

New York State Health Insurance Program

The Excelsior Plan

For Active Employees, Retirees, Vestees and Dependent Survivors and their Dependents enrolled through Participating Agencies with Excelsior Plan Benefits

The Excelsior Plan is an option of NYSHIP's Empire Plan for New York's public employees and their families. The plan has four main components:

Hospital Benefits Program insured and administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a network hospital, skilled nursing facility care and hospice care, including the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including pre-admission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent review, discharge planning, inpatient Medical Case Management and the High Risk Pregnancy Program.

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

Medical/Surgical Benefits Program insured and administered by UnitedHealthcare

Provides coverage for medical services such as office visits, surgery and diagnostic testing under the Participating Provider and Basic Medical 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 medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Cancer and for Infertility; and Benefits Management Program services including Prospective Procedure Review (PPR) for certain outpatient imaging procedures, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

This guide briefly describes Excelsior Plan benefits. It is not a complete description and is subject to change. If you have health insurance questions, contact your agency Health Benefits Administrator or the Excelsior Plan insurers/administrators.

Managed Mental Health and Substance Abuse (MHSA) Program insured by GHI and administered by ValueOptions

Provides coverage for network and non-network inpatient and outpatient mental health services and network substance abuse services.

Prescription Drug Program insured and administered by UnitedHealthcare

UnitedHealthcare partners with Medco Health Solutions, Inc. (Medco) for retail pharmacy network and mail pharmacy services.

Provides coverage for prescription drugs dispensed through participating Empire Plan retail pharmacies, the Medco mail service (Medco by Mail) and non-participating pharmacies.

Call toll free 1-877-7-NYSHIP

For pre-authorization of services or if you have a question about eligibility, providers or claims, call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.

Hospital and Medical Program representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern time. MHSA Program, Prescription Drug Program, and The Empire Plan NurseLine representatives are available 24 hours a day, seven days a week.

See page 2 for Teletypewriter (TTY) numbers and mailing addresses.

YOU MUST CALL for pre-admission certification

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

You or your designee must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call Empire BlueCross BlueShield 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 precertification penalty will be applied to the charges if it is determined that your hospitalization is medically necessary. If Empire BlueCross BlueShield does not certify the hospitalization, you will be responsible for the entire cost of care determined to be not medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined to be not 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 High Risk Pregnancy Program.

YOU MUST CALL for Prospective Procedure Review (PPR) for certain Outpatient Imaging Procedures

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

You or your designee must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare 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), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) Scans and Nuclear Medicine Diagnostic Procedures. If you do not call, you will be responsible for the lesser of 50 percent of the covered charge or \$250 plus any applicable copayment, deductible and/or coinsurance. If the procedure is determined to be not 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.

The Empire Plan NurseLineSM

Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan NurseLine for health information and support 24 hours a day, seven days a week.

Mailing Addresses

Hospital Benefits Program

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

Medical/Surgical Benefits Program

UnitedHealthcare
P.O. Box 1600
Kingston, New York 12402-1600

Mental Health and Substance Abuse Program

ValueOptions
P.O. Box 778
Troy, New York 12181-0778

Prescription Drug Program

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

TTY Numbers

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

Empire BlueCross BlueShield TTY Only 1-800-241-6894
 UnitedHealthcare TTY Only 1-888-697-9054
 ValueOptions..... TTY Only 1-800-334-1897
 The Empire Plan Prescription Drug Program TTY Only 1-800-855-2881

Cancer Services

Paid-in-full benefits are available for cancer services at a designated Center of Excellence along with assistance in locating cancer centers and nurse consultations when arranged through UnitedHealthcare. A travel, lodging and meal allowance for you and one travel companion is available under the Centers of Excellence Program if the Center is more than 100 miles from the patient's residence; original receipts required for reimbursement.

If you do not use a Center of Excellence, benefits for covered services are provided in accordance with the Hospital Benefit Program and/or the Medical/Surgical Program.

To participate in the Centers of Excellence Program for Cancer Services

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare or call the Cancer Resources Center toll free at **1-866-936-6002**.

Program available to all Excelsior Plan enrollees even if Medicare or another health insurance plan is primary.

Transplants Program

The following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, peripheral stem cell, cord blood stem cell, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas.

Paid-in-full benefits for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pre-transplant evaluation, inpatient and outpatient hospital and physician services and up to 12 months of follow-up care. A travel, lodging and meal allowance for you and one travel companion are available under the Centers of Excellence Program if the Center is more than 100 miles from the patient's residence; original receipts required for reimbursement.

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 Hospital Benefit Program and/or the Medical/Surgical Program.

If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a pancreas, small bowel or multivisceral transplant, you may still take advantage of the Empire BlueCross BlueShield 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 transplant process.

To participate in the Centers of Excellence Programs for Transplants

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield for pre-authorization.

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

Infertility Benefits

Paid-in-full benefit, subject to the lifetime maximum of \$50,000 per covered person for Qualified Procedures, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. A travel, lodging and meal allowance for you and one travel companion are available under the Centers of Excellence Program if the Center is more than 100 miles from the patient's residence; original receipts required for reimbursement.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits for covered services are provided in accordance with the Hospital Benefit Program and/or the Medical/Surgical Program:

- from a participating provider subject to copayment, or
- from a non-participating provider subject to Basic Medical benefit provisions.

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 Excelsior Plan's hospital or medical/surgical programs. You will pay the full cost, regardless of the provider.

To participate in the Centers of Excellence Programs for Infertility Services

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare for pre-authorization before receiving services.

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 lifetime maximums apply to infertility drugs. See page 11.

Empire BlueCross BlueShield 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.

UnitedHealthcare provides benefits for medical and surgical services as well as certain hospital services if not covered by Empire BlueCross BlueShield.

Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield if you have questions about your benefits, coverage or Explanation of Benefit (EOB) Statement.

Hospital Inpatient • Semi-private room

Network Benefits

Non-Network Benefits

YOU MUST CALL for pre-admission certification 1-877-7-NYSHIP (1-877-769-7447)

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.

No coverage in a non-network hospital except 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.

Inpatient Deductible:

\$250 per stay for the enrollee
(maximum 4 deductibles per year)

\$250 per stay for an enrolled spouse/domestic partner
(maximum 4 deductibles per year)

\$250 per stay for all enrolled dependent children combined
(maximum 4 deductibles per year)

Hospital Outpatient

Network Services

Non-Network Services

Diagnostic radiology, mammography screening, diagnostic laboratory tests, bone mineral density screening 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. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

No coverage in a non-network hospital except 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.

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.

Paid-in-full benefit for chemotherapy, radiology, anesthesiology, pathology, dialysis, pre-admission testing and/or pre-surgical 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

Network Services

Non-Network Services

YOU MUST CALL for pre-admission certification (see page 2)

Network Services

Covered in an approved network facility when medically necessary in place of hospitalization. (Retirees, vestees, dependent survivors and your dependents: Benefits are not provided under The Excelsior Plan if you are eligible to receive primary benefits from Medicare.)

Non-Network Services

No coverage in a non-network hospital except 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 Services

Non-Network Services

Network Services

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

Non-Network Services

No coverage in a non-network hospital except 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.

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

Participating Provider

Non-Participating Provider

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

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.

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.

Claims for certain medical and surgical care (including care/services provided by physicians not on hospital staff) are covered under the Medical Program.

Medical Program benefits are paid under either the Participating Provider Program or the Basic Medical Program.

| Participating Provider Program | Basic Medical Program |
|--|--|
| <p>No deductibles or lifetime benefit maximums. You pay a copayment for certain services. Other covered services received from a participating provider are paid in full. The Plan provides guaranteed access for primary care physicians and certain medical specialties. (see below)</p> <p>To learn whether a provider participates, check with the provider directly, call UnitedHealthcare or visit the New York State Department of Civil Service web site at www.cs.state.ny.us. From the home page, click on Benefit Programs and follow the instructions to access NYSHIP Online. Then click on Find a Provider.</p> <p>Always confirm the provider's participation before you receive services.</p> | <p>Maximum Benefits: Basic Medical annual maximum: \$100,000. Lifetime maximum: \$1,000,000.</p> <p>Annual Deductible: \$750 enrollee; \$750 enrolled spouse/ domestic partner; \$750 all dependent children combined.</p> <p>Coinsurance: After you meet the annual deductible, The Plan pays 80 percent of Medicare allowance (110 percent of Medicare schedule).</p> <p>Annual Coinsurance Maximum: \$2,500 per employee; \$2,500 spouse; and \$2,500 all dependent children combined. After maximum is reached, benefits are paid at 100 percent of Medicare allowance for covered services.</p> |

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 core provider specialties. To receive network benefits, enrollees must contact the Benefit Management Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Benefit 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.

Reasonable distance 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 | Basic Medical Program |
|--|--|
| You pay a single \$30 copayment per visit for all covered services provided during the visit and billed by the provider. | Basic Medical benefits for covered services received from non-participating providers. |

Diagnostic Laboratory Services

| Participating Provider Program | Basic Medical Program |
|--|--|
| You pay a single \$30 copayment for covered services provided by a participating laboratory. | Basic Medical benefits for covered services received from non-participating providers. |

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 Scans, CTA Scans, PET Scans and Nuclear Medicines – 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.

Routine Health Exams

Participating Provider Program

Covered services subject to a \$30 copayment per visit to a participating provider.

Basic Medical Program

For non-participating providers, up to \$50 per calendar year for an active employee age 50 or older. This benefit is not subject to deductible or coinsurance. There is no Basic Medical coverage for routine health exams for retirees, vestees or dependent survivors.

Adult Immunizations

Participating Provider Program

Covered adult immunizations are subject to an office visit copayment. You pay a \$30 copayment for influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox), and tetanus immunizations. Immunization for human papilloma virus (HPV) is covered for females age 19 through 26. Immunizations for Herpes Zoster (shingles) is covered for enrollees and dependents age 55 or older (effective January 1, 2009).

Basic Medical Program

Not covered

Routine Pediatric Care

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 – Up to \$100. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care – Basic Medical benefits for covered services provided by non-participating providers.

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 UnitedHealthcare and then the Home Care Advocacy Program (HCAP) for pre-certification for 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.

Medical/Surgical Coverage (cont.)

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-owned and operated Outpatient Surgical Locations are covered under hospital extension clinic provisions. See page 4.)

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 4.)

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 (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a \$30 copayment for each office visit to a Managed Physical Network 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

Network Coverage (when you use HCAP)

YOU MUST CALL for prior authorization

Network Benefits: 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 UnitedHealthcare to precertify and help make arrangements for covered services, durable medical equipment and supplies, including insulin pumps, Medijectors and enteral formulas. You have guaranteed access to network coverage when you follow plan requirements.

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)

Non-Network Benefits: The first 48 hours of nursing care are not covered. After you meet the Basic Medical deductible, 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.

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 ValueOptions before seeking any treatment for mental health or substance abuse, including alcoholism. The Clinical Referral Line is available 24 hours a day, seven days a week. By following the program requirements for network coverage, you will receive the highest level of benefits. If you contact ValueOptions 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 ValueOptions within 48 hours of an admission for emergency care or as soon as is reasonably possible.

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

All benefits apply to treatment determined medically necessary by ValueOptions.

Mental Health Benefits

Facility Charges – Inpatient

| | Network Coverage | Non-Network Coverage |
|--------------------------------|---|--|
| Approved Facilities | \$250 per enrollee per stay \$250 per spouse/domestic partner per stay \$250 all dependent children combined per stay (maximum four deductibles per year, per enrollee, per spouse, per children combined) | No coverage in non-network facility except 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. 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) . |
| 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. | |

Practitioner Visits – Outpatient

| Network Coverage | Non-Network Coverage |
|--|---|
| Paid-in-full benefit for up to three visits per crisis. Additional visits subject to a \$30 copayment. | Maximum Benefits: Annual maximum: \$100,000. Lifetime maximum: \$1,000,000. Annual Deductible: \$750 enrollee; \$750 enrolled spouse/ domestic partner; \$750 all dependent children combined. Coinsurance: After you meet the annual deductible, The Plan pays 80 percent of Medicare allowance (110 percent of Medicare schedule). Annual Coinsurance Maximum: \$2,500 per employee; \$2,500 spouse; and \$2,500 all dependent children combined. After the maximum is reached, benefits are paid at 100 percent of Medicare allowance for covered services. |

Substance Abuse Benefits

Inpatient

Network Coverage

Non-Network Coverage

**Copayment/
Coinsurance**

No copayment

None

**Maximum
Benefits**

30 days per year; three stays per lifetime
(more may be approved case by case)

For more information, call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose ValueOptions.

Outpatient

Network Coverage

Non-Network Coverage

**Copayment/
Coinsurance
per Visit**

\$30 copayment per visit

None

**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.

**Maximum Number
of Visits**

60 visits per year

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. (For voluntary Ambulance Services, see Basic Medical Program page 8).

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 participating, non-participating and mail service pharmacies. Prescriptions may be refilled for up to one year.

The Excelsior Plan uses UnitedHealthcare's Advantage Prescription Drug List. This is a managed formulary which may exclude certain drugs in a therapeutic category as well as having certain generic drugs subject to a level 2 or 3 copayment. This plan includes the following:

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 copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full cost of the drug. Certain 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 and Tegretol.

Half Tablet/Pill Splitting Program - This is a voluntary program that applies to specified drugs. Enrollees will be provided with a free tablet splitter and pay a reduced copayment.

Copayments

You have the following copayments for drugs purchased from a participating retail pharmacy or through Medco by Mail.

| Up to a 30-day supply from a participating retail pharmacy or through Medco by Mail | 31-to 90-day supply from a participating retail pharmacy | 31-to 90-day supply through Medco by Mail |
|---|--|---|
| 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 |

Mail Service Pharmacy

You may fill your prescription through Medco by Mail by using the mail service envelope. For envelopes and refill orders call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. To refill a prescription on file with Medco by Mail, you may order by phone or online at the New York State Department of Civil Service web site at www.cs.state.ny.us. From the home page, click on Benefit Programs and follow the instructions to access NYSHIP Online. Then click on Find a Provider.

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim to Medco, P.O. Box 14711, Lexington, KY 40512. If your prescription was filled with a generic drug or a brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for that prescription. If your prescription was filled with a brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will **not** be reimbursed the total amount you paid for the prescription.

Prior Authorization Required

You must have prior authorization for the following drugs:

| | | | | | | |
|-----------|-----------------|------------------|------------|-----------|-------------------------|---------------|
| Actiq | Copaxone | Humira | Letairis | Raptiva | Sporanox | Wellbutrin SR |
| Amevive | Copegus | Immune Globulins | Lotronex | Rebetron | Subutex | Wellbutrin XL |
| Amitiza | Elidel | Increlex | Myobloc | Rebif | Suboxone | Xolair |
| Aranesp | Enbrel | Infergen | Orencia | Rehetol | Synagis | |
| Avodart | Epogen/Procrit | Intron-A | Pegasys | Remicade | Tracleer | |
| Avonex | Fentora | Iplex | Peg-Intron | Remodulin | Tysabri | |
| Betaseron | Flolan | Kineret | Proscar | Restasis | Ventavis | |
| Botox | Forteo | Kuvan | Protopic | Revatio | Weight Loss Medications | |
| Cimzia | Growth Hormones | Lamisil | Provigil | Roferon | | |

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed.

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 the most current list of drugs requiring prior authorization, call the Prescription Drug Program at the number above or check the New York State Department of Civil Service web site at www.cs.state.ny.us.

For information about prior authorization requirements, call the Prescription Drug Program at the number above.

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

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

The Excelsior Plan At A Glance – July 2008

**Please do not send mail
or correspondence to the
return address listed above.
See address below.**

It is the policy of the State of New York 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 (www.cs.state.ny.us). 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.

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Excelsior Plan Copayments At A Glance

Participating Provider Services

- \$30 Copayment- Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing Cardiac Rehabilitation Center Visit, Urgent Care Visit
- \$75 Copayment- Non-hospital Outpatient Surgical Locations
- \$75 Copayment- Prospective Procedure Review (PPR) Outpatient Imaging Procedures

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, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
- \$100 Copayment- Emergency Room Care

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

Prescription Drug Program

Up to a 30-day supply from a participating retail pharmacy or 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 Mail Service

- \$20 Copayment- Level 1 Drug
- \$60 Copayment- Level 2 Drug
- \$130 Copayment- Level 3 Drug



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