At A Glance 2007

Public Employees Federation

For Employees of the State of New York represented by Public Employees Federation (PEF); and for their enrolled Dependents and for COBRA enrollees with their Empire Plan Benefits

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

Hospital Benefits Program

insured and administered by Empire BlueCross BlueShield
Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Provides coverage for inpatient and outpatient services provided by a hospital, hospital extension clinic, skilled nursing facility care and hospice care. Includes the 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, Basic Medical Provider Discount and Basic Medical Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: Coverage for home care services, durable medical equipment and medical supplies through the Home Care Advocacy Program; the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; 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 Empire BlueCross BlueShield and jointly administered by Empire BlueCross BlueShield and Caremark
Provides coverage for prescription drugs dispensed through participating retail pharmacies, the Caremark Mail Service pharmacy and non-participating pharmacies.

Call toll free 1-877-7-NYSHIP

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

United HealthCare and Empire BlueCross BlueShield representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. ValueOptions, Caremark and The Empire Plan NurseLine representatives are available 24 hours a day, seven days a week.

See page 11 for Teletypewriter (TTY) numbers and addresses.

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 your June 1, 2002 NYSHIP General Information Book/Empire Plan Certificate and all Empire Plan Reports issued since. If you have health insurance questions, contact your agency Health Benefits Administrator.

State of New York Department of Civil Service, Employee Benefits Division
Alfred E. Smith State Office Building
80 South Swan Street, Albany, New York 12239 web site: www.cs.state.ny.us

YOU MUST CALL for 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 BlueCross BlueShield:

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

If you do not call, a $200 inpatient deductible will be applied to the charges if it is determined that your hospitalization is medically necessary. If Empire BlueCross BlueShield does not certify the hospitalization, you will be responsible for the entire cost of care determined to be 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 BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the High Risk Pregnancy Program.

YOU MUST CALL for 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.

Centers of Excellence

Cancer Services

YOU MUST CALL to participate

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose United HealthCare or call the Cancer Resources Center toll free at **1-866-936-6002** to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through United HealthCare. Assistance in locating cancer centers, nurse consultations and a travel, lodging and meal allowance for you and one travel companion are available under the Centers of Excellence for Cancer Program; save original receipts for reimbursement.

If you do not use a Center of Excellence, you will receive inpatient/outpatient hospital coverage and medical/surgical coverage:

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

Program available to all Empire Plan enrollees even if Medicare or another health insurance plan is primary.

Transplants Program

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 BlueCross BlueShield 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, heart/lung, kidney and pancreas/kidney.

Paid-in-full benefits for the following transplant services when authorized by Empire BlueCross BlueShield 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 BlueCross BlueShield 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.

Infertility Benefits

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 United HealthCare for pre-authorization and list of Qualified Procedures before receiving services.

Paid-in-full benefit, subject to the lifetime maximum of $50,000 per covered person for Qualified Procedures, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. A travel allowance is available in the Center of Excellence benefit, subject to the lifetime maximum.

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

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

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.

Inpatient & Outpatient Hospital Coverage

Empire BlueCross BlueShield pays for covered services provided in a network/non-network inpatient or outpatient hospital, hospital extension clinic, skilled nursing facility or hospice setting. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. United HealthCare provides benefits for certain medical and surgical care when it is not covered by Empire BlueCross BlueShield. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) statement.

Hospital Inpatient • Semi-private room

Hospital Benefits Program (Empire BlueCross BlueShield)	**Medical/Surgical Benefits Program** (United HealthCare)
YOU MUST CALL for pre-admission certification	
You are covered for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network and/or non-network 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 BlueCross BlueShield hospital inpatient benefits end, hospital inpatient benefits continue through the Basic Medical Program.
Network Hospital – When you use a network hospital, you pay no coinsurance, copayment or deductible.	
Non-Network Hospital – When you use a non-network hospital, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined.	After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, the next $1,000 is reimbursable under the Basic Medical Program. This benefit is not subject to deductible or coinsurance.

Hospital Outpatient • Network Services

Hospital Benefits Program (Empire BlueCross BlueShield)	**Medical/Surgical Benefits Program** (United HealthCare)
Surgery, diagnostic radiology, mammography screening, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of $35 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.	Paid-in-full benefits for covered outpatient services provided in the outpatient department of a hospital or a hospital extension clinic 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 laboratory tests and electrocardiogram services are subject to one copayment of $60 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 laboratory tests and electrocardiogram services when these services are not covered by Empire BlueCross BlueShield. 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, radiology, anesthesiology, pathology or dialysis.	Paid-in-full benefit for pre-admission testing and/or pre-surgical testing prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis when not covered by Empire BlueCross BlueShield.
$18 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to your Certificate for other conditions of coverage.)	Medically necessary physical therapy covered under the Managed Physical Medicine Program when not covered by Empire BlueCross BlueShield. (See Medical/Surgical Coverage.)

*There are two levels of benefits under the Basic Medical Program. (See page 6.)

Hospital Outpatient (cont.) • Non-Network Coverage

Hospital Benefits Program (Empire BlueCross BlueShield)	**Medical/Surgical Benefits Program** (United HealthCare)
The hospital outpatient services covered under the Program are the same whether received in a network or non-network hospital outpatient department or in a network or non-network hospital extension clinic. The $60 copayment for emergency care services also applies to coverage in a non-network hospital or non-network hospital extension clinic. For services other than emergency care, network copayments do not apply. However, you will be responsible for a coinsurance amount of 10 percent of billed charges or $75 (whichever is greater) up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits subject to all applicable network copayments.	After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, the next $1,000 is reimbursable under the Basic Medical Program. This benefit is not subject to deductible and coinsurance.

Skilled Nursing Facility Care • Semi-private room

Hospital Benefits Program (Empire BlueCross BlueShield)	**Medical/Surgical Benefits Program** (United HealthCare)
YOU MUST CALL for pre-admission certification (See page 2.)	
Network Coverage	
Covered in an approved network 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.
Non-Network Coverage	
The skilled nursing services covered under the Program are the same whether received in a network or non-network facility. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits.	After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, the next $1,000 is reimbursable under the Basic Medical Program. This benefit is not subject to deductible or coinsurance.

Hospice Care

Hospital Benefits Program (Empire BlueCross BlueShield)	**Medical/Surgical Benefits Program** (United HealthCare)
Network Coverage	
Paid in full when provided by an approved network hospice program as described in The Empire Plan Certificate.	Covered services by a participating provider are paid in full. Basic Medical benefits* for services by non-participating providers.
Non-Network Coverage	
The hospice care services covered under the Program are the same whether received in a network or non-network hospice program. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits.	After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, the next $1,000 is reimbursable under the Basic Medical Program. This benefit is not subject to deductible or coinsurance.

*There are two levels of benefits under the Basic Medical Program. (See page 6.)

Medical/Surgical Coverage

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

Participating Provider Program

You pay a copayment for office visits, surgical procedures performed during an office visit, contraceptive drugs and devices dispensed in a doctor's office, radiology services and diagnostic laboratory services, speech therapy, 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, call United HealthCare or visit the New York State Department of Civil Service web site at www.cs.state.ny.us. From the home page, click on "Benefit Programs" and follow the instructions to access NYSHIP Online. Then click on "Find a Provider".

Always confirm the provider's participation **before** you receive services.

Basic Medical Program

Maximum Benefits: Basic Medical annual and lifetime maximum: Unlimited.

Annual Deductible: $335 enrollee; $335 enrolled spouse/domestic partner; $335 all dependent children combined.

Coinsurance: The Empire Plan pays up to 80 percent of reasonable and customary charges for covered services after you meet the annual deductible.

Annual Coinsurance Maximum: $1,610 per employee and covered dependents combined. After maximum is reached, benefits are paid at up to 100 percent 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.

(or) Basic Medical Provider Discount Program

If The Empire Plan is your primary insurance coverage and you use a non-participating provider who is part of the MultiPlan group, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of the MultiPlan fee schedule or the reasonable and customary charge.

The provider will submit bills and receive payments directly from United HealthCare. You are only responsible for the applicable deductible and coinsurance amounts. To find a provider, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose United HealthCare or go to the New York State Department of Civil Service web site at www.cs.state.ny.us.

Doctor's Office Visit/Office Surgery; Laboratory/Radiology; Contraceptives

Participating Provider Program

You pay an $18 copayment for each of the following when you use a participating provider: office visit/office surgery; laboratory/radiology; contraceptives. No copayment for prenatal visits and well-child care.

Basic Medical Program

Basic Medical benefits* for covered services received from non-participating providers.

Routine Health Exams

Participating Provider Program

Covered services subject to an $18 copayment per visit to a participating provider.

Basic Medical Program

For non-participating providers, up to $250 per calendar year for an active employee 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.

* There two levels of benefits under the Basic Medical Program. (See above.)

Adult Immunizations

Participating Provider Program	Basic Medical Program
You pay an $18 copayment for the following immunizations when received from a participating provider: influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox), and tetanus immunizations, Human Papilloma Virus (HPV) immunizations for cervical cancer prevention (covered for female enrollees and dependents age 19 through 26), meningitis immunizations (covered for dependent students age 19 and over). The copayment also covers the cost of oral and injectable substances received from a participating provider.	Not Covered

Routine Pediatric Care

Participating Provider Program	Basic Medical Program
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

Participating Provider Program	Basic Medical Program
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 $1,500 per hearing aid, per ear, once every four years; children age 12 years and under covered up to $1,500 per hearing aid, per ear, 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.

Prostheses and Orthotic Devices

Participating Provider Program	Basic Medical Program
Paid-in-full benefits for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a participating provider.	Basic Medical benefits* for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

External Mastectomy Prostheses

Participating Provider Program	Basic Medical Program
The Basic Medical benefit applies whether you use a participating or non-participating provider.	Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose United HealthCare and then the Home Care Advocacy Program for pre-certification for any single prosthesis costing $1,000 or more. For a prosthesis requiring approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs. This benefit is not subject to deductible or coinsurance. * There two levels of benefits under the Basic Medical Program. (See page 6.)

Ambulatory Surgical Center

Participating Provider Program	Basic Medical Program
$15 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital-owned and operated Ambulatory Surgical Centers are covered under hospital extension clinic provisions. See page 4.)	Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital-owned and operated Ambulatory Surgical Centers are covered under hospital extension clinic provisions. See page 4.)

Emergency Ambulance Service

Participating Provider Program	Basic Medical Program
The Basic Medical benefit applies whether you use a participating or a non-participating provider.	Local commercial ambulance charges are covered 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 (MPN)

Chiropractic Treatment and Physical and Occupational Therapy

Network Coverage (when you use MPN)	Non-Network Coverage (when you don't use MPN)
You pay an $18 copayment for each office visit to a Managed Physical Network provider. You pay an additional $18 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:** The Empire Plan pays up to 50 percent 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)

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies

Network Coverage (when you use HCAP)	Non-Network Coverage (when you don't use HCAP)
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. Exceptions: For **diabetic supplies** (except insulin pumps and Medijectors) call The Empire Plan Diabetic Supplies Pharmacy 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 percent 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.

YOU MUST CALL

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. If you contact ValueOptions before you receive services, you have 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 a life-threatening emergency, go to the nearest hospital emergency room. You must call ValueOptions within 48 hours of an admission for emergency care.

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, except inpatient substance abuse 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	$250,000

Inpatient

	Network Coverage	Non-Network Coverage
Copayment/ Coinsurance	No copayment	After you meet the deductible, The Empire Plan pays up to 50 percent 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 per year **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:** $18 copayment per visit **Substance Abuse:** $18 copayment per visit	After you meet the deductible, The Empire Plan pays up to 50 percent of the network allowance. Enrollee pays deductible and remaining balance.
	Hospital Emergency Room: $60 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room.	**Hospital Emergency Room:** Same as network benefits.
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.

Copayments

You have the following copayments for drugs purchased from a participating pharmacy or through the Caremark Mail Service.

Up to a 30 day supply from a participating retail pharmacy or through the Caremark Mail Service	31 to 90 day supply from a participating retail pharmacy	31 to 90 day supply through the Caremark Mail Service
Generic Drug $5	Generic Drug $10	Generic Drug $5
Preferred Brand-Name Drug $15	Preferred Brand-Name Drug $30	Preferred Brand-Name Drug $20
Non-Preferred Brand-Name Drug $30	Non-Preferred Brand-Name Drug $60	Non-Preferred Brand-Name Drug $55

If you choose to purchase a brand-name drug that has a generic equivalent, you will pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full cost of the drug. Certain drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid and Tegretol. One copayment covers up to a 90 day supply.

You have coverage for prescriptions of up to a 90 day supply at all participating, non-participating and mail service pharmacies. Prescriptions may be refilled for up to one year.

Mail Service Pharmacy

You may fill your prescription through the Caremark 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 The Empire Plan Prescription Drug Program. To refill a prescription on file with the Caremark Mail Service pharmacy, you may order by phone or online at the New York State Department of Civil Service web site at www.cs.state.ny.us. From the home page, click on “Benefit Programs” and follow the instructions to access NYSHIP Online. Then click on “Find a Provider”.

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim to The Empire Plan Prescription Drug Program, P.O. Box 52071, Phoenix, AZ 85072-2071. 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.

Prior Authorization Required

You must have prior authorization for the following drugs:

- Amevive
- Aranesp
- Arixtra
- Avonex
- Betaseron
- Botox
- Copaxone
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Fragmin
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Innohep
- Intron-A
- Iplex
- Kineret
- Lamisil
- Lovenox
- Myobloc
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Raptiva
- Rebif
- Remicade
- Remodulin
- Revatio
- Sporanox
- Synagis
- Tracleer
- Tysabri
- Ventavis
- Xolair

The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Program at the number above or check the New York State Department of Civil Service web site at www.cs.state.ny.us. From the home page, click on “Benefit Programs” and follow the instructions to access NYSHIP Online. Then click on “Find a Provider”. For information about prior authorization requirements, call The Empire Plan Prescription Drug Program at the number above.

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℠

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.

Additional Information

For additional Empire BlueCross BlueShield information, contact:

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407, Church Street Station
New York, New York 10008-1407

For additional United HealthCare information, contact:

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

For additional ValueOptions information, contact:

ValueOptions
P.O. Box 778
Troy, New York 12181-0778

For additional Prescription Drug Program information, contact:

The Empire Plan Prescription Drug Program
P.O. Box 11826
Albany, New York 12211

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

Empire BlueCross BlueShield ..... 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 1-800-863-5488

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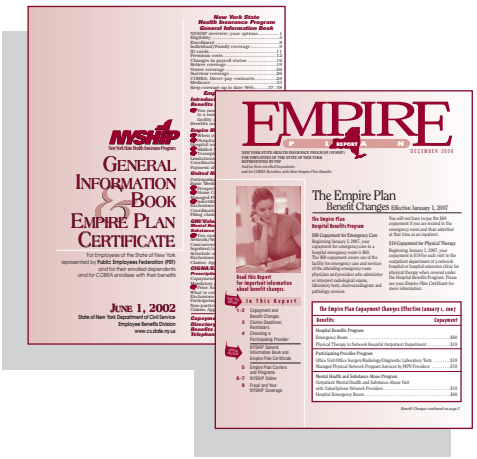

The Empire Plan at a Glance is published by the Employee Benefits Division of the State of New York Department of Civil Service.
The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.

NYSHIP
New York State Health Insurance Program

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