

EMPIRE

P L REPORT A N

JANUARY 2008

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
 FOR CONTRACT AFFECTED EMPLOYEES
 OF THE STATE OF NEW YORK IN COUNCIL 82
 And for their enrolled Dependents *and for COBRA Enrollees with their Empire Plan Benefits*



Read this Report for important information about benefit changes.

SAVE THIS REPORT

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SPECIAL SECTIONS

The Empire Plan Benefit Change Highlights

Prescription Drug Program – Three Benefit Levels, New Copayments

Effective October 1, 2007

Your prescription drug benefit is based on whether a drug is generic, preferred brand-name or non-preferred brand-name. Copayments are based on the drug, the days' supply and whether the prescription is filled at a retail pharmacy or the mail service pharmacy. See page 5 for prescription drug copayments.

Network and Non-network Hospitals

Effective October 1, 2007

The Empire Plan Hospital Benefits Program has two levels of benefits – network and non-network. Network benefits apply when you use hospitals, hospices and skilled nursing facilities that participate in the BlueCross and BlueShield Association's network. See page 6 for details.

Basic Medical Provider Discount Program

Available October 1, 2007

Under The Empire Plan Basic Medical Provider Discount Program, you receive discounts for care from certain physicians and other providers who are part of MultiPlan, a nationwide organization contracted with UnitedHealthcare. See page 7 for details.

Centers of Excellence for Cancer Program

Effective August 1, 2007

The Empire Plan now offers a Centers of Excellence for Cancer Program. The Program includes paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services. See page 8 for details.

The Empire Plan Copayment Changes Effective October 1, 2007

Benefits	Copayment
Hospital Benefits Program	
Outpatient Services in Network Hospital	\$35
Emergency Room	\$60
Physical Therapy in Network Hospital Outpatient Department.	\$18
Participating Provider Program	
Office Visit/Office Surgery/Radiology/Diagnostic Laboratory Tests	\$18
Managed Physical Network Program Services by MPN Providers	\$18
Mental Health and Substance Abuse Program	
Structured Outpatient Rehabilitation Program by ValueOptions Network Providers	\$18
Hospital Emergency Room.	\$60
Prescription Drug Program	
See page 5 for prescription drug copayments.	

The Empire Plan Benefit Changes

The Empire Plan Hospital Benefits Program

\$60 Copayment for Emergency Care
Beginning October 1, 2007, your copayment for emergency care in a hospital emergency room is \$60. The \$60 copayment covers use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services.

You will not have to pay the \$60 copayment if you are treated in the emergency room and then admitted at that time as an inpatient.

\$35 Copayment Per Outpatient Visit
Beginning October 1, 2007, your copayment for outpatient services in a network hospital or hospital extension clinic is \$35 for each visit where you receive one or more of the following services: surgery, diagnostic radiology, diagnostic laboratory tests, administration of Desferal for Cooley's Anemia.

You will not have to pay this \$35 facility copayment if you are treated in the outpatient department of the hospital and then admitted at that time as an inpatient.

There continues to be no copayment for the following outpatient services in a network hospital: chemotherapy, radiation therapy, dialysis, pre-admission testing/pre-surgical testing before admission as an inpatient.

\$18 Copayment for Physical Therapy
Beginning October 1, 2007, your copayment is \$18 for each visit to the outpatient department of a network hospital or hospital extension clinic for physical therapy when covered under the Hospital Benefits Program. Please see your *Empire Plan Certificate* for more information.

Hospital Extension Clinics
Effective October 1, 2007, The Empire Plan covers charges, including facility charges, for hospital services covered under the Hospital Benefits Program and provided at network hospital extension clinics. This coverage applies to network hospital owned and operated on-site facilities and facilities not physically located in the hospital building, including ambulatory surgical centers. The hospital must bill for the service as part of the hospital's charges.

Your copayment for emergency care in a hospital extension clinic is \$60. Your copayment for outpatient services in a network hospital extension clinic is \$35. You will not have to pay the emergency care or outpatient services copayment if you are treated in the extension clinic and it becomes necessary for the hospital to admit you, at that time, as an inpatient. Please see this page and your *Empire Plan Certificate* for details about hospital coverage of emergency care and outpatient services.

With the exception of emergency care, non-network hospital benefits apply to services provided at extension clinics in non-network hospitals. Page 6 of this Report has more information about network and non-network hospitals.

The Empire Plan Benefits Management Program

Hospital Coverage
Effective October 1, 2007, you will be responsible for the full cost of any inpatient hospital day determined to be not medically necessary. Your *Empire Plan Certificate* has information about your right to appeal if you are charged for inpatient days that can be documented as medically necessary.

The Empire Plan Medical/Surgical Benefits Program

\$18 Copayment
Beginning October 1, 2007, you pay an \$18 copayment for services by Empire Plan participating providers that are subject to copayments. Such services include office visits, office surgery, radiology services, diagnostic laboratory services, cardiac rehabilitation center visits, urgent care center visits and contraceptive drugs and devices dispensed in a doctor's office. Your copayment for services by Managed Physical Network (MPN) providers is also \$18 as of October 1, 2007.

Radiology, Anesthesiology, Pathology
Beginning October 1, 2007, if you receive radiology, anesthesia or pathology services in connection with inpatient or outpatient hospital services at an Empire Plan network hospital, covered charges billed separately by the radiologist, anesthesiologist or pathologist will be paid in full by UnitedHealthcare. Services provided by other specialty physicians in an Empire Plan network hospital continue to be considered under the Participating Provider Program or the Basic Medical Program.

Prostheses and Orthotic Devices
Effective October 1, 2007, The Empire Plan includes a nationwide network of certified suppliers of prostheses and orthotic devices under the Participating Provider Program. When you use an Empire Plan participating provider, you have a paid-in-full benefit, with no copayment, for prostheses and orthotic devices. The Empire Plan benefit provides for a prosthesis or an orthotic device meeting the individual's functional needs. Replacements, when functionally necessary, are also covered.

Benefit Changes continued on page 3

Benefit Changes continued from page 2

Participating providers will offer adjustments to custom-fitted devices and appropriate follow-up care.

If your need is urgent, and/or you are unable to travel to the provider's office, some participating providers will guarantee an appointment within three days and will travel up to one hour to your home. Ask the provider directly or call UnitedHealthcare at 1-877-7-NYSHIP (1-877-769-7447) toll free.

A list of Empire Plan providers of prostheses and orthotic devices is available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs, then on NYSHIP Online. Select your group, if prompted, and then click on Find a Provider. Or, call UnitedHealthcare at 1-877-7-NYSHIP (1-877-769-7447) toll free.

Prostheses and orthotic devices from non-network providers are covered under the Basic Medical Program.

External Mastectomy Prostheses

Effective October 1, 2007, one single or double external mastectomy prosthesis per calendar year is covered in full under the Basic Medical Program. This benefit has no deductible, coinsurance or copayment.

Any single external mastectomy prosthesis costing \$1,000 or more requires approval through the Home Care Advocacy Program (HCAP). Call HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose UnitedHealthcare before you purchase the prosthesis. For a prosthesis requiring approval, if a less expensive prosthesis can meet an individual's functional needs, benefits will be available for the most cost-effective choice.

After purchasing a mastectomy prosthesis, submit a completed claim form to UnitedHealthcare with the original itemized receipt. (See address on page 15 of this Report.) UnitedHealthcare will send reimbursement for the prosthesis directly to you.

The Empire Plan continues to cover mastectomy bras under the Basic Medical Program. Please see your *Empire Plan Certificate* for information.

Hearing Aids

Beginning January 1, 2007, under the Basic Medical Program, coverage for hearing aids, including evaluation, fitting and purchase, increases up to a total maximum reimbursement of \$1,500 per hearing aid, per ear. The increased benefit is available once in any four-year period for each ear. For children age 12 years and under, the increased benefit is available once in any two-year period for each ear when the child's hearing has changed and the existing hearing aid(s) no longer fills the need.

These benefits are not subject to deductible or coinsurance.

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

Annual Deductible: \$349

Coinsurance Maximum: \$1,292

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

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

The annual coinsurance maximum (out-of-pocket expenses) is \$1,292 in 2008. After you and your covered dependents, combined, reach the coinsurance maximum, you will be reimbursed 100 percent of the reasonable and customary amount,

or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and for any penalties under the benefits management programs.

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

The Empire Plan Hospital Benefits Program and Medical/Surgical Benefits Program

Infertility Benefits Maximum

Beginning October 1, 2007, the lifetime maximum for certain infertility benefits, called Qualified Procedures, increases to \$50,000 per individual. This is an increase from the \$25,000 lifetime maximum. Please see your *Empire Plan Certificate* and *Empire Plan Reports* for information about Empire Plan infertility benefits and Qualified Procedures.

The Empire Plan Mental Health and Substance Abuse Program Changes under Timothy's Law

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

This information supplements the letter regarding Timothy's Law that we sent to you in February 2007.

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

Although The Empire Plan's network level of benefits already met or exceeded requirements under the law, changes have been made to the non-network coverage to bring benefit maximums, deductibles and coinsurance amounts for mental health treatment into line with The Empire Plan's coverage for physical health

Benefit Changes continued on page 4

conditions. See page 9 for the enhancements to non-network mental health benefits under the managed Mental Health and Substance Abuse Program insured by GHI and administered by ValueOptions.

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

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

\$18 Copayment for Outpatient Substance Abuse Treatment

Beginning October 1, 2007, you pay an \$18 copayment for each visit to an approved Structured Outpatient Rehabilitation Program for substance abuse. The copayment for an outpatient mental health visit also increases to \$18. To qualify for benefits, all covered services must be certified as medically necessary by ValueOptions.

\$60 Copayment for Emergency Care for Mental Health/Substance Abuse Treatment

Effective October 1, 2007, your copayment for emergency care in a hospital emergency room is \$60. You will not have to pay this \$60 copayment if you are treated in the emergency room and then admitted at that time as an inpatient. When you receive medically necessary covered services from a non-network provider in a certified emergency, the Program will provide network coverage until you can be transferred to a network facility.

Substance Abuse Care Lifetime Maximum Effective January 1, 2007

The lifetime maximum benefit for substance abuse care, including alcoholism, under non-network coverage is \$250,000 for you, the enrollee, and \$250,000 for each of your

covered dependents. The previous lifetime maximum for substance abuse care was \$100,000.

The Empire Plan Disease Management Program

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

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

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

Effective January 1, 2007, a new Medicare law required some people to pay a higher premium for their Medicare Part B coverage based on their income. If you and/or any of your enrolled dependents are Medicare-primary and received a

letter from the Social Security Administration (SSA) requiring the payment of an income-related monthly adjustment amount (IRMAA) in addition to the standard Medicare Part B premium for 2007, you are eligible to be reimbursed for this additional premium by NYSHIP. **Note:** If your 2005 adjusted gross income was less than \$80,000 (\$160,000 if you filed taxes as married filing jointly) you are NOT eligible for any additional reimbursement this year.

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

NYSHIP Change

Domestic Partner Eligibility

Effective October 1, 2007, to enroll a domestic partner, you must be able to provide proof that you have lived together and been financially interdependent for at least six months. Also effective October 1, 2007, there is a one-year waiting period from the termination date of previous partner coverage before you may again enroll a domestic partner. Other eligibility requirements apply. Please see your *NYSHIP General Information Book* and *Empire Plan Reports* for details.

The Empire Plan Prescription Drug Program

Copayment Changes Effective October 1, 2007

Beginning October 1, 2007, The Empire Plan Prescription Drug Program includes generic, preferred brand-name and non-preferred brand-name drugs. Your copayment amount depends on the drug and quantity prescribed and where you fill your prescription.

Prescription Drug Copayment Chart			
Supply Dispensed	generic	preferred brand-name*	non-preferred brand-name**
Up to a 30-day supply from a participating retail pharmacy or through the mail service pharmacy	\$5 copayment	\$15 copayment	\$30 copayment
31- to 90-day supply through the mail service pharmacy	\$5 copayment	\$20 copayment	\$55 copayment
31- to 90-day supply from a participating retail pharmacy	\$10 copayment	\$30 copayment	\$60 copayment

*A preferred brand-name drug usually does not have a generic equivalent.
 **A non-preferred brand-name drug in many cases has a generic equivalent and/or one or more preferred brand-name options.

A list of the most commonly prescribed generic and preferred brand-name drugs is on the New York State Department of Civil Service web site at www.cs.state.ny.us. Choose Benefit Programs on the home page, then NYSHIP Online and choose your group, if prompted. Then select Health Benefits & Option Transfer. Or, call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447).

Generic Substitution

If your prescription is written for a brand-name drug that has a generic equivalent, The Empire Plan continues to cover only the cost of the drug's generic equivalent. If your prescription is written for a brand-name drug with a generic equivalent, you pay the non-preferred brand-name copayment plus the difference in cost between the brand-name and generic drug, not to exceed the full cost of the drug.

Certain drugs are excluded from this requirement. You will be responsible for the applicable preferred brand-name or non-preferred brand-name copayment. Your *Empire Plan Certificate* has information about appealing the generic substitution requirement.

New Insurer and Mail Service Pharmacy

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

Network and Non-network Hospitals

Effective October 1, 2007

The following applies to enrollees who have primary coverage through The Empire Plan.

Beginning October 1, 2007, The Empire Plan Hospital Benefits Program has two levels of benefits – network and non-network.

Network Benefits

Network benefits apply when you use hospitals, hospices and skilled nursing facilities that participate in the BlueCross and BlueShield Association's network. This is currently the largest hospital network available in the United States. Over 90 percent of hospitals nationwide and every acute care general hospital in New York State are now network hospitals.

Remember to call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire BlueCross BlueShield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission or for admission or transfer to a skilled nursing facility. When you call, customer service representatives will direct you to a network facility.

You continue to receive paid-in-full benefits for inpatient hospital, hospice or skilled nursing facility care at a network facility. Outpatient hospital services from a network hospital are subject to applicable copayment(s). And, when you use a network hospital, services provided by an anesthesiologist, radiologist or pathologist that are related to your hospital service but billed separately are paid in full under The Empire Plan Medical Benefits Program. Please see page 2.

A list of Empire Plan network hospitals, hospices and skilled nursing facilities is available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs, then on NYSHIP Online. Select your group, if prompted, and then click on Find a Provider. You can also call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire BlueCross BlueShield.

Non-network Benefits

If you, your enrolled spouse/domestic partner or your dependent child chooses to use a non-network hospital, hospice or skilled nursing facility for non-emergency inpatient care, The Empire Plan reimburses you directly for 90 percent of the charges. You pay the remaining 10 percent of the charges until you have reached a coinsurance maximum of \$1,500. You, your enrolled spouse/domestic partner and all your dependent children combined each have an annual coinsurance maximum (see below). You are responsible for full payment to the facility. For outpatient care, you pay 10 percent or \$75, whichever is greater, up to the annual coinsurance maximum.

The annual coinsurance maximum (out-of-pocket costs) for services at a non-network facility for either inpatient or outpatient care is \$1,500 for the enrollee, \$1,500 for an enrolled spouse/domestic partner, and \$1,500 for all dependent children combined. Once your out-of-pocket expenses go over \$1,500 for non-network inpatient and outpatient care combined, you will receive the network level of benefits.

Reimbursement of Coinsurance Maximum through UnitedHealthcare

After you have paid \$500 out-of-pocket for yourself, \$500 for your enrolled spouse/domestic partner or \$500 for all enrolled dependent children combined, you may file a claim with UnitedHealthcare for reimbursement of the next \$1,000 in coinsurance. Send a copy of your Empire BlueCross BlueShield Explanation of Benefits showing you have paid \$500 out-of-pocket costs along with the completed claim form to the UnitedHealthcare address on page 15 of this Report.

Network Benefits at a Non-network Facility

If you receive medically necessary covered services at a non-network facility when a network facility is available, The Empire Plan provides non-network coverage. However, the Plan will approve the network coverage level under the following circumstances:

- When no network facility can provide the medically necessary services needed.
- When no network facility is available within 30 miles of your residence.
- When an inpatient admission or outpatient services are certified by Empire BlueCross BlueShield as emergency or urgent care.
- When care is received outside the United States.
- When another insurer, including Medicare, is providing primary coverage.

Emergency or urgent care delivered at a non-network facility is not subject to the annual coinsurance. Payment for medically necessary covered emergency or urgent services received in a non-network hospital is made directly to you. You pay the emergency room copayment.

Basic Medical Provider Discount Program Available October 1, 2007

The following applies to enrollees who have primary coverage through The Empire Plan.

Beginning October 1, 2007, The Empire Plan includes a new program to reduce your out-of-pocket costs when you use a non-participating provider. This new program, The Empire Plan Basic Medical Provider Discount Program, offers discounts from certain physicians and other providers who are not part of The Empire Plan participating provider network. These providers are part of the MultiPlan group, a nationwide provider organization contracted with UnitedHealthcare.

Providers in the Basic Medical Provider Discount Program accept a discounted fee for covered services. Empire Plan Basic Medical Program provisions apply. You must meet the annual deductible.

Your 20 percent coinsurance is based on the discounted fee, not the provider's usual fee or the reasonable and customary charges as under the Basic Medical Program.

You will receive the Basic Medical Provider Discount Program benefit if all the conditions below are met:

- The Empire Plan is your primary coverage;
- You receive covered Basic Medical services from the non-participating provider;
- The non-participating provider is in the MultiPlan network;
- The MultiPlan provider discounted fee is lower than the Basic Medical reasonable and customary allowance; and
- You have met your annual Basic Medical deductible.

The provider will submit claims for you and UnitedHealthcare will pay the provider directly. Your Explanation of Benefits, which details claims payments, will show the discount applied to billed charges.

If the reasonable and customary allowance is lower than the discounted fee, the Basic Medical Provider Discount Program will not apply and you will be responsible for reimbursing the provider directly and paying the provider's usual fee. Covered benefits will be paid to you directly and will not be sent to the provider in this case.

To find a provider in The Empire Plan Basic Medical Provider Discount Program, ask if the provider is an Empire Plan MultiPlan provider or call 1-877-7-NYSHIP (1-877-769-7447) toll free, choose UnitedHealthcare and ask a representative for help. You can also visit the New York State Department of Civil Service web site at www.cs.state.ny.us.

The Basic Medical Provider Discount Program will be especially helpful to you when you or your dependents are traveling or away at school in an area where participating providers are not easily available. With the addition of this Program, you have another way to manage your health care costs.

Centers of Excellence for Cancer Program Effective August 1, 2007

If you or a covered dependent is diagnosed with cancer, think about using The Empire Plan Centers of Excellence for Cancer Program. The Program provides paid-in-full coverage for cancer-related expenses received through a nationwide network known as Cancer Resource Services (CRS).

To participate in this voluntary program, you must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Select UnitedHealthcare and then Cancer Resource Services to connect to a nurse consultant. Or, call the CRS toll-free number, 1-866-936-6002. Nurses are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday except holidays.

CRS nurse consultants are experienced cancer nurses. They can answer your questions, help you understand a cancer diagnosis and cancer treatment options and provide support if you or a family member is diagnosed with cancer. CRS nurses can also help you choose the best physician and cancer center for treatment of the specific kind of cancer.

When you use a Center of Excellence for Cancer, you receive paid-in-full benefits with no copayment. The CRS network includes many of the nation's leading cancer centers. Among them are Memorial Sloan-Kettering Cancer Center in New York City, Roswell Park Cancer Institute in Buffalo, and, in Boston, Dana-Farber Cancer Institute, Brigham & Women's Hospital and Massachusetts General Hospital.

If you choose to go to a Cancer Center of Excellence located more than 100 miles from your home, the Plan will assist you and one travel companion with expenses for travel, lodging and meals. You can find more information about Cancer Resource Services online at www.urncrs.com, the CRS web site.

Since the Centers of Excellence for Cancer Program is voluntary, you are still eligible for Empire Plan benefits for your medically necessary cancer treatment if you do not use the Program. However, you must follow the requirements of the Benefits Management Program and pay any applicable deductible, coinsurance and copayments.

For more information on The Empire Plan's Centers of Excellence program, see the *Reporting On* publication included with this report.

Non-Network Mental Health Benefit Changes

Effective October 1, 2007

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

Practitioner Services: 80% of Reasonable and Customary Charges

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

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

After you meet the annual deductible for mental health services provided by a non-network practitioner, The Empire Plan pays up to 80 percent of the reasonable and customary charges for covered electro-convulsive therapy and psychological testing and evaluations.

After the outpatient coinsurance maximum is reached, The Empire Plan pays up to 100 percent of reasonable and customary charges for covered services. These benefits must be certified by ValueOptions as medically necessary before the service is received.

Inpatient Care: 90% of Billed Charges

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

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

The Empire Plan pays up to 90 percent of billed charges for mental health care received from an approved facility. You pay the remaining 10 percent until you reach an inpatient coinsurance maximum of \$500 for you, the enrollee, \$500 for your enrolled spouse/domestic

partner and \$500 for all enrolled dependent children combined. The Empire Plan then pays 100 percent of billed charges for covered services. This benefit is not subject to a deductible.

Inpatient and Outpatient Visits: Unlimited

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

Reasonable and Customary means the lowest of the:

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

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

Claims for Non-Network Coverage

When you receive non-network services, you are responsible for payment of charges at the time they are billed to you. You must file a claim with ValueOptions to receive reimbursement. You have until 90 days after the end of the calendar year to submit your claims. Or, if The Empire Plan is your secondary

insurer, submit your claims within this 90-day period or 90 days after your primary health insurance plan processes your claim, whichever is later.

Agency Health Benefits Administrators have claim forms. Or, you may call 1-877-7-NYSHIP (1-877-769-7447) toll free, choose ValueOptions and ask

for a claim form. Mail the completed claim form with supporting bills, receipts and, if applicable, a Medicare Summary Notice or statement from your other primary insurer to ValueOptions, P.O. Box 778, Troy, New York 12181-0778.

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

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

*Note: Network benefits remain the same.



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

To be sure of receiving the highest level of benefits, you must call ValueOptions before you seek mental health treatment. When you call and follow ValueOptions' recommendations, you are guaranteed access to network coverage at little or no cost to you.

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

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

“Guaranteed Access” to Network Benefits

The Empire Plan has three programs that guarantee network benefits are available to you nationwide: the Home Care Advocacy Program (HCAP), the Managed Physical Medicine Program and the Mental Health and Substance Abuse Program. When you follow each Program’s requirements, you receive network benefits, the highest level of benefits.

Home Care Advocacy Program

To receive HCAP network benefits for home care services, durable medical equipment and supplies, you must:

- Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare, then the Home Care Advocacy Program,* and
- Receive precertification of your home care and or equipment/supplies from UnitedHealthcare, and
- Use an HCAP-approved provider for covered services and/or equipment/supplies.

*Exception: For diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies, contact the HCAP network providers directly and toll free: The Empire Plan Diabetic Supplies Pharmacy, 1-888-306-7337, for diabetic supplies. (For insulin pumps and Medijectors, you must call HCAP for authorization.) Byram Healthcare Centers, 1-800-354-4054, for ostomy supplies.

Managed Physical Medicine Program

To receive network benefits for chiropractic treatment and physical therapy, you must use a Managed Physical Network (MPN) network provider for medically necessary services. You are not required to call MPN before your visit. You may contact a provider directly and ask if the provider is in the network. Or, you may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose UnitedHealthcare. UnitedHealthcare will help you find an MPN network provider.

If there are no network providers in your area, MPN will arrange for you to receive medically necessary services with network benefits. You will pay only your copayments for each visit. But, you must call UnitedHealthcare before you receive services and you must use the provider with whom MPN has arranged your care.

Mental Health and Substance Abuse Program

To receive network benefits for mental health or substance abuse care, including care for alcoholism, you must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose ValueOptions before you seek treatment, and you must use a ValueOptions network provider.

If there are no network providers in your area, ValueOptions will arrange for you to receive medically necessary services with network benefits from a non-network provider or facility. But, you must call ValueOptions before you receive services and you must use the provider with whom ValueOptions has arranged your care.

For More Information

Please see your *Empire Plan Certificate* for more information about the Home Care Advocacy Program, the Managed Physical Medicine Program and the Mental Health and Substance Abuse Program and for requirements in emergency situations. Remember: If you follow program requirements, you are guaranteed network benefits, the highest level of coverage.

Questions and Answers

About New Benefits

Q: How will I know if my hospital is in The Empire Plan network?

A: A directory of Empire Plan network hospitals is available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs, then on NYSHIP Online. Select your group, if prompted, and then click on Find a Provider. Or, you can call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire BlueCross BlueShield to ask a representative.

Q: Is the hospital network access standard of within 30 miles of residence always based on my permanent address?

A: Not necessarily. For example, if you are temporarily living in another location or have a dependent, such as a college student, who is residing at another location, the Plan will approve network coverage at a non-network hospital if no network facility meets the access standard based on the place of residence at that time.

Q: If my Empire Plan medical provider has privileges only at a non-network hospital and that is the hospital I use, will I receive network or non-network hospital benefits? What if my Empire Plan provider sends me to a non-network hospital for lab work?

A: If you receive services at a non-network hospital and a network hospital is within 30 miles of

your residence, you will receive non-network benefits and have out-of-pocket expenses. You will also receive non-network benefits if your provider sends you to a non-network hospital for lab work when a network hospital is within 30 miles of your residence.

Q: Will I get reimbursed for non-network hospital coinsurance amounts?

A: Yes. When your combined coinsurance payments for services at a non-network facility are more than \$500 for you, more than \$500 for your spouse/domestic partner or more than \$500 for all enrolled dependent children combined, you may send a completed claim form to UnitedHealthcare for reimbursement. You will be reimbursed for the amount over \$500, up to the non-network hospital coinsurance maximum of \$1,500. Any network level copayments paid at non-network hospitals (emergency care copayment) do not count toward the coinsurance maximum.

For example, you receive services at a non-network hospital and have an out-of-pocket expense of \$400 in coinsurance. You again go to a non-network hospital in the same calendar year and pay another \$400 coinsurance. You have a combined out-of-pocket expense of \$800. You can now submit a claim to UnitedHealthcare for reimbursement of \$300.

Q: How will I know if my prescription is for a generic or a preferred brand-name drug?

A: You'll find a list of the most commonly prescribed generic and preferred brand-name drugs on the Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs, then on NYSHIP Online. Select your group, if prompted, and then click on Health Benefits for the 2008 Empire Plan Preferred Drug List. Or, you may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

Q: Will my doctor know The Empire Plan generic and preferred brand-name drugs?

A: The Empire Plan provides Empire Plan participating doctors with the list of most commonly prescribed generic and preferred brand-name drugs. But, it is your responsibility to know in which category your drug is listed. Get the list from the web site or the Plan (see above) before your doctor's appointment.

Q: Does the Basic Medical Provider Discount Program replace the Basic Medical Program?

A: No. The Basic Medical Provider Discount Program is part of the Basic Medical Program. You may still choose to receive care under the Participating Provider Program. Or, you may

choose non-participating providers under the Basic Medical Program.

Q: Why would I use the Basic Medical Provider Discount Program?

A: When a participating provider is not available, or you choose to go to a non-participating provider, the Basic Medical Provider Discount Program (MultiPlan) can save you money. After you meet your deductible, you are responsible for 20 percent of the discounted fee. The MultiPlan provider cannot balance bill you for amounts exceeding the discounted fee.

For example, you have met your deductible for the year and receive services costing \$200. The MultiPlan discounted fee is \$140. Your cost is \$28 (20 percent of the discounted fee). Plus, the provider submits the claim for you and UnitedHealthcare pays the provider.

In contrast, for the same \$200 cost of services under the Basic Medical Program for non-participating providers, The Empire Plan pays \$128 (80 percent of the reasonable and customary charge of \$160). Your cost is \$72 (the difference between \$200 and \$128). And, you must file the claim for reimbursement yourself.

Reminders

Mental Health Coverage

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

Pre-Retirement Seminars

The Governor's Office of Employee Relations (GOER) in partnership with the Office of the State Comptroller presents Pre-Retirement Seminars. As part of the seminars, a representative from the Employee Benefits Division will explain the New York State Health Insurance Program (NYSHIP) and your choices before you leave the payroll.

Call your personnel office to learn if there is a seminar available in your area and to reserve your place. Be sure to bring your personal confirmation letter from GOER when you attend. The New York State Department of Civil Service web site, www.cs.state.ny.us, also has the seminar schedule. Click on Benefit Programs, select your group and benefit plan if prompted, and then on calendar.

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

The *Empire Plan Report* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.



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Department of Civil Service
Employee Benefits Division
Albany, New York 12239
518-457-5754 (Albany area)
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www.cs.state.ny.us

Participating Provider Directories

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

Beginning March 1, 2008 Washington DC and surrounding areas of Maryland and Virginia participating providers from the UnitedHealthcare



PPO network are included in The Empire Plan participating provider network. An addendum to the Washington DC directory was sent to enrollees who live in Washington DC, Maryland and some Virginia counties adjacent to Washington DC in late February.

New and Improved Online Participating Provider Directory

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

Visit the New York State Department of Civil Service web site at www.cs.state.ny.us, then select "Employees" and follow the links to Health Benefits. Select your group and benefit plan if prompted. On the

resulting NYS Online page, select "Find a Provider" and scroll down to "UnitedHealthcare" to locate the type of provider you would like to find. Or, call 1-877-7-NYSHIP (1-877-769-7447) toll free, select UnitedHealthcare and then Plan Benefits to check if your provider participates in the Plan.

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

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

Participating Provider Directory Postcards

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

Participating Laboratory Providers

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

What this means to you

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

What you should do

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

Remember

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

The Empire Plan Carriers and Programs

To reach any of The Empire Plan carriers, call toll free **1-877-7-NYSHIP (1-877-769-7447)**.

The one number is your first step to Empire Plan information. Check the list below to know which carrier to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say your selection at any time during the message. Follow the instructions and you'll automatically be connected to the appropriate carrier.

The Empire Plan Hospital Benefits Program *Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407.* Web site: www.empireblue.com. Call for information regarding hospital and related services.



Benefits Management Program for Pre-Admission Certification You must call Empire BlueCross BlueShield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).



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

The Empire Plan Medical/Surgical Benefits Program *UnitedHealthcare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600.* Web site: www.myuhc.com. Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN Call UnitedHealthcare for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.



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



Home Care Advocacy Program (HCAP) You must call UnitedHealthcare to arrange for paid-in-full home care services, enteral formulas and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call UnitedHealthcare for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



Infertility Benefits You must call UnitedHealthcare for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including in vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call UnitedHealthcare for information about infertility benefits and Centers of Excellence.



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

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



The Empire Plan Prescription Drug Program *UnitedHealthcare Appeals, grievances, prior authorization documentation, general correspondence: Empire Plan Prescription Drug Program, P.O. Box 5900, Kingston, NY 12402-5900. Claim forms from retail pharmacies: Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY 40512. Mail Service Pharmacy: Medco, P.O. Box 747000, Cincinnati, OH 45274-7000.*

For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us.

The Empire Plan NurseLineSM Call for health information and support, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure.

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

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

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

SAVE THIS DOCUMENT



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

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C-82 Empire Plan Report
Contract Affected Employees - January 2008

**Please do not send mail or
correspondences to the return
address. See pages 13 & 15
for address information.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (www.cs.state.ny.us). Click on Benefit Programs, then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. New York State and Participating Employer Retirees and COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* and *Empire Plan Reports*.

Planning for Retirement video: Now available for individual ordering!

The Department of Civil Service's popular *Planning for Retirement for NY Actives* is now available, in VHS or DVD



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