PA
Participating Agencies

The New York State Health Insurance Program

For Active Employees, Retirees, Vestees and Dependent Survivors, their dependents and Young Adult Option enrollees enrolled through Participating Agencies with Excelsior Plan benefits

Call toll free 1-877-7-NYSHIP (1-877-769-7447)

For preauthorization of services or if you have questions about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLine$_{SM}$ representatives are available 24 hours a day, seven days a week. See page 15 for addresses and teletypewriter (TTY) numbers.

This guide briefly describes Excelsior Plan benefits. If you have health insurance questions, contact your agency Health Benefits Administrator (HBA).

State of New York Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
https://www.cs.ny.gov

at a Glance

THE EXCELSIOR PLAN℠
AN EMPIRE PLAN OPTION

JANUARY 1, 2012

What's New

- **Combined Annual Deductible** for the Basic Medical Program and non-network coverage under the Home Care Advocacy Program and Mental Health and Substance Abuse Program is $750.
- **Combined Annual Coinsurance Maximum** for the Basic Medical Program and non-network coverage under the Mental Health and Substance Abuse Program is $2,500.
- **Convenience Care Clinics** - Health clinics in fixed locations in retail stores, supermarkets and pharmacies that provide a range of services including treatment of uncomplicated minor illness and preventive health care services. Covered services rendered at a participating convenience care clinic will be subject to the usual office copayment. There is no non-network benefit. Note: Drop-in seasonal flu vaccine clinics held in pharmacies are not convenience care clinics and are not covered.
- **Licensed Nurse Practitioners** – The participating provider network has expanded to include licensed and certified nurse practitioners. Services are subject to the usual copayment rules and amounts. There is no non-network benefit.
- **2012 Excelsior Plan Three-Level Preferred Drug List**

Please see *Contact Information* on page 15 for NYSHIP addresses and teletypewriter (TTY) numbers.

Quick Reference

The Excelsior Plan is a comprehensive health insurance program for New York's public employees and their families. The Plan has four main parts:

(1) Hospital Program
insured and administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent reviews, discharge planning, inpatient Medical Case Management and The Empire Plan Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

(2) Medical/Surgical Program
insured and administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: coverage for home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET scan, and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

(3) Mental Health and Substance Abuse Program
insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

(4) Prescription Drug Program
insured and administered by UnitedHealthcare

Provides coverage for prescription drugs dispensed through Empire Plan network pharmacies, the mail service pharmacy and non-network pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Services, Inc. (Medco) for services including the retail pharmacy network, mail service pharmacy and specialty pharmacy.

Preventive Care Services

This publication reflects the coverage changes for your benefit plan as required under the federal Patient Protection and Affordable Care Act (PPACA). Among the PPACA provisions is a requirement to cover certain in-network preventive care services without enrollee cost sharing. As required by PPACA, certain services received from an Empire Plan participating provider or network hospital will be paid at 100% (not subject to copayment).

Preventive care services covered under PPACA with no copayment at a network hospital or from a participating provider include: bone density tests, colonoscopies, mammograms, pap smears, certain immunizations and certain preventive care and screenings for infants, children, adolescents and adults. This is not the complete list of preventive screenings and services.

For further information on preventive services, visit www.healthcare.gov.

Benefits Management Program

for preadmission certification

If The Excelsior Plan is primary for you or your covered dependents:

You must call The Excelsior Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, a $200 penalty will be applied to the charges if it is determined that your hospitalization is medically necessary. If the Hospital Program does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.

for Prospective Procedure Review

If The Excelsior Plan is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program before having one of the following imaging procedures in an outpatient setting on a scheduled (non-emergency) basis: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scans or Nuclear Medicine tests. If you do not call, you will pay a large part of the cost. If the test or procedure is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

Centers of Excellence

Cancer Services

YOU MUST CALL

to participate

You must call the plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or call the Cancer Resources Center toll free at **1-866-936-6002** and register to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. When applicable, a travel, lodging and meal allowance is available. See page 4 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with the plan's Hospital Benefits Program coverage and/or Medical/Surgical Program coverage.

Program requirements apply even if Medicare or another health insurance plan is primary.

Transplants Program

YOU MUST CALL

for prior authorization

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas.

A paid-in-full benefits for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. When applicable, a travel allowance is available. See page 4 for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits for covered services are provided in accordance with the Plan's hospital and/or medical surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or multivisceral transplant, you may still take advantage of the Hospital Program case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplants process.

To enroll in the Program and receive these benefits, The Excelsior Plan must be your primary insurance coverage.

Infertility Benefits

YOU MUST CALL

for prior authorization

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447**) and choose the Medical Program for preauthorization and a list of Qualified Procedures before receiving services.

Paid-in-full benefit is available, subject to the lifetime maximum of $50,000 per covered person for Qualified Procedures including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See page 4 for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with the Plan's Hospital Program coverage and/or Medical/Surgical Program coverage.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures. If you do not receive prior authorization, no benefits are available for Qualified Procedures under the Plan's Hospital Program or Medical/Surgical Program. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary. Prescription drug benefit (not included in the $50,000 medical infertility benefit) and annual maximums apply to infertility drugs (see page 13).

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or are preauthorized for Infertility Benefits, you will not have any copayments. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. The Travel Allowance will be applied toward the $50,000 maximum lifetime benefit for Infertility Benefits.

Combined Annual Deductible and Combined Coinsurance Maximum

Combined Annual Deductible

The Excelsior Plan deductible is $750 for the enrollee, $750 for the enrolled spouse/domestic partner and $750 for all dependent children combined.

The combined deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims can be reimbursed.

Combined Coinsurance Maximum

The coinsurance maximum is $2,500 for the enrollee, $2,500 for the enrolled spouse/domestic partner and $2,500 for all dependent children combined.

The coinsurance maximum will be shared between the Basic Medical Program and non-network coverage under the Mental Health and Substance Abuse Program.

Hospital Program

The Hospital Program pays for covered services provided by a network inpatient or outpatient hospital, skilled nursing facility or hospice setting. There is no coverage for services provided in a non-network facility except in an emergency or if a network facility is not available. The Medical/Surgical Program provides benefits for medical and surgical services as well as certain hospital services if not covered by The Hospital Program. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Hospital Inpatient • *Semi-private room*

for preadmission certification

Network Coverage

You are covered for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network hospital.

Inpatient Deductible

You pay a $250 copayment for each in-network hospitalization. There is no coinsurance maximum.

Non-network Hospital Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency or when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospital Outpatient

Network Coverage

Diagnostic radiology, diagnostic laboratory tests and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of $75 per visit. Paid-in-full benefits for bone mineral density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopy and sigmoidoscopy screenings considered preventive as defined in the Patient Protection and Affordable Care Act. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

Outpatient surgery is subject to a $100 copayment.

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services are subject to one copayment of $100 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Non-network Hospital Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency or when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Emergency room services, Network Coverage applies

Note: In the case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services. This benefit applies to the Participating Provider and Basic Medical Programs. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Paid-in-full benefit for chemotherapy, radiology, anesthesiology, pathology, dialysis, and preadmission testing and/or presurgical testing prior to an inpatient admission.

$30 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery.

Claims for inpatient and outpatient hospital services are sent directly to Empire BlueCross BlueShield by the network hospital.

Skilled Nursing Facility Care • *Semi-private room*

for preadmission certification (see page 2)

If Medicare is your primary coverage, The Excelsior Plan does not provide Skilled Nursing Facility benefits, (except for active enrollees disabled due to end-stage renal disease), even for short-term rehabilitation care.

Network Coverage

Covered in an approved network facility when medically necessary in place of hospitalization.

Non-network Coverage

No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospice Care

Network Coverage
Paid in full when provided by an approved network hospice program.

Non-network Coverage
No coverage in a non-network program except network benefits apply in the event of an emergency or when there is no network program available within 30 miles of your residence or when no network program within 30 miles of your residence can provide the covered service you require.

Medical and Surgical Benefits for Covered Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

Participating Provider
Paid-in-full benefits for covered services except radiology, anesthesiology and pathology services subject to a $50 copayment.

Non-Participating Provider
Basic Medical benefits for covered services except radiology, anesthesiology and pathology services subject to a $50 copayment. Basic Medical benefits for continued hospital inpatient services after Empire BlueCross BlueShield hospital inpatient benefits end.

Note: In the case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services. This benefit applies to the Participating Provider and Basic Medical Programs. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement.

Participating Provider Program
No deductibles or lifetime benefit maximums. You pay a copayment for certain services. Other covered services, including covered preventive care services as defined in the Patient Protection and Affordable Care Act, received from a participating provider are paid in full. The Plan provides guaranteed access for primary care physicians and certain medical specialties (see page 7).

To learn whether a provider participates, check with the provider directly, call The Excelsior Plan toll-free number and choose the Medical Program or visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online, then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Basic Medical Program
Annual Maximum: Annual maximum benefit of $750,000.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: After you meet the combined annual deductible, The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the Ingenix Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or
- When a rate is not published by CMS and the Ingenix gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services. See page 4.

Guaranteed Access Feature

When there are no participating providers within a reasonable distance, access to network benefits will be available to enrollees for primary care physicians and certain core provider specialties. To receive network benefits, enrollees must contact the Benefits Management Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Benefits Management Program. You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Benefits Management Program does not guarantee that a provider will be available in a specified time period. Guaranteed access applies when The Excelsior Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare).

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Within New York State

Urban: 3 miles
Suburban: 15 miles
Rural: 40 miles

Outside New York State

Urban: 10 miles
Suburban: 20 miles
Rural: 40 miles

Within these mileage standards, network benefits are guaranteed for the following primary care physicians and core specialties:

Primary Care Physicians

Family Practice
General Practice
Internal Medicine
Pediatrics
Obstetrics/Gynecology

Specialties

Allergy
Anesthesia
Cardiology
Dermatology
Laboratory
Neurology

Specialties Continued

Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pulmonary Medicine
Radiology
Urology

Office Visits

Participating Provider Program

You pay a single $30 copayment per visit for all covered services provided during the visit and billed by the provider. No copayment for prenatal visits, well child care, and preventive services as defined by the Patient Protection and Affordable Care Act.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Diagnostic Laboratory Services

Participating Provider Program

You pay a single $30 copayment for covered services provided by a participating laboratory.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Diagnostic Radiology and Imaging Services

Participating Provider Program

You pay a single $30 copayment per visit for covered services provided by a participating free-standing (non hospital-based) facility except as noted below.

You pay a $75 copayment per visit for imaging procedures subject to Prospective Procedure Review (PPR) – MRIs, MRAs, CT Scan, PET Scan or Nuclear Medicine tests – provided by a participating free-standing (non hospital-based) facility.

Note: Interpretation of diagnostic test results billed separately by a different provider are covered separately and subject to a copayment or Basic Medical benefits.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Routine Health Exams

Participating Provider Program

Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to a $30 copayment per visit to a participating provider.

Basic Medical Program

Basic Medical benefits for active employee, 50 or older. This benefit is not subject to deductible or coinsurance. There is no Basic Medical coverage for routine health exams for spouses, retirees, vestees or dependent survivors.

Adult Immunizations

Participating Provider Program

Paid-in-full benefit for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention when received from a participating provider, including influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), and tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for female enrollees and dependents age 19 through 26 and male enrollees and dependents age 19 through 21), meningitis immunizations and Herpes Zoster (Shingles) immunization for enrollees and dependents age 60 or older. Herpes Zoster (Shingles) immunization is covered subject to a $30 copayment for enrollees under age 60. The copayment also covers the cost of oral and injectable substances received from a participating provider.

Note: Vaccines/immunizations are not covered if administered by a pharmacist or purchased from a pharmacy. (Does not apply to participating convenience care clinics.)

Basic Medical Program

Not covered

Routine Pediatric Care • *up to age 19*

Participating Provider Program

Paid-in-full benefit for routine well-child care received from a participating provider including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.

Basic Medical Program

Routine Newborn Child Care – Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care – Basic Medical benefits for covered services provided by non-participating providers. This benefit is subject to deductible and coinsurance.

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

External Mastectomy Prostheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program and then the Home Care Advocacy Program (HCAP) for precertification of any single prosthesis costing $1,000 or more. For a prosthesis requiring approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Outpatient Surgical Locations

Participating Provider Program

$75 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital-owned and operated outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first $35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to $50 for under 50 miles and up to $75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program administered by Managed Physical Network *(MPN)*

Chiropractic Treatment and Physical Therapy

Network Coverage ***(when you use MPN)***

You pay a $30 copayment for each office visit to an MPN provider that includes related radiology and diagnostic laboratory services provided during the office visit and billed by the MPN provider.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is no network provider in your area.

Non-network Coverage ***(when you don't use MPN)***

No coverage

Program requirements apply even if Medicare or another health insurance plan is primary.

Home Care Advocacy Program *(HCAP)*

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies

for prior authorization

Network Coverage ***(when you use HCAP)***

To receive a paid-in-full benefit, you must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including one pair of diabetic shoes per year, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of $500. You have guaranteed access to network coverage when you follow Plan requirements.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

Exceptions: For **diabetic supplies** (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**.

For **ostomy supplies** call Byram Healthcare Centers at **1-800-354-4054**.

Non-network Coverage ***(when you don't use HCAP)***

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible, see page 4, the Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum.

Program requirements apply even if Medicare or another health insurance plan is primary.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. See your January 1, 2011 and later Empire Plan Reports for areas affected by DMEPOS. If you need assistance locating a Medicare contract supplier, contact HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program.

Mental Health and Substance Abuse Program

YOU MUST CALL

to ensure the highest level of benefits

Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by OptumHealth.

Inpatient Services

	Network Coverage	Non-network Coverage
Approved Facilities	$250 copayment per stay for the enrollee $250 copayment per stay for an enrolled spouse/domestic partner $250 copayment per stay for all enrolled dependent children combined	No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.
Practitioner Treatment or Consultation	Paid-in-full	Same as inpatient non-network coverage above.

Ambulance Service

Ambulance service to a hospital where you receive mental health or substance abuse treatment is covered when medically necessary, except for the first $35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to $50 for under 50 miles and up to $75 for 50 miles and over. This benefit is not subject to deductible or coinsurance.

Outpatient Services

Network Coverage

Mental Health: Paid-in-full benefit for up to three visits per crisis. Additional visits subject to a $30 copayment.

Substance Abuse: $30 copayment per visit.

Non-network Coverage

Annual Maximum: Combined annual maximum benefit of $750,000. See page 4.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: After you meet the combined annual deductible (see page 4), The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare & Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the OptumInsight Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or
- When a rate is not published by CMS and the OptumInsight gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

OptumInsight is a wholly-owned subsidiary of UnitedHealthGroup and is an affiliate of UnitedHealthcare.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services. See page 4.

Hospital Emergency Room

$100 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room.

Network benefits apply for emergency room care provided by a non-network facility. To receive network benefits when a network facility is not accessible, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447).**

Psychological Testing

Network or non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is recommended before testing or evaluation begins.

Note: Psychological testing done by a physician, such as a neurologist, is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended before testing or evaluation begins.

Prescription Drug Program

This section does not apply if you have enrolled in a Medicare Part D prescription drug program.

You have coverage for prescriptions of up to a 90-day supply, subject to quantity limit provisions, at all network, non-network pharmacies and the mail service pharmacy. Prescriptions may be refilled for up to one year.

The Excelsior Plan uses UnitedHealthcare's Advantage Preferred Drug List (PDL). This is a managed formulary that may exclude certain drugs in a therapeutic category as well as having certain generic drugs subject to a Level 2 or 3 copayment. The drug list may be subject to change on January 1 and July 1 of each calendar year. For the current drug list, visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online, selecting your group (PA) and Plan (Excelsior) if prompted. Or, you may call **1-877-7-NYSHIP (1-877-769-7447)** and request an updated printed copy of the Excelsior Plan Preferred Drug List. The Plan includes the following:

Annual Maximum - Annual maximum benefit of $750,000.

Coverage Limits - There are benefit maximums for infertility drugs ($5,000/year and $25,000/lifetime) and smoking cessation drugs ($500/year).

Mandatory Generic Substitution - If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred brand name copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR.

Half Tablet Program - The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to the Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Copayments

You have the following copayments for drugs purchased from a Network Pharmacy or through the Mail Service Pharmacy or designated Specialty Pharmacy.

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy	**31- to 90-day supply of a covered drug from a Network Pharmacy**	**31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy**
Level 1.....$10	Level 1.....$25	Level 1.....$20
Level 2.....$30	Level 2.....$75	Level 2.....$60
Level 3.....$65	Level 3.....$160	Level 3.....$130

Specialty Drug Program

The Empire Plan Specialty Pharmacy Program offers to individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

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)**, choose The Empire Plan Prescription Drug Program and ask to speak with Accredo, 24 hours a day, seven days a week.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Actemra
- Actiq/Fentora/ Onsolis/Abstral
- Adcirca
- Amevive
- Amitiza
- Ampyra
- Aranesp
- Arcalyst
- Avodart
- Botulinum Toxins
- Cimzia
- Copaxone
- Crinone/ Endometrin/ Procheive/First Progesterone
- Differin
- Egrifta
- Elidel/Protopic
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Flolan/Veletri
- Forteo
- Growth Hormones
- Humira
- Immunoglobulin
- Incivek
- Kineret
- Kuvan
- Lamisil/Sporanox
- Letairis
- Lotronex
- Lovaza
- Makena
- Multiple Sclerosis Agents
- Nuvigil
- Oral Oncology
- Orencia
- Provigil
- Regranex
- Remicade
- Remodulin
- Restasis
- Retinoids
- Revatio
- Sandostatin/ Octreotide
- Select Interferons and Ribivirin
- Simponi
- Stelara
- Suboxone/ Subutex
- Synagis
- Tazorac
- Tracleer
- Tyvaso
- Ventavis
- Victrelis
- Weight loss agents
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Mail Service Pharmacy

You may fill your prescription by mail through the Mail Service Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Pharmacy Mail-Order Form.

Non-Network Pharmacy

If you do not use a Network Pharmacy, or if you pay cash at a Network Pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent unless the brand-name drug has been placed on Level 1 of the Excelsior Preferred Drug List. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Non-Grandfathered Health Plan

Your Empire Plan benefit package is no longer a "grandfathered" plan under the Patient Protection and Affordable Care Act (PPACA), signed into law March 30, 2010. This means that your Empire Plan benefits reflect changes as required by the federal health care reform of 2010 according to the Act's implementation timetable.

Contact Information

Hospital Program
Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Medical/Surgical Program
UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program
OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescription Drug Program
The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Empire Plan NurseLine$_{SM}$
Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine$_{SM}$ for health information and support.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program.....TTY only 1-800-241-6894
Medical/Surgical Program.....TTY only 1-888-697-9054
Mental Health and Substance Abuse Program.....TTY only 1-800-855-2881
Prescription Drug Program.....TTY only 1-800-759-1089

This document provides a brief look at Excelsior Plan benefits for Participating Agency enrollees. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.

NYSHIP
New York State Health Insurance Program

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

518-457-5754 (Albany area) 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)
https://www.cs.ny.gov

The *Excelsior Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Excelsior Plan.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
https://www.cs.ny.gov

Address Service Requested

Please do not send mail or correspondence to the return address above. See boxed address on page 15.

Save this document

NYSHIP
New York State Health Insurance Program

Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

Excelsior Plan At A Glance – January 2012

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). Check the web site 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 Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks. **EX0014 AAG-Excelsior-1/12**

The Excelsior Plan Copayments at a Glance

Participating Provider Program*

$30 Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit
$75 Copayment - Non-hospital Outpatient Surgical Locations
$75 Copayment - Prospective Procedure Review (PPR) - MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine tests

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

$30 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)*

$30 Copayment - Outpatient Physical Therapy
$75 Copayment - Outpatient Services for Surgery, Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
$100 Copayment - Emergency Room Care
$250 Copayment - Inpatient Hospital Services

Mental Health and Substance Abuse Program

$30 Copayment - Visit to Outpatient Substance Abuse Treatment Program
$30 Copayment - Visit to Mental Health Professional
$100 Copayment - Emergency Room Care
$250 Copayment - Inpatient Hospital Services

Prescription Drug Program

Up to a 30-day supply from a participating retail pharmacy or through the mail service
$10 Copayment - Level 1 Drug
$30 Copayment - Level 2 Drug
$65 Copayment - Level 3 Drug

31- to 90-day supply from a participating retail pharmacy
$25 Copayment - Level 1 Drug
$75 Copayment - Level 2 Drug
$160 Copayment - Level 3 Drug

31- to 90-day supply through the mail service
$20 Copayment - Level 1 Drug
$60 Copayment - Level 2 Drug
$130 Copayment - Level 3 Drug

*Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.