EMPIRE PLAN REPORT

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS
And for their enrolled Dependents
and for COBRA Enrollees with their Empire Plan Benefits

NOVEMBER 2004

Read this Report for important information about benefit changes.

SAVE THIS REPORT

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The Empire Plan Benefit Change Highlights

Network and Non-network Hospitals

Effective January 1, 2005

The Empire Plan Hospital Benefits Program has two levels of benefits – network and non-network. Network benefits apply when you use hospitals, hospices and skilled nursing facilities that participate in the Blue Cross and Blue Shield Association's network. See page 2 for details.

Prescription Drug Program – Three Levels, New Copayments

Effective January 1, 2005

Your prescription drug benefit is based on whether a drug is generic, preferred brand-name or non-preferred brand-name. Copayments are based on the drug, the days' supply and whether the prescription is filled at a retail pharmacy or the mail service pharmacy. See page 6 for prescription drug copayments.

Basic Medical Provider Discount Program

Available October 1, 2004

Under The Empire Plan Basic Medical Provider Discount Program, you receive discounts for care from certain physicians and other providers who are part of the MultiPlan group, a nationwide organization contracted with United HealthCare. See page 5 for details.

Centers of Excellence for Cancer Program

Available October 1, 2004

The Empire Plan now offers a Centers of Excellence for Cancer Program. The Program includes paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services. See page 5 for details.

The Empire Plan Copayment Changes Effective January 1, 2005

Benefits	Copayment
Hospital Benefits Program	
Outpatient Services in Network Hospital	$35
Emergency Room	$50
Physical Therapy in Network Hospital Outpatient Department	$15
Participating Provider Program	
Office Visit/Office Surgery/Radiology/Diagnostic Laboratory Tests	$15
Managed Physical Network Program Services by MPN Providers	$15
Mental Health and Substance Abuse Program	
Structured Outpatient Rehabilitation Program by ValueOptions Network Providers	$15
Hospital Emergency Room	$50
Prescription Drug Program	
See page 6 for prescription drug copayments.	

Network and Non-network Hospitals Effective January 1, 2005

The following applies to enrollees who have primary coverage through The Empire Plan.

Beginning January 1, 2005, The Empire Plan Hospital Benefits Program has two levels of benefits – network and non-network.

Network Benefits

Network benefits apply when you use hospitals, hospices and skilled nursing facilities that participate in the Blue Cross and Blue Shield Association's network. This is currently the largest hospital network available in the United States. Over 90 percent of hospitals nationwide and every acute care general hospital in New York State are now network hospitals.

Remember to call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission or for admission or transfer to a skilled nursing facility. When you call, customer service representatives will direct you to a network facility.

You continue to receive paid-in-full benefits for inpatient hospital, hospice or skilled nursing facility care at a network facility. And, when you use a network hospital, services provided by an anesthesiologist, radiologist or pathologist that are related to your hospital service but billed separately are paid in full under The Empire Plan Medical Benefits Program. Please see page 3. Outpatient hospital services from a network hospital are subject to applicable copayment(s).

A list of Empire Plan network hospitals, hospices and skilled nursing facilities is available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Employee Benefits, then on Empire Plan Providers and Pharmacies. You can also call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield.

Non-network Benefits

If you, your enrolled spouse/domestic partner (if your employer offers domestic partner coverage) or your dependent child chooses to use a non-network hospital, hospice or skilled nursing facility for non-emergency inpatient care, The Empire Plan reimburses you directly for 90 percent of the charges. You pay the remaining 10 percent of the charges until you have reached a coinsurance maximum of $1,500. You, your enrolled spouse/domestic partner and all your dependent children combined each have an annual coinsurance maximum (see below). You are responsible for full payment to the facility. For outpatient care, you pay 10 percent or $75, whichever is greater, up to the annual coinsurance maximum.

The annual coinsurance maximum (out-of-pocket costs) for services at a non-network facility for either inpatient or outpatient care is $1,500 for the enrollee, $1,500 for an enrolled spouse/domestic partner, and $1,500 for all dependent children combined.

Once your out-of-pocket expenses go over $1,500 for the non-network inpatient and outpatient care, The Empire Plan pays 100 percent of non-network charges, subject to applicable outpatient network level copayment(s).

Reimbursement of Coinsurance Maximum through United HealthCare

After you have paid $500 out-of-pocket for yourself, $500 for your enrolled spouse/domestic partner or $500 for all enrolled dependent children, you may file a claim with United HealthCare for reimbursement of the next $1,000 in coinsurance. Send a copy of your Empire Blue Cross Blue Shield Explanation of Benefits showing you have paid $500 out-of-pocket costs along with the completed claim form to the United HealthCare address on page 11 of this Report. Also, see page 8 of this Report and your *Empire Plan Certificate* for information about claims.

Network Benefits at a Non-network Facility

If you receive medically necessary covered services at a non-network facility when a network facility is available, The Empire Plan provides non-network coverage. However, the Plan will approve network coverage level under the following circumstances:

- When no network facility can provide medically necessary services.
- When no network facility is available within 30 miles of your residence.
- When the admission is certified by Empire Blue Cross Blue Shield as an emergency or urgent inpatient or outpatient admission.

Emergency or urgent care delivered at a non-network facility is not subject to the annual coinsurance. Payment for medically necessary covered emergency or urgent services received in a non-network hospital is made directly to you. You pay the emergency room copayment.

The Empire Plan
Benefit Changes Effective January 1, 2005

The Empire Plan Hospital Benefits Program

$50 Copayment for Emergency Care

Beginning January 1, 2005, your copayment for emergency care in a hospital emergency room is $50. The $50 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 the $50 copayment if you are treated in the emergency room and then admitted at that time as an inpatient.

$35 Copayment Per Outpatient Visit

Beginning January 1, 2005, your copayment for outpatient services in a network hospital or hospital extension clinic is $35 for each visit where you receive one or more of the following services: surgery, diagnostic radiology, diagnostic laboratory tests, administration of Desferal for Cooley's Anemia.

You will not have to pay this $35 facility copayment if you are treated in the outpatient department of the hospital and then admitted at that time as an inpatient.

There continues to be no copayment for the following outpatient services in a network hospital: chemotherapy, radiation therapy, dialysis, pre-admission testing/pre-surgical testing before admission as an inpatient.

$15 Copayment for Physical Therapy

Beginning January 1, 2005, your copayment is $15 for each visit to the outpatient department of a network hospital or hospital extension clinic for physical therapy when covered under the Hospital Benefits Program. Please see your *Empire Plan Certificate* for more information.

Hospital Extension Clinics

Effective January 1, 2005, The Empire Plan covers charges, including facility charges, for certain hospital services provided in a remote location of a network hospital. This coverage applies to network hospital owned and operated on-site facilities and facilities not physically located in the hospital building, including ambulatory surgical centers. The hospital must bill for the service as part of the hospital's charges.

Your copayment for emergency care in a hospital extension clinic is $50. Your copayment for outpatient services in a network hospital extension clinic is $35. You will not have to pay the emergency care or outpatient services copayment if you are treated in the extension clinic and it becomes necessary for the hospital to admit you, at that time, as an inpatient. Please see this page and your *Empire Plan Certificate* for details about hospital coverage of emergency care and outpatient services.

Non-network hospital benefits apply to services provided at extension clinics in non-network hospitals. However, network benefits apply to emergency care. Page 2 of this Report has more information about network and non-network hospitals.

The Empire Plan Benefits Management Program

Hospital Coverage

Effective January 1, 2005, you will be responsible for the full cost of any inpatient hospital day determined to be not medically necessary. Your *Empire Plan Certificate* has information about your right to appeal if you are charged for inpatient days that can be documented as medically necessary.

The Empire Plan Medical/Surgical Benefits Program

$15 Copayment

Beginning January 1, 2005, you pay a $15 copayment for services by Empire Plan participating providers that are subject to copayments. Such services include office visits, office surgery, radiology services, diagnostic laboratory services, cardiac rehabilitation center visits, urgent care center visits and contraceptive drugs and devices dispensed in a doctor's office. Your copayment for services by Managed Physical Network (MPN) providers is also $15 as of January 1, 2005.

Anesthesiology, Radiology, Pathology

Beginning January 1, 2005, if you receive anesthesia, radiology or pathology services in connection with inpatient or outpatient hospital services at an Empire Plan network hospital, covered charges billed separately by the anesthesiologist, radiologist or pathologist will be paid in full by United HealthCare.

Services provided by other specialty physicians in an Empire Plan network hospital continue to be considered under the Participating Provider Program or the Basic Medical Program.

Basic Medical Annual Deductible: $309

For calendar year 2005, The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies provided by non-participating providers is $309 for you, $309 for your enrolled spouse/domestic partner and $309 for all covered dependent children combined. This change is due to an increase in the Consumer Price Index.

Basic Medical Program Coinsurance Maximum: $1,486

The annual coinsurance maximum (out-of-pocket costs) under the Basic Medical Program is $1,486 in 2005. This change is due to an increase in the Consumer Price Index.

Benefit Changes continued on page 4

Benefit Changes continued from page 3

Prostheses and Orthotic Devices

Effective January 1, 2005, The Empire Plan includes a nationwide network of certified suppliers of prostheses and orthotic devices under the Participating Provider Program. When you use an Empire Plan participating provider, you have a paid-in-full benefit, with no copayment, for prostheses and orthotic devices. The Empire Plan benefit provides for a prosthesis or an orthotic device meeting the individual's functional needs. Replacements, when functionally necessary, are also covered. Participating providers will offer adjustments to custom-fitted devices and appropriate follow-up care.

If your need is urgent, and/or you are unable to travel to the provider's office, some participating providers will guarantee an appointment within three days and will travel up to one hour to your home. Ask the provider directly or call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free.

A list of Empire Plan providers of prostheses and orthotic devices will be available on the New York State Department of Civil Service web site at www.cs.state.ny.us before the end of the year. Click on Employee Benefits and choose Empire Plan Providers and Pharmacies. Or, call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free.

Prostheses and orthotic devices from non-network providers, are covered under the Basic Medical Program.

External Mastectomy Prostheses

Effective January 1, 2005, one single or double external mastectomy prosthesis per calendar year is covered in full under the Basic Medical Program. This benefit has no deductible, coinsurance or copayment.

Any single external mastectomy prosthesis costing $1,000 or more requires approval through the Home Care Advocacy Program (HCAP). Call HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare before you purchase the prosthesis. For a prosthesis requiring approval, if a less expensive prosthesis can meet an individual's functional needs, benefits will be available for the most cost-effective choice.

After purchasing a mastectomy prosthesis, submit a completed claim form to United HealthCare with the original itemized receipt. (See address on page 11 of this Report.) United HealthCare will send reimbursement for the prosthesis directly to you.

The Empire Plan continues to cover mastectomy bras under the Basic Medical Program. Please see your *Empire Plan Certificate* for information.

Hearing Aids

Beginning January 1, 2005, under the Basic Medical Program, coverage for hearing aids, including evaluation, fitting and purchase, increases up to a total maximum reimbursement of $1,200 per hearing aid, per ear. The increased benefit is available once in any four-year period for each ear. For children age 12 years and under, the increased benefit is available once in any two-year period for each ear when the child's hearing has changed and the existing hearing aid(s) no longer fills the need.

These benefits are not subject to deductible or coinsurance.

The Empire Plan Hospital Benefits Program and Medical/Surgical Benefits Program

Infertility Benefits Maximum

Beginning January 1, 2005, the lifetime maximum for certain infertility benefits, called Qualified Procedures, increases to $50,000 per individual. This is an increase from the $25,000 lifetime maximum. Please see your *Empire Plan Certificate* and *Empire Plan Reports* for information about Empire Plan infertility benefits and Qualified Procedures.

The Empire Plan Mental Health and Substance Abuse Program

$15 Copayment for Outpatient Substance Abuse Treatment

Beginning January 1, 2005, you pay a $15 copayment for each visit to an approved Structured Outpatient Rehabilitation Program for substance abuse. The copayment for an outpatient mental health visit remains $15. To qualify for benefits, all covered services must be certified as medically necessary by ValueOptions.

$50 Copayment for Emergency Care for Mental Health/Substance Abuse Treatment

Effective January 1, 2005, your copayment for emergency care in a hospital emergency room is $50. You will not have to pay this $50 copayment if you are treated in the emergency room and then admitted at that time as an inpatient. When you receive medically necessary covered services from a non-network provider in a certified emergency, the Program will provide network coverage until you can be transferred to a network facility.

Substance Abuse Care Lifetime Maximum Effective January 1, 2004

The lifetime maximum benefit for substance abuse care, including alcoholism, under non-network coverage is $250,000 for you, the enrollee, and $250,000 for each of your covered dependents. This benefit is retroactive to January 1, 2004. The previous lifetime maximum for substance abuse care was $100,000.

Basic Medical Provider Discount Program Available October 1, 2004

The following applies to enrollees who have primary coverage through The Empire Plan.

Beginning October 1, 2004, The Empire Plan includes a new program to reduce your out-of-pocket costs when you use a non-participating provider. This new program, The Empire Plan Basic Medical Provider Discount Program, offers discounts from certain physicians and other providers who are not part of The Empire Plan participating provider network. These providers are part of the MultiPlan group, a nationwide provider organization contracted with United HealthCare.

Providers in the Basic Medical Provider Discount Program accept a discounted fee for covered services. You will not be billed for charges over the discounted fee. Empire Plan Basic Medical Program provisions apply. You must meet the annual deductible. However, your 20 percent coinsurance is based on the discounted fee, not the reasonable and customary charges as under the Basic Medical Program. So, you again save on costs. Plus, you have no claims to file. The provider will submit claims for you and United HealthCare will pay the provider directly. Your Explanation of Benefits, which details claims payments, will show the discount applied to billed charges.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call 1-877-7-NYSHIP (1-877-769-7447) toll free, choose United HealthCare and ask a representative for help. You can also visit the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Employee Benefits, then on Empire Plan Providers and Pharmacies.

United HealthCare has mailed you a postcard with a MultiPlan sticker. Please place the sticker on your New York Government Employee Benefit Card. If you have not received the postcard, you may call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free and ask for one.

The Basic Medical Provider Discount Program will be especially helpful to you when you or your dependents are traveling or away at school in an area where participating providers are not easily available. With the addition of this Program, you have another way to manage your health care costs.

Centers of Excellence for Cancer Program Available October 1, 2004

If you or a covered dependent is diagnosed with cancer, think about using The Empire Plan Centers of Excellence for Cancer Program. The Program provides paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services (CRS).

To participate in this voluntary program, you must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for United HealthCare and then press or say 5 to connect to a Cancer Resource Services nurse consultant. Or, call the CRS toll-free number, 1-866-936-6002. Nurses are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday except holidays.

CRS nurse consultants are experienced cancer nurses. They can answer your questions, help you understand a cancer diagnosis and cancer treatment options and provide support if you or a family member is diagnosed with cancer. CRS nurses can also help you choose the best physician and cancer center for treatment of the specific kind of cancer.

When you use a Center of Excellence for Cancer, you receive paid-in-full benefits with no copayment. The CRS network includes many of the nation's leading cancer centers. Among them are Memorial Sloan-Kettering Cancer Center in New York City, Roswell Park Cancer Institute in Buffalo, and, in Boston, Dana-Farber Cancer Institute, Brigham & Women's Hospital and Massachusetts General Hospital.

If you choose to go to a Cancer Center of Excellence located more than 100 miles from your home, the Plan will assist you and one travel companion with expenses for travel, lodging and meals. You can find more information about Cancer Resource Services online at www.urncrs.com, the CRS web site.

Since the Centers of Excellence for Cancer Program is voluntary, you are still eligible for Empire Plan benefits for your medically necessary cancer treatment if you do not use the Program. However, you must follow the requirements of the Benefits Management Program and pay any applicable deductible, coinsurance and copayments.

The Empire Plan
Prescription Drug Program

The following does not apply to enrollees who have prescription drug coverage through a union Employee Benefit Fund.

Copayment Changes Effective January 1, 2005

Beginning January 1, 2005, The Empire Plan Prescription Drug Program includes generic, preferred brand-name and non-preferred brand-name drugs. Your copayment amount depends on the drug and quantity prescribed and where you fill your prescription.

Prescription Drug Copayment Chart

Supply Dispensed	generic	preferred brand-name	non-preferred brand-name
Up to a 30-day supply from a participating retail pharmacy or through the mail service pharmacy	$5 copayment	$15 copayment	$30 copayment
31- to 90-day supply through the mail service pharmacy	$5 copayment	$20 copayment	$55 copayment
31- to 90-day supply from a participating retail pharmacy	$10 copayment	$30 copayment	$60 copayment

A list of the most commonly prescribed generic and preferred brand-name drugs will be on the New York State Department of Civil Service web site at www.cs.state.ny.us as soon as available later this year. Click on Employee Benefits and choose your group-specific benefits. Or, call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447).

Generic Substitution

If your prescription is written for a brand-name drug that has a generic equivalent, The Empire Plan continues to cover only the cost of the drug's generic equivalent. If your prescription is written for a brand-name drug with a generic equivalent, you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name and generic drug, not to exceed the full cost of the drug.

Certain drugs are excluded from this requirement. You will be responsible for the applicable preferred brand-name or non-preferred brand-name copayment.

Your *Empire Plan Certificate* has information about appealing the generic substitution requirement.

NYSHIP
Changes

Domestic Partner Eligibility

Effective January 1, 2005, to enroll a domestic partner (if your employer offers this coverage), you must be able to provide proof that you have lived together and been financially interdependent for at least six months. Also effective January 1, 2005, there is a one-year waiting period from the termination date of previous partner coverage before you may again enroll a domestic partner. Other eligibility requirements apply. Please see your *NYSHIP General Information Book* and *Empire Plan Reports* for details.

Disability Retirement

If you receive a retroactive disability retirement and have not continued your coverage, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 to ask about reinstating coverage. Call as soon as you have the decision on your disability retirement. You must apply in writing for reinstatement of your NYSHIP coverage.

Please see your *NYSHIP General Information Book* and *Empire Plan Reports* for more information about disability retirement.

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Questions and Answers
About New Benefits

Q: How will I know if my hospital is in The Empire Plan network?

A: Empire Plan network hospitals are available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Choose Employee Benefits and then click on Empire Plan Providers and Pharmacies. Or, you can call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield to ask a representative.

Q: Is the hospital network access standard of within 30 miles of residence always based on my permanent address?

A: Not necessarily. For example, if you are temporarily living in another location or have a dependent, such as a college student, who is residing at another location, the Plan will approve network coverage at a non-network hospital if no network facility meets the access standard based on the place of residence at that time.

Q: If my Empire Plan medical provider has privileges only at a non-network hospital and that is the hospital I use, will I receive network or non-network hospital benefits? What if my Empire Plan provider sends me to a non-network hospital for lab work?

A: If you receive services at a non-network hospital and a network hospital is within 30 miles of your residence, you will receive non-network benefits and have out-of-pocket expenses. You will also receive non-network benefits if your provider sends you to a non-network hospital for lab work when a network hospital is within 30 miles of your residence.

Q: Will I get reimbursed for non-network hospital coinsurance amounts?

A: Yes. When your combined coinsurance payments for services at a non-network facility are more than $500 for you, more than $500 for your spouse/domestic partner or more than $500 for all enrolled dependent children, you may send a completed claim form to United HealthCare for reimbursement. You will be reimbursed for the amount over $500, up to the non-network hospital coinsurance maximum of $1,500. Any network level copayments paid at non-network hospitals (emergency care copayment) do not count toward the coinsurance maximum.

For example, you receive services at a non-network hospital and have an out-of-pocket expense of $400 in coinsurance. You again go to a non-network hospital in the same calendar year and pay another $400 coinsurance. You have a combined out-of-pocket expense of $800. You can now submit a claim to United HealthCare for reimbursement of $300.

Q: How will I know if my prescription is for a generic or a preferred brand-name drug?

A: You'll find a list of the most commonly prescribed generic and preferred brand-name drugs on the Department of Civil Service web site at www.cs.state.ny.us as soon as available later this year. Choose Employee Benefits and then your group-specific benefits. Or, you may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

Q: Will my doctor know The Empire Plan generic and preferred brand-name drugs?

A: The Empire Plan will provide doctors with the list of most commonly prescribed generic and preferred brand-name drugs. But, it is your responsibility to know if your drug falls into one of these categories. Get the list from the web site or the Plan (see above) before your doctor's appointment.

Q: Does the Basic Medical Provider Discount Program replace the Basic Medical Program?

A: No. The Basic Medical Provider Discount Program is part of the Basic Medical Program. You may still choose to receive care under the Participating Provider Program. Or, you may choose non-participating providers under the Basic Medical Program.

Q: Why would I use the Basic Medical Provider Discount Program?

A: When a participating provider is not available, or you choose to go to a non-participating provider, the Basic Medical Provider Discount Program (MultiPlan) can save you money. After you meet your deductible, you are responsible for 20 percent of the discounted fee. The MultiPlan provider cannot balance bill you.

For example, you have met your deductible for the year and receive services costing $200. The MultiPlan discounted fee is $140. Your cost is $28 (20 percent of the discounted fee). Plus, the provider submits the claim for you and United HealthCare pays the provider.

In contrast, for the same $200 cost of services under the Basic Medical Program for non-participating providers, The Empire Plan pays $128 (80 percent of the reasonable and customary charge of $160). Your cost is $72 (the difference between $200 and $128). And, you must file the claim for reimbursement yourself.

Empire Plan Reminders

The Empire Plan NurseLine℠

You can call The Empire Plan NurseLine 24 hours a day, seven days a week for health information and support. Call 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 5 to talk with a registered nurse or to reach The Empire Plan NurseLine's Health Information Library.

For recorded messages on more than 1,000 topics, enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine nurse to send you one.

Your Plan is The Empire Plan

The New York State Health Insurance Program (NYSHIP) provides your health insurance benefits through The Empire Plan. The Empire Plan is designed especially for New York's public employees and their families by the State and employee unions.

In New York State, the Empire State, you'll hear the word "Empire" again and again, even linked to other health plans. The correct name of your health insurance plan is The Empire Plan. The correct name means correct benefits. Tell your provider you're in The Empire Plan for New York State government employees.

Claims Deadlines

March 31, 2005 (90 days after the end of the calendar year) is the last day to submit your 2004 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 2004 at non-participating pharmacies or without using your New York Government Employee Benefit Card *(Does not apply if you have prescription drug coverage through a union Employee Benefit Fund.)*

If The Empire Plan is your secondary insurer, you must submit claims by March 31, 2005, 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 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare, ValueOptions or Express Scripts.

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, ValueOptions and/or The Empire Plan Prescription Drug Program (Express Scripts). Addresses are on page 11 of this Report.

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.

Participating Provider Directory

You can find the most current list of Empire Plan providers on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Employee Benefits and then on Empire Plan Providers and Pharmacies. This online list is updated regularly. You can find providers by name or location and print your own list of available providers.

If you do not have access to the internet, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free to check if your provider participates in the Plan.

Printed directories will not be mailed automatically to the homes of active enrollees this year. If you would like to receive a printed Directory in the mail, please return the postage-paid card we sent you in September.

Remember: Always ask if the provider participates in The Empire Plan for New York State government employees before you receive services.

Bills for Services

If you receive a bill for services you think are covered under The Empire Plan, call the telephone number of the provider listed on the billing statement. Explain that your health insurance plan is The Empire Plan for New York State government employees. Ask the provider to send the bill to the appropriate Empire Plan carrier, as follows:

Empire Blue Cross Blue Shield –
for inpatient and outpatient hospital and related services, skilled nursing facility care and hospice care.

United HealthCare –
for medical coverage, laboratory charges, free-standing ambulatory surgical centers, home care, chiropractic treatment and physical therapy.

When you use a participating provider, you pay the provider your copayment for covered services and United HealthCare pays the provider in accordance with the schedule of allowances. You do not have to pay the participating provider for the remaining charges.

ValueOptions –
for mental health and substance abuse care, including alcoholism.

Please see "Empire Plan Carriers and Programs" on page 11 of this Report for carrier addresses. If, after you have spoken to the provider, you continue to receive a bill you know has been paid by The Empire Plan, call 1-877-7-NYSHIP (1-877-769-7447) and choose the right carrier to report the billing.

"Guaranteed Access" to Network Benefits

The Empire Plan has three programs that guarantee network benefits are available to you nationwide: the Home Care Advocacy Program (HCAP), the Managed Physical Medicine Program and the Mental Health and Substance Abuse Program. When you follow each Program's requirements, you receive network benefits, the highest level of benefits.

Home Care Advocacy Program

To receive HCAP network benefits for home care services, durable medical equipment and supplies, you must:

- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select United HealthCare, then the Home Care Advocacy Program,* and
- Receive precertification of your home care and or equipment/supplies from United HealthCare, and
- Use an HCAP-approved provider for covered services and/or equipment/supplies.

*Exception: For diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies, contact the HCAP network providers directly and toll free: National Diabetic Pharmacies (NDP), 1-888-306-7337 for diabetic supplies. (For insulin pumps and Medijectors, you must call HCAP for authorization.) Byram Healthcare Centers, 1-800-354-4054 for ostomy supplies.

Managed Physical Medicine Program

To receive network benefits for chiropractic treatment and physical therapy, you must use a Managed Physical Network (MPN) network provider for medically necessary services. You are not required to call MPN before your visit. You may contact a provider directly and ask if the provider is in the network. Or, you may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare. United HealthCare will help you find an MPN network provider.

If there are no network providers in your area, MPN will arrange for you to receive medically necessary services with network benefits. You will pay only your copayments for each visit. But, you must call United HealthCare before you receive services and you must use the provider with whom MPN has arranged your care.

Mental Health and Substance Abuse Program

To receive network benefits for mental health or substance abuse care, including care for alcoholism, you must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose ValueOptions before you seek treatment, and you must use a provider ValueOptions recommends.

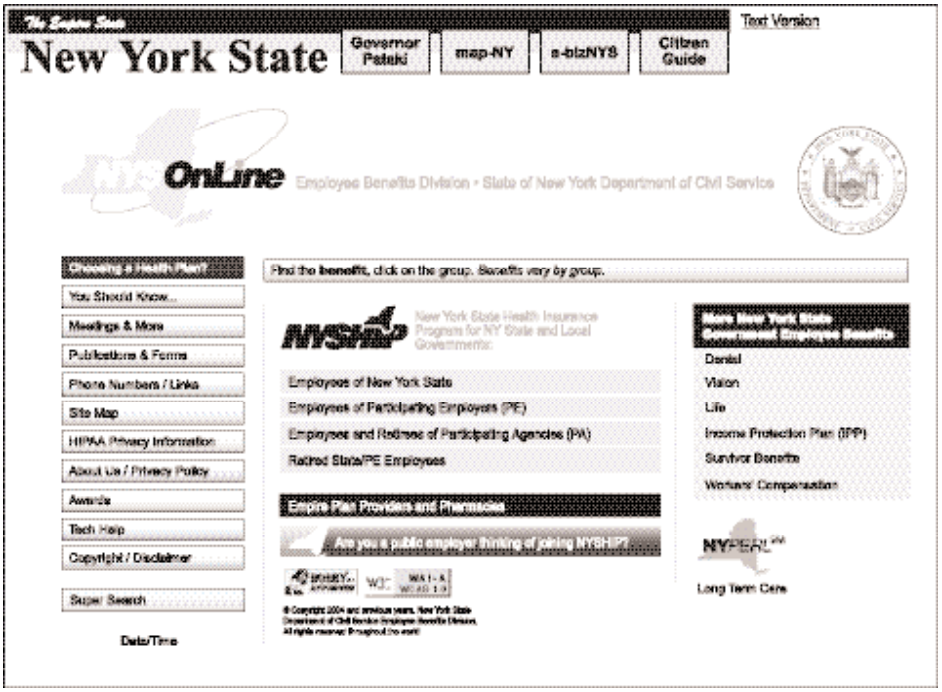
If there are no network providers in your area, ValueOptions will arrange for you to receive medically necessary services with network benefits from a non-network provider or facility. But, you must call ValueOptions before you receive services and you must use the provider with whom ValueOptions has arranged your care.

For More Information

Please see your *Empire Plan Certificate* for more information about the Home Care Advocacy Program, the Managed Physical Medicine Program and the Mental Health and Substance Abuse Program and for requirements in emergency situations. Remember: If you follow program requirements, you are guaranteed network benefits, the highest level of coverage.

NYSHIP Reminders

NYSHIP and The Empire Plan at www.cs.state.ny.us



The New York State Department of Civil Service web site at www.cs.state.ny.us links to information about NYSHIP and your Empire Plan benefits. Click on Employee Benefits for recent publications, a directory of agency Health Benefits Administrators and important telephone numbers. The site meets universal accessibility standards adopted by New York State for New York State agency web sites. If you don't have access to the internet, visit your local library. Most libraries have computers linked to the internet.

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.

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
518-457-5754 (Albany area)
1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.state.ny.us

Medicare Enrollment

NYSHIP (Empire Plan) provides primary coverage (pays first) for you, your enrolled spouse and other covered dependents while you are an active employee of a Participating Employer, regardless of age or disability.

There are exceptions: Medicare is primary for an active employee or dependent with end stage renal disease (30 or 33 months waiting period applies) and for an active employee's domestic partner who is age 65 or over. The active employee or dependent with end stage renal disease must enroll in Medicare Parts A and B. The domestic partner must have Medicare Parts A and B in effect when first eligible at 65.

If you are planning to retire or otherwise leave Participating Employer service and you or your spouse is 65 or older, or under 65 and entitled to Medicare because of disability, contact your local Social Security office three months before active employment ends to enroll in Medicare Parts A and B. After you leave the payroll, Medicare pays primary to The Empire Plan for a disabled enrollee or dependent, regardless of age. Be sure to talk with your agency Health Benefits Administrator if your spouse or dependent is under 65 and disabled at the time you leave the payroll.

Two publications, *What NYS Retirees Need to Know About Medicare and NYSHIP* and *Medicare for Disability Retirees*, have more details. Ask your agency Health Benefits Administrator for copies when you are planning to retire or leave Participating Employer service.

Please also see your *NYSHIP General Information Book* for more information about Medicare and NYSHIP.

The Empire Plan Carriers and Programs

To reach any of The Empire Plan carriers, call toll free **1-877-7-NYSHIP (1-877-769-7447).** The one number is your first step to Empire Plan information. Check the list below to know which carrier to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say your selection at any time during the message. Follow the instructions and you'll automatically be connected to the appropriate carrier.

The Empire Plan Hospital Benefits Program

Empire Blue Cross Blue Shield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Web site: www.empireblue.com. Call for information regarding hospital and related services.

YOU MUST CALL

Benefits Management Program for Pre-Admission Certification
You must call Empire Blue Cross Blue Shield 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 Blue Shield 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.

The Empire Plan Medical/Surgical Benefits Program

United HealthCare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600. Web site: www.myuhc.com. Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN
Call United HealthCare 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

Benefits Management Program for Prospective Procedure Review of MRI
You must call United HealthCare before having an elective (scheduled) Magnetic Resonance Imaging (MRI).

YOU MUST CALL

Home Care Advocacy Program (HCAP)
You must call United HealthCare to arrange for paid-in-full home care services, enteral formulas and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. Beginning January 1, 2005, you must also call United HealthCare for HCAP approval of an external mastectomy prosthesis costing $1,000 or more.

YOU MUST CALL

Infertility Benefits
You must call United HealthCare for prior authorization for the following Qualified Procedures, regardless of provider: 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 United HealthCare for information about infertility benefits and Centers of Excellence.

7 & YOU MUST

Centers of Excellence for Cancer Program
You must call United HealthCare to participate in The Empire Plan Centers of Excellence for Cancer Program.

YOU MUST CALL

The Empire Plan Mental Health and Substance Abuse Program

ValueOptions (administrator for GHI), 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 of inpatient admission.

The Empire Plan Prescription Drug Program

Express Scripts (administrator for CIGNA), P.O. Box 1180, Troy, NY 12181-1180. You must have prior authorization for: Amevive, Aralast, Aranesp, Caverject, Cerezyme, Cialis, Edex, Enbrel, Epogen/Procrit, Genotropin, Humatrope, Humira, Immune Globulins, Kineret, Lamisil, Levitra, Muse, Norditropin, Nutropin, Prolastin, Protropin, Pulmozyme, Raptiva, Remicade, Saizen, Serostim, Sporanox, TheraCys/Tice, Viagra, Xolair, Zemaira. For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us and click on Employee Benefits.

The Empire Plan NurseLine℠

Call for health information and support, 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 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**

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

ADDRESS SERVICE
REQUESTED

SAVE THIS DOCUMENT

NYSHIP
New York State Health Insurance Program

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

PE Empire Plan Report – November 2004

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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 Department of Civil Service web site (www.cs.state.ny.us). Click on Employee Benefits for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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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 covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are also covered.

Call United HealthCare toll free at 1-877-7-NYSHIP (1-877-769-7447) 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*.

Losing Coverage?

Healthy NY is a State-sponsored program designed to make affordable, comprehensive health insurance available to eligible individuals without other coverage. If you know someone who needs health insurance, such as a dependent child who is losing coverage because of age or graduation, Healthy NY may meet this person's needs. Healthy NY is available through any HMO in New York State. For more information and an application: Contact an HMO, call 1-866-HEALTHYNY (1-866-432-5849) toll free or visit the web site www.HealthyNY.com.