



## The Excelsior Plan



# Empire Plan Report

October 2023 • PA Excelsior Plan

New York State Health Insurance Program (NYSHIP) for Active Employees, Retirees, Vestees and Dependent Survivors enrolled in The Excelsior Plan through Participating Agencies (PAs), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their Excelsior Plan benefits

New York State Department of Civil Service, Employee Benefits Division | [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)

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## What's New

This *Report* summarizes the changes to your benefits and coverage under the New York State Health Insurance Program (NYSHIP) and The Excelsior Plan.

The Excelsior Plan is an Empire Plan option offered to Participating Agencies (PAs). The Excelsior Plan uses The Empire Plan's broad network of providers for hospital, medical/surgical, mental health and substance use and pharmacy services.

This *Report* includes information about:

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## Using Your Benefits



### The Benefits of a Primary Care Physician

A Primary Care Physician (PCP) is a healthcare professional, usually a doctor but sometimes a nurse practitioner or physician assistant, who helps manage your day-to-day health over a long period of time. When you have an established relationship with a Primary Care Physician, they know the right questions to ask and can detect health issues in their early

stages. A PCP can screen for disease, help you detect and manage a wide range of health issues and assist you with determining when you need to see a specialist. Although The Empire Plan does not require enrollees to choose a PCP, studies show that patients who regularly visit their PCP have fewer hospitalizations and better health.

If you don't have a PCP, now is the time to find one. To start, ask for recommendations from friends, family members or a healthcare professional you trust and put together a list of a few names to choose from. Then, call the doctor's office to learn more about the practice, ask whether they are accepting new patients and confirm they participate in The Empire Plan. (**Note:** The Excelsior Plan uses the same network of providers as The Empire Plan.) When scheduling an appointment, request extra time to discuss your medical history and get to know your new Primary Care Physician. It's also important to bring your medical records and a list of your current prescriptions.

To find Plan participating providers online, go to NYSHIP Online at <https://www.cs.ny.gov/employee-benefits>. From the homepage, select Find a Provider and scroll to the link to The Empire Plan Medical/Surgical Provider Directory.

# Excelsior Plan Changes

## Assignment of Benefits for Out-of-Network Providers

Under the Medical/Surgical Program, when you receive services from an out-of-network provider you must file a claim with the Program administrator (UnitedHealthcare) to receive reimbursement.

**Effective January 1, 2024**, enrollees and covered dependents who obtain services from out-of-network providers under the Medical/Surgical Program may opt to have the Plan pay covered expenses to such providers directly. This process is referred to as “Assignment of Benefits.” To choose this option, sign the “Assignment of Benefits” field to authorize payment to your provider when submitting your paper or electronic claim form. If you do not select the “Assignment of Benefits” option, payment of covered expenses will be issued to you and you will be responsible for paying the provider directly.

By receiving Medical/Surgical Program services from an out-of-network provider, your out-of-pocket costs are much higher. You will have to meet deductible and coinsurance obligations instead of having only a copayment. If you need assistance finding a participating provider, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 7).

## Infusion Therapy Site of Care Program Expanded

**Effective January 1, 2024**, the Plan’s new Site of Care Program will be expanded to include all drug infusion therapies except those used to treat cancer or hemophilia. Under the expanded program, infusions that can be safely administered outside of a hospital setting will be transitioned to a freestanding infusion suite, your doctor’s office or your home. When infusion therapy is reviewed by the program for medical necessity, the setting will also be reviewed to ensure it’s being done in the most appropriate location. Patients who are currently receiving infusion therapy will receive a letter from the program to help transition them to an alternate setting.

Talk to your doctor to determine whether an alternate site of care is clinically appropriate for you or your dependent’s infusion. The Plan will help you find alternate settings and offer options to both you and your doctor. The medical or prescription drug copayments associated with infusions will be waived

when you choose a non-hospital infusion site of care, just as they are now in an outpatient hospital setting. Your infusions at a network hospital will continue to be covered in full as you transition to an alternate setting.

If home infusion is not an option for you or if there are no freestanding infusion centers or doctor’s offices within 30 miles or 30 minutes of your home, you can choose to continue receiving infusions in the outpatient hospital setting.

If you have questions about the Site of Care Program for infusions, talk to your doctor or call the Plan and choose the Hospital Program (see *Contact Information*, page 7).

## 2024 Maximum In-Network Out-of-Pocket Limit

Each year the Patient Protection and Affordable Care Act sets new amounts limiting total network out-of-pocket costs. **Effective January 1, 2024**, the maximum out-of-pocket limit for covered, in-network services under the Plan is \$9,450 for Individual coverage and \$18,900 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs, as specified in the chart below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, your copayments will be reimbursed.

| 2024 Maximum In-Network Out-of-Pocket Limits |                    |   |
|--|--------------------|---|
|  | Prescription Drugs | All Other Covered In-Network Services, Combined |
| Individual Coverage                          | \$3,300            | \$6,150   |
| Family Coverage                              | \$6,650            | \$12,250  |

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call the Plan and choose the Prescription Drug Program (see *Contact Information*, page 7). If you have any questions about your limit for all other covered in-network services, choose the Medical/Surgical Program.

## Empire BlueCross Becoming Anthem Blue Cross

**Effective January 1, 2024**, Empire BlueCross, the administrator of the Plan Hospital Program, will be changing its name to Anthem Blue Cross. This transition will not impact your coverage and you will still have access to the Plan's network of hospitals, skilled nursing facilities and hospices. The address of the customized website will be rebranded (<https://www.anthembluecross.com/nys>) on the effective date to coincide with the name change but the current URL will automatically redirect you to the new site. While the corporate logo will also be changing (see below), the version used on the back of your ID card will not be changing.

For the latest information about the name change and your Excelsior Plan hospital benefits, visit [www.empireblue.com/nys](http://www.empireblue.com/nys) and set up an account to chat with a Hospital Program representative; submit and track claims; review medical benefits; access LiveHealth Online; submit inquiries; and retrieve your forgotten username and/or password.

For questions regarding your benefits, call the Plan and select the Hospital Program (see *Contact Information*, page 7).



## Preventive Mammography Screening

Breast cancer is the second most common cancer in women in the United States, and one in eight women will develop it in their lifetime. As a result, it is more important than ever to get an annual mammogram. Annual preventive screening can detect breast cancer before symptoms develop and when the disease is easier to treat.

Recently, the U.S. Preventive Services Task Force (USPSTF) lowered the age in the federal guidelines for preventive screening mammography from age 50 to age 40 (the upper recommendation remains age 74). Because the Plan already covers a screening mammography as well as a 3D screening mammography every one to two years (depending on your doctor's recommendation), there is no change to your benefits. **Note:** There are no gender-

based limitations applied to preventive care services under the Plan. Preventive care services, like annual mammography screening, are covered at no cost to you if received from a participating provider.

If you have questions about annual mammography screenings, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 7).

## Preventive Vaccines and Boosters Update

You and your family are best protected from severe illness when you stay up to date with your preventive care services. Below are updates on three important preventive care services. As always, be sure to discuss which preventive care services are most appropriate for you with your healthcare provider.

### Respiratory Syncytial Virus (RSV)

While most people experience Respiratory Syncytial Virus (RSV) with symptoms like a common cold, the virus can develop into something more serious. Infants, young children and older adults may be likely to develop severe RSV and require hospitalization.

Over the past several months, the Food and Drug Administration (FDA) has approved preventive care services for RSV. Preventive vaccines are now available for adults ages 60 and older. For infants and children ages 0–19 months, RSV monoclonal antibodies are an approved preventive care treatment.

**Beginning on August 30, 2023**, both the RSV vaccine and RSV monoclonal antibodies are covered preventive care services.

- For adults ages 60 and older, the RSV vaccine is covered at no cost to you when provided by an Empire Plan participating medical provider or at a vaccination network pharmacy.
- For infants and children ages 0–19 months (effective October 25, 2023), RSV monoclonal antibodies are covered when administered by a health care professional. This treatment is not available at retail pharmacies. When provided by an Empire Plan participating medical provider, there is no cost to you.

**Effective September 22, 2023**, the RSV vaccine is covered in full for pregnant women between 32 to 36 weeks of pregnancy when administered by a participating medical provider.

## COVID-19

The Centers for Disease Control (CDC) recommends COVID-19 primary series vaccines for everyone age six months and older, and COVID-19 boosters for eligible individuals ages five years or older. Vaccine recommendations vary depending upon age, the date the first vaccine was received and the time elapsed since the last dose. COVID-19 vaccines, including recommended updated boosters, provided by an Empire Plan participating medical provider or at a vaccination network pharmacy will be covered at no cost to you.

## Influenza (Flu)

With flu season approaching, now is the time to consider getting a flu vaccine. Flu vaccines are covered at no cost to you when provided by an Empire Plan participating medical provider or at a vaccination network pharmacy.

More information about preventive care services can be found in *The Empire Plan Preventive Care Coverage Guide* on NYSHIP Online (see *Benefits on the Web*, page 7). For specific benefit coverage details and limitations, refer to your Plan documents or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

## No Copayment for Treatment at an In-Network Opioid Treatment Program

As a result of new state legislation **effective January 1, 2023**, members have no copayment when receiving services for opioid treatment that includes the prescribing of agonists, such as methadone, buprenorphine or suboxone, when using a network provider. This includes waiving of copayments for therapy and counseling sessions related to opioid treatment programs, as well as prescriptions provided through a treatment program; however, prescriptions obtained at a retail pharmacy are still subject to the applicable copayment.

For more information, call the Plan and choose the Mental Health and Substance Use Program (see *Contact Information*, page 7).

## UnitedHealthcare® App Can Help Manage Your Care

Did you know that you can get information about the Plan's Medical/Surgical Program right in your hands using the UnitedHealthcare® (UHC) app? Find care and compare costs for participating providers and services in The Empire Plan network. You can also view your claims and check your deductible and out-of-network balances. The UHC app helps you get the most out of your benefits and make informed decisions about your care.

Scan the QR code and follow a few quick steps to get registered today.



1. Download the app, which is available for iPhone and Android, and click **Register Now**.
2. Complete the required fields and create your username/password.
3. Enter your contact information and answer security questions.
4. Agree to the terms and conditions and select your email preferences.
5. You also have the option to go paperless. From your account settings, you can choose paperless in your communication preferences so that required communications (such as Explanation of Benefits [EOBs]) can be delivered electronically.

If you have questions about the app, call the Medical/Surgical Program (see *Contact Information*, page 7).

# Reminders

## Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast or chest wall reconstruction surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. Chest wall reconstruction surgery includes aesthetic flat closure as defined by the National Cancer Institute.

Call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 7) if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Benefits Management Program requirements apply. See your *At A Glance* for more information.

## Annual Notice of Colorectal Cancer Screening Benefit

In accordance with the U.S. Preventive Services Task Force (USPSTF), the Plan covers preventive colorectal cancer screenings and laboratory tests for enrollees age 45 through age 75 when performed by a participating provider. This benefit includes an initial colonoscopy or other medical test for colon cancer screening and a follow-up colonoscopy performed because of a positive result from a non-colonoscopy preventive screening test. This benefit also includes pre-procedure consultation and any resulting pathology exam or polyp biopsy. While a copayment would not apply for the initial preventive procedure(s), additional screenings provided in accordance with the American Cancer Society (ACS) guidelines may be considered diagnostic and a copayment would apply. For more information on ACS guidelines, go to [www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html](http://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html).

If you have questions about your coverage for preventive colorectal cancer screenings and follow-up diagnostic care, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 7).

Benefits Management Program requirements apply. See your *At A Glance* for more information.

## Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage. Some terms used in *SBC* are defined in the *Uniform Glossary*, a non-customized companion document to the *SBC*.

To view the *SBC* or the *Uniform Glossary* for the Excelsior Plan, visit [www.cs.ny.gov/sbc](http://www.cs.ny.gov/sbc) and choose Participating Agency (Excelsior Plan). To request a copy, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 7).

## New Excelsior Plan Benefit Card

To comply with federal law, new Excelsior Plan benefit cards will be issued to you and your covered dependents in advance of the January 1, 2024 changes. The in-network maximum out-of-pocket limits referenced (see page 3) will be reflected on your new version. Please be sure to use the new card and securely destroy the old one.

Before you receive services from a new provider, check that they participate in UnitedHealthcare's (UHC's) network for The Empire Plan. (**Note:** The Excelsior Plan uses the same network of providers as The Empire Plan. If you or a dependent are a Medicare-primary enrollee, you must ensure the provider participates in both Medicare and the UHC network for The Empire Plan.)

If you have questions about your Excelsior Plan benefit card, contact your Health Benefits Administrator. For questions regarding your Excelsior Plan benefits, call the Plan and select the prompt for the appropriate Program (see *Contact Information*, page 7).


# Contact Information

|  |   |
|--|---|
| <p>Call the Plan toll free at <b>1-877-7-NYSHIP (1-877-769-7447)</b> and select the appropriate program.</p> |   |
| <p><b>PRESS<br/>OR SAY<br/>1</b></p>   | <p><b>Medical/Surgical Program: Administered by UnitedHealthcare</b><br/>           Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time.<br/>           TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600<br/>           Claims submission fax: 845-336-7716 Online: <a href="https://nyrmo.optummessenger.com/public/opensubmit">https://nyrmo.optummessenger.com/public/opensubmit</a></p>  |
| <p><b>PRESS<br/>OR SAY<br/>2</b></p>   | <p><b>Hospital Program: Administered by Anthem Blue Cross</b><br/>           Administrative services are provided by Anthem HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.<br/>           Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time.<br/>           TTY: 711<br/>           New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407<br/>           Claims submission fax: 866-829-2395 Online: <a href="http://www.empireblue.com/nys/resources-forms">www.empireblue.com/nys/resources-forms</a></p> |
| <p><b>PRESS<br/>OR SAY<br/>3</b></p>   | <p><b>Mental Health and Substance Use Program: Administered by Carelon Behavioral Health, Inc.</b><br/>           Representatives are available 24 hours a day, seven days a week.<br/>           TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802<br/>           Claims submission fax: 855-378-8309<br/>           Online: <a href="http://www.achievesolutions.net/empireplan">www.achievesolutions.net/empireplan</a></p>  |
| <p><b>PRESS<br/>OR SAY<br/>4</b></p>   | <p><b>Prescription Drug Program: Administered by CVS Caremark</b><br/>           Representatives are available 24 hours a day, seven days a week.<br/>           TTY: 711<br/>           Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590<br/>           Claims submission: P.O. Box 52136, Phoenix, AZ 85072-2136</p>  |
| <p><b>PRESS<br/>OR SAY<br/>5</b></p>   | <p><b>Empire Plan NurseLine<sup>SM</sup>: Administered by UnitedHealthcare</b><br/>           Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.</p>   |

## Benefits on the Web

To learn more about your benefits, including finding Empire Plan providers and updated NYSHIP publications, go to NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). (Retirees select Click here for NYSHIP Online for RETIREES.) Choose PA and PA Excelsior Plan, if prompted, to access the NYSHIP Online homepage.

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



**NYSHIP**  
 New York State  
 Health Insurance Program

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 Employee Benefits Division, Albany, New York 12239  
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 (U.S., Canada, Puerto Rico, Virgin Islands)  
[www.cs.ny.gov](http://www.cs.ny.gov)

New York State  
Department of Civil Service  
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**NYSHIP**  
New York State  
Health Insurance Program

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

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**Please do not send mail  
or correspondence to the  
return address. See address  
information on page 7.**

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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 NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator.

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## Mental Health and Substance Use Program

The Plan's Mental Health and Substance Use (MHSU) Program provides access to more than 159,000 providers across the country offering services for mental health or substance use issues, including treatment for alcoholism or opioid misuse. The MHSU Program also offers additional resources for attention deficit hyperactivity disorder (ADHD), depression and eating disorders.

You can check if providers or facilities are in the Plan's network through the MHSU provider/facility directory on NYSHIP Online. Select Find a Provider and click on ReferralConnect under the MHSU Program.

## Clinical Referral Line

The MHSU Clinical Referral Line is available 24 hours a day, seven days a week. It is staffed by licensed clinicians who are available to refer you to an appropriate provider and help you schedule an appointment, if necessary. You will receive confidential help when making the call. Under the MHSU Program, you have guaranteed access to network benefits. If there are no network providers in your area, you will receive network-level benefits if you call the Clinical Referral Line before you receive services.

To reach the Clinical Referral Line, call the Plan (see *Contact Information*, page 7) and choose the MHSU Program. When prompted, press or say 3 for enrollee and then press or say 3 for the Clinical Referral Line.