

# Clance

JANUARY 1, 2010

## ***Excelsior***

### **The 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 preauthorization of services or if you have a question about eligibility, providers or claims, call the Plan toll free and choose the program you need.

Hospital and Medical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLine<sup>SM</sup> representatives are available 24 hours a day, seven days a week.

See inside cover for mailing addresses and Teletypewriter (TTY) numbers.

### **State of New York Department of Civil Service Employee Benefits Division**

Alfred E. Smith State Office Building  
Albany, NY 12239

web site: <https://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.

THE **EXCELSIOR**  
PLAN  
AN EMPIRE PLAN  
OPTION SM



## **What's New!**

- **Effective January 1, 2010**  
Substance abuse benefits are the same as for any other illness.
- **Prior Authorization Drugs**  
Adcirca, Dysport, Regranex, Sandostatin, Simponi and Xyrem now require prior authorization (see page 14).
- **New Preferred Drug List**
- **Specialty Drug Program** (see page 14).

## **Contact Information**

### **Hospital Benefits Program**

Empire BlueCross BlueShield

New York State Service Center

P.O. Box 1407, Church Street Station, New York, NY 10008-1407

### **Medical/Surgical Benefits Program**

UnitedHealthcare

P.O. Box 1600, Kingston, NY 12402-1600

### **Mental Health and Substance Abuse Program**

OptumHealth Behavioral Solutions

P.O. Box 5190, Kingston, NY 12402-5190

### **Prescription Drug Program**

Empire Plan Prescription Drug Program

P.O. Box 5900, Kingston, NY 12402-5900

### **The Empire Plan NurseLine<sup>SM</sup>**

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine<sup>SM</sup> for health information and support.

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**

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

**The Empire Plan**

**Prescription Drug Program**..... **TTY Only 1-800-759-1089**

# Quick Reference

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

- (1) Hospital Benefits Program**  
insured and administered by  
**Empire BlueCross BlueShield**  
Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility; concurrent reviews, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.  
Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.
- (2) Medical/Surgical 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 certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.
- (3) Mental Health and Substance Abuse Program**  
insured by **UnitedHealthcare** and administered by  
**OptumHealth Behavioral Solutions (OptumHealth)**  
Provides coverage for inpatient and outpatient mental health and substance abuse services.
- (4) Prescription Drug Program**  
insured and administered by **UnitedHealthcare**  
UnitedHealthcare partners with Medco Health Solutions, Inc. (Medco) for services including the retail pharmacy network and mail pharmacy services.  
Provides coverage for prescription drugs dispensed through participating Empire Plan retail pharmacies, the Medco Pharmacy (mail service) and non-participating pharmacies.

# Benefits Management Program



## **YOU MUST CALL for preadmission 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 not to be medically necessary.

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

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



## **YOU MUST CALL for Prospective Procedure Review – MRI, MRA, CT, PET Scans 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), 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 not to be medically necessary, you will be responsible for the entire cost.

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

# Centers of Excellence

## **Cancer Services**



### **YOU MUST CALL to participate**

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

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. A travel, lodging and meal allowance is available. See page 3 for details.

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

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

## Transplants Program

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### **YOU MUST CALL for prior authorization**

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield for preauthorization of the following transplants 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: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve 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 Plan's hospital and/or medical surgical coverage.

If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a 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 transplants process.

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

## Infertility Benefits

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### **YOU MUST CALL for prior authorization**

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

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 will be provided in accordance with the Plan's hospital coverage and/or medical/surgical coverage.

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

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

## Centers of Excellence Travel Allowance

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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.

# Hospital Network and Non-Network Services

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 an Explanation of Benefits (EOB) Statement.

## Hospital Inpatient • *Semi-private room*



**YOU MUST CALL for preadmission 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 four deductibles per year)

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

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

### Non-Network Benefits

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

## Hospital Outpatient

### Network 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.

### Non-Network Services

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

## Hospital Outpatient, continued

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### Network Services

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

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

### Non-Network Services

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

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*

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**YOU MUST CALL for preadmission 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 network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

## Hospice Care

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### Network Services

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

### Non-Network Services

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

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

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### 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.

# 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 page 7).

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 <https://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:** Annual maximum, \$100,000 and Lifetime maximum, \$1,000,000.

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

**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 per 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

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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 Benefits Management Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Benefits Management Program. You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Benefits Management Program does not guarantee that a provider will be available in a specified time period. Guaranteed access applies when The Excelsior Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare).

Reasonable distance 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

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### 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. (See page 6.)

## Diagnostic Laboratory Services

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### Participating Provider Program

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

### Basic Medical Program

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

## Diagnostic Radiology and Imaging Services

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### 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, 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. (See page 6.)

## Routine Health Exams

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### 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

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### 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 ages 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

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### 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

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### 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

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### 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 precertification 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.

## Outpatient Surgical Locations

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### 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

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### 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

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

You pay a \$30 copayment for each office visit to an MPN provider that includes related radiology and diagnostic laboratory services provided during the office visit and billed by the MPN provider. Guaranteed access to network benefits. Contact MPN prior to receiving services if there is no network provider in your area.

#### Non-Network Coverage (when you don't use MPN)

No coverage

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

## Home Care Advocacy Program (HCAP)

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

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#### YOU MUST CALL for prior authorization

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

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

**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.*

# Mental Health and Substance Abuse Program



## **YOU MUST CALL to ensure the highest level of benefits**

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

## **Inpatient Services**

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### **Network Coverage**

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

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

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

Paid-in-full

### **Non-Network Coverage**

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

Same as outpatient non-network coverage (see page 12).

**Approved  
Facilities**

**Practitioner  
Treatment or  
Consultation**

## **Ambulance Service**

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

## Outpatient Services

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### Network Coverage

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

**Substance Abuse:** \$30 copayment per visit.

### Non-Network Coverage

**Maximum Benefits:** Annual maximum, \$100,000 and Lifetime maximum, \$1,000,000.

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

**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 & 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 per all dependent children combined. After the maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services.

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.

Benefits for network or non-network psychological testing and evaluations are available only when certified by OptumHealth before testing or evaluation begins.

# Prescription Drug Program

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

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

The Excelsior Plan uses UnitedHealthcare's Advantage Preferred Drug List (PDL). This is a managed formulary that may exclude certain drugs in a therapeutic category as well as having certain generic drugs subject to a level 2 or 3 copayment. The drug list may be subject to change on January 1 and July 1 of each calendar year. For the current drug list, visit The New York State Department of Civil Service web site at <https://www.cs.state.ny.us>, select Benefit Programs, then NYSHIP Online and choose Participating Agency then Continue. Select Excelsior Plan Enrollee and press Continue to find your group specific home page. Or, you may call **1-877-7-NYSHIP (1-877-769-7447)** and request an updated printed copy of The Excelsior Plan Preferred Drug List. The Plan includes the following:

**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 retail 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 Pharmacy.

<b>Up to a 30-day supply from a participating retail pharmacy or through the Medco Pharmacy (mail service)</b>	<b>31- to 90-day supply from a participating retail pharmacy</b>	<b>31- to 90-day supply through the Medco Pharmacy (mail service)</b>
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

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You may fill your prescription through Medco Pharmacy 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 Pharmacy, you may order by phone or online at the New York State Department of Civil Service web site at <https://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 Pharmacy Order Forms.

## Non-Participating Pharmacy

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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.

## Specialty Drug Program

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A Specialty Drug Program is scheduled to be implemented effective April 1, 2010. Under the Program, Specialty Drugs will be covered through a designated Specialty Pharmacy subject to the applicable mail service prescription drug copayment. Prior authorization is required for some Specialty Drugs. Enrollees will receive details prior to implementation.

## Prior Authorization Required

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

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

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 <https://www.cs.state.ny.us>. From the home page, click on Benefits Programs and follow the prompts to NYSHIP Online and select Find a Provider.

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

# Benefits on the Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

If you do not have cookies enabled, you will be required to reselect your group and benefit plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a helpful resource for your health insurance benefits, including up-to-date publications and links to Excelsior Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

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, NY 12239

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

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Employee Benefits Division  
P.O. Box 1068  
Schenectady, NY 12301-1068  
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Information for the Enrollee, Enrolled Spouse/Domestic  
Partner and Other Enrolled Dependents

Excelsior Plan At A Glance – January 2010

**Please do not send mail  
or correspondence to  
the return address  
above. See 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 (<https://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. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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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) - MRIs,  
MRAs, CT Scans, PET Scans and Nuclear Medicine tests

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

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

### **Hospital Services (Hospital Program)**

\$30 Copayment - Outpatient Physical Therapy  
\$75 Copayment - Outpatient Services for Surgery, Diagnostic  
Radiology, 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 through the mail service

\$10 Copayment - Level 1 Drug  
\$30 Copayment - Level 2 Drug  
\$65 Copayment - Level 3 Drug

31- to 90-day supply from a participating  
retail pharmacy

\$25 Copayment - Level 1 Drug  
\$75 Copayment - Level 2 Drug  
\$160 Copayment - Level 3 Drug

31- to 90-day supply through the mail service

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