



GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

For Employees of the State of New York
represented by **Council 82**

NOT subject to the Binding Arbitration

and for their enrolled Dependents

and for COBRA enrollees with their benefits

JANUARY 2007

State of New York Department of Civil Service

Employee Benefits Division

www.cs.state.ny.us

**Keep these amendments with
your July 1, 2003 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

Changing options	166
Family coverage	166
Exception for court order	166
IRS regulations	166

Empire Plan Certificate Amendments

<i>Empire BlueCross BlueShield</i>	
Transplants Program	167
Other benefits	167

United HealthCare

Coinsurance maximum	168
HPV immunization	168
Annual deductible	168

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 July 1, 2003 *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)

Add the following as the fifth bullet under “Changing options outside the Option Transfer Period” in the “Your Options Under NYSHIP” section on page 3 of your *NYSHIP General Information Book*.

Changing options

- You add a new dependent to your coverage. The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption.

Substitute the following for the fifth and sixth bullets under “When your Family coverage begins” in the “Coverage: Individual or Family” section on page 10 of your *NYSHIP General Information Book*.

Family coverage

- If you apply **more than 7 days but within 30 days after** the event, there will be a waiting period. Your Family coverage will become effective on the day you apply if you apply on the first day of a payroll period. Otherwise, it will begin on the first day of the next payroll period.
- If you apply **more than 30 days after** the event, there will be a longer waiting period. Your Family coverage will become effective on the first day of the fifth payroll period following the payroll period in which you apply.

Substitute the following for the fourth, fifth and sixth paragraphs in the box entitled “Changing to Family Coverage” in the “Coverage: Individual or Family” section on page 11 of your *NYSHIP General Information Book*.

If you apply more than 7 days but within 30 days after the event, coverage begins on the first day of the next payroll period.

If you apply more than 30 days after the birth or adoption of a newborn or any other event, coverage begins on the first day of the fifth payroll period.

Substitute the following for “Exception for court order” in the “Coverage: Individual or Family” section on page 10 of your *NYSHIP General Information Book*.

Exception for court order

If you are subject to a court order mandating that dependent children be enrolled immediately in employer health insurance, the late enrollment waiting period will be waived for your eligible dependent children covered by the court order. You must provide a copy of the court order and any supporting documents needed to show that the dependent children are covered by the order and eligible for coverage under NYSHIP eligibility rules. You must contact your agency Health Benefits Administrator for this benefit.

Substitute the following for the first sentence of “Changes permitted only after certain events” under “Costs, Pre-Tax Program and What Your Paycheck Stub Shows” on page 14 of your *NYSHIP General Information Book*.

IRS regulations

Under the Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the plan year only after one of the following PTCP-qualifying events:

Substitute the following for “IRS regulations: Arbitrary changes not permitted during the year” under “Costs, Pre-Tax Program and What Your Paycheck Stub Shows” on page 14 of your NYSHIP General Information Book.

IRS regulations:

Changes in benefit elections during the plan year that do not stem from a qualifying event are not permitted by the IRS and cannot change the amount of your pre-tax health insurance deduction.

Since IRS regulations restrict changes in your benefit elections and their related health insurance premium deductions during a plan year, NYSHIP enrollees who are enrolled in the PTCP are not permitted to make the following two changes during the plan year:

- You may not change from Family to Individual coverage while your dependents are still eligible for coverage unless the change stems from a qualifying event.
- You may not voluntarily cancel your coverage while you are still eligible for coverage unless the change stems from a qualifying event.

These limitations apply only to changes made during the plan year when there is no PTCP-qualifying event.

EMPIRE BLUECROSS BLUESHIELD CERTIFICATE OF INSURANCE

Substitute the following for the second paragraph under “What is covered” in the “Centers of Excellence for Transplants Program” section on page 57 of your Empire BlueCross BlueShield Certificate.

Transplants Program

When the above services are pre-authorized by Empire BlueCross BlueShield and provided at a Center of Excellence for Transplants facility, you will not have to make any copayments, and a travel, lodging and meal expenses benefit is available to you. The travel, lodging and meals benefit is available to you and one travel companion when the facility is more than 100 miles from the recipient’s home. When the facility is more than 200 miles from the recipient’s home, available coach airfare is covered.

Substitute the following for the paragraph “Other benefits still available” in the “Centers of Excellence for Transplants Program” section on page 57 of your Empire BlueCross BlueShield Certificate.

Other benefits

Since the Centers of Excellence for Transplants Program is voluntary, you are still eligible for Empire Plan benefits for your medically necessary transplant if you do not use the Program. However, you will have to comply with the requirements of the Benefits Management Program and will have to pay any applicable deductible, coinsurance and copayments. You must call Empire BlueCross BlueShield for pre-admission certification of admissions for any transplant.

UNITED HEALTHCARE CERTIFICATE OF INSURANCE

Coinsurance maximum

Substitute "\$1,241 in calendar year 2007" in the first and second paragraphs of "T. 2. b. The covered percentage" under "Meaning of Terms Used" on pages 78-79 of your United HealthCare Certificate.

Add the following as the last sentence of "Adult Immunizations" under "What is covered under the Participating Provider Program" in the "Participating Provider Program" section on page 81 of your United HealthCare Certificate as amended in your September 2005 Amendments.

HPV immunization

Effective June 29, 2006. Female enrollees and dependents age 19 through 26 years pay a copayment for human papilloma virus (HPV) immunization.

Substitute the following for the first sentence of "A. Annual Deductible" in the "Basic Medical Program" section on page 83 of your United HealthCare Certificate.

Annual deductible

For calendar year 2007, the Basic Medical annual deductible for medical services performed and supplies prescribed by non-participating providers is \$335 for the enrollee, \$335 for the enrolled spouse/domestic partner, and \$335 for all dependent children combined.