UPDATED

January 1, 2014

at a GLANCE

APSU

Agency Police Services Unit

For Employees of the State of New York in the Agency Police Services Unit (APSU) represented by Police Benevolent Association of New York State (PBANYS); and for their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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 July 2003 *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 your agency Health Benefits Administrator (HBA).

THE EMPIRE PLAN

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

What's New

- **The Empire Plan Prescription Drug Program** – Beginning January 1, 2014, The Empire Plan Prescription Drug Program will be administered by CVS Caremark under a self-insured administrative services agreement with the New York State Department of Civil Service (DCS).
- **The Empire Plan Mental Health and Substance Abuse Program** – Beginning January 1, 2014, The Empire Plan Mental Health and Substance Abuse Program will be administered by ValueOptions, Inc. under a self-insured administrative services agreement with DCS.
- **2014 Empire Plan Flexible Formulary Drug List** – The annual update lists the most commonly prescribed generic and brand-name drugs included in the 2014 Empire Plan Flexible Formulary and newly excluded drugs with 2014 Empire Plan Flexible Formulary alternatives.
- **Autism Coverage** – Effective January 1, 2014, Applied Behavior Analysis (ABA) for the treatment of autism spectrum disorder is limited to 680 hours each plan year; the prior year's dollar limit for services no longer applies.

Please see *Contact Information* on page 19 for NYSHIP addresses, teletypewriter (TTY) numbers and other important contact information.

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

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

administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider and 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 convenience care clinics, 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, Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

3 Mental Health and Substance Abuse Program

administered by ValueOptions

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

administered by CVS Caremark

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

Preventive Care Services

The federal Patient Protection and Affordable Care Act (PPACA) requires coverage for a set of preventive care services at no cost to you when you receive the services in-network. The paid-in-full benefit applies when you meet established criteria (such as age, gender and risk factors) for a preventive service. Therefore, certain services received from an Empire Plan participating provider or network hospital will be paid at 100 percent (not subject to copayment).

Preventive care services subject to the PPACA requirements include bone density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopies and sigmoidoscopies, 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 PPACA preventive care services and criteria for paid-in-full coverage, visit www.hhs.gov/healthcare/rights/preventive-care.

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 (nonemergency) 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, you will be subject to a $200 penalty 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 or Nuclear Medicine tests*

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 Program before having a scheduled (nonemergency) 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 larger 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 or chronic conditions.

Centers of Excellence

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 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 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, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas.

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 of transplant recipient, 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 Program 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 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 benefits are 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. Benefits paid under the travel allowance are applied to the lifetime maximum.

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.

Infertility Benefits, continued

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 plan is primary to The Empire Plan.

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or use a Center of Excellence for preauthorized infertility services, 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, lodging, 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.

Combined Annual Deductible and Combined Annual 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 Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program, and non-network expenses under the Mental Health and Substance Abuse Program will be considered for reimbursement.

Combined Annual 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.

Coinsurance amounts you incur under the Basic Medical Program and for non-network services under the Hospital Program and Mental Health and Substance Abuse Program count toward the combined coinsurance maximum.

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. **Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.**

Network coverage applies when you receive emergency or urgent services in a non-network hospital, or when you use a non-network hospital because you do not have access to a network hospital. Call the Hospital Program to determine if you qualify for network coverage at a non-network hospital based on access.

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 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 page 4.

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. The following benefits apply to services received in the outpatient department of a hospital or a 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 are subject to one $40 copayment per visit.

Paid-in-full benefits for bone mineral density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopy and sigmoidoscopy screenings considered preventive, as required by the Patient Protection and Affordable Care Act.

Paid-in-full benefits for preadmission and/or presurgical testing.

Paid-in-full benefits for 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 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 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 Program coverage.)

Hospital Outpatient, continued

Network 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.

Non-network Coverage

Network Coverage applies to non-network hospital emergency services.

Note: Emergency services provided in the hospital and billed by a physician or provider: 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. For other participating specialty physicians or providers, benefits for covered services will be paid in full. For other non-participating specialty physicians or providers, benefits for covered services 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)***

Benefits are subject to the requirements of the Empire Plan Benefits Management Program if The Empire Plan is your primary coverage.

Network Coverage

Skilled nursing facility services are covered under the Program 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 facility 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

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/Surgical Program Benefits for Physician/Provider Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

When you receive covered services from a physician or other provider in a hospital, skilled nursing facility or hospice setting and those services are billed by the provider (not the facility), the following Medical/Surgical benefits apply:

Participating Provider Program

Paid-in-full benefits for covered services when the provider participates with The Empire Plan.

Basic Medical Program

Paid-in-full benefits for covered radiology, anesthesiology and pathology services received while in a network facility.

In a medical emergency: Paid-in-full benefits for emergency services provided by attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams and/or pathology services. For other non-participating specialty physicians or providers, benefits for emergency services are subject to deductible but not coinsurance.

All other covered services subject to deductible and coinsurance.

Medical/Surgical Program

Benefits for covered medical/surgical services are available under the Participating Provider Program when you use a provider that participates with The Empire Plan or under the Basic Medical Program when a provider is non-participating. 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 the status of a provider, Plan coverage or your benefits. **Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time.** 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, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits, urgent care center visits and convenience care clinic visits. Certain covered services are paid in full, such as preventive care services and women's health care services as required by the Patient Protection and Affordable Care Act.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations. See page 8.

To learn whether a provider participates, check with the provider directly, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Then click on Find a Provider.

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.

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.

Participating Provider Program

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

Basic Medical Program

(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 Participating Provider Program benefits for 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 enrollee's residence (see chart below). Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare). To receive network benefits, enrollees must contact the Medical/Surgical Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Program. You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the 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	Neurology
General Practice	Anesthesia	Ophthalmology
Internal Medicine	Cardiology	Orthopedic Surgery
Pediatrics	Dermatology	Otolaryngology
Obstetrics/Gynecology	Emergency Medicine	Pulmonary Medicine
	Gastroenterology	Radiology
	General Surgery	Rheumatology
	Hematology/Oncology	Urology

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

Participating Provider Program

A $20 copayment per visit applies to office visits and/or office surgery when you use a participating provider.

A $20 copayment per visit applies to laboratory and/or radiology services.

Maximum of two copayments per visit for services by the same provider.

Paid-in-full benefits for well-child care and preventive services and women's health care as required by the Patient Protection and Affordable Care Act.

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 required by the Patient Protection and Affordable Care Act. Other covered services subject to copayment(s) as described in this section.

Basic Medical Program

Routine health exams are covered for you, the enrollee, if you are age 40 or over and for your spouse/domestic partner age 40 or older. This benefit is not subject to deductible or coinsurance. Covered services, such as laboratory tests and screenings provided during the office visit for a routine exam, that fall outside the scope of a routine exam are subject to deductible and coinsurance. For further information contact 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.

Adult Immunizations

Participating Provider Program

Paid-in-full benefits for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for 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 enrollees and dependents age 19 through 26), 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 age 55 and over but 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. However vaccines received at participating Convenience Care Clinics are covered.

Basic Medical Program

Not covered

Routine Pediatric Care • *Up to age 19*

Participating Provider Program

Paid-in-full benefits 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 benefits apply for wigs.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

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 of 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.

To find an Empire Plan participating provider Diabetes Education Center, call **1-877-7-NYSHIP (1-877-769-7447)** toll free and choose the Medical Program. Or, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Select Find a Provider and then The Empire Plan Medical/Surgical Provider Directory.

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 under the Hospital Program. 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 under the Hospital Program. 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

This program is 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.

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

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

Network Coverage
(when you use MPN)

Guaranteed access to network benefits. You must contact MPN prior to receiving services to arrange for network benefits if there is not a network provider in your area.

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 visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Then click on Find a Provider.

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

Coinsurance: The Empire Plan pays up to 50 percent of the network allowance after you meet the annual deductible. There is no coinsurance maximum. Coinsurance under the Managed Physical Medicine Program does not contribute to and is separate from the combined annual coinsurance maximum.

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

All benefits apply to treatment determined medically necessary by MPN.

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 plan is primary.

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

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. Most regions of New York State are affected by DMEPOS. To locate a Medicare contract supplier, visit www.medicare.gov/supplierdirectory or contact The Empire Plan 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

to ensure the 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 ValueOptions 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 plan is primary.

All benefits apply to treatment determined medically necessary by ValueOptions.

Mental Health and Substance Abuse Benefits

Network Coverage	Non-network Coverage
No deductibles No annual or lifetime benefit maximums	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. 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

Mental Health: $20 copayment per visit with up to three visits per crisis paid in full.

Applied Behavior Analysis Services: There is an annual maximum of 680 hours for Applied Behavior Analysis (ABA) services, network and non-network combined.

Substance Abuse: $20 copayment per visit.

Non-network Coverage

Annual and Lifetime Maximum: Unlimited, except for an annual maximum of 680 hours for Applied Behavior Analysis (ABA) services, network and non-network combined.

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.

Combined Annual Coinsurance Maximum: Once 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.

Hospital Emergency Room: Same as network benefits.

Psychological Testing and Neuropsychological Testing:
Network and non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by ValueOptions is required before testing or evaluation begins.

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

Notes: Neuropsychological testing with a medical diagnosis is also 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.

Applied Behavior Analysis Services: Covered in accordance with New York State law, subject to 680 hours of service annual cap for network/non-network combined.

Prescription Drug Program

Copayments

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

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Order 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 Order 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. In addition, generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) 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 Empire Plan Flexible Formulary. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered Level 3 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 order pharmacies. Prescriptions may be refilled for up to one year.

New to You Prescriptions Program – Certain maintenance medications require at least two 30-day supplies to be filled using your Empire Plan Prescription Drug Program benefits before a supply for greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Order Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days' worth of the drug has been previously dispensed. If not, only a 30-day fill will be approved.

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.

Flexible Formulary, continued

Certain drugs have been added to the list of drugs excluded from coverage under the 2014 Empire Plan Flexible Formulary. A list of suggested 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. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. On the NYSHIP Online homepage, select Using Your Benefits and then 2014 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 2014

A list of newly excluded drugs for 2014 is included in the 2014 Empire Plan Flexible Formulary Drug List.

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

Prior Authorization Required

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

- Abstral
- Actemra
- Actiq
- Adcirca
- Ampyra
- Aranesp
- Aubagio
- Avonex
- Botox
- Cayston
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- Extavia
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron A
- Kalydeco
- Kineret
- Korlym
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- modafanil
- Myobloc
- Nuvigil
- Onmel
- Onsolis
- Orencia
- Pegasys
- PegIntron
- Rebif
- Remicade
- Remodulin
- Revatio
- Simponi
- Sporanox
- Stelara
- Subsys
- Synagis
- Tazorac
- Tecfidera
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeljanz
- Xeomin
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds $200 will also require prior authorization under this Program. 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)**. Choose the Empire Plan Prescription Drug Program, and select the 2014 benefits option. **Representatives are available 24 hours a day, seven days a week.** Or, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

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. Also included with 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. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Pharmacy 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 CVS Caremark Mail Order Pharmacy Order Form. Prior authorization is required for some specialty medications.

To request mail order envelopes, refills or to speak to a specialty-trained pharmacist or nurse 24 hours a day, seven days a week 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 select the 2014 benefits option.

Mail Order Pharmacy

You may fill your prescription by mail through the CVS Caremark Mail Order 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),** choose Prescription Drug Program, and select the 2014 benefits option. To refill a prescription on file with the mail order 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. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Find a Provider and scroll down to CVS Caremark Pharmacy Mail Order Form.

Non-Network Pharmacy

If you do not use a Network Pharmacy, or if you do not use your Empire Plan benefit card at a Network Pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. 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 Empire Plan 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 homepage, on the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage.

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 materials and a Plan Comparison tool with summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to select Empire Plan program administrator 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

Under the federal Patient Protection and Affordable Care Act (PPACA), your Empire Plan benefits reflect changes as required by PPACA according to the implementation timetable.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Listen carefully to your choices and make your selection at any time. Check the list below.

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

Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

Medical/Surgical Program
UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time.

Mental Health and Substance Abuse Program
ValueOptions
P.O. Box 1800
Latham, NY 12110

Representatives are available 24 hours a day, seven days a week.

Prescription Drug Program
The Empire Plan Prescription Drug Program
CVS Caremark
Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590

Representatives are available 24 hours a day, seven days a week.

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

Representatives are available 24 hours a day, seven days a week.

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 1-855-643-1476

Prescription Drug Program.....TTY only 1-800-863-5488

This document provides a brief look at Empire Plan benefits for Agency Police Services Unit (APSU) enrollees who are represented by Police Benevolent Association of New York State (PBANYS). 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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! Please do not send mail or correspondence to the return address above. See boxed address on page 19.

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

APSU At A Glance – January 2014 – Revised

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 your agency Health Benefits Administrator. COBRA Enrollees: 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

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 order (see copayment chart on page 15).

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