Introducing New York Essential Plan

On January 1, 2016, Empire BlueCross BlueShield HealthPlus (Empire) is offering a new comprehensive and affordable health insurance program. The Essential Plan is a health benefit coverage program for low to moderate income residents who would otherwise be ineligible to purchase coverage through the Health Insurance Marketplace or to qualify for Medicaid or Child Health Plus.

As an Empire provider, your continued commitment to providing quality care across all products to our members is central to helping them achieve and maintain good health.

Who is eligible for an Essential Plan?
To qualify for the Essential Plan through Empire BlueCross BlueShield HealthPlus, individuals must:

- Live in New York in the following counties of our service area:
  - New York City boroughs (Bronx, Brooklyn, Manhattan, Queens, Staten Island)
  - Putnam County
  - Nassau County
- Be between the ages of 19 and 64 years old
- Not be pregnant
  - Pregnant women are not eligible for Essential Plan because they qualify for Medicaid.
  - Essential Plan members are required to report their pregnancy, and the NY State of Health will redetermine their eligibility for Medicaid at that time.
- Be US citizens earning more than the Medicaid eligibility threshold, but less than 200 percent of the Federal Poverty Level (FPL); or be lawfully-present immigrants (i.e., green card holders and those seeking refugee status), earning less than 200 percent of the FPL.

When does the Essential Plan program begin?
Essential Plan coverage will be effective January 1, 2016. Members enrolled in the Essential Plan will use the Empire BlueCross BlueShield HealthPlus Essential Plan provider network.

- Our Essential Plan provider network directory will be available online after November 1, 2015, and available in printed form after January 1, 2016.
- Always check the online directory before rendering care as we are continually modifying and growing our network to ensure our members receive the best care.
- Be sure to advise members you participate in the Essential Plan, if applicable.

How do members enroll in an Essential Plan?
On November 1, 2015, individuals may apply through the New York State of Health for coverage in the Essential Plan to become effective January 1, 2016.

- Marketplace Facilitators can assist members with enrolling by visiting one of Empire’s Community Service Centers or by calling 1-888-809-8009 (TTY 711); or
- Applicants may apply via the Marketplace at www.nystateofhealth.ny.gov.
- Essential Plan enrollees must select a health plan at the time of enrollment.
Transitioning Members
- Members who are currently enrolled in Empire BlueCross Blue Shield’s Qualified Health Plan, who qualify for the Essential Plan, will be transitioned to our Essential Plan without having to reapply for coverage.
- Most lawfully present immigrants below the Medicaid income threshold who are currently enrolled in our Medicaid program will be transitioned to the Essential Plan at the time of their 2016 recertification. They will remain enrolled in Medicaid until they are transitioned.

A few enrollment facts:
- Applicants are able to enroll and may change their plans at any time throughout the year.
- The Essential Plan is an individual policy. Each eligible family member would have his or her own policy and ID card.
- Enrollees are required to report changes in circumstances within 30 days of the changes, at which time eligibility will be re-determined
- Eligibility for the Essential Plan will be recertified every 12 months.
- There is no retroactive enrollment.

Essential Plan – Four options
There are four different Essential Plan options. Enrollment in each Essential Plan is dependent on an individual’s FPL and immigration status. Coverage varies between the four plan options.

What types of services are covered?
All Essential Plans (Plans 1-4) offer comprehensive services known as essential health benefits and include the following categories:
- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn
- Mental health and substance use disorder services, including:
  - Behavioral health treatment
  - Rehabilitative and habilitative services and devices
- Prescription drugs
- Laboratory services
- Preventive and wellness and chronic disease management

Essential Plans 1 and 2 offer a vision and dental option in addition to the essential health benefits noted above.
Essential Plans 3 and 4 offer the following additional services:

- Nonemergency transportation
- Nonprescription drugs
- Adult dental care
- Vision care
- Orthotic services
- Orthopedic footwear

Each of the standard Essential Plan carriers will cover the same benefits.

**Will the Essential Plan have a different formulary than Medicaid?**

The Essential Plan formulary is different than the Medicaid formulary. A printable Preferred Drug List (PDL) will be available prior to **January 1, 2016** and the online searchable formulary tool will be updated with Essential Plan drug information.

**Where can I get cost-sharing and benefit information?**

A cost-sharing matrix will be available on this website under **Provider Support > Communications and Updates > Cost-Sharing Matrix**. There are cost-sharing differences between the four Essential Plans.

Prescription drug coverage and a complete list of benefits will be available electronically by downloading the Provider Manual from this website under **Provider Support > Manuals, Directories & Quick Reference** on or before **January 1, 2016**.

**How can I identify Essential Plan members?**

Upon enrollment in the Empire BlueCross BlueShield HealthPlus Essential Plan, members will receive a plan ID card. Enrollees in Plans 3 and 4 will also receive a NY State Benefits Card (CBIC) to access additional services. Consumers have the option of using either the Essential Plan ID card or the CBIC.

Empire Essential Plan members will start to receive their new ID cards on or before **January 1, 2016**. Qualified Health Plan (QHP) members who have transitioned from Empire BlueCross BlueShield should receive their new Essential Plan ID cards in mid-November.

The group number field has been added to our ID card to identify members enrolled in the Essential Plan. Use this chart to identify and reference the Essential Plan group numbers:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Prefix</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Plan 1</td>
<td>JLJ</td>
<td>54 &amp; 55</td>
</tr>
<tr>
<td>Essential Plan 2</td>
<td>JLJ</td>
<td>52 &amp; 53</td>
</tr>
<tr>
<td>Essential Plan 3</td>
<td>JLJ</td>
<td>51</td>
</tr>
<tr>
<td>Essential Plan 4</td>
<td>JLJ</td>
<td>50</td>
</tr>
</tbody>
</table>
Sample Empire BlueCross BlueShield HealthPlus Essential Plan member cards
Member ID card with no vision or dental coverage

Member ID card with vision and dental coverage

The health plan name and important phone numbers are on the back of each card for easy reference.

What services will require authorizations?
Prior authorization requirements for the Essential Plan are the same as for our Medicaid program. To obtain prior authorization for services, continue to use the online precertification tool available under Precertification & Claims > Precertification Lookup Tool.

Will the Provider Manual be updated?
The Provider Manual will be updated to include information about the Essential Plan and available prior to January 1, 2016.

How can I get help with or learn more about the Essential Plan?
We are glad to help! You can either contact your Empire BlueCross BlueShield HealthPlus Provider Relations representative or call our Provider Services team at 1-800-450-8753.

We will be providing updates regarding the Essential Plan on this website over the next few months. Check back for information that may be important to you!