at a Glance

JANUARY 1, 2010

Council 82

The New York State Health Insurance Program
Council 82

For Employees of the State of New York including Contract Affected Employees represented by Council 82 and for their enrolled dependents and for COBRA enrollees with their Empire Plan Benefits

Call toll free 1-877-7-NYSHIP

For preauthorization of services or if you have a question about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need.

UnitedHealthcare and Empire BlueCross BlueShield representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. OptumHealth, Medco and NurseLine℠ representatives are available 24 hours a day, seven days a week.

See inside cover for addresses and Teletypewriter (TTY) numbers.

State of New York Department of Civil Service
Employee Benefits Division

Alfred E. Smith State Office Building
Albany, NY 12239
web site: https://www.cs.state.ny.us

This guide briefly describes Empire Plan benefits. It is not a complete description and is subject to change. For a complete description of your benefits and your responsibilities, refer to your July 1, 2003 *NYSHIP General Information Book/Empire Plan Certificate* and all *Empire Plan Reports* and certificate amendments issued since. If you have health insurance questions, contact your agency Health Benefits Administrator.

THE EMPIRE PLAN

What's New!

- **Annual Coinsurance Maximum** per enrollee and all covered dependents combined: Empire Plan Basic Medical and mental health and substance abuse increases from $1,345 to $1,389.
- **Annual Deductible for Non-Network medical, mental health and substance abuse** increases from $363 to $375.
- **Effective 1/1/2010** substance abuse benefits are the same as for any other illness.
- **New Preferred Drug List**

Contact Information

Hospital Benefits Program
Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407, Church Street Station, New York, NY 10008-1407

Medical/Surgical Benefits Program
UnitedHealthcare
P.O. Box 1600, Kingston, NY 12402-1600

Mental Health and Substance Abuse Program
OptumHealth Behavioral Solutions
P.O. Box 5190, Kingston, NY 12402-5190

Prescription Drug Program
The Empire Plan Prescription Drug Program
P.O. Box 5900, Kingston, NY 12402-5900

The Empire Plan NurseLine℠
Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine℠ for health information and support.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Empire BlueCross BlueShield ....TTY Only 1-800-241-6894
UnitedHealthcare .....TTY Only 1-888-697-9054
OptumHealth .....TTY Only 1-800-855-2881
The Empire Plan
Prescription Drug Program .....TTY Only 1-800-759-1089

Quick Reference

The Empire Plan is a comprehensive health insurance program for New York's public employees and their families. The Plan has four main parts:

(1) Hospital Benefits Program

insured and administered by
Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility; concurrent reviews, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

(2) Medical/Surgical Benefits Program

insured and administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: Coverage for home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET, and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

(3) Mental Health and Substance Abuse Program

insured by UnitedHealthcare and administered by
OptumHealth Behavioral Solutions (OptumHealth)

Provides coverage for inpatient and outpatient mental health and substance abuse services.

(4) Prescription Drug Program

insured and administered by UnitedHealthcare

UnitedHealthcare partners with Medco Health Solutions, Inc. (Medco) for services including the retail pharmacy network and mail pharmacy services.

Provides coverage for prescription drugs dispensed through participating Empire Plan retail pharmacies, the Medco Pharmacy (mail service) and non-participating pharmacies.

Benefits Management Program

YOU MUST CALL *for preadmission certification*

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call Empire BlueCross BlueShield as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, a $200 inpatient deductible will be applied to the charges if it is determined that your hospitalization is medically necessary. If Empire BlueCross BlueShield does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.

YOU MUST CALL *for Prospective Procedure Review – MRI, MRA, CT, PET and Nuclear Medicine tests*

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare before having a scheduled (non-emergency) 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. If you do not call, you will pay a large part of the cost. If the test is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

Centers of Excellence

Cancer Services

YOU MUST CALL *to participate*

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare or call the Cancer Resources Center toll free at **1-866-936-6002** and register 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 UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. A travel, lodging and meal allowance is available. See page 3 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Benefits Program coverage and/or Medical/Surgical Program coverage.

Program available to all Empire Plan enrollees even if Medicare or another health insurance plan is primary.

Transplants Program

YOU MUST CALL *for prior authorization*

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, liver, lung, heart/lung, kidney and pancreas/kidney.

Paid-in-full benefits are available for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. A travel allowance is available. See below for details.

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 pancreas, small bowel or 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.

To enroll in the Program and receive these benefits, The Empire Plan must be your primary insurance coverage.

Infertility Benefits

YOU MUST CALL *for prior authorization*

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare for preauthorization and list of Qualified Procedures before receiving services.

Paid-in-full benefit is available subject to the lifetime maximum of $50,000 per covered person for Qualified Procedures, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. A travel allowance is available. See below for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital coverage and/or medical/surgical coverage.

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.

Centers of Excellence Travel Allowance

A travel, lodging and meal allowance is available for you and one travel companion under the Centers of Excellence Programs if the Center is more than 100 miles (200 miles for airfare) from the patient's residence. Reimbursement for travel, lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. Save original receipts for reimbursement.

Hospital Network and Non-Network Services

Empire BlueCross BlueShield pays for covered services provided in a network/non-network inpatient or outpatient hospital, skilled nursing facility or hospice setting. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book/Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. UnitedHealthcare provides benefits for certain medical and surgical care when it is not covered by Empire BlueCross BlueShield. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Empire BlueCross BlueShield for preadmission certification or if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Hospital Inpatient • *Semi-private room*

YOU MUST CALL *for preadmission certification*

Hospital Benefits Program • (Empire BlueCross BlueShield) (UnitedHealthcare)

You are covered under the Hospital Program for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network and/or non-network hospital as defined in the *NYSHIP General Information Book/Empire Plan Certificate*. Inpatient hospital coverage is provided under the Basic Medical Program after Hospital Program benefits end.

Network Services

Empire BlueCross BlueShield

When you use a network hospital, you pay no coinsurance, copayment or deductible.

Non-Network Hospital Services

Empire BlueCross BlueShield

When you use a non-network hospital, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined.

UnitedHealthcare

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply for reimbursement of up to the next $1,000 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Hospital Outpatient

Network Services

Empire BlueCross BlueShield

Outpatient surgery in a hospital-owned extension clinic, diagnostic radiology, mammography screening, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of $35 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

Non-Network Hospital Services

Empire BlueCross BlueShield

The hospital outpatient services covered under the Program are the same whether received in a network or non-network hospital outpatient department or in a network or non-network hospital extension clinic. However, benefits are different.

Hospital Outpatient, continued

Network Services

Empire BlueCross BlueShield

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services are subject to one copayment of $50** per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Paid-in-full benefit for pre admission testing and/or testing before surgery prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis.

$15* copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to your Certificate for other conditions of coverage.)

*$18 copayment for Contract Affected employees.

**$60 copayment for Contract-Affected employees.

Non-Network Hospital Services

Empire BlueCross BlueShield

Emergency room services, same as Network Services benefit.

For services other than emergency care, network copayments do not apply. However, you will be responsible for a coinsurance amount of 10 percent of billed charges or $75 (whichever is greater) up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits subject to all applicable network copayments.

UnitedHealthcare

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply to UnitedHealthcare for reimbursement of up to the next $1,000 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Medically necessary physical therapy covered under the Managed Physical Medicine Program when not covered under the Hospital Program. (See Medical/Surgical Coverage.)

Skilled Nursing Facility Care • *Semi-private room*

YOU MUST CALL ***for preadmission certification (see page 2)***

Network Services

Empire BlueCross BlueShield

If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits, even for short-term rehabilitation care.

Covered in an approved network facility when medically necessary in place of hospitalization. Refer to the *NYSHIP General Information Book/Empire Plan Certificate* regarding the number of days of skilled nursing facility care for which coverage is provided and other conditions of coverage.

Non-Network Services

Empire BlueCross BlueShield

The skilled nursing services covered under the Program are the same whether received in a network or non-network facility. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits.

UnitedHealthcare

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner or $500 for all dependent children combined, you can apply for reimbursement of up to the next $1,000 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Hospice Care

YOU MUST CALL ***for preadmission certification (see page 2)***

Network Services

Empire BlueCross BlueShield

Paid in full when provided by an approved network hospice program as described in the *Empire Plan Certificate.*

Non-Network Services

Empire BlueCross BlueShield

The hospice care services covered under the Program are the same whether received in a network or non-network hospice program. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to a combined annual inpatient/outpatient coinsurance maximum of $1,500 for yourself; $1,500 for your spouse/domestic partner; $1,500 for all dependent children combined. When the coinsurance maximum has been satisfied, you will receive network benefits.

UnitedHealthcare

After you have paid $500 of the Empire BlueCross BlueShield combined annual inpatient/outpatient non-network hospital coinsurance maximum for yourself; $500 for your spouse/domestic partner; $500 for all dependent children combined, you can apply for reimbursement of up to the next $1,000 in coinsurance under the Basic Medical Program. This benefit is not subject to the Basic Medical deductible or coinsurance.

Medical and Surgical Benefits for Covered Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

Participating Provider Program

UnitedHealthcare

Paid-in-full benefits for covered services.

Basic Medical Program

UnitedHealthcare

Paid-in-full benefits for covered radiology, anesthesiology and laboratory services received while in a network facility. Basic Medical benefits for all other covered medical/surgical services.

In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program.

Medical / Surgical Coverage

UnitedHealthcare pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book/Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*.

Participating Provider Program

You pay a copayment for office visits, surgical procedures performed during an office visit, contraceptive drugs and devices dispensed in a doctor's office, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits and urgent care center visits. Other covered services received from a participating provider are paid in full.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations.

To learn whether a provider participates, check with the provider directly, call The Empire Plan toll-free number and choose UnitedHealthcare or 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. Then click on Find a Provider.

Always confirm the provider's participation before you receive services.

Basic Medical Program

Basic Medical Annual and Lifetime Maximum: Unlimited.

Annual Deductible: $375 enrollee; $375 enrolled spouse/domestic partner; $375 all dependent children combined.

Coinsurance: The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the annual deductible.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

Annual Coinsurance Maximum: $1,389 enrollee; $1,389 enrolled spouse/domestic partner; $1,389 all dependent children combined. After maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. The annual deductible and annual coinsurance maximum will increase on January 1 of each year based on the percentage increase in the medical care component of the Consumer Price Index (C.P.I.) for Urban Wage Earners and Clerical Workers, all Cities, (C.P.I.-W) for the period July 1 through June 30 of the preceding year.

(or) Basic Medical Provider Discount Program:

If The Empire Plan is your primary insurance coverage and you use a non-participating provider who is part of The Empire Plan MultiPlan group, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of The Empire Plan MultiPlan fee schedule or the reasonable and customary charge.

The Empire Plan MultiPlan provider will submit bills and receive payments directly from UnitedHealthcare. You are only responsible for the applicable deductible and coinsurance amounts. To find a provider, 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 at https://www.cs.state.ny.us.

Doctor's Office Visit
Office Surgery; Laboratory/Radiology; Contraceptives

Participating Provider Program

You pay a $15* copayment for each of the following when you use a participating provider: office visit/office surgery; laboratory/radiology; contraceptives. No copayment for prenatal visits and well-child care.

*$18 copayment for Contract Affected employees.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. There are two levels of benefits under the Basic Medical Program. (See above.)

Routine Health Exams

Participating Provider Program

Covered services subject to a $15* copayment per visit to a participating provider.

*$18 copayment for Contract Affected employees.

Basic Medical Program

For non-participating providers, up to $250 per calendar year for an active employee age 40 or older, and up to $250 per calendar year for an active employee's covered spouse/domestic partner age 40 or older. This benefit is not subject to deductible or coinsurance.

Adult Immunizations

Participating Provider Program

You pay a $15* copayment for the following immunizations when received from a participating provider: influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox), tetanus immunizations, Human Papilloma Virus (HPV) immunizations for cervical cancer prevention (covered for female enrollees and dependents age 19 through 26) and meningitis immunizations (covered for dependent students age 19 and over). The copayment also covers the cost of oral and injectable substances received from a participating provider.

*$18 copayment for Contract Affected employees.

Basic Medical Program

Not covered

Routine Pediatric Care • *Up to age 19*

Participating Provider Program

Paid-in-full benefit for routine well-child care received from a participating provider, including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines

Basic Medical Program

Routine Newborn Child Care Up to $150. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care Basic Medical benefits for covered services provided by non-participating providers.

Hearing Aids

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Hearing aid evaluation, fitting and purchase of hearing aids covered up to a maximum reimbursement of $1,200* per hearing aid, per ear, once every four years; children age 12 years and under, covered up to $1,200* per hearing aid, per ear, once every two years if the existing hearing aid can no longer compensate for the child's hearing loss. This benefit is not subject to deductible or coinsurance.

*$1,500 for Contract Affected employees

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider. There are two levels of benefits under the Basic Medical Program (see page 7).

External Mastectomy Prostheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose UnitedHealthcare, then Benefits Management Program, for precertification for any single prosthesis costing $1,000 or more. For a prosthesis requiring prior approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Outpatient Surgical Locations

Participating Provider Program

$15 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital-based Outpatient Surgical Locations are covered under hospital extension clinic provisions. See page 4.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital-owned and operated Outpatient Surgical Locations are covered under hospital extension clinic provisions. See page 4.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first $35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to $50 for under 50 miles and up to $75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program administered by Managed Physical Network *(MPN)*

Chiropractic Treatment and Physical Therapy

Network Coverage *(when you use MPN)*

You pay a $15* copayment for each office visit to an MPN provider. You pay an additional $15* copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is not a network provider in your area.

*$18 copayment for Contract Affected employees.

Non-Network Coverage *(when you don't use MPN)*

Annual Maximum Benefit: $1,500 per person

Annual Deductible: $250 enrollee; $250 enrolled spouse/domestic partner; $250 all dependent children combined. This deductible is separate from other Plan deductibles.

Coinsurance: The Empire Plan pays up to 50 percent of the network allowance after you meet the annual deductible. There is no coinsurance maximum.

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

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

Home Care Advocacy Program *(HCAP)*

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies

YOU MUST CALL ***for prior authorization***

Network Coverage *(when you use HCAP)*

To receive a paid-in-full benefit, you must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose UnitedHealthcare, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including insulin pumps, Medijectors and enteral formulas.

Exceptions: For diabetic supplies (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**. For ostomy supplies, call Byram Healthcare Centers at **1-800-354-4054**.

Non-Network Coverage *(when you don't use HCAP)*

The first 48 hours of nursing care are not covered. After you meet the Basic Medical deductible, The Empire Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum.

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

Mental Health and Substance Abuse Program

YOU MUST CALL ***to ensure highest level of benefits***

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose OptumHealth before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact OptumHealth before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call OptumHealth within 48 hours of an admission for emergency care or as soon as reasonably possible.

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

All benefits apply to treatment determined medically necessary by OptumHealth.

Mental Health and Substance Abuse Benefits

Network Coverage	Non-Network Coverage
No deductibles	Annual deductibles and/or coinsurance apply (see page 12).
No annual or lifetime benefit maximums	Annual or Lifetime Benefit Maximums (see page 12).
	The amount you pay for non-network inpatient and outpatient services does **NOT** count toward meeting your Basic Medical deductible or Basic Medical coinsurance maximum. Deductibles and maximum coinsurance amounts are separate and not combined with any other deductible, coinsurance or maximum coinsurance amounts.

Inpatient Services

	Network Coverage	Non-Network Coverage
Approved Facilities	Paid-in-full	The Empire Plan pays up to 90 percent of the billed charges for covered services; 100 percent after the $500 coinsurance maximum for yourself, $500 for your spouse/domestic partner, $500 per all dependent children combined. No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes.
Practitioner Treatment or Consultation	Paid-in-full	Same as outpatient non-network coverage (see page 12).

Ambulance Service

Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.

Outpatient Services

	Network Coverage	Non-Network Coverage
	Mental Health: $15* copayment per visit with up to three visits per crisis paid in full. **Substance Abuse:** $20 copayment per visit. *$18 copayment for Contract Affected employees.	**Basic Medical Annual and Lifetime Maximum:** Unlimited. **Annual Deductible:** $375 enrollee; $375 enrolled spouse/domestic partner; $375 all dependent children combined. **Coinsurance:** The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the annual deductible. **Reasonable and Customary Charge:** The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area. **Annual Coinsurance Maximum:** $1,389 enrollee; $1,389 enrolled spouse/domestic partner; $1,389 all dependent children combined. After maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. The annual deductible and annual coinsurance maximum will increase on January 1 of each year based on the percentage increase in the medical care component of the Consumer Price Index (C.P.I.) for Urban Wage Earners and Clerical Workers, all Cities, (C.P.I.-W) for the period July 1 through June 30 of the preceding year.
Hospital Emergency Room	$50** copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room. **$60 copayment for Contract-Affected employees.	Same as network benefits.

Benefits for network or non-network psychological testing and evaluations are available only when certified by OptumHealth before testing or evaluation begins.

Prescription Drug Program

This section does not apply if you have enrolled in a Medicare Part D prescription drug program.

Copayments

You have the following copayments for drugs purchased from a participating retail pharmacy or through Medco Pharmacy.

Up to a 30-day supply of a covered drug from a participating retail pharmacy or through the Medco Pharmacy (mail service)	31- to 90-day supply of a covered drug from a participating retail pharmacy	31- to 90-day supply of a covered drug through the Medco Pharmacy (mail service)
Level 1 or Generic Drug $5	Level 1 or Generic Drug.....$10	Level 1 or Generic Drug.....$5
Level 2, Preferred Brand-Name Drug or Compound Drug $15	Level 2, Preferred Brand-Name Drug or Compound Drug $30	Level 2, Preferred Brand-Name Drug or Compound Drug $20
Level 3 or Non-Preferred Brand-Name Drug.....$30	Level 3 or Non-Preferred Brand-Name Drug.....$60	Level 3 or Non-Preferred Brand-Name Drug.....$55

If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the covered drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid and Tegretol. One copayment covers up to a 90-day supply.

You have coverage for prescriptions of up to a 90-day supply at all participating, non-participating and mail service pharmacies. Prescriptions may be refilled for up to one year.

Mail Service Pharmacy

You may fill your prescription by mail through Medco Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan Prescription Drug Program. To refill a prescription on file with Medco Pharmacy, you may order by phone or download order forms online at 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 and scroll down to Medco Pharmacy Order Forms.

Non-Participating Pharmacy

If you do not use a participating pharmacy, you must submit a claim for reimbursement to Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Empire Plan Preferred Drug List

The Empire Plan Preferred Drug List (PDL) is a list of the Plan's most commonly prescribed generic and brand-name drugs. The PDL is not a complete list of all prescription drugs on the preferred drug list or covered under The Empire Plan. The list is subject to change due to Food and Drug Administration (FDA) approval of new brand and generic drugs and product availability.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at https://www.cs.state.ny.us and select Benefit Programs. Follow the prompts to NYSHIP Online and choose Find a Provider. Scroll to the Medco links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Adcirca
- Amevive
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Enbrel
- Epogen/Procrit
- Extavia
- Flolan
- Forteo
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Letairis
- Myobloc
- Nuvigil
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Raptiva
- Rebif
- Remicade
- Remodulin
- Revatio
- Roferon-A
- Simponi
- Sporanox
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Ventavis
- Weight Loss Drugs
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about The Half Tablet Program, the most current Empire Plan drug list, prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan Prescription Drug Program. Or, go to 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 NYSHIP Online. Select Find a Provider and scroll to Medco and click The Empire Plan: Drugs that Require Prior Authorization.

Refer to your Empire Plan Certificate/Empire Plan Reports and Empire Plan Certificate Amendments for additional information.

Benefits On The Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at https://www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications, Option Transfer and a Plan Comparison tool with summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to select Empire Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

This document provides a brief look at Empire Plan benefits for enrollees represented by Council 82. Use it with your *NYSHIP General Information Book/Empire Plan Certificate* and *Empire Plan Reports* and *Certificate Amendments*.
If you have questions, call
1-877-7-NYSHIP (1-877-769-7447)
and choose the program you need.

NYSHIP
New York State Health Insurance Program

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)
https://www.cs.state.ny.us

The *Empire Plan At A Glance* 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.

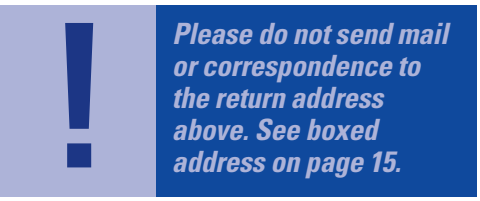
State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
https://www.cs.state.ny.us

Address Service Requested

Save this document

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

Council 82 At A Glance – January 2010



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 (https://www.cs.state.ny.us). Check the web site 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).

This document was printed using recycled paper and environmentally sensitive inks.

NY0842 AAG-C-82-1/10

The Empire Plan Copayments at a Glance

Participating Provider Program

$15* Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing Cardiac Rehabilitation Center Visit, Urgent Care Visit
$15 Copayment - Non-hospital Outpatient Surgical Locations
$35 Copayment - Local Professional/Commercial Ambulance Transportation

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

$15 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)

$15* Copayment - Outpatient Physical Therapy
$35 Copayment - Outpatient Services Surgery for Diagnostic Radiology, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
$50** Copayment - Emergency Room Care

Mental Health and Substance Abuse Program

$15* Copayment - Visit to Outpatient Substance Abuse Treatment Program
$15* Copayment - Visit to Mental Health Professional
$50** Copayment - Emergency Room Care

Prescription Drug Program

Up to a 90-day supply from a participating retail pharmacy or mail service (see copayment chart on page 14).

*$18 copayment for Contract Affected employees.

**$60 copayment for Contract Affected employees.