

Out-of-Network Reimbursement Disclosures

The Emergency Medical Services and Surprise Bills law requires The Empire Plan to provide information regarding your out-of-network reimbursement, including details on referrals, costs, coverage and surprise bills.

Out-of-Network Referral Mandate

The law requires The Empire Plan to provide access to primary care and specialty providers if these services are not available within a 30-mile radius or 30-minute travel time from your home address. This requirement applies to Empire Plan-primary enrollees residing in New York State and those states/regions where the Plan has a UnitedHealthcare PPO Options agreement in effect, including Connecticut, New Jersey, Pennsylvania, Maryland, North and South Carolina, Florida, Arizona, Washington DC, Virginia, West Virginia and the Chicago, Illinois area. If you require access to a certain provider, contact the appropriate Empire Plan administrator at 1-877-7-NYSHIP (1-877-769-7447).

Out-of-Network Referrals

In addition, if The Empire Plan network does not have a provider accessible to you who has the appropriate level of training and experience to treat a condition, you have the right to request an out-of-network referral to a qualified provider. You or your attending physician must first request approval from the appropriate Plan administrator to receive consideration for the service to be paid at an in-network level. The attending physician must recommend the provider with the qualifications to meet the health care needs of the patient. The attending physician must provide this written recommendation on behalf of the patient, not the provider for whom the out-of-network referral request is being made.

If the Plan approves the request, you must use this approved out-of-network provider and covered services will be paid at the in-network benefit level, with only the applicable network copayment owed. You are responsible for contacting the provider to arrange care. If the Plan denies the request, benefits for covered services received from a nonparticipating provider are available under out-of-network benefit provisions, subject to deductible and coinsurance. You also can request an external appeal through the NYS Department of Financial Services (DFS).

Appeal of Out-of-Network Referral Denials

If The Empire Plan denies an out-of-network referral request because there is a geographically accessible in-network provider with the appropriate training and experience to meet your health care needs, you or your representative may file an appeal for an external review if:

- The service, procedure or treatment is otherwise covered under the Plan and
- You have received a final adverse determination through the initial internal appeal process

Appeals forms are available on the DFS website at www.dfs.ny.gov/complaints/file_external_appeal or by contacting them at 1-800-342-3736.

Out-of-Network Coverage and Cost Information

To comply with the mandate to help enrollees make informed decisions, The Empire Plan has taken the following steps:

- The Empire Plan online directories include hospital affiliation information for participating providers (be sure to cross reference the Plan's hospital directory information to verify that the facility is in-network) as well as languages spoken. The 2019 printed versions of The Empire Plan Participating Provider Directories for New York State also include this information.
- To help you understand how much the Plan would pay for certain out-of-network services, the law requires disclosure of out-of-network reimbursement examples. See the chart on the reverse side.
- Out-of-Network Medical Estimation Tool: You can estimate the anticipated out-of-pocket cost for out-of-network services by contacting your provider for the amount that they will charge, or by using the FAIR Health website at www.fairhealthconsumer.org to determine the usual and customary rate (UCR) for out-of-network services in your geographic area or ZIP code.

Surprise Bills

Another provision of the law protects patients from being responsible for paying the full charge for surprise bills and generally applies only to services provided within New York State. Patients receive in-network benefits for any bill deemed to be a surprise bill.

What is a surprise bill?

When you receive services from a nonparticipating doctor, the bill you receive for those services will be a surprise bill if:

- You received services at an in-network hospital or ambulatory surgical center and a participating doctor was not available
- A participating doctor sent a specimen taken in the office to a nonparticipating laboratory or pathologist without your consent
- A nonparticipating doctor provided services without your knowledge
- Unforeseen medical circumstances arose at the time the health care services were provided

What is NOT a surprise bill?

If you electively seek care from an out-of-network provider when an in-network provider is available, any bills you receive are not considered to be surprise bills.

If you have questions about whether a bill meets this definition, contact DFS at 1-800-342-3736 or visit www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills.

For claims submission information, see the contact page of your 2020 *At A Glance*.

OUT-OF-NETWORK REIMBURSEMENT EXAMPLES FOR LARGE GROUP COVERAGE

This summary gives examples of typical costs for out-of-network services under the The Empire Plan in Nassau County that includes ZIP code 11758. The sample costs included in this example are based on assumed charges for enrollees in this ZIP code because it has the highest number of Plan enrollees. If you elect to utilize an out-of-network provider in a different area for these services, your costs may vary. If you want details about your coverage and costs, you can get the complete terms in your plan documents at www.cs.ny.gov or by calling 1-877-7-NYSHIP (1-877-769-7447).



Colonoscopy (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00812 Pathology CPT Code: 88305		Laminotomy (Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine) CPT Code: 63030 Anesthesia CPT Code: 00630		Breast Reconstruction (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402	
Sample care costs:		Sample care costs:		Sample care costs:	
Hospital services (outpatient)	UCR N/A	Empire Plan 100% of billed charges	UCR N/A	Empire Plan 100% of billed charges	UCR N/A
Physician services	\$1,600	\$1,600	\$41,000	Physician services	\$16,950
Anesthesia	\$2,654	\$2,654	\$6,480	Anesthesia	\$7,101
Pathology	\$270	\$270			
Total	\$4,524	\$4,524	\$47,480	Total	\$24,051
Patient pays		Patient pays		Patient pays	
Deductible	\$1,000		\$1,000	Deductible	\$1,000
Copays	\$0		\$0	Copays	\$0
Coinsurance*	\$705		\$3,000	Coinsurance*	\$3,000
Difference between UCR and what the plan pays	\$0		\$0	Difference between UCR and what the plan pays	\$0
Total	\$1,705	\$1,705	\$4,000	Total	\$4,000

UCR (usual and customary rate) is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health® at the 80th percentile for ZIP code 11758. Your provider may bill more than UCR.

Patient pays represents sample cost sharing. Your cost sharing may vary.

* Coinsurance patient pays does not include hospital services. Coinsurance patient pays will include 10 percent of billed hospital charges, up to the \$3,000 out-of-pocket coinsurance maximum.