THE EMPIRE PLAN Report

December 2001

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, 2002

Hearing Aids: Maximum reimbursement increased to $1,200 every four years for adults and every two years for children.

Basic Medical Deductible and Coinsurance: $271 annual deductible; $1,303 annual coinsurance maximum.

Emergency Care: $35 copayment for each visit to the emergency room of a hospital for emergency care.

SAVE THIS REPORT

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The Empire Plan Benefit Changes Effective January 1, 2002

United HealthCare Medical Coverage

Hearing Aids Up to $1,200

Beginning January 1, 2002, under the Empire Plan Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of $1,200 once every four years. Children age 12 years and under are eligible to receive a benefit of up to $1,200 once every two years if 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 $1,000.

Basic Medical Annual Deductible: $271 Coinsurance Maximum: $1,303

For calendar year 2002, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers is $271 for you, $271 for your enrolled spouse/ domestic partner and $271 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

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Benefits Management Program

Effective January 1, 2002, Empire Blue Cross and Blue Shield and United HealthCare replace Intracorp as administrators of the Empire Plan Benefits Management Program.

Beginning January 1, 2002, you must call Empire Blue Cross and Blue Shield at 518-367-0009 (Albany area and Alaska) or 1-800-342-9815 (NYS and other states except Alaska):

- Before a maternity or scheduled hospital admission
- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

Call Empire Blue Cross and Blue Shield, too, for the High Risk Pregnancy Program.

Beginning January 1, 2002, you must call United HealthCare at 1-800-638-9918:

- Before having an elective (scheduled) Magnetic Resonance Imaging (MRI) unless you are having the test as an inpatient in a hospital

You may also call United HealthCare at 1-800-638-9918 to request a voluntary specialist consultant evaluation for any scheduled procedure.

Following the Benefits Management Program requirements can save you high out-of-pocket costs. Please see your *Empire Plan Certificate* for more information.

Empire Plan Benefit Changes, *continued from page 1*

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 $1,303 in 2002. 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 for any penalties under the benefit management programs.

These changes are due to 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.

Blue Cross Hospital Coverage

$35 Copayment for Outpatient Hospital Emergency Care

Beginning January 1, 2002, you pay the first $35 in charges (copayment) for each visit to the emergency room of a hospital for emergency care. The copayment for other hospital outpatient services remains $25.

The $35 emergency room copayment covers use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services.

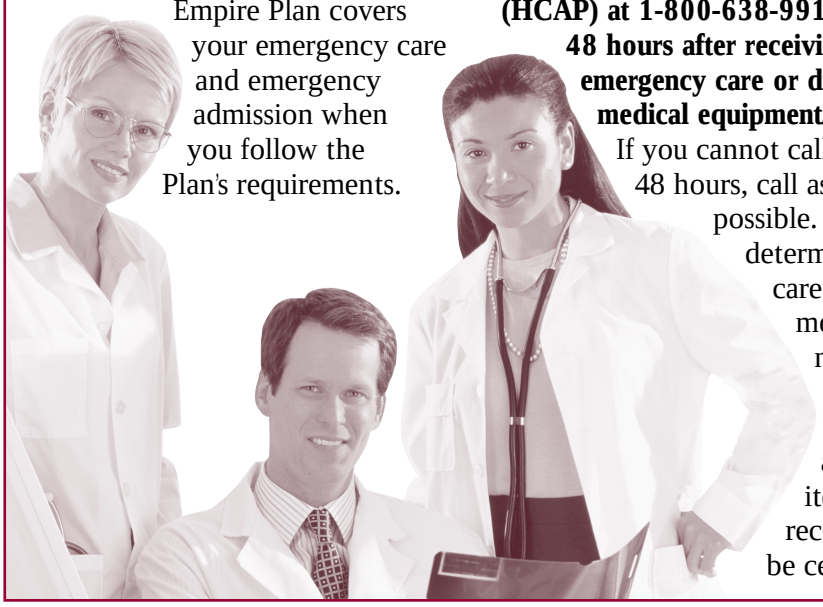
You will not have to pay a copayment if you are treated in the emergency room or in the outpatient department of a hospital and it becomes necessary for the hospital to admit you at that time as an inpatient.

The Empire Plan NurseLine℠

When you wonder if you should go to the emergency room and you can't reach your doctor, you can call the Empire Plan NurseLine at 1-800-439-3435 for advice. A registered nurse is available to talk with you 24 hours a day, seven days a week at the toll-free number.

Emergency Care, Emergency Admission

You've fallen and are having trouble breathing. You call an ambulance and are rushed to the hospital emergency room. It's a difficult and upsetting time. But remember: The Empire Plan covers your emergency care and emergency admission when you follow the Plan's requirements.



If the emergency room physician prescribes home care services, durable medical equipment and/or certain supplies, **you must call the Home Care Advocacy Program (HCAP) at 1-800-638-9918 within 48 hours after receiving emergency care or durable medical equipment/supplies.** If you cannot call within 48 hours, call as soon as possible. If HCAP determines the care was medically necessary, covered services and/or items received will be certified.

Examples of durable medical equipment are a wheelchair or oxygen equipment.

If the physician admits you to the hospital for further care or observation, **you must call Empire Blue Cross and Blue Shield at 518-367-0009 (Albany area and Alaska) or 1-800-342-9815 (NYS and other states except Alaska) within 48 hours after the emergency or urgent admission.** You, a member of your family or household, your doctor or the hospital admitting office may call for you.

Please see your *Empire Plan Certificate* for more details. Following the Plan's requirements can save you high out-of-pocket costs.

Empire Plan News

Reporting On, Revised

The updated versions of *Reporting On HCAP* (April 2001), *Reporting On Diabetes* (May 2001) and *Reporting On Women's Health* (August 2001) are available from your agency Health Benefits Administrator. You'll also find these publications on the New York State Department of Civil Service Web site, http://www.cs.state.ny.us. Click on Employee Benefits, then on Recent Publications.

The HCAP (Home Care Advocacy Program) publication explains Empire Plan coverage for home care services, durable medical equipment and supplies. *Reporting On Diabetes* offers information about the disease that strikes over 15 million people in the United States. *Reporting On Women's Health* gives facts and suggestions for women of all ages.

Participating Provider Directory

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

If you haven't received your Directory by late January, ask your agency Health Benefits Administrator for a copy. Also, check the New York State Department of Civil Service Web site at http://www.cs.state.ny.us. Click on Employee Benefits, then on Empire Plan Providers for a regularly updated list of Empire Plan providers. Remember: Always ask if the provider participates before you receive services.

Faster Access to myuhc.com

United HealthCare's Web site, http://www.myuhc.com, now offers first-time users faster access to information about medical benefits. Register with the group number 030500 and the first nine digits of your New York Government Employee Benefit Card and you'll be able to select a "User Name" and a "Password." These selections give you immediate access to all myuhc.com features with the exception of medical claims.

Following your registration on the site, United HealthCare will mail you an "Access Code." Enter the "Access Code" the first time you check your United HealthCare medical claims. The code protects the confidentiality of your personal data.

Migraine Management Program

The Migraine Management Program provides doctor and patient education for enrollees who experience migraine headaches. As part of the program, the Empire Plan places a quantity limit on the following medications used to relieve the onset of migraine headaches: Amerge®, Axert®, Imitrex®, Maxalt®, Migranal® and Zomig®. According to the National Headache Foundation, overuse of these medications can lead to rebound headaches. If you have questions about the program, call Express Scripts at 1-800-964-1888.

Complementary and Alternative Medicine Program

Effective October 1, 2001, the Empire Plan offers the Complementary and Alternative Medicine (CAM) Program to you and your eligible dependents. You receive a 25 percent discount from the normal fee for services from CAM network massage therapists, acupuncturists, dietitians and nutritionists. The program is available only in New York State. The CAM Program provides access to nontraditional therapies used alone (alternative), used in combination with other alternative therapies, or used in addition to conventional therapies (complementary).

You can get the names, addresses and phone numbers of Empire Plan CAM providers by calling the toll-free number, 1-888-447-2144.

CAM representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Representatives will answer nonclinical questions, such as how to locate a provider.

After hours, automated messages offer information about the CAM Program, providers in your area and how to nominate a provider.

If you have access to the Internet, the CAM Web site at http://www.empireplancam.com has provider information. The site also has a Provider Locator and a Provider Nomination form.

You contact an Empire Plan CAM provider directly to make your appointment. Present your New York Government Employee Benefit Card to the provider and say you are in the Empire Plan before you receive services. The provider will deduct 25 percent from the normal fee. You pay the provider directly. There is no reimbursement due from the Empire Plan and the services are not covered expenses under the Empire Plan.

CAM is administered by Managed Physical Network (MPN) and its affiliate company, American Complementary Care Network (ACCN). ACCN follows a credentialing process to ensure that CAM providers are licensed and insured.

MPN is also the administrator of the Empire Plan Managed Physical Medicine Program.

Claims Deadlines

March 31, 2002 (90 days after the end of the calendar year) is the last day to submit your 2001 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 2001 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, 2002, or within 90 days after your primary health insurance plan processes your claim, whichever is later.

You may submit claims later if it was not reasonably possible to meet the deadlines (for example, due to illness); you must provide documentation.

Ask your agency Health Benefits Administrator for claim forms, or call:

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

Mail completed claim forms with supporting bills, receipts and, if applicable, a Medicare Summary Notice or statement from your other primary insurer to:

- United HealthCare
  P.O. Box 1600
  Kingston, New York 12402-1600
- ValueOptions
  P.O. Box 778
  Troy, New York 12181-0778
- Empire Plan Prescription Drug Program (Express Scripts)
  Claims Review Unit
  P.O. Box 1180
  Troy, New York 12181-1180

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.

Qs and As About Claims

Should I save my claims for the entire year and then submit them?

You can submit your claims for reimbursement any time after you receive non-network benefits. But pay attention to the claims deadlines explained on this page. And, remember: You must meet any annual deductibles before the Empire Plan will reimburse any of your claims. Your *Empire Plan Certificate* has more information about filing claims.

What is a deductible?

A deductible is the amount you pay for covered expenses each calendar year before benefits will be paid under the Empire Plan Basic Medical Program, and for non-network physical medicine services and non-network mental health and substance abuse services. You must meet your deductible before your claim can be considered for payment. There are separate deductibles for the Basic Medical Program, for non-network physical medicine services, and for non-network mental health and substance abuse services. See your *Empire Plan Certificate* for more information.

Does my doctor or other provider have to fill out my claim form for United HealthCare or ValueOptions?

If you use a participating or network provider, your provider will submit claims and receive direct reimbursement. If you use a non-participating provider, ask the provider to fill in all the information asked for on the claim form and sign it. If the provider hasn't filled out the form, and you submit bills, the bills must include all the information asked for on the claim form. Otherwise, your claim will be delayed.

If I use a non-participating pharmacy, what portion of the cost of a prescription will I get back?

In almost all cases, you will not be reimbursed the total amount you paid for the prescription. If your prescription was filled with:

- A generic drug, a brand-name drug with no generic equivalent, or insulin, you will receive up to the amount the program would reimburse a participating pharmacy for that prescription less your copayment
- A brand-name drug with a generic equivalent (other than drugs excluded from Mandatory Generic Substitution), you will receive up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent less your copayment

What if my claim is denied?

If a claim for benefits is denied in whole or in part, you may submit an appeal in writing to the appropriate carrier. (Please see the addresses on this page and on page 6.)

Is there a deadline to submit an appeal?

Yes. Your request for review must be sent within 60 days after you receive notice of denial of benefits. If it was not reasonably possible to meet the deadline (for example, due to illness), you may submit the request later; you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

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New York State Health Insurance Program (NYSHIP) Reminders

New Baby in the Family

If you have Family coverage, remember to add your newborn child within 30 days after the birth or adoption. If you don't, you may have claim payment delays.

Contact your agency Health Benefits Administrator within 30 days to fill out the forms and to provide a copy of the birth certificate. If you haven't yet received a Social Security number for your baby, be sure to give your agency Health Benefits Administrator a copy of the child's Social Security card as soon as you receive it.

Please see your *NYSHIP General Information Book* for information about changing from Individual to Family coverage because of a new baby in your family.

Medicare General Enrollment

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. See your *NYSHIP General Information Book* for more information about NYSHIP and Medicare.

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, 2002. 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 Medicare coverage that pays primary to NYSHIP.

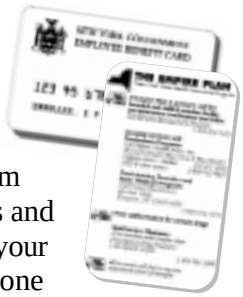
Pre-Retirement Seminars

The Department of Civil Service cooperates with the Employees' Retirement System and the Office for the Aging in presenting pre-retirement seminars. A representative from the Employee Benefits Division will explain the New York State Health Insurance Program (NYSHIP) and your choices before you leave the payroll. Call your personnel office for the seminar schedule and to reserve your place.

You can also check the schedule on the New York State Department of Civil Service Web site, http://www.cs.state.ny.us. Click on Employee Benefits, then on Happenings.

Empire Plan Reminders

Carry Your Cards



Remember to present your New York Government Employee Benefit Card before you receive services from hospitals, providers and pharmacies. Have your Empire Plan telephone number card handy, too. The card provides numbers you or your provider might need to answer questions about your benefits.

Note: The telephone numbers for the Benefits Management Program change on January 1, 2002. See the article on page 1 and the phone list on page 6 of this *Report*.

If you or your dependents need a replacement benefit card or telephone cards, contact your agency Health Benefits Administrator. The telephone cards were included in the February 2001 *Reporting On Prescription Drugs*.

Hospital Outpatient Tests

Many diagnostic services are provided in the outpatient department of a hospital. Some examples are mammograms, chest X-rays, stress tests, MRIs and blood tests. When you are physically present in the outpatient department of a hospital for a diagnostic test, you pay only your $25 copayment for charges billed by the hospital for the test. If the test results are interpreted by a hospital employee, and those charges are billed by the hospital, your one copayment covers these services as well. Empire Blue Cross and Blue Shield reimburses the hospital directly for any balance.

However, in many cases, the results of tests performed in the outpatient department of a hospital are interpreted by an independent physician, not a hospital employee. These physician charges are covered under either the Participating Provider or Basic Medical Programs:

- If the physician interpreting the test results is an Empire Plan participating provider, you have no additional out-of-pocket expense. United HealthCare reimburses the provider directly for the service.
- If the physician interpreting the test results is not an Empire Plan participating provider, you are responsible for paying the provider and submitting a claim to United HealthCare for consideration under the Basic Medical Program, subject to deductible and coinsurance.

Empire Plan Telephone Numbers

Empire Blue Cross and Blue Shield ..... 518-367-0009 (Albany area and Alaska)
New York State Service Center, P.O. Box 1407, 1-800-342-9815 (NYS and other states except Alaska)
Church Street Station, New York, NY 10008-1407.
Call for information regarding hospital and related services.

YOU MUST CALL

Benefits Management Program. Effective January 1, 2002, you must call Empire Blue Cross and Blue Shield at the numbers above before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission, and before admission or transfer to a skilled nursing facility.

YOU MUST CALL

Centers of Excellence for Transplants Program. You must call Empire Blue Cross and Blue Shield at the numbers above before a hospital admission for the following transplant surgeries: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

United HealthCare Insurance Company of New York 1-800-942-4640
P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.

YOU MUST CALL

Benefits Management Program. Effective January 1, 2002, you must call United HealthCare at 1-800-638-9918 before having an elective (scheduled) Magnetic Resonance Imaging (MRI).

YOU MUST CALL

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.

YOU MUST CALL

Infertility Benefits 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.

YOU MUST CALL

ValueOptions (administrator for GHI) 1-800-446-3995
P.O. Box 778, Troy, New York 12181-0778. 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.

YOU MUST CALL

Empire Plan Prescription Drug Program 1-800-964-1888
Express Scripts, P.O. Box 1180, Troy, NY 12181-1180. You must call for prior authorization for BCG Live, 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 the Health Information Library, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure.

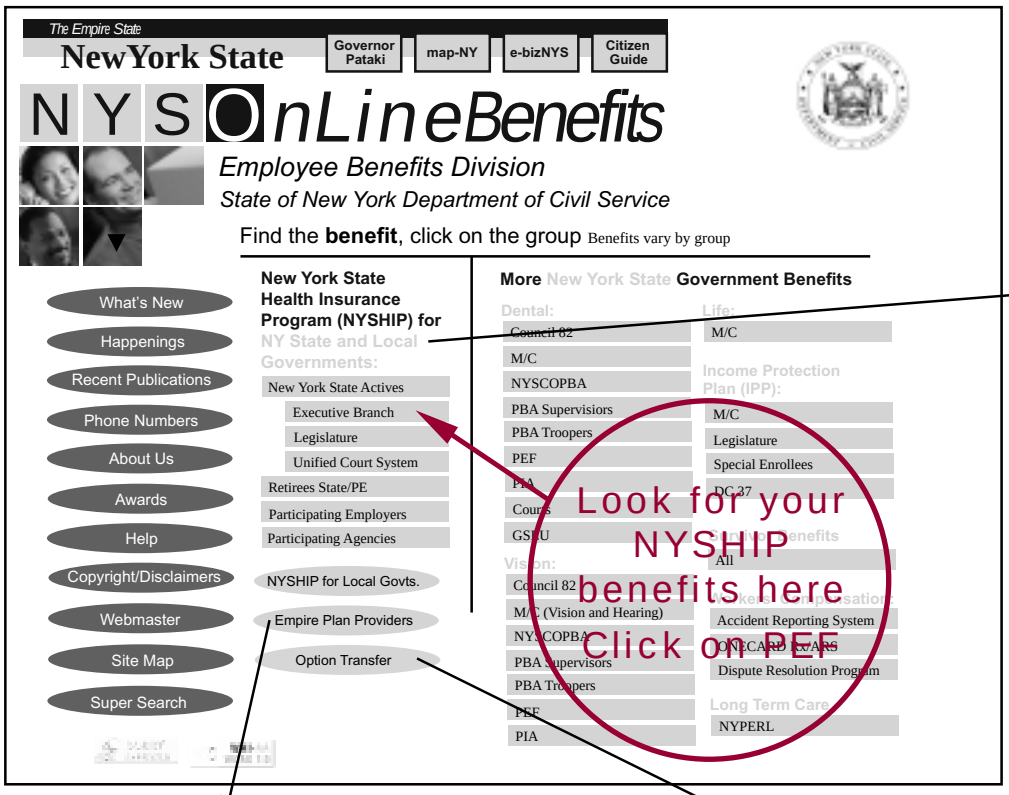
Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:

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
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. Publications are available on our site, which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you don't have access to the Internet, visit your local library. Most libraries have computers linked to the Internet.

Click on Employee Benefits for current 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
NYSHIP plans and premium rates for 2002

Other Web sites:

Empire Blue Cross and Blue Shield

http://www.empireblue.com

Use your identification number to register to check hospital claim status, complete a Coordination of Benefits form or fill out a dependent student questionnaire.

United HealthCare

http://www.myuhc.com

Use group number 030500 and your identification number to register and check medical claims.

Express Scripts

http://www.express-scripts.com

To refill a prescription on file with the Express Scripts Mail Service pharmacy, or to check the status of your refill order, choose Mail Service Prescriptions Refill. This site also offers general information on prescription medications.

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

ADDRESS SERVICE
REQUESTED

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Information for the Enrollee, Enrolled Spouse/ Domestic Partner 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. These publications are also available on the Employee Benefits Division Web site (http://www.cs.state.ny.us), which 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 may call 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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EPR-PEF-01-2

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 treatment for complications of mastectomy, including lymphedema. Prosthetics and mastectomy bras are covered under the Basic Medical Program.

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.

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