NEW YORK STATE | The Empire Plan

Empire Plan Report

May 2015 • 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

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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:

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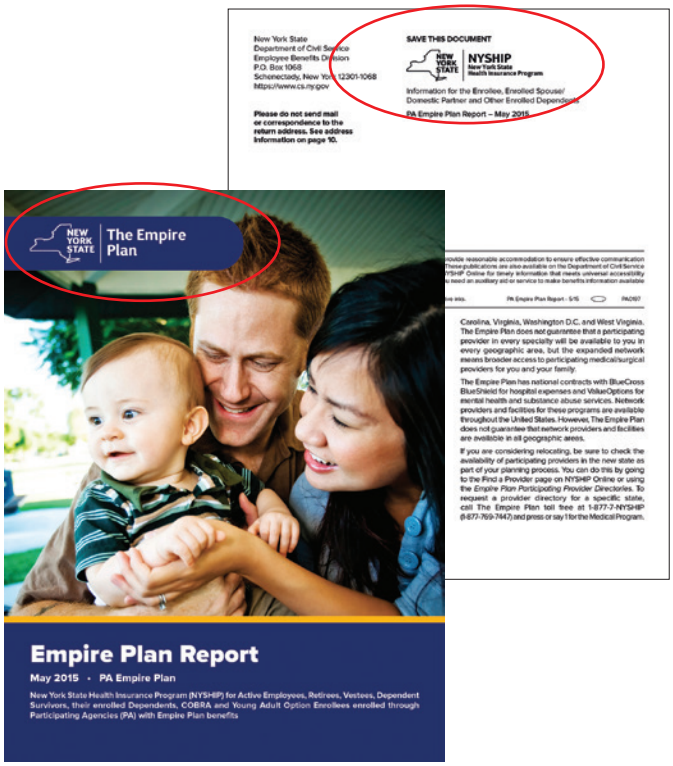
New Look, New Logo

Notice something different? NYSHIP and The Empire Plan have new logos. As part of New York State's new branding initiative, this *Empire Plan Report* and future NYSHIP publications will feature new NYSHIP and Empire Plan logos and designs. Although the look of the publications has changed, they will continue to have important information about your NYSHIP coverage and Empire Plan benefits. Be sure to keep these publications for your reference.

Empire Plan and Medicare Rx Benefit Cards

The Empire Plan and Medicare Rx Benefit Cards will be revised to include the new Empire Plan logo, but they will only be issued to new enrollees and for replacement cards. Your existing Empire Plan and Medicare Rx Benefit Cards will still work. Continue to use these cards at doctors' offices, hospitals and pharmacies.



NYSHIP Changes

Medicare Coverage for Same-Sex Spouses

The U.S. Department of Health and Human Services has adopted a policy treating all legal marriages* consistently. This affects Medicare coverage for same-sex spouses of NYSHIP enrollees who have coverage as the result of active employment.

Effective January 1, 2015, NYSHIP is the primary coverage for Medicare-eligible** same-sex spouses who are dependents of active employees. This means that The Empire Plan will pay for services first, before Medicare. Dependent spouses who are affected by this change should notify their health care providers that claims incurred on or after January 1, 2015, must be submitted to The Empire Plan before Medicare.

Medicare Part B Enrollment

Since Medicare is no longer primary to NYSHIP, enrollment in Medicare Part B is not required by NYSHIP. Medicare-eligible** dependent spouses may choose to stay enrolled in Medicare; however, enrollees may not be reimbursed for the cost of the Medicare Part B premium. Contact your employer for more details on Medicare Part B reimbursement.

A Medicare-eligible** spouse also has the option to suspend Medicare Part B coverage and later reenroll for Part B coverage to be effective when Medicare becomes primary to NYSHIP. This usually happens when there is a change in employment status, for example, when the enrollee retires. Medicare will offer a Special Enrollment Period due to the change in the enrollee's employment status, but the Medicare-eligible** dependent must contact the Social Security Administration (SSA) prior to the change in order to reenroll in Medicare Part B without a waiting period and possible penalty. Call the SSA at 1-800-772-1213 for more information.

*Legal marriage is defined as any marriage legally entered into in a U.S. jurisdiction that recognizes the marriage – including one of the 50 states, the District of Columbia, or a U.S. territory – or a foreign country that would also be recognized by a U.S. jurisdiction.

**If you are Medicare eligible due to end-stage renal disease, different rules apply. For more information, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

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 https://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

Plan Changes

Appeals Process

As a result of the Patient Protection and Affordable Care Act and New York State law, certain appeals deadlines and rules have recently changed. The following information provides a summary of these changes and includes details on how to file an appeal.

Filing an Appeal

You or another person acting on your behalf may submit an appeal to The Empire Plan when a claim is denied or you do not receive precertification for certain services. You must submit the appeal by phone or in writing to the appropriate Empire Plan program administrator. See *Where to Submit Appeals* for addresses and phone numbers.

A written acknowledgment of your appeal will be sent to you within 15 days after it is received. A qualified individual who was not involved in the decision being appealed will be appointed to decide your appeal. There are two levels of appeal:

Level 1 Appeals

A request for review must be made within **180 days** after the claim payment date or the date of the notification of denial of benefits. You may submit an appeal by phone or in writing. You should state the reason why you believe the claim determination or precertification improperly reduced or denied your benefits.

Level 2 Appeals

If the original determination of benefits is upheld by the Level 1 review, you may request a Level 2 review. This request must be made in writing or by phone within **60 days** after you receive notice of the Level 1 appeal determination. When requesting the Level 2 review, you should state the reasons you believe the benefit reduction or denial was improperly upheld and include any information requested by The Empire Plan along with any additional data, questions or necessary comments.

External Appeals

Under certain circumstances, you have a right to an external appeal of a denial of coverage. If coverage is denied on the basis that the service is not medically necessary or is an experimental or investigational treatment, you have **four months** from receipt of the Final Notice of Adverse Determination to file a written request for an external appeal with the New York State Department of Financial Services (DFS).

Where to Submit Appeals

Medical/Surgical Program:
UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 1

Hospital Program:
Empire BlueCross BlueShield
New York State Service Center
Medical Management Appeals Department
Mail Drop R 60 P.O. Box 11825
Albany, NY 12211

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 2

Mental Health and Substance Abuse Program:
ValueOptions
Appeals Department
P.O. Box 1800
Latham, NY 12110

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 3

Prescription Drug Program:
CVS/caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 4

Empire Plan Medicare Rx:
SilverScript Insurance Company
Prescription Claim Appeals MC109
P.O. Box 52000
Phoenix, AZ 85072-2000

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 4

To request an external appeal application, call DFS at 1-800-400-8882. If you satisfy the criteria for an external appeal, DFS will forward the request to a certified External Appeal Agent, an independent entity certified to conduct such appeals.

Maximum Out-of-Pocket Limit

In 2015, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changed to $6,600 for Individual coverage and $13,200 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.

2015 In-Network Maximum Out-of-Pocket Limits		
	Prescription Drugs	All other covered in-network services, combined
Individual coverage	$2,300*	$4,300
Family coverage	$4,600*	$8,600

*Does not apply to Medicare-primary enrollees.

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.

Covered Providers

In 2014, a provision of the Patient Protection and Affordable Care Act expanded Empire Plan benefits to include coverage for any provider who is licensed to perform covered services. Medical professionals are licensed at the state level; the types of providers that are licensed and the medical services they are permitted to perform under the scope of their licenses vary from state to state.

As a result of this change, benefits for covered services are available from providers that were not previously covered under The Empire Plan. It is important to note that this provision does not require the Plan to include additional types of providers in its network or cover additional services. Covered services must be medically necessary and consistent with the diagnosis of the condition.

Non-network benefits will apply for covered services received from a provider that is not in The Empire Plan Network, subject to coinsurance and deductible.

To confirm if a provider and service are covered, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and choose the appropriate program before seeking services.

New Patient Protections

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 (non-network) providers. The following provisions of this law are effective for services provided **on or after March 31, 2015.**

Emergency Services

The law includes new provisions for services provided in an emergency room:

- Enrollees receiving treatment in the emergency room from the attending physician shall not incur costs greater than the applicable in-network copayments. This benefit was previously available to Empire Plan enrollees.
- Evaluation and management services provided by nonparticipating specialty physicians will no longer be subject to a deductible. However, other services provided by nonparticipating specialty physicians such as emergency surgery, will be subject to a deductible until January 1, 2016. Such services provided on and after that date will not be subject to a deductible.
- Enrollees are no longer responsible for charges above reasonable and customary amounts for emergency services. For emergency services provided in New York State, physicians may not bill enrollees for these charges, as they have the right to file an appeal with an Independent Dispute Resolution Entity certified by the New York State Department of Financial Services (DFS) if they disagree with the Plan's payment of benefits. For emergency services provided outside of New York State, enrollees may be billed for charges above reasonable and customary amounts. If you receive such a bill, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program. If the service for which you have been billed qualifies as an emergency service, the Plan will pay these charges on your behalf.

Surprise Bills

Another provision of the law protects patients from being responsible for paying the full charge for surprise bills. This provision, which generally only applies to services provided within New York State, applies when patients are treated by nonparticipating providers without their knowledge:

- Enrollees can complete an *Assignment of Benefits* form to notify the Plan and provider that they have received a surprise bill. The form outlines the situations that qualify as a surprise bill. To request the form, contact DFS or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.
- Expenses that qualify as a surprise bill will be considered by the Plan at the in-network benefit level, subject to applicable copayments.
- Nonparticipating physicians who issue a surprise bill will only be able to collect the applicable in-network copayment from enrollees.

Utilization Review Disclosures

Notifications or authorizations obtained through the Benefits Management Program for precertification and prospective procedure reviews will include the following information when the service provider is identified:

- Whether the provider is a participating (in-network) or nonparticipating (non-network) provider
- The enrollee's out-of-pocket expenses such as copayment, deductible and/or coinsurance amounts
- If the provider is nonparticipating, the letter will include an estimate of what the Plan will pay
- An explanation of how to determine the usual and customary allowance

Additional provisions of the law will be **effective January 1, 2016**. Future *Empire Plan Reports* and *Certificate Amendments* will provide more detail on the other provisions. If you have any questions, please call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Medical/Surgical Program

Screenings for Hepatitis C

New York State law requires health care providers to offer screenings for the hepatitis C virus to at-risk individuals and adults born between 1945 and 1965. Eligible enrollees can receive the screening test with no copayment from an Empire Plan participating provider.

If the screening test is reactive, the health care provider must either offer the individual follow-up health care or a referral to a health care provider who can provide care, including a hepatitis C diagnostic test.

If you have any questions about hepatitis C screenings, talk to your health care provider or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Mental Health and Substance Abuse Program

No Annual Maximum for Applied Behavior Analysis Services

The Empire Plan Mental Health and Substance Abuse Program covers Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder. **Effective January 1, 2015,** there is no annual maximum for ABA services. You must call The Empire Plan before receiving services. Call toll free at 1-877-7-NYSHIP (1-877-769 7447) and press or say 3 for the Mental Health and Substance Abuse Program.

Prescription Drug Program†

Vaccine Coverage at Pharmacies

Effective October 1, 2014, the following preventive vaccines are covered in full, without a copayment, when administered by a licensed pharmacist* at a pharmacy that participates in CVS/caremark's national vaccine network:

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

Consult with your health care provider to determine which vaccines, if any, are most appropriate for you.

Before seeking services, confirm that the pharmacy has the vaccine(s) and it participates in CVS/caremark's national vaccine network.

To locate a CVS/caremark national vaccine network pharmacy online, go to The Empire Plan Prescription Drug Program web site, EmpirePlanRxProgram.com. Select CVS/caremark, Locate a Pharmacy, and then Pharmacy Locator. Enter your location information, choose Advanced Search, select Vaccine Network and press the Search button to generate a list of participating pharmacies.

If you have questions about vaccine coverage at the pharmacy or you want to confirm a pharmacy participates in the national vaccine network, please call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

*New York State restricts pharmacists from administering vaccines to anyone younger than 18. Regulations regarding age limits may differ by state.

**The Herpes Zoster vaccine is covered without copayment for individuals age 60 and older. It is also covered at the pharmacy for enrollees between the ages of 55-59, subject to the Level 1 30-day supply copay, currently $5. To receive the Herpes Zoster vaccine, a prescription is required.

Preventive Breast Cancer Medications

Effective January 1, 2015, The Empire Plan Prescription Drug Program will cover the drugs Tamoxifen and Raloxifene with no copayment for breast cancer prevention.

Several clinical trials have shown that these medications can decrease the chances of developing breast cancer in women who have an increased risk of developing the disease. Tamoxifen has been approved for use in women age 35 years and older, and Raloxifene has been approved for use in postmenopausal women.

The U.S. Preventive Services Task Force recommends that health care providers talk to their patients who are at increased risk for breast cancer about taking risk-reducing medications like Tamoxifen and Raloxifene. See your health care provider for more information.

Medical Exception Process for Excluded Drugs

Certain brand-name and generic drugs are excluded from The Empire Plan Flexible Formulary if they have no clinical advantage over other covered medications in the same therapeutic class. **Effective September 1, 2014,** The Empire Plan implemented a medical exception process for non-formulary drugs that are excluded from coverage.

To request a medical exception, you and your physician must first evaluate whether covered drugs on the Flexible Formulary are appropriate alternatives for your treatment. After an appropriate trial of formulary alternatives, your physician may submit a letter of medical necessity to CVS/caremark that details the formulary alternative trials and any other clinical documentation supporting medical necessity. The physician can fax the exception request to CVS/caremark at 1-888-487-9257.

If an exception request is approved, the Level 1 copay will apply for generic drugs and the Level 3 copay (and ancillary charge, if applicable) will apply for brand-name drugs.

If the exception request is denied, the enrollee has additional appeal rights, which will be outlined in the denial letter. A complete list of excluded drugs is available at the end of the Flexible Formulary drug list.

Please note: Drugs that are only FDA approved for cosmetic indications are excluded from the Plan and are not eligible for a medical exception.

†This section DOES NOT APPLY if you are enrolled in Empire Plan Medicare Rx, the Medicare Part D prescription drug program. Refer to your Empire Plan Medicare Rx plan materials for information on your prescription drug coverage.

Reminders

NYSHIP Dependent Eligibility Verification Project

In State fiscal year 2015/2016, the New York State Department of Civil Service will conduct an audit of all dependents who have health insurance coverage through the New York State Health Insurance Program (NYSHIP).

If you have Family coverage, you will receive a packet of information in the mail about the audit. It will include a list of your dependents who are currently enrolled in NYSHIP, along with an eligibility worksheet and a list of required documents you must provide.

The Department of Civil Service is doing a competitive procurement to contract with a vendor to perform these services. In the fall of 2015, the Department will notify you which vendor will conduct the audit.

You may be required to supply documentation for certain dependents, such as spouses, even if you have previously done so. You will not be required to submit documentation for dependent children who were verified during the 2009 audit. **Do not submit documents now. Please wait for the packet containing specific instructions.**

If required, you must provide the requested documentation to ensure that your enrolled dependents continue to be covered under NYSHIP.

Ineligible or unverified dependents will have their coverage terminated, and you may be liable for any NYSHIP expenses paid on their behalf.

The Department will be offering an amnesty period as part of the project, whereby enrollees may voluntarily remove ineligible dependents from coverage. Enrollees will not be liable for any NYSHIP expenses paid on behalf of dependents terminated during the amnesty period.

Watch your mail for the packet of information. It will include more details and specific instructions on the NYSHIP Dependent Eligibility Verification Project.

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 of 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 agency 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).

Security Breach at Anthem, Inc.

Anthem, Inc., the parent organization for Empire BlueCross BlueShield (the administrator for The Empire Plan Hospital Program), reported an extensive security breach of their member data on February 5, 2015. Names, dates of birth, member IDs/Social Security numbers, addresses, phone numbers, email addresses and employment information of current and former members were affected.

Identity Protection Services

Anthem is working with AllClear ID, a leading and trusted identity protection provider, to offer 24 months of identity theft repair to potentially affected current and former members dating back to 2004. This service is automatically available with no enrollment required.

If a problem arises, simply call 1-877-263-7995 and a dedicated investigator will do the work to recover financial losses, restore your credit and make sure your identity is returned to its proper condition. Call centers are open Monday through Saturday from 9 a.m. to 9 p.m. Eastern time.

For additional protection, and at no cost, you may also enroll in the AllClear PRO service at any time during the 24-month coverage period. This service includes credit monitoring and an identity theft insurance policy. Please enroll at https://anthem.allclearid.com. Those without internet access or who prefer assistance via telephone can call 1-877-263-7995.

Watch Your Mail

Anthem has individually notified affected current and former members by U.S. Postal Service mail. The letter includes the same information about how to enroll in free credit monitoring and identity protection services.

Fraud Prevention Tips

You should be aware of scam email campaigns targeting current and former Anthem members. These scams, designed to capture personal information, appear as if they are from Anthem. The emails include a "click here" link for credit monitoring. These emails **are not** from Anthem.

- **DO NOT** reply to the email or reach out to the senders in any way.
- **DO NOT** supply any information on the web site that may open, if you have clicked on a link in the email.
- **DO NOT** open any attachments that arrive with the email.

Phone scams have also been reported. Anthem **is not** calling members regarding the cyber attack. If someone contacts you regarding the cyber attack, **do not** give them your credit card information or Social Security number over the phone.

Anthem recommends that potentially impacted members review account statements and monitor free credit reports for potential fraud and identity theft. You can report suspected incidents to local law enforcement, the Federal Trade Commission, or the New York State Attorney General.

For additional information regarding your protections, please visit https://anthem.allclearid.com or call 1-877-263-7995.

Correction to the 2015 *At A Glance*

Information regarding paid-in-full benefits for preadmission and/or presurgical testing was omitted on page 6 of the Hospital Outpatient section in the 2015 Empire Plan *At A Glance* publication. To clarify, there are paid-in-full benefits for preadmission and/or presurgical testing **prior to an inpatient admission at a network hospital.** Copayments will apply for preadmission and/or presurgical testing prior to outpatient procedures.

This benefit has not changed; please refer to your *Empire Plan Certificate* and *Certificate Amendments* for more details. The 2015 *At A Glance* publication has been updated and is posted on NYSHIP Online. Go to the Department of Civil Service web site at https://www.cs.ny.gov, select Benefit Programs, then NYSHIP Online and choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then 2015 At A Glance.

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	**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 www.myuhc.com
PRESS OR SAY 2	**Hospital Program:** ***Administered by Empire BlueCross BlueShield*** 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 www.empireblue.com
PRESS OR SAY 3	**Mental Health and Substance Abuse Program:** ***Administered by ValueOptions*** Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1800, Latham, NY 12110 www.achievesolutions.net/empireplan
PRESS OR SAY 4	**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 www.empireplanrxprogram.com
PRESS OR SAY 5	**Empire Plan NurseLine℠:** ***Administered by UnitedHealthcare*** Registered nurses are available 24 hours a day, seven days a week to answer health-related questions. To access the Health Information Library, enter PIN number 335.

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)
https://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

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

The Empire Plan Mental Health and Substance Abuse Program *ValueOptions,*
https://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 https://www.cs.ny.gov.

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

Change Service Requested

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

SAVE THIS DOCUMENT

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

PA Empire Plan Report – May 2015

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (https://www.cs.ny.gov). Click on Benefit Programs, then 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 your agency Health Benefits Administrator.

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Relocating Outside New York State?

If you are planning on relocating outside of New York State, it's important to understand how your coverage will be affected. The Empire Plan has worldwide coverage, but this does not mean that participating providers are available in every location.

If you move to an area of the country where participating providers are not available, you will still have Empire Plan non-network coverage; however, you will pay a higher share of the cost for covered services, subject to the combined annual deductible and coinsurance amounts. See your *Empire Plan Reports* and *Certificate Amendments* for details.

The Empire Plan through UnitedHealthcare (UHC) has an enhanced network of participating providers in areas of the country where a large population of Empire Plan retirees live. UHC's Options PPO providers participate in The Empire Plan in 12 states/regions outside of New York State: Arizona, Connecticut, Florida, Illinois (Chicago and surrounding counties), Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, Washington D.C. and West Virginia. The Empire Plan does not guarantee that a participating provider in every specialty will be available to you in every geographic area, but the expanded network means broader access to participating medical/surgical providers for you and your family.

The Empire Plan has national contracts with BlueCross BlueShield for hospital expenses and ValueOptions for mental health and substance abuse services. Network providers and facilities for these programs are available throughout the United States. However, The Empire Plan does not guarantee that network providers and facilities are available in all geographic areas.

If you are considering relocating, be sure to check the availability of participating providers in the new state as part of your planning process. You can do this by going to the Find a Provider page on NYSHIP Online or using the *Empire Plan Participating Provider Directories*. To request a provider directory for a specific state, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.