# RETIREE

## New York State Agencies

### The New York State Health Insurance Program

For Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List provisions and for their enrolled dependents, for COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

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

For preauthorization of services or if you have questions about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLine$_{SM}$ representatives are available 24 hours a day, seven days a week. See page 15 for addresses and teletypewriter (TTY) numbers.

This guide briefly describes Empire Plan benefits. It is not a complete description and is subject to change. For a complete description of your benefits and your responsibilities, refer to your January 2000 *NYSHIP General Information Book and Empire Plan Certificate* and all *Empire Plan Reports* and *Certificate Amendments* issued since. If you have health insurance questions, contact the Employee Benefits Division.

New York State Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
https://www.cs.ny.gov

# at a Glance

THE EMPIRE PLAN

JANUARY 1, 2012

# *What's New*

- **Combined Annual Deductible** for the Basic Medical Program and non-network coverage under the Home Care Advocacy Program and Mental Health and Substance Abuse Program increases to $1,000.
- **Combined Annual Coinsurance Maximum** for the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program increases to $3,000.
- **Federal Health Care Reform** - As a result of the federal Patient Protection and Affordable Care Act:
  - Certain covered preventive care services are paid in full when received from a participating provider or at a network hospital
  - In a medical emergency, non-participating specialty provider charges considered under the Basic Medical Program are subject to deductible, but not coinsurance
- **Convenience Care Clinics** - Health clinics in fixed locations in retail stores, supermarkets and pharmacies that provide a range of services including treatment of uncomplicated minor illness and preventive health care services. Covered services rendered at a participating convenience care clinic will be subject to the usual office copayment. There is no non-network benefit. Note: Drop-in seasonal flu vaccine clinics held in pharmacies are not convenience care clinics and are not covered.
- **Guaranteed Access** - For primary care access to physicians and certain specialists in New York State and surrounding counties.
- **Licensed Nurse Practitioners** – The participating provider network has expanded to include licensed and certified nurse practitioners. Services are subject to the usual copayment rules and amounts. There is no non-network benefit.
- **2012 Empire Plan Flexible Formulary**

Please see *Contact Information* on page 15 for NYSHIP addresses and teletypewriter (TTY) numbers.

# Quick Reference

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

## (1) Hospital 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 Program

**insured and administered by UnitedHealthcare**

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount 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 scan, 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. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

## (4) Prescription Drug Program

**insured and administered by UnitedHealthcare**

Provides coverage for prescription drugs dispensed through Empire Plan network pharmacies, the mail service pharmacy, the specialty pharmacy and non-network pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Services, Inc. (Medco) for services including the retail pharmacy network, mail service pharmacy and specialty pharmacy.

# Preventive Care Services

This publication reflects the coverage changes for your benefit plan as required under the federal Patient Protection and Affordable Care Act (PPACA). Among the PPACA provisions is a requirement to cover certain in-network preventive care services without enrollee cost sharing. As required by PPACA, certain services received from an Empire Plan participating provider or network hospital will be paid at 100% (not subject to copayment).

Preventive care services covered under PPACA with no copayment at a network hospital or from a participating provider include: bone density tests, colonoscopies, mammograms, pap smears, certain immunizations and certain preventive care and screenings for infants, children, adolescents and adults. This is not the complete list of preventive screenings and services.

For further information on preventive services, visit www.healthcare.gov.

# Benefits Management Program

YOU MUST CALL

## *for preadmission certification*

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

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call 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 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*

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

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical/Surgical Program before having a scheduled (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test unless you are having the test as an inpatient in a hospital. If you do not call, you will pay a large part of the cost. If the test or 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.

## Cancer Services

YOU MUST CALL

### *to participate*

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program 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. When applicable, a travel, lodging and meal allowance is available. See page 4 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.

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

## Transplants Program

YOU MUST CALL

### *for prior authorization*

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program 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, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney and simultaneous kidney/pancreas.

A paid-in-full benefits are available 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. When applicable, a travel allowance is available. See page 4 for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan 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 small bowel or multivisceral transplant, you may still take advantage of the Hospital Program 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 enroll in the Program and receive these benefits, The Empire Plan must be your primary insurance coverage.***

## Infertility Benefits

YOU MUST CALL

### *for prior authorization*

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

Paid-in-full benefit is available subject to the lifetime maximum of $50,000 per covered person for Qualified Procedures, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See page 4 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 Empire Plan Hospital Program coverage and/or Medical/Surgical Program 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 Empire 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.***

## Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or are preauthorized for Infertility Benefits, you will not have any copayments. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for 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. The Travel Allowance will be applied toward the $50,000 maximum lifetime benefit for Infertility Benefits.

# *Combined Annual Deductible and Combined Coinsurance Maximum*

### Combined Annual Deductible

The Empire Plan deductible is $1,000 for the enrollee, $1,000 for the enrolled spouse/domestic partner and $1,000 for all dependent children combined.

The combined deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims can be reimbursed.

### Combined Coinsurance Maximum

The coinsurance maximum is $3,000 for the enrollee, $3,000 for the enrolled spouse/domestic partner and $3,000 for all dependent children combined.

The coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program.

# *Hospital Program*

The Hospital Program pays for covered services provided in a network/non-network inpatient or outpatient hospital, skilled nursing facility or hospice setting. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. The Medical/Surgical Program provides benefits for certain medical and surgical care when it is not covered by the Hospital Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preadmission certification or if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Network coverage applies when you receive emergency or urgent services in a non-network hospital, or when you do not have access to a network hospital.

## Hospital Inpatient • *Semi-private room*

***for preadmission certification***

### Hospital Program

You are covered under the Hospital Program 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 and/or non-network hospital as defined in the *NYSHIP General Information Book & Empire Plan Certificate*. Inpatient hospital coverage is provided under the Basic Medical Program after Hospital Program benefits end.

### Network Coverage

When you use a network hospital, you pay no coinsurance, copayment or deductible.

### Non-network Hospital Coverage

When you use a non-network hospital, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. See above.

## Hospital Outpatient

The hospital outpatient services covered under the Program are the same whether received in a network or non-network hospital outpatient department or in a network or non-network hospital extension clinic.

### Network Coverage

Outpatient surgery is subject to a $60 copayment. Diagnostic radiology, diagnostic laboratory tests 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 $40 per visit. Paid-in-full benefits for bone mineral density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopy and sigmoidoscopy screenings considered preventive as defined in the Patient Protection and Affordable Care Act. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

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

$20 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to your *Empire Plan Certificate* for other conditions of coverage.)

### Non-network Hospital Coverage

You are responsible for a coinsurance amount of 10 percent of billed charges or $75 (whichever is greater) up to the combined annual coinsurance maximum. See page 4. When the combined coinsurance maximum has been satisfied, you will receive network benefits subject to all applicable network copayments.

Medically necessary physical therapy is covered under the Managed Physical Medicine Program when not covered under the Hospital Program. (See Medical/Surgical Coverage.)

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 $70 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Emergency room services, Network Coverage applies.

**Note:** In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

## Skilled Nursing Facility Care • *Semi-private room*

YOU MUST CALL

***for preadmission certification (see page 2)***

**If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits (except for active enrollees disabled due to end-stage renal disease), even for short-term rehabilitation care.**

### Network Coverage

Skilled nursing services covered under the Program are covered in an approved network facility when medically necessary in place of hospitalization. Refer to the *NYSHIP General Information Book & Empire Plan Certificate* regarding the number of days of skilled nursing facility care for which coverage is provided and other conditions of coverage.

### Non-network Coverage

The skilled nursing services covered under the Program are the same whether received in a network or non-network facility. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 4.

## Hospice Care

***for preadmission certification (see page 2)***

### Network Coverage

Paid in full when provided by an approved network hospice program as described in the *Empire Plan Certificate*.

### Non-network Coverage

The hospice care services covered under the Program are the same whether received in a network or non-network hospice program. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 4.

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

### Participating Provider Program

Paid-in-full benefits for covered services.

### Basic Medical Program

Paid-in-full benefits for covered radiology, anesthesiology and laboratory services received while in a network facility. Basic Medical benefits for all other covered medical/surgical services.

**Note:** In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

# *Medical/Surgical Program*

The Medical/Surgical Program pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*.

### Participating Provider Program

You pay a copayment for office visits, surgical procedures performed during an office visit, contraceptive drugs and devices dispensed in a doctor's office, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits, urgent care center visits and convenience care clinics. Other covered services received, including covered preventive care services as defined in the Patient Protection and Affordable Care Act, from a participating provider are paid in full.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations. See page 7.

### Basic Medical Program

**Basic Medical Annual and Lifetime Maximum:** Unlimited.

**Combined Annual Deductible:** The combined annual deductible must be satisfied before benefits are payable. See page 4.

**Coinsurance:** The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible.

**Reasonable and Customary Charge:** The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

### Participating Provider Program

To learn whether a provider participates, check with the provider directly, call The Empire Plan toll-free number and choose the Medical Program or visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Then click on Find a Provider.

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

### Basic Medical Program

**Combined Annual Coinsurance Maximum**: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. See page 4.

**(or) Basic Medical Provider Discount Program:** If The Empire Plan is your primary insurance coverage and you use a non-participating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of the Empire Plan MultiPlan fee schedule or the reasonable and customary charge.

The Empire Plan MultiPlan provider will submit bills and receive payments directly from UnitedHealthcare. You are only responsible for the applicable deductible and coinsurance amounts. To find a provider, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or go to the New York State Department of Civil Service web site at https://www.cs.ny.gov.

## Guaranteed Access Feature

The Empire Plan will guarantee access to primary care physicians and certain specialists (listed below) in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollees's residence, (see chart below). To receive network benefits, enrollees must contact the Benefits 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.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

| Primary Care | Specialist |
|---|---|
| Urban: 8 miles | Urban: 15 miles |
| Suburban: 15 miles | Suburban: 25 miles |
| Rural: 25 miles | Rural: 50 miles |

Within these mileage standards, network benefits are guaranteed for the following primary care physicians and core specialties:

| Primary Care Physicians | Specialties | Specialties Continued |
|---|---|---|
| Family Practice | Allergy | Ophthalmology |
| General Practice | Anesthesia | Orthopedic Surgery |
| Internal Medicine | Cardiology | Otolaryngology |
| Pediatrics | Dermatology | Pulmonary Medicine |
| Obstetrics/Gynecology | Emergency Medicine | Radiology |
| | Gastroenterology | Rheumatology |
| | General Surgery | Urology |
| | Hematology/Oncology | |
| | Neurology | |

## Doctor's Office Visit/Office Surgery; Laboratory/Radiology; Contraceptives

### Participating Provider Program

You pay a $20 copayment for each of the following when you use a participating provider: office visit/office surgery; laboratory/radiology; contraceptives. No copayment for prenatal visits and well-child care.

### Basic Medical Program

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

## Routine Health Exams

### Participating Provider Program

Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to a $20 copayment per visit to a participating provider.

### Basic Medical Program

Not covered.

## Adult Immunizations

### Participating Provider Program

Paid-in-full benefit for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention when received from a participating provider, including influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for female enrollees and dependents age 19 through 26 and male enrollees and dependents age 19 through 21), meningitis immunizations and Herpes Zoster (Shingles) immunization for enrollees and dependents age 60 or older. Herpes Zoster (Shingles) immunization is covered subject to a $20 copayment for enrollees under age 60. The copayment also covers the cost of oral and injectable substances received from a participating provider.

**Note:** Vaccines/immunizations are not covered if administered by a pharmacist or purchased from a pharmacy. (Does not apply to participating convenience care clinics.)

### 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** Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

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

## Hearing Aids

### Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

### Basic Medical Program

Hearing aid evaluation, fitting and purchase of hearing aids covered up to a maximum reimbursement of $1,500 per hearing aid, per ear, once every four years; children age 12 years and under, covered up to $1,500 per hearing aid, per ear, once every two years if the existing hearing aid can no longer compensate for the child's hearing loss. This benefit is not subject to deductible or coinsurance.

## 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. There are two levels of benefits under the Basic Medical Program (see page 7).

Wigs are covered up to a $1,500 lifetime maximum when hair loss is due to a chronic or acute condition. This benefit is not subject to deductible or coinsurance.

## 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 Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program, then the Benefits Management Program, for precertification for any single prosthesis costing $1,000 or more. For a prosthesis requiring prior 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.

## Diabetes Education Centers

### Participating Provider Program

Covered services are subject to a $20 copayment per visit to a Diabetes Education Center.

### Basic Medical Program

Basic Medical benefits for covered visits to a Diabetes Education Center.

## Outpatient Surgical Locations

### Participating Provider Program

$30 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital and hospital-based Outpatient Surgical Locations are covered. See page 5.)

### Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital and hospital-based Outpatient Surgical Locations are covered. 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 $20 copayment for each office visit to an MPN provider. You pay an additional $20 copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is not a network provider in your area.

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

**Annual Deductible:** $250 enrollees; $250 enrolled spouse/domestic partner; $250 all dependent children combined. This deductible is separate from the combined annual deductible.

**Coinsurance:** The Empire Plan pays up to 50 percent of the network allowance after you meet the annual deductible. There is no coinsurance maximum.

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

***All benefits apply to treatment determined medically necessary by UnitedHealthcare.***

# Home Care Advocacy Program *(HCAP)*

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

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

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

To receive a paid-in-full benefit, you must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, 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.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

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)*

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible, see page 4, The Empire Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum. You are also covered for one pair of diabetic shoes per year that are paid up to 75 percent of the HCAP network allowance with a $500 annual maximum.

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

***Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. See your January 1, 2011 and later Empire Plan Reports for areas affected by DMEPOS. If you need assistance locating a Medicare contract supplier contact HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program.***

# *Mental Health and Substance Abuse Program*

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

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program 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 the Mental Health and Substance Abuse Program 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 the Mental Health and Substance Abuse Program 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 and Substance Abuse Benefits

### Network Coverage

No deductibles

No annual or lifetime benefit maximums

### Non-network Coverage

The amount you pay for non-network inpatient and outpatient services counts toward meeting your combined annual deductible. See page 4 for the combined annual deductibles and maximum coinsurance amounts.

## Inpatient Services

| | Network Coverage | Non-network Coverage |
|---|---|---|
| **Approved Facilities** | Paid-in-full | When you use a non-network facility, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. Benefits will be paid at 100 percent after the combined coinsurance maximum is met. See page 4.<br><br>No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes. |
| **Practitioner Treatment or Consultation** | Paid-in-full | Same as inpatient non-network coverage above. |

## Ambulance Service

Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.

## Outpatient Services

| | Network Coverage | Non-network Coverage |
|---|---|---|
| | **Mental Health:** $20 copayment per visit with up to three visits per crisis paid in full.<br><br>**Substance Abuse:** $20 copayment per visit. | **Annual and Lifetime Maximum:** Unlimited.<br><br>**Combined Annual Deductible:** The combined annual deductible must be satisfied before benefits are payable. See page 4.<br><br>**Coinsurance:** The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible.<br><br>**Reasonable and Customary Charge:** The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.<br><br>**Combined Annual Coinsurance Maximum:** After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. See page 4. |
| **Hospital Emergency Room** | $70 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room. | Same as network benefits. |

**Psychological Testing**

Network or non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is recommended before testing or evaluation begins.

**Note:** Psychological testing done by a physician, such as a neurologist, is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended 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.***

## Copayments

You have the following copayments for drugs purchased from a Network Pharmacy or through the Mail Service Pharmacy or designated Specialty Pharmacy.

| Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy | 31- to 90-day supply of a covered drug from a Network Pharmacy | 31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy |
|---|---|---|
| Level 1 Drugs or for most Generic Drugs ..... $5 | Level 1 Drugs or for most Generic Drugs ..... $10 | Level 1 Drugs or for most Generic Drugs ..... $5 |
| Level 2, Preferred Drugs or Compound Drugs ..... $25 | Level 2, Preferred Drugs or Compound Drugs ..... $50 | Level 2, Preferred Drugs or Compound Drugs ..... $50 |
| Level 3 or Non-preferred Drugs ..... $45 | Level 3 or Non-preferred Drugs ..... $90 | Level 3 or Non-preferred Drugs ..... $90 |

**Note:** Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred drug copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the covered drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR. One copayment covers up to a 90-day supply.

You have coverage for prescriptions of up to a 90-day supply at all network, non-network and mail service pharmacies. Prescriptions may be refilled for up to one year.

## Flexible Formulary

The Empire Plan Prescription Drug Program has a flexible formulary for prescription drugs. The Empire Plan Flexible Formulary drug list is designed to provide enrollees and the Plan with the best value in prescription drug spending. This is accomplished by:

- Excluding coverage for certain brand-name or generic drugs, if the drug has no clinical advantage over other covered medications in the same therapeutic class.
- Placing a brand-name drug on Level 1 or excluding or placing a generic drug on Level 3, subject to the appropriate copayment. These placements may be revised mid-year when such changes are advantageous to The Empire Plan. Enrollees will be notified in advance of such changes.
- Applying the highest copayment to non-preferred drugs that provide no clinical advantage over two or more Level 1 drug alternatives in the same therapeutic class. This may result in no Level 2 brand-name drugs.

Certain drugs have been added to the list of drugs excluded from coverage under the 2012 Empire Plan Flexible Formulary. A list of accepted alternatives to these excluded drugs, along with a complete list of all excluded drugs, is available online. Visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Click on Benefit Programs and follow the prompts to access NYSHIP Online. On the NYSHIP home Online page, select Using Your Benefits and then 2012 Empire Plan Flexible Formulary.

New prescription drugs may be subject to exclusion when they first become available on the market. Check the web site for current information regarding exclusions of newly launched prescription drugs. Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under the Empire Plan Flexible Formulary.

### Newly Excluded Drugs for 2012

- Androgel
- Analpram Advanced Kit
- Aricept 23mg
- Cambia 250 (generic Soma 250mg)
- Centany AT
- Clindacin PAC
- Jalyn
- Morgidox Kit
- Orbivan
- Pacnex HP/Pacnex LP/Pacnex Mx
- Pennsaid
- Rybix ODT
- Silenor
- Sumaxin TS
- Tobradex ST
- Tribenzor
- Tricor
- Trilipix
- Uramaxin GT
- Veltin
- Vimovo
- Xerese
- Zuplenz
- Zyclara

***An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.***

## Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

## Prior Authorization Required

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

- Abstral
- Actemra
- Actiq
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. 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 information about prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

***Refer to the Certificate Amendments in your January 2011 Empire Plan Report for additional information.***

## Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers individuals using specialty drugs enhanced services including: disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose The Empire Plan Prescription Drug Program and ask to speak with Accredo, 24 hours a day, seven days a week.

## Mail Service Pharmacy

You may fill your prescription by mail through the Mail Service Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at https://www.cs.ny.gov. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Pharmacy Mail-Order Form.

## Non-Network Pharmacy

If you do not use a network pharmacy, or if you pay cash at a network pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. In most cases, you will not be reimbursed the total amount you paid for the prescription.

# *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.ny.gov. Click on Benefit Programs and follow the prompts to 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.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits 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 complete resource for your health insurance benefits, including up-to-date publications, Option Transfer and a Plan Comparison tool with summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to select Empire 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.

# Federal Health Care Reform

## Non-Grandfathered Health Plan

Your Empire Plan benefit package is no longer a "grandfathered" plan under the Patient Protection and Affordable Care Act (PPACA), signed into law March 30, 2010. This means that your Empire Plan benefits will now reflect changes as required by the federal health care reform of 2010 according to the Act's implementation timetable.

# Contact Information

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

**Medical/Surgical 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**
The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

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

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

**Hospital Program**.....TTY only 1-800-241-6894
**Medical/Surgical Program**.....TTY only 1-888-697-9054
**Mental Health and Substance Abuse Program**.....TTY only 1-800-855-2881
**Prescription Drug Program**.....TTY only 1-800-759-1089

This document provides a brief look at Empire Plan benefits for Retirees of New York State Agencies. Use it with your *NYSHIP General Information Book & Empire Plan Certificate* and *Empire Plan Reports* and *Certificate Amendments*. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.

New York State
Department of Civil Service
Employee Benefits Division
Albany, New York 12239

518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
https://www.cs.ny.gov

The *Empire Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.

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

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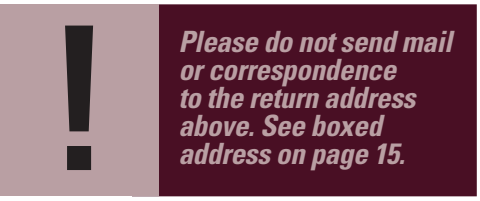
Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

NY Retiree At A Glance – January 2012




It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (https://www.cs.ny.gov). 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 the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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## The Empire Plan Copayments at a Glance

### Medical/Surgical Program*

#### Participating Provider Program

$20 Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit
$30 Copayment - Non-hospital Outpatient Surgical Locations
$35 Copayment - Local Professional/Commercial Ambulance Transportation

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

$20 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

### Hospital Services (Hospital Program)*

$20 Copayment - Outpatient Physical Therapy
$40 Copayment - Outpatient Services for Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
$60 Copayment - Outpatient Surgery
$70 Copayment - Emergency Room Care

### Mental Health and Substance Abuse Program

$20 Copayment - Visit to Outpatient Substance Abuse Treatment Program
$20 Copayment - Visit to Mental Health Professional
$70 Copayment - Emergency Room Care

### Prescription Drug Program

Up to a 90-day supply from a participating retail pharmacy or mail service (see copayment chart on page 12).

*Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.