Out-of-Network Reimbursement Disclosures

The Empire Plan is required to provide information regarding your out-of-network reimbursement, including details on referrals, costs, coverage and surprise bills.

Out-of-Network Referral Mandate

The Empire Plan must provide access to primary care and specialty providers if these services are not available within a 30-mile radius or 30-minute travel time from your home address. This requirement applies to Empire Plan-primary enrollees residing within the United States. If you require access to a certain provider, contact the appropriate Empire Plan administrator at 1-877-7-NYSHIP (1-877-769-7447).

Out-of-Network Referrals

In addition, if The Empire Plan network does not have a provider accessible to you who has the appropriate level of training and experience to treat a condition, you have the right to request an out-of-network referral to a qualified provider. You or your attending physician must first request approval from the appropriate plan administrator to receive consideration for the service to be paid at an in-network level. Your attending physician must recommend the provider with the qualifications to meet the health care needs of the patient. Your attending physician must provide this written recommendation on behalf of the patient, not the provider for whom the out-of-network referral request is being made.

If the plan approves the request, you must use the approved out-of-network provider and covered services will be paid at the in-network benefit level, with only the applicable network copayment owed. You are responsible for contacting the provider to arrange care. If the plan denies the request, benefits for covered services received from a nonparticipating provider are available under out-of-network benefit provisions, subject to deductible and coinsurance. You also can request an external appeal through the NYS Department of Financial Services (DFS).

Appeal of Out-of-Network Referral Denials

If The Empire Plan denies an out-of-network referral request because there is a geographically accessible in-network provider with the appropriate training and experience to meet your health care needs, you or your representative may file an appeal for an external review if:

- The service, procedure or treatment is otherwise covered under the plan and
- You have received a final adverse determination through the initial internal appeal process

Appeals forms are available on the DFS website at dfs.ny.gov/complaints/file_external_appeal or by contacting them at 1-800-342-3736.

Out-of-Network Coverage and Cost Information

To comply with the mandate to help enrollees make informed decisions, The Empire Plan has taken the following steps:

- The Empire Plan online directories include hospital affiliation information for participating providers (be sure to cross reference the plan's hospital directory information to verify that the facility is in-network) as well as languages spoken.
- To help you understand how much the plan would pay for certain out-of-network services, NYS law requires disclosure of out-of-network reimbursement examples. See the chart on the reverse side.
- Out-of-Network Medical Estimation Tool: You can estimate the anticipated out-of-pocket cost for out-of-network services by contacting your provider for the amount that they will charge, or by using the FAIR Health website at fairhealthconsumer.org to determine the usual and customary rate (UCR) for out-of-network services in your geographic area or ZIP Code.

Surprise Bills

Provisions of state and federal law protect patients from being responsible for paying the full charge for surprise bills. Patients receive in-network benefits for any bill deemed to be a surprise bill.

What is a surprise bill?

Anywhere in the United States/U.S. Territories–

When you receive services from a nonparticipating health care professional, the bill you receive for those services will be a surprise bill if:

- You received services at an in-network hospital or ambulatory surgical center and a participating health care professional was not available
- A nonparticipating health care professional provided services without your consent at an in-network facility

Within New York State–

- A participating health care professional sent a specimen taken in the office to a nonparticipating laboratory or pathologist without your consent
- A nonparticipating health care professional provided services without your consent
- Unforeseen medical circumstances arose at the time the health care services were provided

What is NOT a surprise bill?

If you electively seek care from an out-of-network provider when an in-network provider is available, any bills you receive are not considered to be surprise bills.

If you have questions about whether a bill meets this definition, contact DFS at 1-800-342-3736 or visit dfs.ny.gov/consumers_health_insurance_surprise_medical_bills.

For claims submission information, see the contact page of your 2026 *At A Glance*.

OUT-OF-NETWORK REIMBURSEMENT EXAMPLES FOR LARGE GROUP COVERAGE

This summary gives examples of typical costs for out-of-network services under the Student Employee Health Plan in Broome County that includes ZIP Code 13905. The sample costs included in this example are based on assumed charges for enrollees in this ZIP Code because it has the highest number of plan enrollees. If you elect to utilize an out-of-network provider in a different area for these services, your costs may vary. If you want details about your coverage and costs, you can get the complete terms in your plan documents at cs.ny.gov/employee-benefits or by calling 1-877-7-NYSHIP (1-877-769-7447).

NEW YORK STATE | **Department of Civil Service**
Student Employee Health Plan

Office Visit **(Office or other outpatient visit for the evaluation and management of an established patient)** **CPT Code: 99213**		
Sample care costs:		
	UCR	**Student Employee Health Plan**
Physician services	$221	$49
Total	**$221**	**$49**
Patient pays		
Deductible		$49
Copays		$0
Coinsurance		$0
Difference between UCR and what the plan pays		$172
Total		**$221**

Acupuncture **(Insertion of thin needles into the skin at strategic points of the body)** **CPT Code: 97811**		
Sample care costs:		
	UCR	**Student Employee Health Plan**
Physician services	$46	$35
Total	**$46**	**$35**
Patient pays		
Deductible		$35
Copays		$0
Coinsurance		$0
Difference between UCR and what the plan pays		$11
Total		**$46**

Trigger Point Injection **(Injection for pain management into a trigger point to relax muscles and relieve pain)** **CPT Code: 20552**		
Sample care costs:		
	UCR	**Student Employee Health Plan**
Physician services	$183	$76
Total	**$183**	**$76**
Patient pays		
Deductible		$76
Copays		$0
Coinsurance		$0
Difference between UCR and what the plan pays		$107
Total		**$183**

UCR (usual and customary rate) is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health® at the 80th percentile for ZIP Code 13905. Your provider may bill more than the UCR.

Patient pays represents sample cost sharing. Your cost sharing may vary.