THE EMPIRE PLAN

# New York State Health Insurance Program

## Police Benevolent Association

For New York State Police Supervisors and Troopers represented by the Police Benevolent Association; 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**

Provides coverage for inpatient and outpatient services provided by a hospital, 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.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

### Medical/Surgical Benefits Program

**insured and administered by UnitedHealthcare**

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 and administered by UnitedHealthcare**

**UnitedHealthcare partners with Medco Health Solutions, Inc. (Medco) for retail pharmacy network and mail pharmacy services.**

Provides coverage for prescription drugs dispensed through participating Empire Plan retail pharmacies, the Medco mail service (Medco by Mail) 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 program you need.

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

See page 2 for Teletypewriter (TTY) numbers and addresses.

**This publication also contains:**

- **Empire Plan Special Report on the Prescription Drug Program**
- **2008 Empire Plan Preferred Drug List**

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 September 1, 2003 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, Albany, New York 12239**
**web site: www.cs.state.ny.us**

AT A GLANCE

**January 1, 2008**

## 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 UnitedHealthcare 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.

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

## Additional Contact Information

**Hospital Benefits Program**

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

**Medical/Surgical Benefits Program**

**UnitedHealthcare**
P.O. Box 1600
Kingston, New York 12402-1600

**Mental Health and Substance Abuse Program**

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

**Prescription Drug Program**

**Empire Plan Prescription Drug Program**
P.O. Box 5900
Kingston, NY 12402-5900

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
UnitedHealthcare ..... TTY Only 1-888-697-9054
ValueOptions ..... TTY Only 1-800-334-1897
The Empire Plan Prescription Drug Program ..... TTY Only 1-800-855-2881 (5/08)

## 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 UnitedHealthcare 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 UnitedHealthcare. 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 if the Center is more than 100 miles from the patient's residence; 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 if the Center is more than 100 miles from the patient's residence; 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 UnitedHealthcare 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 if the Center is more than 100 miles from the patient's residence, 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 and Outpatient Hospital Coverage

Empire BlueCross BlueShield pays for covered services provided in a network/non-network inpatient or outpatient hospital, skilled nursing facility or hospice setting. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. UnitedHealthcare 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** (UnitedHealthcare) |
|---|---|
| **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, you can apply for reimbursement of the next $1,000 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** (UnitedHealthcare) |
|---|---|
| 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.) |

## Hospital Outpatient (cont.) • Non-Network Services

| Hospital Benefits Program (Empire BlueCross BlueShield) | Medical/Surgical Benefits Program (UnitedHealthcare) |
|---|---|
| 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, you can apply for reimbursement of the next $1,000 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 (UnitedHealthcare) |
|---|---|
| **YOU MUST CALL for pre-admission certification (See page 2.)** | |
| **Network Services** | |
| 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 Services** | |
| 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 or $500 for all dependent children combined, you can apply for reimbursement of the next $1,000 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 (UnitedHealthcare) |
|---|---|
| **Network Services** | |
| 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 Services** | |
| 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, you can apply for reimbursement of the next $1,000 under the Basic Medical Program. This benefit is not subject to deductible or coinsurance. |

# Medical/Surgical Coverage

UnitedHealthcare 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, outpatient surgical location 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 UnitedHealthcare 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:** $349 enrollee; $349 enrolled spouse/domestic partner; $349 all dependent children combined.

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

**Annual Coinsurance Maximum:** $1,292 per employee and covered dependents combined. After maximum is reached, benefits are paid at 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 UnitedHealthcare. 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 UnitedHealthcare 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.

## 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.<br>**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 UnitedHealthcare 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. |

### Outpatient Surgical Locations

| 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-based Outpatient Surgical Locations 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 Outpatient Surgical Locations 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 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.<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:** 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**<br>**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 UnitedHealthcare to precertify and help make arrangements for covered services, durable medical equipment and supplies, including insulin pumps, Medijectors and enteral formulas.<br>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 to ensure the highest level of benefits

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, go to the nearest hospital emergency room. You or your designee must call ValueOptions within 48 hours of an admission for emergency care or as soon as is reasonably possible.

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

All benefits apply to treatment determined medically necessary by ValueOptions.

## Mental Health Benefits

| Network Coverage | Non-Network Coverage |
|---|---|
| No deductibles | **Annual deductibles apply** |
| No annual or lifetime benefit maximums | **No annual or lifetime benefit maximum** |
| | The amount you pay for non-network inpatient and outpatient services does **NOT** count toward meeting your Basic Medical deductible or Basic Medical coinsurance maximum. Deductibles and maximum coinsurance amounts are separate and not combined with any other deductible, coinsurance or maximum coinsurance amounts. |

### Facility Charges

| | Network Coverage | Non-Network Coverage |
|---|---|---|
| **Approved Facilities** | Paid in full | The Empire Plan pays up to 90 percent of the billed charges; 100 percent after the $500 coinsurance maximum per enrollee, per spouse/domestic partner, per all dependent children combined. No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes. |
| **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. | Same as network benefits. |

## Practitioner Visits

| Network Coverage | Non-Network Coverage |
|---|---|
| $18 copayment per visit with up to three visits per crisis paid in full | **Maximum Benefits:** Basic Medical annual and lifetime maximum: Unlimited.<br>**Annual Deductible:** $349 enrollee; $349 enrolled spouse/ domestic partner; $349 all dependent children combined.<br>**Coinsurance:** The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the annual deductible.<br>**Annual Coinsurance Maximum:** $1,292 per employee and covered dependents combined. After maximum is reached, benefits are paid at 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. |

## Substance Abuse Benefits

| Network Coverage | Non-Network Coverage |
|---|---|
| No deductible<br>See copayments below | **Annual Deductible**<br>Outpatient: $500 Inpatient: $2,000<br>per enrollee, per spouse/domestic partner, per all dependent children combined<br>**Annual and Lifetime Benefit Maximums**<br>Annual: $50,000 Lifetime: $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** | Three stays per lifetime (more may be approved case by case) | One stay per year, three stays per lifetime |

### Outpatient

| | Network Coverage | Non-Network Coverage |
|---|---|---|
| **Copayment/ Coinsurance per Visit** | $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. | Same as network benefits. |
| **Maximum Number of Visits** | Unlimited when medically necessary | 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.

**This section does not apply if you have enrolled in a Medicare Part D prescription drug program.**

## Copayments

You have the following copayments for drugs purchased from a participating retail pharmacy or through Medco by Mail.

| Up to a 30 day supply from a participating retail pharmacy or through Medco by Mail | | 31 to 90 day supply from a participating retail pharmacy | | 31 to 90 day supply through Medco by Mail | |
|---|---|---|---|---|---|
| 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 Medco by Mail 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 Medco by Mail, 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 Medco, P.O. Box 14711, Lexington, KY 40512. 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
- Avonex
- Betaseron
- Botox
- Copaxone
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Lamisil
- Letairis
- 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.

State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.state.ny.us

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NYSHIP
New York State Health Insurance Program

Information for the Enrollee, Enrolled Spouse/Domestic Partner and Other Enrolled Dependents

PBA S&T At A Glance – January 2008

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). Check the web site 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).

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## 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.

This document provides a brief look at Empire Plan benefits for employees represented by PBA. 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 program 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

State of New York Department of Civil Service
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