EMPIRE PLAN REPORT

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
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*

JANUARY 2008

Empire Plan Benefit News

Improved Mental Health Benefits

Changes under Timothy's Law

Your Empire Plan mental health benefits have changed as a result of New York State's mental health parity legislation known as Timothy's Law, which became effective January 1, 2007.

This information supplements the letter regarding Timothy's Law that we sent to you in February 2007. This Report and the enclosed GHI Certificate provide you with details of the changes that The Empire Plan has implemented in the payment and adjustment of mental health claims to comply with Timothy's Law.

Although The Empire Plan's network level of benefits already met or exceeded requirements under the law, changes have been made to the non-network coverage to bring benefit maximums, deductibles and coinsurance amounts for mental health treatment into line with The Empire Plan's coverage for physical health conditions. See page 3 for the enhancements to non-network mental health benefits under the managed Mental Health and Substance Abuse Program insured by GHI and administered by ValueOptions.

There are no changes to network or non-network benefits for treatment of substance abuse, including alcoholism. Refer to your *Empire Plan Certificate* or call ValueOptions for details on these benefits.

You continue to have the highest level of benefits when you call ValueOptions' Clinical Referral Line to obtain access to medically appropriate mental health and substance abuse care with little or no cost to you.

The Empire Plan Prescription Drug Program

Beginning on January 1, 2008, The Empire Plan Prescription Drug Program has a new insurer and new mail service pharmacy. UnitedHealthcare insures and administers The Empire Plan Prescription Drug Program. Medco is the Mail Service Pharmacy provider. The Preferred Drug list changes annually. It would have changed even if the vendor had not. The 2008 Empire Plan Preferred Drug List and Special Prescription Drug Report was mailed with the 2008 Empire Plan At a Glance in December 2007. You should continue to call 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program if you have questions about your Prescription Drug benefits.

2008 Annual Deductible and Coinsurance Maximum for Basic Medical and Non-Network Mental Health Practitioner Services

Annual Deductible: $349
Coinsurance Maximum: $1,292

For calendar year 2008, The Empire Plan annual deductible for services performed and supplies prescribed by non-participating or non-network providers is $349 for you, $349 for your enrolled spouse/domestic partner and $349 for all covered dependent children combined.

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SAVE THIS REPORT

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You must meet the deductible before benefits are paid for your claims. The annual deductible for the Basic Medical Program and the non-network portion of the Mental Health Program cannot be combined with each other or with the Managed Physical Medicine Program annual deductible for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) is $1,292 in 2008. After you and your covered dependents, combined, reach the coinsurance maximum, you will be reimbursed 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 benefits management programs.

These changes are due to an increase in the Consumer Price Index.

The Empire Plan Disease Management Program

The Empire Plan Disease Management Program, administered by UnitedHealthcare, combines the individual programs for Cardiovascular Risk Reduction (CVRR), Asthma and Diabetes into a single program and adds two new conditions–Congestive Heart Failure and Chronic Obstructive Pulmonary Disease (COPD). UnitedHealthcare disseminates information on the program by sending out invitation letters to "low risk" candidates and by telephoning "high risk" candidates for disease management. To find out more about the program, call 1-877-7-NYSHIP (1-877-769-7447) and select prompt number 5 for The Empire Plan Nurseline. Information on this program is available 24 hours a day.

The Empire Plan Depression Identification and Management Program, administered by ValueOptions, is a voluntary program that includes free, confidential screening for depression that you can take online, by telephone or by mail. The program also offers information about depression; its symptoms and treatment; and assistance in assessing your treatment options. For information, call 1-877-7-NYSHIP (1-877-769-7447) and select prompt number 3 for ValueOptions. If you suspect you may be depressed, discuss your symptoms with your physician and contact ValueOptions.

Reimbursement of the Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) for Medicare-Primary Enrollees

Effective January 1, 2007, a new Medicare law required some people to pay a higher premium for their Medicare Part B coverage based on their income. If you and/or any of your enrolled dependents are Medicare-primary and received a letter from the Social Security Administration (SSA) requiring the payment of an income-related monthly adjustment amount (IRMAA) in addition to the standard Medicare Part B premium for 2007, you are eligible to be reimbursed for this additional premium by NYSHIP. **Note: If your 2005 adjusted gross income was less than $80,000 ($160,000 if you filed taxes as married filing jointly) you are NOT eligible for any additional reimbursement this year.**

To claim the additional IRMAA reimbursement, eligible enrollees are required to apply for and document the amount paid in excess of the standard premium. For information on how to apply, a list of the documents required or questions on IRMAA, you may call the Employee Benefits Division at 518-457-5754 (if you are located in the 518 area code) or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

Non-Network Mental Health Benefit Changes

Effective January 1, 2007

You receive non-network benefits for covered services when you do not call ValueOptions before your treatment begins and/or you call ValueOptions but do not follow ValueOptions' recommendations. Changes to non-network benefits for mental health coverage under The Empire Plan, effective January 1, 2007, are explained below.

Practitioner Services: 80% of Reasonable and Customary Charges

After you meet the 2008 annual deductible of $349 for you, your enrolled spouse/domestic partner and all children combined, The Empire Plan pays up to 80 percent of the reasonable and customary charges for covered mental health care services. After the 2008 outpatient coinsurance maximum of $1,292 for you and all enrolled dependents is reached, The Empire Plan pays up to 100 percent of reasonable and customary charges for covered services.

Electro-Convulsive Therapy and Psychological Testing: 80% of Reasonable and Customary Charges

After you meet the annual deductible for mental health services provided by a non-network practitioner, The Empire Plan pays up to 80 percent of the reasonable and customary charges for covered electro-convulsive therapy and psychological testing and evaluations. After the outpatient coinsurance maximum is reached, The Empire Plan pays up to 100 percent of reasonable and customary charges for covered services. These benefits must be certified by ValueOptions as medically necessary before the service is received.

Inpatient Care: 90% of Billed Charges

The Empire Plan pays up to 90 percent of billed charges for covered acute inpatient mental health care in an approved hospital or an approved psychiatric facility. You pay the remaining 10 percent until you reach an inpatient coinsurance maximum of $500 for you, the enrollee, $500 for your enrolled spouse/domestic partner and $500 for all enrolled dependent children combined. The Empire Plan then pays 100 percent of billed charges for covered services. This benefit is not subject to a deductible.

Partial Hospitalization, Intensive Outpatient Program, Day Treatment, 23-Hour Extended Bed and 72-Hour Crisis Bed: 90% of Billed Charges

The Empire Plan pays up to 90 percent of billed charges for mental health care received from an approved facility. You pay the remaining 10 percent until you reach an inpatient coinsurance maximum of $500 for you, the enrollee, $500 for your enrolled spouse/domestic partner and $500 for all enrolled dependent children combined. The Empire Plan then pays 100 percent of billed charges for covered services. This benefit is not subject to a deductible.

Inpatient and Outpatient Visits: Unlimited

The number of inpatient and outpatient services for both network and non-network mental health treatment under The Empire Plan is unlimited when certified as medically necessary by ValueOptions.

Reasonable and Customary means the lowest of the:

- actual charge for mental health services, or
- usual charge for mental health services by the practitioner, or
- usual charge for mental health services of other practitioners in the same or similar geographic area for the same or similar service.

The determination of the reasonable and customary charge for a service or supply is made by GHI/ValueOptions.

Claims for Non-Network Coverage

When you receive non-network services, you are responsible for payment of charges at the time they are billed to you. You must file a claim with ValueOptions to receive reimbursement. You have until 90 days after the end of the calendar year to submit your claims. Or, if The Empire Plan is your secondary insurer, submit your claims within this 90-day period or 90 days after your primary health insurance plan processes your claim, whichever is later.

Agency Health Benefits Administrators have claim forms. Or, you may call 1-877-7-NYSHIP (1-877-769-7447) toll free, choose ValueOptions and ask for a claim form. Mail the completed claim form with supporting bills, receipts and, if applicable, a Medicare Summary Notice or statement from your other primary insurer to ValueOptions, P.O. Box 778, Troy, New York 12181-0778.

Highlights of Non-Network* Mental Health Benefit Changes Effective January 1, 2007

	Former	Current
Individual Practitioner	Plan paid 50% of network allowance after a $500 annual deductible	Plan pays up to 80% of reasonable and customary charges for covered services after you meet the 2008 mental health annual deductible of $349 for you, your enrolled spouse/domestic partner and all children combined. After the 2008 outpatient coinsurance maximum of $1,292 for you and all enrolled dependents is reached, Plan pays up to 100% of reasonable and customary charges.
Electro-Convulsive Therapy/Psychological Testing	Plan paid 50% of network allowance after an annual deductible	Plan pays up to 80% of reasonable and customary charges for covered services after you meet the mental health annual deductible. After the outpatient coinsurance maximum is reached, Plan pays up to 100% of reasonable and customary charges. Pre-certification required.
Acute Inpatient Stays	Plan paid 50% of network allowance after the annual deductible	Plan pays up to 90% of billed charges. After you pay $500 in inpatient coinsurance for yourself, $500 for your spouse/domestic partner or $500 for all dependent children combined, Plan pays 100% of billed charges for medically necessary care in an approved facility.
Partial Hospitalization, Intensive Outpatient Program, Day Treatment, 23-Hour Extended Bed and 72-Hour Crisis Bed	Network coverage only	Plan pays up to 90% of billed charges. After you pay $500 in inpatient coinsurance for yourself, $500 for your spouse/domestic partner or $500 for all dependent children combined, Plan pays 100% of billed charges for medically necessary care in an approved facility.
Maximum Number of Outpatient Visits and Inpatient Days	30 visits per year and 30 inpatient days per year	Unlimited when medically necessary

*Note: Network benefits remain the same.

Call 1-877-7-NYSHIP (1-877-769-7447) for ValueOptions Clinical Referral Line

To be sure of receiving the highest level of benefits, you must call ValueOptions before you seek mental health treatment.

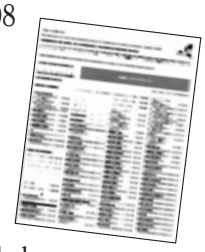
When you call and follow ValueOptions' recommendations, you are guaranteed access to network coverage at little or no cost to you.

Network providers are listed in The Empire Plan Participating Provider Directory. You may ask your agency Health Benefits Administrator for the Directory, or it is also available on NYSHIP Online at www.cs.state.ny.us.

You may receive a lower level of benefits if you do not call or use network providers. And, if you submit a claim for non-network services and ValueOptions determines that your treatment was not medically necessary, your claim may not be reimbursed.

Participating Provider Directories

Additional Participating Providers in Washington DC and Surrounding Areas of Maryland and Virginia



Beginning March 1, 2008 Washington DC and surrounding areas of Maryland and Virginia participating providers from the UnitedHealthcare PPO network are included in The Empire Plan participating provider network. An addendum to the Washington DC directory was sent to enrollees who live in Washington DC, Maryland and some Virginia counties adjacent to Washington DC in late February.

New and Improved Online 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. Some of the new functions include searches for a physician's partial or full name by street address and by specialty (up to five specialties). In addition, Empire Plan enrollees will be able to re-sort by name, specialty, distance, zip code and city/state as well as download paper or electronic versions to email and fax. Travel and mapping information, physician specialty definitions, and expanded provider information are also available. A new feature offers different ways in which provider search results can be made available in electronic or printed formats. Up to 100 provider search results can be saved, printed, faxed, or emailed in PDF format. The online information is current and updated weekly.

Visit the New York State Department of Civil Service web site at www.cs.state.ny.us, then select "Employees" and follow the links to Health Benefits. Select your group and benefit plan if prompted. On the resulting NYS Online page, select "Find a Provider" and scroll down to "*UnitedHealthcare*" to locate the type of provider you would like to find. Or, call 1-877-7-NYSHIP (1-877-769-7447) toll free, select UnitedHealthcare and then Plan Benefits to check if your provider participates in the Plan.

Printed directories were not mailed automatically to the homes of active enrollees this past year. See your agency Health Benefits Administrator for a printed version if you did not return the postage-paid card we sent you in July 2007.

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

Participating Provider Directory Postcards

Active enrollees in New York and surrounding states will be sent a postcard in May that can be used to request a 2008 directory of participating/network providers in Upstate New York (including Massachusetts, Pennsylvania and Vermont), Downstate New York, Connecticut and New Jersey. If you would like a printed directory, simply mark the box on the postage paid postcard and return it to the New York State Department of Civil Service. Retirees and active enrollees in all states other than those listed above will automatically be sent a directory. Directories will be sent out in late summer of 2008. You may also request a directory at the Department of Civil Service web site, www.cs.state.ny.us, or through your agency Health Benefits Administrator.

Participating Laboratory Providers

Laboratory Corporation of America (LabCorp) is the sole national participating provider of laboratory services for The Empire Plan Medical Program. In addition to the LabCorp network, UnitedHealthcare also provides *regional* and *local* laboratories and draw stations.

What this means to you

To minimize your out-of-pocket expense, it is important that your physician sends your samples to an Empire Plan participating laboratory for testing. As long as your physician uses a participating laboratory, you are not responsible for any cost other than your copayment for covered services.

What you should do

Ask your physician to verify that your laboratory participates in The Empire Plan. If the laboratory your physician regularly uses is not a participating provider, UnitedHealthcare will be happy to help you or your physician identify laboratory options that are available.

Remember

Claims for covered services by a non-participating laboratory are considered under the Basic Medical Program subject to deductible and coinsurance.

Reminders

Mental Health Coverage

- Before you seek mental health care, call ValueOptions.
- You receive the highest level of benefits by calling and following ValueOptions' recommendations.
- Call ValueOptions before treatment from a non-network provider.
- In a life-threatening emergency situation, go to the nearest hospital emergency room for treatment.
- After an emergency mental health hospitalization, call ValueOptions within 48 hours.
- If The Empire Plan denies a certification or claim, in whole or in part, you can ask for a review. You have 60 days after you receive notice of the denial to request the review. See your *Empire Plan Certificate* for more details about reviews and appeals.

Pre-Retirement Seminars

The Governor's Office of Employee Relations (GOER) in partnership with the Office of the State Comptroller presents Pre-Retirement Seminars. As part of the 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 to learn if there is a seminar available in your area and to reserve your place. Be sure to bring your personal confirmation letter from GOER when you attend. The New York State Department of Civil Service web site, www.cs.state.ny.us, also has the seminar schedule. Click on Benefit Programs, select your group and benefit plan if prompted, and then on calendar.

Since demand is greater than available seating at the seminars, you can also access helpful online pre-retirement resources at www.goer.state.ny.us/train/onlinelearning/pr/intro.html or www.osc.state.ny.us/retire.

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
Albany, New York 12239
518-457-5754 (Albany area)
1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.state.ny.us

The Empire Plan 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 BlueCross BlueShield, 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.

Benefits Management Program for Pre-Admission Certification You must call Empire BlueCross BlueShield 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 (includes rehabilitation facilities).

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

The Empire Plan Medical/Surgical Benefits Program *UnitedHealthcare 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 UnitedHealthcare 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.

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

Home Care Advocacy Program (HCAP) You must call UnitedHealthcare 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. You must also call UnitedHealthcare for HCAP approval of an external mastectomy prosthesis costing $1,000 or more.

Infertility Benefits You must call UnitedHealthcare 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 UnitedHealthcare for information about infertility benefits and Centers of Excellence.

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

The Empire Plan Mental Health and Substance Abuse Program *ValueOptions (administrator for GHI), P.O. Box 778, Troy, NY 12181-0778.* You must call ValueOptions before beginning any non-emergency treatment for mental health or substance abuse, including alcoholism. You will receive the highest level of benefits by calling and following ValueOptions' recommendations. In a life-threatening situation, go to the emergency room. Call within 48 hours or as soon as reasonably possible after inpatient admission.

The Empire Plan Prescription Drug Program *UnitedHealthcare Appeals, grievances, prior authorization documentation, general correspondence: Empire Plan Prescription Drug Program, P.O. Box 5900, Kingston, NY 12402-5900. Claim forms from retail pharmacies: Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY 40512. Mail Service Pharmacy: Medco, P.O. Box 747000, Cincinnati, OH 45274-7000.*
For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us.

The Empire Plan NurseLineSM 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 BlueCross BlueShield.....TTY only: 1-800-241-6894
UnitedHealthcare.....TTY only: 1-888-697-9054
ValueOptions.....TTY only: 1-800-334-1897
The Empire Plan Prescription Drug Program.....TTY only: 1-800-855-2881

State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.state.ny.us

CHANGE SERVICE
REQUESTED

Please do not send mail or correspondences to the return address. See pages 6 & 7 for address information.

SAVE THIS DOCUMENT

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

NYSCOPBA Empire Plan Report – January 2008

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 Benefit Programs, then NYSHIP Online 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. New York State and Participating Employer Retirees and 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).

This *Report* was printed using recycled paper and environmentally sensitive inks. NY0727 EPR-NYSCOPBA-08-01

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. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare 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*.

Planning for Retirement video: Now available for individual ordering!

The Department of Civil Service's popular *Planning for Retirement for NY Actives* is now available, in VHS or DVD format, for individuals to order. Look for the "Planning to Retire" section on the NYSHIP Online portion of the web site (www.cs.state.ny.us) to print out and mail or fax the order form as directed. There is also a companion print package, including a *Planning for Retirement* booklet that you may also order. If you do not have access to the internet, you can ask your agency Health Benefits Administrator for a copy.