

2011 Empire Plan

November 2010

Benefits

for Unsettled Groups

For Employees of the State of New York in the Agency Law Enforcement Services Unit (ALESU) represented by Council 82, UUP employees in lifeguard titles, their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees



The Empire Plan

NYSHIP Code Number 001

This publication summarizes the benefits available to you under each portion of The Empire Plan as of January 1, 2011¹. Use this flyer and the *Health Insurance Choices for 2011* booklet available from your agency Health Benefits Administrator (HBA) to compare the health insurance options available to you under the New York State Health Insurance Program (NYSHIP) for the 2011 program year. This flyer replaces pages 16-21 of the *Choices* booklet for employees of the State of New York represented by Council 82 in the Agency Law Enforcement Services Unit (ALESU) and UUP employees in lifeguard titles.

If you have any questions about plan benefits, contact the plans directly. For questions about Empire Plan benefits, call toll free 1-877-7-NYSHIP (1-877-769-7447), the one number for The Empire Plan carriers. See *Choices* for NYSHIP HMO benefits and contact information.

The Medical/Surgical Program

UnitedHealthcare

Medical and surgical coverage through:

- **Participating Provider Program** – More than 175,000 physicians and other providers participate; certain services are subject to a \$15 or \$18 copayment, depending on your group.
- **Basic Medical Program** – If you use a non-participating provider. After you satisfy the \$388 annual deductible, the Plan pays 80 percent of the reasonable and customary charge. You are responsible for the 20 percent coinsurance and charges in excess of the reasonable and customary charge. After you reach the \$1,438 coinsurance maximum, you will be reimbursed up to 100 percent of the reasonable and customary charge. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges.
- **Basic Medical Provider Discount Program** – If you use a non-participating provider who is part of The Empire Plan MultiPlan group (see pages 6 and 7 of *Choices for 2011*).

Home Care Advocacy Program (HCAP) – Paid-in-full benefit for home care, enteral formulas, durable medical equipment and medical supplies (including diabetic and ostomy supplies). Guaranteed access to network benefits nationwide. Limited non-network benefits available. (See the *Empire Plan Certificate/Reports* for details.)

Managed Physical Medicine Program – Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider are subject to a \$15 or \$18 copayment, depending on your group. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

Under the **Benefits Management Program**, you must call the Medical/Surgical Program for certification before an elective (scheduled) Magnetic Resonance Imaging (MRI). When arranged by the Medical/Surgical Program, voluntary, paid-in-full Specialist Consultant Evaluation is available.

Voluntary outpatient Medical Case Management is available to help coordinate services for serious conditions.

The Hospital Program

Empire BlueCross BlueShield

The following benefit level applies when covered services are received at a BlueCross and BlueShield Association BlueCard® PPO **network hospital**:

- Medical or surgical inpatient stays are covered at no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology provider charges for covered hospital services are paid in full under the Medical/Surgical Program if The Empire Plan provides your primary coverage.
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments. Other provider charges will be paid in full if using a network provider. Non-network provider charges will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

The following benefit level applies for services received at **non-network hospitals** (for *Empire Plan-primary enrollees only*²):

- Non-network hospital inpatient stays and outpatient services – 10 percent coinsurance³ up to an annual maximum of \$1,500 per enrollee; per enrolled spouse

or domestic partner; per all enrolled dependent children combined. Up to \$1,000 of the coinsurance may be reimbursed under the Basic Medical Program.

The Empire Plan will approve network benefits at a non-network facility if:

- Your hospital care is emergency or urgent.
- You do not have access to a network facility within 30 miles of your residence.
- No network facility can provide the medically necessary services you require.
- Another insurer or Medicare provides your primary coverage (pays first).

Preadmission Certification Requirements

Under the Benefits Management Program, if The Empire Plan is your primary coverage, you must call the Hospital Program for certification of any inpatient stay:

- Before a maternity or scheduled (non-emergency) hospital admission,
- Within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission, and
- Before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).

If you do not follow the preadmission certification requirement, you must pay:

- A \$200 hospital penalty if it is determined any portion was medically necessary, and
- All charges for any day determined not to be medically necessary.

Voluntary inpatient Medical Case Management is available to help coordinate services for serious conditions.

The Mental Health and Substance Abuse Program

UnitedHealthcare/OptumHealth

The Mental Health and Substance Abuse (MHSA) Program offers two levels of benefits. If you call the MHSA Program before you receive services and follow their recommendations, you receive:

Network Benefits

(unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to three visits per crisis paid in full)
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services subject to a \$15 or \$18 copayment, depending on your group.
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program for substance abuse subject to a \$15 or \$18 copayment, depending on your group.

If you do **NOT** follow the requirements for network coverage, you receive:

Non-network Benefits⁴

(unlimited when medically necessary)

- For Practitioner Services: the MHSA Program will consider up to 80 percent of reasonable and customary charges for covered services after you meet the applicable mental health care annual deductible and the applicable substance abuse annual deductible for outpatient practitioner services, which is \$388 per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined. After the applicable coinsurance maximum is reached, which is \$1,438 per enrollee and all enrolled dependents combined, the Plan pays up to 100 percent of reasonable and customary charges for covered services.
- For Approved Facility Services: The Empire Plan pays up to 90 percent of the billed charges for covered services; 100 percent after the \$500 coinsurance maximum for yourself, \$500 for your spouse/domestic partner, \$500 per all dependent children combined.

Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined.

Note: The amount you pay for inpatient and outpatient services does **NOT** count toward meeting your Basic Medical deductible or Basic Medical and non-network hospital coinsurance maximum. Deductibles, coinsurance and maximum coinsurance amounts are separate and not combined with any other deductible, coinsurance or maximum coinsurance amounts.

¹ These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate and Empire Plan Reports/Certificate Amendments*.

² If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

³ Greater of 10 percent or \$75 for outpatient.

⁴ You are responsible for obtaining MHSA Program certification for care obtained from a non-network practitioner or facility.

The Prescription Drug Program

UnitedHealthcare/Medco Health Solutions

- When you use a participating retail pharmacy or the mail service pharmacy for up to a 30-day supply of a covered drug, you pay a \$5 copayment for Level 1 or generic drugs, \$15 copayment for Level 2 or preferred brand-name drugs and \$30 copayment for Level 3 or non-preferred brand-name drugs.
- For a 31- to 90-day supply of a covered drug through a participating retail pharmacy, you pay a \$10 copayment for Level 1 or generic drugs, \$30 copayment for Level 2 or preferred brand-name drugs and \$60 copayment for Level 3 or non-preferred brand-name drugs.
- For a 31- to 90-day supply of a covered drug through the mail service pharmacy, you pay a \$5 copayment for Level 1 or generic drugs, \$20 copayment for Level 2 or preferred brand-name drugs and \$55 copayment for Level 3 or non-preferred brand-name drugs.
- When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic equivalent, not to exceed the full retail cost of the drug. Exceptions apply. The Empire Plan Preferred Drug List is posted on the Department of Civil Service web site at <https://www.cs.state.ny.us>. Click on Benefit Programs, then on NYSHIP Online. Select your group if prompted, and then click on Using Your Benefits.
- Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day to answer questions about your prescriptions.
- You can use a non-participating pharmacy or pay cash at a participating pharmacy (instead of using your Empire Plan Benefit Card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

The Empire Plan NurseLineSM

Provides 24-hour access to health information and support.

Empire Plan Benefits Are Available Worldwide

The Empire Plan gives you the freedom to choose a participating provider or a non-participating provider.

The Empire Plan Centers of Excellence Programs

The Centers of Excellence for Cancer Program

includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS). CRS is a nationwide network including many of the nation's leading cancer centers. The enhanced benefits, including travel reimbursement, are available only when you are enrolled in the Program.

The Centers of Excellence for Transplants Program

provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including travel reimbursement, are available only when you are enrolled in the Program and The Empire Plan is your primary coverage. Precertification is required.

Infertility Centers of Excellence are a select group of participating providers contracted by UnitedHealthcare and recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000. A travel allowance is available. Precertification is required.

For details on The Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports and Reporting on Centers of Excellence* available at <https://www.cs.state.ny.us> or from your agency HBA.

Teletypewriter (TTY) Numbers

For callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

Medical/Surgical Program

TTY only:.....1-888-697-9054

Hospital Program

TTY only:.....1-800-241-6894

Mental Health and Substance Abuse Program

TTY only:.....1-800-855-2881

Prescription Drug Program

TTY only:.....1-800-759-1089

This plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (See What's New in 2011?) on page 5 of your *Choices* booklet for more information on grandfathered health plans.

The Empire Plan

Benefits	Network Hospital Benefits ¹	Participating Provider	Non-participating Provider
Office Visits		\$15 or \$18/visit ²	Basic Medical ³
Specialty Office Visits		\$15 or \$18/visit ²	Basic Medical ³
Diagnostic/Therapeutic Services			
Radiology	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Lab Tests	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Pathology	No copayment	\$15 or \$18/visit ²	Basic Medical ³
EKG/EEG	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical ³
Women's Health Care/OB GYN			
Pap Tests	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Mammograms	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Pre and Postnatal Visits		No copayment	Basic Medical ³
Bone Density Tests	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
Family Planning Services			
Infertility Services	\$35/outpatient visit	\$15 or \$18/visit ²	Basic Medical ³
		\$15 or \$18/visit ² ; No copayment at designated Centers of Excellence ⁴ (\$50,000 lifetime allowance for Qualified Procedures)	Basic Medical ³
Contraceptive Drugs and Devices (also covered under the Prescription Drug Program ⁵ subject to drug copayment)		\$15 or \$18/visit ²	Basic Medical ³
Inpatient Hospital Surgery			
		Network Hospital/Participating Provider: No copayment; Network Hospital/Non-participating Provider: Hospital charges paid in full. Non-participating Provider charges subject to coinsurance maximum. Non-participating Provider charges subject to 10% of billed charges up to coinsurance maximum.	
Outpatient Surgery⁶			
		Network Hospital/Participating Provider: \$35 per visit; Network Hospital/Non-participating Provider: Hospital charges \$35 per visit; Non-participating provider charges subject to Basic Medical; Non-network Hospital/Non-participating Provider: Hospital charges subject to 10% of billed charges or a \$75 copayment, whichever is greater up to coinsurance maximum. Non-participating Provider charges subject to Basic Medical	
Emergency Room⁷	\$50 or \$60/visit ²	No copayment	Basic Medical ^{3,8}
Urgent Care		\$15 or \$18/visit ²	Basic Medical ³
Ambulance	No copayment ^{9,10}	\$35 copayment ¹¹	\$35 copayment ¹¹
Mental Health Practitioner Services		\$15 or \$18/visit ² (MHSA)	\$388 annual deductible, 80% of reasonable and customary; after \$1,438 coinsurance max, 100% of reasonable and customary (See page 3 for details.)
Approved Facility Mental Health Services		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after \$1,500 coinsurance max, covered in full (See page 3 for details.)
Outpatient Drug/Alcohol Rehabilitation		\$15 or \$18/visit ² to approved Structured Outpatient Rehabilitation Program; unlimited when medically necessary (MHSA)	\$388 annual deductible, 80% of reasonable and customary; after \$1,438 coinsurance max, 100% of reasonable and customary (See page 3 for details.)
Inpatient Drug/Alcohol Rehabilitation		No copayment; unlimited when medically necessary (MHSA)	90% of billed charges; after \$1,500 coinsurance max, covered in full (See page 3 for details.)
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i>)
Prosthetics		No copayment ¹²	Basic Medical ^{3,12}

Orthotic Devices		No copayment ²	Basic Medical ^{3,12}
External Mastectomy Prostheses			Covered in full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance ^{3,12} (precertification may be required)
Rehabilitative Care – Acute Care Facility	No copayment when an inpatient; \$15 or \$18/visit ² for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$15 or \$18/visit ² (MPN) Speech therapy \$15 or \$18/visit ²	\$250 annual deductible, 50% of network allowance Basic Medical ³
Diabetic Supplies		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i>)
Insulin and Oral Agents (covered under The Empire Plan Prescription Drug Program subject to drug copayment)			
Diabetic Shoes		Not covered	Not covered
Hospice	No copayment, no limit		10% of billed charges up to coinsurance maximum
Skilled Nursing Facility	No copayment up to 365 benefit days ⁴ No benefits if Medicare-primary		10% of billed charges up to coinsurance maximum
Prescription Drugs (see page 4)			
Specialty Drugs (see page 4)			
Additional Benefits			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		Up to \$1,200 per aid per ear every 4 years (every 2 years for children) if medically necessary	Up to \$1,200 per aid per ear every 4 years (every 2 years for children) if medically necessary
Out of Area Benefit	Under The Empire Plan, your benefits are the same wherever you receive care.		
24-hour NurseLine SM for health information and support			
Voluntary Disease Management Programs available for conditions such as asthma, cardiovascular disease, chronic obstructive pulmonary disease, congestive heart failure, depression and diabetes.			

- Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association. Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical Benefits Program. Non-network hospital coverage provided subject to coinsurance (see page 9 of your *Choices for 2011* booklet).
- Copayments, annual deductibles, coinsurance maximums and/or some benefits vary depending on your group.
- See page 6 of your *Choices for 2011* booklet for an explanation of reimbursement under the Basic Medical Program.
- Preadmission certification required.
- Coverage excludes contraceptive intrauterine devices (IUDs) that do not contain any FDA-approved hormone prescription drug products.
- In outpatient surgical locations, the copayment for the facility charge is \$15 or \$35 per visit or Basic Medical benefits apply depending upon the status of the center. (Check with the center or The Empire Plan carriers.)

State of New York Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • <https://www.cs.state.ny.us>

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.state.ny.us>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees and Young Adult Option enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).



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