



REPORTING ON

Network Benefits

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult enrollees

Empire Plan Network Coverage

- The Participating Provider Program for medical/surgical services such as office visits and surgery administered by UnitedHealthcare
- Home Care Advocacy Program (HCAP) for covered home care services, durable medical equipment/supplies, including diabetic supplies, diabetic shoes and enteral formulas administered by UnitedHealthcare
- Managed Physical Network (MPN) for chiropractic treatment and physical therapy administered by UnitedHealthcare
- The Hospital Program for coverage at hospitals worldwide administered by Empire BlueCross BlueShield
- The Mental Health and Substance Abuse Program for a nationwide network for mental health and substance abuse treatment, including alcoholism, administered by OptumHealth Behavioral Solutions, Inc.
- The Prescription Drug Program for a nationwide network of participating pharmacies and mail service pharmacies, administered by UnitedHealthcare/Medco Health Solutions, Inc.
- The Centers of Excellence for Cancer and Infertility Program, administered by UnitedHealthcare
- The Centers of Excellence for Transplants Program, administered by Empire BlueCross BlueShield

Call Toll Free 1-877-7-NYSHIP (1-877-769-7447)

For preauthorization of services or if you have a question about eligibility, providers or claims, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.

Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available 8 a.m. to 5 p.m. Eastern time. Mental Health/Substance Abuse Program, Prescription Drug Program and NurseLineSM representatives are available 24 hours a day, seven days a week.

The Empire Plan is a unique health insurance plan that provides coverage whether you receive care from Empire Plan network providers or from non-network providers. By choosing a network provider, you receive covered services at little or no cost to you – and you don't have to file a claim. Copayments may apply and vary by enrollee group.

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This issue of Reporting On is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

Network Benefits

Participating Provider Program

The Empire Plan Participating Provider Program offers a network of over 175,000 physicians, laboratories and other providers located throughout New York State and in most states. You have the freedom to choose any participating provider without a referral.

Network providers have agreed to accept your copayment (if there is one), plus payment directly from The Empire Plan, as payment in full. Copayment amounts vary by enrollee groups.

Providers in the network include doctors, laboratories, speech therapists, speech-language pathologists, audiologists, podiatrists, outpatient surgical locations, urgent care centers, diabetes education centers, and freestanding cardiac rehabilitation centers. Certified nurse-midwives may also be available through participating doctors.

Always ask if the provider participates in The Empire Plan for New York government employees before you receive services. When you use a participating provider for covered services, you pay only your copayment, if any.

Empire Plan Copayments

You pay a single copayment for office visits and surgical procedures performed during an office visit. There is an additional copayment for radiology services and/or laboratory services performed during the same visit. In addition, you pay a separate copayment for contraceptive drugs and devices dispensed in a doctor's office, outpatient surgical location visits (including anesthesiology),

cardiac rehabilitation center visits and urgent care center visits.

When you use a participating provider, there is no cost to you for many services including well-child visits, pediatric immunizations, maternity care, in-hospital doctors' visits and prostheses/orthotic devices. There is no copayment for chemotherapy, radiation therapy or dialysis.

Please see your *Empire Plan Certificate* and *Empire Plan Reports* and *Amendments* for copayment information. Your *Empire Plan At A Glance* and your group copay card are also easy references.

Ask for a Participating Provider

The Empire Plan does not require that a participating provider refer you to a participating laboratory, radiologist, specialist or center. It is your responsibility to determine whether a provider is an Empire Plan provider.

In Arizona, Connecticut, Florida, New Jersey, North Carolina, South Carolina, Washington, D.C., and the surrounding areas of Maryland and Virginia, ask if the physician is part of UnitedHealthcare's Options Preferred Provider Organization (PPO) Network.

In all other states including New York, and for providers other than physicians in these states, ask if the provider participates in The Empire Plan for New York government employees. However, there is no guarantee a participating provider will always be available to you and you should carefully review the list of providers in the area in which you live or plan to retire.

Finding a Participating Provider

To find an Empire Plan participating provider, check with the provider directly or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 1 for the Medical/Surgical Program to speak to a customer service representative or use the automated system.

Also, you can find a list of medical/surgical providers on the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider to view the most current provider listings by program. You can search the Medical/Surgical Provider Directory by zip code, city and state, or provider name.

UnitedHealthcare updates the online Medical/Surgical Provider Directory regularly.

Non-network Benefits

Basic Medical Program

If you use a non-participating provider, covered expenses are reimbursed under The Empire Plan's Basic Medical Program, subject to deductible and coinsurance.

Basic Medical Provider Discount Program

If The Empire Plan is your primary coverage and you use a non-participating provider who is part of The Empire Plan MultiPlan group, your out-of-pocket expenses will, in most cases, be reduced. Your coinsurance may be based on the discounted fee, not the provider's usual fee or the reasonable and customary charges. You will be responsible for the deductible amount.

MEDICAL/SURGICAL PROGRAM, CONT.

Benefits Management Program: Prospective Procedure Review for Imaging Procedures

If The Empire Plan is primary for you or your covered dependents, the Benefits Management Program requires you or your provider to call The Empire Plan at 1-877-7-NYSHIP

(1-877-769-7447) toll free and press 1 for the Medical/Surgical Program before having an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear

Medicine test, unless you are having the test as an inpatient in a hospital.* This requirement applies for both participating and non-participating providers. Your out-of-pocket expense will be substantially higher if you do not call.

* Medicare-primary enrollees: If Medicare is your primary coverage (pays before The Empire Plan), precertification is not required.

HOME CARE ADVOCACY PROGRAM

Network Benefits

The Empire Plan Home Care Advocacy Program (HCAP) covers the following:

- Durable medical equipment and related supplies
- Skilled nursing services in the home
- Home infusion therapy
- Certain home health care services when they take the place of hospitalization or care in a skilled nursing facility
- Enteral formulas
- Diabetic and ostomy supplies
- Diabetic shoes (subject to an annual maximum benefit)*

When you follow HCAP requirements, you are guaranteed access to the network level of benefits. You have paid-in-full network benefits when you call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 1 for the Medical/Surgical Program before you receive services

and/or equipment/supplies; and UnitedHealthcare precertifies your services and/or equipment/supplies; and the Medical/Surgical Program makes or helps you make arrangements with an HCAP-approved provider.

For certain diabetic and ostomy supplies, you may contact the HCAP network supplier directly. For diabetic supplies, except insulin pumps and Medijectors, call The Empire Plan Diabetic Supplies Pharmacy toll free at 1-888-306-7337. For insulin pumps and Medijectors, you must call HCAP for authorization. For ostomy supplies, call Byram Healthcare Centers at 1-800-354-4054.

Medicare implemented a new Competitive Bidding Program in some areas of the country effective January 1, 2011. This Program changes how Medicare pays suppliers for certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS).

If Medicare is your primary coverage before The Empire Plan and you live in one of these areas and use equipment or supplies included in the Program (or get the items while visiting one of these areas), you will have to use a Medicare contract supplier if you want Medicare to help you pay for the items. If you don't use a Medicare contract supplier, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced.

To maximize your benefits, it is important for you to know if you're affected by this Medicare Program. For more information, you can contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov. If you need additional assistance locating a Medicare contract supplier, contact HCAP.

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* There is a \$500 limit per calendar year for diabetic shoes, customized inserts and/or modifications. This does not apply to prescription orthotics, which are covered under The Empire Plan Participating Provider Program or Basic Medical Program.

HOME CARE ADVOCACY PROGRAM, CONT.

Non-network Benefits

You will receive non-network benefits if you do not call HCAP before receiving services and/or you use a non-network provider. Charges for the first 48 hours of

nursing services per calendar year are not covered and do not apply toward your Basic Medical Program annual deductible. After you meet the Basic Medical Program deductible, The Empire Plan pays

up to 50 percent of the HCAP network allowance for medically necessary HCAP-covered services, equipment or supplies.

MANAGED PHYSICAL NETWORK

Managed Physical Network for Chiropractic Care and Physical Therapy

The Empire Plan Managed Physical Medicine Program offers a network of over 9,000 providers throughout New York State and many other states for chiropractic treatment and physical therapy. Other providers, such as osteopaths and occupational therapists, may also provide these services. Managed Physical Network, Inc. (MPN) administers the program for UnitedHealthcare.

Network Benefits

You do not need to call MPN before your visit. Simply make an appointment with an MPN provider. You may call a provider directly and ask if the provider is in the MPN network, or, to locate a network provider, check the online directory (see the following) or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical/Surgical Program. Then select 1 again.

An up-to-date provider list is available on the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Choose Find a Provider and then select The Empire Plan Medical/Surgical Provider Directory; follow the prompts to search for physicians. Choose Search for a Provider Group and then select Chiropractic Medicine or Physical Medicine and Rehabilitation.

Your Copayment

You pay a copayment for each office visit when you use an MPN provider for medically necessary covered treatment. You pay another copayment for related radiology and diagnostic laboratory services billed by the MPN provider. If an MPN provider bills for radiology and diagnostic laboratory services performed during a single office visit, only one copayment for those services will apply, in addition to any copayment due for the office visit.

Guaranteed Access

If there are no MPN providers in your area, network benefits will still be available to you under the Managed Physical Medicine Program if you call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical/Surgical Program to arrange for network benefits before you receive care.

MPN will make arrangements for you to receive medically necessary chiropractic treatment or physical therapy anywhere in the United States, and you will pay only your copayment for each visit. You must call first, and you must use the provider with whom MPN has arranged your care.

Non-network Benefits

If you receive chiropractic treatment or physical therapy from a non-network provider when MPN has not made arrangements for you, you will pay a much higher share of the cost. Benefits are subject to an annual deductible and coinsurance per covered person per year.

As the insurer of The Empire Plan Hospital Program, Empire BlueCross BlueShield provides Empire Plan enrollees with network access to over 15,000 network hospitals, skilled nursing facilities and hospice care facilities across the United States.

Network Benefits

To receive network benefits for inpatient hospital stays, you must follow the requirements of the Benefits Management Program. When The Empire Plan is your primary coverage, the Program requires you to call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program:

- Before a maternity or scheduled hospital admission
- Within 48 hours, or as soon as possible, after an emergency or an urgent hospital admission
- Before admission or transfer to a skilled nursing facility (includes rehabilitation facilities)

When you follow the requirements of The Empire Plan Benefits Management Program, medically necessary medical and surgical inpatient hospital stays are covered with no cost to you. You pay a copayment for most covered outpatient hospital services and a copayment for use of the emergency room. The emergency room copayment covers use of the facility, the service of the emergency room physician and

providers who administer or interpret radiological exams, laboratory tests, electrocardiograms and pathology services.

The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the emergency department.

You also pay a separate copayment for outpatient physical therapy. This copayment is in addition to any other hospital outpatient copayment.

You have a paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis. When you use a network hospital, you have no claim form to file.

Future Moms Program

With Empire Plan coverage, the Future Moms Program provides you with special services for your maternity care. As soon as you know you are pregnant, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 2 for the Hospital Program for preadmission certification and to learn about the Future Moms Program.

If you choose to enroll in the Future Moms Program, you will be assigned a registered nurse who specializes in pregnancy to support you with proper self-care, signs and symptoms of possible pregnancy-related complications, nutrition counseling and delivery options.

Non-network Benefits

When you use a non-network hospital, you will be required to pay a portion of the covered charges (coinsurance) up to a preestablished dollar amount (the coinsurance maximum). When you have satisfied the coinsurance maximum, you will receive network benefits subject to the network copayments. See your *Empire Plan Certificate* and *Empire Plan Reports* for details about filing and payment of claims.

When you use a non-participating hospital, you submit a claim and The Empire Plan reimburses you for covered hospital services minus the coinsurance amount.

Network Benefits at a Non-network Hospital/Facility

You may receive network benefits if you use non-network hospitals and facilities for covered services:

- When no network facility is available within 30 miles of your residence*
- When no network facility within 30 miles of your residence can provide the covered services you require*
- When the Hospital Program determines that the admission is an emergency or urgent inpatient or outpatient admission
- When care is received outside the United States
- When another insurer, including Medicare, is providing primary coverage

* Benefits Management Program approval is required. Call The Empire Plan and press 2 for the Hospital Program.

OptumHealth Behavioral Solutions, Inc., the administrator for the Mental Health and Substance Abuse Program, has over 75,000 providers throughout New York State and other states. To receive network benefits, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 3 for the Mental Health and Substance Abuse Program before you seek inpatient or outpatient care for mental health or substance abuse, including alcoholism. You should also call within 48 hours of, or as soon as reasonably possible, after an emergency inpatient admission.

For Referrals

The Clinical Referral Line is available 24 hours a day, every day of the year. It is staffed by clinicians with professional experience in the mental health and substance abuse fields. These highly trained and experienced clinicians are available to refer you to an appropriate provider. You receive confidential help – no one else needs to know you made the call.

In an emergency, the Mental Health and Substance Abuse Program will either arrange for an appropriate provider to call you back within 30 minutes or will instruct you to proceed to the nearest emergency room. In a life-threatening situation, proceed immediately to the nearest emergency room.

Network Benefits

The Mental Health and Substance Abuse Program network includes psychiatrists, psychologists, social workers and nurse practitioners. If there are no network providers in your area, you will still receive network benefits if you call and allow the Mental Health and Substance Abuse Program to arrange your care with an appropriate provider. Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes and day treatment programs.

When you use a network provider, you pay a copayment for:

- A visit to a mental health professional
- A visit to an outpatient substance abuse treatment program
- Treatment in a hospital emergency room unless you are admitted as an inpatient directly from the emergency room or the outpatient department

Non-network Benefits

Non-network covered services are reimbursed subject to a deductible and coinsurance.

You must contact the Mental Health and Substance Abuse Program to precertify services in order to receive the maximum benefit and incur the lowest out-of-pocket cost. For outpatient treatment, you must call before the sixth visit to begin the certification process. The Mental Health and Substance Abuse Program must certify any outpatient visits beyond the tenth visit during any course of treatment.

For more information about mental health and substance abuse care including that for alcoholism, depression, anxiety, attention deficit and hyperactivity disorder (ADHD) and bipolar disorder, visit the customized Empire Plan Mental Health and Substance Abuse Program web site at www.liveandworkwell.com (use access code Empire in the right-hand navigation). You can find self-help questionnaires, articles and other resources by going to the Mental Health Condition Center.

If you have questions, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 3 for the Mental Health and Substance Abuse Program.

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

Network Benefits

Through The Empire Plan Prescription Drug Program, which is insured by UnitedHealthcare and jointly administered by Medco Health Solutions, Inc., you have access to more than 55,000 network pharmacies nationwide, as well as to a mail service pharmacy. When you use your Empire Plan Benefit Card at a network pharmacy or use the Medco mail service pharmacy, you pay only your copayment for covered Level 1 or generic drugs and Level 2 or preferred brand-name drugs.

You pay the lowest copayment for Level 1 or generic drugs, a higher copayment for Level 2 or preferred brand-name drugs and the highest copayment amount for Level 3 or non-preferred brand-name drugs. You can find a list of copayment amounts in your *Empire Plan Certificate* and *Empire Plan Reports* and it is also available on our web site, <https://www.cs.state.ny.us>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Select Using Your Benefits, then Empire Plan Copayments.

When filling a prescription for a brand-name drug that has a generic equivalent, you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and its generic equivalent, not to exceed the full cost of the drug.

The Empire Plan Flexible Formulary Drug List or Preferred Drug List (depending on your group) will help you and your doctor determine if your prescription is for a Level 1 (generic) or Level 2 (preferred brand-name) drug. However, these lists do not include all the prescription drugs covered under The Empire Plan. For specific questions about your prescriptions, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

Please check your *Empire Plan Reports*, *Certificate Amendments* and *Empire Plan At A Glance* to find out which drug list applies to your benefits. For example, in some cases, drugs may be excluded from coverage under a flexible formulary, if a therapeutic equivalent or over-the-counter drug is available.

Half Tablet Program

The Empire Plan Half Tablet Program is a voluntary program that allows you to reduce the out-of-pocket cost of select generic and brand-name drugs you take on a regular basis. Your physician can write a prescription for twice the dosage of your medication and half the number of tablets. You can then split them in half using the free pill splitter that The Empire Plan provides. The participating retail provider or the Medco mail service pharmacy automatically reduces your copayment to half the normal charge.

For a list of drugs eligible for the Half Tablet Program, visit the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. From

the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Select Find a Provider, then scroll down to Prescription Drug Program and click on The Empire Plan: Prescription Drug Half Tablet Program.

By using a network pharmacy or Medco mail service, you also benefit from a drug safety review performed by Medco. The Empire Plan Flexible Formulary Drug List and Preferred Drug List are developed by a committee of pharmacists and physicians and are subject to change annually.

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers to individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management.

Note: Most enrollee groups have access to The Empire Plan Prescription Drug Program's new Specialty Pharmacy Program (see your agency HBA or your plan materials to confirm eligibility)*. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at

continued on next page

* Does not apply to CSEA or Courts groups. Does not apply outside the United States.

PRESCRIPTION DRUG PROGRAM, CONT.

<https://www.cs.state.ny.us>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select the link to the complete list of specialty medications. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco mail service pharmacy order form. Prior authorization is required for some specialty medications.

To request refills or to speak with a specialty-trained pharmacist or nurse regarding the Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program, and ask to speak with Accreddo, 24 hours a day, seven days a week.

To find a network pharmacy, a list of the most commonly prescribed generic and brand-name drugs, or for information about how to use a mail service pharmacy or specialty pharmacy, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program. Or, to find a network pharmacy, go to <https://www.cs.state.ny.us>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, then click on Empire Plan Prescription Drug Program Web Site. The site includes a pharmacy locator.

Non-network Benefits

You can use a non-network pharmacy, or pay cash for your prescription at a network pharmacy

(instead of using your Empire Plan Benefit Card) and submit a paper claim for reimbursement. However, in almost all cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expense will generally be more than the copayment amount.

To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card at a network pharmacy or use the Medco mail service pharmacy. Or, you can use The Empire Plan Prescription Drug Program web site at www.EmpirePlanRxProgram.com to refill your prescription.

CENTERS OF EXCELLENCE FOR CANCER AND INFERTILITY

Centers of Excellence for Cancer

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical/Surgical Program to participate in the Centers of Excellence for Cancer Program. Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through the Medical/Surgical Program.

Assistance in locating cancer centers, nurse consultations and, when applicable, a travel, lodging and meal allowance for the patient and one travel companion are

available under the Centers of Excellence for Cancer Program. The patient must be enrolled in the program and travel within the United States to be eligible for the travel allowance.

Centers of Excellence for Infertility

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical/Surgical Program for preauthorization and a list of Qualified Procedures before receiving services. See page 10, Infertility Benefits.

For a current list of Centers of Excellence, call The Empire Plan and choose the appropriate program. Also, see your *Empire Plan Certificate for more information.*

When you choose a Center of Excellence for Infertility Treatment and receive prior authorization, you will receive a paid-in-full benefit for Qualified Procedures subject to the lifetime maximum of \$50,000 per covered person. When applicable, a travel, lodging and meal allowance for the patient and one travel companion is available, subject to the lifetime maximum. Services

CENTERS OF EXCELLENCE FOR CANCER AND INFERTILITY, CONT.

must be preauthorized and the patient must travel within the United States to be eligible for the travel allowance.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures.

If you do not receive prior authorization, no benefits are available for Qualified Procedures under The Empire Plan's Hospital

or Medical/Surgical Programs. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary.

Other Benefits Available

If you do not use a Center of Excellence for authorized services for a qualified cancer service or infertility procedure, you will receive

inpatient/outpatient hospital coverage and medical/surgical coverage for covered services from:

- A participating provider subject to copayment, or
- A non-participating provider subject to Basic Medical benefit provisions

The Empire Plan Benefits Management Program requirements apply.

CENTERS OF EXCELLENCE FOR TRANSPLANTS PROGRAM

Centers of Excellence for Transplants

To access the enhanced benefits of The Empire Plan Centers of Excellence for Transplants Program, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program for preauthorization of the following transplants through this Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart/lung, kidney, liver, lung, simultaneous kidney/pancreas, pancreas and pancreas after kidney.

The benefits include a paid-in-full benefit for the following covered services at a qualified Center of Excellence:

- Pretransplant evaluation
- Inpatient and outpatient hospital and physician care related to the transplant, including 12 months of follow-up care at the center where the transplant was performed. The 12-month period begins on the date of your transplant.

When applicable, a travel, lodging and meal allowance is available. The patient must be enrolled in

the program and travel within the United States to be eligible for the travel allowance.

Your participation in the Program is voluntary. The Program's benefits are available only when you are enrolled in the Program and when The Empire Plan is your primary coverage or the Plan is the secondary insurer and the enrollee's primary insurer/HMO denies coverage at a facility that is covered under the Centers of Excellence for Transplants Program. Empire BlueCross BlueShield must preauthorize your transplant services and the services must be provided at a Center of Excellence for Transplants facility.

Other Benefits Available

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital and/or medical/surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or

For additional information on the Centers of Excellence Programs, contact your agency Health Benefits Administrator for a copy of *The Empire Plan Reporting On Centers of Excellence* or visit the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. Or, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) to get a copy.

multivisceral transplant, you may still take advantage of the Empire BlueCross BlueShield case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplant process.

For a current list of Centers of Excellence, call The Empire Plan and choose the appropriate program. Also, see your *Empire Plan Certificate* for more information.

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

The Empire Plan Hospital Program

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407
www.empireblue.com

Call The Empire Plan and press 2 for the Hospital Program for information regarding hospital and related services.

Benefits Management Program for Preadmission Certification

 If The Empire Plan is your primary coverage, you must call The Empire Plan and press 2 for the Hospital Program 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, cord blood stem cell, heart,

heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

The Empire Plan Medical/Surgical Program

UnitedHealthcare Insurance Company of New York
P.O. Box 1600
Kingston, NY 12402-1600
www.myuhc.com

Call The Empire Plan and press 1 for the Medical/Surgical Program 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 The Empire Plan and press 1 for the Medical/Surgical Program 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: Prospective Procedure Review for Imaging Procedures

 You must call The Empire Plan and press 1 for the Medical/Surgical Program before having an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests.

Home Care Advocacy Program (HCAP)

 You must call The Empire Plan and press 1 for the Medical/Surgical Program to arrange for paid-in-full home care services, enteral formulas, diabetic and ostomy supplies, diabetic shoes (subject to an annual maximum benefit) 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 The Empire Plan for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.

Infertility Benefits

 You must call The Empire Plan and press 1 for the Medical/Surgical Program 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 The Empire Plan for information about infertility benefits and Centers of Excellence.

Centers of Excellence for Cancer Program



You must call The Empire Plan and press 1 for the Medical/Surgical Program to participate in The Empire Plan Centers of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program

OptumHealth Behavioral Solutions, Inc. (administrator for UnitedHealthcare)
P.O. Box 5190
Kingston, NY 12402-5190



You must call The Empire Plan and press 3 for the Mental Health and Substance Abuse Program before beginning any treatment for mental health or substance abuse, including alcoholism. You will receive the highest level of benefits by calling and following the Program's recommendations. In a life-threatening situation, go to the emergency room. Call the Program within 48 hours or as soon as reasonably possible after an inpatient admission.

The Empire Plan Prescription Drug Program

Medco Health Solutions, Inc. (administrator for UnitedHealthcare)
Appeals, grievances and general correspondence:
The Empire Plan
Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Claim forms for purchases from retail pharmacies:

The Empire Plan
Prescription Drug Program
P.O. Box 14711
Lexington, KY 40512

Mail Service Pharmacy:
Medco
P.O. Box 6500
Cincinnati, OH 45201-6500

For additional information or the most current list of prior authorization drugs, call The Empire Plan and press 4 for the Prescription Drug Program or go to <https://www.cs.state.ny.us>.

The Empire Plan NurseLineSM

Call The Empire Plan and press 5 for NurseLineSM 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 NurseLineSM brochure.

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

The Empire Plan Medical/Surgical Program
TTY only: 1-888-697-9054

The Empire Plan Hospital Program
TTY only: 1-800-241-6894

The Empire Plan Mental Health and Substance Abuse Program
TTY only: 1-800-855-2881

The Empire Plan Prescription Drug Program
TTY only: 1-800-759-1089

Reminders

- Before you receive services, always ask if the provider participates in The Empire Plan for New York government employees. Providers may join or leave the network at any time.
- When you use a network provider, only covered benefits are paid under The Empire Plan. For example, if your treatment is considered cosmetic, it is not covered, even if the surgeon is a participating provider.
- When you use a network provider for covered services, you pay only your copayment, if any.
- Under the Basic Medical Program, deductibles, copayments and coinsurance count toward the coinsurance maximum, but copayments do not end when you've met your coinsurance maximum.
- Prescription Drug Program, Home Care Advocacy Program and Managed Physical Network copayments do not count toward the Basic Medical Program coinsurance maximum.

Q. Why should I use an Empire Plan network provider when I can use any provider?

A. Using a network provider limits your out-of-pocket expenses. It also helps keep Empire Plan costs down – and that means your premium is lower too.

Q. What will it cost me to use a network provider?

A. You pay only your copayment for each covered service. Not all services require a copayment. Check your *Empire Plan Certificate* and *Empire Plan Reports* for details.

Q. What if I'm on vacation in another part of the country?

A. The Medical/Surgical Program has Empire Plan participating providers located in almost every state. When you need a physician in Arizona, Connecticut, Florida, New Jersey, North Carolina, South Carolina, Washington, D.C., or the surrounding areas of Maryland and Virginia, ask if the physician is part of UnitedHealthcare's Options Preferred Provider Organization. In all other states, including New York, ask if the provider participates in The Empire Plan for New York government

employees. However, there is no guarantee a participating provider will always be available to you. For providers in the Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider.

The Hospital Program provides benefits for covered services at hospitals worldwide.

The Prescription Drug Program offers participating pharmacies nationwide plus a mail service pharmacy.

The Prescription Drug Program, Home Care Advocacy Program and Managed Physical Network guarantee network benefits nationwide. However, you must call to arrange for network benefits before receiving care.

Q. When do I have to call The Empire Plan Benefits Management Program?

A. If The Empire Plan is your primary coverage, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 2 for the Hospital Program:

- Before a maternity or scheduled hospital admission
- Within 48 hours or as soon as possible after an emergency or an urgent hospital admission

- Before admission or transfer to a skilled nursing facility
- When no network facility is available within 30 miles of your residence

- When no network facility within 30 miles of your residence can provide the covered services you require

If The Empire Plan is your primary coverage, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free and press 1 for the Medical/Surgical Program:

- Before having an elective (scheduled) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests.

Following the Benefits Management Program requirements can save you high out-of-pocket costs.