

EMPIRE PLAN SPECIAL REPORT



July 2014

New York State Health Insurance Program (NYSHIP) for Employees of the State of New York represented by District Council 37 (DC-37), for their enrolled Dependents, COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

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Negotiated Changes Effective September 1, 2014

This Report describes changes affecting your NYSHIP coverage that will take effect on September 1, 2014 as a result of the recently ratified contract between the State of New York and DC-37. They include:

- A change in the NYSHIP premium cost sharing between the State and its employees (see page 2)
- Updated life expectancy tables used to calculate the value of your monthly sick leave credit, which is applied to your health insurance premium in retirement (see page 3)
- The Health Insurance Opt-out Program (effective January 1, 2015, see page 3)
- The Productivity Enhancement Program (effective July 1, 2014, see page 4)
- Federal health care reform changes (see pages 5-6)
- Changes to out-of-network deductible and coinsurance amounts (see page 7)
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- New to You Prescription Drug Benefit (see page 10)
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Special Option Transfer Period

As the result of negotiated changes, there will be a Special Option Transfer Period from July 31 through August 29, 2014. You will have the opportunity to change your NYSHIP option for September 2014.

Your cost of coverage under The Empire Plan or a NYSHIP HMO for September 1 through December 31, 2014 will be posted on the Department of Civil Service web site at <https://www.cs.ny.gov> prior to the Special Option Transfer Period. A rate flyer will also be mailed to your home. The web site and the rate flyer will provide details of the Special Option Transfer Period.



NYSHIP Changes

Your Biweekly Premium Contribution Rate

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck.

Effective September 1, 2014, your share of the cost is changing based on your salary grade as shown below.

| Salary Grade | Individual Coverage | | Dependent Coverage | |
|---|---------------------|----------------|--------------------|----------------|
| | State Share | Employee Share | State Share | Employee Share |
| Employees in titles allocated or equated to Salary Grade 9 and below | 88% | 12% | 73% | 27% |
| Employees in titles allocated or equated to Salary Grade 10 and above | 84% | 16% | 69% | 31% |

Note: This information does not apply to COBRA enrollees or Young Adult Option enrollees. However, these enrollees will have a rate change as a result of negotiated benefit changes.

Your Biweekly Health Insurance Adjustment

In addition to the change in your premium contribution due to the impact of benefit changes and the new premium contribution rate, there is an adjustment to your biweekly health insurance contribution per the terms of the collective bargaining agreement. The adjustment will be included in your health insurance contributions for 35 pay periods from September 2014 through December 2015. The adjustment amount will depend on what plan you are enrolled in (The Empire Plan or NYSHIP HMO) and your coverage type (Individual or Family).

Updated Life Expectancy Table

Effective September 1, 2014, the Actuarial Table of Life Expectancy used to calculate the value of unused sick leave has been updated to reflect the fact that Americans are living longer. This will impact any monthly sick leave credit amount applied to your premium payments in retirement. Since we are living longer, the number of months of life expectancy at retirement has increased and the amount of monthly sick leave credit will be lower. A sick leave credit calculator is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select What's New?

| Actuarial Table Effective for Retirements on or after September 1, 2014 | | | |
|--|-----------------|-------------------|-----------------|
| Age at Retirement | Life Expectancy | Age at Retirement | Life Expectancy |
| 55 | 337 months | 64 | 250 months |
| 56 | 327 months | 65 | 241 months |
| 57 | 317 months | 66 | 232 months |
| 58 | 307 months | 67 | 223 months |
| 59 | 297 months | 68 | 214 months |
| 60 | 288 months | 69 | 205 months |
| 61 | 278 months | 70 | 197 months |
| 62 | 269 months | 71 | 188 months |
| 63 | 259 months | 72 | 180 months |
| | | Etc. | |

If you need actuarial values for additional retirement ages, ask your agency Health Benefits Administrator (HBA).

Health Insurance Opt-out Program

Effective January 1, 2015, NYSHIP will offer an Opt-out Program that will allow eligible employees who have other employer-sponsored group health insurance to opt out of their NYSHIP coverage in exchange for an incentive payment. The incentive payment is \$1,000 for opting out of Individual coverage or \$3,000 for opting out of Family coverage on an annual basis. The incentive payments will be prorated and reimbursed in your biweekly paycheck throughout the year (payable only when an employee is on the payroll). **Note:** The payments are considered taxable income.

Eligibility Requirements

To be eligible for the Opt-out Program for 2015, you must have been enrolled in NYSHIP by April 1, 2014 (or your first date of NYSHIP eligibility if that date is later than April 1), and remain enrolled through the end of 2014.

Once you enroll in the Opt-out Program, during any period that your status changes and, as a result, you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage, you are not eligible for the incentive payment. Also, if you are receiving the incentive

for opting out of Family coverage and during the year your last dependent loses NYSHIP eligibility, you will receive only the Individual incentive payment starting at that time.

Electing to Opt Out

If you are eligible to participate in the Opt-out Program, you must elect to opt out during the annual Option Transfer Period and attest to having other employer-sponsored group health insurance each year. For more information on the Opt-out Program for 2015, see the *Planning for Option Transfer* publication that will be mailed to your home this fall or contact your agency HBA.

Reenrollment in NYSHIP

Once you elect to participate in the Opt-out Program, you may not reenroll in a NYSHIP health plan until the next annual Option Transfer Period, unless you experience a qualifying event like a change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. To avoid a waiting period, the request for enrollment must be made within 30 days of the qualifying event. See the *NYSHIP General Information Book* for more details.

Productivity Enhancement Program

Under the Productivity Enhancement Program (PEP), eligible full- and part-time employees may exchange previously accrued annual and/or personal leave in return for a credit to be applied toward the employee share of their NYSHIP premium. The credit will be included in their biweekly paychecks and divided evenly during the plan year.

Effective July 1, 2014, eligible full-time employees in titles allocated or equated to Salary Grade 17 or below who enroll in PEP for the remainder of 2014 will forfeit annual and/or personal leave totaling:

- 1.5 days in exchange for a \$250 credit to be applied to the employee's share of NYSHIP premium;
or
- 3 days in exchange for a \$500 credit to be applied to the employee's share of NYSHIP premium.

Effective July 1, 2014, eligible full-time employees in titles allocated or equated to Salary Grade 18 through Salary Grade 24 who enroll in PEP for the remainder of 2014 will forfeit annual and/or personal leave totaling:

- 1 day in exchange for a \$250 credit to be applied to the employee's share of NYSHIP premium;
or
- 2 days in exchange for a \$500 credit to be applied to the employee's share of NYSHIP premium.

Eligible part-time employees can participate on a prorated basis. Contact your agency Health Benefits Administrator (HBA) with any questions or to see if you are eligible.

To elect PEP for the remainder of 2014, contact your agency HBA for details and an application. For more information about PEP for 2015, please see the *Planning for Option Transfer* publication that will be mailed to your home this fall.

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. To view a copy of the SBC for The Empire Plan, visit <https://www.cs.ny.gov/sbc/index.cfm>. If you do not have internet access and would like to request a copy, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Empire Plan Changes

Federal Health Care Reform Changes

The Federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as “the Act” in this article, requires that we make several changes to your Empire Plan coverage.

Your Empire Plan benefit package will lose grandfathered status under the Act as a result of the contract settlement as of September 1, 2014. This means that your Plan is now a nongrandfathered plan and it includes all changes required by the Act, according to the Act's timetable.

The Act requires the following changes effective September 1, 2014:

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100 percent (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screenings for women, infants, children and adolescents as stated in guidelines supported by the Health Resources and Services Administration
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force
- Items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force

Enhanced Women’s Health Care

The Act also requires that the following women’s preventive services are covered with no copayments when received from an Empire Plan participating provider.

- **Well-woman visits:** This includes an annual preventive care visit to obtain the recommended preventive services.
- **Contraception and contraceptive counseling:** Generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) are covered under The Empire Plan Prescription Drug Program with no out-of-pocket costs. All other covered contraceptive drugs are subject to copays and any applicable ancillary charges. Also, paid-in-full benefits for contraception methods and sterilization procedures for women as defined in the Act when ordered or administered by a participating provider.
- **Screening:**
 - Cervical cancer including Pap test for women up to age 65
 - Breast cancer mammography every one to two years, beginning at age 40
 - Gestational Diabetes for women who are 24 to 28 weeks pregnant or first visit for high risk of becoming diabetic
 - Human Papillomavirus DNA testing every three years for women 30 and over
 - Osteoporosis bone density test to screen women 65 or older or women at risk
 - Gonorrhea, Chlamydia, Syphilis and HIV
 - Depression

■ **Counseling:**

- For women at high risk of breast cancer for chemoprevention
- Counseling and evaluation for genetic testing of women for BRCA breast cancer genes
- Counseling for sexually transmitted infections (STIs) for sexually active women

■ **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**

■ **HIV screening and counseling:** Sexually active women will have access to annual counseling on HIV.

■ **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence is covered for all adolescent and adult women.

■ **Breastfeeding support, supplies and counseling:** During pregnancy and/or postpartum period, lactation support and counseling from a trained participating provider, as well as one double-electric breast pump after the birth of a child.

To receive the maximum, paid-in-full benefit, the breast pump must be purchased from a contracted supplier. The current breast pump suppliers are:

- **Byram Healthcare:** 1-877-902-9726 or www.byramhealthcare.com
- **Edgepark:** 1-800-321-0591 or www.edgepark.com
- **Genadyne:** 1-800-208-2025 or www.genadyne.com

Herpes Zoster Vaccine for Shingles

In accordance with the Act, there's no copayment for the Herpes Zoster (Shingles) vaccine for enrollees age 60 and older. However, the vaccine is covered subject to a \$20 copayment for enrollees age 55 and over but under age 60.

Please note that if you purchase the Herpes Zoster vaccine, or any other vaccine, at the pharmacy, The Empire Plan will not reimburse you for the cost.

Preventive Care Coverage Chart

For further information on preventive services, see The Empire Plan Preventive Care Coverage Chart at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage.

From the homepage, select Using Your Benefits, then Publications and you will find the chart under Empire Plan. A copy of the Preventive Care Coverage Chart will be mailed to your home in September with the revised *Empire Plan At A Glance* publication.

If you have any questions regarding preventive care services, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.



2014 Annual Deductible and Coinsurance Maximum

Under the federal Parity Law, The Empire Plan is not permitted to have separate deductibles and coinsurance amounts for Basic Medical and non-network coverage under the Hospital Program and the Mental Health and Substance Abuse Program. However, the Managed Physical Medicine Program, which guarantees access to network benefits, continues to have a separate deductible. Therefore, a combined annual deductible and a combined annual coinsurance maximum applies to the Hospital Program (coinsurance only), Basic Medical Program and non-network expenses under the Home Care Advocacy Program (deductible only) and the Mental Health and Substance Abuse Program. The combined annual deductible and annual coinsurance maximum are changing effective September 1, 2014 as the result of the recent negotiated agreement.

Effective January 1, 2014 through August 31, 2014, The Empire Plan combined annual deductible is \$329 for the enrollee, \$329 for the enrolled spouse/domestic partner and \$329 for all dependent children combined.

Effective September 1, 2014, The Empire Plan combined annual deductible increases to \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.

Each \$1,000 deductible amount is reduced to \$500 per calendar year for employees in titles allocated or equated to Salary Grade 6 or below.

The deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims are considered for reimbursement.

Effective January 1, 2014 through August 31, 2014, the combined coinsurance maximum (out-of-pocket) is \$705* for the enrollee, \$705* for the enrolled spouse/domestic partner and \$705* for all dependent children combined.

Effective September 1, 2014, the combined coinsurance maximum (out-of-pocket) increases to \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.

Each \$3,000 coinsurance maximum is reduced to \$1,500 per calendar year for employees in titles allocated or equated to Salary Grade 6 or below.

The 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.

Once the annual coinsurance maximum is reached, you will be reimbursed 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and for any penalties under the Benefits Management Program.

Amounts credited toward your deductible and coinsurance maximum from January 1, 2014 through August 31, 2014 will be applied toward the higher deductible and coinsurance maximum that take effect on September 1, 2014.

*The coinsurance maximum for January 1, 2014 through August 31, 2014 is reduced to \$300 for employees in titles allocated or equated to Salary Grade 6 or below.

Copayments Effective September 1, 2014

Prescription Drug Program

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy, Mail Service Pharmacy, or the designated Specialty Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5
 Level 2 **Preferred** Drugs or Compound Drugs.....\$25
 Level 3 or **Non-preferred** Drugs.....\$45

When you fill your Prescription for a covered drug for a **31- to 90-day supply at a Network Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$10
 Level 2 **Preferred** Drugs or Compound Drugs.....\$50
 Level 3 or **Non-preferred** Drugs.....\$90

When you fill your Prescription for a covered drug for a **31- to 90-day supply through the Mail Service Pharmacy or the designated Specialty Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5
 Level 2 **Preferred** Drugs or Compound Drugs.....\$50
 Level 3 or **Non-preferred** Drugs.....\$90

Note: Oral chemotherapy drugs for the treatment of cancer do not require a copayment. In addition, generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment.

The *Empire Plan Special 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.



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>

Medical/Surgical Program

Guaranteed Access

Effective September 1, 2014, The Empire Plan will guarantee access to primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollee's residence.

Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare). To receive network benefits, enrollees must contact the Medical/Surgical Program at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services and use one of the providers approved by the Program.

You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Program does not guarantee that a provider will be available in a specified time period.

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services. Press 1 for the Medical Program, then the Benefits Management Program and use one of the approved providers to receive network benefits.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Primary Care Physician: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology

Urban: 8 miles
Suburban: 15 miles
Rural: 25 miles

Specialist: Allergy, Anesthesia, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, General Surgery, Hematology/Oncology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pulmonary Medicine, Radiology, Rheumatology, Urology

Urban: 15 miles
Suburban: 25 miles
Rural: 50 miles

Convenience Care Clinics

Effective September 1, 2014, you have more choices when you need treatment for common ailments and injuries. You can get high-quality, affordable services for uncomplicated minor illnesses and preventive health care through Convenience Care Clinics.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies. They are sometimes called "retail clinics," "retail-based clinics" or "walk-in medical clinics." Convenience Care Clinics are usually supported by licensed physicians and staffed by nurse practitioners or physician assistants. Some, however, are staffed by physicians. Currently, there are over 1,350 Convenience Care Clinics located throughout the United States that are part of The Empire Plan Network. Presently, most Convenience Care Clinics in New York State are located in the downstate area. Most Convenience Care Clinics are open seven days a week, 12 hours a day during the workweek and eight hours a day on the weekend.

Results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or an emergency room.

To find a Convenience Care Clinic near you, use the online provider directory located on the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link. On the next page, select Search the Provider Directory and then click on Search for Physicians, Laboratories or Other Facilities. Enter your address by selecting Change Address and then click on the Urgent Care/Convenience Care link under the Facilities section.

Please note that some of the services, particularly vaccinations, are also available to the general public in retail pharmacy locations. Many Convenience Care Clinics are located adjacent to these retail pharmacies. Any services rendered at any retail pharmacy, including vaccines, are not a covered benefit under The Empire Plan Medical/Surgical Program.

Licensed Nurse Practitioners

Effective September 1, 2014, Licensed Nurse Practitioners have been added to the list of Empire Plan providers. Licensed Nurse Practitioners provide health care services similar to those of a physician. They may diagnose and treat a wide range of health problems. In addition to clinical care, Licensed Nurse Practitioners focus on health promotion and counseling, disease prevention and health education. Licensed Nurse Practitioners provide services in accordance with the laws of the state where services are

rendered. Search for Nurse Practitioners by going to <https://www.cs.ny.gov>. Click on Benefit Programs, then on NYSHIP Online and select the Find a Provider tab. Click on The Empire Plan Medical/Surgical Provider Directory link, select Search the Provider Directory and then click on Search for Physicians, Laboratories or Other Facilities. Enter your address by selecting Change Address and then type Nurse Practitioners in the New Search field.

Prescription Drug Program

New to You Prescription Drug Benefit

Effective September 1, 2014, for certain maintenance medications, at least two 30-day supplies must be filled using your Empire Plan Prescription Drug benefits before a supply greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Service Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days worth of the drug has been previously dispensed. If not, only a 30-day fill will be approved. This requirement is not subject to appeal.

The requirement is designed to reduce waste and lower costs to the Plan when an enrollee starts a new medication. Categories include, but are not limited to, asthma, cardiovascular, diabetes, beta-blockers and antidepressants. If you submit a 90-day prescription, and do not have the required history with the medication, 30 days will be filled automatically.

If you have questions about which maintenance medications this applies to, you may call The Empire Plan toll free number at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

Brand for Generic

Effective September 1, 2014, your Empire Plan Prescription Drug Program benefits will include a Brand for Generic feature, which will save you money on certain brand-name drugs that have a new generic equivalent available.

When the generic version of a drug first becomes available, the cost to the Plan is often higher than the cost of the brand-name version. The Brand for Generic feature allows The Empire Plan to place a brand-name drug on Level 1 (the lowest copayment level) and place the generic equivalent on Level 3 (the highest copayment level) or exclude it. These placements are for a limited time, typically six months, and may be revised during the year.

When you go to the pharmacy to fill your prescription, a message will prompt the pharmacist to dispense the lower cost brand-name version at the Level 1 copayment instead of the Level 3 generic version with the higher copayment.

Prior Authorization Drug List

The Empire Plan Prescription Drug Program requires prior authorization for some medications based on diagnosis, clinical recommendations or quality limit specifications. For a list of the most commonly prescribed medications that require prior authorization, go to the Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. From the homepage, select Using Your Benefits and then click on the link for Drugs that Require Prior Authorization.

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.



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).



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.



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.



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.



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.



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.

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>.

The Empire Plan NurseLineSM Call for health information and support, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure.

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

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Information for the Enrollee, Enrolled Dependents
and Young Adult Option and COBRA Enrollees

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Please do not send mail
or correspondence to the
return address. See page 8
for address information.

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. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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