JANUARY 1, 2003

# at a Glance

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

## Hospital Benefits Program

### insured and administered by Empire Blue Cross and Blue Shield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility care and hospice care. Includes a Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including pre-admission certification of hospital admissions and admission or transfer to a skilled nursing facility; discharge planning, inpatient Medical Case Management and the High Risk Pregnancy Program.

## Medical/Surgical Benefits Program

### insured and administered by United HealthCare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider and Basic Medical Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

United HealthCare also provides services for: Home care services, durable medical equipment and medical supplies provided by the Home Care Advocacy Program; The Centers of Excellence Program for Infertility; and Benefits Management Program services including Prospective Procedure Review for MRIs, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

## Managed Mental Health and Substance Abuse Program

### insured by GHI and administered by ValueOptions

Provides coverage for inpatient and outpatient mental health and substance abuse services.

## Prescription Drug Program

### insured by CIGNA and administered by Express Scripts

Provides coverage for prescription drugs through participating retail pharmacies, the mail service pharmacy and non-participating pharmacies.

## Call Toll-Free

For pre-authorization of services or if you have a question about eligibility, providers or claims, please call toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the carrier you need.

United HealthCare and Empire Blue Cross and Blue Shield representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern Time. Value Options, Express Scripts and the Empire Plan NurseLine representatives are available 24 hours a day, seven days a week.

Call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan NurseLine℠ for health information and support.

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

**Empire Blue Cross and Blue Shield.....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**

## For Employees of the State of New York represented by Council 82

and for their enrolled Dependents *and for COBRA enrollees with their Empire Plan 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 April 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 pages 121 and 122 of your NYSHIP General Information Book and Empire Plan Certificate.

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239

Web site: www.cs.state.ny.us

## BENEFITS MANAGEMENT PROGRAM

### Pre-Admission Certification

**If the Empire Plan is primary for you or your covered dependents:**

You must call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire Blue Cross and Blue Shield:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call Empire Blue Cross and Blue Shield as soon as a pregnancy is certain.
- Within 48 hours after an emergency or urgent hospital admission.

If you do not call, or if Empire Blue Cross and Blue Shield 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.

Empire Blue Cross and Blue Shield also provides concurrent review, discharge planning, inpatient Medical Case Management and the High Risk Pregnancy Program.

### Prospective Procedure Review - MRI

**If the Empire Plan is primary for you or your covered dependents:**

You must call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose United HealthCare 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.

United HealthCare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

# INPATIENT AND OUTPATIENT HOSPITAL COVERAGE

Empire Blue Cross and Blue Shield 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 Blue Cross and Blue Shield. Call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire Blue Cross and Blue Shield if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) statement.

| | Empire Blue Cross and Blue Shield | United HealthCare |
|---|---|---|
| **Hospital Inpatient**<br>• Semi-private room<br>YOU MUST CALL **You must call for pre-admission certification (See page 2)** | No copayment, no deductible for 365 days per spell of illness for covered inpatient diagnostic and therapeutic services 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 Blue Cross and Blue Shield 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 $35 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room. | 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 Blue Cross and Blue Shield. 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 Blue Cross and Blue Shield. |
| | $10 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 Blue Cross and Blue Shield. (See Medical/Surgical Coverage.) |
| **Skilled Nursing Facility Care**<br>• Semi-private room<br>YOU MUST CALL **You must call for pre-admission certification (See page 2)** | 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 for prior authorization**

You must call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire Blue Cross and Blue Shield for pre-authorization of the following transplants provided through the 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 Blue Cross and Blue Shield 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 Blue Cross and Blue Shield 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.<br>The Plan does not guarantee that participating providers are available in all specialties or geographic locations.<br>To learn whether a provider participates, check with the provider directly, call United HealthCare or visit the Employee Benefits Division Web site at www.cs.state.ny.us.<br>Always confirm the provider's participation **before** you receive services. | **Maximum Benefits:** Basic Medical annual and lifetime maximum: Unlimited.<br>**Annual Deductible:** $283 enrollee; $283 enrolled spouse/domestic partner; $283 all dependent children combined.<br>**Coinsurance:** The Empire Plan pays 80% of reasonable and customary charges for covered services after you meet the annual deductible.<br>**Annual Coinsurance Maximum:** $1,050 per employee and covered dependents combined. After maximum is reached, benefits are paid at 100% of reasonable and customary charges for covered services. The annual deductible and annual coinsurance maximum will increase on January 1 of each year based on the percentage increase in the medical care component of the Consumer Price Index (C.P.I.) for Urban Wage Earners and Clerical Workers, all Cities, (C.P.I.-W) for the period July 1 through June 30 of the preceding year. |
| **Doctor's Office Visit/Office Surgery: Laboratory/Radiology** | You pay a $10 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 $10 copayment per visit to a participating provider. | For non-participating providers, up to $250 per calendar year for employees age 40 or older, and up to $250 per calendar year for covered spouse/domestic partner age 40 or older. This benefit is not subject to deductible or coinsurance. |
| **Adult Immunizations** | You pay a $10 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.<br>**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 $1,200 once every four years; children age 12 years and under covered up to $1,200 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. |
| **Emergency Ambulance Service** | The Basic Medical benefit applies whether you use a participating or a non-participating provider. | Local commercial ambulance charges except the first $35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, 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. |

## Managed Physical Medicine Program

| | Managed Physical Network (MPN) | Non-Network Coverage |
|---|---|---|
| **Chiropractic Treatment and Physical Therapy** | You pay a $10 copayment for each office visit to a Managed Physical Network provider. You pay an additional $10 copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit.<br>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<br>**Annual Deductible:** $250 enrollee; $250 enrolled spouse/domestic partner; $250 all dependent children combined. This deductible is separate from other plan deductibles.<br>**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**<br>YOU MUST CALL **You must call for prior authorization** | **Network Benefits:** To receive a paid-in-full benefit, you must call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose United HealthCare to precertify and help make arrangements for covered services, durable medical equipment and supplies, including insulin pumps, Medijectors and enteral formulas.<br>Exceptions:<br>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. |

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

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.

## Infertility Benefits

YOU MUST CALL **You must call for prior authorization**

Call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose United HealthCare for pre-authorization and listing of Qualified Procedures 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

Call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose ValueOptions 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. Guaranteed access to network 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 an emergency, 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<br>No annual or lifetime benefit maximums<br>See copayments below | **Annual Deductible**<br>Outpatient: $500<br>Inpatient: $2,000<br>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

| | Network Coverage | Non-Network Coverage |
|---|---|---|
| • **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<br>**Substance Abuse:** Three stays per lifetime (more may be approved case by case) | **Mental Health:** 30 days per year<br>**Substance Abuse:** One stay per year, three stays per lifetime |

## Outpatient

| | Network Coverage | Non-Network Coverage |
|---|---|---|
| • **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<br>**Substance Abuse:** $10 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<br>**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

**Participating Pharmacy**

At a participating pharmacy, you have a $5 copayment for generic drugs and a $15 copayment for brand-name drugs with no generic equivalent. If you choose to purchase a brand-name drug which has a generic equivalent, you will pay the $15 copayment plus the difference in cost between the brand and the generic. Certain drugs are excluded from this requirement. You pay only the $15 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 the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Express Scripts. The same copayments and rules apply as if you were using a participating pharmacy. To refill a prescription on file with the Express Scripts Mail Service pharmacy, you may order by phone or online at www.express-scripts.com.

**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 the Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and choose Express Scripts for prior authorization for the following drugs:**

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

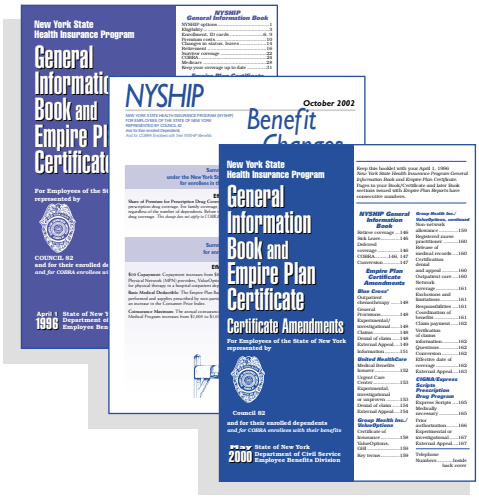
Refer to your Empire Plan Certificate/Empire Plan Reports for complete information.

**The Empire Plan Complementary and Alternative Medicine Program (CAM)** - Empire Plan enrollees receive a 25 percent discount from the normal fee for services from CAM network massage therapists, acupuncturists, dieticians and nutritionists. To locate network providers, call CAM toll free at 1-888-447-2144 or visit the CAM Web site at www.empireplancam.com.

**The Empire Plan NurseLine**SM - Call the Empire Plan toll-free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan NurseLine for health information and support.

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service Web site (www.cs.state.ny.us). Click on Employee Benefits for timely information that meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document provides a brief look at Empire Plan benefits for employees represented by Council 82. Use it with your NYSHIP General Information Book/Empire Plan Certificate and Empire Plan Reports and Certificate Amendments. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the carrier you need.




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.

NYSHIP
New York State Health Insurance Program

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