

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY DISTRICT COUNCIL 37
And for their enrolled Dependents
And for COBRA Enrollees with their NYSHIP Benefits

Benefit Changes

Summary of Benefit Changes under the New York State Health Insurance Program (NYSHIP) for enrollees in the Empire Plan and NYSHIP HMOs

Effective January 1, 2003

Share of Premium for Prescription Drug Coverage: The enrollee contributes 10 percent of the premium for individual prescription drug coverage. For family coverage, the enrollee also pays 25 percent of the cost of dependent coverage regardless of the number of dependents. Before this change, the State paid 100 percent of the premium for prescription drug coverage. *This change does not apply to COBRA enrollees.*

Summary of Benefit Changes for enrollees in the Empire Plan

Effective January 1, 2003

\$12 Copayment: Copayment increases from \$10 to \$12 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers, ValueOptions network providers for outpatient substance abuse treatment and for physical therapy in a hospital outpatient department.

Prescription Drug Copayment: Copayment at an Empire Plan participating pharmacy increases from \$3 to \$5 for a generic drug, from \$13 to \$15 for a brand-name drug without a generic equivalent, and from \$13 plus the difference in cost between the brand-name drug and its generic equivalent to \$15 plus the difference in cost between the brand-name drug and its generic equivalent for a brand-name drug with a generic equivalent.

Basic Medical Deductible: The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers increases from \$210 to \$219. This change is due to an increase in the Consumer Price Index.

Basic Medical Coinsurance: The Empire Plan Basic Medical Program annual coinsurance maximum (out-of-pocket expenses) increases from \$811 to \$847. This change is due to an increase in the Consumer Price Index.

Reduced Coinsurance Maximum: The Empire Plan Basic Medical Program coinsurance maximum may be reduced to \$500 for calendar year 2003 for employees earning \$24,657 or less in full-time base annual salary as of April 1, 2002. The employee must meet the criteria for head of household and sole wage earner in the family.



We'll mail an Empire Plan Report or a NYSHIP HMO Report explaining these changes to you in December/January.

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

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

DC-37 NYSHIP Benefit Changes – October 2002

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NYSHIP SUMMARY-DC-37-02

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

By law, insurers must:

- Cover inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary
- Cover breast reconstruction following mastectomy, including surgery of the other breast to produce a symmetrical appearance
- Cover treatment for complications of mastectomy, including lymphedemas
- Cover prostheses related to breast reconstruction
- Notify enrollees of this coverage through plan documents

Empire Plan enrollees: Call United HealthCare at 1-800-942-4640 if you have questions about your coverage. And, see your *Empire Plan Certificate* and *Empire Plan Reports*.

NYSHIP HMO enrollees: Contact your HMO if you have questions about these benefits. And, see your plan documents.



Watch for the announcement of a single new NYSHIP telephone number to connect to Empire Plan carriers.