

EMPIRE

P L REPORT A N



JANUARY 2007

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR ACTIVE EMPLOYEES, RETIREES, VESTEES
AND DEPENDENT SURVIVORS
And their Dependents enrolled through
PARTICIPATING AGENCIES
with CORE PLUS ENHANCEMENTS



**Read this Report
for important information
about benefit changes.**

SAVE THIS
REPORT

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The Empire Plan Benefits Effective January 1, 2007

The Empire Plan Hospital Benefits Program

\$60 Copayment for Emergency Care
Beginning January 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.

\$18 Copayment for Physical Therapy
Beginning January 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.

The Empire Plan Copayment Changes Effective January 1, 2007

Benefits	Copayment
Hospital Benefits Program	
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	
Outpatient Mental Health and Substance Abuse Visit with ValueOptions Network Providers	\$18
Hospital Emergency Room	\$60

Benefits continued on page 2

Benefits continued from page 1

The Empire Plan Medical/Surgical Benefits Program

\$18 Copayment

Beginning January 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 January 1, 2007.

Basic Medical

Annual Deductible: \$350

Coinsurance Maximum: \$1,650

For calendar year 2007, The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers remains \$350 for you, \$350 for your enrolled spouse/domestic partner and \$350 for all covered dependent children combined.

You must meet the deductible before United HealthCare can pay Basic Medical benefits for your claims. The Basic Medical annual deductible cannot be combined with the Managed Physical Medicine Program annual deductible for non-network services or with the Mental Health and Substance Abuse Program annual deductibles for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) under the Basic Medical Program remains \$1,650 in 2007. After you and your covered dependents, combined, reach the coinsurance maximum, United HealthCare will reimburse you 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.

HPV Immunization

The human papilloma virus (HPV) vaccine for the prevention of cervical cancer is a covered pediatric immunization for females up to age 19 years under The Empire Plan Participating Provider and Basic Medical Programs. The HPV vaccine is a covered immunization for females 19 through 26 years under the Participating Provider Program. This benefit was effective June 29, 2006.

The Empire Plan Mental Health and Substance Abuse Program

\$18 Copayment for Outpatient Mental Health and Substance Abuse Treatment

Beginning January 1, 2007, you pay an \$18 copayment for each outpatient visit to a ValueOptions network provider for mental health treatment. Also beginning January 1, 2007, the copayment for an outpatient substance abuse visit is \$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 January 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.

Quest No Longer Participating Lab

Quest Diagnostics is no longer a participating provider of laboratory services for The Empire Plan Medical Program as of January 1, 2007.

Beginning January 1, 2007, Laboratory Corporation of America (LabCorp) is the only national participating provider of laboratory services for The Empire Plan Medical Program. In addition to LabCorp, other regional and local laboratory providers participate in The Empire Plan.

To find an Empire Plan participating lab, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare, go to www.empireplanlablocator.com or go to the New York State Department of Civil Service web site, www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Find a Provider and then Laboratories.

Depression Management Program

The Empire Plan now offers the Depression Management Program. If you or your dependents have received recent treatment for depression, you may be invited to participate in this program. Participation is voluntary, free of charge and confidential. If you agree to participate, you will receive information to help you understand your condition. You will also be offered educational materials and other services.

If you have questions about depression or if you or a dependent would like to see a provider, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose ValueOptions.

The Depression Management Program began October 1, 2006 and is available to Empire Plan enrollees through ValueOptions.

Notice: 2007 Preferred Drug List Updates

Please note the following updates to the 2007 Empire Plan Preferred Drug List (PDL) that was included with your January 1, 2007 *Empire Plan At A Glance*. The changes are effective on January 1, 2007 except as noted.

Plan B*, Nitro-Bid and Viokase (formerly listed as preferred brand-name drugs) are non-preferred brand-name drugs with the highest level of copayment.

Locoid (formerly listed as a preferred brand-name drug) is a generic drug with the lowest level of copayment.

Effective April 1, 2007, Ketek will be a non-preferred brand-name drug rather than a preferred brand-name drug.

Be sure to check our web site (www.cs.state.ny.us) for the most current version of the PDL. Choose Benefit Programs on the home page, then NYSHIP Online and choose

your group, if prompted. Then select Health Benefits to find the PDL listed alphabetically and in therapeutic class order.

If you have questions regarding the above information, or have specific questions about your prescriptions, coverage or copayments, please call The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447).

*for enrollees and covered dependents under 18 years of age

Choosing a Participating Provider

The Empire Plan is a unique program that allows you to receive medical/surgical care from participating providers or from non-participating providers. By choosing a participating provider, you receive covered services at little or no cost and you don't have to file a claim. For certain services, you must call before you receive services. Participating providers are providers who have an agreement in effect under The Empire Plan. They have agreed to bill United HealthCare and to accept your copayment, for services subject to a copayment, plus payment directly from the Plan as payment-in-full for covered services.

Participating Provider Program

The Empire Plan Participating Provider Program offers a network of over 175,000 physicians and other providers located throughout New York State and in many other states as well. You have the freedom to choose any participating provider without a referral. There is, however, no guarantee that a participating provider will always be available to you.

Providers in the network include: doctors, speech therapists, speech-language pathologists, audiologists, podiatrists, laboratories, ambulatory surgical centers, urgent care centers, freestanding cardiac rehabilitation centers and Centers of Excellence. Certified nurse midwives may also be available through participating doctors. Always ask your provider if he or she participates before you receive services.

When you use a participating provider, you pay only the applicable copayment.

Ask for a Participating Provider

The Empire Plan does not require that a participating provider refer you to a participating laboratory, radiologist, specialist or center. It is your responsibility to request a participating provider for other services. Explain to your doctor that your out-of-pocket

expenses are usually higher if you don't use a participating lab or if a non-participating radiologist reads your X-ray.

Please be aware, too, that providers with multiple locations may not be Empire Plan participating providers in all locations.

It is your responsibility to determine whether a provider is an Empire Plan provider. Remember: in Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina, ask if the physician is part of United HealthCare's Options Preferred Provider Organization (PPO). In all other states including New York, and for providers other than physicians in these six states, ask if the provider participates in The Empire Plan.

Participating Provider Directory

The 2006 *Empire Plan Participating Provider Directory* was 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 last August.

We have mailed the 2006 *Empire Plan Participating Provider Directory* to retirees. If you did not receive your directory, or if you need a directory for a different address, call 1-877-7-NYSHIP

(1-877-769-7447) toll free and choose United HealthCare from the main menu.

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

Basic Medical Benefits

If you use a non-participating provider, benefits for covered medical services are payable under the Basic Medical portion of the Plan, subject to deductible and coinsurance. (See your *Empire Plan Certificate* for details on the Basic Medical Program.)

Finding Participating Network Providers

To find an Empire Plan participating network provider, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

Also, you can find a list of providers on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Benefit Programs and then on NYSHIP Online. Select your group if prompted, and then click on Find a Provider.

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 If The Empire Plan is your primary coverage, 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, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

The Empire Plan Medical/Surgical Benefits Program *United HealthCare 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 United HealthCare 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 If The Empire Plan is your primary coverage, you must call United HealthCare before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



Home Care Advocacy Program (HCAP) You must call United HealthCare 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 United HealthCare for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



Infertility Benefits You must call United HealthCare 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 United HealthCare for information about infertility benefits and Centers of Excellence.



Centers of Excellence for Cancer Program You must call United HealthCare 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 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 of inpatient admission.*



The Empire Plan Prescription Drug Program *Empire BlueCross BlueShield (jointly administered with Caremark). Appeals, grievances, prior authorization documentation, general correspondence: The Empire Plan Prescription Drug Program, P.O. Box 11826, Albany, NY 12211. Claim forms from retail pharmacies: The Empire Plan Prescription Drug Program, P.O. Box 52071, Phoenix, AZ 85072-2071. Mail Service Pharmacy: Caremark, P.O. Box 3223, Wilkes-Barre, PA 18773-3223. For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us.*

The Empire Plan NurseLine_{SM} 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 BlueShieldTTY only: **1-800-241-6894**

United HealthCareTTY only: **1-888-697-9054**

ValueOptionsTTY only: **1-800-334-1897**

The Empire Plan Prescription Drug ProgramTTY only: **1-800-863-5488**

Medicare

Medicare Parts A and B— You Must Enroll

Active Employees: NYSHIP is primary (pays first) to Medicare for most active enrollees and dependents of active employees. However, Medicare is primary for an active employee or an active employee's dependent with end-stage renal disease (waiting period applies) and for an active employee's domestic partner who is age 65 or over (if your agency offers domestic partner coverage). An active employee or an active employee's dependent in these situations, therefore, must enroll in Medicare Parts A and B as soon as eligible.

If you are planning to retire and you or your spouse is 65 or older, or entitled to Medicare because of disability, contact your local Social Security office three months before active employment ends to enroll in Medicare Parts A and B. Your *NYSHIP General Information Book and Empire Plan Certificate* has more information about Medicare.

Retirees, Vesteers, Dependent Survivors: NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage. You are not required to enroll in Medicare Part D for prescription drug coverage.

To avoid a drastic reduction in your NYSHIP benefits, you must be enrolled in Medicare Parts A and B and entitled to receive Medicare benefits by the first day of the month in which you reach age 65 (if your birthday is the first of the month, by the first day of the month before), or before age 65 if you are disabled or have end-stage renal disease.

As soon as you become eligible for Medicare, The Empire Plan will pay secondary to Medicare Parts A and B, even if you fail to enroll in Medicare or are in a waiting period for Medicare to go into effect.

If you and your dependents are not enrolled in Medicare Parts A and B when you are first eligible to enroll, you will be responsible for the full cost of medical services that Medicare would have covered.

How to Enroll in Medicare

To enroll in Medicare, visit your local Social Security office or call Social Security at 1-800-772-1213. Information about applying for Medicare is also available on the web at www.ssa.gov. Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778.

If you do not enroll in Medicare when you are first eligible, you must enroll during the next General Enrollment Period between January 1 and March 31. Your coverage will begin July 1 of the same year. You will pay more for Medicare as a penalty for late enrollment.

Medicare Part B Premium

The base cost for the Medicare Part B premium is \$93.50 per month in 2007, a 5.6 percent increase from \$88.50 per month in 2006.

NYSHIP requires your employer to reimburse you the base cost of the Medicare Part B premium for you and your covered dependents when Medicare is primary to NYSHIP.

Contact your agency Health Benefits Administrator for information about how to begin reimbursement. You are not eligible to receive reimbursement if you are receiving reimbursement from another source.

Reimbursement methods vary from agency to agency. Your agency Health Benefits Administrator has more details.

Medicare Part B Premium Surcharge

Due to a 2003 Federal law, a surcharge for higher-income people is added to the Medicare Part B base premium effective January 1, 2007. Individuals who earn more than \$80,000 and married couples who earn more than \$160,000 are

subject to this additional cost. The Social Security Administration computes the surcharge for 2007 with income data from 2005 Internal Revenue Service tax returns.

Please note that your employer may not reimburse the Medicare Part B premium surcharge. You may be reimbursed only for the Medicare Part B base premium, as explained above. Check with your employer if you are subject to the surcharge.

Medicare Part D Prescription Drug Coverage

The prescription drug benefits provided under your NYSHIP coverage, in most cases, give you better coverage and lower out-of-pocket costs than the coverage under a Medicare prescription drug plan. As a NYSHIP enrollee or covered dependent, you should consider joining a Medicare prescription drug plan **only** if you are eligible for extra help under the Medicare Part D Low Income Subsidy. If you enroll in a Medicare prescription drug plan, your Empire Plan drug benefits will change.

If You Enroll in a Medicare Part D Prescription Drug Plan

If you or a covered dependent is eligible for Medicare-primary coverage and have enrolled in a Medicare Part D prescription drug plan, you must use your Medicare Part D prescription drug program card first, not your Empire Plan Benefit Card.

If you try to use your Empire Plan Benefit Card at a retail pharmacy, the pharmacist will be advised that you have alternate insurance, which is your Medicare Part D drug plan. Any out-of-pocket expenses not covered by your Medicare Part D plan, such as deductibles, copayments and charges for non-covered drugs, can be submitted to The Empire Plan for secondary coverage by using the Medicare Part D Secondary Claim Form.

Continued on page 6

Medicare, continued from page 5

The Empire Plan Prescription Drug Program mail service pharmacy does not accept Medicare Part D prescription drug plan coverage. Any prescription sent to the Caremark mail service pharmacy for a Medicare-primary Empire Plan enrollee or dependent who is also enrolled in a Medicare Part D drug plan will be rejected and returned.

The Medicare Part D Secondary Claim Form is available on the New York State Department of Civil Service web site, www.cs.state.ny.us. The form is also available by calling The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447). When you call, be sure to ask for the Medicare Part D claim form.

Fraud and Your NYSHIP Coverage

Health insurance fraud is costly and illegal. The Employee Benefits Division will investigate any cases of suspected fraud and/or abuse of NYSHIP benefits.

Report lost or stolen benefit cards. Notify your agency Health Benefits Administrator whenever your or your dependents' eligibility changes. Your *NYSHIP General Information Book* has information on your responsibilities under NYSHIP.

Protect Your Empire Plan Benefits

1. Never sign blank insurance claim forms.
2. Ask your medical providers in advance what they will charge. Be sure you understand what you will be expected to pay out of pocket.
3. Carefully review your insurer's explanation of benefits statement (EOB). Call your insurer and provider if you have questions.

4. Do not do business with door-to-door or telephone salespeople who tell you their service or medical equipment is free.
5. Give your insurance/Medicare identification number only to those who have provided you with medical services.
6. Keep accurate records of all health care appointments.

If you're aware of hospital or provider fraud or abuse, call Empire BlueCross BlueShield at 1-800-IC-FRAUD (1-800-423-7283) or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and choose United HealthCare.

Annual Notice of Mastectomy and Reconstructive Surgery Benefit

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.

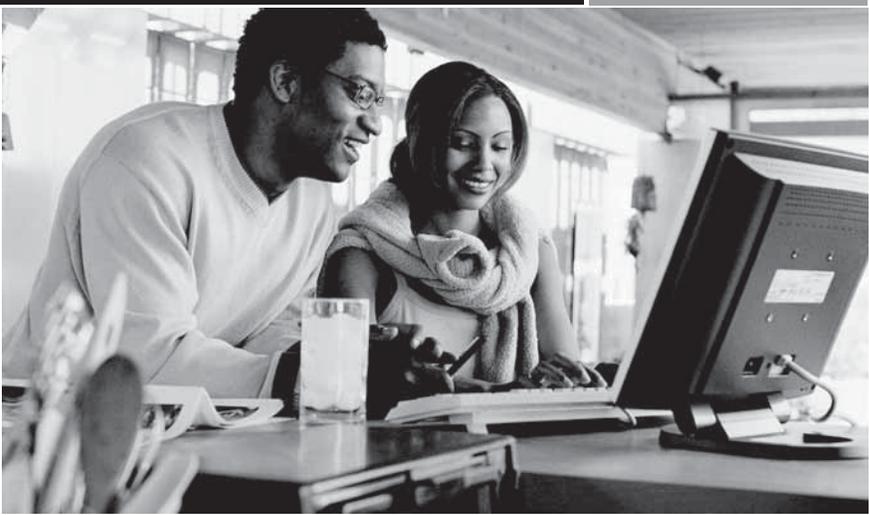
Call United HealthCare toll free at 1-877-7-NYSHIP (1-877-769-7447) if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

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

NYSHIP

Online www.cs.state.ny.us

NYSHIP Online has been redesigned to provide you with more targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at www.cs.state.ny.us and click on Benefit Programs, then NYSHIP Online. If the group at the top of the page is not PA Core Plus Enhancements, be sure to choose Change Your Group. If you don't have access to the internet, your local library may offer computers for your use.

Job Seekers	Employees	Retirees	HR Professionals
PA Core Plus Enhancements • Empire Plan Change Your Group Search			Text Version / Adjust Text
 <p>nyshiponline Employee Benefits Division Department of Civil Service</p>			
Health Benefits	Other Benefits	Using Your Benefits	Find a Provider
Search	Calendar	What's New?	
Civil Service Home	Site Map	HIPAA Privacy Information	About Us Awards Tech Help Copyright/Disclaimer
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Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

PA PLUS Empire Plan Report – January 2007

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.

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The Empire Plan At A Glance and Copayment Cards

We sent you the 2007 *Empire Plan At A Glance* along with 2007 Empire Plan Copayment Cards and the 2007 Empire Plan Preferred Drug List in a separate mailing earlier this year.

The Empire Plan At A Glance offers a brief description of your Empire Plan benefits; the Copayment Cards provide a handy reference for coverage costs. If you need more cards, or another copy of the *At A Glance*, ask your agency Health Benefits Administrator.

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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