At a Glance

New York State Health Insurance Program

Civil Service Employees Association

For Employees of the State of New York represented by Civil Service Employees Association (CSEA); and for their enrolled dependents and for COBRA enrollees with their Empire Plan Benefits

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 and choose the program you need.

UnitedHealthcare and Empire BlueCross BlueShield representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. OptumHealth, Medco and NurseLine$_{SM}$ representatives are available 24 hours a day, seven days a week.

See page 15 for addresses and Teletypewriter (TTY) numbers.

January 1, 2009

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; concurrent reviews, 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 and Provider Discount 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 MRI, MRA, CT, PET, and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

The Empire Plan Managed Mental Health and Substance Abuse Program
insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

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 certain services including the 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.

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

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 August 1, 2001 *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.

Benefits Management Program

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, or as soon as reasonably possible, 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, MRA, CT, PET and Nuclear Medicine tests

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 a scheduled (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA); Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test 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 test 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.

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 UnitedHealthcare or call the Cancer Resources Center toll free at **1-866-936-6002** and register 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. Also receive assistance in locating cancer centers and nurse consultations. A travel, lodging and meal allowance is available. See page 3 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital coverage and/or medical/surgical coverage.

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

Transplant 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 the Transplant 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 allowance is available. See below for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits 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 Transplant 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 a 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, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. A travel allowance is available. See below for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital coverage and/or medical/surgical coverage.

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.

Centers for Excellence Travel Allowance

A travel, lodging and meal allowance is available for you and one travel companion under the Centers of Excellence Programs if the Center is more than 100 miles (200 miles for airfare) from the patient's residence. Reimbursement for travel, lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. Save original receipts for reimbursement.

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. 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*. 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 for pre-admission certification or if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) statement.

Hospital Inpatient • Semi-private room

YOU MUST CALL

YOU MUST CALL for pre-admission certification

Hospital Benefits Program • (Empire BlueCross BlueShield)

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*.

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.

Medical/Surgical Benefits Program • (UnitedHealthcare)

Paid-in-full benefits for covered services received from a participating provider; paid in full benefits for other covered radiology, anesthesiology, and laboratory services rendered by either participating or non-participating providers and Basic Medical benefits for other 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.

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply for reimbursement of up to the next $500 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical 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 $30 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 anesthesiology, laboratory, and radiology services. 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 $50 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 covered anesthesiology, laboratory, and radiology services. 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.
$12* 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.) *$15 copayment effective July 1, 2009.	Medically necessary physical therapy covered under the Managed Physical Medicine Program when not covered by Empire BlueCross BlueShield. (See Medical/Surgical Coverage.)

Hospital Outpatient • 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.	After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply for reimbursement of up to the next $500 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.
The $50 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.	

Skilled Nursing Facility Care • Semi-private room

YOU MUST CALL **YOU MUST CALL for pre-admission certification (See page 2.)**

Hospital Benefits Program • (Empire BlueCross BlueShield)

If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits, even for short-term rehabilitation care.

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.

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.

Medical/Surgical Benefits Program • (UnitedHealthcare)

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.

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner or $500 for all dependent children combined, you can apply for reimbursement of up to the next $500 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Hospice Care

YOU MUST CALL **YOU MUST CALL for pre-admission certification**

Hospital Benefits Program • (Empire BlueCross BlueShield)

Network Services

Paid in full when provided by an approved network hospice program as described in *The Empire Plan Certificate*.

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.

Medical/Surgical Benefits Program • (UnitedHealthcare)

Covered services by a participating provider are paid in full. Basic Medical benefits for services by non-participating providers.

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply for reimbursement of up to the next $500 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Medical / Surgical Coverage

UnitedHealthcare pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call the Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare if you have questions about your benefits coverage or an Explanation of Benefits (EOB). 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.*

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 The Empire Plan toll-free number and choose 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 prompts to access NYSHIP Online. Then click on "Find a Provider".

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

** The $500 coinsurance maximum expense is reduced to $300 for calendar year 2009 for employees in (or equated to) salary grade 6 or below on January 1, 2009. Newly eligible employees who meet these requirements become eligible for the reduced coinsurance maximum on the later of January 1, 2009 or the date their coverage begins.

Basic Medical Program

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

Annual Deductible: $225 enrollee; $225 enrolled spouse/domestic partner; $225 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.

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

Annual Coinsurance Maximum: $500** enrollee; $500** enrolled spouse/domestic partner; $500** all dependent children combined. After maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services.

(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 MultiPlan 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 a $12* 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.

*$15 copayment effective July 1, 2009.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. There are two levels of benefits under the Basic Medical Program. (See above.)

Routine Health Exams

Participating Provider Program

Covered services subject to a $12* copayment per visit to a participating provider.

*$15 copayment effective July 1, 2009.

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

You pay a $12* 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) and Herpes Zoster (Shingles) immunization (for enrollees and dependents age 55 or older). The copayment also covers the cost of oral and injectable substances received from a participating provider.

*$15 copayment effective July 1, 2009

Basic Medical Program

Not covered

Routine Pediatric Care (up to age 19)

Participating Provider 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.

Basic Medical Program

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

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

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

Paid-in-full benefits for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a non-participating provider. There are two levels of benefits under the Basic Medical Program. (See page 7.)

Wigs are covered up to a $1,500 lifetime maximum when hair loss is due to a chronic or acute condition. This benefit is not subject to deductible or coinsurance.

External Mastectomy Prostheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

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, then Benefits Management 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.

Diabetes Education Centers

Participating Provider Program

Covered services subject to a $12* copayment per visit to a diabetes education center.

To find an Empire Plan participating provider diabetes education center, call toll free at **1-877-877-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. From the homepage, click on "Benefit Programs" and follow the prompts to NYSHIP Online. Select "Find a Provider" and then "Medical and Surgical Providers" under UnitedHealthcare.

*$15 copayment effective July 1, 2009

Basic Medical Program

Basic Medical benefits for covered visits to a diabetes education center.

Outpatient Surgical Locations

Participating Provider Program

$30 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 5.)

Basic Medical Program

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 5.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

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 administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a $12* copayment for each office visit to a Managed Physical Network provider. You pay an additional $12* 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.

*$15 copayment effective July 1, 2009.

Non-Network Coverage (when you don't use MPN)

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

YOU MUST CALL

YOU MUST CALL for prior authorization

Network Coverage (when you use HCAP)

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, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including one pair of diabetic shoes per year, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of $500.

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 Coverage (when you don't use HCAP)

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 except one pair of diabetic shoes per year that are paid up to 75 percent of the HCAP Network allowance with a $500 annual maximum. There is no coinsurance maximum.

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

YOU MUST CALL

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 OptumHealth before seeking any treatment for mental health or substance abuse, including alcoholism. The OptumHealth 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 OptumHealth 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 OptumHealth within 48 hours of an admission for emergency care or as soon as reasonably possible.

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

All benefits apply to treatment determined medically necessary by OptumHealth.

Mental Health Benefits

Network Coverage	Non-Network Coverage
No deductibles No annual or lifetime benefit maximums	**Annual deductibles apply** **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 for covered services; 100 percent after the $1,000 coinsurance maximum per enrollee, per spouse/domestic partner, per all dependent children combined. Each coinsurance maximum is applied as follows: 1. You pay the first $500 of coinsurance, then 2. The Program reimburses you for the next $500 of coinsurance, upon written request of the enrollee, then 3. You pay the final $500 of the coinsurance. No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes.
Hospital Emergency Room	$50 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.

Ambulance Service

Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.

Practitioner Visits

Network Coverage	Non-Network Coverage
$12* copayment per visit with up to three visits per crisis paid in full *$15 copayment effective July 1, 2009.	**Maximum Benefits:** Annual and lifetime maximum: Unlimited. **Annual Deductible:** $225 enrollee; $225 enrolled spouse/ domestic partner; $225 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. **Reasonable and Customary Charge:** The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area. **Annual Coinsurance Maximum:** $500** enrollee; $500** enrolled spouse/domestic partner; $500** all dependent children combined.

** The $500 coinsurance maximum expense is reduced to $300 for calendar year 2009 for employees in (or equated to) salary grade 6 or below on January 1, 2009. Newly eligible employees who meet these requirements become eligible for the reduced coinsurance maximum on the later of January 1, 2009 or the date their coverage begins.

Substance Abuse Benefits

Network Coverage	Non-Network Coverage
No deductible See copayments below.	**Annual Deductible** Outpatient: $500 Inpatient: $2,000 per enrollee, per spouse/domestic partner, per all dependent children combined. **Annual and Lifetime Benefit Maximums** 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	$12* 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	$50 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 *$15 copayment effective July 1, 2009.	30 visits per year

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

Copayments

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

Up to a 30-day supply of a covered drug from a participating retail pharmacy or through Medco by Mail	31 to 90-day supply of a covered drug from a participating retail pharmacy	31 to 90-day supply of a covered drug 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...$40	Non-Preferred Brand-Name Drug.....$70	Non-Preferred Brand-Name Drug....$65

If you choose to purchase a covered 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 covered drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered 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 download order forms 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 prompts to access NYSHIP Online. Click on "Find a Provider" and scroll down to "Medco by Mail Order Forms".

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim for reimbursement to Medco, P.O. Box 14711, Lexington, KY 40512. If your prescription was filled with a generic drug or a covered 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 covered 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.

2009 Empire Plan Preferred Drug List

The Empire Plan Preferred Drug List (PDL) is a list of the Plan's most commonly prescribed generic and brand-name drugs. The PDL is not a complete list of all prescription drugs on the preferred drug list or covered under The Empire Plan. The list is subject to change due to Food and Drug Administration (FDA) approval of new brand and generic drugs and product availability.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual supply at half the cost. To see a list of medications available under this program, go to www.cs.state.ny.us and select "Benefit Programs". Follow the prompts to NYSHIP Online and choose "Find a Provider". Scroll to the Medco links and click on "Empire Plan Half Tablet Program". The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Prior Authorization Required

You must have prior authorization for the following drugs:

- Amevive
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- 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 FDA and introduced into the market.

For information about The Half Tablet Program, the most current Empire Plan Preferred Drug List, prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at www.cs.state.ny.us. From the homepage, click on "Benefit Programs" and follow the prompts to NYSHIP Online. Select "Find a Provider".

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

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

OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescription Drug Program

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

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.

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
OptumHealth ..... TTY Only 1-800-855-2881
The Empire Plan Prescription Drug Program ..... TTY Only 1-800-759-1089

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

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

518-457-5754 (Albany area) 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.state.ny.us

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.

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

ADDRESS SERVICE REQUESTED

Please do not send mail or correspondence to the return address above. See boxed address on page 15.

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

Civil Service Employees Association At A Glance – January 2009

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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Empire Plan Copayments At A Glance

Participating Provider Program

$12* Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing Cardiac Rehabilitation Center Visit, Urgent Care Visit
$30 Copayment - Non-hospital Outpatient Surgical Locations
$35 Copayment - Local Professional/Commercial Ambulance Transportation

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

$12* Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)

$12* Copayment - Outpatient Physical Therapy
$30 Copayment - Outpatient Services for Surgery, Diagnostic Radiology, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
$50 Copayment - Emergency Room Care

Mental Health and Substance Abuse Program

$12* Copayment - Visit to Outpatient Substance Abuse Treatment Program
$12* Copayment - Visit to Mental Health Professional
$50 Copayment - Emergency Room Care

Prescription Drug Program

Up to a 90-day supply from a participating retail pharmacy or Mail Service. See copayment chart on page 13.

*$15 copayment effective July 1, 2009.