



The Empire Plan

Special Report

Information about your new NYSHIP benefits effective July 1, 2023.



Empire Plan Special Report

May 2023 • Participating Employers

New York State Health Insurance Program (NYSHIP) for Active Employees enrolled in The Empire Plan through Participating Employers (PEs), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their Empire Plan benefits

IN THIS REPORT

- 2 Special Option Transfer Period
- 3 Empire Plan Changes
- 9 Reminders
- 10 Contact Information

Changes Effective July 1, 2023

This *Special Report* describes changes affecting your NYSHIP Empire Plan coverage that will take effect on July 1, 2023. These changes were negotiated by State employee unions and were administratively extended to active employees of Participating Employers. They include:

- Reduced in-network maximum out-of-pocket limits (page 4)
- Single visit copayment (page 4)
- Center of Excellence (COE) for Substance Use Disorder (page 5)
- New reimbursement methodology for non-network claims (page 6)

Special Option Transfer Period

This publication outlines July 1, 2023 changes to your NYSHIP Empire Plan coverage. You will have the opportunity to change your NYSHIP option for the remainder of 2023 during the upcoming Special Option Transfer Period (**June 1 through June 30, 2023**). During this time, you may choose to change your plan option between The Empire Plan and a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. Contact your agency Health Benefits Administrator (HBA) for information regarding rates, payroll deduction dates and when your new option will take effect.

Note: Enrollment in a pre-tax contribution program limits changes to your pre-tax health insurance deduction for the current plan year. If your employer offers a pre-tax contribution program, and you are considering changing your type of coverage, contact your HBA regarding possible restrictions to changes in your health insurance premium deduction during the Special Option Transfer Period.

Option Information

If you are considering changing your health insurance plan, refer to *Health Insurance Choices for 2023*.^{*} This guide provides a detailed comparison of NYSHIP benefits, including The Empire Plan and NYSHIP-approved HMOs, as well as the procedures for changing options. *Choices* is available online or from your HBA.

^{*} **Note:** Empire Plan benefit changes described in this *Report* are not reflected in *Choices*, but HMO benefit descriptions are accurate for the remainder of the 2023 plan year.

How to Change Options

If you wish to change your option during the special mid-year Special Option Transfer Period, contact your HBA for the *NYSHIP Health Insurance Transaction Form for NYS & PE Employees (PS-404)*. Return the completed and signed form to your HBA by the Special Option Transfer Period deadline (June 30, 2023).

For questions about your benefits, contact your HBA or The Empire Plan, choose the Medical/Surgical Program (see *Contact Information*, page 10) and then select the appropriate prompt for plan benefit questions.

Empire Plan Changes

July 1, 2023 Benefit Changes and Resources

This *Special Report* provides an overview of the changes that will take effect beginning in July. It is important that you understand them in order to manage your care and its cost. An informational presentation is also available to you; simply scan the QR code at the bottom of the page with your mobile device or tablet to access it. This approximately 12-minute resource is also posted on NYSHIP Online (see *Benefits on the Web*, page 10) under What's New.

Revised At A Glance Publication

In addition to these resources, the Empire Plan *At A Glance* publication will be updated to reflect these changes and it will be mailed to your home address in July with an updated *Out of Network Reimbursement Disclosure*. Some supplemental publications that are usually inserted with this mailing are not changing and are available online, so they will not be mailed again. Please remove the January 1, 2023 *Empire Plan Advanced Flexible Formulary* and the 2023 version of the *Preventive Care Coverage Guide* from the January 1, 2023 *At A Glance* mailing and keep them for your reference. Remember that you can find the most updated version of the formulary on NYSHIP Online under the Using Your Benefits tab.

New Empire Plan Benefit Cards

To comply with federal law, new Empire Plan benefit cards will be issued to you and your covered dependents in advance of the July 1, 2023 changes. Please be sure to use the new card and securely destroy the old one. If you have questions about your Empire Plan benefit card, contact your Health Benefits Administrator. For questions regarding your Empire Plan benefits, call the Plan and select the prompt for the appropriate Program (see *Contact Information*, page 10).

Updated Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage. Some terms used in the *SBC* are defined in the *Uniform*



Glossary, a non-customized companion document to the *SBC*. The *SBC* will be updated for July 1, 2023, to reflect these benefit changes.

To view the updated *SBC* or the *Uniform Glossary* for The Empire Plan, visit www.cs.ny.gov/sbc and choose Participating Employers. To request a copy, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10).

To Access the Presentation Using the QR Code

Open the camera on your device and scan the QR code below. Be sure that the entire code is visible. Tap the link that appears on your device screen to open the presentation. The Empire Plan July 2023 Benefit Changes Presentation works best when used with the latest versions of the following browsers: Microsoft Edge, Firefox, Safari and Chrome. If you prefer to access the presentation without using the code, go to the What's New tab on NYSHIP Online and select the posting for the presentation.



Reduced In-Network Maximum Out-of-Pocket Limits

The federal Patient Protection and Affordable Care Act sets new annual amounts that limit total network out-of-pocket costs and they apply unless the Plan sets lower limits. **Effective July 1, 2023**, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan will be reduced from \$9,100 to \$4,000 for Individual coverage and from \$18,200 to \$8,000 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs as specified in the chart below. Your in-network out-of-pocket costs, such as copayments for covered in-network services, will not exceed these amounts. Once you reach the limit, network benefits, including copayments, are covered at no cost to you.

Note: If you have already met the maximum out-of-pocket limit in effect on July 1, 2023, you will no longer be responsible for any in-network cost share for the remainder of the year. Out-of-pocket expenses incurred from January 1, 2023–June 30, 2023 will roll forward and count toward the new limits.

If you have questions about your maximum out-of-pocket limit for prescription drugs, call The Empire Plan and choose the Prescription Drug Program (see *Contact Information*, page 10). If you have questions about your limit for all other covered in-network services, choose the Medical/Surgical Program.

2023 Maximum In-Network Out-of-Pocket Limits						
	January 1 – June 30, 2023			July 1 – December 31, 2023		
	Total	Prescription Drugs	All Other Covered In-Network Services, Combined	Total	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$9,100	\$3,200*	\$5,900	\$4,000	\$1,400*	\$2,600
Family Coverage	\$18,200	\$6,400*	\$11,800	\$8,000	\$2,800*	\$5,200

* Does not apply to Medicare-primary enrollees.

Single Visit Copayment

Effective July 1, 2023, only a single \$25 copayment will be charged for all covered services provided under the Medical/Surgical Program (office visit, office surgery, radiology, diagnostic test or laboratory service) by a participating provider in a single visit.

Note: Copayment amounts are not changing, so your existing copayment card is still valid. Contact your HBA if you need a replacement copayment card.

Visit Limit for Massage Therapy

Massage therapy will continue to be covered under the Basic Medical Program, subject to the annual deductible and 20 percent coinsurance.

Effective July 1, 2023, there will be a maximum of 20 visits per calendar year allowed under the Plan. Massage therapy provided by a network physician or provider will also count toward the new maximum.

Visits to a network Managed Physical Medicine Provider do not generally count toward the 20-visit limit. In addition, any massage therapy services rendered prior to July 1, 2023, do not count toward the new maximum.

Visit Limit for Acupuncture Services

Acupuncture services with a participating provider are subject to a single copayment with no annual visit limit and this benefit is not changing. If you choose to receive acupuncture services from a nonparticipating provider, however, you will be subject to a maximum of 20 visits per calendar year beginning July 1, 2023 and the deductible and 20 percent coinsurance will apply. Visits prior to July 1, 2023, do not count toward the new maximum.

New Center of Excellence for Substance Use Disorder

Since the start of the COVID-19 pandemic, researchers have observed a dramatic increase in substance use in the United States as a way of coping with social isolation, stress and decreased access to treatment. In an effort to increase access to care and provide enrollees and their families with the support they need, The Empire Plan has developed a new Center of Excellence (COE) for Substance Use Disorder in partnership with the nationally recognized Hazelden Betty Ford (HBF) Foundation, trusted experts in treating addiction.

Note: The program is only available for Empire Plan-primary enrollees; Medicare-primary members are not eligible.

The COE will offer paid-in-full, high-quality treatment services to you and your covered dependents at HBF Foundation locations throughout the United States, including detox facilities located in California, Minnesota and Oregon and outpatient services in California, Florida, Illinois, Minnesota, New York, Oregon and Washington. Participation in a COE program is voluntary and if the Mental Health and Substance Use (MHSU) Program authorizes benefits, the following services are available:

- Assessment prior to treatment
- Full evaluation at the provider site
- Detox and residential rehabilitation
- Care coordination for transition back to home community
- Program for children ages seven to 12 who are impacted by addiction
- Family treatment and support, including individual virtual support services

Benefits include substance use care for the first 90 days of treatment, including any potential relapse or readmission needs. When applicable, a travel, lodging and meal allowance is available. The travel allowance will include coverage for up to two companions, regardless of the patient's age.

If you have questions regarding the new COE Program, call The Empire Plan and choose the MHSU Program (see *Contact Information*, page 10).

Beacon Health Options Is Now Carelon Behavioral Health

Effective March 1, 2023, Beacon Health Options, the administrator for the Empire Plan Mental Health and Substance Use (MHSU) Program, has changed its name to Carelon Behavioral Health, Inc. There will be no impact or changes to coverage or the level of support because of the name change. You and your dependents will still have access to the same network of credentialed providers offering the highest level of care under the MHSU Program. You will also see the new logo below on the back of your reissued Empire Plan benefit card. For information about the new online MHSU Program services, Talkspace and Equip, see page 12.



Covered-in-Full Benefit for Mastectomy Bras

Effective July 1, 2023, mastectomy bras obtained from a nonparticipating provider will no longer be subject to deductible or coinsurance. This means that you or your covered dependent will have a paid-in-full benefit regardless of whether the provider participates with The Empire Plan.

COVID-19 Immunizations

As established by the Patient Protection and Affordable Care Act and in accordance with guidance provided by the Centers for Disease Control and Prevention, COVID-19 vaccines are now included on the list of covered immunizations. As a result, you continue to have coverage with no copayment required at a participating provider for all preventive care immunizations, including COVID-19 immunizations. Covered preventive immunizations obtained at a CVS Caremark National Vaccine Network Pharmacy will be paid in full and do not require a copayment, subject to age limitations and CDC guidelines.

New Reimbursement Methodology for Non-Network Claims

The Empire Plan's benefit design allows enrollees and covered dependents to use out-of-network providers for services under the Medical/Surgical Program (through the Basic Medical Program) and the Mental Health and Substance Use (MHSU) Program. **Effective July 1, 2023**, the allowed amount for reimbursement of non-network claims will be based on 275 percent of the Medicare rates published by the Centers for Medicare & Medicaid Services (CMS), instead of the current methodology of 90th percentile of FAIR Health® rates. This means that when you choose a nonparticipating provider, you will be reimbursed at rates based upon those that Medicare pays. Since out-of-network providers can balance bill you for their full charges, this could result in higher out-of-pocket costs. Consider using a participating provider to avoid large out-of-pocket costs.

Please refer to the following questions and answers for additional information about this change.

Q: What types of services are affected by this change?

A: Services impacted are non-emergency services from an out-of-network provider such as a scheduled office visit or surgical procedure under the Medical/Surgical Program or outpatient services under the MHSU Program. For example, an appointment you scheduled with a provider who is not in The Empire Plan network.

Q: What does this change mean to me if I always see providers who are in The Empire Plan network?

A: This change does not impact you. In fact, Empire Plan benefits are improving on July 1, 2023, so only one \$25 copayment is charged during a single office visit when using a network provider. Previously, up to two copayments could be charged during an office visit when there were laboratory tests or diagnostic services performed, such as an X-ray or electrocardiogram (EKG).

Q: How can I make sure that a provider is in The Empire Plan network?

A: You can check the online directory on NYSHIP Online and select the link to the appropriate online directory (Medical/Surgical Program or MHSU Program) or call The Empire Plan and select the appropriate Program (see *Contact Information*, page 10).

For mental health or substance use disorder providers, press or say 3 and choose the prompt for the Clinical Referral Line (CRL). If there are no network providers in your area, you have guaranteed access to network benefits if you use the CRL to help you arrange care with an appropriate provider.

Q: What does this change mean to me if I choose to see an out-of-network provider?

A: You may have higher out-of-pocket costs. The Empire Plan will be using 275 percent of Medicare rates published by the Centers for Medicare & Medicaid Services (CMS) as the basis for the amount allowed on out-of-network claims. This may increase the amount you must pay for out-of-network claims. While you continue to be responsible for a deductible and coinsurance when using out-of-network providers (\$1,250 deductible and \$3,750 coinsurance), your provider may choose to bill you their full charges beyond your deductible and coinsurance (balance billing).

Q: What does it mean that a provider can balance bill me for services?

A: An out-of-network provider can bill you for the difference between their billed amount and the amount allowed by The Empire Plan. **Note:** When using a **network** provider or facility, you have additional protections against balance billing and surprise bills. You have no protections against balance billing when you choose to receive non-emergency services from an out-of-network provider and this could result in larger out-of-pocket costs for you.

Q: How will I know if the provider will balance bill me for a visit or service?

A: For non-emergency services, it is your responsibility to know whether a provider you choose is in The Empire Plan network. If the provider is not in the network, you may ask the provider to disclose their fees. Keep in mind that a separate deductible and coinsurance apply for any out-of-network services that you, your spouse or your dependents receive.

Q: I need a specialist and there are not any network providers in my area. What should I do?

A: You should call The Empire Plan (see *Contact Information*, page 10). For medical/surgical providers, press or say 1 and for mental health or substance use disorder providers, press or say 3 and choose the prompt for the Clinical Referral Line (CRL). The Empire Plan can assist you in obtaining network benefits from a medical/surgical provider if there is not a network provider within 30 miles or 30 minutes from your home address. Under the MHSU Program, if there are no network providers in your area, you have guaranteed access to network benefits if you use the CRL to help you arrange care with an appropriate provider.

Q: What is an example of costs when using an out-of-network provider instead of a network provider?

A: Mary, an Empire Plan member, chooses to see an Empire Plan provider about her ear pain. By choosing a network provider, the only out-of-pocket expense that Mary will have to pay is her \$25 participating provider copayment.

Bob, Mary's spouse, has joint pain in his knee. Bob decides to seek care from an out-of-network provider. This provider charges Bob \$380 for an office visit and requires that Bob pay the full cost up front. Following the visit, Bob submits a claim for \$380. Under the Basic Medical Program, The Empire Plan will allow \$300 based on the Medicare published rates. Since Bob already met his deductible, The Empire Plan will cover 80 percent of the \$300, or \$240. The other \$140 are Bob's out-of-pocket expenses (\$80 balance billing amount plus \$60 coinsurance). If Bob had chosen an Empire Plan network provider, his only out-of-pocket expense would have been a \$25 copayment.

Q: If I choose to see an out-of-network provider, can I find out in advance what my out-of-pocket costs might be?

A: Yes, you can request a predetermination of benefits from The Empire Plan to help determine what your actual costs will be. For Medical/Surgical Program services, your provider will need to complete the *Empire Plan Predetermination Form* on your behalf.

Once complete, either you or your provider can mail it to the address listed on the form.

Although there is no predetermination of benefits service under the MHSU Program, remember that precertification is required for the following outpatient services, regardless of whether the provider is in the The Empire Plan network:

- Intensive outpatient program for mental health
- Structured outpatient program for substance use disorder
- Outpatient detoxification
- Transcranial Magnetic Stimulation (TMS)
- Applied Behavioral Analysis (ABA)

If you need additional assistance with requesting a predetermination of benefits or precertification of benefits, you can call The Empire Plan and select the prompt for the appropriate Program (see *Contact Information*, page 10).

Q: Can I appeal a bill from an out-of-network provider?

A: No, unless you believe the services should be considered under surprise billing rules. Surprise billing protections generally apply for emergency services, when you utilize a network facility or for specific circumstances, such as a provider sending a specimen to a non-network laboratory without your consent. **To best protect yourself from large, unexpected bills, you should choose a network provider or facility.**

Q: Does this change have any impact on when a bill from a non-network provider is considered a surprise bill?

A: No, this change does not impact surprise billing rules. These rules provide you with protections if you did not choose to receive care from an out-of-network provider. Your Explanation of Benefits (EOB) will provide you with information on who to contact if you believe you have received a surprise bill.

As a reminder, the MHSU Clinical Referral Line is available 24 hours a day, 7 days a week and can help you find mental health and substance use disorder providers. The Empire Plan NurseLineSM is also available 24/7 and registered nurses can help you find network medical providers or assist you with questions about a medical concern or condition.

Future Moms Becomes Building Healthy Families Program

Because every family grows in its own way, The Empire Plan's Future Moms Program has been expanded, enhanced and renamed the Building Healthy Families (BHF) Program, **effective January 1, 2023**. BHF is designed to help your family grow strong whether you're trying to conceive, expecting a child or raising young children.

The BHF Program provides all-inclusive assistance for pre-conception, pregnancy and family care at no cost to you. The enhanced BHF Program recognizes every individual's and/or family's unique path to parenthood and offers comprehensive support 24 hours a day, seven days a week, to answer your family-planning questions at every stage.

Providing personalized digital support and case management for high-risk members, BHF helps participants stay connected, engaged and informed. Enhanced features include:

- Pre-pregnancy planning, new baby education and family care
- Support in prenatal, maternity and postpartum care for members who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+)
- Nurse case management for high-risk members
- Access to a health coach via chat, email or phone
- Tracking tools for ovulation, weight, blood pressure, due date and prenatal milestones
- Meditation/mindfulness tools

To learn more about the BHF Program or to enroll, call The Empire Plan and choose the Hospital Program (see *Contact Information*, page 10) or visit www.empireblue.com/nys.

Infusion Therapy Site of Care Program

Alternate site-of-care infusion therapy options have been proven to provide many patients with a safe and convenient alternative to infusion therapy in an outpatient hospital setting. Treatment at home, in your doctor's office or in a freestanding infusion suite is often preferable to infusions in an outpatient hospital setting because it is more convenient and allows many patients to return to their normal activities sooner.

Effective July 1, 2023, The Empire Plan will implement a Site of Care Program for Infusions for Empire Plan-primary enrollees and dependents. The program applies to infusions of Remicade (and its biosimilars), a prescription drug used to treat conditions such as rheumatoid arthritis, ulcerative colitis and Crohn's disease. Under the new program, infusions that can be safely administered outside of a hospital setting will be transitioned to a freestanding infusion suite, your doctor's office or your home. When infusion therapy is reviewed by the program for medical necessity, the setting will also be reviewed to ensure it's being done in the most appropriate location. Patients who are currently using infusion therapy of Remicade or its biosimilars will receive a letter from the program to help transition them to an alternate setting and in the future, the program will be expanded to include additional specialty drug infusion therapies.

Talk to your doctor to determine whether an alternate site of care is clinically appropriate for you or your dependent's infusion. The Empire Plan will help you find alternate settings and offer options to both you and your doctor. The medical or prescription drug copayments associated with infusions will be waived when you choose a non-hospital infusion site of care, just as they are now in an outpatient hospital setting.

If you have questions about the Site of Care Program for Infusions, talk to your doctor or call The Empire Plan and choose the Hospital Program (see *Contact Information*, page 10).

No Copayment for Virtual Visits Using LiveHealth Online

Remote health care visits using LiveHealth Online (LHO) are a cost-effective and convenient alternative to urgent care centers, emergency rooms and in-person office visits. Through LHO, you can access a board-certified doctor, psychiatrist, psychologist or licensed therapist for a telephone or video visit on your smartphone, tablet or personal computer at no cost to you. **Effective July 1, 2023**, this will be a permanent Empire Plan benefit. To register, go to www.empireblue.com/nys and select the link to LiveHealth Online. If you need assistance, call LHO at 1-888-LiveHealth (1-888-548-3432), 24 hours a day, seven days a week. A reminder that telehealth visits with a participating provider are subject to the same copayment as in-person visits.

Reminders

Keep Your Enrollment Record Up to Date

It is important for you to keep us up to date with changes in your life to ensure you receive timely and appropriate information about your health insurance coverage. Your coverage through NYSHIP is a valuable benefit, but it is also costly to provide. By keeping your information up to date and only covering dependents who are eligible, you help to keep costs down for both yourself and the Program.

Inform your Health Benefits Administrator (HBA) in writing of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. **Note:** If you are divorced or your marriage has been annulled, your former spouse is not eligible for coverage as a dependent as of the date of the divorce, even if a court orders you to maintain coverage.

Ineligible Dependents

If you fail to inform your HBA of dependent eligibility changes, you may be responsible for repaying all health insurance claims for ineligible dependents as early as the date they became ineligible. Intentionally withholding information regarding the ineligibility of dependents may constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10) if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.



Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* for more information.

Empire Plan Certificate and Amendments

The *Empire Plan Certificate* and *Amendments* provide an in-depth description of the benefits provided through The Empire Plan. The *Amendments* reflecting the changes outlined in this *Report* will be posted on NYSHIP Online. The *Certificate* will be updated on NYSHIP Online to reflect the new *Amendments*.

A new *Certificate*, containing all Empire Plan benefit changes, will be mailed to your home when complete.

You can access the *Certificates* and *Amendments* on NYSHIP Online (see *Benefits on the Web*, page 10). From the NYSHIP Online homepage, select Using Your Benefits and then Current Publications.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

PRESS OR SAY 1	<p>Medical/Surgical Program: Administered by UnitedHealthcare</p> <p>Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 Online: https://nyrmo.optummessenger.com/public/opensubmit</p>
PRESS OR SAY 2	<p>Hospital Program: Administered by Empire BlueCross</p> <p>Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time. TTY: 711 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 866-829-2395 Online: www.empireblue.com/nys/resources-forms</p>
PRESS OR SAY 3	<p>Mental Health and Substance Use Program: Administered by Carelon Behavioral Health, Inc.</p> <p>Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802 Claims submission fax: 855-378-8309 Online: www.achievesolutions.net/empireplan</p>
PRESS OR SAY 4	<p>Prescription Drug Program: Administered by CVS Caremark</p> <p>Representatives are available 24 hours a day, seven days a week. TTY: 711 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission: P.O. Box 52136, Phoenix, AZ 85072-2136</p>
PRESS OR SAY 5	<p>Empire Plan NurseLineSM: Administered by UnitedHealthcare</p> <p>Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.</p>

Benefits on the Web

To learn more about your benefits, including finding Empire Plan providers and updated NYSHIP publications, go to NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose PE and Empire Plan Enrollee, if prompted, to access the NYSHIP Online homepage.

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.



NYSHIP
New York State
Health Insurance Program

New York State Department of Civil Service
 Employee Benefits Division, Albany, New York 12239
 518-457-5754 or 1-800-833-4344
 (U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.ny.gov

When You Must Call The Empire Plan 1-877-7-NYSHIP (1-877-769-7447)

The Empire Plan Hospital Benefits Program *Empire BlueCross*, <https://www.empireblue.com/nys>
Call for information regarding hospital and related services.

YOU MUST CALL AND PRESS OR SAY 2

Benefits Management Program for Preadmission Certification – You must call before a scheduled hospital admission, within 48 hours (or as soon as reasonably possible) after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities). Preadmission certification is not required for maternity admissions, however, you must call when admitted due to complications related to your pregnancy or for any reason other than the delivery of your baby.

YOU MUST CALL AND PRESS OR SAY 2

Center 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. This requirement applies whether or not you choose to participate in the Center of Excellence for Transplants Program.

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 – Call for information on benefits and to find network providers for chiropractic treatment, physical therapy and occupational therapy. If you do not use network providers, you will receive a significantly lower level of benefits.

YOU MUST CALL AND PRESS OR SAY 1

Benefits Management Program for Prospective Procedure Review of MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine Tests – You must call before having an elective (scheduled) procedure or nuclear medicine test.

YOU MUST CALL AND PRESS OR SAY 1

Home Care Advocacy Program (HCAP) – You must call to arrange for paid-in-full home care services, enteral formulas, diabetic shoes, insulin pumps and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.

YOU MUST CALL AND PRESS OR SAY 1

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

The Empire Plan Mental Health and Substance Use Program *Carelon Behavioral Health, Inc.*, www.achievesolutions.net/empireplan

To ensure the highest level of benefits, call before seeking services from a covered mental health or substance use provider, including treatment for alcoholism. Some services require precertification to confirm medical necessity before starting treatment. For a list of those services, call The Empire Plan and press or say 3. From there you can reach the Clinical Referral Line to find out more information about precertification.

YOU MUST CALL AND PRESS OR SAY 3

Center of Excellence for Substance Use Disorder Program – You must call to participate in The Empire Plan Center of Excellence for Substance Use Disorder.

The Empire Plan Prescription Drug Program *CVS Caremark*, www.caremark.com

For the most current list of prior authorization drugs, call the Program or go to NYSHIP Online (see *Benefits on the Web*, page 10). From the homepage, select Using Your Benefits, Empire Plan Formulary Drug Lists and then Prior Authorization Drug List.

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

SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

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

PE Empire Plan Special Report – May 2023

Change Service Requested

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

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.

This Report was printed using recycled paper and environmentally sensitive inks. PE Empire Plan Special Report - 5/23 PE0195

Introducing Talkspace, A New Online Therapy Option

Because behavioral health conditions can significantly impact day-to-day life, The Empire Plan has entered into a partnership with Talkspace and its network of providers to bring convenient online therapy, counseling and medication services to you and your dependents.

Talkspace provides secure and confidential online therapy with a provider via private messaging or live video sessions through a mobile app. Using the QuickMatch process available through registration, you can find therapists specializing in stress, anxiety, depression, eating disorders, substance use, identity struggles, trauma, grief and more. You and your covered dependents can now access Talkspace's network of providers through your mental health benefits, administered by Carelon Behavioral Health.

Engaging with a Talkspace therapist is subject to the same copayment that applies to an in-person visit. For more information and to get started, visit <https://www.talkspace.com/empireplan> to register.

Eating Disorder Treatment Now Available Through Equip

Eating disorders can develop in anyone at any age and cause emotional and physical health concerns. Because treatment can be complex, you and your covered dependents now have access to Equip, a new evidence-based treatment program for eating disorders. Equip provides fully virtual, whole-patient medical care, including therapy, family-based treatment, nutrition counseling and mentorship that can be accessed by anyone from anywhere. You can locate an Equip practitioner by using the online directory available on NYSHIP Online (see *Benefits on the Web*, page 10). Select the Find A Provider tab and click on the MHSU link for Achieve Solutions. Choose the Find Services tab, then the Find A Provider link and enter "Equip" in the search field.

If you have questions regarding your mental health benefits or coverage, please call The Empire Plan and choose the Mental Health and Substance Use Program (see *Contact Information*, page 10).