

# THE EMPIRE PLAN

June 2000

# Report

FOR EMPLOYEES OF THE STATE OF NEW YORK  
REPRESENTED BY CSEA

And for their enrolled Dependents

And for COBRA Enrollees with their Empire Plan Benefits

## Summary of Benefit Changes

Read this *Report* for more information.

### Effective July 1, 2000

**Prescription Drug Copay:** \$3 copayment for a generic drug, \$13 copayment for a brand-name drug without a generic equivalent, \$13 copayment plus difference in cost for brand-name with generic equivalent.

**Skilled Nursing Facility:** You must call the Benefits Management Program before admission or transfer to a skilled nursing facility.

**Prospective Procedure Review:** You must call the Benefits Management Program before an elective MRI performed in any outpatient setting, including a hospital outpatient department.

**Pre-Admission Testing:** No copayment for hospital outpatient pre-admission and/or pre-surgical testing.

**Physical Therapy:** \$5 copayment for physical therapy visit in hospital outpatient department when covered by Blue Cross.

**Routine Health Exams:** Basic medical allowance increased to \$250 per year for active employee age 50 or older and \$250 per year for an active employee's spouse/domestic partner age 50 or older.

**Newborn Child Care:** Basic Medical allowance increased to \$150.

**Pediatric Immunizations:** Influenza vaccine when provided in accordance with pediatric guidelines is covered under Participating Provider Program with no copayment and Basic Medical Program subject to deductible and coinsurance.

**Adult Immunizations:** Influenza, pneumonia, measles, mumps, rubella, varicella, and tetanus covered under the Participating Provider Program subject to \$5 copayment.

**Infertility Treatment:** Paid-in-full benefits at Center of Excellence. Pre-authorization requirement and lifetime maximum of \$25,000 per covered person for certain Qualified Procedures.

**Cardiovascular Risk Reduction Program:** The Empire Plan's Cardiovascular Risk Reduction Program identifies patients treated for cardiovascular disease and offers to assign a cardiac nurse to talk with you and your doctor. Your participation is voluntary.

**Military Leave:** Dependents of employees called to active duty will be eligible for up to 12 months of coverage at no employee cost.

### Changes Effective Before July 1, 2000

**Graduating Students:** Beginning May 1, 2000, graduating students are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

**Reduced Coinsurance Maximum:** For calendar year 2000, enrollees earning less than \$23,017 per year on April 1, 2000 are eligible for a reduced coinsurance maximum.

**Hearing Aids:** Beginning January 1, 2000, maximum increased to \$800 for adults and children.

**Earned Sick Leave:** Beginning January 1, 2000, you may use up to 200 earned sick leave days to calculate retiree health insurance sick leave credit.

## Empire Plan Benefit Changes Effective July 1, 2000

### Empire Plan Prescription Drug Program

#### State Pays Premium

Beginning July 1, 2000, the State will pay the full cost of your premium for prescription drug coverage. Active employees: The amount deducted from your biweekly paycheck for Empire Plan premium will be reduced to \$7.86 for Individual coverage or to \$34.31 for Family coverage. Your reduced health insurance payroll deduction will start with the paycheck of June 29, 2000, if you are on the Institution Lag Payroll, or July 5, 2000, if you are on the Administration Lag Payroll. COBRA enrollees: Your monthly premium for the Empire Plan will continue to be \$262.75 for Individual coverage or \$585.43 for Family coverage. Leave Without Pay enrollees: The Employee Benefits Division will notify you of your new rates.

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### In This Report

SAVE THIS  
REPORT

*This Empire Plan Report announces benefit changes which amend your NYSHIP General Information Book and Empire Plan Certificate.*

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## Copayments: \$3 Generic, \$13 Brand Names

Beginning July 1, 2000, your copayment at a participating pharmacy is \$3 for a generic drug and \$13 for a brand-name drug without a generic equivalent. For a brand-name drug with a generic equivalent, you pay \$13 plus the difference in cost between the brand-name drug and its generic equivalent. If a generic substitution waiver is approved, you pay only the \$13 brand-name copayment. One copayment covers up to a 90-day supply for a prescription dispensed at a participating pharmacy or through the Express Scripts (formerly ValueRx) mail service.

### Q and A About Prescription Drugs

**Q.** Why is the Empire Plan copayment for brand-name drugs going up while the copayment for generics is going down?

**A.** Brand-name drugs cost more than generic drugs. On an average, a 30-day supply of a brand-name drug costs \$54.60 while a generic costs \$8.70.

**Q.** How can I keep my prescription drug costs down?

**A.** When you need a prescription drug, ask your doctor to prescribe a generic drug whenever possible. Generic drugs cost you, and the Empire Plan, less.

**Q.** I take several prescription drugs regularly. What else can I do to keep my costs down?

**A.** Once you are established on a long-term drug-treatment plan, remember: one copayment covers up to a 90-day supply with refills for up to a year at a participating pharmacy or the Express Scripts mail order pharmacy.

## Empire Plan Benefits Management Program

### Pre-Admission Certification Required For Skilled Nursing Facility



Beginning July 1, 2000, you must call the Empire Plan Benefits Management Program at 1-800-992-1213 before admission to a skilled nursing facility, including transfer to a skilled nursing facility from a hospital. Pre-admission certification will assure you that the skilled nursing facility care meets the criteria for coverage. You must be eligible for benefits when the care is provided. If your stay is pre-certified, you, your doctor and the facility will be notified in writing no later than the day before your Empire Plan benefits for the skilled nursing facility care will end.

If the skilled nursing facility care does not meet the following conditions, you will pay the full cost:

1. The care is medically necessary. Care must be provided by skilled personnel to assure your safety and achieve the medically desired result; and
2. Inpatient hospital care would have been required if care in the skilled nursing facility were not provided.

Remember, custodial care, which is primarily assistance with the activities of daily living, is not covered under the Empire Plan.

### Blue Cross Hospital Coverage

**Prospective Procedure Review: MRI Penalties now also apply to Blue Cross coverage.**



Beginning July 1, 2000, you must call the Empire Plan Benefits Management Program for prospective procedure review before you have an elective (non-emergency) Magnetic Resonance Imaging (MRI) in any outpatient setting, including a hospital

outpatient department, a free-standing center or a physician's office.

If you do not call, you will pay a higher share of the costs. If the Empire Plan's medical necessity review determines that the MRI was not medically necessary, you will be responsible for the full charges. If the review confirms that the MRI was medically necessary but not an emergency, you will be responsible for paying the lesser of 50 percent of the covered charge or \$250. You also must pay your \$25 hospital outpatient or \$5 participating provider copayment or applicable Basic Medical deductible and coinsurance.

If you or your dependent is scheduled for an MRI, call the Empire Plan Benefits Management Program at 1-800-992-1213 as soon as the MRI is scheduled. You do not have to call if you are having the test as an inpatient in a hospital.

### No Copayment for Hospital Outpatient Pre-Admission Testing

Beginning July 1, 2000, the \$25 copayment for hospital outpatient pre-admission testing and/or pre-surgical testing is eliminated.

### \$5 Copayment for Outpatient Physical Therapy

Beginning July 1, 2000, you pay a \$5 copayment for each visit to the hospital outpatient department for physical therapy. This is the same copayment you pay for physical therapy in a provider's office or at a free-standing facility under MPN, the Managed Physical Medicine Program.

Remember, most physical therapy is covered under MPN. However, physical therapy, ordered by your doctor following related surgery or hospitalization and provided in the hospital outpatient department is covered by Blue Cross. Please see your *Empire Plan Certificate* for more information.

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## United HealthCare Medical Coverage

### Annual Routine Health Exams

Beginning July 1, 2000, routine health exams are covered under the Basic Medical Program up to a maximum of \$250 per calendar year for an active employee age 50 and over and \$250 per calendar year for an active employee's spouse/domestic partner age 50 and over. This benefit is not subject to deductible or coinsurance. This gives you a routine health exam once each year instead of once every two years.

### Routine Newborn Child Care Up to \$150

Beginning July 1, 2000, doctors' services for the routine care of a newborn child are covered under the Basic Medical Program up to a maximum payment of \$150. This is an increase from the previous \$100 allowance. This benefit is not subject to deductible or coinsurance.

### Pediatric Immunizations: Influenza Vaccine Added

Beginning July 1, 2000, influenza vaccine is covered when provided in accordance with pediatric immunization guidelines. Coverage is available under the Participating Provider Program with no copayment and under the Basic Medical Program subject to deductible and coinsurance. Your children, up to age 19, are covered for routine well-child immunizations and the cost of oral and injectable substances.

### Adult Immunizations Covered Under Participating Provider Program

Beginning July 1, 2000, you and your adult dependents are covered under the Participating Provider Program for influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chicken pox) and tetanus immunizations subject to a \$5 copayment. Adult immunizations are not covered under the Basic Medical Program.

### Enhanced Infertility Treatment Benefit

Beginning July 1, 2000, you have enhanced benefits for infertility treatment. The Empire Plan now offers expanded coverage for infertility-related expenses and a wider range of providers, including a new network of leading infertility programs known as Infertility Centers of Excellence.

The Empire Plan selects Centers of Excellence based on successful outcomes and experience. When you choose to use a participating Center, you receive paid-in-full benefits with no copayment for pre-authorized Qualified Procedures. When you use other participating providers, you pay your \$5 copayment. When you use a non-participating provider, Basic Medical deductible and coinsurance apply.

Regardless of the provider you choose, certain procedures now require prior authorization. These procedures, which facilitate a pregnancy but do not treat the cause of infertility, are termed Qualified Procedures. When authorized, Qualified Procedures are covered up to a lifetime maximum benefit of \$25,000 per covered person. The \$25,000 maximum applies to all expenses related to Qualified Procedures and paid under the Empire Plan hospital and medical programs.

When care has been authorized at an Infertility Center of Excellence located more than 100 miles from your home, the Plan will assist you with expenses for travel, lodging and meals. These expenses are applied toward the \$25,000 lifetime maximum.



You must call United HealthCare at 1-800-638-9918 for authorization before

having any of the following Qualified Procedures: Artificial Insemination; Assisted Reproductive

Technology (ART) procedures including in-vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs.

If you do not receive prior authorization, no benefits are available for these Qualified Procedures under the Empire Plan's hospital or medical programs. You will pay the full cost, regardless of the provider.

Call United HealthCare at 1-800-638-9918 for details.

### Cardiovascular Risk Reduction Program

Effective July 1, 2000, the Empire Plan offers a new comprehensive disease management program focusing on the heart. The program is called Cardiovascular Risk Reduction (CVRR). Empire Plan enrollees and their eligible dependents who have recent history of angioplasty, open heart surgery and/or heart attack will be invited to participate in this program, which will be conducted confidentially over the phone. There is no cost to you. Your participation is voluntary.

If you agree to participate, your case will be assigned to a cardiac nurse who is experienced in working with patients to reduce heart disease risk factors. The nurse will consult with your cardiologist to develop a plan of care with the best promise of success. The nurse will talk with you periodically on the phone about heart-healthy diet, exercise, medication, stress management and smoking cessation, if applicable. You will receive, as needed, informational

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# More Empire Plan Enhancements

and educational materials developed in conjunction with the American Heart Association.

CVRR is provided by United HealthCare and is administered by CorSolutions, the nation's leading provider of lifestyle change and treatment support programs.

## Changes Effective Before July 1, 2000

### Basic Medical Reduced Coinsurance Maximum

Employees earning \$23,017 or less in base salary on April 1, 2000 are eligible to apply for a reduction in the coinsurance maximum from \$776 to \$500. The employee must be the head of household and sole wage earner in the family.

You must contact your agency Health Benefits Administrator at the end of 2000 to apply for this reduction.

### Hearing Aids Up to \$800

Beginning January 1, 2000, under the Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of \$800 once every four years.

Children age 12 years and under receive a benefit of up to \$800 once every two years when the child's hearing has changed and the existing hearing aids can no longer compensate. These benefits are not subject to deductible or coinsurance. This is an increase from \$600.

Note: If you used your hearing aid benefit after January 1, 2000 and did not receive the new benefit level of \$800, contact United HealthCare regarding the increased reimbursement.

## The Empire Plan NurseLine<sup>SM</sup> and Health Forums for Health Care Information Effective July 1, 2000

The Empire Plan NurseLine offers enrollees health information and advice 24 hours a day, seven days a week. Beginning July 1, 2000, you may call the Empire Plan NurseLine at 1-800-439-3435 toll-free to talk with a registered nurse. For example, you can ask about a minor illness or injury, a chronic condition or how to prepare a list of questions for your next doctor's appointment. You can call the Empire Plan NurseLine for advice when you can't reach your doctor or when you wonder if you should go to the emergency room.

You can also call the same number, 1-800-439-3435, for recorded messages on more than 1,000 topics in the Empire Plan NurseLine's Health Information Library. Enter PIN number 335 and a 4-digit topic code from the Empire Plan NurseLine brochure mailed to you in late June.

The Empire Plan also offers Health Forums on the Web at [www.healthforums.com](http://www.healthforums.com). Here you'll find the latest health care news plus a health library that includes an encyclopedia, a medical dictionary and symptom guides. There is no charge to you for using the Empire Plan NurseLine or the Health Forums Web site.

## No HCAP Pre-Authorization for Diabetic and Ostomy Supplies

Beginning July 1, 2000, you are no longer required to call HCAP for authorization before receiving diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies. You will be able to contact

the HCAP network suppliers directly to order your supplies. You will continue to receive a paid-in-full benefit when you use a network provider.

The new procedure for ordering ostomy and most diabetic supplies:

- The first time you use your Empire Plan benefits for diabetic or ostomy supplies, call the HCAP network provider at the toll-free number. For diabetic supplies call **National Diabetic Pharmacies (NDP)** at 1-888-306-7337. For ostomy supplies call **Byram HealthCare Centers** at 1-800-354-4054. You must provide the network supplier with a copy of the doctor's order for the supplies.
- If you are already receiving diabetic supplies from NDP or ostomy supplies from **Byram HealthCare Centers**, you can continue to reorder by contacting the supplier directly.
- If you would like names of other HCAP network providers, call HCAP at 1-800-638-9918 to speak to a representative.

If you choose to use a non-network provider for HCAP-covered services, you must send a claim to United HealthCare. The lower, non-network benefit under HCAP will apply.

This change applies only to ostomy supplies and most diabetic supplies. The Empire Plan still requires prior authorization for all other home care needs, such as home nursing services, home infusion therapy, durable medical equipment and supplies (including insulin pumps and Medijectors). Call HCAP at 1-800-638-9918 to speak with a representative.

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## Arizona, North Carolina and South Carolina Participating Provider Networks Expand

The number of Empire Plan participating providers has grown by 4,300 in Arizona, 11,300 in North Carolina and 4,700 in South Carolina. Empire Plan enrollees can now use physicians in United HealthCare's Options Preferred Provider Organization (PPO) network. New Participating Provider Directories will be printed and sent to Empire Plan enrollees who live in these areas. Some of these new providers may not yet be familiar with the Empire Plan name. Ask if the provider is part of United HealthCare's Options PPO before you receive services. When you use a participating provider, you receive covered services at little or no cost and have no claim forms to file.

You can find Empire Plan providers on the Employee Benefits Division Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits and Services and choose Empire Plan Providers. The Empire Plan Participating Provider Directory lists nearly 80,000 Empire Plan Providers. Or, call United HealthCare at 1-800-942-4640.

## Empire Blue Cross Address Change

Empire Blue Cross and Blue Shield has centralized their incoming mail operations to improve efficiency and streamline processing. Please send claims, appeals and other correspondence to the following address:

Empire Blue Cross and Blue Shield  
New York State Service Center  
P.O. Box 1407, Church Street Station  
New York, NY 10008-1407

# New York State Health Insurance Program (NYSHIP) Enhancements

## Graduating Dependent Students: 3-Month Extension of Coverage

Beginning May 1, 2000, unmarried dependent students who are age 19 or over but under age 25 and complete course requirements for graduation from a qualified course of study are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

You must provide verification of the dependent's graduation before claims will be paid.

After the three-month extension period ends, the graduated dependent student may choose either COBRA coverage or a direct-pay conversion contract.

If you have any questions, contact your agency Health Benefits Administrator.

## Sick Leave Credit

If you retire on or after January 1, 2000, you may use a maximum of 200 days of earned sick leave to calculate your retiree health insurance sick leave credit. The previous limit was 165 days.

## Health Option Program

Beginning January 1, 2001, employees who have at least 15 days of unused sick leave may exchange three days of prospective sick leave accruals for a \$300 calendar year reduction in health insurance premiums. In November 2000, you may choose this option for the 2001 calendar year. Ask your agency Health Benefits Administrator about the Health Option Program.

## Benefits for Dependents of Enrollees on Military Leave

State employees who are members of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress are entitled to continued NYSHIP enrollment at no employee cost for their covered dependents. Employees enrolled in NYSHIP with dependent coverage for at least 30 days before the enrollee's activation are eligible for this coverage.

Dependents will receive NYSHIP coverage at no cost for up to 12 months, minus the time the employee is in full pay status or until the end of active duty status or the employee's return to State employment, whichever happens first.

If you or a family member needs information about your health benefits during military leave, call your agency Health Benefits Administrator, usually located in the agency personnel office.

*The Empire Plan Report* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through the Empire Plan.



State of New York  
Department of Civil Service  
Employee Benefits Division  
The State Campus  
Albany, New York 12239  
518-457-5754 (Albany area)  
1-800-833-4344  
(U.S., Canada, Puerto Rico, Virgin Islands)  
<http://www.cs.state.ny.us>



# The Empire Plan Telephone Numbers



## The Empire Plan Benefits Management Program.....1-800-992-1213

- You must call before a maternity or scheduled hospital admission.
- You must call within 48 hours after an emergency or urgent hospital admission.
- You must call before admission or transfer to a skilled nursing facility.
- You must call before having an elective (scheduled) Magnetic Resonance Imaging (MRI).

Following the Benefits Management Program requirements can save you high out-of-pocket costs.

## Empire Blue Cross and Blue Shield.....518-367-0009 (Albany area and Alaska) 1-800-342-9815 (NYS and other states except Alaska)

Call for information regarding hospital and related services.

## United HealthCare Insurance Company of New York .....1-800-942-4640

Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.



## Home Care Advocacy Program (HCAP) .....1-800-638-9918

You must call to arrange for paid-in-full home care services and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.

## Managed Physical Medicine Program/MPN.....1-800-942-4640

Call for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.



## Infertility Treatment .....1-800-638-9918

You must call for prior authorization for the following Qualified Procedures, regardless of provider: Artificial Insemination; Assisted Reproductive Technology (ART) procedures including in-vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call for Centers of Excellence.



## ValueOptions (Administrator for GHI).....1-800-446-3995

You must call ValueOptions before beginning any treatment for mental health or substance abuse, including alcoholism. If you do not follow ValueOptions requirements, you will receive a significantly lower level of benefits. In a life-threatening situation, go to the emergency room. Call within 48 hours.



## Empire Plan Prescription Drug Program.....1-800-964-1888

You must call for prior authorization for BCG Live, Ceredase or Cerezyme, Drugs for the treatment of impotency, Enbrel, Epoetin, Human Growth Hormone, Immune Globulin, Lamisil, Prolastin, Pulmozyme, or Sporanox.

## The Empire Plan NurseLine<sup>SM</sup>.....1-800-439-3435

Call for health information and advice 24 hours a day, seven days a week. To listen to selections from the Health Information Library, enter PIN number 335 and a 4-digit code from the Empire Plan NurseLine brochure. Health information is also available at Health Forums on the Web, [www.healthforums.com/empire](http://www.healthforums.com/empire).

### Text Telephone (TTY) numbers for enrollees who use a TTY because of a hearing or speech disability.

The Empire Plan Benefits Management Program .....	TTY Only 1-800-962-2208
ValueOptions .....	TTY Only 1-800-334-1897
Empire Blue Cross and Blue Shield .....	TTY Only 1-800-241-6894
United HealthCare .....	TTY Only 1-888-697-9054
The Empire Plan Prescription Drug Program .....	TTY Only 1-800-840-7879

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

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ADDRESS SERVICE  
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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. 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).

 This *Empire Plan Report* was printed using recycled paper and environmentally sensitive inks.

EPR-CSEA-00-1 