NYSHIP BENEFIT CHANGES

OCTOBER 2002

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY PEF
And for their enrolled Dependents
and for COBRA Enrollees with their Empire Plan Benefits

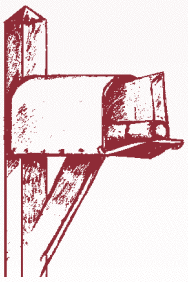
Summary of Empire Plan Benefit Changes

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.

Basic Medical Deductible: The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers increases from $271 to $283. This change is due to an increase in the Consumer Price Index.

Coinsurance Maximum: The annual coinsurance maximum (out-of-pocket expenses) under the Empire Plan Basic Medical Program increases from $1,303 to $1,362. This change is due to an increase in the Consumer Price Index.



We'll mail an Empire Plan 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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NYSHIP
New York State Health Insurance Program

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

PEF NYSHIP Benefit Changes – October 2002

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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 Department of Civil Service Web site (www.cs.state.ny.us). Click on Employee Benefits for timely information that 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).

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NYSHIP SUMMARY-PEF-02

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers 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. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prosthetics and mastectomy bras are covered under the Basic Medical Program.

Call United HealthCare at 1-800-942-4640 if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* and *Empire Plan Reports*.

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