THE EMPIRE PLAN Report

January 2001

FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY NYSCOPBA
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

$8 Copayment: Copayment increases from $5 to $8 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers and ValueOptions network providers for outpatient substance abuse treatment.

Prescription Drug Copay: $5 copayment for a generic drug, $15 copayment for a brand-name drug without a generic equivalent, $15 copayment plus difference in cost for brand-name with generic equivalent.

Skilled Nursing Facility: You must call the Benefits Management Program before admission or transfer to a skilled nursing facility.

Prospective Procedure Review: You must call the Benefits Management Program before an elective MRI performed in any outpatient setting, including a hospital outpatient department.

Pre-Admission Testing: No copayment for hospital outpatient pre-admission and/or pre-surgical testing prior to inpatient admissions.

Physical Therapy: $8 copayment for physical therapy visit in hospital outpatient department when covered by Blue Cross.

Transplants Program: Enhanced benefits at designated Centers of Excellence when pre-authorized by Blue Cross.

Routine Health Exams: Basic medical allowance increased to $250 per calendar year for an active employee age 40 or older and $250 per calendar year for an active employee's spouse/domestic partner age 40 or older.

Newborn Child Care: Basic Medical allowance increased to $150.

Pediatric Immunizations: Influenza vaccine when provided in accordance with pediatric guidelines is covered under Participating Provider Program with no copayment and under Basic Medical Program subject to deductible and coinsurance.

Adult Immunizations: Influenza, pneumonia, measles, mumps, rubella, varicella, and tetanus covered under the Participating Provider Program subject to $8 copayment.

Basic Medical Deductible and Coinsurance: $259 annual deductible. $962 annual coinsurance maximum.

Mastectomy Bras: When prescribed by a physician, mastectomy bras, including necessary replacements, are now covered under the Basic Medical Program.

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.

Infertility Treatment: Paid-in-full benefits at Center of Excellence. Pre-authorization requirement and lifetime maximum of $25,000 per covered person for certain Qualified Procedures.

Waiting Period: If you are hired on or after January 1, 2001, you must complete a 56-day waiting period before your NYSHIP coverage begins.

Graduating Students: Eligible for three months of continued NYSHIP coverage following the end of the month in which they complete course requirements for graduation.

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Empire Plan Benefit Changes

Effective January 1, 2001

Empire Plan Prescription Drug Program

Copayments: $5 Generic, $15 Brand Names

Beginning January 1, 2001, your copayment at a participating pharmacy is $5 for a generic drug and $15 for a brand-name drug without a generic equivalent. For a brand-name drug with a generic equivalent, you pay $15 plus the difference in cost between the brand-name drug and its generic equivalent. If a generic substitution waiver is approved, you pay only the $15 brand-name copayment. One copayment covers up to a 90-day supply for a prescription dispensed at a participating pharmacy or through the Express Scripts mail service.

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Empire Plan Benefits Management Program

Pre-Admission Certification Required for Skilled Nursing Facility

Beginning January 1, 2001, you must call the Empire Plan Benefits Management Program at 1-800-992-1213 before admission to a skilled nursing facility, including transfer to a skilled nursing facility from a hospital. Pre-admission certification will assure you that the skilled nursing facility care meets the criteria for coverage. You must be eligible for benefits when the care is provided. If your stay is pre-certified, you, your doctor and the facility will be notified no later than the day before your Empire Plan benefits for the skilled nursing facility care will end.

If the skilled nursing facility care does not meet the following conditions, you will pay the full cost:

1. The care is medically necessary. Care must be provided by skilled personnel to assure your safety and achieve the medically desired result; and
2. Inpatient hospital care would have been required if care in the skilled nursing facility were not provided.

Remember, custodial care, which is primarily assistance with the activities of daily living, is not covered under the Empire Plan.

Blue Cross Hospital Coverage

Prospective Procedure Review: MRI Penalties now also apply to Blue Cross coverage.

Beginning January 1, 2001, you must call the Empire Plan Benefits Management Program for prospective procedure review before you have an elective (non-emergency) Magnetic Resonance Imaging (MRI) in any outpatient setting, including a hospital outpatient department, a free-standing center or a physician's office.

If you do not call, you will pay a higher share of the costs. If the Empire Plan's medical necessity review determines that the MRI was not medically necessary, you will be responsible for the full charges. If the review confirms that the MRI was medically necessary but not an emergency, you will be responsible for paying the lesser of 50 percent of the covered charge or $250. You also must pay your $25 hospital outpatient or $8 participating provider copayment or applicable Basic Medical deductible and coinsurance. See your *Empire Plan Certificate* for details.

If you or your dependent is scheduled for an MRI, call the Empire Plan Benefits Management Program at 1-800-992-1213 as soon as the MRI is scheduled. You do not have to call if you are having the test as an inpatient in a hospital.

No Copayment for Hospital Outpatient Pre-Admission Testing

Beginning January 1, 2001, the $25 copayment for hospital outpatient pre-admission testing and/or pre-surgical testing prior to an inpatient admission is eliminated.

$8 Copayment for Outpatient Physical Therapy

Beginning January 1, 2001, you pay an $8 copayment for each visit to the hospital outpatient department for physical therapy. This is the same copayment you pay for physical therapy in a provider's office or at a free-standing facility under MPN, the Managed Physical Medicine Program.

Remember, most physical therapy is covered under MPN. However, physical therapy ordered by your doctor following related surgery or hospitalization and provided in the hospital outpatient department is covered by Blue Cross. Please see your *Empire Plan Certificate* for more information.

United HealthCare Medical Coverage

$8 Copayment

Beginning January 1, 2001, your copayment will be $8 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 $8.

There is a maximum of two copayments per visit. See page 9 of this *Report* for more information about copayments.

Summary of Benefit Changes

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Changes Effective Before January 1, 2001

Leave Without Pay: Beginning October 27, 2000, employees on Workers' Compensation or disciplinary leave without pay can continue NYSHIP coverage for up to 12 months at the employee's share of the premium.

Military Leave: Beginning October 27, 2000, dependents of employees called to active duty will be eligible for up to 12 months of coverage at no employee cost. *Does not apply to COBRA enrollees.*

Hearing Aids: Beginning January 1, 2000, maximum increased to $800 for adults and children.

Benefits After Termination: Beginning April 1, 2000, up to 90 days for totally disabling condition.

Sick Leave Credit: Beginning January 1, 2000, you may use up to 200 earned sick leave days to calculate retiree health insurance sick leave credit.

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Annual Routine Health Exams

Beginning January 1, 2001, routine health exams are covered under the Basic Medical Program up to a maximum of $250 per calendar year for an active employee age 40 and over and $250 per calendar year for an active employee's spouse/domestic partner age 40 and over. This benefit is not subject to deductible or coinsurance. This increases the maximum allowance and covers an annual routine health exam for an enrollee over age 40.

Routine Newborn Child Care Up to $150

Beginning January 1, 2001, doctors' services for the routine care of a newborn child are covered under the Basic Medical Program up to a maximum payment of $150. This is an increase from the previous $100 allowance. This benefit is not subject to deductible or coinsurance.

Pediatric Immunizations: Influenza Vaccine Added

Beginning January 1, 2001, influenza vaccine is covered when provided in accordance with pediatric immunization guidelines. Coverage is available under the Participating Provider Program with no copayment and under the Basic Medical Program subject to deductible and coinsurance.

Your children, up to age 19, are covered for routine well-child immunizations and the cost of oral and injectable substances.

Adult Immunizations Covered Under Participating Provider Program

Beginning January 1, 2001, you and your adult dependents are covered under the Participating Provider Program for influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox) and tetanus immunizations subject to an $8 copayment. Adult immunizations are not covered under the Basic Medical Program.

Basic Medical Annual Deductible: $259 Coinsurance Maximum: $962

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 $962 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 programs.

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.

Mastectomy Bras

Beginning January 1, 2001, mastectomy bras prescribed by your doctor are covered under the Empire Plan's Basic Medical Program. Replacement mastectomy bras, when functionally necessary, are also covered.

Submit your claims for mastectomy bras to United HealthCare.

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 are eligible to 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

Call the Home Care Advocacy Program (HCAP) at 1-800-638-9918 to arrange for paid-in-full home care services and/or durable medical equipment/supplies from an HCAP-approved provider.

If you do not call HCAP 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 up to 50 percent of the network allowance for HCAP-covered services and/or equipment/supplies 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.

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

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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.

Enhanced Infertility Treatment Benefit

Beginning January 1, 2001, you have enhanced benefits for infertility treatment. The Empire Plan now offers expanded coverage for infertility-related expenses and a wider range of providers, including a new network of leading infertility programs known as Infertility Centers of Excellence.

The Empire Plan selects Centers of Excellence based on successful outcomes and experience. When you choose to use a participating Center, you receive paid-in-full benefits with no copayment for pre-authorized Qualified Procedures. When you use other participating providers, you pay your $8 copayment. When you use a non-participating provider, Basic Medical deductible and coinsurance apply.

Regardless of the provider you choose, certain procedures now require prior authorization. These procedures, which facilitate a pregnancy but do not treat the cause of infertility, are termed Qualified Procedures. When authorized, Qualified Procedures are covered up to a lifetime maximum benefit of $25,000 per covered person. The $25,000 maximum applies to all expenses related to Qualified Procedures and paid under the Empire Plan hospital and medical programs.

When care has been authorized at an Infertility Center of Excellence located more than 100 miles from your home, the Plan will assist you with expenses for travel, lodging and meals. These expenses are applied toward the $25,000 lifetime maximum.

You must call United HealthCare at 1-800-638-9918 for authorization before having any of the following Qualified Procedures: 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.

If you do not receive prior authorization, no benefits are available for these Qualified Procedures under the Empire Plan's hospital or medical programs. You will pay the full cost, regardless of the provider.

Call United HealthCare at 1-800-638-9918 for details.

Empire Plan Mental Health and Substance Abuse Program

$8 Copayment

Beginning January 1, 2001, visits to ValueOptions network providers for outpatient substance abuse treatment will be subject to an $8 copayment. To qualify for benefits, all covered services must be certified as medically necessary by ValueOptions.

Changes Effective Before January 1, 2001

Hearing Aids Up to $800

Beginning January 1, 2000, under the Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of $800 once every four years. Children age 12 years and under receive a benefit of up to $800 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 $600.

Note: If you used your hearing aid benefit after January 1, 2000 and did not receive the new benefit level of $800, contact United HealthCare regarding the increased reimbursement.

Benefits After Termination of Coverage

If you or your covered dependent is totally disabled on the date your Empire Plan coverage ends, the Empire Plan will pay benefits for covered medical expenses for that total disability until the day you or your covered dependent is no longer totally disabled or 90 days after coverage ended, whichever is earlier. The 90-day extension of benefits will apply to benefits for enrollees whose coverage ends on or after April 1, 2000 and who are totally disabled on the date coverage ends.

Empire Plan Mental Health and Substance Abuse Program

Benefits After Termination of Coverage

If you or your covered dependent is totally disabled due to a mental health or substance abuse condition on the date your Empire Plan coverage ends, the Empire Plan will pay benefits for covered expenses for that total disability until the day you or your covered dependent is no longer totally disabled or 90 days after coverage ended, whichever is earlier. The 90-day extension of benefits will apply to benefits for enrollees whose coverage ends on or after April 1, 2000 and who are totally disabled on the date coverage ends.

More Empire Plan Enhancements

No HCAP Pre-Authorization for Diabetic and Ostomy Supplies

Beginning July 1, 2000, you are no longer required to call the Home Care Advocacy Program (HCAP) for authorization before receiving diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies.

You will be able to contact the HCAP network suppliers directly to order your supplies. You will continue to receive a paid-in-full benefit when you use a network provider.

The new procedure for ordering ostomy and most diabetic supplies is as follows:

- The first time you use your Empire Plan benefits for diabetic or ostomy supplies, call the HCAP network provider at the toll-free number. For diabetic supplies call National Diabetic Pharmacies (NDP) at 1-888-306-7337. For ostomy supplies call Byram HealthCare Centers at 1-800-354-4054. You must provide the network supplier with a copy of the doctor's order for the supplies.
- If you are already receiving diabetic supplies from NDP or ostomy supplies from Byram HealthCare Centers, you can continue to reorder by contacting the supplier directly.
- If you would like names of other HCAP network providers, call HCAP at 1-800-638-9918 to speak to a representative.

If you choose to use a non-network provider for HCAP-covered supplies, the lower, non-network benefit under HCAP will apply. You must submit a claim for non-network supplies to United HealthCare.

This change applies only to ostomy supplies and most diabetic supplies. The Empire Plan still requires prior authorization for all other home care needs, such as home nursing services, home infusion therapy, durable medical equipment and supplies (including insulin pumps and Medijectors). Call HCAP at 1-800-638-9918 to speak with a representative.

The Empire Plan NurseLine℠ and Health Forums for Health Care Information Effective January 1, 2001

The Empire Plan NurseLine offers enrollees health information and advice 24 hours a day, seven days a week. Beginning January 1, 2001, you may call the Empire Plan NurseLine at 1-800-439-3435 toll-free to talk with a registered nurse. For example, you can ask about a minor illness or injury, a chronic condition or how to prepare a list of questions for your next doctor's appointment. You can call the Empire Plan NurseLine for advice when you can't reach your doctor or when you wonder if you should go to the emergency room.

You can also call the same number, 1-800-439-3435, for recorded messages on more than 1,000 topics in the Empire Plan NurseLine's Health Information Library. Enter PIN number 335 and a 4-digit topic code from the Empire Plan NurseLine brochure mailed to you in December.

The Empire Plan also offers Health Forums on the Web at www.healthforums.com/empire. Here you'll find the latest health care news plus a health library that includes an encyclopedia, a medical dictionary and symptom guides. There is no charge to you for using the Empire Plan NurseLine or the Health Forums Web site.

New York State Health Insurance Program (NYSHIP) Enhancements

Sick Leave Credit

If you retire on or after January 1, 2000, you may use a maximum of 200 days of earned sick leave to calculate your retiree health insurance sick leave credit. The previous limit was 165 days.

Graduating Dependent Students: 3-Month Extension of Coverage

Beginning January 1, 2001, unmarried dependent students who are age 19 or over but under age 25 and complete course requirements for graduation from a qualified course of study are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

You must provide verification to the appropriate carrier of the dependent's graduation before claims will be paid.

After the three-month extension period ends, the graduated dependent student may choose either COBRA coverage or a direct-pay conversion contract. Deadlines apply. See your *NYSHIP General Information Book* before coverage ends.

If you have any questions, contact your agency Health Benefits Administrator.

Benefits for Dependents of Enrollees on Military Leave

COBRA Enrollees: The following information does not apply to you.
State employees who are members of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress are entitled to continued NYSHIP enrollment at no employee cost for their covered dependents.

Employees enrolled in NYSHIP with dependent coverage for at least 30 days before the enrollee's activation are eligible for this coverage.

Dependents will receive NYSHIP coverage at no cost for up to 12 months, minus the time the employee is in full pay status or until the end of active duty status or the employee's return to State employment, whichever happens first.

If you or a family member needs information about your health benefits during military leave, call your agency Health Benefits Administrator, usually located in the agency personnel office.

Waiting Period

If you are hired on or after January 1, 2001, you must complete a 56-day waiting period before you become eligible for NYSHIP coverage. If you enroll within the 56-day eligibility period, your coverage will begin on the 57th day of eligible employment. If you do not enroll within the 56-day waiting period, you will be considered a late enrollee. Late enrollees have a longer waiting period.

Leave Without Pay

Beginning October 27, 2000, if you are enrolled in NYSHIP and removed from the payroll because you are on Workers' Compensation or disciplinary leave without pay, you can continue your health insurance coverage for up to 12 months at the employee's share of the premium.

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Empire Plan Centers of Excellence for Transplants Program

Effective January 1, 2001, 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.

Empire Blue Cross Address Change

Empire Blue Cross and Blue Shield has centralized its incoming mail operations to improve efficiency and streamline processing. Please send claims, appeals and other correspondence to the following address:

Empire Blue Cross and Blue Shield
New York State Service Center
P.O. Box 1407, Church Street Station
New York, NY 10008-1407

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.

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 bill United HealthCare and 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.

Your Copayment

Effective January 1, 2001, your copayment is $8 for services subject to a copayment including office visits and surgical procedures performed during an office visit. There is an additional $8 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.

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 and the Transplants Program.

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 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.

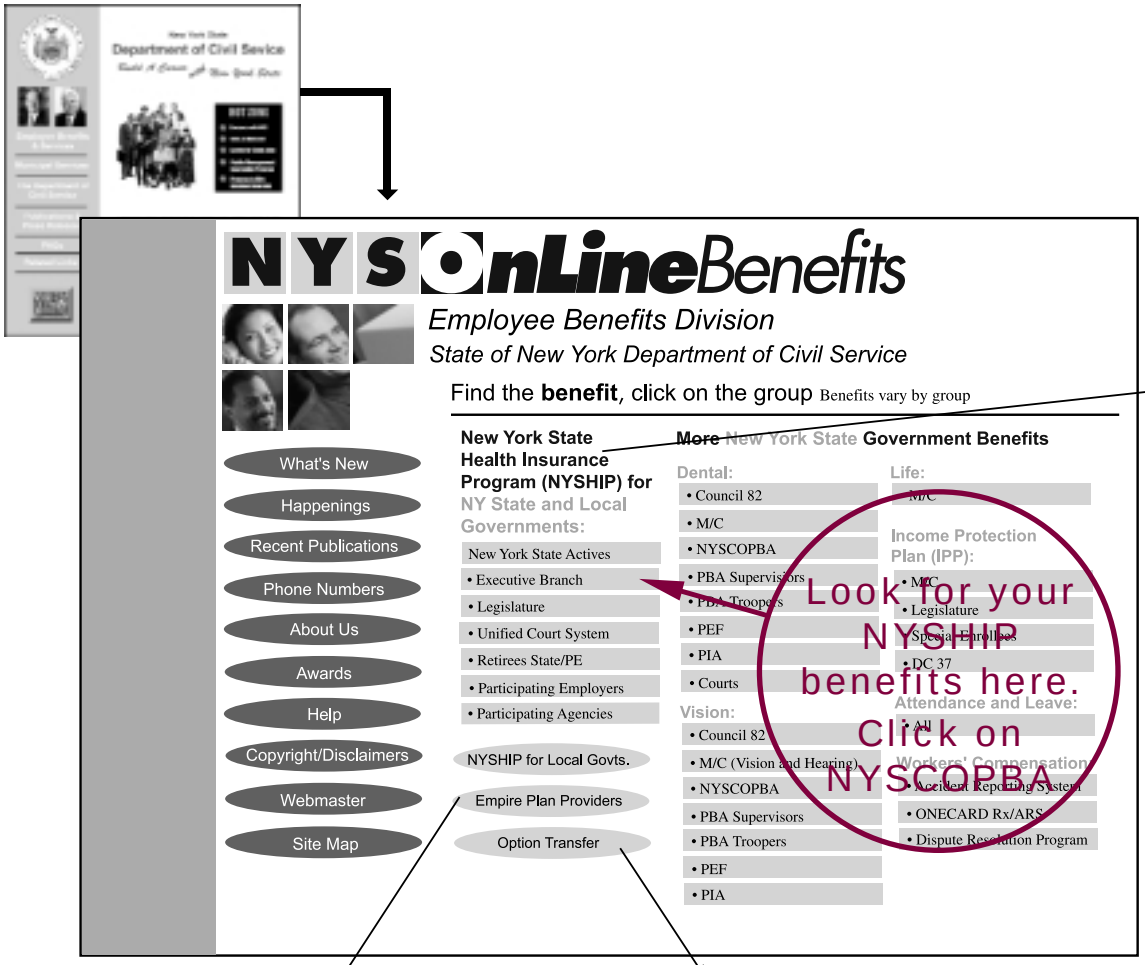
Text Telephone (TTY) numbers for enrollees who use a TTY because of a hearing or speech disability.

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**

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

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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