THE EMPIRE PLAN Report

December 2000

FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY PEF
And for their enrolled Dependents
And for COBRA Enrollees with their Empire Plan Benefits

Summary of Benefit Changes
Read this *Report* for more information.

Effective January 1, 2001

$10 Copayment: Copayment increases from $8 to $10 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers, ValueOptions network providers for outpatient substance abuse treatment and for physical therapy in hospital outpatient department.

Hearing Aids: Maximum reimbursement increased to $1,000 every four years for adults and every two years for children.

Home Care Advocacy Program (HCAP): Reimbursement up to 50 percent of the network allowance if you do not follow HCAP requirements.

Basic Medical Deductible and Coinsurance: $259 annual deductible. $1,247 annual coinsurance maximum.

Empire Plan Benefit Changes Effective January 1, 2001

Blue Cross Hospital Coverage

$10 Copayment

Beginning January 1, 2001, your copayment will be $10 for each visit to the outpatient department of a hospital for physical therapy when covered by Blue Cross. Please see your *Empire Plan Certificate* for more information about physical therapy.

United HealthCare Medical Coverage

$10 Copayment

Beginning January 1, 2001, your copayment will be $10 for services by Empire Plan participating providers which are subject to copayment, such as office visits, office surgery, radiology services, diagnostic laboratory services, cardiac rehabilitation center visits and urgent care center visits. Your copayment for services by Managed Physical Network (MPN) providers will also be $10.

Hearing Aids Up to $1,000

Beginning January 1, 2001, under the Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of $1,000 once every four years. Children age 12 years and under receive a benefit of up to $1,000 once every two years when the child's hearing has changed and the existing hearing aids can no longer compensate. These benefits are not subject to deductible or coinsurance. This is an increase from $800. The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Home Care Advocacy Program

If you do not call the Home Care Advocacy Program (HCAP) at 1-800-638-9918 before receiving HCAP-covered home care services and/or equipment/supplies or if you call HCAP but do not use an HCAP provider, you will be reimbursed for HCAP-covered services and/or equipment/supplies up to 50 percent of the network allowance after you meet your deductible. You no longer have Basic Medical benefits if you do not call HCAP or if you use a non-participating provider.

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Empire Plan Benefit Changes continued from page 1

Exception: You are not required to call HCAP for authorization before receiving diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies. You may contact the HCAP network suppliers directly at their toll-free numbers. Please see the United HealthCare certificate amendment in this *Report* for more information.

You are responsible for any amounts in excess of 50 percent of the network allowance. No expenses you pay in excess of the non-network allowance may be applied to your annual coinsurance maximum for the Basic Medical Program.

Under HCAP non-network benefits, you must still pay the cost of the first 48 hours of private duty nursing per calendar year. This is not a covered expense and does not apply toward your annual deductible. Basic Medical benefits will continue to apply to durable medical equipment or supplies that are less than $100 in total and are dispensed by your doctor during an office visit.

If you call HCAP before you receive services and/or equipment/supplies and HCAP precertifies your care and makes arrangements with an HCAP-approved provider, you still receive paid-in-full benefits.

Basic Medical
Annual Deductible: $259
Coinsurance Maximum: $1,247

For calendar year 2001, the Empire Plan Basic Medical Program annual deductible for medical services by non-participating providers is $259 for you, $259 for your enrolled spouse/domestic partner and $259 for all covered dependent children combined.

You must meet the deductible before United HealthCare can reimburse your claims. The Basic Medical annual deductible cannot be combined with the Managed Physical Medicine Program annual deductible for non-network services or with the Mental Health and Substance Abuse Program annual deductibles for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) under the Basic Medical Program is $1,247 in 2001. After you and your covered dependents, combined, reach the coinsurance maximum, United HealthCare will reimburse you 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and any penalties under the Benefit Management Program.

These changes are based on an increase in the Consumer Price Index.

See your *NYSHIP General Information Book and Empire Plan Certificate* for more information about your deductible and coinsurance maximum.

Empire Plan Mental Health and Substance Abuse Program

$10 Copayment

Beginning January 1, 2001, visits to ValueOptions network providers for outpatient substance abuse treatment will be subject to a $10 copayment. To qualify for benefits, ValueOptions must certify all covered services as medically necessary.

Empire Plan Centers of Excellence for Transplants Program

Effective October 1, 2000, enhanced benefits for bone marrow, peripheral stem cell, cord blood stem cell, heart, heart/lung, kidney, liver, lung, and kidney/pancreas transplants are available through the Empire Plan Centers of Excellence Program. Through this program, Empire Plan enrollees have access to Empire Blue Cross Centers of Excellence for kidney transplant and to the Blue Cross and Blue Shield Association's Blue Quality Centers for Transplant for the other types of transplant. These Centers of Excellence have been selected for their demonstrated expertise in performing transplants and achieving positive outcomes.

YOU MUST CALL

To participate in this voluntary program, you must call Blue Cross at 1-800-342-9815 or 518-367-0009 (Albany area and Alaska). And, to participate and receive the enhanced benefits or case management services, the Empire Plan must be your primary coverage. When you call, you will receive information by telephone from a case manager about the Centers of Excellence Program and case management services.

If Blue Cross pre-authorizes your transplant as medically necessary and you meet the criteria for acceptance by one or more Centers of Excellence, and if you agree to participate in the program, you will have a paid-in-full benefit for the following transplant services received at a Center of Excellence:

- pre-transplant evaluation;
- inpatient and outpatient hospital and physician services; and
- 12 months of follow-up care at the Center of Excellence where the transplant is performed.

In addition, a travel benefit will be available to the transplant patient and a companion if the Center of Excellence where the transplant is performed is more than 100 miles from the recipient's home. This benefit, which must be pre-authorized by Blue Cross, covers transportation, lodging and meal expenses. Save original receipts for reimbursement.

Also, when you participate in the Empire Plan Centers of Excellence for Transplants Program, Blue Cross will provide case management services. A registered nurse who has special training and experience in case management of transplants will be assigned to you. Your case management nurse will help you through the transplant process, coordinate all transplant-related needs and act as your liaison with other Empire Plan programs from the time you are listed for transplant through twelve months after the transplant.

If you do not use a Center of Excellence

There is no change in benefits if you choose not to use a Center of Excellence for your transplant. Also, if you participate in the Centers of Excellence Program but receive some of the related transplant services elsewhere, your benefits for those related services received outside of the Center of Excellence where the transplant is performed remain unchanged. Benefits for covered transplant services received outside the Center of Excellence will be provided in accordance with Empire Plan hospital and/or medical coverage.

Voluntary Case Management Services for Transplants

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 Blue Cross case management services for transplant patients. A case management nurse will help you through the transplant process, coordinate all transplant-related needs and act as your liaison with other Empire Plan programs from the time you are listed for transplant through twelve months after the transplant. Your participation in case management is strictly voluntary and provided at no expense to you.

Change in Pre-admission Certification Requirement for Transplants

If you participate in the Centers of Excellence for Transplants Program or in Blue Cross case management services for transplant, your case manager will work with you to ensure that your Empire Plan requirements, including pre-admission certification, are satisfied. However, if you elect not to participate in either program,

YOU MUST CALL

you must call Blue Cross (not the Benefits Management Program) at 1-800-342-9815 or 518-367-0009 (Albany area and Alaska) for pre-admission certification before admission for any of the organ and tissue transplants listed above.

If you do not call prior to your scheduled admission for a transplant or within 48 hours of an urgent or emergency admission for a transplant, your admission will be subject to the Benefits Management Program deductible and coinsurance described in your *Empire Plan Certificate*.

Blue Cross will be responsible for all Benefits Management Program services for the organ and tissue transplants listed above. In addition to pre-admission certification, Blue Cross will provide Concurrent Review and Discharge Planning for these organ and tissue transplant admissions. Please see the Benefits Management Program section of your *Empire Plan Certificate* for information about Concurrent Review and Discharge Planning.

News and Reminders

Pediatric Immunizations: Prevnar Added

Effective September 1, 2000, Prevnar vaccine is covered when provided in accordance with pediatric immunization guidelines. Prevnar is a vaccine against pneumococcal diseases that include pneumonia, meningitis and blood stream infections.

Coverage is available under the Participating Provider Program with no copayment and under the Basic Medical Program subject to deductible and coinsurance.

Important Claims Deadlines

March 31, 2001 (90 days after the end of the calendar year) is your last day to submit your 2000 claims to:

- United HealthCare for the Empire Plan Basic Medical Program, the Home Care Advocacy Program (HCAP) and for non-network physical medicine services
- ValueOptions for non-network mental health and substance abuse services
- Express Scripts for prescriptions filled in 2000 at non-participating pharmacies or without using your New York Government Employee Benefit Card

If the Empire Plan is your secondary insurer, you must submit claims by March 31, 2001, or within 90 days after your primary health insurance plan processes your claim, whichever is later.

For claim forms, call:

- United HealthCare at 1-800-942-4640
- ValueOptions at 1-800-446-3995
- Express Scripts at 1-800-964-1888

Note: If you are covered under the Empire Plan as an enrollee and as a dependent, you may submit claims for reimbursement of copayments to the Empire Plan as your secondary insurer.

Language Line Services

Do you speak a language other than English? Would you like answers to your health insurance questions in another language? Beginning February 1, 2001, the New York State Health Insurance Program (NYSHIP) will offer Language Line Services (LLS), an over-the-phone language translation service for enrollees calling the Employee Benefits Division.

You may call the Employee Benefits Division and use LLS on your own or you can ask your agency Health Benefits Administrator to call for you.

Here's how LLS works:

1 *Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).*

Employee Insurance Representatives are available Monday through Friday, 9 am to 3 pm.

2 *The representative will call an interpreter to translate for you.*

In most cases, the interpreter is available within 30 seconds. A three-way conference call begins for you, the representative and the interpreter.

3 *The interpreter translates for you and for the representative.*

LLS interpreters are trained in over-the-phone translation skills. They give accurate, objective translations. All calls are strictly confidential.

Medicare Open Enrollment

Medicare affects only a few active employees. Medicare is primary for an active State employee/dependent with end stage renal disease (waiting period applies) and for an active State employee's domestic partner who is age 65 or over.

If you or your dependent is eligible for primary Medicare coverage and did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2001. Contact Social Security at 1-800-772-1213 to enroll. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage.

Planning for Retirement

Your agency Health Benefits Administrator has the updated *Planning for Retirement.* This publication guides you through pre-retirement decisions on your health insurance and answers many benefit questions.

See your agency Health Benefits Administrator for your copy of this important guide. Or, visit the Department of Civil Service Employee Benefits Division Web site at http://www.cs.state.ny.us. Click on Employee Benefits and Services. Choose Recent Publications.

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The Empire Plan
Telephone Numbers

The Empire Plan Benefits Management Program 1-800-992-1213

- You must call before a maternity or scheduled hospital admission.
- You must call within 48 hours after an emergency or urgent hospital admission.
- You must call before admission or transfer to a skilled nursing facility.
- You must call before having an elective (scheduled) Magnetic Resonance Imaging (MRI).

Following the Benefits Management Program requirements can save you high out-of-pocket costs.

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

Call for information regarding hospital and related services. You must call for Transplants Program pre-certification.

United HealthCare Insurance Company of New York 1-800-942-4640

Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.

Home Care Advocacy Program (HCAP) 1-800-638-9918

You must call to arrange for paid-in-full home care services and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.

Managed Physical Medicine Program/MPN 1-800-942-4640

Call for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.

Infertility Treatment 1-800-638-9918

You must call for prior authorization for the following Qualified Procedures, regardless of provider: Artificial Insemination; Assisted Reproductive Technology (ART) procedures including in-vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call for information about infertility benefits and Centers of Excellence.

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

You must call ValueOptions before beginning any treatment for mental health or substance abuse, including alcoholism. If you do not follow ValueOptions requirements, you will receive a significantly lower level of benefits. In a life-threatening situation, go to the emergency room. Call within 48 hours.

Empire Plan Prescription Drug Program 1-800-964-1888

You must call for prior authorization for BCG Live, Ceredase or Cerezyme, Drugs for the treatment of impotency, Enbrel, Epoetin, Human Growth Hormone, Immune Globulin, Lamisil, Prolastin, Pulmozyme, or Sporanox.

The Empire Plan NurseLine℠ 1-800-439-3435

Call for health information and advice 24 hours a day, seven days a week. To listen to selections from the Health Information Library, enter PIN number 335 and a 4-digit code from the Empire Plan NurseLine brochure. Health information is also available at Health Forums on the Web, www.healthforums.com/empire.

Text Telephone (TTY) numbers for enrollees who use a TTY because of a hearing or speech disability.

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

Choosing a Participating Provider

The Empire Plan is a unique program that allows you to receive your care from Empire Plan participating providers or from non-participating providers. By choosing a participating provider, you receive covered services at little or no cost – and you don't have to file a claim. For certain services, you must call before you receive services. Participating providers are providers who have an agreement in effect under the Empire Plan. They have agreed to accept your copayment (for services subject to a copayment), plus payment directly from the Plan.

Participating Provider Program

The Empire Plan Participating Provider Program offers a network of over 80,000 physicians and other providers located throughout New York State and in many other states as well. You have the freedom to choose any participating provider without a referral. There is, however, no guarantee that a participating provider will always be available to you.

Providers in the network include: doctors, speech therapists, speech-language pathologists, audiologists, podiatrists, laboratories, ambulatory surgical centers, urgent care centers, freestanding cardiac rehabilitation centers and Infertility Centers of Excellence. Certified nurse midwives may be also be available through participating doctors.

Always ask your provider if he or she participates before you receive services. When you use a participating provider, you pay only the applicable copayment.

Your Copayment

Effective January 1, 2001, your copayment is $10 for services subject to a copayment, including office visits and surgical procedures performed during an office visit. There is an additional $10 copayment for radiology services and diagnostic laboratory services. (Remember, you must call the Benefits Management Program before a non-emergency MRI. See your *Empire Plan Certificate*.) There is a maximum of two copayments per visit. You pay a $15 copayment for facility charges including anesthesiology at a participating ambulatory surgical center.

There is no cost to you for certain services covered under the Participating Provider Program, including well-child visits, pediatric immunizations, maternity care, in-hospital doctors' visits and professional services for allergy desensitization. There is also no copay for chemotherapy, radiation therapy and dialysis.

Ask for a Participating Provider

The Empire Plan does not require that a participating provider refer you to a participating laboratory, radiologist, specialist or center. It is your responsibility to request a participating provider for outside services. Explain to your doctor that your out-of-pocket expenses are usually higher if you don't use a participating lab or if a non-participating radiologist reads your X-ray.

It is your responsibility to determine whether a provider is an Empire Plan provider. Remember: in Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina, ask if the physician is part of United HealthCare's Options Preferred Provider Organization (PPO). In all other states including New York, and for providers other than physicians in these six states, ask if the provider participates in the Empire Plan.

Find an Empire Plan Participating Provider

Call United HealthCare at 1-800-942-4640 and speak to a customer service representative. Or leave the zip code for the area in which you need a provider in the voice mailbox on the automated telephone answering system. A list of providers will be sent to you on the next business day.

Also, you can find a list of providers on the Internet at http://www.cs.state.ny.us. Click on Employee Benefits and Services and then click on Empire Plan Providers for the *Empire Plan Participating Provider Directory*. United HealthCare updates the provider directory regularly. If you don't have access to the Internet, most libraries are connected to the Internet.

Basic Medical Benefits

If you use a non-participating provider, benefits for covered services are payable under the Basic Medical portion of the Plan, subject to deductible and coinsurance. (See your *Empire Plan Certificate* for details on the Basic Medical Program.)

Empire Plan Participating Provider Directory

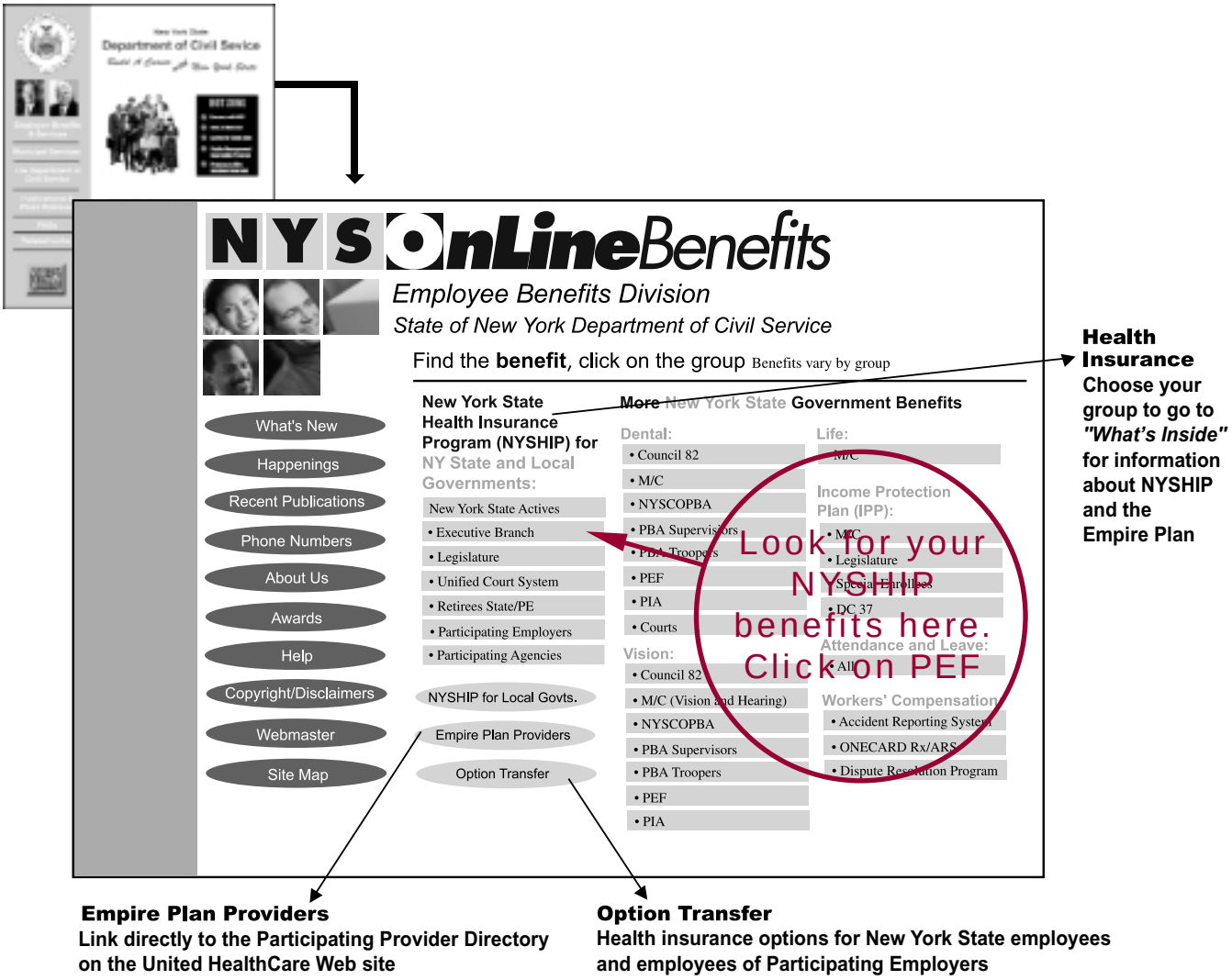
We're mailing the new *Empire Plan Participating Provider Directory* to enrollees in January.

If you need a *Directory* for a different address, call United HealthCare at 1-800-942-4640. Also, check our Web site at http://www.cs.state.ny.us.

Visit us on the Web at http://www.cs.state.ny.us

Check our New York State Department of Civil Service Employee Benefits Division Web site at http://www.cs.state.ny.us.

Click on Employee Benefits and Services for timely information about your Empire Plan Benefits.



Health Insurance
Choose your group to go to *"What's Inside"* for information about NYSHIP and the Empire Plan

Empire Plan Providers
Link directly to the Participating Provider Directory on the United HealthCare Web site

Option Transfer
Health insurance options for New York State employees and employees of Participating Employers

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

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and Other Enrolled Dependents

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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. 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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Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers prosthetics and treatment for complications of mastectomy, including lymphedema.

Call United HealthCare at 1-800-942-4640 if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* and *Empire Plan Reports*.

The Empire Plan Report 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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