  
GHI HMO  
P.O. Box 4181  
Kingston, NY 12402  
Attn: Customer Service**



## Health Net

Health Net offers a large choice of physicians and providers, with more than 76,000 provider office locations. The Health Net network will meet your needs in the tri-state (New York/New Jersey/Connecticut) area, and has more than 32,000 locations in New York.

With Health Net you decide when to see a participating specialist. Our benefit plan provides open access, which means that you're able to see a participating specialist without a referral. Office visits are covered with a \$15 co-payment per PCP visit and \$20 co-payment per specialist visit. Also covered are laboratory services, X-rays, diagnostic tests, pre-natal and post-natal care, emergency services, and urgent care services.

Health Net offers a full range of preventive care benefits, including adult physicals, well-child care and immunizations, and eye exams. We want to help you detect potential health problems early, when they are easier to treat.

Here are some important features included in the base plan:

- Open access to any participating specialist without a referral.
- Discounts on quality contact lenses and supplies through an arrangement with TruVision™.
- **The Health Net AlternaCare<sup>SM</sup>** program, which offers benefits for acupuncture and chiropractic treatment, plus discounts for massage therapy.
- No deductibles or coinsurance.
- No claim forms and virtually no paperwork.
- Worldwide emergency coverage.
- Contact a Health Coach for one-to-one support on managing illness and chronic conditions.
- **Smart Start<sup>SM</sup>** – This reminder program helps parents keep track of their children's immunizations from birth to age two.
- Health club/fitness center discounts.

[www.healthnet.com](http://www.healthnet.com) – Visit us online anytime to find a participating physician or provider, obtain information comparing and ranking hospitals across more than 50 procedures and medical conditions, and access current scientific writing and clinically tested procedures for over 10,000 medical conditions. You can update membership information and have materials you may need sent to you. You can also use our Internet site to e-mail our Member Services department with questions, order ID cards, notify us of address changes and more.

### For More Information

**If you have any questions about any aspect of this program, please call Health Net toll-free at (800) 441-5741, 8:00 a.m. to 6:00 p.m., Monday through Friday.**

**You can write to :  
Health Net  
One Far Mill Crossing  
P.O. Box 904  
Shelton, CT 06484-0944**



## HIP Prime HMO

HIP Health Plan of New York was created more than 57 years ago to provide city workers and union members with high quality, affordable health insurance. Today, HIP remains committed to offering city employees and retirees a full range of coverage for medical and hospital services.

HIP's network has grown to over 22,000 participating providers in more than 33,000 service locations, including thousands of private practice offices and convenient neighborhood health care centers. Members have access to top quality health care providers through HIP's alliances with outstanding medical groups and hospitals, including Montefiore Medical Center, Lenox Hill Hospital, St. Barnabas Hospital, St. Luke's Roosevelt Hospital and Beth Israel Medical Center.

### HIP Prime® HMO

HIP Prime HMO offers members choice, convenience and access to quality health care. You and each member of your family choose a primary care physician (PCP) practicing in his/her private or group office or at any of the health care centers throughout HIP's service area. HIP's service area includes the five boroughs of New York City as well as Nassau, Suffolk, Westchester, Rockland and Orange counties.

You can choose a different PCP for each family member. You may visit your PCP as often as necessary without charge. Simply call for an appointment. Whether it is a routine physical or a specific medical treatment, your PCP coordinates your care and works with specialists from virtually every area of medical practice to provide you with the health care you need.

As a HIP Prime member, you and your dependents will be covered for a broad range of hospital and medical services that include routine examinations, medical screenings, X-rays, mammography services, inpatient hospital rehabilitation and skilled nursing facility care, outpatient rehabilitation (physical therapy, occupational therapy, speech therapy), dialysis, home care, well-child care, urgent care, mental health services and a preventive dental program.

### Emergency Care

HIP provides coverage for emergency services around-the-clock, whenever and wherever needed. If you experience a medical emergency when traveling outside of the HIP service area – anywhere in the world – you are covered for hospital and medical care. Simply obtain the care you need and notify HIP within 48 hours.

### Staying Healthy

Special programs focus on the importance of a healthy life-style and preventive health care. HIP offers programs to help you lose weight, stop smoking, reduce stress and exercise regularly. HIP will also help you learn how to prevent illness and manage chronic conditions such as diabetes, heart disease and asthma.

### Value Added Programs

Members also have access to value added programs at discounted rates, including laser vision correction, an alternative medicine program, preventive dental services and fitness club memberships. These are not covered benefits, but HIP members have access to a network of providers that offers these services at a discounted rate.

### Web Site

Visit HIP's web site at [www.hipusa.com](http://www.hipusa.com). Now available in English, Spanish, Chinese and Korean.

#### Optional Rider Benefits

A rider is available which covers the cost of prescriptions with \$5 generic/\$15 formulary copay for prescriptions filled at any of HIP's participating pharmacies. You can also choose a rider for durable medical equipment and in-hospital private duty nursing.

#### For More Information

To learn more please write to:  
HIP  
55 Water Street  
New York, NY 10041

For further information please call 1-800-HIP-NYC9 (1-800-447-6929). Representatives will be available Monday through Friday, 8:00 a.m. to 6:00 p.m. to answer your questions. You can also request an updated participating physician directory or log on to [www.hipusa.com](http://www.hipusa.com)

MetroPlus Health Plan is a fully-licensed Health Managed Care Organization, offering a full range of services at no cost to employees and non-Medicare eligible retirees of the NYC Health and Hospitals Corporation (HHC) and their dependents, including full-time students up to age 23.

#### Prescription Drugs

Through selection of an optional rider, members receive full coverage on prescription drugs when authorized by a MetroPlus physician. Members can fill prescriptions at any of MetroPlus's more than 1,600 conveniently located, participating pharmacies throughout the City. This benefit is subject to a \$5 copayment.

Currently, MetroPlus is being offered to HHC employees, and non-Medicare retirees at multiple locations throughout Manhattan, the Bronx, Brooklyn and Queens. Membership is open to HHC employees who are Staten Island residents, providing they obtain all health care services from a MetroPlus participating provider in Manhattan, the Bronx, Brooklyn or Queens. MetroPlus sites are easy to reach by public transportation, and are located in the communities where employees live and work.

Upon joining the Plan, members select a primary care provider (PCP) from a panel of qualified physicians who are either board-certified or board-eligible in their medical specialties and nurse practitioners. A member's PCP not only provides routine care, but also coordinates all of the health care needs of his/her patients. MetroPlus PCPs serve as the member's point of contact for follow-up care, and work with physicians from virtually all areas of medical practice to provide members with comprehensive services. Moreover, once a member selects a PCP, he/she may visit that physician as often as necessary without charge.

MetroPlus members are covered in full for a wide range of primary and preventive health care services, and are offered other features, including doctor visits, maternity care, well-baby care, hospital/surgical care and emergency services. There are no deductibles, no copayments, and no bills or claim forms for basic covered services when authorized by MetroPlus Health Plan.

If an urgent medical need or emergency arises, members can call the MetroPlus Hotline at (800) 442-2560, 24 hours/7 days a week. Calls to this Hotline are answered by specially-trained representatives who can put members in contact with a health professional. Through this process, members are guided through the options they need to make informed decisions about their health care.

#### For More Information

Customer Service Representatives will be available to assist you at (877) 475-3795 8 a.m. - 8 p.m. Monday through Friday. Saturdays from 8:00 a.m. through 7:00p.m.

You may contact the plan at:

MetroPlus Health Plan  
160 Water Street  
3rd Fl.  
New York, NY 10038

#### **Out-of-Area Coverage**

If a member needs medical or hospital care that cannot be provided at his/her health care center, or if an emergency occurs outside of the MetroPlus service area, the plan covers these services in full, when authorized.

#### **Preventive Health Maintenance**

Other special features of MetroPlus include specially-trained membership services staff, health education programs, and multi-lingual staff. Private duty nursing in the hospital, and covered appliances and prosthetics, previously covered under the Optional Rider, are now covered in the basic plan. Full coverage is provided for maternity care services, including but not limited to routine prenatal care and delivery. In addition, female members are able to visit their gynecologist without a referral. MetroPlus also offers allergy testing and diabetic supplies (insulin, testing strips, etc.) to members with a \$5 copay.

MetroPlus is not offered to Medicare-eligible retirees.



## Vytra Health Plans

Vytra Health Plans offers New York City employees and retirees an opportunity to access quality healthcare in Queens, Nassau and Suffolk counties. More than 13,000 private practice physicians and provider locations are available in the tri-county service area. Through a strict credentialing process and an ongoing quality assurance program, Vytra Health Plans ensures that members receive the best medical care available.

### Prescription Drugs

Vytra Health Plans offers an optional rider for prescription drug coverage that is accepted at over 90% of the pharmacies in the United States. See the Vytra Health Plans medical directory for a complete listing of tri-county area pharmacies. There is a \$7 copay per prescription (brand and generic) after an annual \$50 per person deductible has been met. There is no annual limit.

At the heart of Vytra's healthcare plan is your Primary Care Physician (PCP). This is a family practitioner or internist or in the case of children, a pediatrician, whom you select from our extensive medical directory. Your PCP coordinates all your healthcare needs. This includes providing routine care, prescribing medication, arranging for referrals to specialists, laboratory testing, X-rays and hospital stays when necessary. When you enroll in Vytra Health Plans, you become a member of a comprehensive health care plan designed to promote good health, as well as the delivery of quality care in times of illness or injury.

**Preventive Care** - Preventive Care, including physical examinations, is covered through your PCP. You pay \$5 for each visit to your PCP. Well-child visits are also covered through PCPs. No co-payment is required for well-child visits for members from birth through 18 that are scheduled within the standards of the American Academy of Pediatrics.

**Emergency Care** - Medically necessary emergency care is covered anywhere in the world. You can call Vytra Health Plans for guidance on emergency care 24 hours a day, 7 days a week. There is a \$25 co-pay for medically necessary emergency treatment. This is waived if admitted to the hospital.

**Specialty Care** - In addition to routine medical care, your PCP helps you get the specialty care you need through a large network of participating providers. When specialty services are necessary, your PCP will refer you to the appropriate specialist. Specialist consultations and treatment, short-term physical, occupational or speech therapy, and allergy testing and treatments are provided at \$5 per visit.

**OB/GYN** - Female members also have the option to select a participating Vytra Health Plans Obstetrician/Gynecologist (OB/GYN) who provides care within his/her specialty without a referral from the PCP. Routine exams, mammography and Pap tests are covered with a \$5 co-payment. Maternity care - including prenatal visits, delivery, hospital stay and post-natal care - is covered 100%.

**Hospital Coverage** - Your admission to any of the tri-county hospitals is based upon your participating physician's admitting privileges. You will find this information in the Vytra Health Plans medical directory. Hospital services, including pre-admission testing, unlimited room and board in a semiprivate room, physician services for surgery and anesthesiology, prescribed medications and diagnostic services are covered at 100%.

Skilled nursing facility care for up to 45 days per calendar year is covered at 100%. Mental health and substance abuse services are also offered.

**Health Promotion** - Vytra's commitment to service is demonstrated in various health and wellness programs designed to make staying well easy and convenient. A quarterly wellness magazine, *Pulse*, provides health, wellness and life-style information, as well as information about your Vytra plan benefits. Wellness Seminars, featuring topic experts, are provided to teach you how to feel well and maintain a healthy life-style. Other health improvement programs include *Healthier Living* care management, *Prime of Our Lives* dedicated to women's health for those over age 45, and *Little Stars* prenatal and pregnancy management program. Vytra's *Healthy Savings* program offers discounts on fitness and health-related services from local Long Island participating businesses. From fitness centers to vision centers, swimming lessons to sailing lessons, over two dozen organizations take part in this discount program.

### For More Information

To speak with a New York City Account Representative, call Vytra Health Plans at (631) 694-6565 or (800) 406-0806, Monday through Friday, 8:30 a.m. to 5:30 p.m.

You may contact the health plan at:  
Vytra Health Plans  
Corporate Center  
395 North Service  
Road  
Melville, New York  
11747-3127

www.vytra.com