

DECEMBER 2023

The Empire Plan **REPORTING ON**

PRESCRIPTION DRUGS



The Empire Plan Prescription Drug Program provides access to network pharmacies, a mail service pharmacy and non-network pharmacies worldwide. A Specialty Pharmacy Program is also available.

CVS Caremark administers the Empire Plan Prescription Drug Program.



**The Empire
Plan**

For Empire Plan Enrollees and for their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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Prescription drugs are one of the fastest-growing components of health care costs in the United States and for The Empire Plan. Between 2013 and 2022, the average cost of a brand-name drug covered under The Empire Plan increased 239 percent, while the average cost of a generic drug decreased 16 percent. During that same time period, the Plan's total cost per covered individual for prescription drug claims increased 108 percent from \$1,696 to \$3,534.

Your prescription drug benefit is designed to help The Empire Plan manage drug costs and establish copayment levels that are closer to the relative cost of most drugs. While copayments have sometimes increased, the Plan continues to pay most of the cost of covered prescription drugs.

PRESCRIPTION DRUG COPAYMENT LEVELS

Three Copayment Levels

The Empire Plan Prescription Drug Program has three levels of copayments. Your copayment amount depends on the level the drug is assigned to (Level 1 is the lowest; Level 3 is the highest), the quantity supplied and where the prescription is filled. A list of copayment amounts can be found in your *Empire Plan At A Glance* and *Empire Plan Certificate*. The Empire Plan gives participating providers the Plan's prescription drug list and encourages them to prescribe Level 1 and Level 2 drugs when medically appropriate. Remind your health care provider that you have lower copayments for Level 1 and Level 2 drugs.

Level 1 Drugs

Level 1 drugs have the lowest copayment and include most generic drugs and certain brand-name drugs. Generic drugs have the same active ingredients, strength and dosage form (pill, liquid or injection) as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) approves generic drugs when they produce an identical therapeutic effect.

Other manufacturers can offer generic drug versions when patents protecting a brand-name drug expire. Generic drugs are usually identified by chemical names. For example, omeprazole is the generic or chemical name for the brand-name drug Prilosec®.

Generic drugs may look different in color or shape from the corresponding brand-name prescription drugs. When several different companies manufacture the same generic drug, the drug's appearance may differ from one manufacturer to another.

Note: If you and your doctor agree on a generic drug to treat your condition, be sure to ask your doctor to write your prescription for that specific generic drug. If you have questions about generic drugs, ask your doctor or pharmacist.

Level 2 and Level 3 Drugs

Brand-name drugs are given names by their manufacturers. The manufacturers' cost of research, development and marketing are often passed on to consumers in the form of higher-priced drugs.

Level 2 drugs have a mid-range copayment and include preferred or compound drugs that have been selected because of their overall health care value.

Level 3 drugs have the highest copayment and include non-preferred drugs. In many cases, Level 3 drugs have a generic equivalent and/or one or more preferred alternatives.

Drugs Not Subject to Copayment

Certain covered drugs do not require a copayment when using a network pharmacy:

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Medications used for emergency contraception and pregnancy termination
- Tamoxifen, raloxifene, anastrozole and exemestane when prescribed for patients age 35 and over for the primary prevention of breast cancer
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), when prescribed for enrollees who are at high risk of acquiring HIV
- Certain preventive adult vaccines when administered by a licensed pharmacist at a pharmacy that participates in the CVS Caremark national vaccine network
- Certain prescription and over-the-counter medications considered preventive without cost sharing and have in effect a rating of "A" or "B" in the current recommendations of the U.S. Preventive Services Task Force (USPSTF)

Updates to Prescription Drug Benefits

It is important to be aware of prescription drug benefit changes as soon as they occur. For the most updated information, visit NYSHIP Online at www.cs.ny.gov/employee-benefits. (Retirees select [Click here for NYSHIP Online for RETIREES.](#)) Choose your group and plan, if prompted, and select Using Your Benefits. Here you will find links to up-to-date lists of drugs that require prior authorization, drugs that are part of the Specialty Pharmacy Program and drugs that are excluded from the formulary. In addition, for the most recent changes to Empire Plan prescription benefits, visit the What's New section of NYSHIP Online. For example, safety updates are posted on the What's New page.

MANDATORY GENERIC SUBSTITUTION

If your prescription is written for a covered brand-name drug that has a generic equivalent, New York State law requires generic substitution unless the brand-name drug has been placed on Level 1.

If your doctor believes it is medically necessary for you to have a covered brand-name drug that has a generic equivalent, your doctor can submit a letter of medical necessity to CVS Caremark for a medical exception. If your doctor requests a medical exception and it is approved, Dispense As Written (DAW) will be indicated on the prescription and you will pay the Level 3 copayment. To appeal a generic substitution requirement, have your prescribing physician call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

If your appeal is granted, you can fill your prescription at a network retail pharmacy or through the CVS Caremark Mail Service Pharmacy and pay only the applicable Level 3 copayment; the ancillary charge* will not apply. **Note:** You may not appeal the level of a drug or its applicable copayment under your formulary.**

Certain drugs are exempt from the generic substitution requirement. You are responsible for only the applicable Level 3 copayment; you do not pay the ancillary charge for these drugs.

Please refer to your *Empire Plan At A Glance* and *Empire Plan Certificate* for details about generic substitution appeals and for specific drugs exempt from generic substitution.

* *The ancillary charge does not apply if you are Medicare-primary.*

** *Medicare-primary enrollees: See your Evidence of Coverage for more information regarding coverage determinations and appeals.*

EMPIRE PLAN FLEXIBLE FORMULARY* DRUG LISTS

The Empire Plan Prescription Drug Program uses Flexible Formularies to provide enrollees and the Plan with the best value in prescription drug spending.

The Empire Plan Flexible Formularies uses a three-level copayment schedule to encourage enrollees to use Level 1 or Level 2 drugs.

All drugs included on the Flexible Formularies have been approved by the FDA. The formularies are updated quarterly, but exclusions and uptiers are done once a year on January 1.

Prescription drug lists can be found on NYSHIP Online at www.cs.ny.gov/employee-benefits. Click on Using Your Benefits to find the formulary that applies to you.

* *Includes the Empire Plan Flexible Formulary and Advanced Flexible Formulary.*

Note: *The Empire Plan Formulary does not apply to the Excelsior Plan. Excelsior Plan enrollees should view the Excelsior Plan Preferred Drug List located on NYSHIP Online.*

Exclusions

In some cases, drugs may be excluded from coverage if a therapeutic equivalent or over-the-counter drug is available. Enrollees may file a medical exception appeal to receive coverage for drugs excluded from their formulary. Enrollees and their physicians must first evaluate whether covered drugs on the formulary are suitable alternatives. After an appropriate trial of formulary alternatives, the physician may submit a letter of medical necessity and any supportive clinical documentation to CVS Caremark. If the exception request is denied, the enrollee has additional appeal rights, which will be outlined in the denial letter. A complete list of excluded drugs is available at the end of the formulary drug lists.

Prior Authorization

Certain prescription drugs require prior authorization for coverage under the Empire Plan Prescription Drug Program. When one of these prescription drugs is prescribed for you, the Prescription Drug Program administrator will require clinical information to determine coverage. If you are prescribed a prescription drug that requires prior authorization, have your physician contact CVS Caremark to begin the authorization process. If a prescription drug you are taking changes to require prior authorization, you will receive a notice in advance of the effective date.

For the most recent list of prior authorization drugs, visit NYSHIP Online. Click on Using Your Benefits and select Drugs that Require Prior Authorization.

Brand for Generic

Under the Empire Plan Flexible Formularies, the Brand for Generic (B4G) feature saves you money on certain brand-name drugs that have a generic equivalent available. When the generic version of a drug first becomes available, the cost to the Plan is often higher than the cost of the brand-name version. This feature allows The Empire Plan to place a brand-name drug on Level 1 (the lowest copayment level) and place the generic equivalent on Level 3 (the highest copayment level) or exclude it. These placements are typically for a limited time and may be revised during the year when such changes are advantageous to The Empire Plan.

When you fill your prescription, a message will prompt the pharmacist to dispense the lower cost brand-name version at the Level 1 copayment instead of the Level 3 generic version with the higher copayment.

For more prescription drug information, visit NYSHIP Online or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.



SPECIALTY PHARMACY PROGRAM*

The Empire Plan Specialty Pharmacy Program offers enhanced services to individuals using specialty drugs. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, CVS Caremark Specialty Pharmacy. Prior authorization, called Specialty Guideline Management (SGM), is required for some specialty drugs.

Specialty drugs are used to treat complex conditions and usually require special handling, special administration or intensive patient monitoring.

The Program provides enrollees with enhanced services that include disease and drug education, compliance management, side-effect management, safety management, expedited and scheduled delivery of your prescription drugs at no additional charge, refill reminder calls and all necessary supplies, such as needles and syringes applicable to the prescription drug.

When enrollees begin therapy on one of the drugs included in the Program, a letter is sent describing the Program and any actions necessary to participate in it.

The complete list of specialty drugs included in the Specialty Pharmacy Program is available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Click on Using Your Benefits and select Specialty Pharmacy Drug List. To get started with CVS Caremark Specialty Pharmacy, request refills or speak to a specialty-trained pharmacist or nurse, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 4 for the Prescription Drug Program and ask to speak with a representative from the Specialty Pharmacy Program.

** Does not apply outside the United States.*

Quantity Limits

Certain drugs may be subject to quantity limits based on clinical and safety factors related to the dispensing of the drug. A quantity limit (QL) notation appears on the formulary for these drugs. For select drugs, additional quantities may be covered through prior authorization (PA) and will be noted with QL/PA on the formulary. In addition, the number of days' supply for controlled drugs may be limited in accordance with federal and state mandates.

Dual Coverage

If you are covered under more than one insurance plan for prescription drugs, or are covered under two Empire Plan policies, it is important that you verify with your dispensing pharmacy that the correct plan is being used as the primary coverage. By making sure your claims are processed in the correct order initially, your secondary reimbursement will be processed more efficiently. To receive reimbursement, you must complete the Coordination of Benefits claim form and submit, with proof of payment, directly to the Empire Plan Prescription Drug Program. See claim form for submission instructions.

Generally, the plan that covers a person as an enrollee is primary to a plan that covers the same person as a dependent. When the same dependent child is covered under two plans, the plan of the parent whose birthday falls earlier in the calendar year is usually the primary payer. For Medicare-eligible enrollees, the Centers for Medicare & Medicaid Services (CMS) coordination of benefits rules apply. More information on determining primary and secondary coverage is found in your *Empire Plan Certificate* and *Empire Plan Report*.



HOW TO FILL YOUR PRESCRIPTIONS

Through the Mail Service Pharmacy

The most cost-effective way to receive your prescription drugs is through the mail service pharmacy. When you fill your covered prescription drugs through the CVS Caremark Mail Service Pharmacy, you can order up to a 90-day supply shipped to your home.* If you take prescription medications on a long-term basis, the mail service pharmacy may save you time and money.

Once your prescription is on file at the CVS Caremark Mail Service Pharmacy, you can order refills by mail, phone or online. You can print the CVS Caremark Mail Service Order Form from NYSHIP Online at www.cs.ny.gov/employee-benefits. From the NYSHIP homepage, select Forms and scroll down to choose CVS Caremark Mail Service Order Form. Also, you can order refills either online or you can call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 4 for the Prescription Drug Program. The address for the mail order pharmacy is: CVS Caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

Based on how a prescription is written, you can fill the prescription for a supply of up to 90 days and receive refills for up to one year from the date the prescription is initially filled.

** Under Centers for Medicare & Medicaid Services (CMS) requirements, if you are Medicare-primary, your consent must be obtained before you can receive prescription drugs that were called in, faxed or electronically prescribed.*

At a Network Pharmacy

When you use your Empire Plan Benefit Card at an Empire Plan network pharmacy, including the CVS Caremark Mail Service Pharmacy, you pay only your copayment for covered prescription drugs. For most brand-name drugs with a generic equivalent, you will also pay the ancillary charge (see *Mandatory Generic Substitution*, page 4).

You can fill the prescription for a supply of up to 90 days and receive refills for up to one year from the date the prescription is initially filled.

To find an Empire Plan network pharmacy, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. You can also locate a network pharmacy online through the Empire Plan Prescription Drug Program website, www.empireplanrxprogram.com. Select CVS Caremark, then Find a Local Pharmacy. If you are Medicare-primary, select SilverScript, then the Pharmacy Locator on the upper right corner of the page.

At a Non-Network Pharmacy

If you use a non-network pharmacy to fill a prescription or fill at a network pharmacy but don't use your Empire Plan Benefit Card, you will be required to pay the entire cost to fill your prescription. To be eligible for reimbursement, you must fill out a claim form and submit it with any receipts from the pharmacy. Claim forms are available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Select Forms from the NYSHIP homepage and scroll down to choose the Empire Plan Prescription Drug Program Reimbursement Claim Form. Forms can also be submitted online with the creation of a CVS Caremark online account. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card and network pharmacies whenever possible.

Medication Synchronization

If you take multiple maintenance medications, you can coordinate refill schedules so you will pick up all your maintenance medications in one visit. Ask your network pharmacy for more details or call The Empire Plan.



HOW TO FILL YOUR PRESCRIPTIONS

Pharmacy Processing Information

Some pharmacies may not be familiar with The Empire Plan. If you need to fill a prescription at a pharmacy that is not familiar with the Plan, you may be asked to provide additional information. If you are an Active enrollee, provide the nine-digit Empire Plan enrollee ID number listed on your benefit card and the following information: BIN: 004336; Group: RX6027; PCN: ADV. If you are Medicare-primary, provide the information on your SilverScript Insurance Card.

Vaccine Coverage at Network Pharmacies*

Enrollees and dependents may receive select preventive vaccines without copayment when administered by a licensed pharmacist at a pharmacy that participates in CVS Caremark's national vaccine network. Find a pharmacy that is included in the vaccine network by going to www.empireplanrxprogram.com. Select CVS Caremark and scroll down to the link for Find a Local Pharmacy. Under the Advanced Options menu, select Vaccine network. **Note:** Certain vaccines have age limitations and follow the recommendations by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

Preventive vaccines include:

- COVID-19
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Herpes zoster (shingles)**
- Human papillomavirus (HPV)
- Inactivated poliovirus (polio)
- Influenza (flu)
- Measles, mumps, rubella
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Respiratory syncytial virus (RSV)
- Rotavirus
- Tetanus, diphtheria, pertussis
- Varicella (chickenpox)

* This benefit does not apply to Medicare-primary enrollees.

** No copayment is required for enrollees and dependents age 19 and older for Herpes zoster (shingles). A prescription may be required for enrollees age 19–49.

EMPIRE PLAN MEDICARE RX*

When Empire Plan retirees and dependents become Medicare-primary, they are automatically enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug plan administered by SilverScript Insurance Company. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

If you or your dependent(s) are Medicare-primary and have not received an Empire Plan Medicare Rx ID card, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 to speak to a representative.

The following applies to you as an enrollee or dependent in Empire Plan Medicare Rx:

- A one-month supply of your prescription drug covers up to 30 days, and a long-term supply covers up to 90 days. If an enrollee fills a prescription that is written for a 31-day supply, the higher 31- to 90-day supply copayment will apply.
- The Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and additional (non-Part D) drugs that are covered as part of a supplemental benefit.
- If Empire Plan Medicare Rx excludes a Part D drug you take or limits your coverage of a Part D drug, you or your doctor can request a coverage determination or file an appeal of a coverage decision. A medical exception request may be considered for drugs excluded under the supplemental benefit.

Prior Authorization

Prior authorization continues to be required for certain drugs. Call 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 to speak with a CVS Caremark customer care representative to receive prior authorization. Drugs that require prior authorization are noted in the comprehensive formulary. Visit www.empireplanrxprogram.com and click on SilverScript. The formulary can be found in the Documents tab.

Possible Restrictions

Certain covered prescription drugs may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed over

a period of time may be limited. Also, you or your doctor may need to provide clinical information about your health to ensure that your drug is covered correctly by Medicare.

Part B Benefits

Prescription drugs covered under Medicare Part B are covered under The Empire Plan's Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because the prescriptions are covered under Medicare first and The Empire Plan's Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B prescription drugs. Most pharmacies already know which Medicare program covers which drugs.

Catastrophic Coverage

Once you qualify for Catastrophic Coverage, the Plan pays the cost of your covered drugs. You pay nothing.

Extra Help

People with limited income may qualify for Extra Help to pay for their prescription drug costs. For more information about Extra Help, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), your local Social Security office or www.ssa.gov, your state Medicaid office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Medicare Part D Plan

If you enroll in another Medicare Part D Plan or in a Medicare Advantage Plan in addition to your NYSHIP coverage, the Centers for Medicare & Medicaid Services (CMS) will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage, including your hospital, medical/surgical and mental health and substance use services, will end. Many other employers that offer retiree coverage include Part D coverage as part of their benefits. Be sure to confirm the details of any other coverage you may have to ensure your continued NYSHIP enrollment.

** Employer Group Waiver Plan (EGWP) coverage is not available if you are covered under the Excelsior Plan.*

DRUG UTILIZATION REVIEW

Prescription drugs can cure ailments and keep you healthy – often at a cost much lower than surgery or other procedures. They can, however, cause serious harm if taken in the wrong dosage or in combination with other drugs.

The Empire Plan Prescription Drug Program includes a Drug Utilization Review (DUR) program to check your prescriptions for possible inappropriate drug consumption, medical conflicts or dangerous drug interactions.

When you use your Empire Plan Benefit Card at a network pharmacy or CVS Caremark Mail Service Pharmacy and the pharmacist enters the information into the computer, the computer system will review your recent Empire Plan Prescription Drug Program medication history. The review ensures that:

- Your prescription is written for the recommended daily dose
- You are not already taking another drug that might conflict with the newly prescribed drug
- Your age has been taken into account in prescribing this medication
- The quantity being dispensed is consistent with your doctor's dosage instructions
- Your prescription drug record does not indicate a medical condition that might be made worse by this drug

If a possible problem is found, a warning message will be flashed to your pharmacist who may then

talk with you and your doctor. Once any issues are resolved, the appropriate prescription drug can be dispensed.

A key component of the DUR safety process implemented for this Program is the application of the “refill too soon” (RTS) edit for all claims submitted under the Program. The RTS edit ensures that the Empire Plan Prescription Drug Program provides safety and utilization review across all supply chains, network pharmacy claims, mail service pharmacy or the designated specialty pharmacy claims and non-network pharmacy claims processed for an enrollee.

Upon processing of an incoming claim, the enrollee's prescription drug claim history is reviewed by the systematic RTS criteria. Based on days' supply, the RTS edit will cause the claim to reject if the enrollee has consumed less than 75 percent of their medication on a cumulative basis. When a claim is rejected, the pharmacist is sent a message that indicates the next refill date for the enrollee. The RTS will also take into account the cumulative days' supply on hand. Certain drugs that have quantity level limits, such as erectile dysfunction drugs, have more restrictive RTS limits to comply with the quantity allowed per days' supply.

This confidential DUR process is designed to safeguard your health, and it may help your doctor make more informed decisions about your prescription drugs.

COST-SAVING IDEAS

- Talk with your doctor about using over-the-counter drugs. Prescription drugs occasionally move to the over-the-counter market and are then available without prescriptions. An over-the-counter drug might be a cost-effective alternative to your prescription medication.
- When your doctor starts you on a new maintenance prescription drug, you may want to have your prescription filled for a 30-day supply to ensure that the prescription medication is right for your condition, before paying a higher copayment for a 31- to 90-day supply.
- Ask your Health Benefits Administrator if a Health Care Spending Account is available to set aside part of your salary before taxes to pay for health-related expenses or go to oer.ny.gov/health-care-spending-account.
- Don't use the Empire Plan Prescription Drug Program for drugs related to your workers' compensation injury. These claims should be covered in full by workers' compensation.

SAFEGUARD YOUR PRESCRIPTION DRUG BENEFITS

Nearly all prescription claims are transmitted electronically from your local pharmacy or CVS Caremark Mail Service Pharmacy to The Empire Plan for payment. Take these important steps to guard against fraudulent use of your prescription drug benefit:

- Keep your insurance card in a safe place and do not share your Empire Plan ID number with others.
- When submitting a prescription to your pharmacy, make sure it includes the full name of the patient (spelled correctly and legibly), as well as the date of birth and home address.
- When picking up a prescription drug, make sure you or your representative signs for each one.
- You can ask your pharmacist for a printout of the prescription drugs processed under your Empire Plan coverage. This practice will ensure only those covered by your benefit are being provided prescription drugs under your plan.

Easy-Open Tops

For safety reasons, all prescriptions sent from the CVS Caremark Mail Service Pharmacy have a tamper-proof top on the bottle. If you would prefer tops that are easier to open, you may request that easy-open tops be sent with your prescription drug bottles. Call 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. Keep your supply of easy-open tops when you finish a bottle of prescription drugs. Additional tops will not be automatically sent with subsequent orders. Requests for additional tops can be noted on your CVS Caremark Mail Service Order Form.

WHERE TO FIND MORE INFORMATION

On the Web

Empire Plan enrollees have access to additional online resources on the CVS Caremark website. Visit www.empireplanrxprogram.com and select the CVS Caremark link. Or, if you are Medicare-primary, select the SilverScript link. You can:

- Find forms to place a mail order, request a new prescription from your doctor, file a claim or designate a caregiver
- Refill a prescription
- Track your order
- Find generic drugs or less costly alternatives to prescription drugs
- View your retail and mail order prescription history
- Locate a pharmacy
- View prescription claim details, payment details and balances

Use the Email-a-Pharmacist feature to email a CVS Caremark pharmacist for helpful answers, or browse the pharmacist FAQs to obtain the answers you need.



WHERE TO FIND MORE INFORMATION

By Telephone

You can reach the Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. Enrollees and dependents who are not Medicare-primary and who use a teletypewriter (TTY) device may call the Program toll free at 711.

The Empire Plan has a dedicated phone line with an Interactive Voice Response (IVR) Unit to help answer your questions. Have your nine-digit Empire Plan enrollee ID number (located on your

Empire Plan Benefit Card*) or Social Security number (SSN) ready when you call. After reaching the Prescription Drug Program phone line, state the reason you are calling. See the chart below for more information.

If you are unable to get an answer to your questions, please stay on the line to speak with a representative.

** If you are enrolled in Empire Plan Medicare Rx, you will use the identification number on your Empire Plan Medicare Rx benefit card. See page 9 for more information on Empire Plan Medicare Rx.*

| Purpose of Call | What To Say | Information Needed To Complete Request |
|---|---------------------|---|
| Order a refill | “Refill” | Prescription number and credit card information |
| Check status of an order | “Order Status” | Prescription number and ZIP code |
| Locate a network pharmacy | “Pharmacy Location” | Enrollee date of birth, ZIP code and nine-digit Empire Plan enrollee ID number or SSN |
| Verify your eligibility | “Eligibility” | Nine-digit Empire Plan enrollee ID number or SSN |
| Request forms for using the mail service pharmacy or for filing a paper claim | “Forms” | Indicate if you are requesting the CVS Caremark Mail Service Order Form or paper claim form |
| Verify copayment | “Pricing” | Nine-digit Empire Plan enrollee ID number or SSN, name of drug, strength and dosage form (liquid, capsule, tablet or cream) |

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.

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • www.cs.ny.gov

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