

Step 1: Go to Empire Plan custom microsite – www.empireblue.com/nys On this screen, you will see the below screen which will have links to the LiveHealth Online website as well as the coupon code needed to access care, free of charge.

The Empire Plan is doing all they can to support you and your family through this unprecedented time.

If you are concerned about leaving your home to receive medical care or your ability to access care, we encourage you to use [LiveHealth Online](http://www.livehealthonline.com) to speak with a doctor from the comfort of your home or to schedule a virtual visit with a therapist. The Empire Plan will be covering these visits at no cost to you. Please go to www.livehealthonline.com to register and enter coupon code **NYSHIP** when you get to the payment screen. This code will ensure you and your covered dependents receive care, free of charge.

Step 2: When member clicks on link to LiveHealth Online (www.livehealthonline.com), below screen will come up. Member will then click on the Sign Up button in the top right corner of the screen.

Pricing | FAQ | Español

LiveHealth[®]
O N L I N E | Medical Allergy Psychology Psychiatry

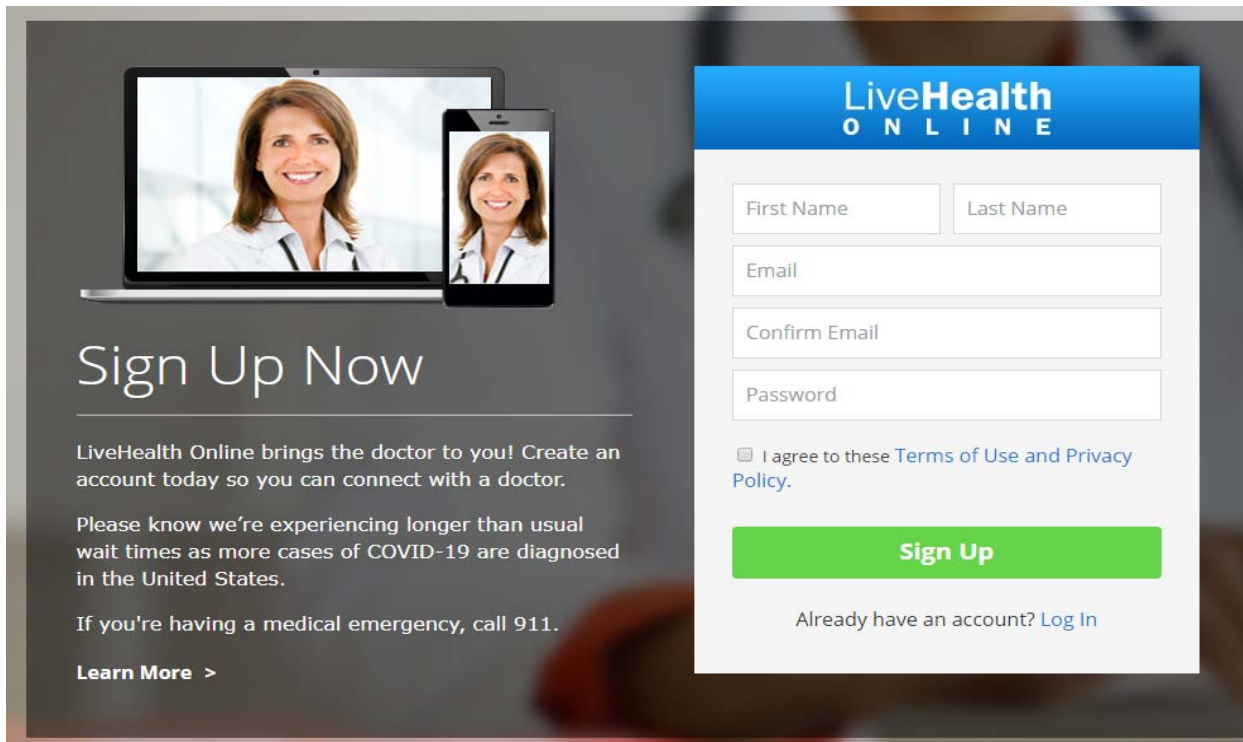
Log in Sign up

Please know we're experiencing longer than usual wait times.
LiveHealth Online is increasing physician availability to handle the increase in patients while maintaining reasonable wait times.

Visit with a doctor 24/7.
Get expert advice, a treatment plan and prescriptions if needed.

Continue

Step 3: At this screen, member will begin the Sign Up process



The image shows a screenshot of the LiveHealth Online sign-up process. On the left, there is a promotional graphic with a laptop and a smartphone, both displaying a smiling female doctor. Below the images, the text reads "Sign Up Now" and "LiveHealth Online brings the doctor to you! Create an account today so you can connect with a doctor." It also includes a note about longer wait times due to COVID-19 and a link to "Learn More". On the right, there is a sign-up form with fields for "First Name", "Last Name", "Email", "Confirm Email", and "Password". There is a checkbox for "I agree to these Terms of Use and Privacy Policy." and a green "Sign Up" button. Below the button, it says "Already have an account? Log In".

Get Started | Your Visit | Pharmacy | Payment | Your Provider

Get Started

Please provide some details about your visit and we'll connect you with a qualified provider.

Who is this visit for?

- Myself
 My child

What type of visit would you like to have?

- Video
 Phone Call

What phone number should a provider call for follow-up, if needed?*

Would you like to email guests (up to four) to join your visit? ⓘ

[+ Add a guest](#)

Your Visit

What would you like to discuss today?

- | | |
|--|---|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Flu-Like Symptoms | <input type="checkbox"/> Stomachache |
| <input type="checkbox"/> Headache | <input type="checkbox"/> <input type="text" value="Other"/> |

What is your current physical address in the event of a medical emergency?

Are you allergic to any medications?

Are you now or could you be pregnant?

Medical History

CONDITIONS

Have you ever been diagnosed with any of the following conditions?

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Gastrointestinal Bleeding |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Heartburn, Reflux |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Blood Pressure/Hypertension |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Breast Disease | <input type="checkbox"/> Immune Deficiency |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> Chronic Liver Disease | <input type="checkbox"/> Migraine |

Pharmacy

Where would you like prescriptions sent?

CVS/pharmacy [REDACTED]

RETAIL

Another Pharmacy

Back

Continue

Enter your Empire Plan ID number from your ID card.

Insurance

I have insurance

Insurance may cover all or part of your visits. If your plan isn't listed, you can still have a visit.

Health plan

I don't have insurance

My plan isn't listed / Prefer not to answer

Continue

Enter Coupon Code here

✓ Get Started ✓ Your Visit ✓ Pharmacy **Payment** Your Provider

Payment

You're about to be connected with a highly qualified provider. Please enter your payment information below.

Your Cost: **\$59.00**

COUPON CODE

Apply

Price includes only the cost of your visit. The cost of any medications or treatments prescribed as a result of your visit is not included.

Credit Card Information



Name on Card

Credit Card Number

Security Code

Month

Year

Billing Address

Once Coupon Code entered,
cost of visit will drop to \$0

✓ Get Started ✓ Your Visit ✓ Pharmacy **Payment** Your Provider

Payment

You're about to be connected with a highly qualified provider. Please enter your payment information below.

Your Cost: **\$0.00**

NYSHIP

Apply

Coupon applied.

Price includes only the cost of your visit. The cost of any medications or treatments prescribed as a result of your visit is not included.

Cancel

Continue