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

JULY 2008

Read this Report for important information about benefit changes.

SAVE THIS REPORT

In This Report

1-2 Benefit Changes
2 Prescription Drug Program; Centers of Excellence Programs for Transplants and Cancer

SPECIAL SECTION
NYSHIP General Information Book and Empire Plan Certificate Amendments

3 Benefits Management Program
4 NYSHIP Changes

Empire Plan Benefit Changes

Effective July 1, 2008

The Empire Plan Medical/Surgical Benefits Program

$30 Copayment for Non-Hospital Outpatient Surgical Locations

Beginning July 1, 2008, you pay the first $30 in charges (copayment) for each visit to an outpatient surgical location that has an agreement in effect with UnitedHealthcare.

The $30 copayment covers your elective surgery and anesthesiology, radiology and laboratory tests performed on the day of the surgery at the same outpatient surgical location.

Herpes Zoster Vaccine for Shingles

Effective July 1, 2008, the Herpes Zoster Vaccine used to prevent shingles is covered as an adult immunization under the Participating Provider Program for individuals age 55 or over. Since shingles usually occurs in the senior population, this coverage is consistent with established clinical guidelines. You pay only the office visit copayment when you receive the Herpes Zoster vaccination from a Participating Provider. There is no non-network benefit.

Prosthetic Wig Benefit

Effective January 1, 2008, wigs will be covered under the Basic Medical Program when hair loss is due to an acute or chronic condition that leads to hair loss including, but not limited to:

- Disease of endocrine glands such as Addison's disease and ovarian genesis
- Generalized disease affecting hair follicles such as systemic lupus and myotonic dystrophy
- Systemic poisons such as Thallium, Methotrexate and prolonged use of anticoagulants
- Local injury to scalp such as burns, radiation therapy, chemotherapy treatment and neurosurgery

Excluded from coverage is male and female pattern baldness.

There is a lifetime maximum benefit of $1,500 per individual regardless of the number of wigs purchased. Benefits are not subject to the Basic Medical deductible or coinsurance. Claims submitted for the prosthetic wig benefit must include documentation from the treating physician that states that the individual has a diagnosis for a covered condition.

Participating Diabetes Education Centers

Diabetes education can be an important part of a treatment plan for diabetes. Diabetes educators provide information on nutrition and lifestyle improvement that can help diabetics better manage their disease. The Empire Plan network now includes Diabetic Education Centers that are accredited by the American Diabetes Association Education Recognition Program. If you have a diagnosis of diabetes, your visits to a network center for self-management counseling are covered and you pay only

Benefit Changes continued on page 2

Benefit Changes continued from page 1

an office visit copayment for each covered visit. Covered services at a non-network diabetes education center are considered under the Basic Medical Program subject to deductible and coinsurance.

To find an Empire Plan participating diabetes education center, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose UnitedHealthcare. Or, go to the New York State Department of Civil Service web site (www.cs.state.ny.us), click on Benefit Programs and then NYSHIP Online. Select your group if prompted, click on Find a Provider and then Medical and Surgical Providers under UnitedHealthcare.

Diabetic Shoes

Effective July 1, 2008, one pair of custom molded or depth shoes per calendar year are a covered expense under The Empire Plan if:

- You have a diagnosis of diabetes and diabetic foot disease;
- Diabetic shoes have been prescribed by your provider; and
- The shoes are fitted and furnished by a qualified perdorthist, orthotist, prosthetist or podiatrist. Shoes ordered by mail or from the internet are not eligible for benefits.

When you use an HCAP-approved provider for medically necessary diabetic shoes, you receive a paid-in-full benefit up to an annual maximum benefit of $500. To ensure that you receive the maximum benefit, you must make a pre-notification call to the Home Care Advocacy Program (HCAP). You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), choose UnitedHealthcare and then the Benefits Management Program. HCAP will assist you in making arrangements to receive network benefits for diabetic shoes.

If you do not receive medically necessary diabetic shoes from an HCAP-approved provider, benefits will be considered under the Basic Medical Program subject to the annual deductible with any remaining covered charges paid at 75% of the network allowance with a maximum annual benefit of $500.

The Empire Plan Prescription Drug Program

Effective July 1, 2008, your prescription drug copayments for non-preferred brand-name drugs will be:

Non-Preferred Brand-Name Drug Copayments
Effective July 1, 2008

Supply Dispensed	Copayment
Up to a 30-day supply from a participating retail pharmacy or through the mail service	$40
A 31- to 90-day supply through the mail service	$65
A 31- to 90-day supply from a participating retail pharmacy	$70

You will find a list of the most commonly prescribed generic and brand-name drugs on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs and then NYSHIP Online. Choose your group, if prompted, and click on Using Your Benefits. Or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447).

Centers of Excellence Programs for Transplants and Cancer

Effective July 1, 2008, when you use a Center of Excellence for Transplants that has been pre-authorized by Empire BlueCross BlueShield or a Center of Excellence for Cancer that has been pre-authorized by UnitedHealthcare and the Center of Excellence is more than 100 miles from the enrollee's residence (200 miles for airfare), The Empire Plan provides travel, meals and one lodging per day for the patient and one travel companion. The Empire Plan will reimburse for meals and lodging based on the United States General Services Administration (GSA) per diem rate and automobile mileage (personal or rental car) based on the Internal Revenue Service medical rate. The following are the only additional travel expenses that are reimbursable: economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from your lodging to the Center of Excellence. To find the current per diem rates for lodging and meals, visit the United States General Services Administration web site at www.gsa.gov and look under Travel Resources. Travel and lodging benefits are available as long as the patient remains enrolled and receiving benefits under the Centers of Excellence programs for Transplants or Cancer. The $10,000 lifetime maximum for travel, meals and lodging for the Centers of Excellence for Cancer Program has been eliminated.

Kidney Resource Services Program

Effective July 1, 2008, The Empire Plan will offer a Kidney Resource Services Program to its enrollees when The Empire Plan is your primary health insurance coverage. If you or your dependents have been diagnosed with Chronic Kidney Disease (CKD), you may be invited to participate in this disease management program. Participation is voluntary, free of charge and confidential.

If you agree to participate, you will receive information to help you better understand your condition. You will be offered educational materials and other services that may help to improve the management of your kidney disease. You may also be contacted by a Registered Nurse in conjunction with this program.

This program works in partnership with your physician to achieve the best possible health outcomes.

If you have questions or would like more information, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the option for The Empire Plan NurseLine.

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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Benefits Management Program

Additional Imaging Procedures Require Prospective Procedure Review (PPR) Effective July 1, 2008

You must call The Empire Plan Benefits Management Program for Prospective Procedure Review of the following outpatient imaging procedures when performed as an elective (scheduled) procedure:

- Computed Tomography (CT)/Computed Axial Tomography (CAT) Scans
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
- Positron Emission Tomography (PET) Scans
- Nuclear Medicine Diagnostic Procedures

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), and select UnitedHealthcare, then Benefits Management to reach the Care Coordination Unit.

Should you opt to have one of these procedures before the review is completed or if you do not call the Benefits Management Program before having it and UnitedHealthcare determines that the procedure was performed on a scheduled (non-emergency) basis and that the procedure was medically necessary, you are responsible for paying the lesser of 50 percent of the scheduled amounts related to the procedure or $250, plus your copayment, under the Participating Provider Program.

Under the Basic Medical Program, you are liable for the lesser of 50 percent of the reasonable and customary charges related to the procedure or $250. In addition, you must meet your Basic Medical annual deductible and you must pay the coinsurance and any provider charges above the reasonable and customary amount.

If UnitedHealthcare determines that the procedure was not medically necessary, you will be responsible for the full cost of the procedure.

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Please do not send mail or correspondence to the return address. See page 3 for address information.

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

PE Empire Plan Report – July 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).

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NYSHIP Changes Effective July 1, 2008

Leaving School Before Graduation

Beginning July 1, 2008, an enrolled, full-time student dependent age 19 or older who completes a semester will continue to be covered under NYSHIP until the last day of the third month following the month in which the dependent completes the semester unless the dependent otherwise loses NYSHIP eligibility. For example, if the dependent child completes the Spring semester in May, the last day of coverage would be August 31. However, if the dependent reaches age 25 before August 31, coverage ends on the dependent's birthday. This coverage extension applies to each semester the dependent child completes, including the semester in which the requirements for graduation are completed. A semester is considered to be completed if the student attends classes through the last required date of attendance for the semester, even if a passing grade is not achieved for coursework.

If a dependent student age 19 or older leaves school prior to the successful completion of a semester and proof of attendance during the semester is provided, coverage ends on the last day of the month in which the dependent attended school or the end of the third month following the month that the last semester was completed, whichever is later. If the required proof is not provided, coverage will end on the first day of the incomplete semester or three months after the previously completed semester whichever is later.

Generally a dependent child over the age of 19 must be a full-time student at an accredited secondary or preparatory school, college or other educational institution to be eligible for NYSHIP coverage. Refer to your *General Information Book* for additional eligibility information for dependent children who are disabled, on medical leave or have military service.