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SAMPLE

Office Visits	Covered.
Chiropractic Services	Covered for manual manipulation of the spine to correct subluxation, not for routine care.
Diagnostic Tests	Covered when medically necessary. (Medicare does not cover most routine screening tests, like checking cholesterol.)
Lab Tests	Covered when medically necessary.
Physical Exam	Covered for one physical exam within the first 12 months of obtaining Medicare Part B coverage.
Pap Smears and Pelvic Exams	Covered once every 24 months or annually for women at high risk.
EKG/EEG (Part of diagnostic tests)	Covered when medically necessary.
Radiation	Covered when medically necessary.
Skilled Nursing Facility	Covered up to 100 days in a Medicare-certified skilled nursing facility when medically necessary.

Emergency Care	Covered when medically necessary. Except under limited circumstances, this coverage is not extended outside U.S.
Urgently Needed Care	Covered when medically necessary, but not as emergency care. Except under limited circumstances, this coverage is not extended outside U.S.
Hospice	Covered inpatient or outpatient when medically necessary. Includes additional services such as pharmacy and respite care.
Outpatient Rehabilitative Care	Covered when medically necessary, for occupational therapy, physical therapy, speech and language therapy.
Outpatient Mental Health Care	Covered for most outpatient mental health services including partial hospitalization.
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered when medically necessary.
Durable Medical Equipment	Covered when medically necessary.
Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies	Covered when medically necessary.
Prescription Drugs	All NYSHIP Medicare Advantage plans are required to provide prescription drug benefits through a Medicare Part D prescription drug plan. Medicare Part D Plans include a catastrophic provision when total out-of-pocket spending reaches \$4,550, catastrophic coverage begins. Under this coverage, members will pay \$2.50 for generic drugs or 5%, whichever is greater, \$6.30 for brand-name drugs or 5%, whichever is greater. These amounts change on an annual basis.

# The Empire Plan or a NYSHIP HMO

## Can I use the

#### The Empire Plans

Yes. You have coverage worldwide, but your benefits differ depending on whether you choose a network or non-network hospital<sup>1</sup>. Your benefits are highest at network hospitals participating in the BlueCross and BlueShield Association BlueCard® PPO Program, or for mental health or substance abuse care in the OptumHealth network.

Network hospital inpatient: Paid-in-full hospitalization benefits.

Network hospital outpatient and emergency care: Subject to network copayments.

Non-network hospital inpatient and outpatient (applies only to Empire Plan-primary enrollees): 10 percent coinsurance<sup>2</sup> up to an annual maximum of \$1,500 per enrollee; per enrolled spouse or domestic partner; per all enrolled dependent children combined.

#### **NYSHIP HMOs:**

Except in an emergency, you generally do not have coverage at non-participating hospitals unless authorized by the HMO.

# If I am diagnosed with a serious illness, can I see a physician or go to a hospital that specializes in my illness?

#### The Empire Plan:

Yes. You can use the specialist of your choice. You have Basic Medical Program benefits for non-participating providers and Basic Medical Provider Discount Program benefits for non-participating providers who are part of The Empire Plan MultiPlan group<sup>1</sup>. (See pages 11 and 12 for more information on the Basic Medical Provider Discount Program.) Your hospital benefits will differ depending on whether you choose a network or non-network hospital<sup>1</sup>. (See above for details.)

#### NYSHIP HMOS

You should expect to choose a participating physician and a participating hospital. Under certain circumstances, you may be able to receive a referral to a specialist care center outside the network.

#### Can I be sure I will not need to pay more than my copayment when I receive medical services?

#### The Empire Plan

Yes Your consument should be your only expense if you.

- Choose a participating provider<sup>1</sup>:
- Receive inpatient or outpatient hospital services at a network hospital and follow Benefits Management Program requirements.

#### NYSHIP HMOS

Yes. As long as you follow HMO requirements and receive the appropriate referral, your copayment (or coinsurance) should be your only expense.

## Will I be covered for care I receive away from home?

#### The Empire Plans

Yes. Under The Empire Plan, your benefits are the same wherever you receive care.

#### **NYSHIP HMOs**:

Under an HMO, you are covered away from home for emergency care. Some HMOs provide coverage for urgent or routine care. Some HMOs provide coverage for children who are attending college out of state if the care is urgent or if follow-up care has been preauthorized. See the Out of Area Benefit description on each HMO page for more detailed information.

# What kind of care is available for physical therapy and chiropractic care?

#### The Empire Plan:

You have guaranteed access to unlimited medically necessary care when you follow Plan requirements.

#### **NYSHIP HMOs:**

Coverage is available for a specified number of days/visits each year, as long as you follow the HMO's requirements.

# What if I need durable medical equipment, medical supplies or home nursing?

#### The Empire Plan:

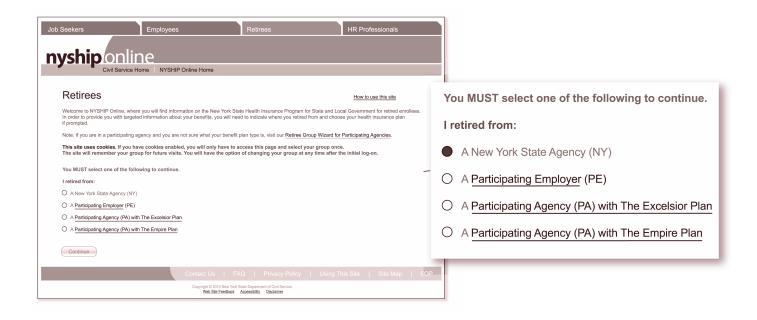
You have guaranteed, paid-in-full access to medically necessary care, equipment and supplies<sup>3</sup> through the Home Care Advocacy Program (HCAP) when preauthorized and arranged by the Plan.

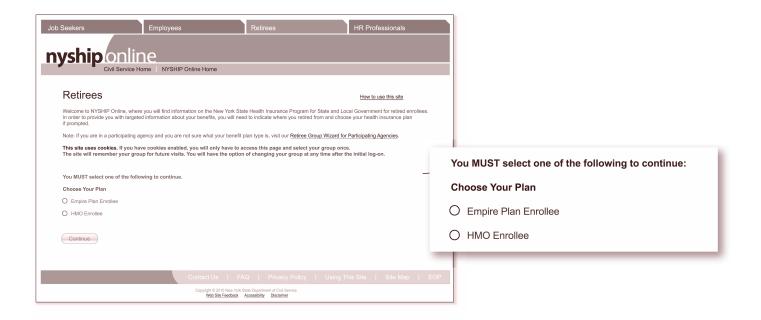
#### NYSHIP HMOS

Benefits are available and vary depending on the HMO. Benefits may require a greater percentage of cost-sharing.

### NYSHIP Online







## The Empire Plan NYSHIP Code Number 001

For details on The Empire Plan Centers of Excellence Programs, see the Empire Plan Certificate/Reports and Reporting On Centers of Excellence available at https://www.cs.state.ny.us or call the Employee Benefits Division and request a copy.

