



REPORTING *On*

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees



NETWORK BENEFITS

The Empire Plan is a unique health insurance plan that provides coverage whether you receive care from Empire Plan network providers or from non-network providers. However, by choosing a network provider, you receive covered services at little or no cost to you—and you don't have to file a claim. Copayments may apply and vary by enrollee group.

WHAT'S INSIDE

- 2 Medical/Surgical Program
- 4 Home Care Advocacy Program
- 5 Managed Physical Medicine Program
- 6 Hospital Program
- 7 Mental Health and Substance Abuse Program
- 8 Prescription Drug Program
- 10 Center of Excellence Programs
- 12 Why Choose a Network Provider?
- 13 Questions and Answers
- 14 Programs and Administrators
- 16 Reminders

Empire Plan Network Coverage

- ▶ **The Participating Provider Program** for medical/surgical services, such as office visits and surgery, 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
- ▶ **Managed Physical Medicine Program** for chiropractic treatment and physical therapy, 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 for mental health and substance abuse treatment services, including for alcoholism, administered by Beacon Health Options, Inc.
- ▶ **The Prescription Drug Program** for a nationwide network of participating pharmacies 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. See pages 14 & 15 for TTY numbers.

Program	Press or say	Representatives Available
Medical/Surgical Program	1	Monday – Friday, 8 a.m. – 4:30 p.m., Eastern time
Hospital Program	2	Monday – Friday, 8 a.m. – 5 p.m., Eastern time
Mental Health & Substance Abuse Program	3	24 hours a day, seven days a week
Prescription Drug Program	4	24 hours a day, seven days a week
Empire Plan NurseLine SM	5	24 hours a day, seven days a week

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.



MEDICAL/SURGICAL PROGRAM

Network Benefits: Participating Provider Program

The Empire Plan Participating Provider Program offers a network of more than 250,000 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 providers have agreed to accept your copayment (if there is one), plus direct reimbursement from The Empire Plan, as payment in full.

Providers in the network include doctors, nurse practitioners, physical therapists, speech therapists, audiologists, outpatient surgical locations, urgent care centers, convenience care clinics, diabetes education centers and freestanding cardiac rehabilitation centers. Certified midwives may also be available through participating doctors. Always ask if the provider participates in The Empire Plan before you receive services.

Guaranteed Access*

The Empire Plan will guarantee access to Participating Provider Program benefits for primary care providers and certain specialists when there are no Empire Plan participating providers within a reasonable distance from the enrollee's 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.

Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays health insurance claims first, before any other group plan or Medicare).

To receive network benefits, you must contact the Medical Program prior to receiving services and use one of the providers approved by the Benefits Management Program.

You will be responsible for contacting 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 period.

Refer to the Empire Plan *At A Glance* or contact the Medical Program for mileage standards and 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.*

Out-of-Network Referrals

The Empire Plan also provides access to network benefits for primary care and covered specialty physicians if there is not one available within a 30-mile radius or 30-minute travel time from your home address. These Out-of-Network (OON) referrals are available in:

- New York
- New Jersey
- Connecticut
- Pennsylvania
- North and 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.

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 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. However, 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.

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) web site at www.dfs.ny.gov. Scroll to the bottom of the homepage to Contact DFS, then click on External Appeals link.

New Patient Protections

The Emergency Medical Services and Surprise Bills law provides additional protections for patients who receive services from nonparticipating (out-of-network) providers. The new law includes provisions to:

- Limit the 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
- Protect patients from surprise bills for services rendered in New York State when they are treated by non-participating providers without their knowledge

When you receive services from a nonparticipating doctor at an in-network hospital or ambulatory surgical center, the bill you receive may qualify as a surprise bill. In these cases, you should complete the form at www.dfs.ny.gov/insurance/health/OON_assignment_benefits_form.pdf and send a copy to your provider and to UnitedHealthcare, P.O. Box 1600, Kingston, NY 12402-1600.

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

Empire Plan 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. A separate copayment may also apply for certain contraceptive drugs and devices dispensed in a doctor's office. 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. Other services 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 4).

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

Information on the Medical/Surgical Program continues on page 16.

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 coinsurance maximum for Basic Medical Program coverage and for non-network Hospital and Mental Health and Substance Abuse 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.

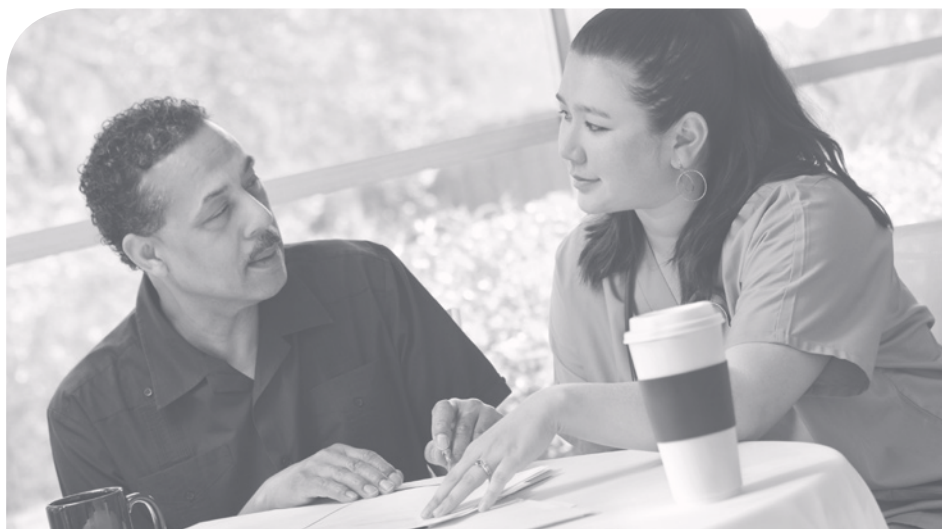
HOME CARE ADVOCACY PROGRAM

Network Benefits

The Empire Plan Home Care Advocacy Program (HCAP) coverage includes:

- ▶ Durable medical equipment and related supplies
- ▶ Skilled nursing services in the home
- ▶ Home infusion therapy
- ▶ Certain home health care services when they take the place of hospitalization or care in a skilled nursing facility
- ▶ Enteral formulas
- ▶ Diabetic and ostomy supplies
- ▶ Diabetic shoes (subject to an annual maximum benefit)*

When you follow HCAP requirements, you are guaranteed access to the network level of benefits. Covered services, supplies and equipment are paid in full if you call HCAP in advance. Call The Empire Plan (press or say 1 for the Medical Program, then select 3 for the Benefits Management Program), and UnitedHealthcare will precertify your services and/or equipment/supplies. The Medical Program will also make or help you make arrangements with an HCAP-approved provider.



For certain diabetic and ostomy supplies, you may contact the HCAP network supplier directly. For diabetic supplies, except insulin pumps and Medijectors, call the Empire Plan Diabetic Supplies Pharmacy toll free at 1-888-306-7337. For insulin pumps and Medijectors, you must call HCAP for authorization. For ostomy supplies, call Byram Healthcare Centers at 1-800-354-4054.

See *Reporting on HCAP* or contact the Medical Program for more details.

** 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 Empire Plan Participating Provider Program or Basic Medical Program.*

HCAP and Medicare

Medicare has implemented a Competitive Bidding Program in many 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 will have to use a Medicare contract supplier if you want Medicare to help you pay for the items. If you don't use a Medicare contract supplier, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced.

To maximize your benefits, it is important for you to know if you're affected by this Medicare Program. For more information, you can contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov. If you need additional assistance locating a Medicare contract supplier, contact HCAP.

Non-network Benefits

You will receive non-network benefits if you do not call HCAP before receiving services and/or you use a non-network provider.

After you meet the deductible, The Empire Plan pays up to 50 percent of the HCAP network allowance for medically necessary HCAP-covered services, equipment or supplies. There is no coinsurance maximum.

You will be responsible for paying charges for the first 48 hours of nursing services per calendar year, as they are not covered and do not apply toward your annual deductible.

MANAGED PHYSICAL MEDICINE PROGRAM

For Chiropractic Care and Physical Therapy

The Empire Plan Managed Physical Medicine Program offers guaranteed access to network benefits no matter where you live 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

You do not need to call MPN before your visit. Simply make an appointment with an MPN provider. You may call a provider directly and ask if the provider is in the MPN network, or, to locate a network provider, check the online directory or call The Empire Plan. Press or say 1 for the Medical Program, then select 1 again for MPN.

An up-to-date provider list is available on our web site at www.cs.ny.gov/employee-benefits. Select your group and The Empire Plan. Choose Find a Provider and then select the Empire Plan Medical/Surgical Provider Directory. Choose Search the Provider Directory and then select Search for physicians, laboratories or other facilities. This brings you to a page where you can filter your search by specialty, facilities and services and treatments. To locate MPN providers, use the filters under People and then Specialty Care to search for a Chiropractor, Physical Therapist or other specialist.

Your Copayment

You pay a copayment for each office visit when you use an MPN provider for medically necessary covered treatment. You pay another copayment for related radiology and diagnostic laboratory services billed by the MPN provider. 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

If there is not an MPN provider in your area who can provide the service you need, network benefits are still available to you under the Managed Physical Medicine Program. Before you receive care, call The Empire Plan and press or say 1 for the Medical Program to arrange for network benefits.

MPN will make arrangements for you to receive medically necessary chiropractic treatment or physical therapy anywhere in the United States, and you will pay only your copayment(s) for each visit. You must call The Empire Plan first, and you must use the provider with whom MPN has arranged your care.

Non-network Benefits

If you receive chiropractic treatment or physical therapy 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 and coinsurance per covered person per year. The Empire Plan pays up to 50 percent of the network allowance after you meet this deductible.

HOSPITAL PROGRAM

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

Network Benefits

In order to receive maximum benefits under the Plan when The Empire Plan is your primary coverage, you must follow Benefits Management Program requirements, including preauthorization for certain services. 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)

When you follow the requirements of the Empire Plan Benefits Management Program, medically necessary medical and surgical inpatient hospital stays are covered at no cost to you.

You pay a copayment for most covered outpatient hospital services and a copayment for treatment in a hospital emergency department. The emergency department copayment covers use of the facility, the service of the emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and pathology services.

The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the emergency room.

You also pay a separate copayment for outpatient physical therapy. This copayment is in addition to any other hospital outpatient copayment.

You have a paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, chemotherapy, radiation therapy, anesthesiology, pathology or dialysis.

When you use a network hospital, a claim form is not required.

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 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 provide you with information about proper self-care, signs and symptoms of possible pregnancy-related complications, nutrition counseling and delivery options.

Non-network Benefits*

When you use a non-network hospital, you will be required to pay a portion of the covered charges (coinsurance) up to a pre-established dollar amount (i.e., the coinsurance maximum).

When you have satisfied the coinsurance maximum, you will receive network benefits subject to the network copayments. There is a combined coinsurance maximum for Hospital, Medical/Surgical and Mental Health and Substance Abuse services (see page 3).

After using a non-network hospital, you submit a claim and The Empire Plan reimburses you for covered hospital services minus the coinsurance amount. (See your *Empire Plan Certificate* and *Empire Plan Reports* for details about filing and payment of claims.)

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 Hospital Program determines that the admission is an emergency or urgent inpatient or outpatient admission
- ▶ When care is received outside the United States
- ▶ When another administrator, including Medicare, is providing primary coverage

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

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



MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

Beacon Health Options, the administrator for the Mental Health and Substance Abuse 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 abuse provider, including treatment for alcoholism. You must 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 abuse 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 Mental Health and Substance Abuse 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, go immediately to the nearest hospital emergency department.

Network Benefits

The Mental Health and Substance Abuse 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.

If there are no network providers in your area, you will still receive network benefits if you call and allow the Mental Health and Substance Abuse Program to arrange your care with an appropriate provider. Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes and day treatment programs.

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

- ▶ A visit to a mental health professional
- ▶ A visit to an outpatient substance abuse 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 Mental Health and Substance Abuse Program, you have access to additional resources and programs for:

- ▶ Attention Deficit Hyperactivity Disorder (ADHD)
- ▶ Depression
- ▶ Eating disorders

Call our 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.

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 a portion of the covered charges up to the coinsurance maximum. When the combined annual coinsurance maximum is met, you will receive network benefits. The combined annual deductible must be met before outpatient non-network expenses will be considered for reimbursement (see page 3).

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

Online Resources

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

If you have questions, call The Empire Plan and press or say 3 for the Mental Health and Substance Abuse Program.

PRESCRIPTION DRUG PROGRAM

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 9.**

Network Benefits

Through the Empire Plan Prescription Drug Program, administered by CVS/caremark, you have access to more than 68,000 network pharmacies nationwide, as well as to the mail service and specialty pharmacies. When you use your Empire Plan benefit card at a network pharmacy, the CVS/caremark Mail Service Pharmacy or the specialty pharmacy, you pay only your copayment.

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.

You can find a list of copayment amounts on our web site, www.cs.ny.gov/employee-benefits. After selecting your group and plan, choose Using Your Benefits, then Empire Plan Copayments.

When filling a prescription for a brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred drug copayment, plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full retail cost of the covered drug. This cost difference is often referred to as an ancillary charge.



The Empire Plan Flexible Formulary Drug List* is developed by a committee of pharmacists and physicians and is subject to change annually. It will help you and your doctor determine if your prescription is for a Level 1 drug or Level 2 drug. It also includes a list of Level 3 drugs along with Level 1 and Level 2 alternatives. However, this list does not include all the prescription drugs covered under The Empire Plan.

For specific questions about your prescriptions, please call The Empire Plan and press or say 4 for the Prescription Drug Program.

Check your *Empire Plan Reports, Certificate Amendments* and *Empire Plan At A Glance* for more information about how the Flexible Formulary Drug List applies to your benefits.

By using a network pharmacy or the CVS/caremark Mail Service Pharmacy, you also benefit from a drug safety review performed by CVS/caremark.

** The Empire Plan Flexible Formulary Drug List does not apply to The Excelsior Plan. The Excelsior Plan has its own drug list, also available on our web site.*

Vaccine Coverage at Network Pharmacies¹

Enrollees and dependents² may receive select preventive vaccines without copayment when administered by a licensed pharmacist at a pharmacy that participates in CVS/caremark's national vaccine network. Preventive vaccines include:

- Influenza – flu
- Meningococcal – meningitis
- Pneumococcal – pneumonia
- Herpes Zoster – shingles³

¹ This benefit does not apply to Medicare-primary enrollees.

² New York State law prohibits pharmacists from administering vaccines to patients under age 18. Similar laws may exist in other states.

³ The Herpes Zoster Vaccine requires a prescription and is available to enrollees age 60 or older with no copayment. Enrollees ages 55-59 can receive it with a Level 1 copayment.

Specialty Pharmacy Program*

The Empire Plan Specialty Pharmacy Program offers individuals 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

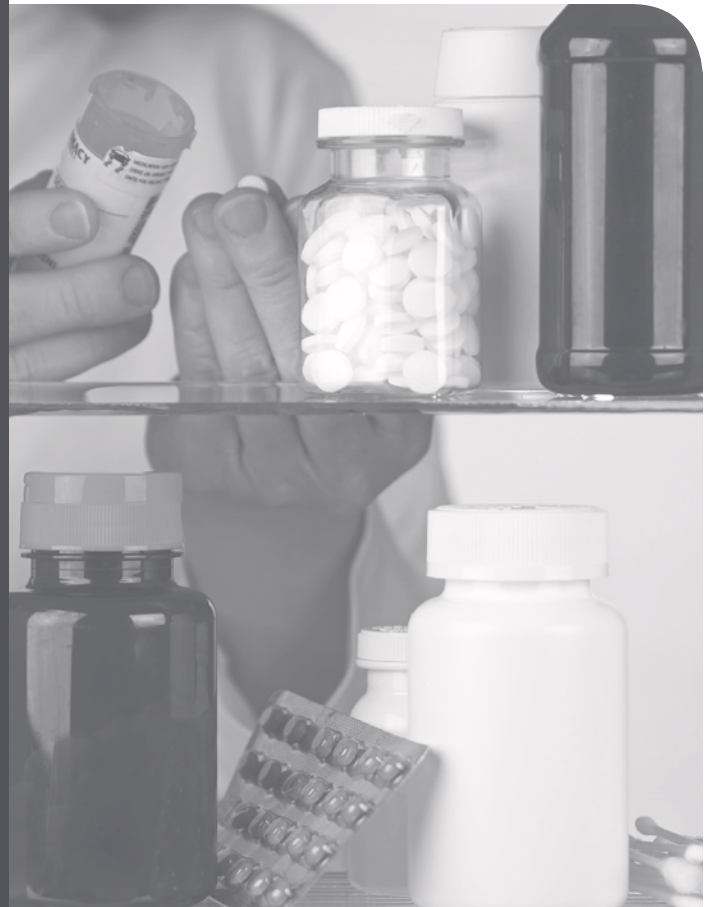
Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, CVS/caremark Specialty Pharmacy.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit our web site at www.cs.ny.gov/employee-benefits. Select your group and plan, click on Using Your Benefits, then Specialty Pharmacy Drug List. Specialty medications must be ordered through the Specialty Pharmacy Program using the CVS/caremark Mail Service Pharmacy order form. Prior authorization is required for some specialty medications.

To speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) 24 hours a day, seven days a week. Press or say 4 for the Prescription Drug Program and ask to speak to Specialty Customer Care.

To find a network pharmacy, 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, call the Prescription Drug Program. To find a network pharmacy online, go to www.cs.ny.gov/employee-benefits. After selecting your group and plan, choose Find a Provider then click on Empire Plan Prescription Drug Program web site. On the following page, select CVS/caremark, then Locate a Pharmacy. If you are Medicare primary, select SilverScript, then the Pharmacy Locator next to the magnifying glass under the log-in section. You will be able to customize your search by ZIP code or city and state.

* Does not apply outside the United States.



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. There are some enhancements to your prescription drug coverage and some administrative changes, such as a new drug card. For additional information regarding your prescription drug coverage, visit the Prescription Drug Program web site at www.EmpirePlanRxProgram.com and select the link for SilverScript.

Non-network Benefits

You can use a non-network pharmacy, or pay cash for your prescription at a network pharmacy (instead of using your Empire Plan benefit card), and 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 CVS/caremark Mail Service Pharmacy whenever possible.

CENTER OF EXCELLENCE PROGRAMS

Center of Excellence for Cancer Program

You must call The Empire Plan and press or say 1 for the Medical Program or call the Cancer Resources Center toll free at 1-866-936-6002 and register to participate in the Center of Excellence for Cancer Program. Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through the Medical Program prior to receiving service.

By calling in advance, you will receive assistance in locating cancer centers and nurse consultations. When applicable, a travel, lodging and meal allowance for the patient and one travel companion are available under the Center of Excellence for Cancer Program (see box below). The patient must be enrolled in the program and travel within the United States to be eligible for the travel allowance.

Center of Excellence for Infertility Program

You must call The Empire Plan and press or say 1 for the Medical Program for preauthorization and a list of Qualified Procedures before receiving services. (See page 14 for the Infertility Benefits section.)

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. When applicable, a travel, lodging and meal allowance for the patient and one travel companion is available. See box at left for more information.

All authorized procedures, including travel benefits, are subject to the lifetime maximum for Qualified Procedures.

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

For all prescription drugs related to infertility that you purchase from a pharmacy, you will pay an applicable copayment under the Empire Plan Prescription Drug Program. Program requirements apply even if Medicare or another health plan is primary to The Empire Plan.

Other Benefits Available

If you do not use a Center of Excellence for authorized services for a qualified cancer service or infertility procedure, you will receive inpatient/outpatient hospital coverage and medical/surgical coverage for covered services from either:

- A participating provider subject to copayment, or
- A nonparticipating provider subject to Basic Medical benefit provisions.

The Empire Plan Benefits Management Program requirements apply.

Center of Excellence Program Travel Allowance

For patients enrolled in a Center of Excellence Program, the following travel expenses are reimbursable: lodging, meals, auto mileage (personal and rental car), economy class airfare, coach train fare and certain costs of local travel (e.g., local subway, 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.

See your *Empire Plan Certificate* and the publication *Reporting On Center of Excellence Programs* for further information on the programs and the travel allowance.

Center of Excellence for Transplants Program

To access the enhanced benefits of 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 of the following transplants through this Program:

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

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

- ▶ Pretransplant evaluation of transplant recipient
- ▶ 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

When applicable, a travel, lodging and meal allowance is available. See *Center of Excellence Program Travel Allowance* on page 10 for more information.

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.

Empire BlueCross BlueShield must preauthorize your transplant services and the services must be provided at a Center of Excellence for Transplants facility.

Other Benefits Available

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital and/or medical/surgical coverage. 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 Empire BlueCross BlueShield.

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. You may also contact your agency Health Benefits Administrator for a copy of *Reporting On Center of Excellence Programs*, or visit our web site at www.cs.ny.gov/employee-benefits. Or, call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) to get a copy.



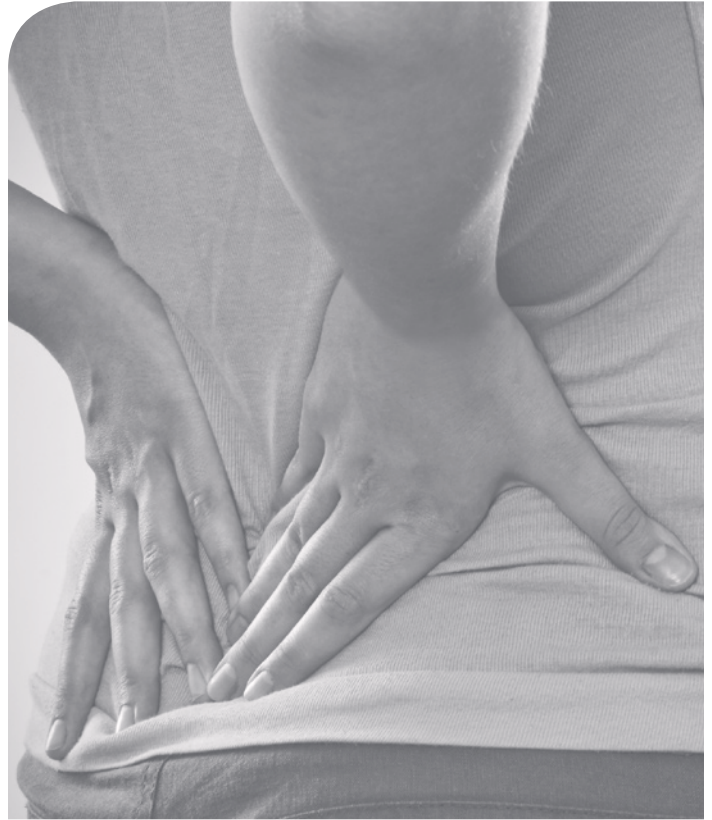
WHY CHOOSE A NETWORK PROVIDER?

Marc and The Empire Plan

Marc is an active 35-year-old who injured his back playing racquetball. He is enrolled in The Empire Plan. His primary care doctor advised him to see a pain management specialist and gave him names of doctors who specialize in this field. However, one of Marc's friends also injured his back and recommended that Marc visit his pain management specialist. The provider that Marc's friend recommended does not participate in The Empire Plan.

Marc used the non-network provider and received a series of pain therapies, including an epidural steroid injection. The doctor billed a total of \$10,000 for the treatments and one related imaging procedure. Under the Empire Plan's Basic Medical Program, a deductible must first be met before any covered non-network charges are reimbursed. Marc's deductible is \$1,000, which is his responsibility.

After Marc meets his deductible, The Empire Plan will pay 80 percent of the usual and customary rate for all covered services. The usual and customary rate for the services provided in this doctor's geographic area is \$8,000 (not \$10,000 as the provider billed). In total, The Empire Plan will pay Marc \$5,600 (80 percent of \$7,000). He is also responsible to pay the rest of the full \$10,000 billed by the provider.



This results in Marc having a \$4,400 out-of-pocket expense. Had Marc chosen a participating provider, his experience would have been more like Maria's (see the following example), who only paid applicable copayments for the care she received.

Maria and The Empire Plan

Maria is a 45-year-old mother of two who recently strained her back moving some boxes in her home. She is enrolled in The Empire Plan. Initially, she felt that it was a minor muscle pull and treated herself with pain relievers and rest.

When the pain worsened, she visited her primary care doctor. Her primary care doctor referred her to a pain management specialist who participates in The Empire Plan. Maria confirmed that the specialist participates in The Empire Plan by looking him up in *The Empire Plan Participating Provider Directory* and calling the specialist's office in advance of her appointment.

Maria began a course of pain treatments and was scheduled for steroid injections to relieve the inflammation.

Ultimately, Maria was only responsible for applicable copayments, which, for most of her visits to the provider, resulted in one \$20 copayment for each visit.

Finding a Network Provider

To find an Empire Plan participating provider, check with the provider directly or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free. Press or say 1 for the Medical Program to speak to a customer service representative or use the automated system.

Or, you can find a list of medical/surgical providers on our web site at www.cs.ny.gov/employee-benefits. The Empire Plan online provider directory has been updated to include hospital affiliation information for participating providers (be sure to cross reference the Plan's hospital directory information to ensure the facility is in-network) as well as languages spoken. From the NYSHIP Online homepage, select Find a Provider and then scroll down to the Medical/Surgical Program section and choose The Empire Plan Medical/Surgical Provider Directory. You can search the Directory by provider name, location, specialty, type of facility or condition.

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: 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 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. 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 2) does not apply when you are away from home. Benefits for covered services received from a nonparticipating provider still are 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.

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

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 Program:

- Before having a scheduled (nonemergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or 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 know 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 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 Program for information on benefits and to find Managed Physical Network (MPN) providers for chiropractic treatment, physical and occupational therapy. If you do not use MPN providers, you will receive a significantly lower level of benefits.

Benefits Management Program: Prospective Procedure Review for Imaging Procedures

 **YOU MUST CALL**

You must call The Empire Plan and press or say 1 for the Medical Program before having a scheduled (nonemergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine test.

Home Care Advocacy Program (HCAP)

 **YOU MUST CALL**

You must call The Empire Plan and press or say 1 for the Medical Program to arrange for paid-in-full home care services, enteral formulas, diabetic and ostomy supplies, diabetic shoes (subject to an annual maximum benefit) and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. 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 Program for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including In Vitro Fertilization (IVF) and embryo placement, Gamete Intra-fallopian Transfer (GIFT), Zygote Intra-fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures, sperm and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. 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 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 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).

Center of Excellence for Transplants Program

YOU MUST CALL

You must call Empire BlueCross BlueShield before a hospital admission for the following transplant surgeries: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart/lung, kidney, liver, lung, simultaneous kidney/pancreas, pancreas and pancreas after kidney. 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:
Beacon Health Options, Inc.
P.O. Box 1800
Latham, NY 12110
TTY: 1-855-643-1476

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 abuse provider, including treatment for alcoholism. You must call within 48 hours of, or as soon as reasonably possible after, an emergency inpatient admission.

You will receive the highest level of benefits by calling and following the Program's recommendations. In an emergency, go to the hospital Emergency Department or call 911.

The Empire Plan Prescription Drug Program

www.EmpirePlanRxProgram.com

Grievances, prior authorization documentation
and general correspondence:
CVS/caremark
Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590
TTY: 1-800-863-5488

Claim forms for purchases and prescriptions from
retail pharmacies:
The Empire Plan Prescription Drug Program
c/o CVS/caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Mail Service Pharmacy:
CVS/caremark
P.O. Box 2110
Pittsburgh, PA 15230-2110

Medical Exception Requests for Drugs Excluded from
the Flexible Formulary:
Tell your physician to fax these requests to
1-888-487-9257.

Written Appeals:
Prescription Claim Appeals
MC 109 P.O. Box 52084
Phoenix, AZ 85072-2084

For additional information or the most current list of prior
authorization drugs, call The Empire Plan and press or say 4
for the Prescription Drug Program or visit our web site.

Empire Plan Medicare Rx

For Medicare-primary enrollees and dependents only.

Grievances, claims and general correspondence:
SilverScript Insurance Company
P.O. Box 52067
Phoenix, AZ 85072-2067
TTY: 711

Written Appeals:
SilverScript Insurance Company
Prescription Drug Plans Coverage
Decisions and Appeals Department
MC 109 P.O. Box 52000
Phoenix, AZ 85072-2000

For additional information or the most current list of
prior authorization drugs, call The Empire Plan and press
or say 4 for the Prescription Drug Program or visit our
web site.

The Empire Plan NurseLineSM

Call The Empire Plan and press or say 5 for the NurseLineSM
for health information and support, 24 hours a day, seven
days a week. To listen to the Health Information Library,
press or say 2, enter PIN number 335 and then say a few
words about the information you are looking for (e.g., "high
blood pressure").

TTY: 711

MEDICAL/SURGICAL PROGRAM

continued from page 3

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 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 requirement applies for both participating and nonparticipating providers. Note: Your out-of-pocket expense will be substantially higher if you do not call The Empire Plan in advance.

** 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 press or say 5. NurseLineSM representatives are available to speak with you 24 hours a day, seven days a week. Participation in the Empire Plan Disease Management Programs is voluntary, free and confidential. Additional information related to asthma and diabetes is available in the *Reporting On Asthma* and *Reporting On Diabetes* publications, which can be found on www.cs.ny.gov/employee-benefits. Select your group, if prompted, then Using Your Benefits and Publications.

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.
- 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.
- Prescription Drug Program, Home Care Advocacy Program and Managed Physical Medicine Program copayments do not count toward the Basic Medical Program coinsurance maximum.

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

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/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 agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Option enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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