















2 Empire's Plans and Networks

Summary of Managed Care Products

Product Name	Product Icon	Network	PCP Required	Referral Required	Out-of-Network Benefits	Responsible for Recertification	Prefix	Notes
HMO		HMO	Yes	Yes	No	Provider	YLN, YLT	
Direct HMO		HMO	Yes	No	No	Provider	YLN, YLT	
Direct Pay HMO		HMO	Yes	Yes	No	Provider	YLN, YLT	HMO offered to individuals who are not members of an employer group
Direct POS		HMO	Yes	No	Yes	In-Network – Provider Out-of-Network – Member	YLF	
DirectShare POS		HMO	Yes	Yes	Yes	Provider	YLF	
Direct Pay HMO / POS		HMO	Yes	Yes	Limited Benefits	Provider	YLN	HMO/POS offered to individuals who are not members of an employer group
Child Health Plus		HMO	Yes	Yes	No	Provider	YLN	State-subsidized HMO plan and benefit package for uninsured children living in NY State
Healthy New York		HMO	Yes	Yes	No	Provider	YLN	State-subsidized HMO plan and benefit package for low-income, employed individuals and small businesses in NY State
Senior Plan		HMO	Yes	Yes	No	Provider	YLR	Medicare+Choice product developed under contract with CMS to provide Medicare beneficiaries with comprehensive benefits
PPO		PPO/EPO	No	No	Yes	Member	YLB, YLD	
EPO		PPO/EPO	No	No	No	Member	YLE, YLK	
Empire Total Blue™		PPO	No	No	Yes	Member	YLD	

SUMMARY OF EMPIRE'S PLANS

The following is a comparison of Empire's health benefit plan options. Please remember that this is just a general description of the benefits offered by each plan. A more complete statement of all benefits, limitations and exclusions of coverage is contained in the applicable contract.

Physician Services

Benefit Description	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network ^{***}	Out-of-Network ^{**}
Office Visits (PCP and Specialists)	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Second or Third ^{**} Surgical Opinion	\$15 co-payment	\$0	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Diabetes Education and Management	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Allergy Testing	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Surgery	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Diagnostic Procedures X-rays and other imaging MRIs/MRAs, all lab tests	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
X-ray, Radium and Radionuclide Therapy	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Chemotherapy	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Chiropractic Visits	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance

* The deductible for Empire's PPO Plan is \$500 for individual and \$1,250 annually for family.

** The co-payment, if any, is waived if the surgical opinion is arranged through Empire's Medical Management Program.

*** The deductible for Empire Total Blue Choice is \$1,500 for individual and \$3,000 for family coverage. This deductible is shared for in-network and out-of-network benefits.

Preventive Care

Benefit Description	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Physical Examination One per calendar year	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	not covered	\$0	Deductible and 30% coinsurance
Diagnostic Screening Tests Cholesterol: 1 every 2 years Diabetes (if pregnant or considering pregnancy) Colorectal cancer — Fecal occult blood test if age 40 or over: 1 per year Sigmoidoscopy if age 40 or over: 1 every 2 years Routine Prostate Specific A	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	\$0	Deductible and 30% coinsurance
Well-Woman Care	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	\$0	Deductible and 30% coinsurance
Mammography Screening	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Deductible and 30% coinsurance	\$0	Deductible and 30% coinsurance
Well-Child Care Recommended immunization and office visits Newborn (1 Hospital exam at birth) Birth to 1 year of age (6 visits) 1 through 2 years of age (3 visits) 3 through 6 years of age (4 visits) 7 until 19th birthday (6 visits)	\$0 co-payment	\$0 co-payment	\$0 co-payment	\$0 co-payment	Deductible and 30% coinsurance	\$0	Deductible and 30% coinsurance

Hospital Services

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Semiprivate Room and Board	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Anesthesia and Oxygen	\$0	\$0	\$0	\$0			
Cardiac Rehabilitation	\$15 co-pay	\$15 co-pay	\$20 co-pay	\$30 co-pay			
Drugs and Dressings	\$0	\$0	\$0	\$0			
General, Special & Critical Nursing Care	\$0	\$0	\$0	\$0			
Intensive Care	\$0	\$0	\$0	\$0			
Kidney Dialysis	\$0	\$0	\$0	\$0			
Blood Work	\$0	\$0	\$0	\$0			
Presurgical Testing	\$0	\$0	\$0	\$0			
Surgical (Inpatient and Outpatient)	\$0	\$0	\$0	\$0			
Outpatient Kidney Dialysis home, hospital-based or free-standing facility treatment	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Emergency Care Emergency Room standing facility treatment	\$50 co-pay per visit (waived if admitted within 24 hours)	\$35 co-pay per visit (waived if admitted within 24 hours)	\$50 co-pay per visit (waived if admitted within 24 hours)	\$50 co-pay per visit (waived if admitted within 24 hours)	\$50 co-pay per visit (waived if admitted within 24 hours)	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Physician's Office	\$15 co-pay per visit	\$15 co-pay per visit	\$20 co-pay per visit	\$30 co-pay per visit	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Ambulance — Local Professional ground ambulance to nearest hospital	\$0 up to the allowed amount; you pay the difference between allowed amount and total charge					Deductible and 10% coinsurance	Deductible and 30% coinsurance

Maternity Care

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prenatal and Postnatal care	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Lab tests, Sonograms and Other Diagnostic Procedures	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Routine Newborn Nursery Care (in Hospital)	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Obstetrical Care (in Hospital)	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Obstetrical Care (in Birthing Center)	\$0	\$0	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance

Prescription Drugs

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM		
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Network pharmacy and mail-order program*	\$10 co-payment for generic drugs \$20 co-payment for brand-name drugs on formulary \$30 co-payment for drugs not on formulary	\$10 co-payment for generic drugs \$20 co-payment for brand-name drugs on formulary \$30 co-payment for drugs not on formulary	\$10 co-payment for generic drugs \$20 co-payment for brand-name drugs on formulary \$30 co-payment for drugs not on formulary	\$10 co-payment for generic drugs \$20 co-payment for brand-name drugs on formulary \$30 co-payment for drugs not on formulary	\$10 co-payment for generic drugs \$20 co-payment for brand-name drugs on formulary \$30 co-payment for drugs not on formulary	Not covered	Deductible and 10% coinsurance	Not covered

Vision Care

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Davis Vision exam/eyewear (PCP/provider does not have to refer you for care.)	\$5 co-payment for one eye exam every 24 months \$10 co-payment for plan frames	Not covered	\$5 co-payment for one eye exam every 24 months \$10 co-payment for plan frames	\$5 co-payment for one eye exam every 24 months \$10 co-payment for plan frames	Not covered	\$5 co-payment for one eye exam every 24 months \$10 co-payment for plan frames	Not covered

Behavioral Healthcare

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Healthcare							
Inpatient Up to 90 inpatient days per calendar year Up to 90 professional visits per calendar year while in an inpatient facility	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	Deductible and 50% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Outpatient Up to 40 visits per calendar year	\$25 co-payment per visit	\$25 co-payment per visit	\$25 co-payment per visit	\$25 co-payment per visit	Deductible and 50% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Alcohol or Substance Abuse Treatment							
Outpatient Up to 60 outpatient visits, which include 20 family counseling visits per calendar year	\$0	Substance Abuse — up to 60 visits per calendar year. \$0 co-payment. Alcohol Abuse — unlimited visits subject to \$10 co-payment	\$0	\$0	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Inpatient Up to 7 days detoxification per calendar year Up to 30 days rehabilitation per calendar year	\$100 per admission/\$250 maximum per calendar year per contract	Inpatient Substance Abuse Detoxification and Rehab — up to 30 days per calendar year, \$100 per admission/ \$250 maximum per calendar year per contract. Inpatient Alcohol Abuse Detoxification and Rehab— unlimited days.	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	Deductible and 50% coinsurance Rehabilitation not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance

Other Facilities

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Healthcare Up to 200 visits per calendar year	\$0	\$0	\$0	\$0	30% coinsurance only (deductible does not apply)	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Skilled Nursing Facility Up to 60 days per calendar year	\$0	\$0	\$0	\$0	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Hospice Up to 210 days per lifetime	\$0	\$0	\$0	\$0	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance

Physical and Other Skilled Therapies

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Therapy and Rehabilitation Up to 30 days of inpatient service per calendar year (combined in- and out-of-network PPO only)	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	\$100 per admission/\$250 maximum per calendar year per contract	Deductible and 30% coinsurance	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Up to 60 visits combined in home, office or outpatient facility per calendar year	\$15 co-payment	\$15 co-payment combined 30 days in home, office or outpatient facility	\$20 co-payment	\$30 co-payment	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Other Therapies (occupational, speech, vision) Up to 30 visits per person combined in home, office or outpatient facility per calendar year.	\$15 co-payment	\$15 co-payment	\$20 co-payment	\$30 co-payment	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance

Medical Equipment and Supplies

	Direct HMO	WellChoice HMO (NJ)	Empire EPO	Empire PPO		Empire Total Blue Choice SM	
Benefit Description	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment	\$0	\$0	\$0	\$0	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Orthotics	\$0	\$0	\$0	\$0	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Prosthetics (artificial arms, legs, eyes)	\$0	\$0	\$0	\$0	Not covered	Deductible and 10% coinsurance	Deductible and 30% coinsurance
Medical Supplies (catheters, oxygen, syringes)	\$0 up to the allowed amount; you pay the difference between allowed amount and the total charge			\$0 up to the allowed amount; you pay the difference between allowed amount and the total charge		Deductible and 10% coinsurance	Deductible and 30% coinsurance






ALTERNATE ID

As part of Empire's commitment to safeguard our members' privacy, Empire is taking action to assign non-Social Security Numbers (SSN) as identification numbers.

Empire will be transitioning from using SSNs as identifiers to new IDs for its 5 million members over a period of time. This is in line with state mandates and the Blue Cross Blue Shield Association's mandate restricting use of SSNs by January 1, 2006. The new Subscriber ID number will be a 3-letter prefix plus an 8-digit ID number, which will replace the subscriber's SSN. In some cases, the new ID will be a 9-digit number.

Claims and membership history will be internally maintained under both numbers. Members will be instructed to inform their healthcare provider of a change in their ID once they receive it. For a period of time, you will continue to see both SSNs and new IDs on certain outgoing provider documents/correspondence including remittances that you receive from Empire and on the web. Certain transactions like electronic remittances will only include a new ID if the claim was submitted with a new ID.

Please be sure to review all patient ID cards and immediately record new ID numbers in your patient's record and be prepared to accept and administer new IDs when they are received. Use the new ID instead of the SSN for **all** correspondence with your patients and Empire, including claims submissions and accessing patient information, such as eligibility, on the web.

							
www.empireblue.com				BS PLAN 803 BC PLAN 303			
GROUP	123456 789	REL	01				
OFC	\$10	ER	\$50	RX	\$10/20/40		
		PCN	12345				
XYZ83331234							
JOHN DOE							

SPECIAL PROGRAMS

BlueCard® Program

The BlueCard Program is a national program that enables members obtaining healthcare services while traveling or living in another Blue Cross and Blue Shield (BCBS) Plan's area to receive all the same benefits as they would receive in the area of the plan issuing their coverage. These members are able to access providers

and savings. The program links participating healthcare providers and the independent BCBS Plans across the country and around the world through a single electronic network of claims processing and reimbursement.

The BlueCard Program allows you to submit claims for members from other BCBS Plans, including international BCBS Plans, directly to us. We will also be your one point of contact for most of your claims-related questions. The BlueCard program applies to all inpatient, outpatient and professional claims.

BlueCard Products

Currently four types of products are administered through the BlueCard Program: BlueCard Traditional, BlueCard PPO, BlueCard Managed Care/POS, and BlueCard HMO.

BlueCard Traditional — a national program that offers members the traditional, or indemnity, level of benefits when they obtain services from a physician or hospital outside of their Blue Plan's service area.

BlueCard PPO — a national program that offers members PPO benefits when they obtain services from a physician or hospital designated as a BlueCard PPO provider.

BlueCard Managed Care/POS — this program is for members who reside outside of their Blue Plan's service area. However, unlike other BlueCard programs, BlueCard Managed Care/POS members are enrolled in the Empire network and primary care physician (PCP) panels. Therefore, you should treat these members as you treat any other Empire POS member, applying the same referral practices and network protocols.

BlueCard HMO — claims should be handled in the same way as claims for Empire members and BCBS Traditional, PPO and POS patients from other BCBS Plans; submit them through the BlueCard Program.




Claims for the Federal Employees Program (FEP) are exempt from the BlueCard Program.

Member Services Through BlueCard

When members from other BCBS Plans arrive at your office or facility, be sure to ask them for their current BCBS plan identification card. The main identifiers for BlueCard members are the alpha prefix, a blank suitcase logo, and for eligible PPO members, the "PPO in a suitcase" logo. (See sample ID card on next page.)

It is very important to capture all identification card data at the time of service. We suggest that you make copies of the front and back of the identification card

and pass this key information on to your billing staff.

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
www.empireblue.com			BS PLAN 803 BC PLAN 303		
GROUP 123456 123	DED \$XXXXX	PREV 100%	CO-INS \$XXX	REL 01	RX \$XX/XX/XX
XYZ83331234			PCN 44000		
JOHN DOE					
HRA IN- & OUT-OF-NETWORK					

Alpha Prefix

The three-character alpha prefix at the beginning of the member's identification number is the key element used to identify and correctly route out-of-area claims. The alpha prefix identifies the BCBS Plan or national account to which the member belongs. It is critical for confirming a patient's membership and coverage.

Some identification cards with a BlueCard suitcase may not have an alpha prefix. This may indicate that the claims are handled outside the BlueCard program. Please look for instructions or a telephone number on the back of the card for information on how to file these claims. If that information is not available, call Empire BlueCard Customer Service at 1-800-713-4173, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday.

Occasionally, you may see identification cards from foreign BCBS Plan members. These identification cards will also contain three-character alpha prefixes. Please treat these members the same as domestic BCBS Plan members.

Suitcase Logos

A blank suitcase logo on a member's identification card means that the patient has the BlueCard Traditional (Indemnity), POS, or HMO program.

A "PPO in a suitcase" logo means that the patient has the BlueCard PPO program.

Remember: Not all PPO members are BlueCard PPO members, only those whose membership cards carry this logo are part of the BlueCard PPO Plan.

BlueCard Eligibility

Call 1-800-713-4173, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday to verify the patient's membership and coverage. Have the member's identification card ready when calling. The operator will ask for the alpha prefix. That information is the key to transferring your call to the BCBS Plan where the patient is enrolled.

Keep in mind plans are located throughout the country and may operate on a different time schedule than we do. It is possible you will be transferred to a voice response system or you may need to call back at a later time.

BlueCard Utilization Review

You should remind patients from other BCBS plans that they are responsible for obtaining precertification for their services from their BCBS plans. You may also choose to contact the member's plan on behalf of the member. If you do so, ask to be transferred to the utilization review area when you call BlueCard Eligibility (1-800-713-4173, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday) for membership and coverage information.

BlueCard Claims

Physicians are encouraged to bill electronically. If claims must be submitted on paper, please mail to:

Empire BlueCross BlueShield
BlueCard Program
PO Box 3877
Church Street Station
New York, NY 10008-3877

Be sure to include the member's complete identification number which includes the three or four-character alpha prefix. Incorrect or missing alpha prefixes and identification numbers delay claims processing or result in denials.

Once Empire receives a claim, we electronically route it to the member's BCBS Plan. The member's plan then processes the claim and applies benefits. We will then issue any payment or denial to you.

The claim submission process for international BCBS plan members is the same as domestic members. Submit the claim directly to Empire.

Exceptions to BlueCard Claims Submissions

Occasionally, there will be cases where we will require you to file the claim directly with the member's BCBS plan. Here are some of these exceptions:

- You contract with the member's BCBS Plan (e.g. in adjacent county or overlapping service area situations).
- Member has an old card without the alpha prefix.

Claims for Accounts Exempt from the BlueCard Program

When a member belongs to an account that is exempt from the BlueCard Program, Empire will electronically forward the claim to the member's BCBS plan. You will no longer need to send paper claims directly to the

member's BCBS Plan. Submit these claims directly to us and we will electronically forward them to the member's BCBS Plan. You will not be notified that the claim was forwarded to the home plan for processing.

It is important that you correctly capture the member's complete identification number, including the three-character alpha prefix. If you do not include this information, the claim may be denied. It is also important for you to call BlueCard Eligibility to verify the member's eligibility and coverage.

Empire will send you either a detailed EOB/payment advice with your payment or a notice of denial.

Coordination of Benefits Claims

Coordination of Benefits (COB) refers to how we make sure people receive full benefits and prevent double payment for services when a member has coverage from two or more sources. The member's contract language gives the order for which entity has primary responsibility for payment and which entity has secondary responsibility.

If you discover the member has a COB provision in their benefit plan, and Empire or another insurance carrier is the primary payer, submit the claim along with information regarding COB to us. If you do not include the COB information with the claim, the member's BCBS Plan or the insurance carrier will have to investigate the claim. This investigation could delay your payment or result in a post-payment adjustment.

Claims Payments

We apply claim pricing according to your and the member's contract with us. If you provide care to a member who has a PPO plan and has a "PPO in a suitcase" logo on his/her card, the PPO rate will be used.

If you are participating with our indemnity products and the member is enrolled in a traditional contract, the claims will be priced using the indemnity rate. The member's BCBS Plan then processes the claim and applies benefits. Then we will issue any payment or denial to you.

If you are not contracted with our indemnity products and you provide care to a member who is enrolled with an indemnity product, payment will be set up directly with the member's BCBS Plan. Any reimbursement will be sent directly to the member.

The following chart explains how pricing is determined using the BlueCard Program.

Other BCBS Plan		
Member's Contract	Our Payment Rate	Who gets payment?
HMO	Indemnity	Member
POS	Indemnity	Member
PPO (ID card does NOT have a suitcase)	Indemnity	Member
PPO (ID card has a PPO in a suitcase)	EPO/PPO	Provider
Traditional	Indemnity	Member

In some cases, a member's BCBS Plan may suspend a claim because medical review or additional information is necessary. When resolution of claims suspension requires additional information, we will contact you directly.

Member Inquires Regarding Claims Status or Payment

If members contact you, tell them to contact their BCBS Plan at the customer service number on their identification card. The member's plan should not contact you directly, unless you filed a paper claim directly with them.

For more information on the BlueCard Program, call Empire at 1-800-713-4173, 8:30 a.m. to 5:00 p.m. EST, Monday – Friday, or visit the Blue Cross and Blue Shield Association's website at www.bcbs.com.

Federal Employee Program (FEP)

Many United States government employees in Empire's New York operating area have selected the Federal Employee Program (FEP) for their health coverage. There are two coverage options, which are summarized below. Neither option requires referrals, but certain services are subject to precertification requirements.

Basic Option

A member must use Preferred (in-network) providers in order to receive benefits. There are generally no benefits available for services received from out-of-network



physicians. No deductible or coinsurance applies for Basic Option. Members pay a flat co-payment at the time of service. There are special circumstances when Non-Preferred (out-of-network) providers may be used. The following outlines these special circumstances:

- Medical emergency or accidental injury care in a hospital emergency room and related ambulance transport;
- Professional care provided at Preferred Facilities by Non-Preferred radiologists, anesthesiologists, certified registered nurse anesthetists (CRNAs), pathologists, emergency room physicians, and assistant surgeons;
- Laboratory and pathology services, X-rays, and diagnostic tests billed by Non-Preferred laboratories, radiologists, and outpatient facilities;
- Services of assistant surgeons;
- Special provider access situations; care received outside the United States and Puerto Rico.

Standard Option

A member may use Preferred (in-network) or Non-Participating (out-of-network) providers to receive benefits. Members pay a flat co-payment at the time of service for care received from a participating physician. Deductible and coinsurance applies for certain services. Please confirm member eligibility and benefits.



FEP Eligibility

Via phone:
Call Empire's Physicians Services
1-800-552-6630, 8:30 a.m. – 5:00 p.m.
Monday – Friday, EST

Via self service:
ENVOY Electronic Transaction System

Medical Management Preauthorization and Referral Requirements

Via Fax: 1-518-367-4957

Via Mail:
Empire Federal Employee Program
PO Box 3876
Church Street Station
New York, NY 10008-3876

Chiropractic Care and Physical Therapy

FEP Dedicated Service Center
1-800-522-5566, 8:30 a.m. to 5:00 p.m. EST,
Monday – Friday

Claim Submissions

Submit paper claims:
Empire Federal Employee Program
PO Box 3876
Church Street Station
New York, NY 10008-3876

Submit claims electronically:
ENVOY Electronic Transaction System

Questions/Inquiries

FEP Dedicated Service Center
1-800-522-5566, 8:30 a.m. to 5:00 p.m. EST,
Monday – Friday

Precertification Guidelines for FEP

Precertification is required when a member is admitted to the hospital. FEP will reduce the benefits for the inpatient hospital stay if the stay is not precertified. The physician must call to precertify for an inpatient hospital stay.

If the member has an emergency admission, the member, the member's representative, you or the hospital must call the number listed on the back of the member's ID card within 2 business days following the day of the emergency admission, even if the member has been discharged from the hospital. If the member's stay extends beyond the original approved timeframe, FEP must be contacted to approve the additional days.

When calling to precertify, please have the following information ready:

- Enrollee's name and Plan identification number
- Patient's name, date of birth and phone number
- Reason for hospitalization, proposed treatment or surgery
- Name and phone number of admitting doctor
- Name of hospital or facility
- Number of planned days of confinement

Maternity Care

Members do not need to precertify a maternity admission for a routine delivery. However, if a medical condition requires a member to stay in the hospital for more than 48 hours after a normal delivery or 96 hours after a caesarian section, then FEP must be contacted for precertification of the additional days. Furthermore, if the baby stays in the hospital after the member is discharged, FEP must be contacted to precertify the additional days for the baby.

Other services which require precertification under the Standard and Basic Options

- Home hospice care
- Partial hospitalization or intensive outpatient treatment for mental health/substance abuse
- Organ/tissue transplant
- Clinical trials for certain organ/tissue transplants
- Certain prescription drugs

Other services which require precertification under Basic Option only

- Outpatient mental health and substance abuse treatment