

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
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NYSHIP SEHP Benefit Update – December 2005

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NY0654 NYSHIP SEHP BENEFIT UPDATE - DECEMBER/05

Your First Visit to a Participating Pharmacy after January 1, 2006

NYSHIP SEHP and the Prescription Drug Program administrators have made every effort to ensure that participating pharmacies are aware of the change in administrators and know how to submit claims. However, you should cut out the information below and take it with you the first time you go to a retail pharmacy on or after January 1, 2006.



Your first visit to a Caremark/Empire Plan participating retail pharmacy on or after January 1, 2006

Below is information that may be helpful the first time you use a Caremark/Empire Plan participating retail pharmacy to fill your prescription:

Empire BlueCross BlueShield and Caremark administer The Empire Plan Prescription Drug Program

Rx Group: NYSTATE

Processor Control Number: NYSTATE

Bank Identification Number: 004336

New Addresses You Need to Know

Addresses for using the mail service pharmacy, submitting claims for prescriptions from non-participating pharmacies and sending written appeals and prior authorization documentation are changing. Use the addresses below on and after January 1, 2006:

1. Mail prescriptions to the Caremark Mail Service Pharmacy at:
Caremark
P.O. Box 3223
Wilkes-Barre, PA 18773-3223
2. Mail completed claim forms for prescriptions from retail pharmacies to:
The Empire Plan
Prescription Drug Program
P.O. Box 52071
Phoenix, AZ 85072-2071
3. Mail written appeals, grievances, prior authorization documentation and general correspondence to:
The Empire Plan
Prescription Drug Program
P.O. Box 11826
Albany, NY 12211

January 1, 2006 Reminders

If you are taking a prescription drug now, plan ahead to avoid any problems using your benefits on or after January 1, 2006.

- If you are now filling a prescription at a retail pharmacy and have refills available, ask if the pharmacy participates in the Caremark/Empire Plan network. If it does, you can continue to use your NYSHIP SEHP Benefit Card there. (See the Questions and Answers on page 7 if the pharmacy does not participate.)
- If you are now using the ExpressScripts Mail Service pharmacy and have refills available, your prescription (except for compound drugs and controlled substances that will require a new prescription) will be automatically transferred to the Caremark Mail Service pharmacy as of January 1, 2006.
- Prescriptions for compound drugs and controlled substances (Rx number begins with "C") cannot be transferred between retail pharmacy locations. You will need a new prescription from your doctor.
- The Prescription Drug Program will not cover or fill prescriptions (including refills) at the ExpressScripts Mail Service pharmacy after December 31, 2005.
- If the Prescription Drug Program has waived the generic substitution requirement for a specific prescription you are using, you will not need to file a new appeal at this time.
- If you have already received approval for a drug on the Prior Authorization list, you don't need to call at this time for another authorization.

Controlling Your Prescription Drug Costs

One way you can help control the rapidly increasing cost of prescription drugs is by encouraging your physician to prescribe generics whenever they are available or when prescribing a brand-name drug to use the Preferred Drug List on the following pages. This is not a complete list.

This list offers alternatives which are safe and effective equivalents to higher cost drugs. The drugs listed have been determined by a panel of pharmacists and physicians to be safe and effective for treating disease and reducing drug therapy cost.

There will be some differences between the 2005 ExpressScripts National Preferred Drug List and the 2006 Empire Plan Preferred Drug List administered by Empire BlueCross BlueShield. Enrollees taking drugs that will become non-preferred brand-name drugs as of January 1, 2006 will receive a letter in the mail

with lower cost generic or preferred brand-name alternatives. You may discuss using alternatives with your doctor or choose to pay a higher cost for the non-preferred brand-name drug.

The 2006 Empire Plan Preferred Drug List will be sent to participating Empire Plan physicians to use in selecting drugs for you. They are encouraged – but not required – to use this list. Medically necessary non-preferred brand-name drugs that are not on the Preferred List are covered, but at a higher cost to you.

You can help control your prescription drug costs by reminding your doctor of the Preferred Drug List as you discuss the best treatment options for your health conditions. Be sure to keep the drug list on the following pages with your medical records as a handy reference.

Here's How to Use the Prescription Drug Program

When your doctor prescribes a medically necessary drug on and after January 1, 2006, you can fill the prescription using your SEHP prescription drug benefits in one of three ways:

1. You can use your NYSHIP SEHP Benefit Card for covered prescription drugs at Caremark/Empire Plan participating pharmacies.
2. You can order your covered prescription drugs by mail from the Caremark Mail Service pharmacy.
3. You can use a non-participating pharmacy or pay cash for your prescription at a participating retail pharmacy (instead of using your NYSHIP SEHP Benefit Card) and submit a claim for reimbursement.

In most cases, you will not be reimbursed the total amount you paid for the prescription and the resulting out-of-pocket expense will likely be greater than your copayment at a participating pharmacy. So use your NYSHIP SEHP Benefit Card whenever possible.

See page 8 for new mailing addresses.

The *NYSHIP SEHP Benefit Update* 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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Questions and Answers

About The Empire Plan Prescription Drug Program

Q: What are my options to fill a prescription after January 1, 2006 if my current retail pharmacy does not participate in the Caremark/Empire Plan network?

A: You have three choices:

- Ask the pharmacy if they will transfer the prescription to a participating pharmacy (except for compound drugs and controlled substances which cannot be transferred);
- Pay cash and submit a claim for reimbursement; or
- Ask your doctor for a new prescription to fill at a participating retail pharmacy or the mail service pharmacy.

Q: Can I send my prescriptions to the Caremark Mail Service pharmacy now?

A: Since the Caremark Mail Service pharmacy will not become your new mail service pharmacy until January 1, 2006, you should not begin sending your prescriptions to Caremark until December 28, 2005.

Q: I currently use a credit or debit card to pay for my mail order prescriptions. Will my payment information transfer to the Caremark Mail Service pharmacy on January 1, 2006?

A: No, you will need to reestablish your payment arrangement with Caremark the first time you use the mail service pharmacy. If you are currently

using the Plan's mail service pharmacy, you will receive additional information about using the Caremark Mail Service pharmacy before January 1, 2006.

Q: What is the deadline for submitting direct reimbursement claims to ExpressScripts for prescriptions filled in 2005?

A: You should file claims as soon as possible. However, you have until 90 days after the end of the calendar year – or March 31, 2006 – to submit claims to ExpressScripts for prescriptions filled in 2005.

All direct reimbursement claims for prescriptions filled on and after January 1, 2006 must be submitted to the Prescription Drug Program at the address listed on page 8. You must submit claims within 90 days after the end of the calendar year in which the drugs were purchased.

Q: Will certain drugs still require prior authorization?

A: Yes, you must continue to obtain prior authorization for certain drugs. While these drugs can have medical results of immeasurable value, they are sometimes prescribed inappropriately. The Prior Authorization Program administered by Empire BlueCross BlueShield ensures that these drugs are used appropriately, for medically necessary treatments.

When You Call

For anything related to your Prescription Drug Program, you can call toll free at 1-877-7-NYSHIP (1-877-769-7447) 24 hours a day, seven days a week. Choose the Prescription Drug Program on the main menu and then the prompt for 2006 benefit information to connect to a representative or pharmacist.

Effective January 1, 2006, you will be able to:

- Verify your eligibility
- Locate a participating pharmacy
- Use the mail service pharmacy
- Talk to a representative
- Request prior authorization or a generic appeal
- Talk to a pharmacist



The NYSHIP SEHP Prescription Drug Program

Up to a 30-day supply from a participating retail pharmacy

\$5 Copayment – generic drug

\$15 Copayment – preferred brand-name drug

\$30 Copayment – non-preferred brand-name drug

31 to 90-day supply through the Caremark Mail Service pharmacy

\$5 Copayment – generic drug

\$20 Copayment – preferred brand-name drug

\$55 Copayment – non-preferred brand-name drug

One copayment covers up to a 30-day supply at a retail pharmacy or up to a 90-day supply through the Caremark Mail Service. Refills are valid for up to one year from the date the prescription is written.