EMPIRE PLAN REPORT

May 2013

New York State Health Insurance Program (NYSHIP) for **New York State and Participating Employer Retirees, Vestees and Dependent Survivors,** their enrolled Dependents, Preferred List and COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

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Benefit Changes

This Empire Plan Report details some changes to your Empire Plan benefits resulting from federal health care reform, State mandates and negotiations with State employee unions that have been administratively extended to unrepresented groups. Effective dates for these changes vary and are noted with the description of the change. *NYSHIP General Information Book* and *Empire Plan Certificate* amendments reflecting these changes will be available online and included in your next *NYSHIP General Information Book* and *Empire Plan Certificate,* which will be mailed to your home.

Benefit changes include:

- Combined Annual Coinsurance and Deductible (see page 5)
- Guaranteed Access to Primary Care (see page 6)
- Enhanced Women's Health Care (see page 2)
- New to You Prescription Drug Benefit (see page 4)
- Autism Spectrum Disorder Coverage (see page 3)
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THE EMPIRE PLAN

What's New

Enhanced Women's Health Care

As required by the Patient Protection and Affordable Care Act (PPACA), effective January 1, 2013, the following women's preventive services are covered with no copayments, when received from an Empire Plan participating provider.

- **Well-woman visits:** This includes an annual preventive care visit to obtain the recommended preventive services.
- **Contraception and contraceptive counseling:** Most Level 1 contraceptives covered under The Empire Plan Prescription Drug Program with no out-of-pocket costs. All other covered contraceptive drugs are subject to copays and any applicable ancillary charges. Also, paid-in-full benefits for contraception methods and sterilization procedures for women as defined in PPACA when ordered or administered by a participating provider.
- **Screening:**
  - Cervical cancer including Pap test for women up to age 65
  - Breast cancer mammography every one to two years at age 40
  - Gestational Diabetes for women who are 24 to 28 weeks pregnant or first visit for high risk of becoming diabetic
  - Human Papillomavirus DNA testing every three years for women 30 and over
  - Osteoporosis bone density test to screen women 65 or older or women at risk
  - Gonorrhea, Chlamydia, Syphilis and HIV
  - Depression
- **Counseling:**
  - For women at high risk of breast cancer for chemoprevention
  - Counseling and evaluation for genetic testing of women for BRCA breast cancer genes
  - Counseling for sexually transmitted infections (STIs) for sexually active women
- **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**
- **HIV screening and counseling:** Sexually active women will have access to annual counseling on HIV.
- **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence is covered for all adolescent and adult women.
- **Breastfeeding support, supplies and counseling:** During pregnancy and/or postpartum period, lactation support and counseling from a trained participating provider, as well as one breast pump per pregnancy with childbirth.

  Double-Electric Breast Pump Suppliers include:
  - Byram Healthcare: 1-877-902-9726 or www.byramhealthcare.com
  - Edgepark: 1-800-321-0591 or www.edgepark.com
  - Genadyne: 1-800-208-2025 or www.genadyne.com

  Hospital-Grade Breast Pump Rental Suppliers include:
  - Genadyne: 1-800-208-2025 or www.genadyne.com

For more information, call The Empire Plan toll free number at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Autism Spectrum Disorder Coverage

Effective January 1, 2013, The Empire Plan implemented benefit modifications to comply with the New York State Autism mandate (Chapters 595 and 596 of the Laws of 2011) to provide enhanced coverage for the screening, diagnosis and treatment of Autism Spectrum Disorder (ASD). This coverage includes assessments, evaluations or tests to diagnose ASD, medications, assistive communication devices, psychiatric and psychological care and therapeutic care, including services provided by licensed speech therapists, occupational therapists, social workers and physical therapists. The Empire Plan's Medical/Surgical and/or Mental Health and Substance Abuse (MHSA) programs already cover the vast majority of mandated benefits with the exception of Applied Behavioral Analysis (ABA); a behavioral health service for teaching children with Autism Spectrum Disorder through intensive skill training. ABA services are subject to a $45,000 per covered individual annual benefit maximum. The maximum is increased annually by the Consumer Price Index. To ensure the highest level of benefits, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program for assistive communication devices, or press 3 for the MHSA Program, to request prior authorization of ABA services.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage* (SBC) is a simple and standardized comparison tool required by Federal Health Care Reform, the Patient Protection and Affordable Care Act (PPACA). The SBC is not a complete description of The Plan's benefits. Refer to plan material, including your *Empire Plan At A Glance* and *Empire Plan Certificate*, for benefit information before making a decision about your family's health insurance coverage.

There are four major sections in the SBC – Important Questions, Common Medical Events, Excluded Services & Other Covered Services and Coverage Examples. The SBC includes coverage examples for having a baby and managing Type II Diabetes. These coverage examples are based on presumptions of what services a person may receive over a year's duration of each example. The coverage examples do not reflect the actual cost to the enrollee.

Some terms in the SBC appear in bold face and are underlined. These terms are defined in the *Uniform Glossary*, a companion document to the SBC. These definitions are intended to help improve consumer understanding and may be different from how The Empire Plan defines them. Therefore, your *Empire Plan Certificate* and *Amendments* are better resources for this information.

Notification of the availability of The Empire Plan *Summary of Benefits and Coverage* was included in 2013 Option Transfer materials, including *Choices* and *Rates and Deadlines*. You may view copies of the SBC and glossary for The Empire Plan at https://www.cs.ny.gov/sbc/index.cfm. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to request a printed copy.

Prescription Drug Program

New to You Prescription Drug Benefit

Effective January 1, 2013, for certain maintenance medications, two 30-day supplies must be filled using your Empire Plan Prescription Drug benefits before a supply 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 Service 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. This requirement is not subject to appeal.

The requirement is designed to reduce waste and lower costs to the Plan when an enrollee starts a new medication. Categories include, but are not limited to: Asthma, cardiovascular, diabetes, beta-blockers and antidepressants. If you submit a 90-day prescription, and do not have the required history with the medication, 30 days will be filled automatically.

If you have questions about which maintenance medications this applies to, you may call The Empire Plan toll free number at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

Medicare Rx Prescription Drug Program

If Medicare becomes your primary coverage, you will automatically be enrolled in Empire Plan Medicare Rx, the Empire Plan prescription drug program.

Empire Plan Medicare Rx is a Part D prescription drug program designed especially for NYSHIP. To find out more about Empire Plan Medicare Rx, visit: https://www.cs.ny.gov/empireplanmedicarerx/index.cfm.

Medco Name Change

As a result of the recent merger of Medco and Express Scripts, the combined company is changing its name to Express Scripts. Effective October 1, 2012, Express Scripts began to appear on Empire Plan Prescription Drug Program materials and web sites. Until the renaming process is complete, enrollees will continue to see the Medco name in certain communications. Please note, only the company name is changing; all other services and benefits under the Empire Plan Prescription Drug Program remain the same.

Empire Plan Changes

Combined Annual Coinsurance and Deductible

Under the federal Parity Law–Effective on January 1, 2012, The Empire Plan is not permitted to have separate deductibles and coinsurance amounts for Basic Medical and non-network coverage under the Hospital Program and the Mental Health and Substance Abuse Program. However, the Managed Physical Medicine Program, which guarantees access to network benefits, continues to have a separate deductible. Therefore, a combined annual deductible and a combined annual coinsurance maximum applies to the Hospital Program (coinsurance only), Basic Medical Program and non-network expenses under the Home Care Advocacy Program (deductible only) and the Mental Health and Substance Abuse Program.

Combined Annual Deductible: $1,000
Combined Annual Coinsurance Maximum: $3,000

The Empire Plan combined annual deductible for 2013 is $1,000 for the enrollee, $1,000 for the enrolled spouse/domestic partner and $1,000 for all dependent children combined.

The combined annual 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 are considered for reimbursement.

The combined annual coinsurance maximum (out-of-pocket) for 2013 is $3,000 for the enrollee, $3,000 for the enrolled spouse/domestic partner and $3,000 for all dependent children combined.

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

Once the annual coinsurance maximum is reached, you will be reimbursed 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will be responsible for any charges above the reasonable and customary amount and for any penalties for not complying with requirements under the Benefits Management Program.

The Empire Plan Medical/Surgical Program is now self-insured

As of January 1, 2013, the Empire Plan Medical/Surgical Program became self-insured by the State of New York Department of Civil Service (DCS), with certain claim processing and other administrative services provided by UnitedHealthcare under an administrative services contract arrangement between DCS and UnitedHealthcare. This change will have no impact on your Empire Plan benefits. UnitedHealthcare will continue to provide you with the same services under the self-insured Medical/Surgical Program as were provided previously, when UnitedHealthcare was the insurer of the Program.

Medical/Surgical Program

Guaranteed Access to Primary Care

The Empire Plan will guarantee access to primary care physicians and certain specialists 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. 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.

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services. Press 1 for the Medical Program then the Benefits Management Program and use one of the approved providers to receive network benefits.

Primary Care Physicians: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology

Urban: 8 miles
Suburban: 15 miles
Rural: 25 miles

Specialties: Allergy, Anesthesia, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, General Surgery, Hematology/Oncology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pulmonary Medicine, Radiology, Rheumatology, Urology

Urban: 15 miles
Suburban: 25 miles
Rural: 50 miles

This does not apply to Retirees of Participating Employers.

Convenience Care Clinics

As of January 1, 2012, you have more choices when you need treatment for common ailments and injuries. You can get high-quality, affordable services for uncomplicated minor illnesses and preventive health care through Convenience Care Clinics that participate in The Empire Plan.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies. They are sometimes called "retail clinics", "retail-based clinics" or "walk-in medical clinics". Convenience Care Clinics are usually supported by licensed physicians and staffed by nurse practitioners or physician assistants. Some, however, are staffed by physicians. Currently, there are over 1,350 Convenience Care Clinics located throughout the United States that are a part of The Empire Plan Network. Presently, most Convenience Care Clinics in New York State are located in the Downstate area. Most Convenience Care Clinics are open seven days a week, 12 hours a day during the workweek and eight hours a day on the weekend.

Results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or an emergency room.

Remember that Convenience Care Clinics are only covered under the Participating Provider Program. There is no coverage under the Basic Medical Program. Convenience Care Clinics can be found in the online Empire Plan Medical/Surgical Provider Directory under the choice of Other Facilities; Convenience Care Clinic.

Please note that some of the services, particularly vaccinations, are also available to the general public in retail pharmacy locations. Many Convenience Care Clinics are located adjacent to these retail pharmacies. It is important to note that only services performed at in-network Convenience Care Clinics are covered under The Empire Plan Medical/Surgical Program. Any services performed at any retail pharmacy, including vaccines, are not a covered benefit under The Empire Plan Medical/Surgical Program.

Licensed Nurse Practitioners

Licensed Nurse Practitioners provide health care services similar to those of a physician. They are covered at the "in-network" level as of January 1, 2012, under The Empire Plan. They may diagnose and treat a wide range of health problems. In addition to clinical care, Licensed Nurse Practitioners focus on health promotion and counseling, disease prevention and health education. Licensed Nurse Practitioners provide services in accordance with the laws of the state where services are rendered. Search for Nurse Practitioners by going to https://www.cs.ny.gov. Click on Benefit Programs, then on NYSHIP Online, then the Find a Provider tab. There is no non-network coverage for Licensed Nurse Practitioners.

NYSHIP Online Resources

To find the most up-to-date information about your health coverage, visit the NYSHIP Online portion of the Department web site at https://www.cs.ny.gov/ebd. Be sure to bookmark it and check it often as your first source of health insurance information.

Accessing NYSHIP Online

After going to https://www.cs.ny.gov, click on Benefit Programs, then on NYSHIP Online and follow the prompts to your NYSHIP Online homepage. If you have cookies enabled, you will be able to bypass the initial navigation. Below are some tips for navigating the major tabs on the left side of the page.

What's New? – This tab is regularly updated and has the most current information. After clicking on the What's New tab, scroll to view a date order listing of information or use the dropdown box to navigate section topics.

Find a Provider – Another popular page, the Find a Provider tab provides a list of contact information for Empire Plan providers, pharmacies and services, organized by program (Hospital, Medical/Surgical, Mental Health and Substance Abuse and Prescription Drug). Many links to online directory searches take you to carrier web sites and you will see a message noting this fact. To return to NYSHIP Online, use the back button in the address bar.

Using Your Benefits – This tab includes a variety of useful resources, including a copayment reference list, a library of current and archived publications, the Flexible Formulary and drug list changes, contact numbers and an online directory of HBAs and more.

Current Topics – This page contains news about items of interest. Direct links to the *Summary of Benefits and Coverage* (SBC) page, the Empire Plan Medicare Rx page and the Young Adult Option Coverage page are available here currently.

Health Benefits & Option Transfer – For everything you need to know about Option Transfer, click on this tab and choose Rates and Health Plan Choices where you will find health insurance rates, the online Plan Comparison and your current *Choices* publication. Other links provide helpful additional information including your *NYSHIP General Information Book* and *Empire Plan Certificate*, *The Empire Plan Flexible Formulary*, *The Empire Plan At A Glance* and Claim Forms.

MyNYSHIP – The MyNYSHIP portal provides secure online access to your personal enrollment record. It requires a Civil Service ID and password to safeguard your personal information so you will need to create an account to start the MyNYSHIP registration process. As a registered user, you can update your address online, change your option once each calendar year, order a replacement Empire Plan Benefit Card and check your enrollment information.

Forms – This useful tab is your resource for forms for your benefits: Enrollment including domestic partner, claim, the Medco Pharmacy Mail-Order, Young Adult Option and more.

News You Can Use

Urgent vs. Emergency Care

Primary care providers offer routine care and can treat minor illnesses and injuries, like colds. But, where should you seek care for more severe or sudden health problems and how are these services covered under The Empire Plan?

Your primary care provider can often advise you on the appropriate level of care, but when problems occur outside normal office hours or while traveling, it may be hard to reach your doctor. Some primary and pediatric care offices offer weekend or extended hours and "on call" coverage, so check their availability first. They can often help you decide what care you need, especially if you have specialized health care needs – i.e., you are pregnant, have a weakened or compromised immune system, have a chronic condition, etc.

When you can't reach your doctor, understanding where appropriate services are available, and how you are covered, can save valuable time and money.

Emergency Care

In the event of a life-threatening illness or injury, call 911 or go to a hospital emergency room (ER) immediately. Conditions that require emergency care are any sudden or severe problem, including but not limited to chest pain or shortness of breath, heart attack, stroke, seizures, major bodily trauma or burns, uncontrolled bleeding or loss of consciousness. Most ERs are open 24 hours a day.

Urgent Care

If you're stricken with an illness or injury that typically is not life-threatening, such as deep cuts, minor bone breaks, fever, flu, sprains or strains, visit an urgent care center (or see your primary care provider if you can get care quickly). Many urgent care centers are not open around the clock, so be sure to check times and availability.

Coverage

Under The Empire Plan, the ER copayment ($70) may apply for emergency care, but that cost is waived if you are admitted to the hospital for the condition that brought you to the ER.

Your cost for urgent care varies, depending upon which facility you visit. At a hospital-owned urgent care center, you pay the hospital copayment ($40) in most cases for your care. At an independently owned urgent care center, you pay the participating provider copayment ($20).

By comparison, a non-routine (sick) visit to your primary care provider, if he or she is available to provide care quickly, requires a participating provider copayment ($20).

If you use a nonparticipating provider, the Basic Medical Program deductible and coinsurance maximums will apply.

In some situations, the Urgent Care Center, or the providers treating you within the hospital/ Emergency Room may not be participating in the Empire Plan networks for medical or hospital services. While not common, it may happen and in those instances, your out-of-pocket costs will be greater than just the copayment.

To find providers in your area, consult your *Empire Plan Participating Provider Directory* or search online at https://www.cs.ny.gov. Go to NYSHIP Online and click on Find a Provider.

While your out-of-pocket cost is just one factor in choosing where to get your care, understanding your coverage enables you to be an informed patient and health care consumer.

Vaccine Update

The Empire Plan provides paid-in-full coverage for meningococcal (meningitis) immunizations administered by participating providers in accordance with appropriate protocols. This vaccine is usually given to adolescents and has recently been cited as effective against a new lethal strain of meningitis affecting certain at-risk groups.

Always speak with your doctor if you have questions regarding vaccine recommendations.

Changes to Your Empire Plan Explanations of Benefits

When Empire BlueCross BlueShield (Hospital Program) or UnitedHealthcare (Medical/Surgical Program or Mental Health and Substance Abuse Program) provide services to an enrollee or dependent covered under The Empire Plan, an Explanation of Benefits (EOB) will either be sent directly to the enrollee and/or dependent or be available on the carrier's web site. Recently, there were some changes made to your EOBs that you may have noticed.

UnitedHealthcare – Last year, UnitedHealthcare reformatted its EOB for the Medical/Surgical Program and the Mental Health and Substance Abuse Program to make it easier to read and understand. For the Medical/Surgical Program, if you prefer, you can view your claim information online at https://www.myuhc.com and you may also opt to suppress paper mailing of EOBs. If logging in for the first time, you will need your Empire Plan group number, which is: 30500. For the Mental Health and Substance Abuse Program, enrollees are able to view their claim information at https://www.liveandworkwell.com. If logging in for the first time, you will need to register and choose a username and password. For any questions or for a copy of an EOB, please call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program or the Mental Health and Substance Abuse Program.

Empire BlueCross BlueShield (EBCBS) – will send an EOB to the enrollee or dependent if the patient's liability is more than the required copayment or a claim adjustment is necessary. EBCBS will not send an EOB if the patient has no liability to make a payment or if the only liability is a required copayment. In cases where there is no liability above the required copayment, you can get an electronic copy of the EOB on the EBCBS web site at http://www.empireblue.com or you can request an EOB by calling 1-877-7-NYSHIP (1-877-769-7447) and selecting the Hospital Program.

If you have questions

You should always check your EOBs to confirm that dates of service and procedures/services rendered are correct. If you have any questions about your EOBs, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

Reminders

Need Health Benefits Information in Another Language?

The New York State Health Insurance Program offers Language Line Services (LLS), an over-the-phone language translation service for NYSHIP enrollees.

If you understand another language better than English and need answers to your health benefits questions, you can contact the Employee Benefits Division (EBD). You may call on your own or, with the required authorization, a relative or friend can call on your behalf to arrange for you to use Language Line.

A three-way conference call allows the interpreter to translate for you and the EBD representative. LLS interpreters are highly trained in over-the-phone interpretation and they give accurate, objective translations. All calls are strictly confidential.

We've Moved!

As of October 2012, the Employee Benefits Division has relocated from the Alfred E. Smith Building in downtown Albany to Core 1 of the South Swan Street Building at the Empire State Plaza. It is approximately one-half mile south of the former location at the Alfred E. Smith Building. The Department of Civil Service (DCS) Reception Desk is located on the first floor. If you have materials to send to DCS, please mail to: New York State Department of Civil Service, Albany, NY 12239.

Parking Information

The easiest access to the South Swan Street Building is from either the Madison or Cathedral Parking Lots, which are located on either side of the New York State Museum. You may also park underneath the Empire State Plaza in Visitor Parking (V Lot P3 North); however, there is no access to our building through the Plaza Concourse – you will need to exit the Concourse at the south end (Madison Avenue), turn right, walk to Swan Street and turn right again to reach the entrance. For more information, go to http://www.ogs.ny.gov/BU/BA/Parking/Visitor/.

Building Access Information

The Core 1 entrance in the Swan Street Building faces South Swan Street. The entrance is located between a break in the buildings; you will go down the stairs and the main door is on your right. Look for a sign that says New York State Department of Civil Service Entrance. Once inside, proceed through the lobby to a door straight ahead for the Department of Civil Service Reception Desk.

If you have questions, including handicapped access, please call (518) 457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

Medicare Part B Premium Reimbursement

When Medicare is primary to NYSHIP, you pay premiums for Medicare Part B coverage and NYSHIP reimburses you for the standard cost of original Medicare Part B (excluding any penalty for late enrollment), unless you receive reimbursement from another source. If you have Family coverage under NYSHIP, you will also be reimbursed for the Part B premium for any Medicare-primary covered dependent, provided the dependent is not reimbursed by another source. You are not eligible for reimbursement when NYSHIP is primary, such as when you live permanently outside the United States.

The monthly Medicare Part B premium, which usually changes annually and for 2013 is $104.90 per month, is deducted from your monthly Social Security check. If you are not receiving a check, you pay the premium directly to Social Security. New York State reimburses the standard cost to your monthly State pension check. If you are paying for NYSHIP coverage by making direct payments to EBD, Medicare reimbursement reduces your monthly premium. If the Medicare credit is greater than your monthly premium, you receive a quarterly refund check for the difference.

Medicare enrollees with a Modified Adjusted Gross Income (MAGI) above specified amounts must pay an Income-Related Monthly Adjustment Amount (IRMAA) in addition to the standard cost of Medicare Part B. In February 2013, the Department of Civil Service mailed additional information about Part B IRMAA reimbursement for 2012. Requests for reimbursement must be submitted to EBD by December 31, 2013. Note: New York State does not reimburse Part D IRMAA.

Keep Your Enrollment Record Up to Date

Remember to inform your agency HBA of any changes to your enrollment record (address, adding or deleting dependents, marital status changes) in a timely manner. In some cases, deadlines apply (see your *NYSHIP General Information Book* for more information). Notifying the Plan's insurance carriers or your retirement system does not automatically update your NYSHIP records.

2013 Empire Plan Participating Provider Directory Postcard

In the coming months you will receive a postcard for the 2013 Empire Plan Participating Provider Directory (PPD) in the mail. State law requires that we make it available to you annually. Only return the postcard if you would like a printed copy of the Directory based on your home zip code. Otherwise, the online directory search is your most updated resource. Go to https://www.cs.ny.gov/ebd, click on Find A Provider and choose the appropriate program.

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

Please do not send mail or correspondence to the return address. See address information below.

SAVE THIS DOCUMENT

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

NY/PE Retirees Empire Plan Report – May 2013

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). Click on Benefit Programs, then NYSHIP Online 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. New York State and Participating Employer Retirees and COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This Report was printed using recycled paper and environmentally sensitive inks.

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Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* and *Empire Plan Reports.*

The Empire Plan Report 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
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518-457-5754 or 1-800-833-4344
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https://www.cs.ny.gov