The Empire Plan

REPORTING ON

NOVEMBER 2018

NETWORK BENEFITS

You may have a number of concerns when you require health care. Cost doesn't have to be one of them. The Empire Plan provides health insurance coverage at little or no cost to you when you choose to receive covered services from a network provider. While The Empire Plan will provide coverage when you receive care from a non-network provider, your out-of-pocket expenses may be much higher. Choosing an Empire Plan network provider helps you maximize benefits and minimize your out-of-pocket health care costs.

NEW YORK STATE | The Empire Plan

For Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

TABLE OF CONTENTS

EMPIRE PLAN NETWORK COVERAGE

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

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

For preauthorization of services, or if you have a question about eligibility, providers or claims, call The Empire Plan and choose the program you need.

Program	Press or Say	Representatives Available	TTY
Medical/Surgical Program	**1**	Monday – Friday, 8 a.m. – 4:30 p.m., Eastern time	1-888-697-9054
Hospital Program	**2**	Monday – Friday, 8 a.m. – 5 p.m., Eastern time	1-800-241-6894
Mental Health & Substance Abuse Program	**3**	24 hours a day, seven days a week	1-855-643-1476
Prescription Drug Program	**4**	24 hours a day, seven days a week	711
Empire Plan NurseLine℠	**5**	24 hours a day, seven days a week	711

MEDICAL/SURGICAL PROGRAM

The Empire Plan Participating Provider Program offers a network of more than 300,000 physicians, laboratories and other providers located throughout New York and in many other states. You have the freedom to choose any participating provider without a referral.

Network Benefits

When you see a participating provider, your out-of-pocket expenses are lower – you pay only your copayment (if there is one) at the time of your visit. Network providers have agreed to accept your copayment plus direct payment from The Empire Plan as payment in full.

Participating Providers include doctors, nurse practitioners, physical therapists, occupational therapists, radiologists, diagnostic laboratory services, as well as outpatient surgical locations, urgent care centers, convenience care clinics and cardiac rehabilitation centers. **Always check if the provider participates in The Empire Plan before you receive services.**

Ask for a Participating Provider

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

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

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

To check whether a provider participates in The Empire Plan:

- Check with the provider directly
- Call The Empire Plan and press or say 1 for the Medical/Surgical Program
- Visit NYSHIP Online and use The Empire Plan Medical/Surgical Provider Directory online. Go to www.cs.ny.gov/employee-benefits, choose your group and plan, if prompted, and then select Find a Provider.

Copayments

You pay a single copayment for office visits and surgical procedures performed during an office visit. There is an additional copayment for diagnostic testing, including radiology and laboratory services, performed during the same visit. The costs of FDA-approved contraceptive methods for women are covered and are not subject to copayment. These copayment rules also apply for care received at a participating outpatient surgical location, cardiac rehabilitation center, urgent care center or convenience care clinic.

When you use a participating provider, there is no cost to you for many services, including preventive services as required under the federal Patient Protection and Affordable Care Act (PPACA). A list of covered, preventive services is available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, then select Using Your Benefits and Empire Plan Preventive Care Coverage. Other benefits that are paid in full when utilizing a network provider include covered medical equipment and supplies obtained through the Home Care Advocacy Program (HCAP) (see page 7).

See your *Empire Plan Certificate* for copayment information. Your Empire Plan *At A Glance* and copay card are also helpful references.

Guaranteed Access*

The Empire Plan will guarantee access to network benefits for primary care providers and certain specialists when there are no Empire Plan participating providers within a reasonable distance from your primary residence. This benefit is available in New York State and select counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with New York State.

To receive this benefit:

- The Empire Plan must be your primary health insurance coverage (pays health insurance claims first, before any other group plan or Medicare).
- You must contact the Medical/Surgical Program prior to receiving services and use one of the providers approved by the Program.
- You must contact the provider to arrange care. Appointments are subject to the provider's availability, and the Program does not guarantee that a provider will be available in a specified time frame.

Refer to your *Empire Plan Certificate* for mileage standards or contact the Medical/Surgical Program for a list of physicians available under guaranteed access.

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

Benefits Management Program: Prospective Procedure Review

If The Empire Plan is primary for you or your covered dependents, the Benefits Management Program requires you or your provider to call The Empire Plan and press or say 1 for the Medical/Surgical Program before having a scheduled (nonemergency) magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computerized tomography (CT), positron emission tomography (PET) scan or a nuclear medicine test, unless you are having the test as an inpatient in a hospital.** This applies for both participating and nonparticipating providers.

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

Disease Management Programs

Empire Plan-primary enrollees and their dependents have access to additional resources and programs for asthma, coronary artery disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes and heart

failure. To learn more about these resources, call The Empire Plan and say or press 5 to reach The Empire Plan NurseLine℠.

Out-of-Network Referrals

The Empire Plan also provides access to network benefits for primary care and specialty physicians if there is not one available within a 30-mile radius or 30-minute travel time from your home address.

These out-of-network (OON) referrals are available in:

- New York
- New Jersey
- Connecticut
- Pennsylvania
- North Carolina
- South Carolina
- Florida
- Maryland
- Washington, D.C.
- Virginia
- West Virginia
- Arizona
- Chicago, Illinois area

In addition, if you or your attending physician feels that The Empire Plan network does not have a provider accessible to you who has the appropriate level of training and experience to treat a condition, you have the right to request an OON referral to a provider who can offer the service(s) required.

You must call The Empire Plan and get approval before seeking services. 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 may file an appeal for an external review. Appeal forms are available on the Department of Financial Services (DFS) website at www.dfs.ny.gov. Click on Contact Us or scroll to the bottom of the homepage, then click on the File an External Appeals link.

Patient Protections from Surprise Bills

New York State law provides protections for patients who receive services from nonparticipating (out-of-network) providers without their knowledge. For example:

- A participating provider sends a sample taken from the patient in the office to a nonparticipating laboratory or pathologist without your explicit written consent.
- A nonparticipating provider performs services without your knowledge in the participating health care professional's office or practice during the same visit.

Under this law, patients receive network benefits for any bill deemed to be a surprise bill. In these cases, you should complete the New York State Out-of-Network Surprise Medical Bill Assignment of Benefits form at www.dfs.ny.gov/insurance/health/OON_assignment_benefits_form.pdf and send copies to your provider and to UnitedHealthcare at P.O. Box 1600, Kingston, NY 12402-1600.

The Emergency Medical Services and Surprise Bills law also includes provisions to:

- Limit out-of-pocket expenses for emergency services
- Notify the enrollee of a provider's network status, anticipated out-of-pocket expenses and an estimate of what the plan will pay

For more information regarding the cost and coverage of non-network benefits, refer to the Out-of-Network Reimbursement Disclosures, available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and select Using Your Benefits and then Publications.

Non-network Benefits

Basic Medical Program

If you use a nonparticipating provider, covered expenses are reimbursed under the Empire Plan's Basic Medical Program, subject to deductible and coinsurance. There is a combined annual deductible that applies to non-network Medical/Surgical and Mental Health and Substance Abuse services. There is a combined annual coinsurance maximum for Basic Medical Program coverage and for non-network Hospital Program and Mental Health and Substance Abuse Program coverage. See your Empire Plan *At A Glance* for more information on your out-of-pocket costs when using a non-network provider.

Basic Medical Provider Discount Program

If The Empire Plan is your primary coverage and you see a nonparticipating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket expenses will be reduced in most cases. MultiPlan group providers agree to charge discounted fees for services and not their usual fees or the usual and customary rate. As is the case with all non-network charges, you will be responsible for satisfying your deductible and any applicable coinsurance.

To find a nonparticipating provider who is part of the MultiPlan group, go to NYSHIP Online at www.cs.ny.gov/employee-benefits, choose your group and plan, if prompted, and then select Find a Provider. Under the Medical/Surgical Program, there is a link to the Basic Medical Provider Discount Program Providers website.

See page 19 for more information on your out-of-pocket costs when using a nonparticipating provider.

MANAGED PHYSICAL MEDICINE PROGRAM

For Chiropractic Care, Physical Therapy and Occupational Therapy

The Empire Plan Managed Physical Medicine Program offers guaranteed access to network benefits anywhere in the United States. Providers include chiropractors, physical therapists, osteopaths and occupational therapists. Managed Physical Network, Inc. (MPN) administers the program for UnitedHealthcare.

Network Benefits

When you use MPN network providers, you receive the highest level of benefits and unlimited access to medically necessary chiropractic treatment, physical therapy and occupational therapy.

To receive network benefits, you just need to make an appointment with an MPN provider. You do not need to call MPN for authorization before scheduling your visit. However, physical therapy must be prescribed by a doctor.

Find a Network Provider

To check whether a provider is in the MPN network:

- Ask the provider directly
- Call The Empire Plan and press or say 1 for the Medical/Surgical Program, then press or say 1 again for MPN
- Visit NYSHIP Online and use The Empire Plan Medical/Surgical Provider Directory to search by specialty. Go to www.cs.ny.gov/employee-benefits, choose your group and plan, if prompted, and then select Find a Provider.

Copayments

You pay a copayment for each office visit when you use an MPN provider for medically necessary treatment. Related radiology and diagnostic laboratory services billed by the MPN provider are subject to a separate copayment. If an MPN provider bills for radiology and diagnostic laboratory services performed during a single office visit, only one copayment for those services will apply, in addition to any copayment due for the office visit.

Guaranteed Access

You are guaranteed access to network benefits under the Managed Physical Medicine Program. If there is no MPN provider in your area who can provide the service you need, call The Empire Plan and press or say 1 for the Medical/Surgical Program to arrange for network benefits. You must call before you receive care, and you must use the provider MPN arranges for you.

Non-network Benefits

If you receive services from a non-network provider when MPN has not made arrangements for you, your out-of-pocket expense will be much higher. Benefits are subject to a separate annual deductible per enrollee, per enrolled spouse/domestic partner and per all dependent children combined each calendar year.

After satisfying the Managed Physical Medicine Program deductible, you will be reimbursed up to 50 percent of the network allowance for medically necessary services. There is no coinsurance maximum.

Your deductible and coinsurance under the Managed Physical Medicine Program do not count toward your combined annual deductible and combined annual coinsurance maximum. See page 19 for more information on your out-of-pocket costs when using a non-network provider.

HOME CARE ADVOCACY PROGRAM (HCAP)

The Empire Plan Home Care Advocacy Program (HCAP) covers home care and skilled nursing services, durable medical equipment and certain medical supplies. HCAP is part of The Empire Plan Medical/Surgical Program, administered by UnitedHealthcare.

HCAP coverage includes:

- Durable medical equipment and related supplies
- Diabetic and ostomy supplies
- Skilled nursing services in the home
- Home infusion therapy
- Enteral formulas
- Diabetic shoes*

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

See *Reporting On Home Care Advocacy Program* or contact the Medical/Surgical Program for more details.

Network Benefits

You have guaranteed access to paid-in-full benefits for approved, medically necessary services, supplies and equipment if you follow HCAP requirements. You will have no claim forms, no copayment, no deductible and no exclusion for the first 48 hours of skilled nursing care.

HCAP Requirements

As soon as your doctor prescribes services or supplies under HCAP, call The Empire Plan (press or say 1 for the Medical/Surgical Program, then press or say 3 for HCAP). The Medical/Surgical Program will preauthorize your services and/or equipment and supplies and will also make or help you make arrangements with an HCAP-approved provider. You must call The Empire Plan even if you are Medicare primary.

For certain diabetic and ostomy supplies, you may contact the HCAP network supplier directly.

- **For diabetic supplies**, except insulin pumps and Medi-Jectors, call the Empire Plan Diabetic Supplies Pharmacy toll free at 1-800-321-0591. (For insulin pumps and Medi-Jectors, you must call HCAP for authorization.)
- **For ostomy supplies**, call Byram Healthcare Centers at 1-800-354-4054.

HCAP and Medicare

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

If Medicare is your primary coverage before The Empire Plan, and you live in one of these areas and use equipment or supplies included in the program (or get the items while visiting one of these areas), you must use a Medicare-approved supplier. Medicare will then pay its share of the expense and The Empire Plan will pay the remaining balance. If you don't use a Medicare-approved supplier, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced. For more information, you can contact HCAP or contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov.

Non-network Benefits

If you do not call HCAP before receiving services and/or if you use a non-network service or supplier, you will receive non-network benefits and pay a much higher share of the cost. You must satisfy the combined annual deductible before non-network benefits will be reimbursed for HCAP services, equipment or supplies. After you meet the deductible, you must submit a claim and you will be reimbursed for up to 50 percent of the HCAP network allowance for medically necessary services, equipment or supplies. There is no coinsurance maximum.

You will be responsible for the cost of the first 48 hours of skilled nursing care per calendar year. This is not a covered expense and does not apply toward your combined annual deductible.

HOSPITAL PROGRAM

The Empire Plan Hospital Program provides enrollees with network access to more than 15,000 network hospitals, skilled nursing facilities and hospice care facilities across the United States.

Network Benefits

When you use a network hospital, medically necessary inpatient hospital stays are covered at no cost to you, subject to the Benefits Management Program requirements outlined below. For services and supplies provided by a hospital, skilled nursing facility or hospice care facility that is part of The Empire Plan network, you pay only the applicable copayments – no deductible or coinsurance applies.

Benefits Management Program

To receive maximum benefits when The Empire Plan is your primary coverage, you must follow the provisions of the Benefits Management Program, including preadmission certification for all inpatient hospital benefits and skilled nursing facility benefits. You must call The Empire Plan and press or say 2 for the Hospital Program:

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

Find a Network Hospital/Facility

To check whether a hospital or facility is in The Empire Plan network:

- Call the hospital or facility directly
- Call The Empire Plan and press or say 2 for the Hospital Program
- Visit NYSHIP Online and check The Empire Plan Find a Hospital directory. Go to www.cs.ny.gov/employee-benefits, choose your group and plan, if prompted, and then select Find a Provider.

Copayments

You pay a copayment for treatment in a hospital emergency department, which covers use of the facility, the service of the emergency department physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and pathology services. The emergency department copayment is waived if you are treated in the emergency department and it becomes necessary to admit you at that time as an inpatient.

There is a copayment for most covered outpatient hospital services, as well as a separate copayment for outpatient physical therapy. However, there is no copayment for preadmission and/or presurgical testing prior to an inpatient admission or for chemotherapy, radiation therapy, anesthesiology, pathology or dialysis.

Future Moms Program

With Empire Plan coverage, the Future Moms Program provides you with special services for your maternity care. As soon as you know you are pregnant, call The Empire Plan and press or say 2 for the Hospital Program for preadmission certification under the Benefits Management Program and to learn about the Future Moms Program.

If you choose to enroll in the Future Moms Program, you will be assigned a registered nurse who specializes in pregnancy to work with you and your doctor throughout your pregnancy to ensure you have a healthy pregnancy and a safe delivery. Resources include information about proper self-care, signs and symptoms of possible pregnancy-related complications, nutrition counseling and delivery options. This partnership can make a world of difference.

Network Benefits at a Non-network Hospital/Facility

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

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

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

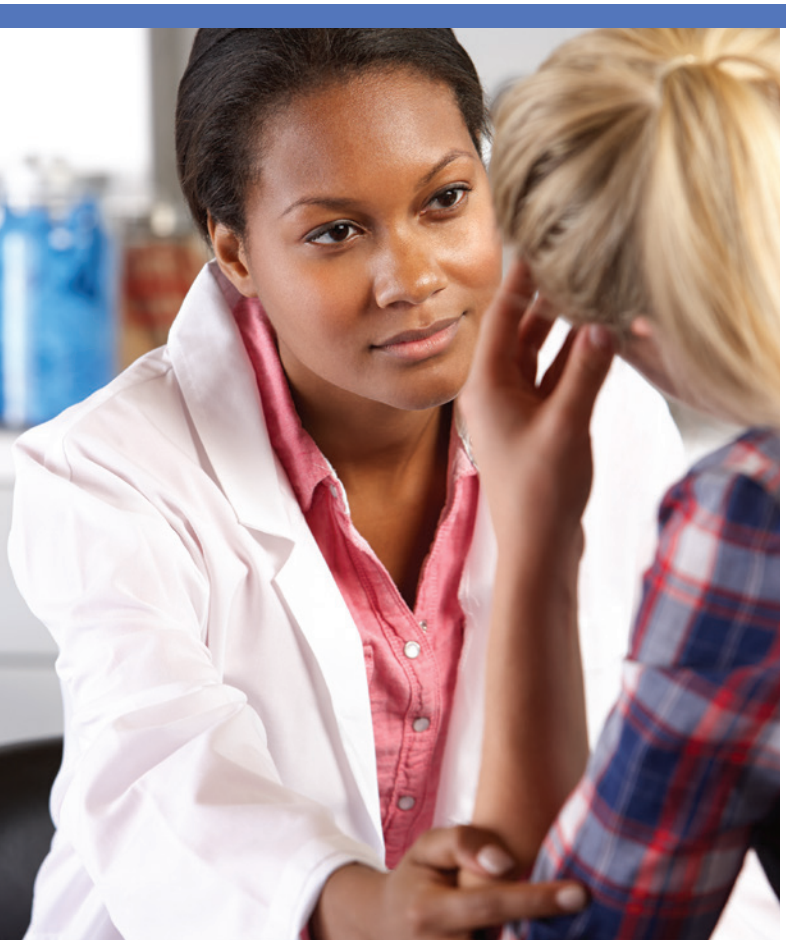
Non-network Benefits*

When you use a non-network hospital or facility, you will be responsible for a larger share of the cost of covered services up to the combined annual coinsurance maximum. You must submit a claim and will be reimbursed for covered services minus the coinsurance amount.

Once you have satisfied the combined annual coinsurance maximum, you will receive network benefits subject to network copayments.

See page 19 for more information on your out-of-pocket costs when using a nonparticipating hospital or facility.

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



MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

The Empire Plan Mental Health and Substance Abuse (MHSA) Program has more than 130,000 provider locations across the country. To ensure that you receive network benefits, call The Empire Plan and press or say 3 for the Mental Health and Substance Abuse Program before seeking certain services from a mental health or substance use provider, including treatment for alcoholism. You, or your designee, should call within 48 hours of, or as soon as reasonably possible after, an emergency inpatient admission.

For Referrals

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

In an emergency, the MHSA Program will either arrange for an appropriate provider to call you back within 30 minutes or will instruct you to proceed to the nearest hospital emergency department. In a life-threatening emergency, call 911 or go immediately to the nearest hospital emergency department.

Network Benefits

When you use a network facility, inpatient stays are covered at no cost to you. Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes and day treatment programs.

By using a network provider, you will receive unlimited access to medically necessary services. The MHSA Program network includes psychiatrists, psychologists, clinical social workers, nurse clinical specialists, nurse practitioners, applied behavioral analysis or Certified Behavioral Analyst (CBA) providers and Applied Behavior Analysis (ABA) Agencies.

Network provider and facility credentials are verified and monitored by The Empire Plan's MHSA administrator. Network providers and facilities are required to have discussions regarding the medical necessity of the care you receive while you are in treatment. This helps ensure you receive the appropriate type of treatment by a provider who possesses the appropriate credentials.

Guaranteed Access

Under the MHSA Program, you have guaranteed access to network benefits. If there are no network providers in your area, you will still receive network benefits if you call and allow the MHSA Program to arrange your care with an appropriate provider.

Copayments

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

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

Disease Management Programs

Through the MHSA Program, you have access to additional resources and programs for:

- Attention deficit hyperactivity disorder (ADHD)
- Depression
- Eating disorders

Call The Empire Plan, press or say 3 for the MHSA Program and then choose the Clinical Referral Line to speak with our licensed clinicians. If you are recommended for and agree to voluntary participation, a licensed clinician will call you at regular intervals to assist in accessing services, recommend additional resources and support coordination of care.

Find a Network Provider or Facility

You have resources available to you to find a network provider or facility located both in and outside of New York State. Although you need to call the MHSA Program prior to receiving certain services, you can check if providers or facilities are in The Empire Plan network through the MHSA provider/facility directory on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits, choose your group and plan, if prompted, and then select Find a Provider. Under the MHSA Program, click on ReferralConnect. If you choose to receive services outside of New York State, there are network facilities, identified as Signature Facilities, that have consistently demonstrated high-quality care and high levels of positive patient outcomes. Contact the Clinical Referral Line by calling The Empire Plan and choosing option 3 to find out if there is a Signature Facility for the type of treatment you are seeking.

Online Resources

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

Non-network Benefits*

When you use a provider or facility that is not in The Empire Plan network, your out-of-pocket costs are higher. You will be responsible for the deductible and any difference between the amount billed and the amount you are reimbursed under The Empire Plan. When you go to a non-network facility, you will be responsible for 10 percent of the charges billed by the facility up to your annual coinsurance maximum. If you receive care that is determined to not be medically necessary, you will be responsible for the entire cost of care.

See page 19 for more information on your out-of-pocket costs when using a non-network provider or facility.

You should also take into consideration the quality of care you receive from a non-network provider or facility. You may receive care at a non-network facility that is not determined to be medically necessary.

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

Claim Payment for Covered Services

When you receive non-network coverage that has been precertified, you are responsible for payment of charges at the time they are billed to you. However, you may assign benefits to your non-network provider and the Program will pay the covered expenses for non-network coverage directly to your non-network provider in lieu of paying you.

In order to receive reimbursement, you must file a claim with the program administrator for services rendered under non-network coverage. The program administrator pays you the non-network covered amount for the covered service you obtained if it is found to be medically necessary.

You are always required to pay the deductible, coinsurance amounts and the amount billed to you in excess of the non-network covered amount. Also, you are ultimately responsible for paying your provider any amount not paid by the Program.

PRESCRIPTION DRUG PROGRAM

Through the Empire Plan Prescription Drug Program, administered by CVS Caremark, you have access to more than 65,000 network pharmacies nationwide, as well as to the mail service pharmacy and specialty pharmacy programs.

The Prescription Drug Program does not apply to enrollees who have prescription drug coverage through a union Employee Benefit Fund. ***Medicare-primary enrollees and dependents, see Empire Plan Medicare Rx on page 13.***

Network Benefits

When you use your Empire Plan benefit card at a network pharmacy, the mail service pharmacy or the specialty pharmacy, you pay only your copayment. By using a network pharmacy or the mail service pharmacy, you also benefit from a drug safety review performed by CVS Caremark.

Find a Network Pharmacy

To find a network pharmacy:

- Check with your pharmacist
- Call The Empire Plan and press or say 4 for the Prescription Drug Program
- Visit NYSHIP Online and access The Empire Plan Prescription Drug Program website and the Pharmacy Locator tool at www.cs.ny.gov/employee-benefits

Online Resources

In addition to finding a network pharmacy, you can go to NYSHIP Online to view copayments, The Empire Plan Formularies, the Specialty Pharmacy Drug List, a list of drugs that require prior authorization and the Excluded Drug List. You can also call the Prescription Drug Program for a list of the most commonly prescribed generic and brand-name drugs or information about how to use the mail service pharmacy or specialty pharmacy.

Copayments

Copayments for covered drugs are based on the drug, the days' supply and whether the prescription is filled at a network pharmacy, via mail service or through the specialty pharmacy. The Prescription Drug Program copayment structure consists of Level 1 drugs (most generic drugs), Level 2 drugs (preferred or compound drugs) and Level 3 drugs (non-preferred drugs). Your copayments are usually lower when you use generic and/or preferred brand-name drugs.

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)
- Tamoxifen and raloxifene, when prescribed for the primary prevention of breast cancer
- Certain preventive vaccines when administered by a licensed pharmacist at a pharmacy that participates in the CVS Caremark national vaccine network
- Certain prescriptions and over-the-counter medications considered preventive under PPACA

Empire Plan Formularies

The Empire Plan Flexible Formulary and Empire Plan Advanced Flexible Formulary* are developed by a committee of pharmacists and physicians and are designed to provide enrollees and the Plan

with the best value in prescription drug spending. The Formularies will help you and your doctor determine if your prescription is for a Level 1 drug or Level 2 drug. They also include lists of Level 3 drugs along with Level 1 and Level 2 alternatives. These Formularies do not include all the prescription drugs covered under The Empire Plan. They are also subject to change annually.

For specific questions about your prescriptions, call The Empire Plan and press or say 4 for the Prescription Drug Program. Check your *Empire Plan Reports* and *At A Glance* for more information about how the Flexible Formulary Drug List applies to your benefits. The Formularies do not apply to The Excelsior Plan, which has its own drug list, also available on NYSHIP Online.

** For employees of the State of New York who are in Negotiating Units that have agreements with New York State or the Unified Court System, which will reflect January 1, 2019, benefits.*

Vaccine Coverage at Network Pharmacies (for Plan-primary enrollees)

Enrollees and dependents may receive select preventive vaccines without copayment when administered at a pharmacy that participates in the CVS Caremark national vaccine network. Except for the flu vaccine, pharmacists cannot administer vaccines to patients under age 18. Preventive vaccines include:

- Influenza – flu
- Meningococcal – meningitis
- Pneumococcal – pneumonia
- Herpes zoster – shingles*

** Shingrix® is paid in full for enrollees and dependents age 50 and older. Zostavax® is paid in full for enrollees and dependents age 60 or older and is subject to a Level 1, 30-day supply copayment at a network pharmacy or a medical copayment at a physician's office for enrollees and dependents age 55 through 59.*

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers individuals who live in the United States and are using specialty drugs enhanced services including:

- Refill reminder calls
- Expedited, scheduled delivery of medications at no additional charge
- All necessary supplies (such as needles and syringes) applicable to the medication
- Disease and drug education
- Compliance management
- Side-effect and safety management

Most specialty drugs will only be covered when dispensed by the specialty pharmacy, and prior authorization is required for some specialty medications. When starting with a specialty drug or medication, send the prescription directly to the specialty pharmacy. For a list of specialty medications, go to NYSHIP Online. To speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan and press or say 4 for the Prescription Drug Program and ask to speak to CVS Specialty Customer Care.

Empire Plan Medicare Rx

If you and/or your covered dependent has Medicare-primary coverage, Empire Plan prescription drug coverage is provided through Empire Plan Medicare Rx, a Medicare Part D program administered by SilverScript Insurance Company. There are some enhancements to your coverage and some changes, such as a new drug card. For more information, visit the Prescription Drug Program website at www.empireplanrxprogram.com and select SilverScript.

Non-network Benefits

When you use a non-network pharmacy, or pay cash for your prescription at a network pharmacy (instead of using your Empire Plan benefit card), you must submit a claim for reimbursement. In most cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expense will generally be more than the copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card at a network pharmacy or use the mail service pharmacy whenever possible.

CENTER OF EXCELLENCE PROGRAMS

Center of Excellence for Cancer Program

The Center of Excellence for Cancer Program provides paid-in-full benefits for cancer-related care when arranged through the Medical/Surgical Program prior to receiving service through a nationwide network known as Cancer Resource Services (CRS). CRS Centers of Excellence include some of the leading cancer centers in the United States.

You can connect with a CRS nurse consultant who can answer your cancer-related questions, help you understand your cancer diagnosis and assist you with locating cancer centers.

When applicable, a travel, lodging and meal allowance is available. See the box to the right for more information.

Enrollment

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program or call the Cancer Resources Center toll free at 1-866-936-6002 to enroll in the Center of Excellence for Cancer Program.

Benefits Outside Centers of Excellence

If you do not use a Center of Excellence for covered cancer services, benefits are provided in accordance with Hospital Program and/or Medical/Surgical Program coverage. You will be subject to Benefits Management Program requirements and any applicable copayments, deductibles and coinsurance.

Center of Excellence for Infertility Program

Centers of Excellence for Infertility are a select group of providers recognized by the Medical/Surgical Program as leaders in reproductive medical technology and infertility procedures. When you choose a Center of Excellence for Infertility and receive prior authorization, you will receive a paid-in-full benefit for Qualified Procedures, subject to the lifetime maximum of $50,000 per covered person. Qualified Procedures are specialized procedures that facilitate a pregnancy but do not treat the cause of the infertility.

If the Medical/Surgical Program authorizes benefits, the following Qualified Procedures are covered:

- Assisted reproductive technology (ART) procedures, including:
  - o In vitro fertilization (IVF) and embryo placement
  - o Gamete intra-fallopian transfer (GIFT)
  - o Zygote intra-fallopian transfer (ZIFT)
  - o Intracytoplasmic sperm injection (ICSI) for the treatment of male factor infertility
  - o Assisted hatching
  - o Microsurgical sperm aspiration and extraction procedures, including:
    - Microsurgical epididymal sperm aspiration (MESA)
    - Testicular sperm extraction (TESE)
- Sperm, egg and/or inseminated egg procurement and processing and banking of sperm or inseminated eggs. This includes expenses associated with cryopreservation (freezing and storage of sperm or embryos).

CENTER OF EXCELLENCE PROGRAM TRAVEL ALLOWANCE

For patients enrolled in a Center of Excellence Program, the following travel expenses are reimbursable for the patient and one travel companion: lodging, meals, auto mileage (personal and rental car), economy class airfare, coach train fare and certain costs of local travel (e.g., local subway, basic ridesharing, taxi or bus fare; shuttle, parking and tolls) once you arrive at the lodging and need transportation to the Center of Excellence. Services must be preauthorized and the patient must travel within the United States to be eligible for the travel allowance.

When applicable, a travel, lodging and meal allowance is available. See the box on page 14 for more information.

Preauthorization

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program for preauthorization before receiving services. All authorized procedures, including travel benefits, are subject to the lifetime maximum for Qualified Procedures. Program requirements apply even if Medicare or another health plan is primary to The Empire Plan.

If you do not receive prior authorization, no benefits are available for Qualified Procedures under the Empire Plan's Hospital or Medical/Surgical Program. You will pay the full cost, regardless of the provider.

Benefits Outside Centers of Excellence

If you do not use a Center of Excellence for qualified infertility procedures, benefits are provided in accordance with Hospital Program and/or Medical/Surgical Program coverage. You will be subject to the Empire Plan Benefits Management Program requirements and any applicable copayments, deductibles and coinsurance.

Center of Excellence for Transplants Program

Paid-in-full benefits are available for the following transplant services when authorized by the Hospital Program and received at a designated Center of Excellence:

- Pretransplant evaluation of transplant recipient, and reevaluations as needed
- Inpatient and outpatient hospital and physician services
- Up to 12 months of follow-up care at the center where the transplant was performed, beginning on the date of your transplant

Benefits under this Program are available for the following types of transplants:

- Bone marrow
- Cord blood stem cell
- Heart
- Heart/lung
- Kidney
- Liver
- Lung
- Pancreas
- Pancreas after kidney
- Peripheral stem cell
- Simultaneous kidney/pancreas

When applicable, a travel, lodging and meal allowance is available. See Center of Excellence Program Travel Allowance on page 14 for more information.

Preauthorization

To receive paid-in-full benefits under the Empire Plan Center of Excellence for Transplants Program, you must call The Empire Plan and press or say 2 for the Hospital Program for preauthorization.

Your participation in the Program is voluntary. The Program's benefits are available only when:

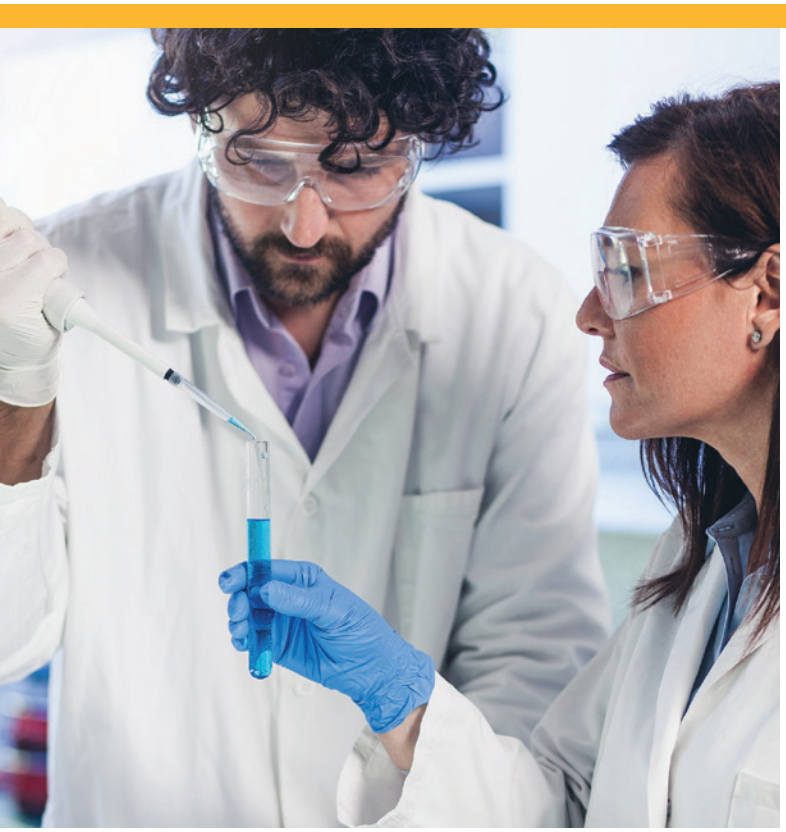
- The Empire Plan is primary and you are enrolled in the Program, or
- The Empire Plan is the secondary insurer and the enrollee's primary insurer/HMO denies coverage at a facility that is covered under the Center of Excellence for Transplants Program.

The Hospital Program must preauthorize your transplant services and the services must be provided at a Center of Excellence for Transplants facility.

Benefits Outside Centers of Excellence

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with Hospital and/or Medical/Surgical Program coverage. You will be subject to Benefits Management Program requirements and any applicable copayments, deductibles and coinsurance. If you choose to have your transplant in a facility other than a designated Center of Excellence, you may still take advantage of case management services offered by the Hospital Program.

Contact the Benefits Management Program for prior approval and a case management nurse will be assigned to help guide you through the transplant process. **Note:** Transplant surgery preauthorization is required whether or not you



choose to participate in the Center of Excellence for Transplants Program.

More Information

For additional information on the Center of Excellence Programs, including a current list of Center locations, call The Empire Plan. See your *Empire Plan Certificate* and the publication *Reporting On Center of Excellence Programs* for further information on the Programs and the travel allowance. For a copy of either of these publications, contact your Health Benefits Administrator or access them on NYSHIP Online at www.cs.ny.gov/employee-benefits. You may also call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) to request a copy.

BENEFITS OF CHOOSING A NETWORK PROVIDER

Marc Minimizes His Costs

Marc is an active 35-year-old Empire Plan enrollee who injured his back playing racquetball. His primary care doctor advised him to see a pain management specialist. One of Marc's friends also injured his back and recommended that Marc go to a pain management specialist who does not participate in The Empire Plan.

If Marc chooses the non-network provider, he will receive benefits under the Empire Plan's Basic Medical Program so he must first meet a deductible before any non-network charges are reimbursed. After Marc meets his deductible, The Empire Plan will pay 80 percent of the usual and customary rate for all covered services. Marc will be responsible for the amount billed by the doctor that exceeds the 80 percent. Choosing a non-network provider could mean Marc pays significant out-of-pocket expenses.

Marc instead chooses a doctor who participates in The Empire Plan, which he confirms by checking *The Empire Plan Participating Provider Directory* and calling the specialist's office before his appointment. Because Marc chooses a network provider, he is only responsible for applicable copayments and has much lower out-of-pocket costs.

Maria Maximizes Her Benefits

Maria, also an Empire Plan enrollee, is a 45-year-old mother experiencing an extremely stressful situation involving her family home life. Maria's sister suggests that she visit a therapist who does not participate in The Empire Plan.

If Maria chooses this therapist and her treatment is determined to be not medically necessary, Maria will be responsible for the full cost of her care. Even if her treatment is determined to be medically necessary, Maria is responsible for the deductible, coinsurance and any difference between the amount billed and the amount she is reimbursed under the Plan.

Maria instead calls the Empire Plan Mental Health and Substance Abuse (MHSA) Program Clinical Referral Line, which is available 24 hours a day. The highly trained clinicians talk to Maria and help her determine the most appropriate course of action for her situation. Maria receives the names of several network therapists in her community and she chooses one and begins to receive medically necessary counseling. Maria has no claims to file and only has to pay applicable copayments.

QUESTIONS AND ANSWERS

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

A: Using a network provider limits your out-of-pocket expenses. It also helps keep Empire Plan costs down — and that helps to keep your premium lower, too.

Q: How do I find a network provider when I need a substance use professional?

A: You can call The Empire Plan and press or say 3 for the Mental Health and Substance Abuse Program. The Clinical Referral Line is available 24 hours a day, every day of the year. The clinicians can refer you to an appropriate provider or, if one is not available, help to arrange care with an appropriate provider. In an emergency, they will either arrange for an appropriate provider to call you back within 30 minutes or instruct you to proceed to the nearest hospital emergency department.

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

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

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

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

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

The out-of-network referral mandate (see page 5) does not apply when you are away from home. Benefits for covered services received from a nonparticipating provider are still available under out-of-network benefit provisions, subject to deductible and coinsurance.

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

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

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

Refer to the publication *On The Road with The Empire Plan* on NYSHIP Online for more details on how to use the Plan when traveling.

Q: When do I have to call the Empire Plan Benefits Management Program?

A: If The Empire Plan is your primary coverage, you must call The Empire Plan and press or say 2 for the Hospital Program:

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

If The Empire Plan is your primary coverage, you must call The Empire Plan and press or say 1 for the Medical/Surgical Program:

- Before having a scheduled (nonemergency):
  - o Magnetic resonance imaging (MRI)
  - o Magnetic resonance angiography (MRA)
  - o Computerized tomography (CT)
  - o Positron emission tomography (PET) scan
  - o Nuclear medicine test

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

THE EMPIRE PLAN PROGRAMS AND ADMINISTRATORS

To reach any of The Empire Plan programs, call 1-877-7-NYSHIP (1-877-769-7447). This one toll-free number is your first step to Empire Plan information. Check the following list to determine which program to select.

The Empire Plan Medical/ Surgical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600
www.myuhc.com
TTY: 1-888-697-9054

Call The Empire Plan and press or say 1 for the Medical/Surgical Program for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program

Call The Empire Plan and press or say 1 for the Medical/Surgical Program for information on benefits and to find Managed Physical Network (MPN) providers for chiropractic treatment, physical and occupational therapy.

Benefits Management Program: Prospective Procedure Review

YOU MUST CALL

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program before having a scheduled (nonemergency) imaging procedure.

Home Care Advocacy Program (HCAP)

YOU MUST CALL

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program to arrange for paid-in-full home care services and/or durable medical equipment/supplies. You also must call for HCAP approval of an external mastectomy prosthesis costing $1,000 or more.

Infertility Benefits

YOU MUST CALL

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program for prior authorization for Qualified Procedures. Call The Empire Plan for information about the Center of Excellence for Infertility Program and prior authorization of infertility benefits.

Center of Excellence for Cancer Program

YOU MUST CALL

You must call The Empire Plan and press or say 1 for the Medical/Surgical Program to participate in the Center of Excellence for Cancer Program.

The Empire Plan Hospital Program

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407, Church Street Station
New York, NY 10008-1407
www.empireblue.com
TTY: 1-800-241-6894

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

Benefits Management Program for Preadmission Certification

YOU MUST CALL

If The Empire Plan is your primary coverage, you must call The Empire Plan and press or say 2 for the Hospital Program for admission to a hospital or skilled nursing facility. You must call within 48 hours after an emergency or urgent admission.

Center of Excellence for Transplants Program

YOU MUST CALL

You must call The Empire Plan and press or say 2 for information about the Program and for prior authorization of transplant services.

The Empire Plan Mental Health and Substance Abuse Program

Appeals, claims, grievances and general correspondence to:

Beacon Health Options
P.O. Box 1850
Hicksville, NY 11802
www.achievesolutions.net/empireplan
TTY: 1-855-643-1476

To ensure you receive network benefits, call The Empire Plan and press or say 3 for the Mental Health and Substance Abuse Program before seeking certain services from a mental health or substance use provider, including treatment for alcoholism. You must call within 48 hours of, or as soon as reasonably possible, after an emergency inpatient admission.

The Empire Plan Prescription Drug Program

For information about the Program, call The Empire Plan and press or say 4 for the Prescription Drug Program. To access the Empire Plan Prescription Drug Program website, visit www.empireplanrxprogram.com and select CVS.

Mail Service Pharmacy:

CVS Caremark
P.O. Box 2110
Pittsburgh, PA 15230-2110

See your *Empire Plan Certificate* or visit NYSHIP Online for additional addresses.

Empire Plan Medicare Rx

For Medicare-primary enrollees and dependents only, visit the Prescription Drug Program website at www.empireplanrxprogram.com and select the link for SilverScript.

SilverScript Insurance Company
P.O. Box 30001
Pittsburgh, PA 15222-0330

The Empire Plan NurseLine℠

Call The Empire Plan and press or say 5 for the NurseLine℠ for health information and support, 24 hours a day, seven days a week.

OUT-OF-POCKET COSTS WHEN USING NON-NETWORK PROVIDER AND FACILITIES

When you use non-network providers or facilities, you will be subject to deductible and/or coinsurance and your out-of-pocket costs will be higher.

Combined Annual Deductible

The combined annual deductible is the amount the enrollee, the enrolled spouse/domestic partner and all dependent children combined must pay each calendar year before non-network expenses under the Basic Medical Program, non-network Home Care Advocacy Program (HCAP) and outpatient, Mental Health and Substance Abuse (MHSA) Program will be considered for reimbursement.

Combined Annual Coinsurance Maximum

The combined annual coinsurance maximum is the amount the enrollee, the enrolled spouse/domestic partner and all dependent children combined must pay each calendar year before non-network expenses incurred under the Basic Medical, Hospital and Mental Health and Substance Abuse (MHSA) programs will be reimbursed. You are responsible for paying the provider and must then submit a claim for reimbursement.

Coinsurance amounts incurred for non-network Hospital coverage, Basic Medical Program coverage and non-network MHSA coverage count toward the combined annual coinsurance maximum. Copayments to Medical/Surgical Program participating providers and to MHSA Program network practitioners also count toward the combined annual coinsurance maximum. (**Note:** Copayments made to network facilities do not count toward the combined annual coinsurance maximum.) The annual deductible does not count toward the combined annual coinsurance maximum.

See your *Empire Plan Certificate* for more information on your out-of-pocket costs when using a non-network provider or facility. See your Empire Plan *At A Glance* for current coinsurance and deductible amounts.

REMINDERS

- Before you receive services, always ask if the provider participates in The Empire Plan for New York State government employees. Providers may join or leave the network at any time. If you need help finding a network provider for Mental Health and Substance Abuse (MHSA) services, contact the MHSA Program's Clinical Referral Line 24 hours a day, 365 days a year, at 1-877-7-NYSHIP and press or say 3. A licensed clinician will help you locate an appropriate network provider for treatment.
- When you use a network provider, only covered benefits are paid under The Empire Plan. For example, if your treatment is considered cosmetic, it is not covered, even if the surgeon is a participating provider.
- When you use a network provider for covered services, you pay only your copayment, if any.
- Certain preventive care services are provided to you at no cost when you use an Empire Plan participating provider or network facility. See the *2019 Empire Plan Preventive Care Coverage Chart* for examples of covered services.
- You will find the most up-to-date information about your health insurance coverage on NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan to access the NYSHIP Online homepage.

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

RO Network Benefits/November 2018 AL1630