



GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

For Employees of the State of New York
represented by **New York State Correctional Officers
and Police Benevolent Association (NYSCOPBA)**
and for their enrolled dependents
and for COBRA enrollees with their benefits

SEPTEMBER 2005

State of New York Department of Civil Service
Employee Benefits Division
www.cs.state.ny.us

**Keep these amendments with
your June 1, 2002 New York
State Health Insurance Program
General Information Book and
Empire Plan Certificate.**

Pages in your Book/Certificate and
later Certificate Amendments have
consecutive numbers.

*New York State
Health Insurance Program
General Information Book*

Pre-Tax Contribution Program.....	162
Disability retirement.....	162
COBRA coverage for disabled.....	163
When you no longer qualify for COBRA coverage	163

*Empire Plan
Certificate Amendments*

*Empire Blue Cross Blue Shield
Centers of Excellence
for Transplants Program*

Recovery of overpayments.....	163
-------------------------------	-----

United HealthCare

Coinsurance maximum	164
Meningitis immunization.....	164
Annual deductible	164
Ambulance service.....	164
Recovery of overpayments.....	164

*CIGNA/Express Scripts
Prescription Drug Program*

Federal Legend drugs	165
On-premises pharmacies.....	165
Coordination of benefits.....	165

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your June 1, 2002 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports and Certificate Amendments*, this is the controlling document.

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for the second paragraph under “When your Family coverage begins” in the “Coverage: Individual or Family” section on page 9 of your NYSHIP General Information Book.

Pre-Tax Contribution Program

If you and a spouse or domestic partner each have Individual coverage in NYSHIP and you change to one Family coverage, there is no waiting period. Note: If you participate in the Pre-Tax Contribution Program (PTCP), federal regulations allow only one spouse or domestic partner with Individual coverage to change to Family coverage upon acquisition of a dependent child. The other spouse or domestic partner with Individual coverage must retain that coverage until the Pre-Tax Election Period. Then that enrollee can cancel Individual coverage and choose to be covered as a dependent under Family coverage.

Substitute the following for the information in the box under “Disability retirement” in the “Continuing Coverage When You Retire” section on page 20 of your NYSHIP General Information Book.

Disability retirement

To maintain NYSHIP eligibility, you must continue your health insurance coverage while you wait for the decision on your disability retirement. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee status, coverage for you and your dependents will end. Coverage may end permanently. If your disability retirement is not approved, you will not be eligible to re-enroll in NYSHIP.

Deadline: If you have not continued your coverage and a retroactive retirement is granted, call the Employee Benefits Division right away at 518-457-5754 (Albany area) or 1-800-833-4344 to ask about reinstating coverage. Call as soon as you have the decision on your disability retirement. You must apply in writing for reinstatement of your NYSHIP coverage **within one year** of the date on the letter from your retirement system announcing the decision to grant your disability retirement. If coverage is reinstated due to your receipt of a disability retirement, you will be required to pay any missed premiums, based upon the last coverage in effect, from the date your coverage terminated until the date your coverage would have ended if your retirement had been granted on a timely basis.

If you receive an ordinary disability retirement, the effective date of your coverage will follow a three-month late enrollment waiting period based on the date of your application.

If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on a current basis.

**COBRA
coverage for
disabled**

Substitute the following for the first paragraph of “How long you may keep COBRA coverage” in the “COBRA: Continuation of Coverage” section on pages 29-30 of your NYSHIP General Information Book.

You, the employee, will have the opportunity to maintain continuation coverage for 18 months. However, the continuation coverage period will be extended to 29 months for you and your enrolled dependents if you or a dependent is disabled (under Social Security Act provisions defining disabilities). If you are disabled under Social Security at the time of COBRA election, you must notify the Employee Benefits Division within the first 60 days of COBRA coverage in order to qualify for the 11-month extension for the disabled. If you become disabled under Social Security during COBRA continuation, you must notify the Employee Benefits Division within 60 days of the date of the notice of disability and prior to the end of the 18-month COBRA continuation period in order to qualify for the 11-month extension period.

Substitute the following for “When you no longer qualify for COBRA coverage” in the “COBRA: Continuation of Coverage” section on page 30 of your NYSHIP General Information Book as amended in your January 2004 Empire Plan Report.

**When you
no longer
qualify for
COBRA
coverage**

Continuation coverage may be cut short for any of the following reasons:

1. If New York State no longer provides group health care coverage to any of its employees; or
2. If the premium for your continuation coverage is not paid on time; or
3. The continuation period of 18 months, 29 months or 36 months ends; or
4. If you become eligible for Medicare after enrolling in COBRA, your COBRA coverage ends when you become entitled to receive Medicare benefits. (In this case, your covered dependents may continue COBRA coverage for up to 18 months (or 29 months if entitled to the 11-month disability extension) from their original COBRA qualifying event.)

**EMPIRE BLUE CROSS BLUE SHIELD
CERTIFICATE OF INSURANCE**

Add the following after the first paragraph under “Centers of Excellence for Transplants Program” on page 56 of your Empire Blue Cross Blue Shield Certificate.

**Centers of
Excellence for
Transplants
Program**

If an enrollee has secondary coverage under The Empire Plan, and the enrollee’s primary insurer/HMO denies coverage at a facility described below that is covered under the Centers of Excellence for Transplants Program, The Empire Plan will be considered the enrollee’s primary coverage for purposes of this section. The enrollee or the enrollee’s primary health plan must send the denial letter to Empire Blue Cross Blue Shield. For assistance with this process, contact The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield.

Insert the following as the second paragraph of “3. Recovery of overpayments” in the “Miscellaneous Provisions” section on page 66 of your Empire Blue Cross Blue Shield Certificate.

**Recovery of
overpayments**

In the event that you suffer an injury or illness for which another party may be responsible, such as someone injuring you in an accident or due to medical malpractice, and we pay benefits as a result of that injury or illness, we will be subrogated to and shall succeed to all rights of recovery against the party responsible for your illness or injury to the reasonable value of any benefits we have paid. This right is limited to the amount of the settlement that represents medical expenses that have been paid. This means that we have the right, as a plaintiff-intervener in the action you may commence, to proceed against the party responsible for your injury or illness to recover the benefits we have paid. However, we shall not exercise our right to bring an independent action if you do not pursue a claim.

UNITED HEALTHCARE CERTIFICATE OF INSURANCE

Coinsurance maximum

Substitute "\$1,145 for calendar year 2005" in the first and second paragraphs of "T. 2. b. The covered percentage" under "Meaning of Terms Used" on pages 76-77 of your United HealthCare Certificate.

Insert the following as the fourth sentence in "A. Office and Home Visits" under "What is covered under the Participating Provider Program" in the "Participating Provider Program" section on page 78 of your United HealthCare Certificate as amended in your June 2003 Empire Plan Report.

Meningitis immunization

The meningitis immunization is also a covered expense for dependent students age 19 and over.

Substitute the following for the first sentence of "A. Annual Deductible" under "You must meet a deductible and pay 20% coinsurance..." in the "Basic Medical Program" section on page 81 of your United HealthCare Certificate.

Annual deductible

For calendar year 2005, the Basic Medical annual deductible for medical services performed and supplies prescribed by non-participating providers is \$309 for the enrollee, \$309 for the enrolled spouse/domestic partner, and \$309 for all dependent children combined.

Ambulance service

Substitute the following for "J. Ambulance Service" under "What is covered..." in the "Basic Medical Program" section on page 82 of your United HealthCare Certificate.

J. Ambulance Service – Emergency ambulance transportation to the nearest hospital where emergency care can be performed is covered when the service is provided by a licensed ambulance service and ambulance transportation is required because of an emergency condition. Medically necessary non-emergency transportation is covered if provided by a licensed ambulance service.

Covered medical expenses for ambulance service are:

- a. Local commercial ambulance charges except for the first \$35. *These amounts are not subject to deductible or coinsurance.*
- b. When the enrollee has no obligation to pay for the use of an organized voluntary ambulance service, donations up to a maximum of \$50 for services under 50 miles. \$75 for 50 miles or over. *These amounts are not subject to deductible or coinsurance.*

Add the following at the end of "Refund to United HealthCare for overpayment of benefits" in the "Miscellaneous Provisions" section on page 100 of your United HealthCare Certificate.

Recovery of overpayments

In the event that you suffer an injury or illness for which another party may be responsible, such as someone injuring you in an accident or due to medical malpractice, and we pay benefits as a result of that injury or illness, we will be subrogated to and shall succeed to all rights of recovery against the party responsible for your illness or injury to the reasonable value of any benefits we have paid. This right is limited to the amount of the settlement that represents medical expenses that have been paid. This means that we have the right, as a plaintiff-intervener in the action you may commence, to proceed against the party responsible for your injury or illness to recover the benefits we have paid. However, we shall not exercise our right to bring an independent action if you do not pursue a claim.

CIGNA CERTIFICATE OF INSURANCE

Substitute the following for “A. Federal Legend Drugs” under “What is Covered” in the “Your Benefits and Responsibilities” section on page 133 of your CIGNA Certificate.

Federal Legend drugs

A. Federal Legend Drugs. Drugs or medicines whose labels must bear the legend: RX Only.

Add the following after “F.” at the end of “What is covered” in the “Your Benefits and Responsibilities” section on page 133 of your CIGNA Certificate.

On-premises pharmacies

G. Prescription drugs dispensed by on-premises pharmacies to patients in a Skilled Nursing Facility; rest home; sanitarium; extended care facility; convalescent hospital; or similar facility. Such on-premises pharmacies are considered non-participating pharmacies and require submission of a claim form for reimbursement.

Substitute the following for “E.” under “Exclusions and Limitations” in the “Your Benefits and Responsibilities” section on page 133 of your CIGNA Certificate.

E. Drugs administered to you by the facility while a patient in a licensed hospital. This limit applies only if the facility in which you are a patient operates on its premises, or allows to be operated on its premises, a facility which dispenses pharmaceuticals; and dispenses such drugs administered to you by the facility.

Substitute the following for “1.” and “3.” in the “Coordination of Benefits” section on page 136 of your CIGNA Certificate.

Coordination of benefits

1. **Coordination of Benefits** means that the benefits provided for you under The Empire Plan are coordinated with the benefits provided for you under another plan. The purpose of Coordination of Benefits is to avoid duplicate benefit payments so that the total payment under The Empire Plan and under another plan is not more than The Empire Plan’s total allowable charge for a service covered under both group plans.
3. When coordination of benefits applies and The Empire Plan is secondary, payment under The Empire Plan will be reduced so that the total of all payments or benefits payable under The Empire Plan and under another plan is not more than The Empire Plan’s total allowable charge for the service you receive.

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
www.cs.state.ny.us

ADDRESS SERVICE
REQUESTED

SAVE THIS DOCUMENT



NYSHIP information for the Enrollee,
Enrolled Spouse/Domestic Partner and
Other Enrolled Dependents

NYSCOPBA Book/Certificate Amendments – September 2005

PRSR STD
U.S. Postage Paid
Utica NY
Permit No. 320

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 Employee Benefits Division web site (www.cs.state.ny.us), which 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. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

 This document was printed using recycled paper and environmentally sensitive inks.

NY0638 GIB-EMPIRE PLAN/NYSCOPBA/05-1 
