JANUARY 1, 2011 AMENDMENTS

NYSHIP General Information Book and Empire Plan Certificate Amendments

Council 82

For Employees of the State of New York represented by **Council 82 (C-82),** their enrolled Dependents, COBRA Enrollees with their benefits and Young Adult Option Enrollees

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 Department of Civil Service
Employee Benefits Division
https://www.cs.ny.gov

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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.

Amendments on the following pages are effective on January 1, 2011 unless individually dated. 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)

Substitute the following for items 1. through 5. under "Your Dependents" in the "Who is Eligible" section on pages 4-7 of your NYSHIP General Information Book.

1. Your Spouse

Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage. If your marriage ends, you must notify your agency Health Benefits Administrator and end coverage for your spouse effective the date the marriage ends. Your spouse may be able to continue coverage under COBRA (see *COBRA: Continuation of Coverage*).

In addition, persons who are party to a same-sex marriage, validly entered into in a jurisdiction where same-sex marriage is permitted, are eligible for spousal benefits.

Note on Tax Implications for an enrollee with a same-sex spouse: Under the Internal Revenue Service (IRS) rules, the fair market value of health insurance benefits is treated as income for tax purposes. Ask your tax consultant how enrolling your same-sex spouse will affect your taxes.

In addition, under Social Security law, Medicare is primary for an active employee's same-sex spouse who becomes Medicare-eligible at age 65. If the same-sex spouse becomes Medicare-eligible due to disability, NYSHIP is primary. (See *Medicare: When You Must Enroll and Coordinating with NYSHIP*.)

In other respects, throughout the *General Information Book*, coverage for spouses and same-sex spouses is the same.

Or your domestic partner

You may cover your same or opposite sex domestic partner as your dependent under NYSHIP. A domestic partnership, for eligibility under NYSHIP, is one in which you and your partner are 18 years of age or older, unmarried and not related in a way that would bar marriage, living together, involved in a lifetime relationship and financially interdependent. To enroll a domestic partner, you must have been in the partnership for six months and be able to provide proof of residency and financial interdependence. Agency Health Benefits Administrators have complete information on eligibility, enrollment procedures and coverage dates.

To cover your domestic partner's child, the standard NYSHIP provisions for adding a dependent apply. Note that waiting periods may apply when you enroll a dependent more than seven days after eligibility.

Note on Tax Implications for an enrollee with a domestic partner: Under the Internal Revenue Service (IRS) rules, the fair market value of health insurance benefits is treated as income for tax purposes. Ask your tax consultant how enrolling your domestic partner will affect your taxes.

If the partnership ends, you must notify your agency Health Benefits Administrator and end coverage for the domestic partner. Your domestic partner may be able to continue coverage under COBRA (see *COBRA: Continuation of Coverage*).

There will be a one-year waiting period from the termination date of your previous partner's coverage before you may again enroll a domestic partner.

Employees who fraudulently enroll a domestic partner are held financially and legally responsible for any benefits paid and are subject to disciplinary action. Such employees will forfeit future coverage.

If you die, your surviving domestic partner may be eligible to continue in NYSHIP; however, coverage will end if he or she marries or acquires a domestic partner. (If your surviving spouse acquires a domestic partner and your spouse is otherwise eligible, your spouse may continue coverage in NYSHIP, but may not cover the domestic partner.) See *Coverage for Your Dependent Survivors* to determine whether your partner is eligible.

Under Social Security law, Medicare is primary for an active employee's domestic partner who becomes Medicare eligible at age 65. If the domestic partner becomes Medicare-eligible due to disability, NYSHIP is primary. (See *Medicare: When You Must Enroll and Coordinating with NYSHIP*.)

In other respects, throughout the *General Information Book*, coverage for domestic partners and spouses is the same.

2. Your children under age 26

Your children under 26 years of age are eligible. This includes your natural children, stepchildren, children of domestic partners and legally adopted children, including children in a waiting period prior to finalization of adoption. Other children who are chiefly dependent on you and for whom you have assumed legal responsibility in place of the parent also are eligible; you must verify eligibility and provide documentation upon enrollment and every two years thereafter.

Children age 26 and over with military service

For purposes of dependent eligibility for health insurance coverage, if your child is an unmarried, **full-time** student at an accredited secondary or preparatory school, college or other educational institution on the date he/she would otherwise lose coverage due to age, you may deduct from your child's age up to four years for service in a branch of the U.S. Military. You must be able to provide written documentation from the U.S. Military and your child's educational institution.

Your unmarried, full-time dependent student age 26 or over with military service continues to be eligible until the earlier of the following dates:

- 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.
- The end of the third month following the month in which they complete course requirements for graduation; or
- The date the dependent child no longer qualifies under the military service provisions.

If your child reaches the limiting age during a school vacation period, coverage will continue, as long as the child is enrolled in an accredited secondary or preparatory school or college or other accredited educational institution and plans to resume classes on a full-time basis at the end of the vacation period. Proof of enrollment may be required.

Entering school When an enrollee with Family coverage applies for dependent student coverage for a dependent child who is age 26 or over with military service and is not currently a student, coverage will begin on the first day of the month in which attendance in class actually starts. When an enrollee with Individual coverage applies for a change to Family coverage in order to cover a dependent student who is entering school, the date coverage begins depends on the enrollee's promptness in applying (see *When your Family coverage begins*).

Reduced course load If a dependent child who is age 26 or over with military service is enrolled as a full-time student and voluntarily drops a course and becomes a part-time student, coverage will end on the last day of the month in which the dependent child was considered a full-time student. The child must apply for COBRA coverage within 60 days of the NYSHIP termination date. If a dependent child becomes a part-time student because the school has canceled a course and the dependent child cannot register in another course to continue full-time status, coverage as a dependent student will continue through that semester as if the dependent child was a full-time student.

Partially disabled students

A partially disabled dependent student with military service who is age 26 or over taking a reduced course load that is the maximum for that student's capability is eligible; you must provide medical documentation.

Medical leave

If your dependent student who is age 26 or over with military service is granted a medical leave by the school or changes from full-time to part-time status due to serious injury or illness, health insurance coverage will continue for a maximum of one year from the month in which the student status changes, plus any time before the start of the next regular semester. You must provide written documentation from the school and/or doctor.

Students completing graduation requirements

Your unmarried dependent children who are age 26 or over with military service who need less than a full-time course load to satisfy requirements for graduation may also be eligible. They must:

1. Otherwise qualify;

   and

2. Have been a full-time student in the term immediately preceding the semester or trimester in which course requirements will be completed;

   and

3. Be able to provide a statement from their school or college administrator that verifies the student's status.

They continue to be entitled to benefits for up to three months following the end of the month in which they complete course requirements for graduation. At the end of the three months, the graduated student will have 60 days to apply to the Employee Benefits Division for either New York State's Young Adult Option coverage or COBRA continuation of coverage. A dependent child may be granted a second semester of coverage during part-time attendance if there are unusual, extenuating circumstances, which, through no fault of the student, prevent that student's timely graduation. Requests for this continued coverage must be submitted in writing to the Employee Benefits Division.

3. Disabled dependents

Your unmarried dependent child age 26 or over who is incapable of self-sustaining employment because of mental illness, developmental disability, mental retardation as defined in the Mental Hygiene Law or physical handicap who became incapacitated before the age at which dependent coverage would otherwise be terminated in accordance with the eligibility rules in effect at the time the disability commenced is eligible.

To qualify for coverage as a disabled dependent, you must file a Disability Form PS-451 and provide medical documentation. Contact your agency Health Benefits Administrator prior to your child's 26th birthday.

If your disabled dependent child was not enrolled in NYSHIP because the child had other health insurance, and loses the other coverage involuntarily, you may apply for disabled dependent child coverage. For your application to be considered, you must file a Disability Form PS-451 as soon as possible. You must provide proof that the disability occurred prior to the age that dependent coverage would otherwise be terminated in accordance with the eligibility rules in effect at the time the disability commenced and the loss of other coverage was involuntary.

4. Coverage ends

Coverage ends on the last day of the month in which a dependent no longer qualifies for coverage.

Substitute the following for the first paragraph of "Changes permitted only after certain events" in the "Costs, Pre-Tax Program and What Your Paycheck Stub Shows" section on page 14 of your NYSHIP General Information Book.

Changes Permitted

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:

- You have a change in family status (e.g. marriage, adding a domestic partner, birth, death, legal separation, divorce, ending a domestic partner relationship or your only dependent child's attaining the maximum age for coverage).
- You are enrolled in an HMO and no longer live or work in that HMO's service area, and you must choose another HMO or The Empire Plan.
- Your spouse/domestic partner loses coverage due to termination of employment and you apply for coverage for your spouse under NYSHIP.
- You first become eligible for health insurance coverage after the beginning of the tax year.
- Your employment with the State terminates or you retire.
- Your spouse/domestic partner has a change in employment status that results in either acquiring or losing eligibility for health insurance coverage.
- You receive a divorce/legal separation and are required under a court order to provide health insurance coverage for your eligible dependent children and/or legally separated spouse.
- There is a significant change in your or your spouse's/domestic partner's health coverage that is attributable to your spouse's/domestic partner's employment.

Dependent Survivors

Substitute the following for the first paragraph under the heading "Coverage after extended benefits period ends" in the "Coverage for Your Dependent Survivors" section on page 27 of your NYSHIP General Information Book.

Your **unremarried spouse,** or domestic partner who has not married or acquired another domestic partner, and eligible dependent children may be allowed to continue their coverage under NYSHIP after the extended benefits period ends. **If they are eligible for dependent survivor coverage but choose not to participate or fail to make the required payments, coverage will end permanently. They may not reenroll.**

Medicare

Substitute "domestic partner or same-sex spouse" for "domestic partner" wherever it appears in the "Medicare: When You Must Enroll and Coordinating with NYSHIP" section on pages 33-36 of your NYSHIP General Information Book.

EMPIRE PLAN BENEFITS MANAGEMENT PROGRAM

Substitute "penalty" for "hospital deductible" wherever it appears under "The Empire Plan Benefits Management Program: Benefits and Your Responsibilities" in "The Empire Plan Benefits Management Program" section on pages 44-47 of your Empire Plan Certificate as amended in your September 2005 Empire Plan Report.

EMPIRE BLUECROSS BLUESHIELD CERTIFICATE OF INSURANCE

Substitute "penalty" for "deductible" or "hospital deductible" wherever it appears under "Hospital admission" in the "Benefits Management Program" section on page 51 of your Empire BlueCross BlueShield Certificate as amended in your September 2005 Empire Plan Report.

Delete the last sentence of the second paragraph of item 2. B. "The annual coinsurance maximum" in the "Network and non-network benefits" section on page 52 of your Empire BlueCross BlueShield Certificate as last amended in your January 2010 Empire Plan Report.

Substitute the following for "Types of transplants" in the "Centers of Excellence for Transplants Program" on pages 56-57 of your Empire BlueCross BlueShield Certificate.

Transplants

Types of transplants

The benefits under the Centers of Excellence for Transplants Program are available for the following types of transplants:

- Bone Marrow
- Cord Blood Stem Cell
- Heart
- Heart-Lung
- Kidney
- Liver
- Lung
- Pancreas
- Pancreas after Kidney
- Peripheral Stem Cell
- Simultaneous Kidney/ Pancreas

This is the list of procedures available at the date of printing. As additional Centers of Excellence are added to the Transplant Program this list may change. Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Hospital Program for the most up to date information on the types of transplants covered.

Delete the last paragraph under "What is covered" in the "Centers of Excellence for Transplants Program" on page 57 of your Empire BlueCross BlueShield Certificate.

Substitute the following for the last bullet in the sixth paragraph of "What is covered" in the "Infertility Benefits" section on page 58 of your Empire BlueCross BlueShield Certificate.

Infertility Benefits

- Sperm, egg and/or inseminated egg procurement and processing and banking of sperm or inseminated eggs. This includes expenses associated with cryopreservation (that is, freezing and storage of sperm or embryos).

Add the following after the "Infertility Benefits" section on page 59 of your Empire BlueCross BlueShield Certificate.

Centers of Excellence Travel Allowance

When you enroll in the Centers of Excellence for Transplants Program or are preauthorized for Infertility Benefits, you will not have to make any copayments for services performed at a qualified Center of Excellence. A travel, lodging and meal expenses benefit is available to you for travel within the United States. 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. If the patient is a minor child, the benefit will include coverage for up to two travel companions. 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. The Travel Allowance will be applied toward the $50,000 maximum lifetime benefit for Infertility Benefits.

Medicare

Substitute "domestic partner or same-sex spouse" for "domestic partner" wherever it appears in the "If You Qualify for Medicare" section on pages 64-66 of your Empire BlueCross BlueShield Certificate.

UNITEDHEALTHCARE CERTIFICATE OF INSURANCE

Medical/Surgical Program

Substitute the following for the first sentence of the first paragraph and the second paragraph of item T. 2. b. "Covered Percentage" under "Meaning of Terms Used" on pages 78 and 79 of your UnitedHealthcare Certificate.

Meaning of Terms Used

b. **Effective January 1, 2011.** The covered percentage becomes 100 percent of the reasonable and customary charge or the Scheduled Pharmaceutical Amount once the coinsurance maximum is met. In calendar year 2011, the coinsurance maximum is $855 for the enrollee, $855 for the enrolled spouse/domestic partner and $855 for all dependent children combined.

The 20 percent coinsurance you pay for yourself, your enrolled spouse/domestic partner and for all dependent children combined for covered services by non-participating providers counts toward each respective **coinsurance maximum**. Copayments for services by participating providers also count. (The copayments do not stop when you reach the coinsurance maximum unless The Empire Plan is secondary to another insurance program.)

Substitute the following for item W. under "Meaning of Terms Used" on page 79 of your UnitedHealthcare Certificate.

W. The **Annual Maximum** for the Basic Medical portion of this Plan is unlimited.

Substitute the following for 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 80 of your UnitedHealthcare Certificate as amended in your September 2005 General Information Book and Empire Plan Certificate Amendments.

Meningitis Immunization

The meningitis immunization is also a covered expense for dependents up to age 26.

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

Annual Deductible

Effective January 1, 2011. For calendar year 2011, the Basic Medical annual deductible for medical services performed and supplies prescribed by non-participating providers is $388 for the enrollee, $388 for the enrolled spouse/domestic partner, and $388 for all dependent children combined.

Delete item B. as added in your September 2005 General Information Book and Empire Plan Certificate Amendments and change the remaining item letters accordingly. Substitute the following for items G. and H. under "What is covered under the Basic Medical Program (non-participating providers)" in the "Basic Medical Program" section on page 84 of your UnitedHealthcare Certificate.

Basic Medical Program

G. **Routine Health Exams for Active Employees** – Routine health exams are covered for you, the active employee, if you are age 50 or over and for your spouse/domestic partner age 50 or older. *These benefits are not subject to deductible or coinsurance.*

H. **Routine Newborn Child Care** – Doctor's services for routine care of a newborn child are covered. *These benefits are not subject to deductible or coinsurance.*

Substitute the following for the paragraph following the heading "Pre-Admission Certification: Hospital" in the "Benefits Management Program: Pre-Admission Certification and Prospective Procedure Review" section on page 86 of your UnitedHealthcare Certificate as amended in your September 2005 Empire Plan Report.

Benefits Management

If you do not comply with Pre-Admission Certification requirements for hospital admission, a $200 penalty will be applied. You will be responsible for all charges for each day on which it was not medically necessary for you to be an inpatient.

Add the following as the second paragraph under "Network coverage: Paid-in-full benefit" in the "Home Care Advocacy Program" section on page 87 of your UnitedHealthcare Certificate.

HCAP

If Medicare is your primary carrier and you receive items or services from a Medicare approved supplier, the Empire Plan will pay the balance after Medicare at 100 percent.

Add the following as the fourth paragraph under "Network coverage: Paid-in-full benefit" in the "Home Care Advocacy Program" section on page 87 of your UnitedHealthcare Certificate.

Important Notes:

- If Medicare is your primary coverage, you must use a Medicare contract provider.
- The Medicare Durable Medical Equipment and Prosthetic and Orthotics Supplies Competitive Bidding Program: If you are a Medicare prime member living in a competitive bidding area and require mail-order diabetic testing supplies, or any other items covered under the program, you must use a Medicare contract supplier. For information regarding the Competitive Bidding Program or to locate a Medicare contract supplier, please contact Medicare by calling 1-800-Medicare (1-800-633-4227). If you need additional assistance locating a Medicare contract supplier contact HCAP.

  If you do not use a Medicare contract supplier, your benefits will be reduced in accordance with item G. in the "Impact of Medicare on this Plan" section on page 96 as amended below.

Substitute the following for the heading "Deductible, coinsurance and annual maximum apply" and the first paragraph of "Coinsurance and $1,500 Annual Maximum apply" under "Non-Network benefits" in the "Managed Physical Medicine Program" section on page 92 of your UnitedHealthcare Certificate.

Managed Physical Network

Deductible and coinsurance apply

Coinsurance applies. After you meet your deductible, submit a claim to UnitedHealthcare. You will be reimbursed up to a maximum of 50 percent of the network allowance for medically necessary services.

Infertility Benefits

Delete the last paragraph under "Infertility Centers of Excellence" in the "Infertility Benefits" section on page 93 of your UnitedHealthcare Certificate as amended in your September 2005 Empire Plan Report.

Cancer Program

Delete the last paragraph under "What is covered" in the "Centers of Excellence for Cancer Program" on page 94 of your UnitedHealthcare Certificate as amended in your September 2005 Empire Plan Report.

Add the following after the "Centers of Excellence for Cancer Programs" section on page 94 of your UnitedHealthcare Certificate as amended in your September 2005 Empire Plan Report.

Centers of Excellence Travel Allowance

When you enroll in the Centers of Excellence for Cancer Program or are preauthorized for Infertility Benefits, you will not have to make any copayments for services performed at a qualified Center of Excellence. A travel, lodging and meal expenses benefit is available to you for travel within the United States. 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. If the patient is a minor child, the benefit will include coverage for up to two travel companions. 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. The Travel Allowance will be applied toward the $50,000 maximum lifetime benefit for Infertility Benefits.

Substitute the following for item 3. in the "Coordination of Benefits" section on page 96 of your UnitedHealthcare Certificate.

Coordination of Benefits

When coordination of benefits applies and The Empire Plan is secondary to other commercial coverage, 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 reasonable and customary charge for the service or the Scheduled Pharmaceutical Amount or Pharmaceutical Product you receive. The amount payable under The Empire Plan plus the amount payable under the primary plan will sometimes be less than 100 percent of the allowable expense due to annual deductible and coinsurance requirements. If The Empire Plan is secondary to Medicare, the amount payable will be determined as denoted below in the section entitled "Impact of Medicare on This Plan."

Substitute "domestic partner or same-sex spouse" for "domestic partner" wherever it appears in the "Impact of Medicare on this Plan" section on pages 98-99 of your UnitedHealthcare Certificate.

Add the following as item G. under "Coverage" in the "Impact of Medicare on This Plan" section on page 99 of your UnitedHealthcare Certificate.

Medicare

G. If Medicare is your primary carrier and you live in an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply Competitive Bidding Program and use equipment or supplies included in the program (or get the items while visiting one of these areas), you must use a Medicare contract supplier. If you live in these areas (or get these items while visiting them) and don't use a Medicare contract supplier, Medicare will not pay for the item and your Empire Plan benefits will be reduced by the amount Medicare would have paid if you had used a contract provider. In order to maximize your benefits, it is important for you to know if you're in an area that is affected by this Medicare program. For more information you can contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov. If you need additional assistance locating a Medicare contract supplier contact HCAP.

EMPIRE PLAN MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

Substitute the following for the first two paragraphs of item A. of "NON-NETWORK COVERAGE FOR MENTAL HEALTH AND SUBSTANCE ABUSE CARE" in the "Schedule of Benefits for Covered Services" section on page 255 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2010.

Schedule of Benefits

A. For Practitioner Services: 80 percent of reasonable and customary charges for covered services after you meet the annual deductible for outpatient practitioner services. There are two separate deductibles for this program – one for mental health services and one for substance abuse care. Each deductible is $388 per enrollee, $388 per covered spouse/domestic partner and $388 for all covered dependents combined. The covered percentage becomes 100 percent of the reasonable and customary charge for covered services once the coinsurance maximum is met.

   There are two separate coinsurance maximums for this program – one for mental health services and one for substance abuse care. Each coinsurance maximum is $855 for the enrollee, $855 for the enrolled spouse/dependent partner and $855 for all dependent children combined.

Delete the fourth sentence of item B. "NON-NETWORK COVERAGE FOR MENTAL HEALTH AND SUBSTANCE ABUSE CARE" in the "Schedule of Benefits for Covered Services" section on page 255 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2010.

Add the following as the second and third sentences of item C. in the "Coordination of Benefits" section on page 258 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2010.

Coordination of Benefits

The amount payable under The Empire Plan plus the amount payable under the primary plan will sometimes be less than 100 percent of the allowable expense due to annual deductible and coinsurance requirements. If The Empire Plan is secondary to Medicare, the amount payable will be determined as denoted below in the section entitled "Impact of Medicare on This Plan."

Medicare

Substitute "domestic partner or same-sex spouse" for "domestic partner" wherever it appears in the "Impact of Medicare on this Plan" section on pages 259-261 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2010.

EMPIRE PLAN PRESCRIPTION DRUG PROGRAM

Substitute "the ancillary charge" for "the difference in cost between the Brand-Name and the Generic Drug, not to exceed the full retail cost of the drug" wherever it appears in this Certificate.

Add the following as item A. and adjust the lettering on other items accordingly in the "Meaning of Terms Used" section on page 268 of your UnitedHealthcare Insurance Company of New York Amendments in the "General Information Book and Empire Plan Certificate Amendments" dated January 2009 as amended in your January 2010 General Information Book and Empire Plan Certificate Amendments.

Meaning of Terms Used

A. **Ancillary Charge** means the amount, in addition to, the applicable copayment an enrollee will pay when purchasing a Brand Name Drug if an A-rated or authorized generic equivalent is available in the market. The amount represents the difference to the Program between the discounted ingredient cost of the dispensed Brand Name Drug and the discounted ingredient cost of the available generic equivalent if it had been dispensed, not to exceed the actual cost of the drug. The Ancillary Charge does not apply if an appeal of the mandatory generic substitution requirement is approved by the Insurer; however, the enrollee must pay the applicable Non-Preferred Brand copayment.

Substitute the following for the list of drugs requiring prior authorization under "Prior authorization required for certain drugs" in the "Your Benefits and Responsibilities" section on page 273 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2009 as amended in your January 2010 General Information Book and Empire Plan Certificate Amendments.

Prior Authorization

The following is a list of drugs (including generic equivalents) that require prior authorization:

- Actemra
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Letairis
- Myobloc
- Nuvigil
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Veletri (1/20/11)
- Ventavis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem

Substitute the following for item R. in the "Exclusions and Limitations" section on page 275 of your UnitedHealthcare Insurance Company of New York Certificate in the "General Information Book and Empire Plan Certificate Amendments" dated January 2009 as amended in your January 2010 General Information Book and Empire Plan Certificate Amendments.

Exclusions and Limitations

R. Prescription drug products excluded from the benefit plan design, including: Acuvail, Adoxa, Amrix, Aplenzin, Asacol HD, BenzEFoam, Caduet, carisoprodol 250 (2/1/11), Clobex Shampoo, Coreg CR, cyclobenzaprine hydrochloride extended release capsule (generic Amrix) (5/13/11), Detrol LA, Dexilant, Doryx, doxycycline hyclate delayed release tablet (generic Doryx) (1/6/11), Edluar, Epiduo, Extavia, Flector, Genotropin (except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age), Humatrope (except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age), lansoprazole, Metozolv ODT, Momexin Kit, Naprelan, Neobenz Micro, Nexium, Norditropin (except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age), Olux/Olux-E Complete Pack, omeprazole/sodium bicarbonate capsule (generic Zegerid), Omnitrope (except for the treatment of growth failure due to Prader-Willi Syndrome or Small for Gestational Age), Prevacid Capsule, Requip XL, Ryzolt, Soma 250, Terbinex, Testim, Treximet, Triaz, Twynsta, Veramyst, Xopenex Inhalation Solution, Zegerid capsule, Ziana and Zipsor.