General Information Book & Empire Plan Certificate Amendments

For Active Employees of
Participating Employers
and for their enrolled Dependents
and for COBRA enrollees with their benefits

July 2008

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

Keep these amendments with your August 1, 2001 *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.

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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 August 1, 2001 *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 first three bullets of the first paragraph under "3. Your child age 19 or over who is a full-time student" and delete the following paragraphs: the fourth paragraph under "3. Your child age 19 or over who is a full-time student" and the paragraphs entitled Spring student enrolled for fall, "Spring student, enrolled for fall, but does not attend in fall", "Spring student, not enrolled for fall", "Spring student seeking fall admission" and "Withdrawing from school" under "C. Your child age 19 or over who is a full-time student" in the "Eligibility" section on pages 5 and 6 of the General Information Book.

Leaving school before graduation

- The end of the third month following the month in which the dependent completes a semester.
- The end of the month in which attendance at school ends if the semester is not completed and proof of the last day of attendance for the semester is provided or the end of the third month following the month that the last semester was completed, whichever is later.
- The starting date of the semester if the semester is not completed and no proof of attendance is provided or the end of the third month following the month that the last semester was completed, whichever is later.

Substitute the following for the second paragraph under "When your Family coverage begins" in the "Coverage Individual or Family" section on page 8 of your NYSHIP General Information Book as amended in the September 2005 Amendments.

When your Family coverage begins

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.

THE EMPIRE PLAN BENEFITS MANAGEMENT PROGRAM

Substitute the following for the last paragraph of "You must call the Benefits Management Program" on page 35 of The Empire Plan Benefits Management Program.

Benefits Management

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for Prospective Procedure Review

Before having an elective (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA); Computerized Tomography (CT), Computerized Axial Tomography (CAT) or Positron Emission Tomography (PET) scan or nuclear medicine test unless you are having the test as an inpatient in a hospital. *(See "Prospective Procedure Review: MRI" on page 38 for details.)*

Substitute the following for "4. Prospective Procedure Review: MRI" under "The Empire Plan Benefits Management Program: Benefits and Your Responsibilities" on page 38 of The Empire Plan Benefits Management Program.

Prospective Procedure Review

4. Prospective Procedure Review

To protect your Empire Plan benefits, you must call The Empire Plan if you or one of your enrolled dependents is scheduled for an elective (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) scan or Nuclear Medicine test unless you are having the test as an inpatient in a hospital.

Call as soon as your doctor suggests one of the above procedures. Call at least two weeks before the scheduled test. If you did not receive at least two weeks notice from your doctor, call The Empire Plan Benefits Management Program immediately. The nurse will make every effort to complete the review prior to your scheduled test. If you do not receive written confirmation from The Empire Plan, call your Benefits Management Program nurse **before** you go ahead with the procedure.

Substitute the following for "MRI" wherever it appears in the "Benefits Management Program", "Empire BlueCross BlueShield" and "United HealthCare" Certificates.

Benefits Management Program

Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) or Nuclear Medicine tests

EMPIRE BLUECROSS BLUESHIELD

Substitute the following for the heading and first sentence of "Outpatient MRI" in the "Benefits Management Program" section on pages 43 and 44 of your Empire BlueCross BlueShield Certificate.

Outpatient MRI, MRA, CT, CAT, PET and Nuclear Medicine tests

Outpatient MRI, MRA, CT, CAT, PET and Nuclear Medicine tests

- If you did not follow the Prospective Procedure Review requirements for Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) scans or Nuclear Medicine tests and the procedure was performed in the outpatient department of a hospital, Empire BlueCross BlueShield will conduct a medical necessity review.

Substitute the following for the first paragraph and "1. Conditions for skilled nursing facility care." under "Skilled Nursing Facility Care" on page 47 of your Empire BlueCross BlueShield Certificate

Skilled Nursing Facility Care

If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits even for short-term rehabilitative care. If The Empire Plan is your primary coverage, benefits are subject to the requirements of The Empire Plan Benefits Management Program.

1. Conditions for skilled nursing facility care. Empire BlueCross BlueShield will pay for your care in a skilled nursing facility described in Item 2 below when you meet the following conditions:

   A. Care in a skilled nursing facility must be medically necessary. Care is medically necessary when it must be furnished by skilled personnel to assure your safety and achieve the medically desired result.

   Custodial care, which is care which is primarily assistance with the activities of daily living, is not covered.

   The Benefits Management Program requirement to call for pre-admission certification applies to skilled nursing facility admissions including transfers from a hospital.

   B. Coverage will only be provided for as long as inpatient hospital care would have been required if care in a skilled nursing facility were not provided. If your care is pre-certified, you, your doctor and the facility will be notified no later than the day before your certification for skilled nursing facility care will cease.

   C. Benefits in a skilled nursing facility are not provided by Empire BlueCross BlueShield if you are eligible to receive primary benefits from Medicare, even if you fail to enroll in Medicare. You are not eligible to receive Empire BlueCross BlueShield benefits if your Medicare benefits for skilled nursing facilities have been exhausted.

   Refer to the General Information section of this book for information on primary coverage under Medicare.

Substitute the following for the second paragraph of "What is covered?" under "Centers of Excellence for Transplants Program" on page 49 of your Empire BlueCross BlueShield Certificate as amended in the January 2007 Amendments.

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, lodgings and meal expenses benefit is available to you. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United

States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence.

UNITED HEALTHCARE

Substitute the following for "Outpatient MRI" in the "Plan Overview" section on page 65 of your United Healthcare Certificate.

Outpatient MRI, MRA, CT, CAT, PET and Nuclear Medicine tests

Outpatient MRI, MRA, CT, CAT, PET and Nuclear Medicine tests

If you have Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) scans or Nuclear Medicine tests, that require **Prospective Procedure Review (PPR)** you must comply with PPR requirements. If you do not comply you may be subject to paying a higher share of the cost as explained in the *"Benefits Management Program: Pre-Admission Certification and Prospective Procedure Review"* section on page 76. If you do not comply with PPR requirements and United Healthcare's review does not confirm that the procedure was medically necessary, you will be responsible for the full charges. *Read the "Benefits Management Program" section for complete information.*

Add the following as the last item under "Meaning of Terms Used" on page 77 of your United Healthcare Certificate.

Meaning of Terms Used

CC. Nuclear Medicine means a subspecialty of Radiology best used to demonstrate both image and function of a body organ, as well as its anatomy. It has diagnostic capabilities as well as valuable therapeutic applications and uses very small amounts of radioactive substances, or tracers that are attracted to specific organs, bones or tissues, to diagnose or treat disease.

Substitute the following for "E. Adult Immunizations" under "What is covered under the Participating Provider Program" section on page 71 of your United Healthcare Certificate as amended in your January 2007 Empire Plan Report.

Adult Immunizations

E. Adult Immunizations – Immunizations for influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox), and tetanus are covered. Immunization for human papilloma virus (HPV) is covered for females age 19 through 26. **Effective July 1, 2008**, immunizations for Herpes Zoster (shingles) is covered for enrollees and dependents age 55 or older. Covered adult immunizations are subject to an office visit copayment.

Substitute the following for "G. Ambulatory Surgical Center" in "What is covered under the Participating Provider Program" in the "Participating Provider Program" section on page 71 of the United Healthcare Certificate.

Outpatient Surgical Locations

G. Effective July 1, 2008. Outpatient Surgical Location – You pay a $30 copayment for facility charges at a freestanding outpatient surgical location that has an Empire Plan agreement in effect with United Healthcare on the date of your elective surgery. The copayment includes anesthesiology, radiology and laboratory tests performed at the outpatient surgical location on the same day as the surgery. You pay an additional $30 copayment for pre-operative testing performed on a different day from the surgery. Surgeon's charges are billed separately and covered under either the Participating Provider or Basic Medical Program provisions.

Add the following at the end of "What is covered under the Participating Provider Program" in the "Participating Provider Program" section on page 72 of your United Healthcare Certificate.

Diabetes Education Centers

U. Diabetes Education Centers – If you have a diagnosis of diabetes you are covered for visits for self-management education subject to an office visit copayment.

Add the following at the end of "What is covered under the Basic Medical Program (non-participating providers" in the "Basic Medical Program" section on page 75 of your United Healthcare Certificate.

Prosthetic Wigs

AC. Effective January 1, 2008, Prosthetic Wigs – Prosthetic wigs are covered up to the $1,500 lifetime benefit maximum when hair loss is long term and due to a medical condition. These conditions include: disease of the endocrine glands, generalized systemic disease, systemic poisons and hair loss due to radiation therapy, chemotherapy treatment or injury to the scalp. *This benefit is not subject to deductible or coinsurance.*

Prosthetic wigs are **not** covered when hair loss is due to male or female pattern baldness.

Diabetes Education Centers

AD. Diabetes Education Centers – If you have a diagnosis of diabetes you are covered for medically necessary visits for self-management.

Substitute the following for "Prospective Procedure Review MRI" in the "Benefits Management Program: Pre-Admission Certification and Prospective Procedure Review" section on page 76 of your United Healthcare Certificate.

Prospective Procedure Review

Prospective Procedure Review MRI, MRA, CT, CAT, PET and Nuclear Medicine tests

You must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for Prospective Procedure Review before having an elective (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Computerized Axial Tomography (CAT), Positron Emission Tomography (PET) scan or Nuclear Medicine tests unless you are having the test as an inpatient in a hospital.

If you do not call The Empire Plan before an elective (non-emergency) procedure and United Healthcare's review does not confirm that the procedure was medically necessary, you will be responsible for the full charges.

You do not have to call before an emergency procedure. When United Healthcare receives the claim for the procedure and no call was made, United Healthcare will determine whether the procedure was performed on an emergency basis and whether the procedure was medically necessary.

If you do not call The Empire Plan before a procedure and United Healthcare determines that the procedure was performed on a scheduled (non-emergency) basis and that the procedure was medically necessary, you are liable for the payment of the lesser of 50 percent of the scheduled amounts related to the procedure or $250, plus your copayment, under the Participating Provider Program.

Under the Basic Medical Program, you are liable for the lesser of 50 percent of the reasonable and customary charges related to the procedure or $250. In addition, you must meet your Basic Medical annual deductible and you must pay the coinsurance and any provider charges above the reasonable and customary amount.

Add the following as "6. Diabetic Shoes" under "Network coverage: Paid in full benefit" in the "Home Care Advocacy Program" section on page 78 of your United Healthcare Certificate.

Diabetic Shoes

6. Diabetic Shoes – You are covered for one pair of medically necessary custom molded or depth shoes per calendar year if you have a diagnosis of diabetes and diabetic foot disease; diabetic shoes have been prescribed by your provider; and the shoes are fitted and furnished by a qualified perdorthist, orthotist, prosthetist or podiatrist. Shoes ordered by mail or from the internet are not eligible for benefits.

Network coverage - If you use an HCAP-approved provider for medically necessary diabetic shoes you receive a paid-in-full benefit up to a maximum annual benefit of $500 per year. You must make a pre-notification call to HCAP to receive paid-in-full network benefits.

Non-network coverage - If you do not use an HCAP-approved provider for medically necessary diabetic shoes Basic Medical benefits apply subject to deductible with any remaining covered charges covered at 75 percent of the network allowance with a maximum annual benefit of $500.

Substitute the following for the second paragraph of "What is covered?" under "Centers of Excellence for Cancer Program" on page 181 of the January 2007 amendments to your United Healthcare Certificate.

Cancer Program

When the above services have been authorized by CRS and provided at a CRS Center of Excellence facility, you will not have to make any copayments for services rendered at the Center. Also, once enrolled in the Program, when the facility is more than 100 miles (200 miles for airfare) from the patient's home, a travel and meals benefit is available to the patient and one travel companion. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence.

Empire Plan Prescription Drug Program

Substitute the following for "Copayments…" in the "Your Benefits and Responsibilities" section on page 123 of your Empire Plan Prescription Drug Program Certificate as amended in your January 2007 Empire Plan Report.

Copayments

Effective July 1, 2008. When you fill your prescription for a **30-day supply at a participating pharmacy or through the Medco Mail Service,** your copayment is:

- **$5** for a **generic** drug
- **$15** for a **preferred brand-name** drug
- **$40** for a **non-preferred brand-name** drug

When you fill your prescription for a **31- to 90-day supply at a participating pharmacy,** your copayment is:

- **$10** for a **generic** drug
- **$30** for a **preferred brand-name** drug
- **$70** for a **non-preferred brand-name** drug

When you fill your prescription for a **31- to 90-day supply through the Medco Mail Service,** your copayment is:

- **$5** for a **generic** drug
- **$20** for a **preferred brand-name** drug
- **$65** for a **non-preferred brand-name** drug