THE EMPIRE PLAN

For Employees of the Unified Court System of the State of New York represented by: DC-37 (NU SK) (A14, formerly BPIs 18/19); and Civil Service Forum, Local 300 (NU S8) (A14, formerly BPIs 18/19, A26 effective 1/1/01); Court Officers Benevolent Association of Nassau County (NU DR); Association of Surrogate's and Supreme Court Reporters (NU SG); Court Attorneys Association of the City of New York (NU SN); Ninth Judicial District Court Employees Association (NU G9); Citywide Association of Law Assistants (NU SA); NYS Court Officers Association (NU SR); NYS Supreme Court Officers Association (NU SY); NYS Court Clerks Association (NU S9); Suffolk County Court Employees Association (NU F8); Communications Workers of America (NU SD) (A20, formerly BPIs 22/23); M/C and other unrepresented Nonjudicial Employees in NUs 86, 88, CT (A17, formerly BPIs 22/23); and for their enrolled Dependents and for COBRA enrollees with their benefits

This guide briefly describes Empire Plan benefits. It is not a complete description and is subject to change. For a complete description of your benefits and your responsibilities, refer to the January 1, 1996 NYSHIP General Information Book and Empire Plan Certificate and all Empire Plan Reports and Certificate Amendments issued since. If you have health insurance questions, contact your agency Health Benefits Administrator listed on page 121 of your NYSHIP General Information Book/Empire Plan Certificate.

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
Web site:
http://www.cs.state.ny.us

January 1, 2001

New York State Health Insurance Program

At a Glance 2001

The Empire Plan is a comprehensive health insurance program for employees of New York State and their families. The plan has five main parts:

Benefits Management Program
1-800-992-1213

for Empire Plan benefits management, administered by Intracorp.
The Benefits Management Program provides precertification for hospital admissions, admission or transfer to a skilled nursing facility and MRI; discharge planning, voluntary medical case management and the high risk pregnancy program.

Empire HealthChoice (formerly Blue Cross®)
518-367-0009 (Albany area and Alaska)
1-800-342-9815 (NYS and other states except Alaska)

for inpatient and outpatient hospital coverage and related benefits such as skilled nursing facility, Centers of Excellence for Transplants and hospice care.

United HealthCare
1-800-942-4640

for medical expense benefits such as office visits, surgery and the Managed Physical Medicine Program. Call United HealthCare's Home Care Advocacy Program (HCAP) at 1-800-638-9918 for home care services and durable medical equipment/supplies. Call 1-800-638-9918 for infertility benefits.

ValueOptions (administrator for GHI)
1-800-446-3995

for mental health and substance abuse benefits.

CIGNA/Express Scripts
1-800-964-1888

for prescription drugs, mail service pharmacy.

Call The Empire Plan NurseLine℠ at 1-800-439-3435 for health information and advice.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability.

The Empire Plan Benefits Management Program.....TTY Only 1-800-962-2208
Empire HealthChoice .....TTY Only 1-800-241-6894
United HealthCare .....TTY Only 1-888-697-9054
ValueOptions .....TTY Only 1-800-334-1897
The Empire Plan Prescription Drug Program.....TTY Only 1-800-840-7879

BENEFITS MANAGEMENT PROGRAM

If the Empire Plan is primary for you or your family, you must call the Benefits Management Program at 1-800-992-1213:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call the Benefits Management Program as soon as a pregnancy is certain.
- Within 48 hours after an emergency or urgent hospital admission.

If you do not call, or if the Benefits Management Program does not certify the hospitalization, a $200 inpatient deductible will be applied to the charges. There is a $100 copayment per hospital day that is not medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined to be not medically necessary, you will be responsible for the entire cost.
- Before having scheduled (non-emergency) magnetic resonance imaging (MRI), unless you are having the test as an inpatient in a hospital. If you do not call, you will pay a large part of the cost. If the MRI is determined to be not medically necessary, you will be responsible for the entire cost.

The Benefits Management Program helps coordinate services for serious conditions through the voluntary Medical Case Management and High Risk Pregnancy Programs.

INPATIENT AND OUTPATIENT HOSPITAL COVERAGE

Empire HealthChoice pays for covered services provided in an inpatient or outpatient hospital setting. United HealthCare provides benefits for certain medical and surgical care when it is not covered by Empire HealthChoice. Call the insurance carrier if you have questions about your benefits, coverage or an Explanation of Benefits statement.

	Empire HealthChoice (formerly Blue Cross®)	United HealthCare
Hospital Inpatient • Semi-private room YOU MUST CALL **You must call 1-800-992-1213 for pre-admission certification**	No copayment, no deductible for 365 days per spell of illness for covered medical or surgical care in a hospital as defined in the NYSHIP General Information Book / Empire Plan Certificate.	Paid-in-full benefits for covered services received from a participating provider; Basic Medical benefits for covered services by non-participating providers. In addition, after Empire HealthChoice hospital inpatient benefits end, hospital inpatient benefits continue through the Basic Medical Program.
Hospital Outpatient	Surgery, diagnostic radiology, mammography screening, diagnostic laboratory tests and administration of Desferal for Cooley's Anemia are subject to one copayment of $25 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department.	Paid-in-full benefits for covered outpatient services provided in the outpatient department of a hospital by a participating provider; Basic Medical benefits for services by non-participating providers.
	Emergency Room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services are subject to one copayment of $30 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department.	For medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services when these services are not covered by Empire HealthChoice. Services of other physicians are considered under the Participating Provider Program or Basic Medical Program.
	Paid-in-full benefit for pre-admission testing and / or pre-surgical testing prior to an inpatient admission, chemotherapy, radiation therapy or dialysis.	Paid-in-full benefit for pre-admission testing and / or pre-surgical testing prior to an inpatient admission, chemotherapy, radiation therapy or dialysis when not covered by Empire HealthChoice.
	$8 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to Certificate for other conditions of coverage.)	Medically necessary physical therapy covered under the Managed Physical Medicine Program when not covered by Empire HealthChoice. (See Medical / Surgical Coverage.)
Skilled Nursing Facility Care • Semi-private room YOU MUST CALL **You must call 1-800-992-1213 for pre-admission certification**	Covered in an approved facility when medically necessary in place of hospitalization. Refer to the NYSHIP General Information Book / Empire Plan Certificate regarding the number of days of skilled nursing facility care for which coverage is provided and other conditions of coverage.	Covered services of a participating provider who is not on the staff of the skilled nursing facility are paid in full; Basic Medical benefits for services by non-participating providers.
Hospice Care	Paid in full when provided by an approved hospice program as described in the Certificate.	Covered services by a participating provider are paid in full. Basic Medical benefits for services by non-participating providers.

Centers of Excellence for Transplants

YOU MUST CALL

You must call Empire HealthChoice at (518) 367-0009 (Albany area and Alaska) 1-800-342-9815 (NYS and other states except Alaska) for pre-authorization of the following transplants provided through the Empire HealthChoice Centers of Excellence for Transplants Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, liver, lung, kidney, heart / lung and pancreas / kidney.

Paid-in-full benefits for the following transplant services when authorized by Empire HealthChoice and received at a designated Center of Excellence: pre-transplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. A travel, lodging and meal allowance is available under the Centers of Excellence for Transplants Program; save original receipts for reimbursement.

If a transplant is authorized but you do not use a designated Center of Excellence, the benefit will be provided in accordance with the Empire Plan hospital and / or medical / surgical coverage.

If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a pancreas, small bowel or multivisceral transplant you may still take advantage of the Empire HealthChoice case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplant process.

To enroll in the program and receive these benefits, the Empire Plan must be your primary insurance coverage.

MEDICAL/SURGICAL COVERAGE

United HealthCare benefits are paid under either the Participating Provider Program or the Basic Medical Program.

	Participating Provider Program (or)	Basic Medical Program
	You pay a copayment for office visits, surgical procedures performed during an office visit, radiology services and diagnostic laboratory services, ambulatory surgical center visits, cardiac rehabilitation center visits and urgent care center visits. Other covered services received from a participating provider are paid in full. The Plan does not guarantee that participating providers are available in all specialties or geographic locations. To learn whether a provider participates, check with the provider directly, call United HealthCare or visit the Employee Benefits Division Web site at http://www.cs.state.ny.us. Always confirm the provider's participation before you receive services.	**Maximum Benefits:** Basic Medical annual and lifetime maximum: Unlimited. **Annual Deductible:** $175 enrollee; $175 enrolled spouse/domestic partner; $175 all dependent children combined. **Coinsurance:** The Empire Plan pays 80% of reasonable and customary charges for covered services after you meet the annual deductible. **Annual Coinsurance Maximum:** $776* per employee and covered dependents combined. After maximum is reached, benefits are paid at 100% of reasonable and customary charges for covered services.

* The $776 coinsurance maximum expense is reduced to $500 for calendar year 2001 for employees earning $23,017 or less in base salary on April 1, 2000 provided the employee is the head of household and sole wage earner in the family and applies through the agency Health Benefits Administrator to the Department of Civil Service for this reduction.

Doctor's Office Visit, Office Surgery, Laboratory and Radiology	You pay an $8 copayment for each covered service per visit to a participating provider. Maximum of two copayments per visit. No copayment for prenatal visits and well-child care.	Basic Medical benefits for covered services received from non-participating providers.
Routine Health Exams	Covered services subject to $8 copayment per visit to a participating provider.	For non-participating providers, up to $250 per calendar year for active employees age 50 or older, and up to $250 per calendar year for an active employee's covered spouse/domestic partner age 50 or older. This benefit is not subject to deductible or coinsurance.
Adult Immunizations	You pay an $8 copayment for certain immunizations and the cost of oral and injectable substances received from a participating provider.	Not Covered
Routine Pediatric Care	Paid-in-full benefit for routine well-child care received from a participating provider, including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.	**Routine Newborn Child Care** – Up to $150. This benefit is not subject to deductible or coinsurance. **Routine Pediatric Care** – Basic Medical benefits for covered services provided by non-participating providers.
Hearing Aids	The Basic Medical benefit applies whether you use a participating or a non-participating provider.	Hearing aid evaluation, fitting and purchase of hearing aids covered up to a maximum reimbursement of $1,000 once every four years; children age 12 years and under covered up to $1,000 once every two years if the existing hearing aid can no longer compensate for the child's hearing loss. This benefit is not subject to deductible or coinsurance.
Ambulatory Surgical Center	$15 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center.	Basic Medical benefits for covered services provided by non-participating surgical centers.
Ambulance Service	The Basic Medical benefit applies whether you use a participating or a non-participating provider.	Local professional ambulance charges except the first $35. Voluntary ambulance services up to $50 for under 50 miles and up to $75 for 50 miles and over. This benefit is not subject to deductible or coinsurance.

MEDICAL/SURGICAL COVERAGE, continued on next page

Managed Physical Medicine Program

	Managed Physical Network (MPN)	Non-Network Coverage
Chiropractic Treatment and Physical Therapy	You pay an $8 copayment for each office visit to a Managed Physical Network provider. You pay an additional $8 copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit. Guaranteed access to network benefits. Contact MPN prior to receiving services if there is not a Network Provider in your area.	Annual Maximum Benefit: $1,500 per person Annual Deductible: $250 enrollee; $250 enrolled spouse / domestic partner; $250 all dependent children combined. This deductible is separate from other plan deductibles. Coinsurance: Empire Plan pays up to 50% of the network allowance after you meet the annual deductible. There is no coinsurance maximum.

Program requirements apply even if Medicare or another health insurance plan is primary.

Home Care Advocacy Program (HCAP)

	(When you use HCAP) Network Coverage	(When you don't use HCAP) Non-Network Coverage
Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies YOU MUST CALL **You must call to pre-certify**	Network Benefits: To receive a paid-in-full benefit, you must call the Home Care Advocacy Program at 1-800-638-9918 to precertify and help make arrangements for covered services, durable medical equipment and supplies, including insulin pumps and Medijectors. Exceptions: For diabetic supplies (except insulin pumps and Medijectors) call National Diabetic Pharmacies at 1-888-306-7337. For ostomy supplies call Byram HealthCare Centers at 1-800-354-4054.	Non-Network Benefits: The first 48 hours of nursing care are not covered. After you meet the Basic Medical deductible, the Empire Plan pays up to 50% of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum.

Covered services and supplies must be medically necessary as defined in the current version of your NYSHIP General Information Book / Empire Plan Certificate or a subsequent Empire Plan Report.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge, or the usual charge within the same geographic area.

Program requirements apply even if Medicare or another health insurance plan is primary.

Infertility Treatment

YOU MUST CALL

Call United HealthCare at 1-800-638-9918 for prior authorization and a list of Qualified Procedures for treatment of infertility before receiving services. The lifetime maximum for authorized Qualified Procedures received under the hospital and / or medical / surgical programs is $25,000 per covered person.

Paid-in-full benefit, subject to the lifetime maximum for Qualified Procedures, when you choose a Center of Excellence for Infertility Treatment. A travel allowance is available under the Center of Excellence benefit.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, you will receive inpatient / outpatient hospital coverage and / or medical / surgical coverage:

- from a participating provider subject to copayment, or
- from a non-participating provider subject to Basic Medical benefit provisions.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures.

If you do not receive prior authorization, no benefits are available for Qualified Procedures under the Empire Plan's hospital or medical / surgical programs. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary.

MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

YOU MUST CALL

Call ValueOptions (administrator for GHI) at 1-800-446-3995 before seeking any treatment for mental health or substance abuse, including alcoholism. ValueOptions' Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits.

In an emergency, ValueOptions will either arrange for an appropriate provider to call you back (usually within 30 minutes) or direct you to an appropriate facility for treatment. In a life-threatening situation, go to the emergency room. Then, you must call ValueOptions within 48 hours.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by ValueOptions

	Network Coverage	Non-Network Coverage
	No deductible No annual or lifetime benefit maximums See copayments below	**Annual Deductible** Outpatient: $500 Inpatient: $2,000 per enrollee, per spouse / domestic partner, per all children combined **Annual and Lifetime Benefit Maximums** Mental Health / Substance Abuse Annual: Unlimited / $50,000 Lifetime: Unlimited / $100,000
Inpatient		
• **Copayment/ Coinsurance**	No copayment	After you meet the deductible, the Empire Plan pays up to 50% of the network allowance. Enrollee pays deductible and remaining balance.
• **Maximum benefits**	Mental Health: unlimited when medically necessary Substance Abuse: Three stays per lifetime (more may be approved case by case)	Mental Health: 30 days / year Substance Abuse: One stay per year, three stays per lifetime
Outpatient		
• **Mental Health Crisis Intervention**	Up to three visits per crisis paid in full	Use mental health visits below
• **Copayment/ Coinsurance per Visit**	Mental Health: $15 copayment per visit Substance Abuse: $8 copayment per visit	After you meet the deductible, the Empire Plan pays up to 50% of the network allowance. Enrollee pays deductible and remaining balance.
• **Maximum Number of Visits**	Unlimited when medically necessary	Mental Health: 30 visits per year Substance Abuse: 30 visits per year
Ambulance Service	Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.	

PRESCRIPTION DRUG PROGRAM

This section does not apply to employees represented by Civil Service Forum, Local 300 .

Participating Pharmacy

At a participating pharmacy, you have a $5 (DC-37: $3) copayment for a generic drug and a $15 (DC-37: $13) copayment for a brand-name drug with no generic equivalent. If you choose to purchase a brand-name drug which has a generic equivalent, you will pay the $15 (DC-37: $13) copayment and the difference in cost between the brand and the generic. Certain drugs are excluded from this requirement. You pay only the $15 (DC-37: $13) copayment for these 10 brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Slo-Bid, Synthroid, Tegretol and Theo-Dur. One copayment covers up to a 90 day supply.

Mail Service Pharmacy

You may fill your prescription through the mail service by using the mail service envelope. For envelopes and refill orders call Express Scripts at 1-800-964-1888. The same copayments and rules apply as if you were using a participating pharmacy.

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim to the Empire Plan Prescription Drug Program. If your prescription was filled with a generic drug or a brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for that prescription. If your prescription was filled with a brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will **not** be reimbursed the total amount you paid for the prescription.

All participating, non-participating and Mail Service pharmacies can fill prescriptions written for supplies of up to 90 days. Prescriptions may be refilled for up to one year.

YOU MUST CALL

You must call Express Scripts at 1-800-964-1888 for prior authorization for the following drugs:

- BCG Live
- Ceredase or Cerezyme
- Drugs for the treatment of impotency
- Enbrel
- Epoetin
- Human Growth Hormone
- Immune Globulin
- Lamisil
- Prolastin
- Pulmozyme
- Sporanox

Refer to your Empire Plan Certificate / Empire Plan Reports and Certificate Amendments for complete information.

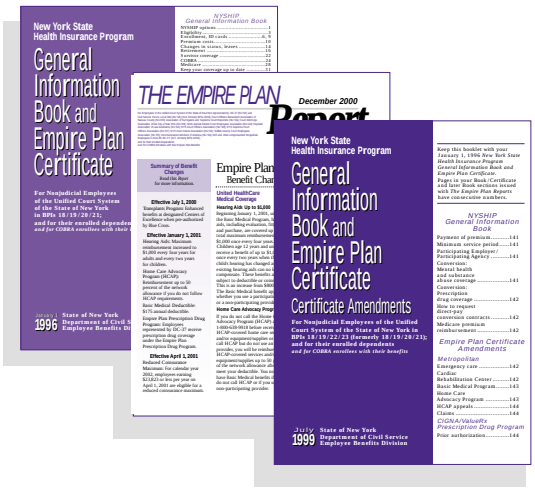
The Empire Plan NurseLine$_{SM}$ - Call the Empire Plan NurseLine at 1-800-439-3435 or visit the HealthForums Web site at www.healthforums.com / empire for health information and advice.

EMPIRE HEALTHCHOICE: NEW NAME, SAME BENEFITS

Empire Blue Cross and Blue Shield is now Empire HealthChoice, Inc. Empire HealthChoice provides your hospital benefits and related services under the Empire Plan. Watch for this new name on Empire Plan publications and documents.

Only the name is changing. The new name does not affect your Empire Plan benefits or providers. The telephone numbers and addresses stay the same. And, Empire HealthChoice is still an independent member of the Blue Cross and Blue Shield Association.

This document provides a brief look at Empire Plan benefits for certain employees of the Unified Court System. Use it with your NYSHIP General Information Book / Empire Plan Certificate and Empire Plan Reports and Certificate Amendments. If you have questions, call the appropriate insurance carrier listed on the front of this guide.



The *Empire Plan at a Glance* is published by the Employee Benefits Division of the State of New York 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 or an HMO.

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