

UPDATED

January 1, 2014

PA

Participating Agencies

For Active Employees, Retirees, Vestees and Dependent Survivors, their Dependents and Young Adult Option Enrollees enrolled through Participating Agencies with Excelsior Plan benefits

This guide briefly describes Excelsior Plan benefits. If you have health insurance questions, contact your agency Health Benefits Administrator (HBA).

**AT
GLANCE**



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

What's New

- **Benefit Changes** – Prescription drug copayments for Level 2 and Level 3 drugs, the annual deductible and the annual coinsurance maximum will increase effective January 1, 2014.
- **2014 Excelsior Plan Drug List** – The semiannual update lists the most commonly prescribed generic and brand-name drugs included in the 2014 Excelsior Plan Drug List and newly excluded drugs with 2014 Excelsior Plan Drug List alternatives.
- **The Empire Plan Prescription Drug Program** – Beginning January 1, 2014, the Prescription Drug Program will be administered by CVS Caremark under a self-insured administrative services agreement with the New York State Department of Civil Service (DCS).
- **The Empire Plan Mental Health and Substance Abuse Program** – Beginning January 1, 2014, The Empire Plan Mental Health and Substance Abuse Program will be administered by ValueOptions, Inc. under a self-insured administrative services agreement with DCS.
- **Autism Coverage** – Effective January 1, 2014, Applied Behavior (ABA) Analysis for the treatment of autism spectrum disorder is limited to 680 hours each plan year; the prior year's dollar limit for services no longer applies.

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

Quick Reference

The Excelsior Plan is a comprehensive health insurance program for New York's local government employees and their families. The Plan has four main parts:

1 Hospital Program

administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent reviews, discharge planning, inpatient Medical Case Management and the Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

2 Medical/Surgical Program

administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider and Basic Medical Programs.

Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides coverage for convenience care clinics, home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET scan, Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

3 Mental Health and Substance Abuse Program

administered by ValueOptions

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

4 Prescription Drug Program

administered by CVS Caremark

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

Preventive Care Services

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

Preventive care services subject to the PPACA requirements include: bone density tests; colonoscopies; mammograms; pap smears; proctosigmoidoscopies and sigmoidoscopies; certain immunizations and certain preventive care and screenings for infants, children, adolescents and adults. This is not the complete list of preventive screenings and services.

For further information on PPACA preventive care services and criteria for paid-in-full coverage, visit www.hhs.gov/healthcare/rights/preventive-care.

Benefits Management Program



If The Excelsior Plan is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (nonemergency) hospital admission.
- Before a maternity hospital admission. Call as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, you will be subject to a \$200 penalty if it is determined that your hospitalization is medically necessary. If the Hospital Program does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Future Moms Program.



If The Excelsior Plan is primary for you or your covered dependents:

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program before having a scheduled (nonemergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test unless you are having the test as an inpatient in a hospital. If you do not call, you will pay a larger part of the cost. If the test or procedure is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious or chronic conditions.

Centers of Excellence

Cancer Services



to participate

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or call the Cancer Resources Center toll free at **1-866-936-6002** and register to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. When applicable, a travel allowance is available. See page 4 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Plan's Hospital Program coverage and/or Medical/Surgical Program coverage.

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

Transplants Program



for prior authorization

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas.

Paid-in-full benefits are available for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation of transplant recipient, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. When applicable, a travel allowance is available. See page 4 for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Plan hospital and/or medical/surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or multivisceral transplant, you may still take advantage of the Hospital Program case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplant process.

To enroll in the Program and receive these benefits, The Excelsior Plan must be your primary coverage.

Infertility Benefits



for prior authorization

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for preauthorization and a list of Qualified Procedures before receiving services.

Paid-in-full benefits are available subject to the lifetime maximum of \$50,000 per covered person for Qualified Procedures, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See below for details.

Benefits paid under the travel allowance are applied to the lifetime maximum.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with The Excelsior Plan's Hospital Program coverage and/or Medical/Surgical Program coverage.

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 Plan's Hospital Program or Medical/Surgical Program. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health plan is primary to the Excelsior Plan.

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or use a Center of Excellence for preauthorized Infertility services, you will not have any copayments if you receive treatment at a Center of Excellence. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, lodging, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence.

Combined Annual Deductible and Combined Coinsurance Maximum

Combined Annual Deductible

The Empire Plan 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 deductible must be met before Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program, and non-network expenses under the Mental Health and Substance Abuse Program will be considered for reimbursement.

Combined Coinsurance Maximum

The coinsurance maximum is \$4,000 for the enrollee, \$4,000 for the enrolled spouse/domestic partner and \$4,000 for all dependent children combined.

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

Hospital Program

The Hospital Program pays for covered services provided by a network inpatient or outpatient hospital, skilled nursing facility or hospice setting. There is no coverage for services provided in a non-network facility except in an emergency or if a network facility is not available. The Medical/Surgical Program provides benefits for medical and surgical services as well as certain hospital services if not covered by The Hospital Program.

Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement. **Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.**

Hospital Inpatient • *Semi-private room*



for preadmission certification

Hospital Program

Network Coverage

\$250 copayment per admission. Maximum four copayments per enrollee, per spouse/domestic partner and per all dependent children combined each calendar year.

You are covered for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network hospital.

Non-network Hospital Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency, when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospital Outpatient

Network Coverage

Diagnostic radiology, diagnostic laboratory tests and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network extension clinic are subject to one copayment of \$75 copayment per visit.

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

Outpatient surgery is subject to a \$100 copayment.

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services, are subject to one copayment of \$100 per visit when billed by the hospital.

Non-network Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency, when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Network coverage applies to non-network hospital emergency room services.

Hospital Outpatient, continued

Network Coverage

If you are admitted as an inpatient directly from the outpatient department, hospital clinic or emergency room, the hospital outpatient copayment, outpatient surgery copayment or emergency room copayment is waived and only the inpatient copayment applies.

Paid-in-full benefit for preadmission testing and/or testing before surgery prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis.

\$30 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery.

Note: Emergency services provided in the hospital and billed by a physician or provider: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For other non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance. Claims for inpatient and outpatient hospital services are sent directly to Empire BlueCross BlueShield by the network hospital.

Non-network Coverage

Skilled Nursing Facility Care • *Semi-private room*



for preadmission certification (see page 2)

Benefits are subject to the requirements of the Plan's Benefits Management Program. The Empire Plan does not provide Skilled Nursing Facility benefits, even for short-term rehabilitative care, for Retirees, Vestees, and Dependent Survivors or their dependents who are eligible for primary benefits from Medicare.

Network Coverage

Covered in an approved network facility when medically necessary in place of hospitalization.

Non-network Coverage

No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospice Care

Network Coverage

Paid in full when provided by an approved network hospice program.

Non-network Coverage

No coverage in a non-network program except network benefits apply in the event of an emergency or when there is no network program available within 30 miles of your residence or when no network program within 30 miles of your residence can provide the covered service you require.

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

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

Participating Provider Program

Paid-in-full benefits for covered services when the provider participates with The Empire Plan except radiology, anesthesiology and pathology services are subject to a \$50 copayment.

Basic Medical Program

Basic Medical benefits for covered services except radiology, anesthesiology and pathology services subject to a \$50 copayment. Basic Medical benefits for continued hospital inpatient services after Empire BlueCross BlueShield hospital inpatient benefits end.

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

All other covered services subject to deductible and coinsurance.

Medical/Surgical Program

Benefits for covered medical/surgical services are available under the Participating Provider Program when you use a provider that participates with The Empire Plan or under the Basic Medical Program when a provider is non-participating. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about the status of a provider, Plan coverage or your benefits. **Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time.**

Participating Provider Program

You pay a copayment for certain services including office visits, surgical procedures performed during an office visit, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits, urgent care center visits and convenience care clinics. Certain covered services are paid-in-full such as preventive care services and women's health care services as required by the Patient Protection and Affordable Care Act.

The Plan provides guaranteed access for primary care physicians and certain medical specialties (see page 8).

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

Basic Medical Program

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: After you meet the combined annual deductible, The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the Ingenix Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or

Medical/Surgical Program, continued

Participating Provider Program

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

Basic Medical Program

- When a rate is not published by CMS and the Ingenix gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

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Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services. See page 4.

Guaranteed Access Feature

When there are no participating providers within a reasonable distance, access to network benefits will be available to enrollees for primary care physicians and certain core provider specialties. To receive network benefits, enrollees must contact the Plan at **1-877-7-NYSHIP (1-877-769-7447)** and press 1 for the Medical/Surgical Program 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. Guaranteed access applies when The Excelsior Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare).

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Within New York State

Urban: 3 miles
Suburban: 15 miles
Rural: 40 miles

Outside New York State

Urban: 10 miles
Suburban: 20 miles
Rural: 40 miles

Within these mileage standards, network benefits are guaranteed for the following primary care physicians and core specialties:

Primary Care Physicians

Family Practice
General Practice
Internal Medicine
Pediatrics
Obstetrics/Gynecology

Specialties

Allergy
Anesthesia
Cardiology
Dermatology
Laboratory
Neurology

Specialties Continued

Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pulmonary Medicine
Radiology
Urology

Office Visits

Participating Provider Program

You pay a single \$30 copayment per visit for all covered services provided during the visit and billed by the provider. No copayment for prenatal visits, well child care, and preventive services as defined by the Patient Protection and Affordable Care Act.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 7.)

Diagnostic Laboratory Services

Participating Provider Program

You pay a single \$30 copayment for covered services provided by a participating laboratory.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 7.)

Diagnostic Radiology and Imaging Services

Participating Provider Program

You pay a single \$30 copayment per visit for covered services provided by a participating free-standing (non hospital-based) facility except as noted below.

You pay a \$75 copayment per visit for imaging procedures subject to Prospective Procedure Review (PPR) – MRIs, MRAs, CT Scan, PET Scan or Nuclear Medicine tests – provided by a participating free-standing (non hospital-based) facility.

Note: Interpretation of diagnostic test results billed separately by a different provider are covered separately and subject to a copayment or Basic Medical benefits.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 7.)

Routine Health Exams

Participating Provider Program

Paid-in-full benefits for preventive care services as required by the Patient Protection and Affordable Care Act. Other covered services subject to copayments as described in this section.

Basic Medical Program

Annual routine health exam covered for the active employee, age 50 or older, not subject to deductible or coinsurance. Routine health exams are not covered for dependents (spouse/domestic partner, dependent children), retirees, vestees or dependent survivors.

Covered services, such as laboratory tests and screenings provided during the office visit for a routine exam, that fall outside the scope of a routine exam are subject to deductible and coinsurance. For further information contact The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or go to the New York State Department of Civil Service web site at www.cs.ny.gov.

Adult Immunizations

Participating Provider Program

Paid-in-full benefits for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention when received from a participating provider, including influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for enrollees and dependents age 19 through 26), meningitis immunizations, and Herpes Zoster (Shingles) immunization for enrollees and dependents age 60 or older. Herpes Zoster (Shingles) immunization is covered subject to a \$30 copayment for enrollees age 55 and over but under age 60. The copayment also covers the cost of oral and injectable substances received from a participating provider.

Note: Vaccines/immunizations are not covered if administered by a pharmacist or purchased from a pharmacy. However, vaccines received at participating Convenience Care Clinics are covered.

Routine Pediatric Care • Up to age 19

Participating Provider Program

Paid-in-full benefits for routine well-child care received from a participating provider, including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Not covered

Basic Medical Program

Routine Newborn Child Care Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care Basic Medical benefits apply for covered services provided by non-participating providers. This benefit is not subject to deductible or coinsurance.

Basic Medical Program

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

External Mastectomy Prosthesis

Participating Provider Program

The Basic Medical Program benefit applies for external mastectomy prostheses received from either a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program, then the Home Care Advocacy Program (HCAP) for precertification of any single prosthesis costing \$1,000 or more. For a prosthesis requiring prior approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Outpatient Surgical Locations

Participating Provider Program

\$75 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital-owned and hospital outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical Program benefit applies for emergency ambulance service received from either a participating or non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay: up to \$50 for under 50 miles and up to \$75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program

This program is administered by the Managed Physical Medicine Network (MPN).

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a \$30 copayment for each office visit to an MPN provider. The single copayment includes related radiology and diagnostic laboratory services during the office visit and billed by the MPN provider.

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

No coverage.

Managed Physical Medicine Program, continued

Network Coverage (when you use MPN)

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

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

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

All benefits apply to treatment determined medically necessary by MPN.

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

No coverage

Home Care Advocacy Program (HCAP)

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies



for prior authorization

Network Coverage (when you use HCAP)

To receive a paid-in-full benefit, you must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including one pair of diabetic shoes per year, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of \$500. You have guaranteed access to network coverage when you follow Plan requirements.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

Exceptions: For diabetic supplies (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**.

For **ostomy supplies**, call Byram Healthcare Centers at **1-800-354-4054**.

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

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

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

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible (see page 4), The Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. Most regions of New York State are affected by DMEPOS. To locate a Medicare contract supplier, visit www.medicare.gov/supplierdirectory or contact The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program.

Mental Health and Substance Abuse Program



to ensure the highest level of benefits

Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. **The ValueOptions Clinical Referral Line is available 24 hours a day, every day of the year.** By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

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

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

All benefits apply to treatment determined medically necessary by ValueOptions.

Inpatient Services

Network Coverage

Approved Facilities:

\$250 copayment per hospitalization.

Maximum four copayments per enrollee, per spouse/domestic partner and per all dependent children combined each calendar year.

Practitioner Treatment or Consultation: Paid in full

Non-network Coverage

No coverage in a non-network facility except network benefits apply in the event of an emergency, when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Same as inpatient non-network coverage above.

Ambulance Service

Ambulance service to a hospital where you receive mental health or substance abuse treatment is covered when medically necessary, except for the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay: up to \$50 for under 50 miles and up to \$75 for 50 miles and over. This benefit is not subject to deductible or coinsurance.

Outpatient Services

Network Coverage

Mental Health: Paid-in-full benefit for up to three visits per crisis. Additional visits subject to a \$30 copayment.

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

Substance Abuse: \$30 copayment per visit.

Hospital Emergency Room: \$100 copayment per visit. If you are admitted to the hospital as an inpatient directly from the hospital emergency room, only the inpatient copayment applies (see page 13).

Psychological Testing and Neuropsychological Testing:

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

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

Non-network Coverage

Applied Behavioral Analysis (ABA) services are limited to 680 hours of treatment annually, for network and non-network services combined.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable (see page 4).

Coinsurance: After you meet the combined annual deductible, The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the Ingenix Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or
- When a rate is not published by CMS and the Ingenix gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

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Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services (see page 4).

Hospital Emergency Room: Network benefits apply.

Notes: Neuropsychological testing with a medical diagnosis is also covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended before testing or evaluation begins.

Applied Behavioral Analysis Services: Covered in accordance with New York State law, Applied Behavioral Analysis services are covered up to 680 hours of treatment annually, for network and non-network services combined.

Prescription Drug Program

Copayments

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

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy	31- to 90-day supply of a covered drug from a Network Pharmacy	31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy
Level 1 \$10	Level 1 \$25	Level 1 \$20
Level 2 \$40	Level 2 \$95	Level 2 \$95
Level 3 \$70	Level 3 \$180	Level 3 \$180

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.

You have coverage for prescriptions of up to a 90-day supply at all network, non-network and mail order pharmacies. Prescriptions may be refilled for up to one year.

Excelsior Plan Formulary

The Excelsior Plan Drug List is a managed formulary that may exclude certain drugs in a therapeutic category as well as having certain generic drugs subject to a Level 2 or 3 copayment. The drug list may be subject to change on January 1 and July 1 of each calendar year. For the current drug list, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the homepage, click on Benefit Programs and follow the prompts to access NYSHIP Online, selecting your group (PA) and Plan (Excelsior) if prompted. Or, you may call **1-877-7-NYSHIP (1-877-769-7447)** and request an updated printed copy of the Excelsior Plan Drug List.

Mandatory Generic Substitution – If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred brand name copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the covered drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR.

Newly Excluded Drugs for 2014

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

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

Prior Authorization Required

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

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

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds \$200 will also require prior authorization under this Program. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about prior authorization requirements, or the current list of drugs requiring authorization, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Empire Plan Prescription Drug Program, and select the 2014 benefits option. **Representatives are available 24 hours a day, seven days a week.** Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider and scroll to Prescription Drug Program and click The Excelsior Plan: Drugs that Require Prior Authorization.

Specialty Pharmacy Program

The Specialty Pharmacy Program offers individuals using specialty drugs enhanced services including: disease and drug education, compliance management, side-effect management and safety management. Also included with this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the CVS Caremark Mail Order Pharmacy Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose The Empire Plan Prescription Drug Program, and select the 2014 benefits option.

Mail Order Pharmacy

You may fill your prescription by mail through the CVS Caremark Mail Order Pharmacy by using the mail order envelope. For envelopes and refill orders, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Prescription Drug Program, and select the 2014 benefits option. To refill a prescription on file with the mail order pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Find a Provider and scroll down to CVS Caremark Pharmacy Mail Order Form.

Non-Network Pharmacy

If you do not use a Network Pharmacy, or if you do not use your Empire Plan benefit card at a Network Pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent unless the brand-name drug has been placed on Level 1 of the Excelsior Plan Drug List. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Benefits On the Web

You'll find NYSHIP Online, the Employee Benefits Division homepage, on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications. You'll also find links to select Plan program administrator web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

Federal Health Care Reform

Non-Grandfathered Health Plan

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

Contact Information

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

Hospital Program

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

Medical/Surgical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program

ValueOptions
P.O. Box 1800
Latham, NY 12110

Prescription Drug Program

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

Empire Plan NurseLine_{SM}

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

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program TTY only 1-800-241-6894

Medical/Surgical

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

Mental Health and Substance Abuse Program

..... TTY only 1-855-643-1476

Prescription Drug

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

This document provides a brief look at The Excelsior Plan benefits for Participating Agencies. If you have questions, call 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.

New York State
Department of Civil Service
Employee Benefits Division
Albany, New York 12239



518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
<https://www.cs.ny.gov>

The *Excelsior Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Excelsior Plan.

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

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

The Excelsior Plan At A Glance – January 2014 – Revised

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

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The Excelsior Plan Copayments at a Glance

Participating Provider Program*

- \$30 Copayment - Office Visit, Office Surgery, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit
- \$75 Copayment - Non-hospital Outpatient Surgical Locations
- \$75 Copayment - Prospective Procedure Review (PPR) MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine tests

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

- \$30 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)*

- \$30 Copayment - Outpatient Physical Therapy
- \$75 Copayment - Diagnostic Radiology, Diagnostic Laboratory Tests, Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
- \$100 Copayment - Emergency Room Care, Outpatient Surgery
- \$250 Copayment - Inpatient Hospital Service

Mental Health and Substance Abuse Program

- \$30 Copayment - Visit to Outpatient Substance Abuse Treatment Program
- \$30 Copayment - Visit to Mental Health Professional
- \$100 Copayment - Emergency Room Care
- \$250 Copayment - Inpatient Hospital Services

Prescription Drug Program

- Up to a 30-day supply from a participating retail pharmacy or through the mail service
 - \$10 Copayment - Level 1 Drug
 - \$40 Copayment - Level 2 Drug
 - \$70 Copayment - Level 3 Drug
- 31- to 90-day supply from a participating retail pharmacy
 - \$25 Copayment - Level 1 Drug
 - \$95 Copayment - Level 2 Drug
 - \$180 Copayment - Level 3 Drug
- 31- to 90-day supply through the mail service
 - \$20 Copayment - Level 1 Drug
 - \$95 Copayment - Level 2 Drug
 - \$180 Copayment - Level 3 Drug

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