

**THE
EMPIRE
PLAN**

REPORTING ON

Network Benefits

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

Empire Plan Network Coverage

- The Participating Provider Program for medical/surgical services, such as office visits and surgery, administered by UnitedHealthcare
- Home Care Advocacy Program (HCAP) for covered home care services and durable medical equipment/supplies, including diabetic supplies, diabetic shoes and enteral formulas, administered by UnitedHealthcare
- Managed Physical Network (MPN) for chiropractic treatment and physical therapy, administered by UnitedHealthcare
- The Hospital Program for coverage at hospitals worldwide, administered by Empire BlueCross BlueShield
- The Mental Health and Substance Abuse Program for a nationwide network for mental health and substance abuse treatment, including alcoholism, administered by ValueOptions, Inc.
- The Prescription Drug Program for a nationwide network of participating pharmacies and a Mail Order Pharmacy, administered by CVS Caremark
- The Centers of Excellence for Cancer and Infertility Program, administered by UnitedHealthcare
- The Centers of Excellence for Transplants Program, administered by Empire BlueCross BlueShield

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

For preauthorization of services or if you have a question about eligibility, providers or claims, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.

Medical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time; Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time and Prescription Drug Program representatives are available Monday through Friday, 7:30 a.m. to 9 p.m., Eastern time. Mental Health/ Substance Abuse Program and NurseLineSM representatives are available 24 hours a day, seven days a week.

The Empire Plan is a unique health insurance plan that provides coverage whether you receive care from Empire Plan network providers or from non-network providers. However, by choosing a network provider, you receive covered services at little or no cost to you – and you don't have to file a claim. Copayments may apply and vary by enrollee group.

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This issue of *Reporting On* is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

Network Benefits Participating Provider Program

The Empire Plan Participating Provider Program offers a network of over 175,000 physicians, laboratories and other providers located throughout New York State and in most states. You have the freedom to choose any participating provider without a referral.

Network providers have agreed to accept your copayment (if there is one), plus direct reimbursement from The Empire Plan, as payment in full. Copayment amounts vary by enrollee groups.

Providers in the network include doctors, laboratories, speech therapists, speech-language pathologists, audiologists, podiatrists, outpatient surgical locations, urgent care centers, diabetes education centers and freestanding cardiac rehabilitation centers. Certified nurse-midwives may also be available through participating doctors.

Always ask if the provider participates in The Empire Plan for New York government employees before you receive services. When you use a participating provider for covered services, you pay only your copayment, if any.

Guaranteed Access*/**

When there is no participating provider within a reasonable distance from the enrollee's residence, The Empire Plan will guarantee access to network benefits for primary care physicians and core provider specialists in New York State and select counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State.

Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays health insurance claims first, before any other group plan or Medicare).

To receive network benefits, you must contact the Benefits Management Program prior to receiving services at 1-877-7-NYSHIP (1-877-769-7447). Press 1 for the Medical Program, then press 3 for the Benefits Management Program. Use one of the providers approved by the Benefits Management Program.

You will be responsible for contacting the provider to arrange care. Appointments are subject to the provider's availability and the Benefits Management Program does not guarantee that a provider will be available in a specified time period.

Refer to your plan materials for a mileage standard and a list of physicians available under guaranteed access.

Convenience Care Clinics

When you need treatment for minor illnesses, injuries or preventive health care, you can get high-quality, affordable services at Convenience Care Clinics** located throughout the country.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies. They are staffed by licensed physicians, nurse practitioners or physician assistants. Most Convenience Care Clinics are open seven days a week, twelve hours a day during the week and eight hours a day on the weekend.

Note: Only services rendered at a network Convenience Care Clinic are covered under The Empire Plan

Finding a Participating Provider

To find an Empire Plan participating provider, check with the provider directly or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free. Press 1 for the Medical Program to speak to a customer service representative or use the automated system.

Or, you can find a list of medical/surgical providers on 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. Choose Find a Provider to view the most current provider listings by program. You can search the Medical/Surgical Provider Directory by provider name, location, specialty, type of facility or condition.

UnitedHealthcare updates the online Medical/Surgical Provider Directory regularly.

Medical Program. To find a network Convenience Care Clinic, check the Department of Civil Service web site at <https://www.cs.ny.gov> or see the printed *Empire Plan Participating Provider Directory* under Primary Care.

Disease Management Programs

If you and/or your dependents are Empire Plan primary, you have access to additional resources and programs for asthma, coronary artery disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes and heart failure.

* Does not apply to Participating Employers or Participating Agencies; however, there is a similar guaranteed access benefit under the Excelsior Plan.

** Does not apply to NY groups that have not settled their contracts.

If you are interested in learning more about these resources, call 1-877-7-NYSHIP (1-877-769-7447) and press 5. NurseLineSM representatives are available to speak with you 24 hours a day, seven days a week. Participation in The Empire Plan Disease Management Programs is voluntary, free and confidential. Additional information related to asthma and diabetes is available in the *Reporting On Asthma* and *Reporting On Diabetes* publications.

Empire Plan Copayments

You pay a single copayment for office visits and surgical procedures performed during an office visit. There is an additional copayment for radiology services and/or laboratory services performed during the same visit. In addition, you pay a separate copayment for contraceptive drugs and devices dispensed in a doctor's office. Copayment rules also apply for care received at a participating outpatient surgical location, cardiac rehabilitation center and urgent care center.

When you use a participating provider, there is no cost to you for many services, including preventive services as required under the federal Patient Protection and Affordable Care Act. Other services that are paid in full when utilizing a network provider include chemotherapy, radiation therapy, dialysis, care or medical supplies obtained through the Home Care Advocacy Program (HCAP) and prosthesis/orthotic devices.

Please see your *Empire Plan Certificate* and *Empire Plan Reports* and *Amendments* for copayment

information. Your *Empire Plan At A Glance* and your group copay card are also easy references.

Ask for a Participating Provider

The Empire Plan does not require that a participating provider refer you to a participating laboratory, radiologist, specialist or center. It is your responsibility to determine whether a provider is an Empire Plan provider.

In Arizona, Connecticut, Florida, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, Washington, D.C., West Virginia and the greater Chicago area, ask if the physician is part of UnitedHealthcare's Options Preferred Provider Organization (PPO) Network.

In all other states, including New York, and for providers other than physicians in all states, ask if the provider participates in The Empire Plan for New York State government employees. However, there is no guarantee a participating provider will always be available to you and you should carefully review the list of providers in the area in which you live or plan to retire.

Non-network Benefits Basic Medical Program

If you use a non-participating provider, covered expenses are reimbursed under The Empire Plan's Basic Medical Program, subject to deductible and coinsurance.

Basic Medical Provider Discount Program

If The Empire Plan is your primary coverage and you use a non-participating provider who is part of

Combined Annual Deductible and Coinsurance Maximums

There is a combined annual deductible that applies to non-network Medical/Surgical and Mental Health and Substance Abuse services.

There is a combined coinsurance maximum for Hospital, Medical/Surgical and Mental Health and Substance Abuse services.

The Empire Plan MultiPlan group, your out-of-pocket expenses will, in most cases, be reduced. Your coinsurance may be based on the discounted fee, not the provider's usual fee or the reasonable and customary charges. You will be responsible for the deductible.

Benefits Management Program: Prospective Procedure Review for Imaging Procedures

If The Empire Plan is primary for you or your covered dependents, the Benefits Management Program requires you or your provider to call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free. Press 1 for the Medical Program before having an elective (scheduled) 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.* This requirement applies for both participating and non-participating providers. **Note:** Your out-of-pocket expense will be substantially higher if you do not call.

* Medicare-primary enrollees: If Medicare is your primary coverage (pays before The Empire Plan), precertification is not required.

Network Benefits

The Empire Plan Home Care Advocacy Program (HCAP) covers the following:

- Durable medical equipment and related supplies
- Skilled nursing services in the home
- Home infusion therapy
- Certain home health care services when they take the place of hospitalization or care in a skilled nursing facility
- Enteral formulas
- Diabetic and ostomy supplies
- Diabetic shoes (subject to an annual maximum benefit)*

When you follow HCAP requirements, you are guaranteed access to the network level of benefits. You have paid-in-full network benefits when you call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free. Press 1 for the Medical Program, then press 3 for the Benefits Management Program before you receive services and/or equipment/supplies. UnitedHealthcare precertifies your services and/or equipment/supplies. The Medical Program makes or helps you make arrangements with an HCAP-approved provider.

For certain diabetic and ostomy supplies, you may contact the HCAP network supplier directly. For diabetic supplies, except insulin pumps and Medijectors, call The Empire Plan Diabetic Supplies Pharmacy toll free at 1-888-306-7337. For insulin pumps and Medijectors, you must call HCAP for authorization. For ostomy supplies, call Byram Healthcare Centers at 1-800-354-4054.

Medicare has implemented a Competitive Bidding Program in many areas of the country, **including most of New York State**. This Program determines how Medicare pays suppliers for certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS).

If Medicare is your primary coverage before The Empire Plan and you live in one of these areas and use equipment or supplies included in the Program (or get the items while visiting one of these areas), you will have to use a Medicare contract supplier if you want Medicare to help you pay for the items. If you don't use a Medicare contract supplier, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced.

To maximize your benefits, it is important for you to know if you're affected by this Medicare Program. For more information, you can contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov. If you need additional assistance locating a Medicare contract supplier, contact HCAP.

Non-network Benefits

You will receive non-network benefits if you do not call HCAP before receiving services and/or you use a non-network provider.

After you meet the deductible, The Empire Plan pays up to 50 percent of the HCAP network allowance for medically necessary HCAP-covered services, equipment or supplies.

Charges for the first 48 hours of nursing services per calendar year are not covered and do not apply toward your annual deductible.

* There is a \$500 limit per calendar year for diabetic shoes, customized inserts and/or modifications. This does not apply to prescription orthotics, which are covered under The Empire Plan Participating Provider Program or Basic Medical Program.

Managed Physical Medicine Program for Chiropractic Care and Physical Therapy

The Empire Plan Managed Physical Medicine Program offers a network of over 9,000 providers throughout New York State and many other states for chiropractic treatment and physical therapy. Other providers, such as osteopaths and occupational therapists, may also provide these services. Managed Physical Network, Inc. (MPN) administers the program for UnitedHealthcare.

Network Benefits

You do not need to call MPN before your visit. Simply make an appointment with an MPN provider. You may call a provider directly and ask if the provider is in the MPN network, or, to locate a network provider, check the online directory (see the following) or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program, then select 1 again.

An up-to-date provider list is available on 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. Choose Find a Provider and then select The Empire Plan Medical/Surgical Provider Directory; follow the prompts to search for physicians. Choose Search for the Provider Directory and then select Search for physicians, laboratories or other facilities. This brings you to a page where you can filter your search by physician specialties, facilities and specialty centers. To locate MPN providers, search physician specialties using the filters: Chiropractic Medicine MPN, Physical Medicine or Rehabilitation Physical Therapy MPN.

Your Copayment

You pay a copayment for each office visit when you use an MPN provider for medically necessary covered treatment. You pay another copayment for related radiology and

diagnostic laboratory services billed by the MPN provider. If an MPN provider bills for radiology and diagnostic laboratory services performed during a single office visit, only one copayment for those services will apply, in addition to any copayment due for the office visit.

Guaranteed Access

If there is not an MPN provider in your area who can provide the service you need, network benefits are available to you under the Managed Physical Medicine Program. Before you receive care, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to arrange for network benefits.

MPN will make arrangements for you to receive medically necessary chiropractic treatment or physical therapy anywhere in the United States, and you will pay only your copayment for each visit. You must call first, and you must use the provider with whom MPN has arranged your care.

Non-network Benefits

If you receive chiropractic treatment or physical therapy from a non-network provider when MPN has not made arrangements for you, your out-of-pocket expense will be much higher. Benefits are subject to a separate annual deductible and coinsurance per covered person per year.



As the administrator of The Empire Plan Hospital Program, Empire BlueCross BlueShield provides Empire Plan enrollees with network access to over 15,000 network hospitals, skilled nursing facilities and hospice care facilities across the United States.

Network Benefits

To receive network benefits for inpatient hospital stays, you must follow the requirements of the Benefits Management Program. When The Empire Plan is your primary coverage, the Program requires you to call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program:

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

When you follow the requirements of The Empire Plan Benefits Management Program, medically necessary medical and surgical inpatient hospital stays are covered at no cost to you.

You pay a copayment for most covered outpatient hospital services and a copayment for treatment in a hospital emergency room. The emergency room copayment covers use of the facility, the service of the emergency room physician and providers who administer or

interpret radiological exams, laboratory tests, electrocardiograms and pathology services.

The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the emergency room.

You also pay a separate copayment for outpatient physical therapy. This copayment is in addition to any other hospital outpatient copayment.

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

When you use a network hospital, a claim form is not required.

Future Moms Program

With Empire Plan coverage, the Future Moms Program provides you with special services for your maternity care. As soon as you know you are pregnant, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 2 for the Hospital Program for preadmission certification and to learn about the Future Moms Program.

If you choose to enroll in the Future Moms Program, you will be assigned a registered nurse who specializes in pregnancy to provide you with information about proper self-care, signs and symptoms of possible pregnancy-related complications, nutrition counseling and delivery options.

Non-network Benefits*

When you use a non-network hospital, you will be required to pay a portion of the covered charges (coinsurance) up to a pre-established dollar amount (i.e., the coinsurance maximum).

When you have satisfied the coinsurance maximum, you will receive network benefits subject to the network copayments. There is a combined coinsurance maximum for Hospital, Medical/Surgical and Mental Health and Substance Abuse services. (See your *Empire Plan Certificate* and *Empire Plan Reports* for details about filing and payment of claims.)

When you use a non-participating hospital, you submit a claim and The Empire Plan reimburses you for covered hospital services minus the coinsurance amount.

Network Benefits at a Non-network Hospital/Facility

You may receive network benefits if you use non-network hospitals and facilities for covered services:

- When no network facility is available within 30 miles of your residence**
- When no network facility within 30 miles of your residence can provide the covered services you require**
- When the Hospital Program determines that the admission is an emergency or urgent inpatient or outpatient admission
- When care is received outside the United States
- When another administrator, including Medicare, is providing primary coverage

* Excelsior Plan enrollees have no non-network hospital benefits, except as described in the following section.

** Benefits Management Program approval is required. Call The Empire Plan and press 2 for the Hospital Program.

ValueOptions, Inc., the administrator for the Mental Health and Substance Abuse Program, has more than 130,000 provider locations across the country. To ensure that you receive network benefits, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 3 for the Mental Health and Substance Abuse Program before you seek inpatient or outpatient care for mental health or substance abuse, including alcoholism. You must call within 48 hours of, or (as soon as reasonably possible) after an emergency inpatient admission.

For Referrals

The Clinical Referral Line is available 24 hours a day, every day of the year. It is staffed by clinicians with professional experience in the mental health and substance abuse fields. These highly trained and experienced clinicians are available to refer you to an appropriate provider. You will receive confidential help when making the call.

In an emergency, the Mental Health and Substance Abuse Program will either arrange for an appropriate provider to call you back within 30 minutes or will instruct you to proceed to the nearest emergency room. In a life-threatening situation, proceed immediately to the nearest emergency room.

Network Benefits

The Mental Health and Substance Abuse Program network includes psychiatrists, psychologists, social workers and nurse practitioners. If there are no network providers in your area, you will still receive

network benefits if you call and allow the Mental Health and Substance Abuse Program to arrange your care with an appropriate provider. Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes and day treatment programs.

When you use a network provider, you pay a copayment for:

- A visit to a mental health professional
- A visit to an outpatient substance abuse treatment program
- Treatment in a hospital emergency room, unless you are admitted as an inpatient directly from the emergency room or the outpatient department

Disease Management Programs

Through the Mental Health and Substance Abuse Program, you have access to additional resources and programs for:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Eating disorders

Call our Clinical Referral Line to speak with our licensed clinicians. If you are recommended for, and agree to voluntary participation, a licensed clinician will call you at regular intervals to assist in accessing services, recommend additional resources and support coordination of care.

For more information about mental health and substance abuse care, including help for alcoholism, depression, anxiety, attention deficit hyperactivity disorder (ADHD) and bipolar disorder, visit the customized Empire Plan Mental Health and Substance Abuse Program web site at www.achievesolutions.net/empireplan. You can find self-help questionnaires, articles and other resources on the site.

If you have questions, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 3 for the Mental Health and Substance Abuse Program.

Non-network Benefits*

Many services received from a non-network provider are covered, subject to the annual deductible and coinsurance maximum.

You must contact the Mental Health and Substance Abuse Program to precertify services in order to receive the maximum benefit and incur the lowest out-of-pocket cost. For outpatient treatment, you must call before the sixth visit to begin the certification process. The Mental Health and Substance Abuse Program must certify any outpatient visits beyond the tenth visit during any course of treatment.

There are no benefits available under non-network coverage for residential treatment facilities, halfway houses or group homes.

* The Excelsior Plan does not offer non-network coverage for inpatient care outside of an emergency room setting.

The Prescription Drug Program does not apply to enrollees who have prescription drug coverage through a union Employee Benefit Fund. Medicare-primary enrollees and dependents, see page 9.

Network Benefits

Through The Empire Plan Prescription Drug Program, administered by CVS Caremark, you have access to more than 68,000 network pharmacies nationwide, as well as to a mail service pharmacy. When you use your Empire Plan benefit card at a network pharmacy or use the CVS Caremark Mail Order Pharmacy, you pay only your copayment.

You pay the lowest copayment for Level 1 drugs (most generic drugs), a higher copayment for Level 2 drugs (preferred drugs) and the highest copayment amount for Level 3 drugs (non-preferred drugs).

You can find a list of copayment amounts in your *Empire Plan Certificate* and *Empire Plan Reports* and it is also available on our web site, <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Choose Using Your Benefits, then Empire Plan Copayments.

When filling a prescription for a brand-name drug that has a generic equivalent, you pay the non-preferred copayment plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full cost of the drug.

The Empire Plan Flexible Formulary Drug List* is developed by a committee of pharmacists and physicians and is subject to change annually. It will help you and your doctor determine if your prescription is for a Level 1 drug or Level 2 drug. It also includes a list of Level 3 drugs along with Level 1 and Level 2 alternatives. However, this list does not include all the prescription drugs covered under The Empire Plan. For specific questions about your prescriptions, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

Please check your *Empire Plan Reports*, *Certificate Amendments* and *Empire Plan At A Glance* for more information about how the Flexible Formulary Drug List applies to your benefits. For example, in some cases, drugs may be excluded from coverage under a flexible formulary, if a therapeutic equivalent or over-the-counter drug is available.

By using a network pharmacy or CVS Caremark Mail Order Pharmacy, you also benefit from a drug safety review performed by CVS Caremark.

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers to individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management.**

Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, CVS Caremark Specialty

Pharmacy. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and most 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. Choose Find a Provider, scroll down to Prescription Drug Program and then select the Specialty Pharmacy Program link. 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 refills or to speak with a specialty-trained pharmacist or nurse regarding the Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program, and ask to speak with a specialty pharmacist, Monday through Friday, 7:30 a.m. to 9 p.m., Eastern time.

To find a network pharmacy, a list of the most commonly prescribed generic and brand-name drugs, or for information about how to use the mail service pharmacy or specialty pharmacy, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

* The Empire Plan Flexible Formulary Drug List does not apply to The Excelsior Plan.

** Does not apply outside the United States.

Or, to find a network pharmacy, go to <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Choose Find a Provider, then click on Empire Plan Prescription Drug Program web site. On the following page, select CVS/ Caremark, then Locate a Pharmacy. If you are Medicare primary, select SilverScript, then the Pharmacy Locator. You will be able to customize your search by zip code or city and state.

Non-network Benefits

You can use a non-network pharmacy, or pay cash for your prescription at a network pharmacy (instead of using your Empire Plan benefit card) and submit a paper claim for reimbursement. However, in almost all cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expense will generally be more than the copayment amount.

To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card at a network pharmacy or use the CVS Caremark Mail Order Pharmacy.

Empire Plan Medicare Rx

If you or your covered dependent has Medicare-primary coverage, your/their Empire Plan prescription drug coverage is provided through Empire Plan Medicare Rx, a Medicare Part D program. There are some enhancements to your prescription drug coverage and some administrative changes such as a new drug card. For additional information regarding your prescription drug coverage, visit the New York State Department of Civil Service web site at www.EmpirePlanRxProgram.com and select the link for SilverScript.



Centers of Excellence for Cancer

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program 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 the Medical Program prior to receiving service.

By calling you will receive assistance in locating cancer centers and nurse consultations. When applicable, a travel, lodging and meal allowance for the patient and one travel companion are available under the Centers of Excellence for Cancer Program. The patient must be enrolled in the program and travel within the United States to be eligible for the travel allowance.

Centers of Excellence for Infertility

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program for preauthorization and a list of Qualified Procedures before receiving services. (See page 14 for the Infertility Benefits section.)

When you choose a Center of Excellence for Infertility Treatment and receive prior authorization, you will receive a paid-in-full benefit for Qualified Procedures subject to the lifetime maximum of \$50,000 per covered person. When applicable, a travel, lodging and meal allowance for the patient and one travel companion is available subject to the lifetime maximum. The following travel expenses are reimbursable: lodging, meals, auto mileage (personal and rental car), economy class airfare, train fare and certain costs of local travel (e.g., local subway, taxi, or bus fare; shuttle, parking and tolls) once you arrive at the lodging and need transportation to the Center of Excellence. Services must be preauthorized and the patient must travel within the United States to be eligible for the travel allowance.

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 or Medical Program. You will pay the full cost, regardless of the provider.

For all prescription drugs related to infertility that you purchase from a pharmacy, you will pay an applicable copayment under The Empire Plan Prescription Drug Program. Program requirements apply even if Medicare or another health plan is primary to The Empire Plan.

For a current list of Centers of Excellence, call The Empire Plan and choose the appropriate program. Also, see your *Empire Plan Certificate* for more information.

Other Benefits Available

If you do not use a Center of Excellence for authorized services for a qualified cancer service or infertility procedure, you will receive inpatient/outpatient hospital coverage and medical/surgical coverage for covered services from either:

- a participating provider subject to copayment, or
- a non-participating provider subject to Basic Medical benefit provisions.

The Empire Plan Benefits Management Program requirements apply.

Centers of Excellence for Transplants

To access the enhanced benefits of The Empire Plan Centers of Excellence for Transplants Program, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program for preauthorization of the following transplants through this Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart/lung, kidney, liver, lung, simultaneous kidney/pancreas, pancreas and pancreas after kidney.

The benefits include a paid-in-full benefit for the following covered services at a qualified Center of Excellence:

- Pretransplant evaluation of transplant recipient
- Inpatient and outpatient hospital and physician care related to the transplant, including 12 months of follow-up care at the center where the transplant was performed. (**Note:** The 12-month period begins on the date of your transplant.)

When applicable, a travel, lodging and meal allowance is available.

The patient must be enrolled in the program and travel within the United States to be eligible for the travel allowance.

Your participation in the Program is voluntary. The Program's benefits are available only when you are enrolled in the Program and when The Empire Plan is your primary coverage or the Plan is the secondary insurer and the enrollee's primary insurer/HMO denies coverage at a facility that is covered under the Centers of Excellence for Transplants Program. Empire BlueCross BlueShield must preauthorize your transplant services and the services must be provided at a Center of Excellence for Transplants facility.

Other Benefits Available

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital and/or medical/surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, you may still take advantage of case

For additional information on the Centers of Excellence Programs, contact your agency Health Benefits Administrator for a copy of *The Empire Plan Reporting On Centers of Excellence* or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) to get a copy.

management services offered by Empire BlueCross BlueShield. Contact the Benefits Management Program for prior approval and a case management nurse will be assigned to help guide you through the transplant process.

For a current list of Centers of Excellence, call The Empire Plan and choose the appropriate program. Also, see your *Empire Plan Certificate* for more information.

WHY CHOOSE A NETWORK PROVIDER?

Marc is an active 35-year-old who injured his back playing racquetball. He is enrolled in The Empire Plan. His primary care doctor advised him to see a pain management specialist and gave him names of doctors who specialize in this field. However, one of Marc's friends also injured his back and recommended that Marc visit his pain management specialist. The provider that Marc's friend recommended does not participate in The Empire Plan.

Marc used the non-network provider and received a series of pain therapies, including an epidural steroid injection. The doctor billed a total of \$10,000 for the treatments and for one related imaging procedure. Under The Empire Plan's Basic Medical Program, a deductible must first be met before any covered non-network charges are reimbursed. Marc's deductible is \$1,000 – which is his responsibility.

After Marc meets his deductible, The Empire Plan will pay 80 percent of the allowed reasonable and customary amount for all covered services. The reasonable and customary amount for the services provided in this doctor's geographic area is \$8,000 (not \$10,000 as the provider billed). In total, The Empire Plan will pay Marc \$5,600 (80 percent of \$7,000). He is also responsible to pay the rest of the full \$10,000 billed by the provider.

This results in Marc having a \$4,400 out-of-pocket expense. Had Marc chosen a participating provider, his experience would have been more like Maria's (see the following example), who only paid a copayment for the care she received.

Maria is a 45-year-old mother of two who recently strained her back moving some boxes in her home. She is enrolled in The Empire Plan. Initially, she felt that it was a minor muscle pull and treated herself with pain relievers and rest.

When the pain worsened, she visited her primary care doctor. Her primary care doctor referred her to a pain management specialist who participates in The Empire Plan. Maria confirmed that the specialist participates in The Empire Plan by looking him up in The Empire Plan Participating Provider Directory and calling the specialist's office in advance of her appointment.

Maria began a course of pain treatments and was scheduled for steroid injections to relieve the inflammation.

Ultimately, Maria was only responsible for applicable copayments which, for most of her visits to the provider, resulted in one \$20 copayment for each visit.



Q. Why should I use an Empire Plan network provider when I can use any provider?

A. Using a network provider limits your out-of-pocket expenses. It also helps keep Empire Plan costs down – and that means your premium is lower too.

Q. What will it cost me to use a network provider?

A. You pay only your copayment for each covered service. Not all services require a copayment. Check your *Empire Plan Certificate* and *Empire Plan Reports* for details.

Q. What if I'm on vacation in another part of the country?

A. The Medical Program has Empire Plan participating providers located in most states. When you need a physician in Arizona, Connecticut, Florida, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, Washington, D.C., West Virginia and the greater Chicago area, ask if the physician is part of UnitedHealthcare's Options Preferred Provider Organization. In all other states, including New York State, ask if the provider participates in The Empire Plan for New York government employees.

However, there is no guarantee a participating provider will always be available to you. For providers in the Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider.

The Hospital Program provides benefits for covered services at hospitals worldwide.

The Prescription Drug Program offers participating pharmacies nationwide, plus a CVS Mail Order Pharmacy.

The Mental Health and Substance Abuse Program, Home Care Advocacy Program and Managed Physical Network guarantee network benefits nationwide. However, you must call to arrange for network benefits before receiving care.

Q. When do I have to call The Empire Plan Benefits Management Program?

A. If The Empire Plan is your primary coverage, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program:

- Before a maternity or scheduled hospital admission

- Within 48 hours or as soon as possible after an emergency or an urgent hospital admission
- Before admission or transfer to a skilled nursing facility
- When no network facility is available within 30 miles of your residence
- When no network facility within 30 miles of your residence can provide the covered services you require

If The Empire Plan is your primary coverage, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 1 for the Medical Program:

- Before having an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests.

Following the Benefits Management Program requirements can save you high out-of-pocket costs.

To reach any of The Empire Plan programs, call toll free 1-877-7-NYSHIP (1-877-769-7447). This one number is your first step to Empire Plan information. Check the list below to know which program to select. When you call, listen carefully to your choices and make your selection at any time during the message. Follow the instructions and you will automatically be connected to the appropriate administrator.

The Empire Plan Hospital Program

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

Call The Empire Plan and press 2 for the Hospital Program for information regarding hospital and related services.

Benefits Management Program for Preadmission Certification



If The Empire Plan is your primary coverage, you must call The Empire Plan and press 2 for the Hospital Program 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 for Transplants Program.

The Empire Plan Medical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600
www.myuhc.com

Call The Empire Plan and press 1 for the Medical Program 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 The Empire Plan and press 1 for the Medical Program 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: Prospective Procedure Review for Imaging Procedures



You must call The Empire Plan and press 1 for the Medical Program before having an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests.

Home Care Advocacy Program (HCAP)



You must call The Empire Plan and press 1 for the Medical Program to arrange for paid-in-full home care services, enteral formulas, diabetic and ostomy supplies, diabetic shoes (subject to an annual maximum benefit) 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 The Empire Plan for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.

Infertility Benefits



You must call The Empire Plan and press 1 for the Medical Program for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including In Vitro Fertilization (IVF) and embryo placement, Gamete Intra-fallopian Transfer (GIFT), Zygote Intra-fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm and/or inseminated egg procurement; and processing and banking of sperm and inseminated eggs. Call The Empire Plan for information about infertility benefits and Centers of Excellence.

Centers of Excellence for Cancer Program



You must call The Empire Plan and press 1 for the Medical Program to participate in The Empire Plan Centers of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program

Appeals, claims, grievances and general correspondence:

ValueOptions
P.O. Box 1800
Latham, NY 12110



To ensure that you receive network benefits, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 3 for the Mental Health and Substance Abuse Program before you seek inpatient or outpatient care for mental health or substance abuse, including alcoholism. You must call within 48 hours of, or as soon as reasonably possible after, an emergency inpatient admission. You will receive the highest level of benefits by calling and following the Program's recommendations. In a life-threatening situation, go to the emergency room or call 911.

The Empire Plan Prescription Drug Program

Appeals, grievances, prior authorization documentation, general correspondence:

Empire Plan Prescription Drug Program
CVS Caremark
Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590
Claim forms for purchases and prescriptions from retail pharmacies:

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

Mail Order Pharmacy:
CVS Caremark
P.O. Box 2110
Pittsburgh, PA 15230-2110

Empire Plan Medicare Rx

For Medicare-primary enrollees and dependents only.

Appeals, grievances, claims and general correspondence:
SilverScript Insurance Company
P.O. Box 280200
Nashville, TN 37228

For additional information or the most current list of prior authorization drugs, call The Empire Plan and press 4 for the Prescription Drug Program or visit <https://www.cs.ny.gov>.

The Empire Plan NurseLineSM

Call The Empire Plan and press 5 for NurseLineSM 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 NurseLineSM brochure.

Reminders

- Before you receive services, always ask if the provider participates in The Empire Plan for New York State government employees. Providers may join or leave the network at any time.
- When you use a network provider, only covered benefits are paid under The Empire Plan. For example, if your treatment is considered cosmetic, it is not covered, even if the surgeon is a participating provider.
- When you use a network provider for covered services, you pay only your copayment, if any.
- Prescription Drug Program, Home Care Advocacy Program and Managed Physical Medicine Program copayments do not count toward the Basic Medical Program coinsurance maximum.

Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:

The Empire Plan Medical Program
TTY only 1-888-697-9054

The Empire Plan Hospital Program
TTY only 1-800-241-6894

The Empire Plan Mental Health and Substance Abuse Program
TTY only 1-855-643-1476

The Empire Plan Prescription Drug Program
TTY only 1-800-863-5488

The Empire Plan Medicare Rx Prescription Drug Program
The Empire Plan Medicare Rx
TTY only 1-866-236-1069

Basic Navigation

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.

From the NYSHIP Online homepage, follow the instructions below to access the information referenced in this report.

Empire Plan Copayments – Select Using Your Benefits, then Empire Plan Copayments.

Empire Plan Reports – Select Using Your Benefits, then Publications and scroll down to the *Reports*.

Find a Provider – Select Find a Provider and scroll down to the program (Hospital, Medical/ Surgical or Mental Health/ Substance Abuse) you need.

NYSHIP General Information Book & Empire Plan Certificate – Select Using Your Benefits, then Publications and scroll down.

Specialty Drug List – Select Find a Provider and scroll down to the Prescription Drug Program to locate the link for the Specialty Pharmacy Program.

The Empire Plan Flexible Formulary – Select Using Your Benefits and choose the 2014 Empire Plan Flexible Formulary.*

Empire Plan Medicare Rx – For Medicare-primary enrollees and dependents only. Go to the New York State Department of Civil Service web site at www.EmpirePlanRxProgram.com and select SilverScripts.

The Empire Plan Preventive Care Coverage Chart** – Select Using Your Benefits, then Publications and scroll down to the chart.



* Does not apply to the Excelsior Plan.

** For enrollee groups whose Empire Plan benefits reflect changes as required by the federal Patient Protection and Affordable Care Act (PPACA).

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

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. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Option 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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