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Please note that this memo replaces NY00-59 issued on December 6, 2000.

NY01-02

To: Unified Court System Health Benefit Administrators

From: Employee Benefits Division

Subject: New York State Health Insurance Program (NYSHIP)/Empire Plan
Benefit Changes for the Unified Court System

Date: January 5, 2001

The following is a summary of negotiated and administrative changes for five (5) groups of employees of the Unified Court System:

- (1) Judges and Justices (BP A15)
- (2) CSEA-represented employees (BP A13)
- (3) DC-37-represented employees (BP A14)
- (4) Civil Service Forum-represented employees (BP A14 through 12/31/00; BP A26 effective 1/1/01)
- (5) Employees represented by other UCS unions (BP A20) and unrepresented UCS employees (BP A17)

In all cases, benefits also apply to enrolled dependents and COBRA enrollees with their benefits.

In cases in which administrative and benefit changes are the same for more than one group, they are listed once for all affected groups. If a change does not affect all groups, that is indicated also. Please make sure that you identify the correct benefit package for your employees before advising them whether a particular change affects them. If you have any questions, please call your EBD Processor.

Effective January 1, 2000

Hearing Aids (Empire Plan) - ALL GROUPS

The maximum is increased to \$800 every four years for adults and \$800 every two years for children when medically necessary. Employees who had already received the previous maximum benefit after January 1, 2000, are eligible for the increased amount if their expenses exceeded the previous maximum. They should contact UHC for an adjustment.

Effective January 1, 2000 (continued)

Earned Sick Leave Credit (Empire Plan or HMO) – GROUPS 2, 3, 4 AND 5 ONLY

Enrollees may use up to 200 earned sick leave days to calculate retiree health insurance sick leave credit.

NOTE: If you processed retirement transactions on NYBEAS with an effective date of 1/1/2000 or later, and did not use the new maximum for a retiring employee whose sick leave exceeded the previous 165-day limit, please send a letter to EBD's Retiree Unit. This letter should state the correct amount of sick leave days for the retiring employee, not the additional amount over 165 days.

Effective May 1, 2000

Graduating Students (Empire Plan or HMO) - ALL GROUPS (Dental and Vision – GROUPS 1 AND 5 ONLY)

Graduating students age 19 or over, but under age 25, are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation. The enrollee must be able to provide verification of the dependent's graduation. After the three-month extension ends, the graduated dependent student may apply for COBRA or direct-pay conversion coverage.

Effective July 1, 2000

Adult Immunizations (Empire Plan) – ALL GROUPS

Influenza, pneumonia, measles, mumps, rubella, varicella, and tetanus are covered under the Participating Provider Program subject to applicable copayment.

Arizona, North Carolina and South Carolina Provider Networks Expand (Empire Plan) – ALL GROUPS

Empire Plan enrollees can now use physicians in United HealthCare's Preferred Provider Organization (PPO) network in these states. The number of Empire Plan participating providers has grown by 5,300 in Arizona, 11,300 in North Carolina and 4,700 in South Carolina.

Benefits After Termination (Empire Plan) – ALL GROUPS

If you or a dependent is totally disabled on the date Empire Plan coverage ends, Empire Plan benefits for that disability will be covered until the day you or your dependent is no longer totally disabled or 90 days after coverage ended, whichever is earlier.

Effective July 1, 2000 - continued

\$8 Copayment (Empire Plan) – GROUPS 1 AND 2 ONLY

The following copayments will be changed to \$8:

Hospital Outpatient Department Services for Physical Therapy.

Services by Empire Plan Participating Providers for an Office Visit, Office Surgery, Radiology Service, Diagnostic Laboratory Service, Cardiac Rehabilitation Center visit and Urgent Care Center visit.

Services by Managed Physical Network (MPN) Providers for an Office Visit, Radiology and Diagnostic Laboratory Service.

Services by Mental Health and Substance Abuse Network Providers When You Are Referred by ValueOptions for a visit to an Outpatient Substance Abuse Treatment Program (Mental Health per visit copayment remains at \$15).

Centers of Excellence for Organ Transplants (Empire Plan) – ALL GROUPS

Centers of Excellence will be available under hospital contract for organ transplants. Participation is voluntary. Enrollees receiving medically necessary transplants at designated Centers of Excellence will have paid-in-full coverage for evaluation, procedure and up to 12 months of follow up at the Center, as well as case management services by Empire Blue Cross. There will be a pre-authorization requirement for certain organ and tissue transplants performed at a Centers of Excellence. Travel and lodging costs for the patient and a companion will also be covered under specified conditions.

The Empire Plan NurseLine_{SM} (Empire Plan) – ALL GROUPS

You may call the Empire Plan NurseLine_{SM} at 1-800-439-3435 toll-free to talk to a Registered Nurse. The Empire Plan NurseLine_{SM} provides health and medical information, education and support by Registered Nurses, 24 hours a day, 365 days a year – at no cost to the enrollee or dependents.

Infertility Treatment (Empire Plan) – ALL GROUPS

Paid-in-full benefits at Centers of Excellence. Pre-authorization requirement and lifetime maximum of \$25,000 per covered person for certain qualified procedures.

Military Leave (Empire Plan or HMO) – ALL GROUPS

Employees called to active duty by a declaration of the President of the United States or an Act of Congress will be eligible for up to 12 months of dependent coverage at no employee cost. *This does not apply to COBRA enrollees.*

Newborn Child Care (Empire Plan) – ALL GROUPS

Basic Medical maximum allowance is increased to \$150, not subject to deductible or coinsurance.

Effective July 1, 2000 - continued

Pediatric Immunizations (Empire Plan) – ALL GROUPS

Influenza vaccine, when provided in accordance with pediatric guidelines, is covered under Participating Provider Program with no copayment and Basic Medical Program subject to deductible and coinsurance.

Physical Therapy (Empire Plan) –ALL GROUPS

There is an \$8 copayment for a physical therapy visit in the hospital outpatient department when covered by Blue Cross.

Pre-Admission Testing (Empire Plan) - ALL GROUPS

No copayment for hospital outpatient pre-admission testing and/or pre-surgical testing prior to inpatient admissions.

Prescription Drug Copay (Empire Plan) - GROUPS 1, 2 AND 5 ONLY

There is a \$5 copayment for a generic drug, \$15 copayment for a brand-name drug without a generic equivalent, \$15 copayment plus difference in cost for brand-name with generic equivalent.

Prospective Procedure Review (Empire Plan) – ALL GROUPS

Enrollees must call the Benefits Management Program at 1-800-992-1213 before an elective MRI is performed in any outpatient setting, including a hospital outpatient department.

Routine Health Exams (Empire Plan) – ALL GROUPS

The Basic Medical allowance increased to \$250 per calendar year for an active employee age 50 or older and \$250 per calendar year for an active employee's spouse/domestic partner age 50 or older.

Skilled Nursing Facility (Empire Plan) – ALL GROUPS

Enrollees must call the Benefits Management Program at 1-800-992-1213 before admission or transfer to a Skilled Nursing Facility.

Effective September 1, 2000

Prescription Drug Coverage (Empire Plan) – ALL GROUPS

Prevnar will be covered as part of the routine pediatric series under both the participating and non-participating portions of the Empire Plan, subject to appropriate medical protocols for age and frequency.

Effective November 1, 2000

Health Option Program (HOP) (Empire Plan or HMO) – GROUPS 2, 3, 4 AND 5 ONLY

Eligible employees may sign up for 2001 HOP (see page 5).

Effective January 1, 2001**Reduced Coinsurance Maximum (Empire Plan) – GROUPS 2, 3, 4 AND 5 ONLY**

Enrollees earning less than \$23,017 per year on April 1, 2000 are eligible for a reduced coinsurance maximum for the plan year beginning January 1, 2001. Employees complete PS-459 (revised 2000), Application for Reduced Maximum Coinsurance Expense.

Basic Medical Annual Deductible (Empire Plan) – ALL GROUPS

The Empire Plan Basic Medical Program annual deductible for medical services by a non-participating provider will be \$175.

Health Option Program (Empire Plan or HMO) – GROUPS 2, 3, 4 AND 5 ONLY

Employees who have at least 15 days of unused sick leave may exchange three prospective sick leave days for a \$300 calendar year reduction in health insurance premiums. In November 2000, enrollees may choose this option for the 2001 calendar year.

Hearing Aids (Empire Plan) - ALL GROUPS

The maximum is increased to \$1,000 every four years for adults and \$1,000 every two years for children when medically necessary.

Home Care Advocacy Program (HCAP) (Empire Plan) – ALL GROUPS

Non-network reimbursement maximum is 50 percent of the network allowance if you do not follow HCAP requirements.

Prescription Drug Copay (Empire Plan) – GROUP 3 ONLY

There is a \$3 copayment for a generic drug, \$13 copayment for a brand-name drug without a generic equivalent, \$13 copayment plus difference in cost for brand-name with generic equivalent.

Prescription Plan Contribution (Empire Plan or HMO) – GROUP 3 ONLY

Prescription drug coverage with the New York State Health Insurance Program replaces coverage with the Union Benefit Fund Program. Employees will not have a prescription drug premium contribution.

Effective January 1, 2002**Reduced Coinsurance Maximum (Empire Plan) – GROUPS 2, 3, 4 AND 5 ONLY**

Enrollees earning less than \$23,823 per year on April 1, 2001 are eligible for a reduced coinsurance maximum for the plan year beginning January 1, 2002. Employees complete PS-459 (revised 2000), Application for Reduced Maximum Coinsurance Expense.

Emergency Room Care (Empire Plan) – ALL GROUPS

There is a \$35 copayment for each visit to the emergency room of a hospital for emergency care.

Effective January 1, 2002 - continued**Hearing Aids (Empire Plan) - ALL GROUPS**

The maximum is increased to \$1,200 every four years for adults and \$1,200 every two years for children when medically necessary.

Effective January 1, 2003**Reduced Coinsurance Maximum (Empire Plan) – GROUPS 2, 3, 4 AND 5 ONLY**

Enrollees earning less than \$24,657 per year on April 1, 2002 are eligible for a reduced coinsurance maximum for the plan year beginning January 1, 2003. Employees complete PS-459 (revised 2000), Application for Reduced Maximum Coinsurance Expense.

Basic Medical Annual Deductible (Empire Plan) – ALL GROUPS

The Empire Plan Basic Medical Program annual deductible for medical services by a non-participating provider will be \$185.

Prescription Drug Copay (Empire Plan) – GROUP 3 ONLY (existing benefit for groups 1,2,5; Group 4 has prescription drug coverage through union benefit fund).

There is a \$5 copayment for a generic drug, \$15 copayment for a brand-name drug without a generic equivalent, \$15 copayment plus difference in cost for brand-name with generic equivalent.

Prescription Plan Contribution (Empire Plan or HMO) – GROUP 3 ONLY (existing benefit for groups 1,2,5; Group 4 has prescription drug coverage through union benefit fund).

Employees will contribute ten percent of the prescription drug premium contribution for Individual Coverage and twenty-five percent of the prescription drug premium contribution for Family Coverage.