

New York State
Health Insurance Program

**General
Information
Book and
Empire Plan
Certificate
Certificate Amendments**

For New York State Police Troopers
represented by



**Police Benevolent Association
and for their enrolled dependents
and for COBRA enrollees with their benefits**

June State of New York
2003 Department of Civil Service
Employee Benefits Division

**Keep these amendments with
your April 1, 1999 New York State
Health Insurance Program
General Information Book and
Empire Plan Certificate.**

Pages in your Book/Certificate and
later Certificate Amendments have
consecutive numbers.

*New York State
Health Insurance Program
General Information Book*

Graduating students	I-236
Military leave	I-236
Empire Blue Cross	
Blue Shield conversion	I-236
United HealthCare conversion	I-237
Conversion contracts	I-237

*Empire Plan
Certificate Amendments*

Empire Plan Certificate

NYSHIP number	I-237
---------------------	-------

*Empire Blue Cross
Blue Shield*

Empire Blue Cross Blue Shield	I-237
Empire HealthChoice Assurance	I-237
Mammography	I-238
Bone mineral density measurements or tests	I-238
Infertility benefits	I-238
New contract	I-240

United HealthCare

Coinsurance maximum	I-240
Office and home visits	I-240
Routine mammograms	I-240
Contraceptive drugs and devices	I-241
Annual deductible	I-241
Maternity care	I-241
Services and supplies	I-241
Modified solid food products	I-241
Gynecologic exams	I-242
Enteral formulas	I-242
Infertility benefits	I-242

*CIGNA/Express Scripts
Prescription Drug Program*

Contraceptives	I-242
----------------------	-------

<i>Copayment Summary</i>	I-243
--------------------------------	-------

*Empire Plan Carriers
and Programs*

I-244

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your April 1, 1999 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports and Certificate Amendments*, this is the controlling document.

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for the first paragraph of "Your child age 21 or over who is a full-time student" in the "Who is Eligible" section on page I-7 of your NYSHIP General Information Book.*

Graduating students

Your child age 21* or over who is a full-time student

3. Your unmarried dependent children who are age 21* or over but under age 25 are eligible if they are **full-time** students at an accredited secondary or preparatory school, college or other educational institution and are otherwise not eligible for employer group coverage. They continue to be eligible until the first of these events occurs:
 - The end of the third month in which they complete course requirements for graduation; or
 - They reach age 25.

Substitute the following for the second sentence of paragraph "4. C." under "Certain students completing graduation requirements" in the "Who is Eligible?" section on page I-9 of your NYSHIP General Information Book.

Effective October 1, 2002. Enrolled dependent students continue to be entitled to benefits for up to three months following the end of the month in which they complete course requirements for graduation. At the end of the three months, the graduated student will have 60 days to apply to the Employee Benefits Division for COBRA continuation of coverage.

Military leave

Substitute the following for the first paragraph under "Military Leave" in the "How Changes in Your Status Affect Coverage" section on page I-23 of your NYSHIP General Information Book. COBRA Enrollees: The following information does not apply to you.

If you are on voluntary military leave of 31 days or less, you pay only the employee share of the premium to continue Family coverage. Beginning September 11, 2001, if you are a member of an Armed Forces Reserve or a National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress, your covered dependents will be eligible for up to 12 months of Family coverage at no cost to you. You must have had Family coverage for at least 30 days before your activation. Before going on military leave (or any leave without pay), you must arrange for coverage through your agency Health Benefits Administrator.

Substitute the following for the first two sentences of "Blue Cross conversion" in the "Changing from NYSHIP to Direct-Pay Conversion Contracts" on page I-42 of your NYSHIP General Information Book as amended in your June 2002 Empire Plan Report.

Empire Blue Cross Blue Shield conversion

Conversion policies are available from Empire Blue Cross Blue Shield. Direct-payment hospital only coverage and basic medical coverage contracts are available to all enrollees.

**United
HealthCare
conversion**

Substitute the following for the first paragraph of "United HealthCare conversion" in the "Changing from NYSHIP to Direct-Pay Conversion Contracts" on page I-43 of your NYSHIP General Information Book.

A direct-pay conversion policy for hospital/surgical/medical coverage is available from United HealthCare. However, there is no conversion right under United HealthCare for Empire Plan enrollees who have existing coverage which would duplicate the conversion coverage.

**Conversion
contracts**

Substitute the following for "How to request direct-pay conversion contracts" in the "Changing from NYSHIP to Direct-Pay Conversion Contracts" on page I-44 of your NYSHIP General Information Book.

Empire Blue Cross Blue Shield: To request a conversion policy, call or write to:

Empire Blue Cross Blue Shield
P.O. Box 1407
Church Street Station
New York, New York 10008-1407
1-800-261-5962

Or, if you live outside New York State and are eligible for Medicare, contact the local Blue Cross and Blue Shield office or other local insurance company in your state to apply for a direct-pay contract to supplement Medicare.

United HealthCare: To request a conversion policy for hospital/surgical/medical coverage, write to:

United HealthCare
P.O. Box 1600
Kingston, New York 12402-1600

EMPIRE PLAN CERTIFICATE

Substitute the following for the Empire Blue Cross Blue Shield, United HealthCare, ValueOptions, Express Scripts and the Empire Plan NurseLineSM telephone numbers wherever the numbers appear in your Empire Plan Certificate.

1-877-7-NYSHIP (1-877-769-7447) toll free

**NYSHIP
number**

**EMPIRE BLUE CROSS BLUE SHIELD
CERTIFICATE OF INSURANCE**

Substitute the following heading for Section II on page I-66 of your Empire Blue Cross Blue Shield Certificate.

**Empire Blue
Cross Blue
Shield**

EMPIRE HEALTHCHOICE ASSURANCE, Inc.
(Effective November 8, 2002)
doing business as

**EMPIRE BLUE CROSS BLUE SHIELD
(Effective February 5, 2003)
CERTIFICATE OF INSURANCE
HOSPITAL AND RELATED EXPENSES COVERAGE**

Add the following at the end of the "Introduction" section on page I-67 of your Empire Blue Cross Blue Shield Certificate.

**Empire
HealthChoice
Assurance**

6. Empire HealthChoice Assurance, Inc., doing business as Empire Blue Cross Blue Shield, is an insurance company organized under the laws of New York State and is a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. It is not acting

as agent of the Blue Cross and Blue Shield Association and is solely responsible for honoring its agreement to insure and administer the Empire Plan hospitalization and related expenses coverage.

Substitute the following for "8. Mammography" in the "Outpatient Hospital Care" section on page I-72 of your Empire Blue Cross Blue Shield Certificate.

Mammography

8. Mammography – Effective January 1, 2003. Coverage is available under these conditions:

- A. Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer, or who have a first degree relative with a prior history of breast cancer;
- B. A single baseline mammogram for covered persons aged 35 through 39, inclusive;
- C. An annual mammogram for covered persons aged 40 and older, or more frequently upon the recommendation of a physician.

Add the following at the end of the "Outpatient Hospital Care" section on page I-72 of your Empire Blue Cross Blue Shield Certificate.

Bone mineral density measurements or tests

10. Bone mineral density measurements or tests – Bone mineral density measurements or tests include those measurements or tests covered under the Federal Medicare Program as well as those in accordance with the criteria of the National Institutes of Health, including dual-energy X-ray absorptiometry.

Empire Blue Cross Blue Shield will pay for bone mineral density measurements or tests when delivered in the outpatient department of a hospital, if you meet the criteria of New York State Insurance Law, the Federal Medicare Program criteria or the National Institutes of Health criteria, and, at a minimum, meet the following conditions:

- A. You have been previously diagnosed as having osteoporosis or you have a family history of osteoporosis; *or*
- B. You have symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; *or*
- C. You are on a prescribed drug regimen that poses a significant risk of osteoporosis; *or*
- D. You have life style factors that pose a significant risk of osteoporosis; *or*
- E. You have age, gender and/or other physiological characteristics that pose a significant risk of osteoporosis.

Add the following before the "Number of Days of Care" section on page I-75 of your Empire Blue Cross Blue Shield Certificate.

Infertility Benefits Effective January 1, 2003

Infertility benefits

For the purposes of this benefit, infertility is defined as a condition of an individual who is unable to achieve a pregnancy because the individual and/or partner has been diagnosed as infertile by a physician. Infertility does not include the condition of an individual who is able to achieve a pregnancy but has been unable to carry a fetus to full term.

Infertility benefits, including Qualified Procedures (see below), are subject to the same copayments and deductibles as benefits for other medical conditions under the hospital program. Qualified Procedures are subject to a \$25,000 lifetime maximum.

What is covered

Covered Services and Supplies include but are not limited to:

- Artificial/intra-uterine insemination
- Inpatient and/or outpatient surgical or medical procedures, performed in the hospital, which would correct malfunction, disease or dysfunction resulting in infertility or enhance reproductive capability.
- Services in relation to diagnostic tests and procedures necessary:
 - (1) to determine infertility; or
 - (2) in connection with any surgical or medical procedures to diagnose or treat infertility.

The covered diagnostic tests and procedures include: Hysterosalpingogram; Hysteroscopy; Endometrial Biopsy; Laparoscopy; Sono-Hysteroqram; Post-Coital Tests; Testis Biopsy; Semen Analysis; Blood Tests; Ultrasound; and other Medically Necessary Diagnostic Tests and Procedures, unless excluded by law.

Empire Blue Cross Blue Shield will not exclude coverage for medically necessary care for the diagnosis and treatment of correctable medical conditions otherwise covered by the Plan solely because the medical condition results in infertility.

Additional Infertility Benefits - Additional Infertility Benefits, called Qualified Procedures (specialized procedures that facilitate a pregnancy but do not treat the cause of the infertility), may be available under the United HealthCare Certificate portion of the Empire Plan.

You must call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) for prior authorization for Qualified Procedures.

Certain procedures, called Qualified Procedures, obtained in the inpatient or outpatient departments of a hospital, are covered under the Empire Blue Cross Blue Shield portion of this Certificate only if you call United HealthCare in advance at 1-877-769-7447 and receive prior authorization. If United HealthCare authorizes the Qualified Procedures, the following are covered:

- Assisted Reproductive Technology (ART) procedures including:
 - In vitro fertilization and embryo placement
 - Gamete Intra-Fallopian Transfer (GIFT)
 - Zygote Intra-Fallopian Transfer (ZIFT)
 - Intracytoplasmic Sperm Injection (ICSI) for the treatment of male factor infertility
 - Assisted hatching
 - Microsurgical sperm aspiration and extraction procedures, including:
 - Microsurgical Epididymal Sperm Aspiration (MESA), and
 - Testicular Sperm Extraction (TESE)
- Sperm, egg and/or inseminated egg procurement and processing and banking of sperm or inseminated eggs. This includes expenses associated with cryopreservation (that is, freezing and storage of sperm, eggs or embryos).

Maximum lifetime benefit

Benefits paid for Qualified Procedures under the Empire Plan are subject to a lifetime maximum of \$25,000 per covered individual. This maximum applies to all covered hospital, medical, travel, lodging and meal expenses that are associated with Qualified Procedures.

Infertility: Exclusions and limitations

Charges for the following expenses are not covered or payable:

- Experimental infertility procedures. (Infertility procedures performed must be accepted as non-experimental by the American Society of Reproductive Medicine.)

- Fertility drugs prescribed in conjunction with Assisted Reproductive Technology and dispensed by a retail pharmacy are not covered under this benefit. Benefits for infertility-related drugs are payable on the same basis as for any other prescription drugs payable under the Empire Plan.
- Medical expenses or other charges related to genetic selection
- Medical expenses or any other charges in connection with surrogacy
- Any donor compensation or fees charged in facilitating a pregnancy
- Any charges for services provided to a donor in facilitating a pregnancy
- Assisted Reproductive Technology services for persons who are clinically deemed to be high risk if pregnancy occurs, or who have no reasonable expectation of becoming pregnant
- Psychological evaluations and counseling. See the GHI/ValueOptions Certificate for coverage that may be provided for psychological evaluations and counseling.

Other exclusions and limitations that apply to this benefit are included under Exclusions in the General Provisions section of this Certificate.

Effective January 1, 2003. Delete “15. Infertility Services.” in the “... General Provisions, Limitations and Exclusions” section on pages I-80 of your Empire Blue Cross Blue Shield Certificate as amended in your January 2001 Empire Plan Report.

Substitute the following for the first two sentences of the second paragraph in the “Right to New Contract After Termination” section on page I-86 of your Empire Blue Cross Blue Shield Certificate as amended in your June 2002 Empire Plan Report.

New Contract

You may apply to Empire Blue Cross Blue Shield for a direct-payment contract. Direct-payment hospital only coverage and basic medical coverage contracts are available to all enrollees.

UNITED HEALTHCARE CERTIFICATE OF INSURANCE

Coinsurance maximum

Substitute “\$1,050 for calendar year 2003” in the first and second paragraphs of “Q. 2. (b) The covered percentage” under “Meaning of Terms Used” on page I-101 of your United HealthCare Certificate.

Substitute the following for the first paragraph of “A. Office and Home Visits” under “What is covered...” in the “Participating Provider Program” section on page I-103 of your United HealthCare Certificate.

Office and home visits

A. Office and Home Visits – You are covered for doctor's office visits and home visits by a doctor for general medical care, diagnostic visits, treatment of illness, allergy desensitization, immunization visits and well-child care. General medical care includes routine and preventive pediatric care and routine and preventive adult care, including gynecologic exams. The cost of oral and injectable substances for routine preventive pediatric immunizations is covered. **Effective February 1, 2003.** The cost of contraceptive drugs and devices that require injection, insertion or other physician intervention is covered when the drugs/devices are dispensed in a doctor's office, subject to a \$10 copayment.

Substitute the following for “I. Routine Mammograms” under “What is covered...” in the “Participating Provider Program” section on page I-105 of your United HealthCare Certificate as amended in your June 2001 Empire Plan Report.

Routine mammograms

I. Routine Mammograms. In addition to mammograms performed when a medical condition is suspected or known to exist, you are covered for mammograms performed as part of routine preventive care under these conditions:

- upon the recommendation of a physician, a mammogram for covered persons at any age having a prior history of breast cancer, or who have a first degree relative with a prior history of breast cancer;
- a single baseline mammogram for covered persons 35 through 39 years of age;
- a mammogram every year for covered persons 40 years of age and older, or more frequently upon the recommendation of a physician.

Add the following at the end of “What is covered...” in the “Participating Provider Program” section on page I-106 of your United HealthCare Certificate.

Contraceptive drugs and devices

Q. Contraceptive Drugs and Devices – Effective February 1, 2003. You pay a \$10 copayment for contraceptive drugs and devices when dispensed in a doctor’s office.

Substitute the following for the first sentence of the first paragraph of “1. Annual Deductible” in the “Basic Medical Program” section on page I-107 of your United HealthCare Certificate.

Annual deductible

For calendar year 2003, the Basic Medical annual deductible for medical services by non-participating providers is \$283 for the enrollee, \$283 for the enrolled spouse/domestic partner, and \$283 for all dependent children combined.

Substitute the following for “D. Nurse Midwife Services” under “What is covered...” in the “Basic Medical Program” section on page I-109 of your United HealthCare Certificate.

Maternity care

D. Maternity Care – You are covered for care related to pregnancy and childbirth. This includes care given before and after childbirth, and for complications of pregnancy. United HealthCare's payment of maternity benefits may be made in up to two payments (at reasonable intervals) for covered care and treatment rendered during pregnancy, and a separate payment for the delivery and post-natal care provided. Maternity care may be rendered by a doctor or by a licensed or certified nurse midwife. The nurse midwife must be:

- a. licensed or certified to practice nurse midwifery; and
- b. permitted to perform the service under the laws of the state where the services are rendered.

Substitute the following for the first sentence of “S. Miscellaneous Services” under “What is covered...” in the “Basic Medical Program” section on page I-111 of your United HealthCare Certificate.

Services and supplies

S. Miscellaneous Services and supplies – The following services and supplies are covered under the Basic Medical Program when not covered elsewhere by the Plan:

Add the following to the end of “Miscellaneous Services and Supplies” on page I-111 of your United HealthCare Certificate.

- (i.) **Effective February 1, 2003.** Contraceptive drugs and devices that require injection, insertion or other physician intervention when the drugs/devices are dispensed in a doctor’s office.

Add the following at the end of “What is covered...” in the “Basic Medical Program” section on page I-111 of your United HealthCare Certificate.

Modified solid food products

X. Modified Solid Food Products – Effective July 15, 2002. When prescribed by a physician, modified solid food products (MSFP) are covered up to a total maximum reimbursement of \$2,500 per covered person per calendar year. *This benefit is not subject to deductible or coinsurance.*

A modified solid food product is a product/food that is low in protein or contains modified protein and is consumed by individuals with certain diseases of amino acid and organic acid metabolism.

Gynecologic exams

Y. **Gynecologic Exams - Effective January 1, 2003.** You are covered for no fewer than two gynecologic exams each year as well as any services resulting from such exams.

Add the following at the end of "You must call..." in the "Home Care Advocacy Program" section on page I-115 of your United HealthCare Certificate.

Enteral formulas

5. **Enteral Formulas - Effective July 15, 2002.** You are covered for enteral formulas under HCAP. The enteral formula must be prescribed by your physician and medically necessary as determined by United HealthCare's HCAP. The prescribed enteral formula must be considered safe and effective for the diagnosis.

Enteral formulas are nutritional replacements taken by mouth or through a feeding tube. These formulas provide basic nutrition intended to be used when food in its usual form is not appropriate or adequate to meet the individual's nutritional needs.

Substitute the following for "What is covered" in the "Infertility benefits" section on page I-120 of your United HealthCare Certificate as amended in your January 2001 Empire Plan Report.

Infertility benefits

Effective January 1, 2003. Covered Services and Supplies include but are not limited to: Patient Education/Program Orientation; Diagnostic Testing; Ovulation Induction/Hormonal Therapy; Artificial/Intra-Uterine Insemination; and Surgery to enhance reproductive capability.

United HealthCare will not exclude coverage for medically necessary care for the diagnosis and treatment of correctable medical conditions otherwise covered by the Plan solely because the medical condition results in infertility.

Effective January 1, 2003. Delete "Artificial insemination" from the bulleted list of Qualified Procedures in the "Infertility benefits" section on page I-120 of your United HealthCare Certificate as amended in your January 2001 Empire Plan Report.

Substitute the following for the third bullet under "...Qualified Procedures" in the "Infertility benefits" section on page I-120 of your United HealthCare Certificate as amended in your January 2001 Empire Plan Report.

- Sperm, egg and/or inseminated egg procurement and processing and banking of sperm or inseminated eggs. This includes expenses associated with cryopreservation (that is, freezing and storage of sperm, eggs or embryos).

Delete the seventh bullet, "Storage of sperm, eggs or embryos for more than 6 months," under "Infertility: Exclusions and Limitations" in the "Infertility benefits" section on page I-120 of your United HealthCare Certificate as amended in your January 2001 Empire Plan Report.

CIGNA CERTIFICATE OF INSURANCE Empire Plan Prescription Drug Program

Substitute the following for "E." under "What is covered" in the "Your Benefits and Responsibilities" section on page I-173 of your CIGNA Certificate.

Contraceptives

E. **Effective February 1, 2003.** Oral, injectable, or surgically implanted contraceptives, which are Federal Legend Drugs, and diaphragms and contraceptive devices.

Substitute the following for "G." under "Exclusions and Limitations" in the "Your Benefits and Responsibilities" section on page I-174 of your CIGNA Certificate.

G. **Effective February 1, 2003.** Contraceptive jellies, ointments and foams or devices not requiring a physician's order, prescribed for any reason.

2003 Empire Plan Copayments for New York State Police Troopers Represented by PBA

Services by Empire Plan Participating Providers

You pay only your copayment when you choose Empire Plan Participating Providers for covered services. Check your directory for Participating Providers in your geographic area, or ask your provider. For Empire Plan Participating Providers in other areas and to check a provider's current status, call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free or use the Participating Provider Directory on the Internet at www.cs.state.ny.us.

Office Visit	\$10
Office Surgery	\$10
(If there are both an Office Visit charge and an Office Surgery charge by a Participating Provider in a single visit, only one copayment will apply, in addition to any copayment due for Radiology/Laboratory Tests.)	
Radiology, Single or Series; Diagnostic Laboratory Tests	\$10
(If Outpatient Radiology and Outpatient Diagnostic Laboratory Tests are charged by a Participating Provider during a single visit, only one copayment will apply, in addition to any copayment due for Office Visit/Office Surgery.)	
Mammography, according to guidelines	\$10
Allergen Immunotherapy	No Copay
Well-Child Office Visit, including Routine Pediatric Immunizations.....	No Copay
Prenatal Visits and Six-Week Check-Up after Delivery	No Copay
Chemotherapy, Radiation Therapy, Dialysis	No Copay
Authorized care at Infertility Center of Excellence.....	No Copay
Hospital-based Cardiac Rehabilitation Center	No Copay
Free-standing Cardiac Rehabilitation Center visit.....	\$10
Urgent Care Center	\$10
Contraceptive Drugs and Devices when dispensed in a doctor's office	\$10
(in addition to any copayment(s) due for Office Visit/Office Surgery and Radiology/Laboratory Tests)	
Ambulatory Surgical Center (including Anesthesiology and same-day pre-operative testing done at the center)	\$15
Medically appropriate local professional/commercial ambulance transportation	\$35
Chiropractic Treatment or Physical Therapy Services by Managed Physical Network (MPN) Providers	
You pay only your copayment when you choose MPN network providers for covered services. To find an MPN network provider, ask the provider directly, or call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free. Internet: www.cs.state.ny.us .	
Office Visit	\$10
Radiology; Diagnostic Laboratory Tests	\$10
(If Radiology and Laboratory Tests are charged by an MPN network provider during a single visit, only one copayment will apply, in addition to any copayment due for Office Visit.)	

Hospital Outpatient Department Services

Emergency Care	\$35*
(The \$35 hospital outpatient copayment covers use of the facility for Emergency Room Care , including services of the attending emergency room physician <i>and</i> providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services.)	
Surgery.....	\$25*
Diagnostic Laboratory Tests.....	\$25*
Diagnostic Radiology (including mammography, according to guidelines)	\$25*
Administration of Desferal for Cooley's Anemia.....	\$25*
Physical Therapy (following related surgery or hospitalization)	\$10
Chemotherapy, Radiation Therapy, Dialysis.....	No Copay
Pre-Admission Testing/Pre-Surgical Testing prior to inpatient admission.....	No Copay
*Only one copayment per visit will apply for all covered hospital outpatient services rendered during that visit. The copayment covers the outpatient facility. Provider services may be billed separately. You will not have to pay the facility copayment if you are treated in the outpatient department of a hospital and it becomes necessary for the hospital to admit you, at that time, as an inpatient.	
Be sure to follow Benefits Management Program requirements for hospital admissions, skilled nursing facility admission and Magnetic Resonance Imaging.	
Mental Health and Substance Abuse Services by Network Providers When You Are Referred by ValueOptions	
Call ValueOptions at 1-877-7-NYSHIP (1-877-769-7447) toll free before beginning treatment.	
Visit to Outpatient Substance Abuse Treatment Program	\$10
Visit to Mental Health Professional.....	\$15
Psychiatric Second Opinion when Pre-Certified.....	No Copay
Mental Health Crisis Intervention (three visits)	No Copay
Inpatient	No Copay
Empire Plan Prescription Drugs (Only one copayment applies for up to a 90-day supply.)	
Generic Drug	\$5
Brand-Name Drug with no generic equivalent	\$15
Brand-Name Drug with a generic equivalent (with some exceptions).....	\$15 <i>plus</i> difference in cost between brand-name drug and its generic equivalent

Empire Plan Carriers and Programs

To reach any Empire Plan carrier, call toll free **1-877-7-NYSHIP (1-877-769-7447)**.

The new toll-free number is your first step to Empire Plan information. Check the list below to know which carrier to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say your selection at any time during the message. When you follow the instructions on the message, you'll automatically be connected to the appropriate carrier.

Empire Blue Cross Blue Shield

New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Call for information regarding hospital and related services.



Benefits Management Program for Pre-Admission Certification

You must call Empire Blue Cross Blue Shield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission, and before admission or transfer to a skilled nursing facility.



Centers of Excellence for Transplants Program

You must call Empire Blue Cross Blue Shield before a hospital admission for the following transplant surgeries: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

United HealthCare Insurance Company of New York

P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Participating Provider and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN

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



Benefits Management Program for Prospective Procedure Review of MRI

You must call United HealthCare before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



Home Care Advocacy Program (HCAP)

You must call United HealthCare to arrange for paid-in-full home care services, enteral formulas and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.



Infertility Benefits

You must call United HealthCare for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including in vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call United HealthCare for information about infertility benefits and Centers of Excellence.



Mental Health and Substance Abuse Program

ValueOptions (administrator for GHI), P.O. Box 778, Troy, New York 12181-0778. You must call ValueOptions before beginning any treatment for mental health or substance abuse, including alcoholism. If you do not follow ValueOptions requirements, you will receive a significantly lower level of benefits. In a life-threatening situation, go to the emergency room. Call within 48 hours of inpatient admission.



Empire Plan Prescription Drug Program

Express Scripts (administrator for CIGNA), P.O. Box 1180, Troy, NY 12181-1180. You must call for prior authorization for BCG Live, Cerezyme, drugs for the treatment of impotency, Enbrel, Epoetin, Human Growth Hormone, Immune Globulin, Lamisil, Prolastin, Pulmozyme or Sporanox.

The Empire Plan NurseLineSM

Call for health information and support, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure.

Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:
Empire Blue Cross Blue ShieldTTY only: 1-800-241-6894
United HealthCareTTY only: 1-888-697-9054
ValueOptionsTTY only: 1-800-334-1897
Empire Plan Prescription Drug Program.....TTY only: 1-800-840-7879