

EMPIRE PLAN REPORT



January 2014

New York State Health Insurance Program (NYSHIP)
for **Active Employees, Retirees, Vestees and Dependent Survivors**, their dependents enrolled through **Participating Agencies with Excelsior Plan Benefits** and Young Adult Option Enrollees

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Plan Changes

This Empire Plan Report details changes to The Excelsior Plan for 2014. It includes information affecting:

- The Impact of *United States vs. Windsor* on NYSHIP (see page 3)
- Annual Benefit Maximum (see page 4)
- Combined Annual Deductible and Coinsurance Maximum (see page 4)
- Prescription Drug Program Administrator – CVS Caremark (see pages 2, 5–6)
- Prescription Drug Copayments (see page 7)
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- Enhanced Provider Directory Search (see page 8)
- Annual Maximum for Applied Behavior Analysis (ABA) Services (see page 8)

EXCELSIOR
PLAN

AN EMPIRE PLAN
OPTION



What's New

Prescription Drug Program Administrator – CVS Caremark

Beginning January 1, 2014, The Empire Plan Prescription Drug Program will be administered by CVS Caremark. The Prescription Drug Program will be self-insured with CVS Caremark providing administrative services (see below).

While your benefits are not changing, there are some differences, including new prescription drug copayments. Please see pages 5-7 for more details about The Empire Plan Prescription Drug Program's transition to CVS Caremark and 2014 copayments.

Empire Plan Change to Self-Insurance

As of January 1, 2014, The Empire Plan will be fully self-insured. Administrative services such as claims processing, network management and other administrative services will be provided by program administrators. The Empire Plan's Hospital Program administrative services will continue to be provided by Empire BlueCross BlueShield and the Mental Health and Substance Abuse Program administrative services will continue to be provided by OptumHealth Behavioral Solutions. As noted above, the Prescription Drug Program administrative services will be provided through a contract with CVS Caremark. The Medical/Surgical Program became self-insured through an administrative services contract with UnitedHealthcare, effective January 1, 2013. The change to self-insurance will have no impact on your Empire Plan benefits.

New Addresses You Need to Know

Addresses for The Empire Plan Prescription Drug Program are changing. Use the addresses below on or after January 1, 2014.

Prescription Drug Program

Mail prescriptions to the CVS Caremark
Mail Order Pharmacy at:

CVS Caremark
P.O. Box 2110
Pittsburgh, PA 15230-2110

Mail completed claim forms for prescriptions from retail pharmacies to:

The Empire Plan Prescription Drug Program
CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Mail written appeals, grievances, prior authorization documentation and general correspondence to:

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

New TTY Phone Number

The teletypewriter (TTY) number for callers who use a TTY because of a hearing or speech disability is changing for the Prescription Drug Program. Use the phone number below on or after January 1, 2014.

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



NYSHIP Changes

The Impact of *United States vs. Windsor* on NYSHIP

The U.S. Supreme Court's June 2013 decision in *United States vs. Windsor* declared Section 3 of the Defense of Marriage Act (DOMA) unconstitutional. For NYSHIP, the decision impacts imputed income and Medicare primacy for same-sex spouses. At this time however, additional federal direction is needed on the latter issue.

In late August, the Department of the Treasury and Internal Revenue Service (IRS) ruled that all legal marriages (defined as those performed in states where legal, regardless of current residency) would be recognized for federal tax purposes. As a result, enrollees with affected spouses are no longer subject to imputed income. Contact your agency Health Benefits Administrator (HBA) for information on how this may impact you.

Federal guidance on the issue of when Medicare is primary for same-sex spouses is still outstanding. Under current Medicare rules, Medicare is primary for a same-sex spouse age 65 or older, regardless of the enrollee's employment status. When your same-sex spouse turns 65, contact your agency HBA regarding reimbursement for the cost of his/her Medicare Part B. If your same-sex spouse fails to enroll timely for Medicare, NYSHIP will not pay for expenses that would have been paid by Medicare. Upon receipt of federal guidance, NYSHIP will implement changes in accordance with its requirements.

If you have any questions, please contact your agency HBA.





Empire Plan Changes

2014 Benefit Changes

Annual Benefit Maximum Removed

Under the Patient Protection and Affordable Care Act (PPACA), effective January 1, 2014, employer-sponsored group health insurance plans are prohibited from placing annual dollar limits on essential health benefits. In accordance with PPACA, the annual benefit maximum of \$2,000,000 will no longer apply. For more information about PPACA requirements, please visit www.hhs.gov/healthcare/rights/preventive-care.

Combined Annual Deductible and Coinsurance Maximum

There are combined annual deductible and coinsurance maximum amounts for non-network services under The Empire Plan. The annual deductible applies to non-network services under the Medical/Surgical Program, Home Care Advocacy Program and outpatient expenses under the Mental Health and Substance Abuse Program. The coinsurance maximum applies to non-network services under the Medical/Surgical Program and outpatient expenses under the Mental Health and Substance Abuse Program.

Combined Annual Deductible: \$1,250

Effective January 1, 2014, the combined annual deductible is \$1,250 for the enrollee, \$1,250 for the enrolled spouse/domestic partner and \$1,250 for all dependent children combined.

The combined annual deductible must be met before your non-network expenses under the Medical/Surgical Program, Home Care Advocacy Program and outpatient expenses under the Mental Health and Substance Abuse Program are considered for reimbursement.

Combined Annual Coinsurance Maximum: \$4,000

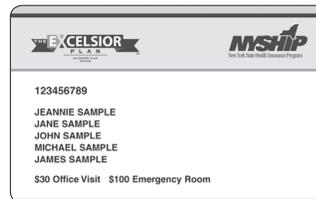
Effective January 1, 2014, the combined annual coinsurance maximum (out-of-pocket) is \$4,000 for the enrollee, \$4,000 for the enrolled spouse/domestic partner and \$4,000 for all dependent children combined.

The combined annual coinsurance maximum for non-network services will be shared among the Medical/Surgical Program and outpatient expenses under the Mental Health and Substance Abuse Program.



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

New Excelsior Plan Benefit Card



You should have received a new Excelsior Plan Benefit Card in the mail in December. The new card looks similar to your old Excelsior Plan Benefit Card, but Prescription

Drug Program information on the back of the card has been removed. CVS Caremark sent you a temporary Pharmacy ID Card, which includes this information. See page 5 for more details on how to use the temporary Pharmacy ID Card.

Use your Excelsior Plan Benefit Card when you go to a hospital, participating provider, MPN network provider, mental health and substance abuse network provider, or Empire Plan prescription drug participating pharmacy. Present your card before you receive services.

If you did not receive a new Benefit Card, please contact your agency Health Benefits Administrator (HBA), usually located in the Personnel Office.

Prescription Drug Program

New Administrator – CVS Caremark

Effective January 1, 2014, The Empire Plan Prescription Drug Program will be administered by CVS Caremark. Although your benefits are not changing, there are some differences you should note.

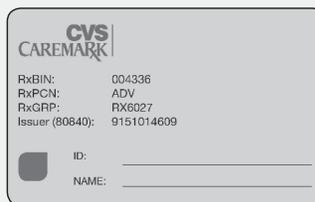
- Certain drugs may be excluded from coverage, require prior authorization or be assigned a different copayment level as a result of formulary changes that happen on an annual basis. See page 6 for more information about the 2014 Excelsior Plan Drug List.
 - The Empire Plan's pharmacy network includes many independent retail pharmacies and most retail chain pharmacies such as CVS, Duane Reade, Walgreens and Rite Aid. You are not limited to filling your prescriptions at CVS pharmacies. To find a network retail pharmacy you can:
 - Call the pharmacy and ask if they participate in The Empire Plan network;
 - Visit <http://www.EmpirePlanRxProgram.com> and select CVS Caremark; or
 - Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program and select the 2014 benefits option.
 - Beginning January 1, 2014, a new mail order pharmacy will fill your prescriptions by mail. The CVS Caremark Mail Order Pharmacy has a pharmacist on call 24 hours a day, seven days a week.
 - Beginning January 1, 2014, CVS Caremark Specialty Pharmacy will become the designated pharmacy for The Empire Plan's Specialty Pharmacy Program. There will also be some changes to the specialty medications covered under the program. For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider, then scroll down to the Prescription Drug Program and click on Specialty Pharmacy Program.
- Beginning January 1, 2014, there will be no limit placed on infertility drugs. The benefit maximums of \$5,000/year and \$25,000/lifetime will no longer apply.
 - Beginning January 1, 2014, smoking cessation drugs will be covered with no copayment. However, there is a 168 day limit. The benefit maximum of \$500/year will no longer apply.
 - As of December 31, 2013, the Half Tablet Program was discontinued and the reduced copayment no longer applies. If you were enrolled in the Half Tablet Program and do not want to continue splitting your pills, ask your doctor to change your current prescription accordingly. For more information, please refer to the notice you received explaining this change.

These are just the highlights of some of the changes to the program. Please read this Report for more information on your 2014 Empire Plan prescription drug coverage.

2014 Empire Plan Prescription Drug Program Coverage

Here are some tips for using your 2014 Empire Plan Prescription Drug Program coverage.

Temporary Pharmacy ID Card



In addition to your new benefit card, you also received a temporary Pharmacy ID Card from CVS Caremark in the mail. This card has specific information

that will help your pharmacist submit your claims during the transition to CVS Caremark. Bring the temporary ID Card with you the first time you use a network retail pharmacy on or after January 1, 2014. Once your pharmacy has the information in its system, you will not need to present the temporary ID Card again.

Useful Information for 2014

To avoid problems using your benefits on or after January 1, 2014, follow these tips.

- If you have refills available at a retail pharmacy on or after January 1, 2014, ask the pharmacy if they participate in The Empire Plan network. If the pharmacy is in The Empire Plan network, you can continue to use your Excelsior Plan Benefit Card there. (See the Questions and Answers on page 9 if they are a non-network pharmacy.)
- If you used the Express Scripts/Medco Mail Service Pharmacy and had refills available, your prescription (except for compound medications and controlled substances that require a new prescription) was automatically transferred to the CVS Caremark Mail Order Pharmacy as of January 1, 2014.
- Prescriptions for compound medications and controlled substances (Rx number begins with "C") cannot be transferred between retail or mail order pharmacies. You will need a new prescription from your doctor.
- The Empire Plan Prescription Drug Program will not cover or fill prescriptions (including refills) at the Express Scripts/Medco Mail Service Pharmacy after December 31, 2013.
- If you have already received approval for a drug on the Prior Authorization List, you don't need to call at this time for another authorization.

How to Use the Prescription Drug Program

When your doctor prescribes a medically necessary drug on or after January 1, 2014, you can fill the prescription using your Empire Plan Prescription Drug Program benefits in one of three ways:

1. You can use your Excelsior Plan Benefit Card for covered prescription drugs at Empire Plan network pharmacies.
2. You can order your covered prescription drugs by mail from the CVS Caremark Mail Order Pharmacy. To download a copy of the CVS Caremark Mail Service Order Form, visit the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow

the prompts to the NYSHIP Online homepage. Select Find a Provider, then scroll down to the Prescription Drug Program and click on CVS Caremark Mail Service Order Form.

3. You can use a non-network pharmacy to fill a prescription, or pay the full amount for your prescription at a network pharmacy (instead of using your Excelsior Plan Benefit Card) and submit a claim to CVS Caremark for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expense may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Excelsior Plan Benefit Card at network pharmacies whenever possible.

2014 Excelsior Plan Drug List

The Excelsior Plan uses a formulary for prescription drugs, which is updated throughout the year. A copy of the January 1, 2014 Excelsior Plan Drug List was mailed to your home with the 2014 Excelsior Plan *At A Glance* in December. The drug list is also available on the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Using Your Benefits and then click on 2014 Excelsior Plan Drug List. This is not a complete list of covered drugs; it includes only the most commonly prescribed generic and brand-name drugs. For information about drugs not on the list, call 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program and select the 2014 benefits option.

Questions

If you have any questions about The Empire Plan Prescription Drug Program, call 1-877-7-NYSHIP (1-877-769-7447) and press 4. You will be able to reach both Express Scripts/Medco and CVS Caremark for a period of time. Please listen to the prompts carefully as they will be updated regularly.

Copayment Changes

Effective January 1, 2014, the copayments for Level 2 and Level 3 prescription drugs are changing. See the information below for your 2014 prescription drug copayments.

When you fill your prescription for a covered drug for up to a **30-day supply at a Network Pharmacy** or through the **Mail Order Pharmacy or the designated Specialty Pharmacy**, your copayment is:

- \$10 for Level 1 Drugs
- \$40 for Level 2 Drugs
- \$70 for Level 3 Drugs

When you fill your prescription for a **31- to 90-day supply at a Network Pharmacy**, your copayment is:

- \$25 for Level 1 Drugs
- \$95 for Level 2 Drugs
- \$180 for Level 3 Drugs

When you fill your prescription for a **31- to 90-day supply through the Mail Order Pharmacy or the designated Specialty Pharmacy**, your copayment is:

- \$20 for Level 1 Drugs
- \$95 for Level 2 Drugs
- \$180 for Level 3 Drugs

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.

Medical/Surgical Program

Addition of Diabetic Supplies Vendor – Arriva Medical

As a result of the Medicare Competitive Bidding Program, effective May 28, 2013, Empire Plan Medicare-primary enrollees and dependents no longer receive certain diabetic testing supplies from Liberty Medical. The new vendor, Arriva Medical, fulfills orders for diabetic testing supplies such as blood glucose test strips and home monitors. There is no change in benefits or cost for these supplies. **Please note:** Liberty Medical will continue to fulfill orders for insulin supplies like syringes and pen needles.

If you are an Empire Plan Medicare-primary enrollee or dependent, Arriva Medical was required by Medicare to request a new prescription from your physician. They were also required to send you a form to sign, which authorizes them to bill Medicare for your diabetic testing supplies. If you have any questions or concerns about this process, you may call The Empire Plan Home Care Advocacy Program (HCAP) at 1-877-7-NYSHIP (1-877-769-7447). Press 1 for the Medical Program and then 3 for HCAP.

Placing a New Order

When you are ready to place your next order for supplies, please call Liberty Medical at 1-888-306-7337, as you have in the past. Liberty will work with Arriva to ensure that your orders for both insulin supplies and diabetic testing supplies are handled appropriately.

Breast Pump Coverage

Effective January 1, 2014, The Empire Plan will only cover the purchase of personal, double-electronic breast pumps. Per UnitedHealthcare's policy, rentals of hospital-grade breast pumps will no longer be covered.

Empire Plan enrollees are eligible for one pump after the birth of a child. To receive the maximum, paid-in-full benefit, the breast pump must be purchased from a contracted supplier. The current breast pump suppliers are:

- 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.lucinacare.com

If you have any questions about breast pumps, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Enhanced Provider Directory Search

Coming soon, there will be an updated online provider directory for The Empire Plan Medical/Surgical Program. The new directory has been redesigned and includes additional search functions that will make it easier to find a participating provider. You will be able to search for a provider by name, specialty, type of facility or condition. Other new features will include:

- **Distance to Provider** – The providers in your search results will display based on the distance parameters you set. You will be able to adjust the distance at the top of the page by dragging the gray bar to the left to decrease the mileage or to the right to increase it.

- **Additional Provider Locations** – If a provider has multiple office locations, a link for Additional Locations will display under their address. You will be able to click on the link to get a list of addresses for all their office locations.

The new online directory will soon be available on the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider, then scroll down to Medical/Surgical Program and click on The Empire Plan Medical/Surgical Provider Directory. Select Search the Provider Directory and then click on Search for Physicians, Laboratories or Other Facilities.

Mental Health and Substance Abuse Program

Annual Maximum for Applied Behavior Analysis Services

The Empire Plan Mental Health and Substance Abuse Program covers Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder. Effective January 1, 2014, there is an annual maximum of 680 hours for ABA services, network and non-network combined. This replaces the old annual maximum of \$45,000 per year.

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
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>



Questions & Answers

Prescription Drug Program

Q. What are my options to fill a prescription after January 1, 2014 if my current retail pharmacy does not participate in The Empire Plan network?

A. You have three choices:

- Ask the pharmacy if they will transfer the prescription to an Empire Plan network pharmacy (except for compound medications and controlled substances that cannot be transferred);
- Ask your doctor for a new prescription to fill at an Empire Plan network retail pharmacy; or
- Pay cash and submit a claim for reimbursement.

Q. I use the mail order pharmacy for a maintenance medication and still have refills available. Will I need a new prescription for the CVS Caremark Mail Order Pharmacy?

A. If you had refills available at the mail order pharmacy, your prescription (except for compound medications and controlled substances that require new prescriptions) was automatically transferred to the CVS Caremark Mail Order Pharmacy as of January 1, 2014. You must get a new prescription from your doctor for any unexpired controlled substance or compound medicine refills and mail it to CVS Caremark along with a mail service order form.

Q. If I have used a credit or debit card to pay for my mail order prescriptions, did my payment information transfer to the CVS Caremark Mail Order Pharmacy on January 1, 2014?

A. No, you will need to reestablish your payment arrangement with CVS Caremark the first time you use the mail order pharmacy. If you used Express Scripts/Medco Mail Service Pharmacy, you should have received additional information about using the CVS Caremark Mail Order Pharmacy before January 1, 2014. If you have any questions about payment arrangements with CVS Caremark Mail Order Pharmacy, please call 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program and select the 2014 benefits option.

Q. What is the deadline for submitting direct reimbursement claims to Express Scripts/Medco for prescriptions filled in 2013?

A. You should file claims as soon as possible. However, you have until 120 days after the end of the calendar year – or April 30, 2014 – to submit claims to Express Scripts/Medco for prescriptions filled in 2013. See page 10 for the address.

All direct reimbursement claims for prescriptions filled on or after January 1, 2014 must be submitted to CVS Caremark at the address listed on page 2. You must submit claims within 120 days after the end of the calendar year in which the drugs were purchased.

Q. Will certain drugs still require prior authorization?

A. Yes, you must continue to obtain prior authorization for certain drugs. While these drugs can have medical results of immeasurable value, they are sometimes prescribed inappropriately. The Empire Plan Prior Authorization Program administered by CVS Caremark ensures that these drugs are used appropriately, for medically necessary treatments.

Q. If I have already received prior authorization from Express Scripts/Medco, will I need to obtain a new prior authorization from CVS Caremark?

A. No, if you have already received approval for a drug on the Prior Authorization List from Express Scripts/Medco, they transferred your approval to CVS Caremark.



Reminders

Claims Deadlines

If The Empire Plan is your primary insurer, April 30, 2014 (120 days after the end of the calendar year), is the last day to submit your 2013 claims if you have used a nonparticipating provider or out-of-network pharmacy. If The Empire Plan is your secondary insurer, you must submit claims by April 30, 2014, or within 120 days after your primary health insurance plan processes your claim, whichever is later.

You may submit claims later if it was not reasonably possible to meet the deadlines (for example, due to illness); however, you must provide documentation.

For nonparticipating provider claim forms, you can ask your agency HBA or find them on NYSHIP Online at <https://www.cs.ny.gov>. You can also call The Empire Plan toll-free number, 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Medical Program, Hospital Program, Mental Health and Substance Abuse Program or Prescription Drug Program.

File claim forms for/to the following:

The Empire Plan Basic Medical Program, the Home Care Advocacy Program (HCAP) and non-network physical medicine services:

UnitedHealthcare Insurance Co. of New York
P.O. Box 1600
Kingston, NY 12402-1600

Non-network mental health and substance abuse services:

OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescriptions filled in 2013 at non-network pharmacies or without using your Excelsior Plan Benefit Card:

Express Scripts
P.O. Box 14711
Lexington, KY 40512



Mail completed claim forms with supporting bills, receipts and if applicable, a Medicare summary notice or statement from your other primary insurer by April 30, 2014.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a simple and standardized comparison document required by the Patient Protection and Affordable Care Act (PPACA). All insurance plans are required to produce an *SBC* based on a uniform template and customize it to reflect the plan's unique terms.

To download a copy of the *SBC* go to <https://www.cs.ny.gov/sbc/index.cfm> and click on your group-specific link. If you need a paper copy, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

When You Must Call The Empire Plan

Call Toll Free **1-877-7-NYSHIP (1-877-769-7447)**.

The Empire Plan Hospital Benefits Program *Empire BlueCross BlueShield*, www.empireblue.com

Call for information regarding hospital and related services.



Benefits Management Program for Preadmission Certification You must call Empire BlueCross BlueShield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).



Centers of Excellence for Transplants Program You must call Empire BlueCross BlueShield before a hospital admission for the following transplant surgeries: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas. Call for information about Centers of Excellence.

The Empire Plan Medical/Surgical Benefits Program *UnitedHealthcare*, www.myuhc.com Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN Call UnitedHealthcare for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.



Benefits Management Program for Prospective Procedure Review of MRI, MRA, CT, PET scans and Nuclear Medicine tests You must call UnitedHealthcare before having an elective (scheduled) procedure or nuclear medicine test.



Home Care Advocacy Program (HCAP) You must call UnitedHealthcare to arrange for paid-in-full home care services, enteral formulas, diabetic shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call UnitedHealthcare for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



Infertility Benefits You must call UnitedHealthcare for prior authorization for covered Qualified Procedures, regardless of provider. Call UnitedHealthcare for information about infertility benefits and Centers of Excellence.



Centers of Excellence for Cancer Program You must call UnitedHealthcare to participate in The Empire Plan Centers of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program



OptumHealth Behavioral Solutions, <https://www.liveandworkwell.com/member>

To ensure the highest level of benefits, call The Empire Plan Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

The Empire Plan Prescription Drug Program *CVS Caremark*

For the most current list of prior authorization drugs, call The Empire Plan or go to <https://www.cs.ny.gov>.

The Empire Plan NurseLine_{SM} Call for health information and support, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure.

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

SAVE THIS DOCUMENT



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

Excelsior Empire Plan Report – January 2014

**Please do not send mail
or correspondence to the
return address. See address
information on page 8.**

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.

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