October 2023

NYSHIP
New York State
Health Insurance Program

HEALTH INSURANCE CHOICES for 2024

SUPPLEMENT

This flyer is a companion document to the *Health Insurance Choices for 2024* booklet. It explains your benefits as a NYSHIP enrollee in a negotiating unit that does not have an agreement/award with New York State as of the date this document was printed.

Please refer to this document in place of the corresponding pages in *Choices* for information about your Empire Plan benefits

For employees of the State of New York who are represented by C-82, DC-37, NYSCOPBA, PBA, PBANYS and PIA and their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees

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

THE EMPIRE PLAN NYSHIP CODE #001

This section summarizes benefits available under each portion of The Empire Plan as of January 1, 2024.[1] Visit NYSHIP Online or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for additional information on the following programs.

MEDICAL/SURGICAL PROGRAM

Medical and surgical coverage through:

- **Participating Provider Program** – The Participating Provider Program network administered by UnitedHealthcare includes over 1.2 million physicians, laboratories and other providers, such as physical therapists, occupational therapists and chiropractors, located throughout the United States. Certain services are subject to a $25 copayment.
- **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.
- **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)** – Benefits for home care, durable medical equipment and certain medical supplies (including diabetic and ostomy supplies), enteral formulas and diabetic shoes are paid in full. Prior authorization is required. Guaranteed access to network benefits nationwide. Limited non-network benefits available (see the *Empire Plan Certificate* for details).
- **Managed Physical Medicine Program (MPMP)** – Chiropractic treatment, physical therapy and occupational therapy through a network provider are subject to a $25 copayment. Unlimited network benefits when medically necessary. Guaranteed access to network benefits nationwide. Non-network benefits available.
- **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) scan, 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

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

- Inpatient hospital stays are covered at no cost to you.
- Outpatient hospital and emergency care are subject to network copayments.
- 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 outpatient hospital 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.

[1] These benefits are subject to medical necessity and to limitations and exclusions described in the *Empire Plan Certificate*.

If you are an Empire Plan-primary enrollee,[2] you will be subject to 10 percent coinsurance for inpatient stays at a **non-network hospital**. For outpatient services received at a non-network hospital, you will be subject to the greater of 10 percent coinsurance or $75 per visit. The Empire Plan will begin to cover 100 percent of the billed charges for covered inpatient and outpatient services only after the combined annual coinsurance maximum threshold has been reached.

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

- Your hospital care is an emergency or urgent
- You do not have access to a network facility within a 30-mile radius or 30-minute travel time from your home address that can provide the medically necessary services that you require
- Another insurer or Medicare provides your primary coverage
- You are in an ongoing course of treatment or are pregnant when a hospital leaves the network

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 of the following inpatient stays:

- Before a scheduled (nonemergency) hospital admission (except maternity and detoxification)
- Within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission
- 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.

MENTAL HEALTH AND SUBSTANCE USE PROGRAM

The Mental Health and Substance Use (MHSU) Program offers both network and non-network benefits.

Network Benefits

(unlimited when medically necessary)

If you call the MHSU Program before you receive services, you receive:

- Inpatient services, paid in full
- Crisis intervention, paid in full for up to three visits per crisis; after the third visit, the $25 copayment per visit applies
- Outpatient services, including office visits, home-based or telephone counseling and nurse practitioner services, for a $25 copayment per visit
- Intensive Outpatient Program (IOP) with an approved provider for a $25 copayment per day

Non-Network Benefits[3]

(unlimited when medically necessary)

Covered services received from a nonparticipating practitioner or non-network facility are subject to cost sharing requirements. See Cost Sharing on page 4 for additional information.

Outpatient counseling sessions for family members of an individual being treated for alcohol or substance use are covered for a maximum of 20 visits per year for all family members combined.

THE EMPIRE PLAN NURSELINE℠

For health information and support, call The Empire Plan and press or say 5 for the NurseLine℠.

Registered nurses are available 24 hours a day, seven days a week. All calls are confidential.

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

[3] You are responsible for ensuring that MHSU Program certification is received for care obtained from a non-network practitioner or facility.

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 depends on whether the provider you use participates in the Plan. You receive the maximum plan benefits when you use participating providers. For more information, ask your HBA for a copy of *Reporting On Network Benefits* or view it on NYSHIP Online.

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

Even if there are no network providers in your area, you are guaranteed access to network benefits within the United States and its territories for the following services if you call The Empire Plan at 1-877-769-7447 beforehand to arrange care:

- Mental Health and Substance Use (MHSU) Program services
- Managed Physical Medicine Program (MPMP) services (physical therapy, chiropractic care and occupational therapy)
- 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 payable under the **Basic Medical Program** and are subject to a deductible and/or coinsurance.

Annual Maximum Out-of-Pocket Limit

There is a limit on the amount you are expected to pay out of pocket for in-network services and supplies during the plan year. Once you reach the limit, you will have no additional copayments. Please see page 11 for more information.

Combined Annual Deductible

For Medical/Surgical and MHSU Program services received from a nonparticipating provider or non-network facility, The Empire Plan has a combined annual deductible that must be met before covered services under the Basic Medical Program and non-network expenses under both the HCAP and MHSU Programs can be reimbursed. See the table on page 5 for 2024 combined annual deductible amounts. The Managed Physical Medicine Program (MPMP) has a separate deductible ($250 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 the combined annual deductible has been met, The Empire Plan considers 80 percent of the usual and customary charge for the Basic Medical Program and non-network practitioner services for the MHSU Program, 50 percent of the network allowance for covered services for non-network HCAP or MPMP services and 90 percent of the billed charges for covered services for non-network approved facility services for the MHSU 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, 10 percent for non-network MHSU-approved facility services and the remaining 50 percent of the network allowance for covered, non-network HCAP or MPMP services.

Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum that must be met before covered services under the Basic Medical Program and non-network expenses under the Hospital and MHSU Programs will be fully reimbursed. See the table on page 5 for 2024 combined annual coinsurance maximum amounts.

After you reach the combined annual coinsurance maximum, you will be reimbursed up to 100 percent of covered charges under the Hospital Program and 100 percent of the usual and customary charges for services covered under the Basic Medical Program and MHSU Program. 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.

2024 COMBINED ANNUAL DEDUCTIBLE AND ANNUAL COINSURANCE MAXIMUM AMOUNTS

Enrollee Group/Category	Combined Annual Deductible	Combined Annual Coinsurance Maximum
Enrollee	$1,250	$3,750
Enrolled spouse/domestic partner	$1,250	$3,750
Dependent children combined	$1,250	$3,750
Enrollees[1] in titles equated to Salary Grade 6 and below	$625	$1,875

[1] And each deductible or coinsurance maximum amount for an enrolled spouse/domestic partner and dependent children combined.

The combined annual coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and MHSU Program. The Managed Physical Medicine Program and HCAP do not have a coinsurance maximum.

Basic Medical Provider Discount Program

If you are Empire Plan primary, the Plan also includes a program to reduce your out-of-pocket costs when you use a nonparticipating provider. The 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. Under this Program, 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 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, choose the Medical/Surgical Program and ask a representative for help. You can also find this information on NYSHIP Online.

PRESCRIPTION DRUG PROGRAM

The Prescription Drug Program does not apply to those who have drug coverage through a union Employee Benefit Fund. If you are Medicare primary or will be in 2024, ask your HBA for a copy of 2024 Choices *for Retirees for information about your coverage under Empire Plan Medicare Rx, a Medicare Part D prescription drug program.*

Advanced Flexible Formulary Drug List

The Empire Plan Prescription Drug Program has a flexible formulary drug list for prescription drugs. Designed to provide enrollees and the Plan with the best value in prescription drug spending, the **Advanced Flexible Formulary** excludes coverage for certain brand-name and generic drugs that have no clinical advantage over other covered medications in the same therapeutic class. View the list on NYSHIP Online.

Copayments for Covered Drugs

The following copayments apply for covered drugs purchased from a network pharmacy, the mail service pharmacy or the designated specialty pharmacy. Prior authorization is required for certain drugs.

Certain covered drugs do not require a copayment when using a network pharmacy:

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent
- Tamoxifen, raloxifene, anastrozole and exemestane, when prescribed for the primary prevention of breast cancer
- Medications used for emergency contraception and pregnancy termination
- Certain preventive adult vaccines, when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network

When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 or non-preferred 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, unless the brand-name drug has been placed on Level 1 of the Advanced Flexible Formulary. Exceptions apply.

COPAYMENTS FOR COVERED DRUGS		
Up to a 30-day Supply from a Network Pharmacy, the Mail Service Pharmacy or the Designated Specialty Pharmacy	Level 1 Drugs or Most **Generic** Drugs	$5
	Level 2 Drugs, **Preferred** Drugs or Compound Drugs	$30
	Level 3 Drugs or **Non-Preferred** Drugs	$60
31- to 90-day Supply from a Network Pharmacy	Level 1 Drugs or Most **Generic** Drugs	$10
	Level 2 Drugs, **Preferred** Drugs or Compound Drugs	$60
	Level 3 Drugs or **Non-Preferred** Drugs	$120
31- to 90-day Supply from the Mail Service Pharmacy or the Designated Specialty Pharmacy	Level 1 Drugs or Most **Generic** Drugs	$5
	Level 2 Drugs, **Preferred** Drugs or Compound Drugs	$55
	Level 3 Drugs or **Non-Preferred** Drugs	$110

You can use a non-network pharmacy or pay out of pocket at a network pharmacy (instead of using your Empire Plan Benefit Card) and submit 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.

Annual Maximum Out-of-Pocket Limit

There is a limit on the amount you are expected to pay out of pocket for covered prescription drugs received from a network pharmacy during the plan year. Once you reach the limit, you will have no additional copayments for prescription drugs. Please see page 11 for more information.

Specialty Pharmacy Program

CVS Caremark Specialty Pharmacy is the designated pharmacy for The Empire Plan Specialty Pharmacy Program. The Program provides 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), including disease and drug education; compliance, side effect and safety management; expedited, scheduled delivery of medications at no additional charge; refill reminder calls; and coordination of all necessary supplies (such as needles and syringes) applicable to the medication. Under the Program, you are covered for an initial 30-day fill of most specialty medications at a retail pharmacy, but all subsequent fills must be obtained through CVS Caremark Specialty Pharmacy. When CVS Caremark dispenses a specialty medication, the applicable mail service copayment is charged. The complete list of specialty drugs included in the Program is available on NYSHIP Online. To get started with CVS Caremark Specialty Pharmacy, request refills or speak to a specialty-trained pharmacist or nurse, call The Empire Plan, choose the Prescription Drug Program and ask to speak with Specialty Customer Care.

THE EMPIRE PLAN

For employees of the State of New York who are represented by C-82, DC-37, NYSCOPBA, PBA, PBANYS and PIA; and their enrolled dependents, COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees.

Benefits	Network Hospital Benefits[1,2]	Participating Provider[2]	Nonparticipating Provider
Office Visits[2]		$25 per visit	Basic Medical[3]
Specialty Office Visits[2]		$25 per visit	Basic Medical[3]
Diagnostic Services:[2]			
Radiology	$50 per outpatient visit	$25 per visit	Basic Medical[3]
Lab Tests	$50 per outpatient visit	$25 per visit	Basic Medical[3]
Pathology	No copayment	$25 per visit	Basic Medical[3]
EKG/EEG	$50 per outpatient visit	$25 per visit	Basic Medical[3]
Radiation, Chemotherapy, Dialysis	No copayment	No copayment	Basic Medical[3]
Women's Health Care/ Reproductive Health:[2]			
Well-Woman Exams		No copayment	Basic Medical[3]
Screenings and Maternity-Related Lab Tests	$50 per outpatient visit	$25 per visit	Basic Medical[3]
Mammograms	No copayment	No copayment	Basic Medical[3]
Pre/Postnatal Visits		No copayment[4]	Basic Medical[3]
Bone Density Tests	$50 per outpatient visit	$25 per visit	Basic Medical[3]
Breastfeeding Services and Equipment		No copayment for pre/postnatal counseling and equipment purchased from a participating provider; one double-electric breast pump per birth	
External Mastectomy Prostheses		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[5]
Family Planning Services[2]		$25 per visit	Basic Medical[3]

Infertility Services	$50 per outpatient visit[6]	$25 per visit; no copayment at designated Centers of Excellence[6]	Basic Medical[3]
Contraceptive Drugs and Devices		No copayment for certain FDA-approved oral contraception methods and counseling	Basic Medical[3]
Inpatient Hospital Surgery	No copayment[7]	No copayment	Basic Medical[3]
Outpatient Surgery	$95 per visit	$50 per visit[8]	Basic Medical[3]
Weight Loss/Bariatric Surgery	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Applicable Inpatient Hospital Surgery or Outpatient Surgery copayment (see above)	Basic Medical[3]
Emergency Department	$100 per visit[9]	No copayment	Basic Medical[3,10]
Urgent Care	$50 per outpatient visit[11]	$30 per visit	Basic Medical[3]
Ambulance	No copayment[12]	$70 per trip[13]	$70 per trip[13]
Telehealth[14]		$25 per visit	Basic Medical[3]
Mental Health Practitioner Services		$25 per visit	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see pages 4–5 for details)

1 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 3).

2 Copayment waived for preventive services under the PPACA. See www.hhs.gov/healthcare/about-the-aca/preventive-care or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.

3 See Cost Sharing (beginning on page 4) for Basic Medical information.

4 Routine obstetrical ultrasounds may be subject to a $25 copayment.

5 Any single external mastectomy prosthesis costing $1,000 or more requires prior approval.

6 Certain qualified procedures are subject to a $50,000 lifetime allowance.

7 Preadmission certification required.

8 In outpatient surgical locations (Medical/Surgical Program), the copayment for the facility charge is $50 per visit. In a provider's office, the copayment is $25 per visit.

9 Copayment waived if admitted.

10 Attending emergency department physicians and other providers, including providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and/or pathology services, are covered at no cost to the enrollee. Other providers are considered under the Basic Medical Program and are not subject to deductible or coinsurance.

11 At a hospital-owned urgent care facility only.

12 If service is provided by admitting hospital.

13 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.

14 Copayments are waived for medical and mental health visits accessed through LiveHealth Online, currently administered through Anthem Blue Cross.

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Benefits	Network Hospital Benefits[1,2]	Participating Provider[2]	Nonparticipating Provider
Approved Facility Mental Health Services		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see pages 4–5 for details)
Outpatient Drug/Alcohol Rehabilitation		$25 per day to approved Intensive Outpatient Program	Applicable annual deductible, 80% of usual and customary; after applicable coinsurance max, 100% of usual and customary (see pages 4–5 for details)
Inpatient Drug/Alcohol Rehabilitation		No copayment	90% of billed charges; after applicable coinsurance max, covered in full (see pages 4–5 for details)
Durable Medical Equipment		No copayment (HCAP)	50% of network allowance (see the *Empire Plan Certificate*)
Prosthetics		No copayment[15]	Basic Medical[3,15] $1,500 lifetime maximum benefit for prosthetic wigs not subject to deductible or coinsurance
Orthotic Devices		No copayment[15]	Basic Medical[3,15]
Rehabilitative Care (not covered in a skilled nursing facility if Medicare primary)	No copayment as an inpatient; $25 per visit for outpatient physical therapy following related surgery or hospitalization[16]	Physical or occupational therapy $25 per visit (MPMP) Speech therapy $25 per visit	$250 annual deductible, 50% of network allowance (MPMP) Basic Medical[3]
Diabetic Supplies		No copayment (HCAP)	50% of network allowance (see the *Empire Plan Certificate*)
Insulin and Oral Agents (covered under the Prescription Drug Program, subject to drug copayment)			
Diabetic Shoes		$500 annual maximum benefit	75% of network allowance up to an annual maximum benefit of $500 (see the *Empire Plan Certificate*)
Hospice	No copayment, no limit		10% of billed charges up to the combined annual coinsurance maximum

Skilled Nursing Facility[17,18]	No copayment		10% of billed charges up to the combined annual coinsurance maximum
Prescription Drugs (see pages 6–7):			
Specialty Drugs (see page 7)			
Additional Benefits:			
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
Annual Out-of-Pocket Maximum	Individual coverage: $3,300 for the Prescription Drug Program.[18] $6,150 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs. Family coverage: $6,650 for the Prescription Drug Program.[18] $12,250 shared maximum for the Hospital, Medical/Surgical and Mental Health/Substance Use Programs.		Not available
Out-of-Area Benefit	Benefits for covered services are available worldwide.		

24-hour NurseLine[SM] for health information and support at 1-877-7-NYSHIP (1-877-769-7447); press or say 5.

Voluntary disease management programs available for conditions such as asthma, attention deficit hyperactivity disorder (ADHD), cardiovascular disease (CAD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), congestive heart failure, depression, diabetes and eating disorders.

Diabetes education centers for enrollees who have a diagnosis of diabetes.

For more information regarding covered vaccines, tests and screenings, see the *Empire Plan Preventive Care Coverage Guide* on NYSHIP Online under Publications or visit www.hhs.gov/healthcare/about-the-aca/preventive-care.

1 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 3).

2 Copayment waived for preventive services under the PPACA. See www.hhs.gov/healthcare/about-the-aca/preventive-care or NYSHIP Online for details. Diagnostic services require plan copayment or coinsurance.

3 See Cost Sharing (beginning on page 4) for Basic Medical information.

15 Benefit paid up to cost of device meeting individual's functional need.

16 Physical therapy must begin within six months of the related surgery or hospitalization and be completed within 365 days of the related surgery or hospitalization.

17 Up to 120 benefit days; Benefits Management Program provisions apply.

18 Does not apply to Medicare-primary enrollees.

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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 websites. 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.

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Choices 2024/Active Supplement NY1478