**Summary of Benefit Changes**

**Effective July 1, 2000**

- **Skilled Nursing Facility:** You must call the Benefits Management Program before admission or transfer to a skilled nursing facility.
- **Prospective Procedure Review:** You must call the Benefits Management Program before an elective MRI is performed in any outpatient setting, including a hospital outpatient department.
- **Pre-Admission Testing:** No copayment for hospital outpatient pre-admission and/or pre-surgical testing.
- **Physical Therapy:** $8 copayment for physical therapy visit in hospital outpatient department when covered by Blue Cross.
- **Routine Health Exams:** Basic medical allowance increased to $250 per year for active employee age 50 or older and $250 per year for active employee's spouse/domestic partner age 50 or older.
- **Newborn Child Care:** Basic medical allowance increased to $150.
- **Pediatric Immunizations:** Influenza vaccine when provided in accordance with pediatric guidelines is covered under Participating Provider Program with no copayment and Basic Medical Program.
- **Cardiovascular Risk Reduction Program:** The Empire Plan's Cardiovascular Risk Reduction Program identifies patients treated for cardiovascular disease and offers to assign a cardiac nurse to talk with you and your doctor. Your participation is voluntary.
- **Infertility Treatment:** Paid-in-full benefits at Center of Excellence. Pre-authorization requirement and lifetime maximum of $25,000 per covered person for certain Qualified Procedures.
- **Military Leave:** Dependants of employees called to active duty will be eligible for up to 12 months of coverage at no employee cost. (Not applicable to COBRA enrollees)
- **Hearing Aids:** Beginning January 1, 2000, maximum increased to $800 for adults and children. Children under 12 are now covered for up to $800 every two years, if eligible.
- **Sick Leave Credit:** Beginning January 1, 2000, you may use up to 200 earned sick leave days to calculate retiree health insurance sick leave credit.

**Changes Effective Before July 1, 2000**

- **Graduating Students:** Beginning May 1, 2000, graduating students are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.
- **Reduced Coinsurance Maximum:** For calendar year 2000, enrollees earning $23,017 or less per year on April 1, 2000 are eligible for a reduced coinsurance maximum.

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benefits for the skilled nursing facility care will end.

If the skilled nursing facility care does not meet the following conditions, you will pay the full cost:

1. The care is medically necessary. Care must be provided by skilled personnel to assure your safety and achieve the medically desired result; and

2. Inpatient hospital care would have been required if care in the skilled nursing facility were not provided.

Remember, custodial care, which is primarily assistance with the activities of daily living, is not covered under the Empire Plan.

Blue Cross Hospital Coverage

Prospective Procedure Review: MRI Penalties now also apply to Blue Cross coverage.

Beginning July 1, 2000, you must call the Empire Plan Benefits Management Program for prospective procedure review before you have an elective (non-emergency) Magnetic Resonance Imaging (MRI) in any outpatient setting, including a hospital outpatient department, a free-standing center or a physician's office.

If you do not call, you will pay a higher share of the costs. If the Empire Plan's medical necessity review determines that the MRI was not medically necessary, you will be responsible for the full charges. If the review confirms that the MRI was medically necessary but not an emergency, you will be responsible for paying the lesser of 50 percent of the covered charge or $250. You also must pay your $35 hospital outpatient or $8 participating provider copayment or applicable Basic Medical deductible and coinsurance.

If you or your dependent is scheduled for an MRI, call the Empire Plan Benefits Management Program at 1-800-992-1213 as soon as the MRI is scheduled. You do not have to call if you are having the test as an inpatient in a hospital.

No Copayment for Hospital Outpatient Pre-Admission Testing

Beginning July 1, 2000, the $35 copayment for hospital outpatient pre-admission testing and/or pre-surgical testing is eliminated.

$8 Copayment for Outpatient Physical Therapy

Beginning July 1, 2000, you pay an $8 copayment for each visit to the hospital outpatient department for physical therapy. This is the same copayment you pay for physical therapy in a provider's office or at a free-standing facility under MPN, the Managed Physical Medicine Program. Remember, most physical therapy is covered under MPN. However, physical therapy ordered by your doctor following related surgery or hospitalization and provided in the hospital outpatient department is covered by Blue Cross. Please see your Empire Plan Certificate for more information.

United HealthCare Medical Coverage

Annual Routine Health Exams

Beginning July 1, 2000, routine health exams are covered under the Basic Medical Program up to a maximum of $250 per calendar year for an active employee age 50 and over and $250 per calendar year for an active employee's spouse/domestic partner age 50 and over. This benefit is not subject to deductible or coinsurance. This gives you a routine health exam allowance once a year instead of once every two years.

Routine Newborn Child Care

Up to $150

Beginning July 1, 2000, doctors' services for the routine care of a newborn child are covered under the Basic Medical Program up to a maximum payment of $150. This is an increase from the previous $100 allowance. This benefit is not subject to deductible or coinsurance.

Pediatric Immunizations: Influenza Vaccine Added

Beginning July 1, 2000, influenza vaccine is covered when provided in accordance with pediatric immunization guidelines. Coverage is available under the Participating Provider Program with no copayment and under the Basic Medical Program subject to deductible and coinsurance.

Your children, up to age 19, are covered for routine well-child immunizations and the cost of oral and injectable substances.

Adult Immunizations Covered Under Participating Provider Program

Beginning July 1, 2000, you and your adult dependents are covered under the Participating Provider Program for influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox) and tetanus immunizations, subject to an $8 copayment. Adult immunizations are not covered under the Basic Medical Program.

Mastectomy Bras

Beginning July 1, 2000, mastectomy bras prescribed by your doctor are covered under the Empire Plan's Basic Medical Program. Replacement mastectomy bras, when functionally necessary, are also covered. Submit your claims for mastectomy bras to United HealthCare.

Continued on next page
Enhanced Infertility Treatment Benefit

Beginning July 1, 2000, you have enhanced benefits for infertility treatment. The Empire Plan now offers expanded coverage for infertility-related expenses and a wider range of providers, including a new network of leading infertility programs known as Infertility Centers of Excellence.

The Empire Plan selects Centers of Excellence based on successful outcomes and experience. When you choose to use a participating Center, you receive paid-in-full benefits with no copayment for pre-authorized Qualified Procedures. When you use other participating providers, you pay your $8 copayment. When you use a non-participating provider, Basic Medical deductible and coinsurance apply.

Regardless of the provider you choose, certain procedures now require prior authorization. These procedures, which facilitate a pregnancy but do not treat the cause of infertility, are termed Qualified Procedures. When authorized, Qualified Procedures are covered up to a lifetime maximum benefit of $25,000 per covered person. The $25,000 maximum applies to all expenses related to Qualified Procedures and paid under the Empire Plan’s hospital or medical programs.

If you do not receive prior authorization, no benefits are available for these Qualified Procedures under the Empire Plan’s hospital or medical programs. You will pay the full cost, regardless of the provider.

Cardiovascular Risk Reduction Program

Effective July 1, 2000, the Empire Plan offers a new comprehensive disease management program focusing on the heart. The program is called Cardiovascular Risk Reduction (CVRR). Empire Plan enrollees and their eligible dependents who have recent history of angioplasty, open heart surgery, and/or heart attack will be invited to participate in this program, which will be conducted confidentially over the phone. There is no cost to you. Your participation is voluntary.

If you agree to participate, your case will be assigned to a cardiac nurse who is experienced in working with patients to reduce heart disease risk factors. The nurse will consult with your cardiologist to develop a plan of care with the best promise of success. The nurse will talk with you periodically on the phone about heart-healthy diet, exercise, medication, stress management and smoking cessation, if applicable. You will receive, as needed, informational and educational materials developed in conjunction with the American Heart Association.

CVRR is provided by United HealthCare and is administered by CorSolutions, the nation’s leading provider of lifestyle change and treatment support programs.

Empire Plan Change Effective Before July 1, 2000

Hearing Aids Up to $800 and Every Two Years for Children under 12

Beginning January 1, 2000, under the Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of $800 once every four years. Children age 12 years and under receive a benefit of up to $800 once every two years when the child’s hearing has changed and the existing hearing aids can no longer compensate. These benefits are not subject to deductible or coinsurance.

This is an increase from $600 every six years for adults and children.

Basic Medical Reduced Coinsurance Maximum

Employees earning $23,017 or less in base salary on April 1, 2000 are eligible to apply for a reduction in the coinsurance maximum from $776 to $500. The employee must be the head of household and sole wage earner in the family.

You must contact your agency Health Benefits Administrator at the end of 2000 to apply for this reduction.
The Empire Plan NurseLine℠ and Health Forums for Health Care Information Effective July 1, 2000

The Empire Plan NurseLine offers enrollees health information and advice 24 hours a day, seven days a week. Beginning July 1, 2000, you may call the Empire Plan NurseLine at 1-800-439-3435 toll-free to talk with a registered nurse. For example, you can ask about a minor illness or injury, a chronic condition or how to prepare a list of questions for your next doctor's appointment. You can call the Empire Plan NurseLine for advice when you can't reach your doctor or when you wonder if you should go to the emergency room.

You can also call the same number, 1-800-439-3435, for recorded messages on more than 1,000 topics in the Empire Plan NurseLine's Health Information Library. Enter PIN number 335 and a 4-digit topic code from the Empire Plan NurseLine brochure mailed to you in late June.

The Empire Plan also offers Health Forums on the Web at www.healthforums.com/empire. Here you'll find the latest health care news plus a health library that includes an encyclopedia, a medical dictionary and symptom guides. There is no charge to you for using the Empire Plan NurseLine or the Health Forums Web site.

No HCAP Pre-Authorization for Diabetic & Ostomy Supplies

Beginning July 1, 2000, you are no longer required to call HCAP for authorization before receiving diabetic supplies (except insulin pumps and M edjectors) or ostomy supplies.

You will be able to contact the H CAP network suppliers directly to order your supplies. You will continue to receive a paid-in-full benefit when you use a network provider.

The new procedure for ordering ostomy and most diabetic supplies:
• The first time you use your Empire Plan benefits for diabetic or ostomy supplies, call the H CAP network provider at the toll-free number. For diabetic supplies call National Diabetic Pharmacies (NDP) at 1-888-306-7337. For ostomy supplies call Byram HealthCare Centers at 1-800-354-4054. You must provide the network supplier with a copy of the doctor's order for the supplies.
• If you are already receiving diabetic supplies from NDP or ostomy supplies from Byram HealthCare Centers, you can continue to reorder by contacting the supplier directly.
• If you would like names of other H CAP network providers, call H CAP at 1-800-638-9918 to speak with a representative.

If you choose to use a non-network provider for H CAP-covered services, you must send a claim to United HealthCare. The lower, non-network benefit under H CAP will apply.

This change applies only to ostomy supplies and most diabetic supplies. The Empire Plan still requires prior authorization for all other home care needs, such as home nursing services, home infusion therapy, durable medical equipment and supplies (including insulin pumps and Medjectors). Call H CAP at 1-800-638-9918 to speak with a representative.

Arizona, North Carolina and South Carolina Participating Provider Networks Expand

The number of Empire Plan participating providers has grown by 5,300 in Arizona, 11,300 in North Carolina and 4,700 in South Carolina. Empire Plan enrollees can now use physicians in United HealthCare's Options Preferred Provider Organization (PPO) network. New Participating Provider Directories will be printed and sent to Empire Plan enrollees who live in these areas. Some of these new providers may not yet be familiar with the Empire Plan name. Ask if the provider is part of United HealthCare's Options PPO before you receive services. When you use a participating provider, you receive covered services at little or no cost and have no claim forms to file.

You can find Empire Plan providers on the Employee Benefits Division Web site, http://www.cs.state.ny.us. Click on Employee Benefits and Services and choose Empire Plan Providers. The Empire Plan Participating Provider Directory lists over 80,000 Empire Plan Providers. Or, call United HealthCare at 1-800-942-4640.

Empire Blue Cross Address Change

Empire Blue Cross and Blue Shield has centralized their incoming mail operations to improve efficiency and streamline processing. Please send claims, appeals and other correspondence to the following address:

Empire Blue Cross and Blue Shield
New York State Service Center
P.O. Box 1407, Church Street Station
New York, NY 10008-1407
Graduating Dependent Students: Three-Month Extension of Coverage

Beginning May 1, 2000, unmarried dependent students who are age 19 or over but under age 25 and complete course requirements for graduation from a qualified course of study are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

You must provide verification of the dependent's graduation before claims will be paid.

After the three-month extension period ends, the graduated dependent student may choose either COBRA coverage or a direct-pay conversion contract.

If you have any questions, contact your agency Health Benefits Administrator.

Sick Leave Credit

If you retire on or after January 1, 2000, you may use a maximum of 200 days of earned sick leave to calculate your retiree health insurance sick leave credit. The previous limit was 165 days.

Health Option Program

Beginning January 1, 2001, employees who have at least 15 days of unused sick leave may exchange three days of prospective sick leave accruals for a $300 calendar year reduction in health insurance premiums. In November 2000, you may choose this option for the 2001 calendar year. Ask your agency Health Benefits Administrator about the Health Option Program.

Benefits for Dependents of Enrollees on Military Leave

COBRA Enrollees: The following information does not apply to you.

State employees who are members of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress are entitled to continued NYSHIP enrollment at no employee cost for their covered dependents.

Employees enrolled in NYSHIP with dependent coverage for at least 30 days before the enrollee's activation are eligible for this coverage.

Dependents will receive NYSHIP coverage at no cost for up to 12 months, minus the time the employee is in full pay status or until the end of active duty status or the employee's return to State employment, whichever happens first.

If you or a family member needs information about your health benefits during military leave, call your agency Health Benefits Administrator, usually located in the agency personnel office.
Benefits

NYS OnLine

Visit us on the Web at http://www.cs.state.ny.us

Check our newly-designed New York State Department of Civil Service Employee Benefits Division Web site at http://www.cs.state.ny.us.

Click on Employee Benefits and Services for timely information about your Empire Plan Benefits.
The Empire Plan Benefits Management Program .........................................................1-800-992-1213
• You must call before a maternity or scheduled hospital admission.
• You must call within 48 hours after an emergency or urgent hospital admission.
  • You must call before admission or transfer to a skilled nursing facility.
• You must call before having an elective (scheduled) Magnetic Resonance Imaging (MRI).

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

Empire Blue Cross and Blue Shield ................................................................. 518-367-0009 (Albany area and Alaska)
........................................................................ 1-800-342-9815 (NYS and other states except Alaska)
Call for information regarding hospital and related services.

United HealthCare Insurance Company of New York ..............................................................1-800-942-4640
Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.

Home Care Advocacy Program (HCAP) .............................................................1-800-638-9918
You must call to arrange for paid-in-full home care services and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.

Managed Physical Medicine Program/MPN ................................................................1-800-942-4640
Call 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.

Infertility Treatment ..........................................................................................1-800-638-9918
You must call for prior authorization for the following Qualified Procedures, regardless of provider: Artificial Insemination; 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 for Centers of Excellence.

ValueOptions (Administrator for GHI) .............................................................1-800-446-3995
You must call ValueOptions before beginning any treatment for mental health or substance abuse, including alcoholism. If you do not follow ValueOptions requirements, you will receive a significantly lower level of benefits. In a life-threatening situation, go to the emergency room. Call within 48 hours.

Empire Plan NurseLineSM ..........................................................................................1-800-439-3435
Call for health information and advice 24 hours a day, seven days a week. To listen to selections from the Health Information Library, enter PIN number 335 and 44-digit code from the Empire Plan NurseLine brochure. Health Information is also available at Health Forums on the Web, www.healthforums.com/empire.

Text:Telephone (TTY) numbers for enrollees who use a TTY because of a hearing or speech disability.

The Empire Plan Benefits Management Program .............................................. TTY Only 1-800-962-2208
ValueOptions ........................................................................................................ TTY Only 1-800-334-1897
Empire Blue Cross and Blue Shield ................................................................. TTY Only 1-800-241-6894
United HealthCare.................................................................................................. TTY Only 1-888-697-9054
Notes