



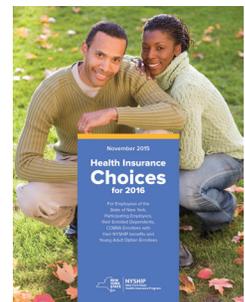
# Health Insurance Choices for 2016

## Supplement for PIA

This document supplements your *Health Insurance Choices for 2016* booklet. It explains your benefits as a NYSHIP enrollee represented by the Police Investigators Association (PIA), which is subject to the rules of an unsettled or “grandfathered” health plan.

Under the Patient Protection and Affordable Care Act (PPACA), a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan can delay implementation of certain features of health care reform that apply to nongrandfathered health plans.

Throughout the *Health Insurance Choices for 2016* booklet, you will find references to this supplement. Please refer to this document as needed and read this in place of pages 18-27 in *Choices* for the best understanding of your benefits.



### November 2015

For the BCI Unit  
of the New York State Police  
represented by  
Police Investigators Association (PIA)  
and for their  
enrolled Dependents,  
and for COBRA Enrollees and  
Young Adult Option Enrollees  
with their NYSHIP Benefits



**NYSHIP**  
New York State  
Health Insurance Program

# The Empire Plan — NYSHIP Code #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2016.<sup>1</sup> You may also visit <https://www.cs.ny.gov/employee-benefits> or call toll free 1-877-7-NYSHIP (1-877-769-7447). Call to connect to:

## Medical/Surgical Program

### UnitedHealthcare

Medical and surgical coverage through:

- **Participating Provider Program** – More than 250,000 physicians and other providers participate; certain services are subject to a \$20 copayment.
- **Basic Medical Program** – If you use a nonparticipating provider, the Program considers up to 80 percent of usual and customary charges for covered services after the combined annual deductible is met. After the combined annual coinsurance maximum is met, the Plan pays up to 100 percent of usual and customary charges for covered services. See Cost Sharing (beginning on page 4) for additional information.
- **Basic Medical Provider Discount Program** – If you are Empire Plan primary and use a nonparticipating provider who is part of The Empire Plan MultiPlan group, your out of pocket costs may be lower (see page 5).

**Home Care Advocacy Program (HCAP)** – Paid-in-full benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes. Diabetic shoes have an annual maximum benefit of \$500. Guaranteed access to network benefits nationwide. Limited non-network benefits available. (See the *Empire Plan Certificate/Reports* for details).

**Managed Physical Medicine Program** – Chiropractic treatment and physical therapy through a Managed Physical Network (MPN) provider are subject to a \$20 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.

Under the **Benefits Management Program**, you must call the Medical/Surgical Program for Prospective Procedure Review before an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine test, unless you are having the test as an inpatient in a hospital. (See the *Empire Plan Certificate* for details).

When arranged by the Medical/Surgical Program, a voluntary, paid-in-full specialist consultant evaluation is available.

Voluntary outpatient Medical Case Management is available to help coordinate services for catastrophic and complex cases.

## Hospital Program

### Empire BlueCross BlueShield

The following benefit level applies for covered services received at a BlueCross and BlueShield Association BlueCard® PPO **network hospital**:

- Medical or surgical inpatient stays are covered at no cost to you.
- Hospital outpatient and emergency care are subject to network copayments.
- When you use a network hospital, anesthesiology, pathology and radiology, provider charges for covered hospital services are paid in full under the Medical/Surgical Program if The Empire Plan provides your primary coverage.
- Certain covered outpatient hospital services provided at network hospital extension clinics are subject to hospital outpatient and emergency care copayments.
- Except as noted above, physician charges received in a hospital setting will be paid in full if the provider is a Participating Provider under the Medical/Surgical Program. Physician charges for covered services received from a non-network provider will be paid in accordance with the Basic Medical portion of the Medical/Surgical Program.

<sup>1</sup> These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate* and *Empire Plan Reports/Certificate Amendments*.

The following benefit level applies for hospital services received at **non-network hospitals** (for Empire Plan-primary enrollees only<sup>2</sup>):

- Non-network hospital inpatient stays and outpatient services: 10 percent coinsurance for inpatient stays and the greater of 10 percent coinsurance or \$75 for outpatient services per visit, up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined.

The Empire Plan will approve network benefits for hospital services received at a non-network facility if:

- Your hospital care is emergency or urgent.
- You do not have access to a network facility within 30 miles of your residence.
- No network facility can provide the medically necessary services.
- Another insurer or Medicare provides your primary coverage (pays first).

### **Preadmission Certification Requirements**

Under the Benefits Management Program, if The Empire Plan is your primary coverage, you must call the Hospital Program for certification of any inpatient stay:

- before a maternity or scheduled (nonemergency) hospital admission,
- within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission, and
- before admission or transfer to a skilled nursing facility.

If you do not follow the preadmission certification requirement for the Hospital Program, you must pay:

- a \$200 hospital penalty if it is determined any portion was medically necessary, and
- all charges for any day's care determined not to be medically necessary.

Voluntary inpatient Medical Case Management is available to help coordinate services for catastrophic and complex cases.

<sup>2</sup> If Medicare or another plan provides primary coverage, you receive network benefits for covered services at both network and non-network hospitals.

<sup>3</sup> You are responsible for ensuring that MHPA Program certification is received for care obtained from a non-network practitioner or facility.

## **Mental Health and Substance Abuse Program**

### **Beacon Health Options, Inc.**

The Mental Health and Substance Abuse Program (MHPA) offers two levels of benefits. If you call the MHPA Program before you receive services and follow their recommendations, you receive:

#### **Network Benefits** (unlimited when medically necessary)

- Inpatient (paid in full)
- Crisis intervention (up to three visits per crisis paid in full; after the third visit, the \$20 copayment per visit applies).
- Outpatient including office visits, home-based or telephone counseling and nurse practitioner services, subject to a \$20 copayment.
- Outpatient rehabilitation to an approved Structured Outpatient Rehabilitation Program for substance abuse, subject to a \$20 copayment.

If you do **NOT** follow the requirements for network coverage, you receive:

#### **Non-network Benefits**<sup>3</sup> (unlimited when medically necessary)

- For Practitioner Services: the MHPA Program will consider up to 80 percent of usual and customary charges for covered outpatient practitioner services after you meet the combined annual deductible per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined. After the combined annual coinsurance maximum is reached per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined, the Plan pays up to 100 percent of usual and customary charges for covered services.

# The Empire Plan — NYSHIP Code #001

- For Approved Facility Services: You are responsible for the greater of 10 percent or \$75 up to the combined annual coinsurance maximum per enrollee, per enrolled spouse or domestic partner, per all enrolled dependent children combined.<sup>3</sup> After the coinsurance maximum is met, the Plan pays 100 percent of billed charges for covered services.
- Outpatient treatment sessions for family members of an alcoholic, alcohol abuser or substance abuser are covered for a maximum of 20 visits per year for all family members combined. **Note:** The amount you pay for inpatient and outpatient services counts toward meeting the deductible or coinsurance maximum. Deductible, coinsurance and maximum coinsurance amounts are combined with other deductible, coinsurance or maximum coinsurance amounts.

## Empire Plan Cost Sharing

### Plan Providers

Under The Empire Plan, benefits are available for covered services when you use a participating or nonparticipating provider. However, your share of the cost of covered services depends on whether the provider you use is participating under the Plan.

**If you use an Empire Plan participating or network provider or facility,** you pay a copayment for certain services; some are covered at no cost to you. The provider or facility files the claim and is reimbursed by The Empire Plan.

You are guaranteed access to network benefits when you contact the program before receiving services and follow program requirements for:

- Mental Health and Substance Abuse Program services;
- Managed Physical Medicine Program services (physical therapy and chiropractic care); and
- Home Care Advocacy Program (HCAP) services (including durable medical equipment).

**If you use a nonparticipating provider or non-network facility,** benefits for covered services are subject to a deductible and/or coinsurance.

The following changes reflect the 2.4% increase in the medical care component of the Consumer Price Index of Urban Wage Earners and Clerical Workers, all Cities (CPI-W) for the period of July 1, 2014 through June 30, 2015. **Note:** You have no deductible or coinsurance when you use Empire Plan participating providers.

### Combined Annual Deductible

For medical/surgical and mental health and substance abuse services, The Empire Plan has a combined annual deductible of \$447 per enrollee, \$447 per enrolled spouse/domestic partner and \$447 per all dependent children combined. The combined annual deductible must be met before covered services under the Basic Medical Program and non-network expenses under both the Home Care Advocacy Program (HCAP) and Mental Health and Substance Abuse (MHSA) Program can be reimbursed. The Managed Physical Medicine Program has a separate \$250 deductible per enrollee, \$250 per enrolled spouse/domestic partner and \$250 per all dependent children combined that is not included in the combined annual deductible.

After you satisfy the combined annual deductible, The Empire Plan pays 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSA Program, 50 percent of the network allowance for covered services for the non-network HCAP services and 90 percent of billed charges for covered services for non-network approved facility services for the MHSA Program. You are responsible for the remaining 20 percent coinsurance and all charges in excess of the usual and customary charge for Basic Medical Program and non-network practitioner services and 10 percent for non-network MHSA-approved facility services. There is no coinsurance maximum for HCAP services.

<sup>3</sup> You are responsible for ensuring that MHSA Program certification is received for care obtained from a non-network practitioner or facility.

### **Combined Annual Coinsurance Maximum**

The Empire Plan has a combined annual coinsurance maximum of \$985 per enrollee, \$985 per enrolled spouse/domestic partner and \$985 per all dependent children combined. After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of the usual and customary charge. You are responsible for paying the provider and will be reimbursed by the Plan for covered charges. You are also responsible for paying all charges in excess of the usual and customary charge.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program. The Managed Physical Medicine Program and Home Care Advocacy Program do not have a coinsurance maximum.

### **Basic Medical Provider Discount Program**

If you are Empire Plan primary, The Empire Plan also includes a program to reduce your out-of-pocket costs when you use a nonparticipating provider. The Empire Plan Basic Medical Provider Discount Program offers discounts from certain physicians and providers who are not part of The Empire Plan participating provider

network. These providers are part of the nationwide MultiPlan group, a provider organization contracted with UnitedHealthcare. Empire Plan Basic Medical Program provisions apply and you must meet the combined annual deductible.

Providers in the Basic Medical Provider Discount Program accept a discounted fee for covered services. Your 20 percent coinsurance is based on the lower of the discounted fee or the usual and customary charge. The provider submits your claims and UnitedHealthcare pays The Empire Plan portion of the provider fee directly to the provider if the services qualify for the Basic Medical Provider Discount Program. Your Explanation of Benefits, which details claims payments, shows the discounted amount applied to billed charges.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), choose the Medical Program and ask a representative for help. You can also visit our web site at <https://www.cs.ny.gov/employee-benefits>. Select the group if prompted, and then click on Find a Provider.

## **The Empire Plan Center of Excellence Programs**

**The Center of Excellence for Cancer Program** includes paid-in-full coverage for cancer-related expenses received through Cancer Resource Services (CRS). CRS is a nationwide network including many of the nation's leading cancer centers. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program.

**The Center of Excellence for Transplants Program** provides paid-in-full coverage for services covered under the Program and performed at a qualified Center of Excellence. The enhanced benefits, including a travel allowance, are available only when you are enrolled in the Program and The Empire Plan is your primary coverage. Precertification is required.

**Infertility Centers of Excellence** are a select group of participating providers contracted by UnitedHealthcare and recognized as leaders in reproductive medical technology and infertility procedures. Benefits are paid in full, subject to the lifetime maximum benefit of \$50,000 per covered individual. A travel allowance is available. Precertification is required.

For details on The Empire Plan Centers of Excellence Programs, see the *Empire Plan Certificate/Reports* and *Reporting On Centers of Excellence* available at <https://www.cs.ny.gov/employee-benefits> or from your HBA.

# The Empire Plan — NYSHIP Code #001

You receive the maximum plan benefits when you use participating providers. For more information, read *Reporting On Network Benefits*. You can find this publication at <https://www.cs.ny.gov/employee-benefits> or, ask your HBA for a copy.

## Prescription Drug Program

### CVS/caremark, Inc.

- When you use a network retail pharmacy or the mail order pharmacy for up to a 30-day supply of a covered drug, you pay a \$5 copayment for Level 1 or generic drugs, a \$15 copayment for Level 2 or preferred brand-name drugs and a \$40 copayment for Level 3 or non-preferred brand-name drugs.
  - For a 31- to 90-day supply of a covered drug through a network retail pharmacy, you pay a \$10 copayment for Level 1 or generic drugs, a \$30 copayment for Level 2 or preferred brand-name drugs and a \$70 copayment for Level 3 non-preferred brand-name drugs.
  - For a 31- to 90-day supply of a covered drug through the mail order pharmacy, you pay a \$5 copayment for Level 1 or most generic drugs, a \$20 copayment for Level 2 or preferred brand-name drugs and a \$65 copayment for Level 3 or non-preferred brand-name drugs.
  - No copayment required for oral cancer chemotherapy drugs for the treatment of cancer.
  - When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred brand-name drug copayment plus the difference in cost between the brand-name drug and the generic equivalent (or “ancillary charge”), not to exceed the full retail cost of the drug. Exceptions apply. Please contact The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447) for more information.
  - The Empire Plan has a flexible formulary that excludes certain prescription drugs from coverage.
  - Prior authorization is required for certain drugs.
- A pharmacist is available 24 hours a day to answer questions about your prescriptions.
  - You can use a nonparticipating pharmacy or pay cash at a participating pharmacy (instead of using your Empire Plan Benefit Card) and fill out a claim form for reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

### Specialty Pharmacy

The Prescription Drug Program’s Specialty Pharmacy Program offers enhanced services to individuals using specialty drugs, such as those used to treat complex conditions and those that require special handling, special administration or intensive patient monitoring. (The complete list of specialty drugs included in the Specialty Pharmacy Program is available on NYSHIP Online. Go to <http://www.cs.ny.gov/employee-benefits>. Choose your group, then Using Your Benefits and then Specialty Pharmacy Drug List).

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

CVS/caremark Specialty Pharmacy is the designated pharmacy for the Specialty Pharmacy Program. Under the Specialty Pharmacy Program, you are covered for an initial 30-day fill of most specialty medication at a retail pharmacy, but all subsequent fills must be obtained through the designated specialty pharmacy, CVS/caremark Specialty Pharmacy. When CVS/caremark dispenses a specialty medication, the applicable mail order copayment is charged. Specialty drugs can be ordered through the Specialty Pharmacy

Program using the CVS/caremark Mail Service Order Form. To request mail order forms or refills or to speak to a specialty-trained pharmacist or nurse, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) between 7:30 a.m. and 9 p.m., Monday through Friday, Eastern time. Choose the Prescription Drug Program, and ask to speak with Specialty Customer Care.

**Medicare-primary enrollees and dependents:** If you are or will be Medicare-primary in 2016, ask your HBA for a copy of *2016 Choices for Retirees* for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.

### Grandfathered Health Plans

Under the Patient Protection and Affordable Care Act (PPACA), a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan can delay implementation of certain features of health care reform that apply to non-grandfathered health plans. For example, the requirement for the provision of preventive health services without any cost sharing does not need to be included under a health care plan until the plan is no longer grandfathered. However, grandfathered health plans must comply with certain other consumer protections in the Act, such as the elimination of lifetime limits on certain benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239. Or, visit the U.S. Department of Health and Human Services web site at <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/> to learn more.

### The Empire Plan NurseLine<sup>SM</sup>

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine<sup>SM</sup> for health information and support. For recorded messages on more than 1,000 topics in the Health Information Library, enter PIN number 335, then say one or two words about the information you are looking for or enter a four-digit topic code from The Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine to send you one.

Representatives are available 24 hours a day, seven days a week.

### Empire Plan Benefits Are Available Worldwide

The Empire Plan gives you the freedom to choose a participating provider or a nonparticipating provider.

### Teletypewriter (TTY) Numbers

For callers who use a TTY device because of a hearing or speech disability. All TTY numbers are toll free.

#### Medical/Surgical Program

TTY only:.....1-888-697-9054

#### Hospital Program

TTY only:.....1-800-241-6894

#### Mental Health and Substance Abuse Program

TTY only:.....1-855-643-1476

#### Prescription Drug Program

TTY only:.....1-800-863-5488

## The Empire Plan

For employees of the State of New York who are in the BCI unit of State Police represented by Police Investigators Association (PIA), their enrolled dependents and for COBRA and Young Adult Option Enrollees with their NYSHIP benefits

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1</sup></b>	<b>Participating Provider</b>	<b>Nonparticipating Provider</b>
<b>Office Visits</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Specialty Office Visits</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Diagnostic/Therapeutic Services</b>			
Radiology	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Lab Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Pathology	No copayment	\$20 per visit	Basic Medical <sup>2</sup>
EKG/EEG	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical <sup>2</sup>
<b>Women's Health Care/OB GYN</b>			
Pap Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Mammograms	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
Pre/Postnatal Visits		No copayment	Basic Medical <sup>2</sup>
Bone Density Tests	\$40 per outpatient visit	\$20 per visit	Basic Medical <sup>2</sup>
<b>Family Planning Services</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Infertility Services</b>	\$40 per outpatient visit	\$20 per visit; no copayment at designated Centers of Excellence <sup>3</sup> (\$50,000 lifetime allowance for Qualified Procedures)	Basic Medical <sup>2</sup>
<b>Contraceptive Drugs and Devices</b>		\$20 per visit	Basic Medical <sup>2</sup>
<b>Inpatient Hospital Surgery</b>	<b>Network Hospital:</b> No copayment <sup>3</sup> ; <b>Non-network Hospital/Nonparticipating Provider:</b> Hospital charges subject to 10% of billed charges up to coinsurance maximum. Nonparticipating Provider charges subject to Basic Medical.		
<b>Outpatient Surgery<sup>4</sup></b>	<b>Network Hospital/Participating Provider:</b> Hospital charges \$60 per visit. Participating Provider charges \$30 per visit. <b>Network Hospital/Nonparticipating Provider:</b> Hospital charges \$60 per visit. Nonparticipating Provider charges subject to Basic Medical; <b>Non-network Hospital/Nonparticipating Provider:</b> Hospital charges subject to 10% of billed charges or a \$75 copayment, whichever is greater, up to coinsurance maximum. Nonparticipating Provider charges subject to Basic Medical.		

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Emergency Room</b>	\$70 per visit <sup>5</sup>	No copayment	Basic Medical <sup>2,6</sup>
<b>Urgent Care</b>	\$40 per outpatient visit <sup>7</sup>	\$20 per visit	Basic Medical <sup>2</sup>
<b>Ambulance</b>	No copayment <sup>8</sup>	\$35 per trip <sup>9</sup>	\$35 per trip <sup>9</sup>
<b>Mental Health Practitioner Services</b>		\$20 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (See pages 4 and 5 for details). <sup>2</sup>
<b>Approved Facility Mental Health Services</b>		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (See pages 4 and 5 for details). <sup>2</sup>
<b>Outpatient Drug/ Alcohol Rehabilitation</b>		\$20 per visit to approved Structured Outpatient Rehabilitation Program	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (See pages 4 and 5 for details). <sup>2</sup>

<sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 5).

<sup>2</sup> See Cost Sharing (beginning on page 4) for Basic Medical information.

<sup>3</sup> Precertification required.

<sup>4</sup> In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is \$30 per visit or Basic Medical benefits apply, depending upon the status of the center. (Check with the center or The Empire Plan program administrators).

<sup>5</sup> Copayment waived if admitted.

<sup>6</sup> Attending emergency room physicians and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services are paid in full. Other providers covered subject to deductible but not coinsurance.

<sup>7</sup> At a hospital-owned urgent care facility only.

<sup>8</sup> If service is provided by admitting hospital.

<sup>9</sup> Ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and the type of ambulance transportation is required because of an emergency situation.

## The Empire Plan, continued

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Inpatient Drug/ Alcohol Rehabilitation</b>		No copayment	90% of billed charges; after applicable coinsurance max, <sup>2</sup> covered in full (See pages 4 and 5 for details). <sup>3</sup>
<b>Durable Medical Equipment</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> ).
<b>Prosthetics</b>		No copayment <sup>10</sup>	Basic Medical <sup>2,10</sup> \$1,500 lifetime maximum benefit for prosthetic wigs
<b>Orthotic Devices</b>		No copayment <sup>10</sup>	Basic Medical <sup>2,10</sup>
<b>External Mastectomy Protheses</b>		No network benefit. See nonparticipating provider.	Paid-in-full benefit for one single or double prosthesis per calendar year under Basic Medical, not subject to deductible or coinsurance <sup>2,10</sup> (Precertification may be required).
<b>Rehabilitative Care</b> (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; \$20 per visit for outpatient physical therapy following related surgery or hospitalization	Physical or occupational therapy \$20 per visit (MPN)  Speech therapy \$20 per visit	\$250 annual deductible, 50% of network allowance  Basic Medical <sup>2</sup>
<b>Diabetic Supplies</b>		No copayment (HCAP)	50% of network allowance (See the <i>Empire Plan Certificate/Reports</i> ).
<b>Insulin and Oral Agents</b> (covered under the Prescription Drug Program, subject to drug copayment)			
<b>Diabetic Shoes</b>		\$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of \$500 (See the <i>Empire Plan Certificate/Reports</i> ).
<b>Hospice</b>	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum

<b>Benefits</b>	<b>Network Hospital Benefits<sup>1</sup></b>	<b>Participating Provider<sup>2</sup></b>	<b>Nonparticipating Provider</b>
<b>Skilled Nursing Facility</b>	No copayment up to 365 benefit days <sup>3</sup>		
<b>Prescription Drugs</b> (see pages 6-7)			
Specialty Drugs (see pages 6-7)			
<b>Additional Benefits</b>			
Dental (preventive)		Not covered	Not covered
Vision (routine only)		Not covered	Not covered
Hearing Aids		No network benefit. See nonparticipating provider.	Up to \$1,500 per aid per ear every 4 years (every 2 years for children) if medically necessary
Out of Area Benefit	Benefits for covered services are available worldwide.		
24-hour NurseLine <sup>SM</sup> for health information and support at 1-877-7-NYSHIP (1-877-769-7447).			
Voluntary Disease Management Programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease, chronic kidney disease (CKD), chronic obstructive pulmonary disease, congestive heart failure, depression, diabetes and eating disorders.			
Diabetes Education Centers for enrollees who have a diagnosis of diabetes.			

<sup>1</sup> Inpatient stays at network hospitals are paid in full. Provider charges are covered under the Medical/Surgical Program. Non-network hospital coverage provided subject to coinsurance (see page 5).

<sup>2</sup> See Cost Sharing (beginning on page 4) for Basic Medical information.

<sup>3</sup> Precertification required.

<sup>10</sup> Benefit paid up to cost of device meeting individual's functional need.

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



**NYSHIP**  
New York State  
Health Insurance Program

2016 Health Insurance Choices Supplement for PIA –  
November 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/employee-benefits>). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator. COBRA and Young Adult Option Enrollees, contact the Employee Benefits Division.

Health Insurance Choices Supplement for PIA was printed using recycled paper and environmentally sensitive inks.

Choices 2016/PIA Supplement



NY1131

---



The New York State Department of Civil Service, which administers NYSHIP, produced this booklet in cooperation with NYSHIP administrators and Joint Labor/Management Committees on Health Benefits.

Care has been taken to ensure the accuracy of the material contained in this booklet. However, the HMO contracts and *The Empire Plan Certificate of Insurance with Amendments* are the controlling documents for benefits available under NYSHIP.