

January 1, 2009 (REVISED)



At a Glance

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

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. MSHA Program, Prescription Drug Program and NurseLine representatives are available 24 hours a day, seven days a week.

See page 15 for Teletypewriter (TTY) numbers and mailing addresses.

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 hospital, skilled nursing facility care and hospice care. Includes 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 reviews, 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 MRI, MRA, CT, PET and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

Managed Mental Health and Substance Abuse (MHSA) Program

insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

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 certain services including the 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.

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

Alfred E. Smith State Office Building, Albany, New York 12239
web site: www.cs.state.ny.us

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.



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 MRI, MRA, CT, PET and Nuclear Medicine tests.

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.

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 is available. See page 3 for details.

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 are provided through the Centers of Excellence for Transplants Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, liver, lung, heart/lung, kidney, and pancreas/kidney.

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 allowance is available. See below 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 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 Program 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 allowance is available. See below for details.

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.

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 Program 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 13.

Center for Excellence Travel Allowance

A travel, lodging and meal allowance is available for you and one travel companion under the Centers of Excellence Programs if the Center is more than 100 miles (200 miles for airfare) from the patient's residence. Reimbursement for travel, 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. Save original receipts for reimbursement.

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



YOU MUST CALL for pre-admission certification 1-877-7-NYSHIP (1-877-769-7447) (See page 2)

Network Benefits

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:

\$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)

Non-Network Benefits

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.

Hospital Outpatient

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.

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, and 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.

Non-Network Services

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.

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



YOU MUST CALL for pre-admission certification 1-877-7-NYSHIP (1-877-769-7447) (See page 2)

Network Services

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

If Medicare is your primary coverage, The Excelsior Plan does not provide Skilled Nursing Facility benefits, even for short-term rehabilitation care.

Non-Network Services

No coverage in a 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.

Inpatient and Outpatient Coverage (cont.)

Hospice Care

Network Services

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

Non-Network Services

No coverage in a non-network program except 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, in a Skilled Nursing Facility or in 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.

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.

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



Medical/Surgical Coverage

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

Participating Provider Program

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)

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.

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

Basic Medical Program

Maximum Benefits: Basic Medical annual maximum: \$100,000. Lifetime maximum: \$1,000,000.

Annual Deductible: \$750 per enrollee; \$750 per enrolled spouse/domestic partner; \$750 all dependent children combined.

Medical/Surgical Coverage (cont.)

Basic Medical Program

Coinsurance: After you meet the 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 Ingenix 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.

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

Annual Coinsurance Maximum: \$2,500 per enrollee; \$2,500 per enrolled spouse/domestic partner; and \$2,500 all dependent children combined. After the maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services.

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. 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 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

Medical/Surgical Coverage (cont.)

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.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers.

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.

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 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.

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 spouses, retirees, vestees or dependent survivors.

Adult Immunizations

Participating Provider Program

Covered adult immunizations are subject to an office 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.

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 – 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 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 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)

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, then Benefit 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.

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 OptumHealth before seeking any treatment for mental health or substance abuse, including 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 OptumHealth 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 OptumHealth 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.

Mental Health Benefits

Facility Charges – Inpatient

Approved Facilities

Network Coverage

\$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)

Non-Network Coverage

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.

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)**.

Practitioner Visits – Outpatient

Network Coverage

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

Non-Network Coverage

Maximum Benefits: Annual maximum: \$100,000.
 Lifetime maximum: \$1,000,000.
Annual Deductible: \$750 per enrollee;
 \$750 per enrolled spouse/domestic partner;
 \$750 all dependent children combined.

Mental Health/Substance Abuse Program (cont.)

Practitioner Visits – Outpatient (cont.)

Non-Network Coverage

Coinsurance: After you meet the 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 Ingenix 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.

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

Annual Coinsurance Maximum: \$2,500 per enrollee; \$2,500 per enrolled spouse/domestic partner; and \$2,500 all dependent children combined. After the maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services.

Substance Abuse Benefits

Inpatient

Copayment/ Coinsurance

Network Coverage

No copayment

Non-Network Coverage

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 OptumHealth.

Outpatient

Copayment/ Coinsurance per Visit

Network Coverage

\$30 copayment per visit

Non-Network Coverage

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 10.)

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 the mail service pharmacies. 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 1st, May 1st, and September 1st of each calendar year. For the current drug list, visit The New York State Department of Civil Service web site at www.cs.state.ny.us, select Benefit Programs, then NYSHIP Online and choose your group, 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. 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 Program - This is a voluntary program that applies to specified drugs. Participants will be provided with a free tablet splitter by mail upon request and pay a reduced copayment for their covered prescriptions.

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

Prescription Drug Program (cont.)

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” and scroll down to “Medco by Mail Order Forms.”

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim for reimbursement 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	Flolan	Orencia	Sporanox
Amevive	Forteo	Pegasys	Subutex
Amitiza	Growth Hormones	Peg-Intron	Suboxone
Aranesp	Humira	Proscar	Synagis
Avodart	Immune Globulins	Protoppic	Tracleer
Avonex	Increlex	Provigil	Tysabri
Betaseron	Infergen	Raptiva	Ventavis
Botox	Intron-A	Rebetron	Weight Loss Medications
Cimzia	Iplex	Rebif	Wellbutrin SR
Copaxone	Kineret	Rehetol	Wellbutrin XL
Copegus	Kuvan	Remicade	Xolair
Elidel	Lamisil	Remodulin	
Enbrel	Letairis	Restasis	
Epogen/Procrit	Lotronex	Revatio	
Fentora	Myobloc	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.

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

OptumHealth Behavioral Solutions
 P.O. Box 5190
 Kingston, NY 12402-5190

Prescription Drug Program

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

The Empire Plan NurseLineSM

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan NurseLineSM for health information and support.

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

Empire BlueCross BlueShieldTTY Only 1-800-241-6894

UnitedHealthcareTTY Only 1-888-697-9054

OptumHealth.....TTY Only 1-800-855-2881

The Empire Plan 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.



State of New York 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)
www.cs.state.ny.us

The Excelsior Plan At A Glance is published by the Employee Benefits Division of the State of New York 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.

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

ADDRESS SERVICE REQUESTED

The Excelsior Plan At A Glance – January 2009 Revised

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

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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EX0004 AAG Excelsior - 1/09 REV

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