



The Empire Plan

Special Report

Information about your new NYSHIP benefits, effective January 1, 2020.



Empire Plan Special Report

October 2019 • UCS-COBANC

New York State Health Insurance Program (NYSHIP) for Nonjudicial Employees represented by the Court Officers Benevolent Association of Nassau County (COBANC) of the Unified Court System (UCS), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their Empire Plan benefits

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Negotiated Changes Effective January 1, 2020

This *Report* describes changes affecting your NYSHIP Empire Plan coverage that will take effect on January 1, 2020, as a result of the recently ratified contract between the Unified Court System and COBANC. They include:

- Copayment changes (page 3)
- New out-of-network deductible and coinsurance maximum amounts (page 4)
- Formulary change (page 5)

This *Report* also includes information about:

- PrEP HIV-prevention medication coverage (page 5)
- New infertility benefits (page 5)
- Hospice care coverage (page 7)

Changing Your Health Insurance Option

This publication outlines the negotiated changes to your NYSHIP Empire Plan coverage. You will have the opportunity to change your NYSHIP option for 2020 during the upcoming annual Option Transfer Period. During this time, you may choose The Empire Plan, a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work or, if you are eligible, the Opt-out Program.

Option Transfer Period

Information on Option Transfer will be available shortly, including:

- *Planning for Option Transfer*. This flyer describes the requirements and enrollment procedures for several benefits and programs, including NYSHIP health benefits, the Pre-Tax Contribution Program (PTCP), the Opt-out Program and an increased benefit for the Productivity Enhancement Program (PEP). *Planning for Option Transfer* will be mailed to your home address.
- *Health Insurance Choices for 2020*. This guide provides a more detailed comparison of NYSHIP benefits, including The Empire Plan and NYSHIP-approved HMOs, as well as the procedures for changing options. *Choices* will be available on request from your Health Benefits Administrator (HBA).

- *Rates & Deadlines for 2020*. This is a listing of 2020 biweekly premium contributions for enrollees in The Empire Plan and NYSHIP-approved HMOs, as well as deadlines for making changes during the Option Transfer period. The *Rates* flyer will be mailed to your home address.

These publications will also be available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and then Health Benefits & Option Transfer. You can also request the publications from your HBA.

How to Change Options

See your HBA if you wish to change your option. You must submit the completed *Health Insurance Transaction Form* (PS-404) to your HBA by the Option Transfer Period deadline noted in your *Rates* flyer to change your health insurance option. If you are eligible to participate in the Opt-out Program and wish to enroll, you will need to submit both a PS-404 and a PS-409 (*Opt-out Attestation Form*).

For questions about your benefits, contact your HBA or The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 and then choose the appropriate prompt for plan benefit questions.

Empire Plan Changes

Copayments and Changes Effective January 1, 2020

The following new copayments and changes will take effect for services provided under the Medical/Surgical, Hospital, Mental Health and Substance Abuse and Prescription Drug Programs. Copayment cards for 2020 reflect these changes.

Medical/Surgical, Hospital and Mental Health and Substance Abuse Programs		
Program	In-Network Benefit	Copayment
Medical/Surgical	Office visit, office surgery, radiology, diagnostic laboratory testing, physical therapy, chiropractic treatment, occupational therapy, convenience care clinic visit	\$25
	Urgent care center visit	\$30
	Ambulatory surgical center visit	\$50
	Licensed ambulance service	\$70
Hospital	Outpatient physical therapy	\$25
	Urgent care center visit, outpatient services for diagnostic radiology or diagnostic laboratory tests	\$40
	Outpatient surgery	\$75
	Emergency department visit	\$90
Mental Health and Substance Abuse	Mental health professional visit, outpatient services, outpatient substance use treatment	\$25
	Emergency department visit	\$90

Skilled nursing facility visits will be covered up to 120 days. Each day of care in a skilled nursing facility counts as one-half benefit day of care.

Prescription Drug Program			
Drug Category	Copayment for up to a 30-Day Supply from a Network Pharmacy, the Mail Service Pharmacy or the Specialty Pharmacy	Copayment for a 31- to 90-Day Supply from a Network Pharmacy	Copayment for a 31- to 90-Day Supply from the Mail Service Pharmacy or the Specialty Pharmacy
Level 1 Drugs or for Most Generic Drugs	\$5	\$10	\$5
Level 2 Drugs, Preferred Drugs or Compound Drugs	\$30	\$60	\$55
Level 3 Drugs or Non-Preferred Drugs	\$60	\$120	\$110

Note: Certain covered drugs do not require a copayment when using a network pharmacy. For exclusions and exceptions, please see your *At A Glance* publication.

2020 Combined Annual Deductible

The Empire Plan has a combined annual deductible for some non-network services, including Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program and outpatient, non-network expenses under the Mental Health and Substance Abuse Program. **(Note:** Your out-of-pocket costs are higher when you receive services from a nonparticipating provider.) The combined annual deductible must be satisfied before expenses are considered for reimbursement.

Combined Annual Deductible		
	2019	2020 ¹
Enrollee	\$1,000	\$1,250
Enrolled Spouse/ Domestic Partner	\$1,000	\$1,250
Dependent Children Combined	\$1,000	\$1,250
Reduced Amount for Enrollees ² in Titles Equated to Salary Grade Six or Below	\$500	\$625

¹ Effective January 1, 2020

² And each deductible amount for their enrolled spouse/
domestic partner and dependent children combined

2020 Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum for some non-network services. The coinsurance amounts incurred for non-network Hospital Program coverage, Basic Medical Program coverage and non-network Mental Health and Substance Abuse Program coverage count toward the combined annual coinsurance maximum.

Copayments to Medical/Surgical Program participating providers and to Mental Health and Substance Abuse Program network practitioners also count toward the combined annual coinsurance maximum. **(Note:** Copayments made to network facilities and for services covered under the Managed Physical Medicine Program do not count toward the combined annual coinsurance maximum.)



Once the combined annual coinsurance maximum is met, you will be reimbursed at the network level of benefits for services covered under the Hospital Program and 100 percent of the usual and customary rates for services covered under the Basic Medical Program and Mental Health and Substance Abuse Program. You are responsible for paying all charges in excess of the usual and customary rate.

Combined Annual Coinsurance Maximum		
	2019	2020 ¹
Enrollee	\$3,000	\$3,750
Enrolled Spouse/ Domestic Partner	\$3,000	\$3,750
Dependent Children Combined	\$3,000	\$3,750
Reduced Amount for Enrollees ² in Titles Equated to Salary Grade Six or Below	\$1,500	\$1,875

¹ Effective January 1, 2020

² And each coinsurance maximum amount for their enrolled spouse/domestic partner and dependent children combined

2020 Maximum In-Network Out-of-Pocket Limit

In accordance with the Patient Protection and Affordable Care Act, **effective January 1, 2020**, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changes to \$8,150 for Individual coverage and to \$16,300 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined, and the balance applies to the Prescription Drug Program, as specified below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, network benefits are paid in full.

2020 Maximum In-Network Out-of-Pocket Limit		
	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$2,850*	\$5,300
Family Coverage	\$5,700*	\$10,600

* Does not apply to Medicare-primary enrollees

If you have questions about your maximum out-of-pocket limit for prescription drugs, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. If you have questions about your limit for all other covered in-network services, press or say 1 for the Medical/Surgical Program.

2020 Advanced Flexible Formulary

The Empire Plan uses a Flexible Formulary for prescription drugs. **Effective January 1, 2020**, you will be using the 2020 Empire Plan Advanced Flexible Formulary. The 2020 Advanced Flexible Formulary lists the most commonly prescribed generic and brand-name drugs along with any newly excluded drugs with formulary alternatives.

A copy of the 2020 Advanced Flexible Formulary will be mailed to your home with the 2020 *At A Glance* in December. You can also find the most up-to-date version of the formulary on NYSHIP Online. Be sure to check there, or have your

doctor do so, to ensure that you have the most current information.

Once it's available, you can access the 2020 Advanced Flexible Formulary online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then 2020 Advanced Flexible Formulary.

PrEP HIV-Prevention Medication Coverage

Effective January 1, 2020, the HIV-prevention medication Pre-Exposure Prophylaxis (PrEP) will be covered with no copayment, deductible or any other out-of-pocket costs for enrollees who are at high risk of acquiring HIV. Screening for HIV continues to be covered with no out-of-pocket costs when using a network provider.

If you have questions about PrEP, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

New Infertility Benefits

In accordance with New York State law, **effective January 1, 2020**, Empire Plan infertility benefits will include the following:

In Vitro Fertilization (IVF): The new law requires that enrollees receive coverage for three IVF cycles per lifetime. Under The Empire Plan, in vitro fertilization is a Qualified Procedure (a specialized procedure that facilitates a pregnancy but does not treat the cause of the infertility) for which you must receive prior authorization. Qualified Procedures are subject to a \$50,000 lifetime maximum per covered individual; however, coverage will be provided for a minimum of three IVF cycles. The lifetime maximum applies to all covered hospital, medical, travel, lodging and meal expenses associated with the Qualified Procedure. If the three IVF cycles have not been completed once the \$50,000 lifetime maximum is reached, the Plan will cover the remaining IVF cycles and the associated travel, lodging and meal expenses.

Fertility Preservation: Standard fertility preservation services are covered and not subject to the \$50,000 lifetime maximum when a medical treatment will directly or indirectly lead to infertility. Treatments include, but are not limited to, radiation therapy or chemotherapy for treatment of cancer. Fertility

preservation is the process of saving or protecting eggs or sperm so that a person can use them to have biological children in the future.

The new coverage applies to all enrollees and dependents, regardless of age, sex, sexual orientation, marital status or gender identity.

Centers of Excellence

While you have the freedom to choose a provider, the Centers of Excellence for Infertility are a select group of providers recognized by the Medical/Surgical Program administrator as leaders in reproductive medical technology and infertility benefits. If the Program administrator preauthorizes treatment at a Center, benefits are payable in full (subject to the maximum lifetime benefit). There is also a travel benefit available if the Center is more than 100 miles (200 for airfare) from the patient's residence.

For additional information, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Breast Pump Suppliers

Mothers who choose to breastfeed are covered for the purchase of one double electric breast pump following birth. Breast pumps are available for purchase at no cost to the enrollee when they use a participating supplier. The following is a list of current breast pump suppliers. (**Note:** Phone numbers and web addresses for all suppliers have recently changed.)

- **Byram Healthcare:** 1-877-773-1972
or breastpumps.byramhealthcare.com
- **Edgepark Medical Supplies:** 1-855-504-2099
or www.edgepark.com/faqs_breastpumps
- **McKesson Patient Care Solutions:**
1-844-727-6667 or mpcs.mckesson.com/web/mpcs/products/breast-pumps
- **Medline Industries:** 1-833-718-2229
or www.breastpumpsmedline.com

New moms are also covered for comprehensive breastfeeding support and counseling, such as by a lactation consultant, during pregnancy and/or the postpartum period. These services are paid in full when received by a participating provider. (See *New Future Moms Program Benefit* article in the next column for information regarding online breastfeeding support.)



For questions about purchasing a breast pump, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for the Medical/Surgical Program.

New Future Moms Program Benefit

New moms enrolled in the Future Moms program can now find breastfeeding support online. Through Empire BlueCross's partnership with telemedicine company LiveHealth Online, enrollees in the program can make an appointment for a free face-to-face video visit with a certified lactation consultant, counselor or registered dietitian.

To sign up for LiveHealth Online, go to livehealthonline.com (or use the free mobile app) and enter your Empire Plan identification number. Once you've created an account, select Future Moms with Breastfeeding Support to view the available professionals. Appointments are available seven days a week, including evenings.

You can call the Future Moms program at any time for information relating to your pregnancy or delivery or if you have questions about your benefits or course of treatment. Nurses are available 24 hours a day, seven days a week by calling The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

Hospice Care Coverage

As of July 1, 2019, you are eligible for hospice care if your doctor and the hospice medical director certify that you are terminally ill and likely have less than 12 months to live. You may access hospice care while participating in a clinical trial or continuing disease-modifying therapy (therapy that treats the underlying terminal illness), as ordered by your treating physician.

The following services provided while in hospice are covered:

- Bed patient care either in a designated hospice unit or in a regular hospital bed
- Day care services provided by the hospice
- Home care and outpatient services that are provided by the hospice and for which the hospice charges you. Those services include:
 - Intermittent nursing care by an R.N., L.P.N. or home health aide
 - Physical therapy, speech therapy, occupational therapy and respiratory therapy
 - Social services
 - Nutritional services
 - Laboratory examinations, X-rays, chemotherapy and radiation therapy
 - Medical supplies
 - Approved drugs and medications prescribed by a physician
 - Medical care provided by the hospice physician
 - Respite care
 - Bereavement services during your illness and for up to one year after your death

If you have questions about hospice care, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

New MHSA Program Network Providers

As of August 1, 2019, the Mental Health and Substance Abuse (MHSA) Program has added licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs) and physician assistants (PAs) to its network of providers.



When you use an MHSA Program network provider, you will be offered care at the highest benefit level under The Empire Plan. Network providers have been credentialed by the MHSA Program administrator to ensure they meet the highest standards of education, training and experience.

By using a network provider, you will receive access to medically necessary services. The Program's network gives you access to a wide range of providers, including psychiatrists, psychologists, clinical social workers, nurse practitioners, applied behavioral analysts (ABAs) or certified behavioral analysts (CBAs). Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes, intensive outpatient treatment programs (IOPs) and partial hospital programs (PHPs).

To find an MHSA Program network provider online, go to www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Find a Provider. Scroll to the Mental Health and Substance Abuse Program and choose ReferralConnect. You can also call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the MHSA Program. From there you can reach the Clinical Referral Line, which is available 24 hours a day, seven days a week.

Gender Dysphoria Treatment Coverage

As a result of a change in policy, gender affirming surgery and any other associated surgeries, services and procedures (including those performed to change an enrollee's physical appearance to more closely conform secondary sex characteristics to their identified gender) are now covered if a behavioral health provider determines the surgery or procedure is medically necessary.

A behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, must provide a written psychological assessment documenting that the enrollee has a diagnosis of gender dysphoria, the capacity to make a fully informed decision and to consent for treatment, and is 18 years of age or older.

Coverage for gender dysphoria treatment also includes cross-sex hormone therapy, puberty-suppressing medications and laboratory testing to monitor the safety of hormone therapy.

While not required, a predetermination review is available. A predetermination, also known as a preservice claim determination, is a request that services or treatments be approved by the Program administrator before they have been performed.

For questions about gender dysphoria treatment coverage, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Updated Reporting On Series

The *Reporting On* publications have recently been revised and updated. Each publication describes some of the unique programs and benefits available under The Empire Plan.

Reporting On Asthma discusses the causes and symptoms of asthma, how to avoid asthma triggers, The Empire Plan's Asthma Management Program and Home Care Advocacy Program (HCAP).

Reporting On Center of Excellence Programs describes how The Empire Plan's Center of Excellence Programs for Cancer, Transplants and Infertility can help enrollees facing medical crises.

Reporting On Diabetes discusses the symptoms, treatment and complications associated with type 1 and type 2 diabetes, as well as benefits available through the Home Care Advocacy Program (HCAP) and The Empire Plan's Diabetes Management Program.

Reporting On Home Care Advocacy Program explains how The Empire Plan's Home Care Advocacy Program (HCAP) provides in-home services, durable medical equipment and supplies for enrollees when prescribed by a doctor.

Reporting On Network Benefits discusses the benefits available to Empire Plan enrollees who use participating and network providers for services received from the Medical/Surgical, Hospital, Mental Health and Substance Abuse and Prescription Drug Programs.

Reporting On Prenatal Care explains the components of good prenatal care, including: pre-pregnancy planning, nutrition, postpartum depression, as well as information on The Empire Plan's Future Moms Program.

Reporting On Prescription Drugs discusses the Empire Plan Prescription Drug Program, including Empire Plan Medicare Rx. Specific information is included on copayment levels, mandatory generic substitution, the Flexible Formulary Drug Lists, Specialty Pharmacy Program and Drug Utilization Review.

Reporting On Smoking Cessation discusses the addictive power of nicotine, conditions and diseases caused by smoking, quit strategies and information on the smoking cessation treatments covered by The Empire Plan.

Reporting On Mental Health and Substance Abuse Program is our newest addition to the series and describes the benefits of choosing mental health or substance use care from a network provider or at a network facility.

The *Reporting On* series is available online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then Publications, and scroll down to Reporting Ons. Printed copies are available from your Health Benefits Administrator.

Reminders

Protecting Your Privacy

Keeping your health information private is important to NYSHIP. The NYSHIP Notice of Privacy Practices describes the policies and practices that NYSHIP has in place to safeguard your protected health information, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The NYSHIP Privacy Notice is available on our website at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select HIPAA Privacy Information. In addition to the Notice, you will find the *HIPAA Authorization Form* (EBD-543), which must be submitted before the Employee Benefits Division (EBD) can release private information to someone acting upon your behalf.

If you would like a paper copy of the Notice or form, call EBD at 518-457-5754 or 1-800-833-4344 Monday through Friday from 9 a.m. to 4 p.m. Eastern time. If you believe your privacy rights have been violated, you may file a complaint with the Department of Civil Service. You can access the *HIPAA Privacy Complaint Form* (ADM-302) online or contact the Department's HIPAA Complaint Officer at 518-473-2624 to request a paper copy.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage* (SBC) is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage.

To view the SBC for The Empire Plan, visit www.cs.ny.gov/sbc and choose your group. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program to request a copy.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance.



The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* for more information.

Empire Plan Certificate and Amendments

The updated *Empire Plan Certificate* for judges, justices and nonjudicial employees of UCS will be mailed to you and available online early next year. The *Certificate Amendments* will be available online only. The *Certificate* and *Amendments* provide an in-depth description of Empire Plan benefits and will also include the 2020 negotiated benefit changes for nonjudicial employees of UCS-COBANC.

Once it's available, you can access a copy of the *Certificate* at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then Publications.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.	
PRESS OR SAY 1	Medical/Surgical Program: Administered by UnitedHealthcare Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 Online: https://nyrmo.optummessenger.com/public/opensubmit
PRESS OR SAY 2	Hospital Program: Administered by Empire BlueCross Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 888-367-9788 Online: www.empireblue.com/forms/
PRESS OR SAY 3	Mental Health and Substance Abuse Program: Administered by Beacon Health Options, Inc. Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802 Claims submission fax: 855-378-8309 Online: www.achievesolutions.net/empireplan
PRESS OR SAY 4	Prescription Drug Program: Administered by CVS Caremark Representatives are available 24 hours a day, seven days a week. TTY: 711 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission: P.O. Box 52136, Phoenix, AZ 85072-2136
PRESS OR SAY 5	Empire Plan NurseLineSM: Administered by UnitedHealthcare Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

Publications on NYSHIP Online

To find recent publications related to your benefits, go to NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then Publications.

The *Empire Plan Report* 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 Empire Plan.



NYSHIP
New York State
Health Insurance Program

New York State Department of Civil Service
Employee Benefits Division, Albany, New York 12239
518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.ny.gov

When You Must Call The Empire Plan

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

The Empire Plan Hospital Benefits Program *Empire BlueCross*, www.empireblue.com

Call for information regarding hospital and related services.

YOU MUST CALL AND PRESS OR SAY 2

Benefits Management Program for Preadmission Certification – You must call before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission, and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).

YOU MUST CALL AND PRESS OR SAY 2

Center of Excellence for Transplants Program – You must call before a hospital admission for the following transplant surgeries: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas. Call for information about Centers of Excellence.

The Empire Plan Medical/Surgical Benefits Program *UnitedHealthcare*, www.myuhc.com

Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN – Call for information on benefits and to find MPN network providers for chiropractic treatment, physical therapy and occupational therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.

YOU MUST CALL AND PRESS OR SAY 1

Benefits Management Program for Prospective Procedure Review of MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine Tests – You must call before having an elective (scheduled) procedure or nuclear medicine test.

YOU MUST CALL AND PRESS OR SAY 1

Home Care Advocacy Program (HCAP) – You must call to arrange for paid-in-full home care services, enteral formulas, diabetic shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.

YOU MUST CALL AND PRESS OR SAY 1

Infertility Benefits – You must call for prior authorization for covered Qualified Procedures, regardless of provider. Call for information about infertility benefits and Centers of Excellence.

YOU MUST CALL AND PRESS OR SAY 1

Center of Excellence for Cancer Program – You must call to participate in The Empire Plan Center of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program *Beacon Health Options Inc.*,

www.achievesolutions.net/empireplan

To ensure the highest level of benefits, call before seeking services from a covered mental health or substance use provider, including treatment for alcoholism. Some services require precertification to confirm medical necessity before starting treatment. For a list of those services, call The Empire Plan and press or say 3. From there you can reach the Clinical Referral Line to find out more information about precertification.

The Empire Plan Prescription Drug Program *CVS Caremark*

For the most current list of prior authorization drugs, call the Program or go to www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, select Using Your Benefits and then Drugs that Require Prior Authorization.

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

SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

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

UCS-COBANC Empire Plan Special Report – October 2019

Address Service Requested

- **Please do not send mail or correspondence to the return address. See address**
- **information on page 10.**

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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator.

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Paperless UHC Explanation of Benefits

When you or your dependent receive services covered by UnitedHealthcare (UHC), the Medical/Surgical Program administrator, an Explanation of Benefits (EOB) is mailed to you and/or your dependent. If you would rather go paperless and view your EOB online:

- Go to www.myuhc.com.
- Log in or create an account. You will need either your Empire Plan identification number and group number (30500) or your Social Security number and ZIP code to register.
- Choose Account Settings and then Change Mailing and Email Preferences.
- Select Paperless to change your communication preferences.

Your information is available online 24 hours a day, seven days a week. You'll get an email notification when a new EOB is ready to view.

For questions about enrolling or your EOB, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Expanded Modified Solid Food Products Coverage

Effective January 1, 2020, modified solid food products (MSFPs) are no longer subject to a \$2,500 total maximum reimbursement per covered person, per year. Modified solid food products are covered when prescribed by a physician or provider. This benefit is not subject to deductible or coinsurance.

An MSFP is a food product that is low in protein or that contains modified protein to treat certain inherited diseases of amino acid and organic acid metabolism.

If you have questions about MSFPs, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.