



**The Empire
Plan**



Empire Plan Report

April 2016 • PA Empire Plan

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

IN THIS REPORT

- 2 What's New
- 3 NYSHIP Changes
- 4 Empire Plan Changes
- 7 Medicare & NYSHIP
- 8 Reminders
- 10 Contact Information

What's New

This *Empire Plan Report* summarizes the changes to your benefits and coverage under the New York State Health Insurance Program (NYSHIP) and The Empire Plan. The *Empire Plan Certificate Amendments* reflecting the changes outlined in this *Report* will be posted on NYSHIP Online.

The *Empire Plan Certificate*, which describes the coverage provided by The Empire Plan, will be updated on NYSHIP Online to reflect the new *Amendments*. A new *Empire Plan Certificate*, containing all Empire Plan changes, will be mailed to your home when it's complete.

This *Report* includes information about:

- Individual Mandate for Health Insurance Coverage (Page 3)
- Out-of-Network Costs and Coverage (Pages 4-5)
- 2016 Maximum Out-of-Pocket Limit (Page 5)
- Dependent Eligibility Verification (Page 8)
- Medicare Part B Premium Reimbursement (Page 12)

Benefits Information on the Web

To find the most up-to-date information about your health benefits, visit NYSHIP Online at www.cs.ny.gov. From the Department of Civil Service homepage, click on Benefit Programs, then NYSHIP Online and choose your group and plan, if prompted. You can bookmark this page to bypass the login screen the next time you sign in.

Here are some tips for navigating the major tabs on the homepage:

What's New?

This tab is regularly updated with the most current information about NYSHIP and The Empire Plan. After clicking on the What's New tab, scroll to view a date order listing of information or use the drop down box to navigate section topics.

Using Your Benefits

For a variety of useful resources, including a copayment reference list, a library of current publications, the Flexible Formulary and other drug lists, contact numbers and an online directory of Health Benefits Administrators, click on Using Your Benefits.



Forms

This useful tab is your resource for benefit-related forms including enrollment, out-of-network claims and the mail service pharmacy.

Find a Provider

To access the most up-to-date listings of Empire Plan providers, pharmacies and services select the Find a Provider tab.

NYSHIP Changes

Individual Mandate for Health Insurance Coverage

The federal Patient Protection and Affordable Care Act (PPACA) includes a mandate that requires most individuals maintain qualifying health insurance coverage for themselves and their dependents. Individuals failing to meet this requirement may face a penalty for noncompliance. This is commonly referred to as the “individual mandate.”

If you and your eligible dependents are enrolled in The Empire Plan, you meet the requirements for coverage under PPACA’s individual mandate.

Verifying Your Status – Forms 1095-B or 1095-C

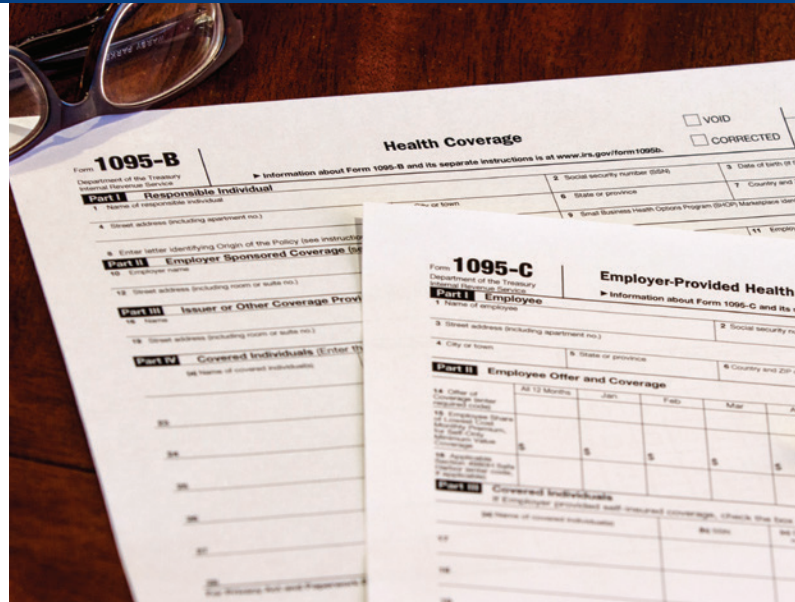
Beginning this year your employer will provide you with a new IRS tax form to document your health insurance coverage status with The Empire Plan. Depending on the size of your employer, you will be provided either Form 1095-B or Form 1095-C. Smaller employers will distribute Form 1095-B, while larger employers with 50 or more full-time employees will distribute Form 1095-C. Your employer will transmit these forms to the IRS as well. This information will be used by the IRS to confirm that you have the minimum essential health insurance coverage required under PPACA. The forms include:

- Information related to your offer of health insurance coverage from your employer (1095-C only)
- A list of individuals covered on your policy
- The period of time you and your dependents were covered on the plan for the prior year

You should have received a copy of Form 1095-B or 1095-C from your employer by March 31, 2016. You **do not** need to return the form to your employer or the IRS, but you should keep it with your tax records for reference.

Medicare-primary Enrollees and Dependents

Individuals enrolled in Medicare are deemed to have met PPACA’s individual mandate requirement. Therefore, Medicare-primary enrollees with Individual coverage and Medicare-primary enrollees with Family coverage where all covered individuals are Medicare-



primary will not receive a form from their employer. Enrollees with Family coverage with one or more covered individuals not enrolled in Medicare should have received Form 1095-B or 1095-C from their employer.

Requests for Social Security or Taxpayer Identification Numbers

Your employer may ask you to provide the Social Security or Taxpayer Identification Numbers for you and your dependents so they can complete Form 1095-B or 1095-C on your behalf. If you do not provide this information, you may receive requests from the IRS for additional documentation to verify coverage.

For more information about the individual mandate and Form 1095-B or 1095-C, visit the IRS web site at www.irs.gov or contact a tax professional.

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.

To view the *SBC* for The Empire Plan, visit www.cs.ny.gov/sbc/pa. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program to request a copy.

Empire Plan Changes

Out-of-Network (OON) Costs and Coverage

The 2014-15 New York State budget included the Emergency Medical Services and Surprise Bills law. The law provides additional protections for patients who receive services from nonparticipating (out-of-network) providers and requires health plans to provide more transparent information regarding the costs and coverage for out-of-network services. Certain provisions of the law only apply in New York State or selected areas.

Emergency Department Services

Effective January 1, 2016, services provided in the emergency department of a hospital by a nonparticipating (out-of-network) specialty provider must be provided at an in-network benefit level. You do not have to pay more than the in-network copayment for Emergency Department services received within or outside of New York State. If you receive a bill for emergency services that exceeds this amount, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Out-of-Network

Reimbursement Disclosures

In December 2015, you received a copy of the *Out-of-Network Reimbursement Disclosures* insert with your 2016 Empire Plan *At A Glance*. The *Disclosures* insert provides detailed information regarding your out-of-network (OON) costs and coverage, including:

- **OON Referral Mandate** – The Empire Plan provides access to network benefits for primary care and covered specialty physicians if there is not one available within a 30-mile radius or 30-minute travel time from your home address. Out of network referrals are available from your home address in the following states/areas: New York; New Jersey; Connecticut; Pennsylvania; North and South Carolina; Florida; Maryland; Washington, D.C.; Virginia; West Virginia; Arizona and the Chicago, Illinois area. You must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) before seeking services.
- **Appeals of OON Referral Denials** – If the Plan denies an OON referral request because there is a geographically accessible in-network provider with the appropriate training and experience to meet your health care needs, you or your representative may file an appeal for an external review. Appeal forms are available on the Department of Financial Services (DFS) web site at www.dfs.ny.gov.
- **Updated Provider Directories** – The Empire Plan online provider directory has been updated to include hospital affiliation information for participating providers (be sure to cross reference the Plan's hospital directory information to ensure the facility is in-network) as well as languages spoken. You can access the provider directory on NYSHIP Online. From the homepage, select Find a Provider and then scroll down to the Medical/Surgical Program section and choose The Empire Plan Medical/Surgical Provider Directory. The 2016 printed versions of the Empire Plan Participating Provider Directories for New York State, which will be issued in August-September 2016, will also include this information.
- **Out-of-Network Reimbursement Resources** – To help you estimate how much you would pay for certain OON services, see the *Out-of-Network Reimbursement Disclosures* insert for *Out-of-Network Reimbursement Examples*. Also, FAIR Health, a not-for-profit organization, provides a medical cost estimation tool at www.fairhealthconsumer.org. The tool will help you determine the average cost (usual or customary rate) for OON services in your geographic area or ZIP code.
- **Surprise Bills** – A provision of the law protects patients from being responsible for paying the full charge for surprise bills. This provision, which generally applies only to services provided within New York State, applies when patients are treated by nonparticipating providers without their knowledge. If you have questions about whether a bill meets this definition, contact DFS at 1-800-342-3736 or visit www.dfs.ny.gov/consumer/hprotection.htm.

Traveling with The Empire Plan

If you are away from home due to travel or vacation, the out-of-network referral mandate does not apply. Benefits for covered services received from a nonparticipating provider still are available under out-of-network benefit provisions, subject to deductible and coinsurance. See the publication *On The Road with The Empire Plan* on NYSHIP Online for more details on how to use the Plan when traveling. The updated 2016 version of this booklet will be available later this spring.

For more information regarding the cost and coverage for your out-of-network benefits, refer to your 2016 Empire Plan *At A Glance* and the *Out-of-Network Reimbursement Disclosures* insert that were mailed to your home in December. Both publications are also available on NYSHIP Online.

2016 Maximum Out-of-Pocket Limit

In 2016, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changed to \$6,850 for Individual coverage and \$13,700 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined, and the balance applies to the Prescription Drug Program, as specified 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.

2016 In-Network Maximum Out-of-Pocket Limits		
	Prescription Drugs	All other covered in-network services, combined
Individual coverage	\$2,400*	\$4,450
Family coverage	\$4,800*	\$8,900

*Does not apply to Medicare-primary enrollees and dependents.

If you have any questions about your maximum out-of-pocket limit for prescription drugs, 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 you have any questions about your limit for all other covered in-network services, press or say 1 for the Medical Program.

New HCAP and DME Vendors

The Empire Plan Home Care Advocacy Program (HCAP) provides home care services, durable medical equipment (DME) and supplies at no cost when preapproved and received through an HCAP vendor. In 2016, The Empire Plan has new HCAP vendors for breast pumps, Transcutaneous Electrical Nerve Stimulation (TENS) units and Neuromuscular Electrical Stimulation (NMES) units.

Breast Pump Suppliers

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

- **Byram Healthcare:** 1-877-902-9726 or www.byramhealthcare.com
- **Edgepark:** 1-888-394-5375 or www.edgepark.com
- **McKesson:** 1-844-727-6667 or www.mckesson.com
- **Medline:** 1-800-633-5463 or www.medline.com

TENS or NMES Unit Suppliers

Empire Plan Durable Medical Equipment vendor EMPI, Inc., has closed and will no longer be supplying Transcutaneous Electrical Nerve Stimulation (TENS) units and Neuromuscular Electrical Stimulation (NMES) units and related supplies. Users of these products and supplies will need to contact another participating Empire Plan DME vendor to continue to receive these benefits.

If you can continue using your TENS or NMES unit, all necessary compatible supplies can be provided by Kinex Medical Company (see below for contact information). A new prescription for the supplies will be necessary. Be sure to contact Kinex as soon as possible with your Empire Plan identification number, address and phone number, as well as your physician's name and phone number so that Kinex can obtain a physician order/prescription.

If you need a new TENS or NMES unit now or in the future, alternative units and supplies can be furnished by the following providers. Again, a new prescription will be needed, so be sure to contact them as soon as you are aware of the need for a new unit.

- **Kinex:** 1-800-845-6364
- **Electrostim Medical Services, Inc. (EMSI):** 1-800-588-8383
- **Zynex:** 1-800-495-6670

ValueOptions Now Known as Beacon Health Options

Effective January 1, 2016, the Empire Plan Mental Health and Substance Abuse Program administrator, formerly known as ValueOptions, Inc., has rebranded and changed its name to Beacon Health Options, Inc. Benefits and provider networks will remain the same.

You will start seeing the Beacon Health Options, Inc. name and logo incorporated into communications—such as on all correspondence, including letters and Explanations of Benefits, on the web site and via the Customer Service phone line—as the name transition takes effect.

Other than the name change, all services provided by Beacon Health Options, Inc., will be the same as the services provided under ValueOptions, Inc. If you have any questions, please call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the Mental Health and Substance Abuse Program.

2016 Flexible Formulary

The Empire Plan uses a Flexible Formulary for prescription drugs. There are some changes to the Empire Plan Flexible Formulary as part of the annual review, including revisions that were made in early January. If you were affected by these changes, you received notice from CVS/caremark. Effective March 1, 2016, the cholesterol drugs Repatha and Praluent have been added to the Flexible Formulary as preferred brands, moving from level 3 to level 2.

A copy of the 2016 Empire Plan Flexible Formulary was mailed to your home with the 2016 Empire Plan *At A Glance* in December. The online version of the Flexible Formulary, available on NYSHIP Online, represents the most recent updates. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.

To access the Flexible Formulary visit NYSHIP Online. From the homepage, select Using Your Benefits and then click on 2016 Empire Plan Flexible Formulary.

2016 Medicare Rx Formulary

For Medicare-primary enrollees, Empire Plan Medicare Rx uses a Formulary of Medicare Part D drugs and a secondary list of additional (non-Part D) drugs that are covered as a part of a supplemental benefit. A copy of the 2016 Empire Plan Medicare Rx Abridged Formulary was mailed to your home. For a complete list of all the drugs covered under Empire Plan Medicare Rx, visit www.EmpirePlanRxProgram.com, select SilverScript, then Documents and click on 2016 Comprehensive Formulary.

Preventive Care Coverage Updates

The federal Patient Protection and Affordable Care Act (PPACA) includes provisions for expanded coverage of preventive health care services at no cost to you when you use an Empire Plan participating provider or network facility.

Additional coverage for the following services was added in 2016:

- Alcohol and drug use assessments for children
- For adults, the covered colorectal cancer screening now includes pre-procedure consultation and any resulting pathology exam or polyp biopsy for the colonoscopy
- Screening for Hepatitis B Virus infection for at-risk adults

See the *2016 Preventive Care Coverage Chart* for examples of covered services. The chart is available on NYSHIP Online under Using Your Benefits.

Preventive Care Rx Copayment Waivers

In addition to preventive care services, certain covered drugs do not require a copayment when you use a Network Pharmacy, including:

- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer

Call The Empire Plan at 1-877-7-NYSHIP (877-769-7447) and press or say 4 for the Prescription Drug Program with any questions.

Center of Excellence for Infertility Program

UnitedHealthcare (UHC) administers the Center of Excellence for Infertility Program. The Empire Plan Medical Program is now partnering with UHC's Optum Infertility Centers of Excellence Network in an effort to take advantage of their clinical and technical expertise in this area. Benefits will remain the same. Concurrent with this change, CNY Fertility in Albany and Syracuse, NY, and Reproductive Specialists of New York located in Mineola, NY, will no longer be a part of the Center of Excellence Program, effective June 1, 2016. Albany IVF in Albany, NY, will become a network Center effective June 1, 2016.

Enrollees who will be impacted by this change have received information directly from UHC. If you have any questions, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Medicare & NYSHIP

Medicare Enrollment

According to NYSHIP rules, if you or your dependent(s) become eligible for Medicare that is primary to NYSHIP (“primary” means Medicare pays health insurance claims first, before NYSHIP), you must enroll in Medicare Parts A and B and notify your Health Benefits Administrator (HBA).

When Medicare eligibility begins:

- At age 65, or
- Regardless of age, after receiving Social Security Disability Insurance (SSDI) benefits for 24 months, or
- Regardless of age, after completing Medicare’s waiting period of up to three months due to end-stage renal disease (ESRD), or
- When receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS).

Medicare becomes primary to NYSHIP:

- When you are no longer covered as an active employee or a dependent of an **active** employee.
- For those eligible due to ESRD, when the 30-month coordination period has been satisfied, regardless of employment status of the NYSHIP enrollee.
- For a domestic partner (if domestic partner coverage is offered by your employer) who is 65 years of age or older, regardless of the employment status of the NYSHIP enrollee.

Medicare Eligibility Due to Disability

If you or your dependents are receiving Social Security benefits for a disability, you will automatically be enrolled in Parts A and B starting the first day of the month you become eligible for Medicare as a result of the disability.

If you or your dependents are not receiving Social Security payments for a disability, it is your responsibility to enroll in Medicare Parts A and B when Medicare is primary to NYSHIP, even if you also have coverage under an active employee contract through another employer’s group plan. Contact Social Security for enrollment information. You can apply for Medicare online at www.ssa.gov or by calling Social Security at 1-800-772-1213.



Delays Can Be Costly

If Medicare will be your primary coverage, you and your covered dependents must have Medicare Parts A and B in effect by the first day of the month in which each of you become eligible under NYSHIP for primary Medicare benefits. If you fail to enroll in Medicare when Medicare is primary to NYSHIP, or are still in a waiting period for Medicare to go into effect, you will be responsible for medical expenses that Medicare would have covered if you had enrolled when first eligible. See the *NYSHIP General Information Book* for more information.

Mail Service Prescription Orders

In accordance with Medicare regulations, Medicare-primary enrollees may need to verify prescription orders from the mail service pharmacy, SilverScript, before they are dispensed.

Beginning in 2016, new prescriptions received directly from prescribers may not require consent prior to shipment of your medication if you have filled at least one script using the mail service pharmacy (SilverScript) under the Empire Medicare Rx plan in the past 12 months.

If you are contacted by SilverScript to provide consent and are not available to answer the call, SilverScript will leave a message asking you to call them back at 1-800-758-9431.

Reminders



Dependent Eligibility Verification

Your health insurance coverage through NYSHIP is a valuable benefit, but it is also costly to provide. It becomes more costly to you and the Program when NYSHIP is asked to pay health insurance claims for individuals who are not eligible for coverage.

To help ensure that every participant who receives benefits is entitled to them, NYSHIP is conducting a Dependent Eligibility Verification Audit, similar to the audit conducted in 2009.

In November 2015, the Department of Civil Service mailed a letter to all NYSHIP enrollees with Family coverage to inform them of the audit, introduce the vendor (Health Management Systems, Inc. [HMS]) that will conduct the audit and provide an overview of what to expect.

Special Amnesty Period

In December 2015, HMS mailed an amnesty letter to all NYSHIP enrollees with Family coverage giving them an opportunity to remove any ineligible dependent(s) without incurring any liability for repayment of claims paid on their behalf. The special amnesty period ended on January 29, 2016.

Verification Phase: February 29 to April 15

The verification phase of the audit was conducted from February 29 to April 15, 2016 for Empire Plan enrollees of Participating Agencies. Enrollees with Family coverage were required to provide documentation of eligibility for their dependents covered under NYSHIP. If eligibility was verified for a natural child, a stepchild or a child of a domestic partner in the 2009 audit, you were not asked to verify the child's status during this audit. However, you were required to submit documents for other dependents, such as spouses or domestic partners, even if you have previously done so.

Not Responding Can Be Costly!

If you did not respond, your unverified dependents will be removed from coverage retroactively to January 1, 2016. In addition, you may be responsible for repaying all health insurance claims for ineligible dependents as early as the date the dependent became ineligible.

In accordance with CMS rules, unverified dependents that are Medicare-primary will be removed from coverage after the verification phase.

Questions

To review the documents related to the audit, visit the HMS secure online web portal at www.verifyOS.com. You will be able to access the portal until August 3, 2016.

If you have any questions regarding the audit, please call HMS at 1-855-893-8477 Monday through Friday from 8 a.m. to 11 p.m. Representatives will be available to answer your questions until August 4, 2016.

New NYSHIP General Information Book

The newly updated 2015 *General Information Book (GIB)* for Participating Agencies was mailed to enrollee homes in February 2016. The *GIB* contains information regarding NYSHIP rules and requirements affecting eligibility, enrollment and costs.

To access the *GIB* on the web, visit NYSHIP Online. From the homepage, select Health Benefits and then click on NYSHIP General Information Book.

Safeguard Your Personal Health Information

Health insurance data has recently become a target for hackers because it includes valuable information such as your name, date of birth, Social Security number and mailing address. NYSHIP encourages you to take steps to safeguard your personal health information to avoid becoming a victim of medical identity theft.

Prevention Tips

Here are some simple steps you can take to protect your personal health information:

- Do not give your health insurance identification number to anyone except your physician or health care provider.
- Do not share medical or insurance information by phone or email unless you initiated the contact and know who you're dealing with.
- Report lost or stolen benefit cards.
- Monitor your Explanation of Benefits (EOB) Statements for suspicious activity.
- Shred outdated health insurance forms, prescription and physician statements, and the labels from prescription bottles before you throw them out.

Report Medical Identity Theft Immediately

If you suspect that you may be a victim of medical identity theft, you should report it immediately. When filing a complaint, provide a detailed explanation of what you suspect is wrong and why. Save all medical bills, receipts, test results, claim forms, prescription records and EOB Statements that you believe to be fraudulent, as they may be useful in the investigation of your complaint.

To report medical identity theft, please take the following steps:

- **File a police report.** Filing a police report will notify law enforcement a crime may have been committed.
- **Notify NYSHIP and health care providers.** Send the police report to NYSHIP and your health care providers.
- **File a complaint with the government.** File a medical identity theft complaint with the Federal Trade Commission (FTC) by calling 1-877-IDTHEFT (438-4338) toll free.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire 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 surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Reports* and *Certificate Amendments*.

Keep Your Enrollment Record Up to Date

Remember to inform your Health Benefits Administrator of any changes to your enrollment record (address, adding or deleting dependents, marital status changes) in a timely manner. In some cases, deadlines apply (see the *NYSHIP General Information Book* for more information).

New Immunization Requirements for Students in New York State

Beginning September 1, 2016, students entering seventh and 12th grades in New York State schools **must be vaccinated** against meningococcal disease, a severe bacterial infection that can lead to meningitis. The new law requires immunizations for children at ages 11 or 12 and again at 16 years of age or older.

The meningococcal vaccine is covered in full, without a copayment, when administered by an Empire Plan Participating Provider. For more information about the meningococcal vaccine, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

PRESS OR SAY 1	<p>Medical/Surgical Program: Administered by UnitedHealthcare Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 online: nyrmo.optummessenger.com/public/opensubmit</p>
PRESS OR SAY 2	<p>Hospital Program: Administered by Empire BlueCross BlueShield Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 888-367-9788 online: www.empireblue.com</p>
PRESS OR SAY 3	<p>Mental Health and Substance Abuse Program: Administered by Beacon Health Options, Inc. Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1800, Latham, NY 12110 Claims submission fax: 855-378-8309 online: ets.valueoptions.com/OnlineClaimSubmission</p>
PRESS OR SAY 4	<p>Prescription Drug Program: Administered by CVS/caremark Representatives are available 24 hours a day, seven days a week. TTY: 1-800-863-5488 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission, P.O. Box 52136, Phoenix, AZ 85072-2136</p> <p>Medicare Rx Prescription Drug Program TTY: 711 SilverScript Insurance Company, P.O. Box 52067, Phoenix, AZ 85072-2067 Claims submission, P.O. Box 52066, Phoenix, AZ 85072-2066</p>
PRESS OR SAY 5	<p>Empire Plan NurseLineSM: Administered by UnitedHealthcare For recorded messages on more than 1,000 topics in the Health Information Library, enter PIN number 335, then say one or two words about the information you are looking for or enter a four-digit topic code from The Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine to send you one.</p>

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



NYSHIP
 New York State
 Health Insurance Program

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)
www.cs.ny.gov

When You Must Call The Empire Plan

Call toll free **1-877-7-NYSHIP (1-877-769-7447)**.

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

Call for information regarding hospital and related services.

YOU MUST CALL AND PRESS OR SAY 2

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

YOU MUST CALL AND PRESS OR SAY 2

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

The Empire Plan Medical/Surgical Benefits Program *UnitedHealthcare*, www.myuhc.com

Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

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

YOU MUST CALL AND PRESS OR SAY 1

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

YOU MUST CALL AND PRESS OR SAY 1

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

YOU MUST CALL AND PRESS OR SAY 1

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

YOU MUST CALL AND PRESS OR SAY 1

Center of Excellence for Cancer Program – You must call to participate in The Empire Plan Center of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program *Beacon Health Options Inc.*,

www.achievesolutions.net/empireplan

To ensure the highest level of benefits, call before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The 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 Program before you receive services, you have guaranteed access to network benefits.

YOU MUST CALL AND PRESS OR SAY 3

You must call before receiving services for: Applied Behavior Analysis, Psychological Testing, Electroconvulsive Therapy and voluntary admissions to non-network facilities. In an emergency, go to the nearest hospital emergency room. You or your designee must call the Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

The Empire Plan Prescription Drug Program *CVS/caremark*

For the most current list of prior authorization drugs, call the Program or go to www.cs.ny.gov.

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

SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

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

PA Empire Plan Report – April 2016

Change Service Requested

**Please do not send mail
or correspondence to the
return address. See address
information on page 10.**

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. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division. 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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Medicare Part B Premium Reimbursement Information

Your employer must reimburse you for the standard Medicare premiums when Medicare is primary to NYSHIP coverage, unless the premium is paid by another entity or is fully reimbursed elsewhere. In 2016, there are two standard Medicare Part B premiums, \$104.90 or \$121.80.

Medicare Part B enrollees and dependents should have received either an annual benefits statement from the Social Security Administration (SSA) or a quarterly billing statement from the Centers for Medicare and Medicaid Services (CMS) explaining whether your standard premium is \$104.90 or \$121.80 for 2016. Please refer to these documents to determine which premium applies to you.

Medicare Part B IRMAA Reimbursement

Federal law requires some people to pay a higher premium for their Medicare Part B coverage based on their income.* If you and/or any of your enrolled dependents are Medicare primary and received a letter from the Social Security Administration (SSA) requiring the payment of an Income-Related Monthly Adjustment Amount (IRMAA) in addition to the standard Medicare Part B premium for 2015, you are eligible to be reimbursed for this additional premium by your employer.

Applying for Reimbursement

Contact your Health Benefits Administrator (HBA) to apply for Medicare Part B IRMAA reimbursement. You will be required to provide a copy of the letter SSA sent to notify you of the amount you are responsible for paying and proof of payment (e.g., a copy of your SSA - 1099 or copies of billing statements from the Centers for Medicare and Medicaid Services [CMS]).

*The Income-Related Monthly Adjustment Amount (IRMAA) for 2015 is assessed by Social Security to individual income tax filers with a Modified Adjusted Gross Income (MAGI) of more than \$85,000 per year and married income tax filers with a MAGI of more than \$170,000 per year.