

# THE EMPIRE PLAN

December 2001

# Report

FOR NEW YORK STATE POLICE TROOPERS  
REPRESENTED BY PBA

And for their enrolled Dependents

And for COBRA Enrollees with their Empire Plan Benefits

SAVE THIS  
REPORT

## In This Report

- 1 Deductible and Coinsurance;  
Benefits Management Program
- 2 Empire Plan News

NYSHIP General Information  
Book and Empire Plan Certificate  
Amendments

### Empire Plan At A Glance

- 3 Claims
- 4 Reminders
- 5 Mastectomy and  
Reconstructive Surgery

## Basic Medical Annual Deductible: \$271 Coinsurance Maximum: \$1,005

For calendar year 2002, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers is \$271 for you, \$271 for your enrolled spouse/domestic partner and \$271 for all covered dependent children combined.

You must meet the deductible before United HealthCare can reimburse your claims. The Basic Medical annual deductible cannot be combined with the Managed Physical Medicine Program annual deductible for non-network services or with the Mental Health and Substance Abuse Program annual deductibles for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) under the Basic Medical Program is \$1,005 in 2002. After you and your covered dependents, combined, reach the coinsurance maximum, United HealthCare will reimburse you 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and for any penalties under the benefit management programs. These changes are due to an increase in the Consumer Price Index.

See your *NYSHIP General Information Book and Empire Plan Certificate* for more information about your deductible and coinsurance maximum.

## Benefits Management Program

Effective January 1, 2002, Empire Blue Cross and Blue Shield and United HealthCare replace Intracorp as administrators of the Empire Plan Benefits Management Program.

**Beginning January 1, 2002, you must call Empire Blue Cross and Blue Shield at 518-367-0009 (Albany area and Alaska) or 1-800-342-9815 (NYS and other states except Alaska):**

- Before a maternity or scheduled hospital admission

- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

Call Empire Blue Cross and Blue Shield, too, for the High Risk Pregnancy Program.

**Beginning January 1, 2002, you must call United HealthCare at 1-800-638-9918:**

- Before having an elective (scheduled) Magnetic Resonance

Imaging (MRI) unless you are having the test as an inpatient in a hospital

You may also call United HealthCare at 1-800-638-9918 to request a voluntary specialist consultant evaluation for any scheduled procedure.

Following the Benefits Management Program requirements can save you high out-of-pocket costs. Please see your *Empire Plan Certificate* for more information.

# Empire Plan News

## Participating Provider Directory

We're now mailing the new *Empire Plan Participating Provider Directory* to enrollees.

If you haven't received

your *Directory* by late January, ask your agency Health Benefits Administrator for a copy. Also, check the New York State Department of Civil Service Web site at <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Empire Plan Providers for a regularly updated list of Empire Plan providers. Remember: Always ask if the provider participates before you receive services.



The HCAP (Home Care Advocacy Program) publication explains Empire Plan coverage for home care services, durable medical equipment and supplies. *Reporting On Diabetes* offers information about the disease that strikes over 15 million people in the United States. *Reporting On Women's Health* gives facts and suggestions for women of all ages.

## Faster Access to myuhc.com

United HealthCare's Web site, <http://www.myuhc.com>, now offers first-time users faster access to information about medical benefits. Register with the group number 030500 and the first nine digits of your New York Government Employee Benefit Card and you'll be able to select a "User Name" and a "Password." These selections give you immediate access to all myuhc.com features with the exception of medical claims.

Following your registration on the site, United HealthCare will mail you an "Access Code." Enter the "Access Code" the first time you check your United HealthCare medical claims. The code protects the confidentiality of your personal data.

## Reporting On, Revised

The updated versions of *Reporting On HCAP* (April 2001), *Reporting On Diabetes* (May 2001) and *Reporting On Women's Health* (August 2001) are available from your agency Health Benefits Administrator.

You'll also find these publications on the New York State Department of Civil Service Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Recent Publications.



## Migraine Management Program

The Migraine Management Program provides doctor and patient education for enrollees who experience migraine headaches. As part of the program, the Empire Plan places a quantity limit on the following medications used to relieve the onset of migraine headaches: Amerge®, Axert®, Imitrex®, Maxalt®, Migranal® and Zomig®. According to the National Headache Foundation, overuse of these medications can lead to rebound headaches. If you have questions about the program, call Express Scripts at 1-800-964-1888.

# Claims Deadlines

March 31, 2002 (90 days after the end of the calendar year) is the last day to submit your 2001 claims to:



- United HealthCare for the Empire Plan Basic Medical Program, the Home Care Advocacy Program (HCAP), and for non-network physical medicine services
- ValueOptions for non-network mental health and substance abuse services
- Express Scripts for prescriptions filled in 2001 at non-participating pharmacies or without using your New York Government Employee Benefit Card

If the Empire Plan is your secondary insurer, you must submit claims by March 31, 2002, or within 90 days after your primary health insurance plan processes your claim, whichever is later.

You may submit claims later if it was not reasonably possible to meet the deadlines (for example, due to illness); you must provide documentation.

Ask your agency Health Benefits Administrator for claim forms, or call:

- United HealthCare at 1-800-942-4640
- ValueOptions at 1-800-446-3995
- Express Scripts at 1-800-964-1888

Mail completed claim forms with supporting bills, receipts and, if applicable, a Medicare Summary Notice or statement from your other primary insurer to:

- United HealthCare  
P.O. Box 1600  
Kingston, New York 12402-1600
- ValueOptions  
P.O. Box 778  
Troy, New York 12181-0778
- Empire Plan Prescription Drug Program (Express Scripts)  
Claims Review Unit  
P.O. Box 1180  
Troy, New York 12181-1180

*Note: If you are covered under the Empire Plan as an enrollee and as a dependent, you may submit claims for reimbursement of copayments to the Empire Plan as your secondary insurer.*

## Qs and As About Claims

### Should I save my claims for the entire year and then submit them?

You can submit your claims for reimbursement any time after you receive non-network benefits. But pay attention to the claims deadlines explained on this page. And, remember: You must meet any annual deductibles before the Empire Plan will reimburse any of your claims. Your *Empire Plan Certificate* has more information about filing claims.

### What is a deductible?

A deductible is the amount you pay for covered expenses each calendar year before benefits will be paid under the Empire Plan Basic Medical Program, and for non-network physical medicine services and non-network mental health and substance abuse services. You must meet your deductible before your claim can be considered for payment. There are separate deductibles for the Basic Medical Program, for non-network physical medicine services, and for non-network mental health and substance abuse services. See your *Empire Plan Certificate* for more information.

### Does my doctor or other provider have to fill out my claim form for United HealthCare or ValueOptions?

If you use a participating or network provider, your provider will submit claims and receive direct reimbursement. If you use a non-participating provider, ask the provider to fill in all the information asked for on the claim form and sign it. If the provider hasn't filled out the form, and you submit bills, the bills must include all the information asked for on the claim form. Otherwise, your claim will be delayed.

### If I use a non-participating pharmacy, what portion of the cost of a prescription will I get back?

In almost all cases, you will not be reimbursed the total amount you paid for the prescription. If your prescription was filled with:

- A generic drug, a brand-name drug with no generic equivalent, or insulin, you will receive up to the amount the program would reimburse a participating pharmacy for that prescription less your copayment
- A brand-name drug with a generic equivalent (other than drugs excluded from Mandatory Generic Substitution), you will receive up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent less your copayment

### What if my claim is denied?

If a claim for benefits is denied in whole or in part, you may submit an appeal in writing to the appropriate carrier. (Please see the addresses on this page and in your *Empire Plan Certificate*.) This request for review must be sent within 60 days after you receive notice of denial. If it was not reasonably possible to meet the deadline (for example, due to illness), you may submit the request later; you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

# New York State Health Insurance Program (NYSHIP) Reminders

## New Baby in the Family

If you have Family coverage, remember to add your newborn child within 30 days after the birth or adoption. If you don't, you may have claim payment delays.

Contact your agency Health Benefits Administrator within 30 days to fill out the forms and to provide a copy of the birth certificate. If you haven't yet received a Social Security number for your baby, be sure to give your agency Health Benefits Administrator a copy of the child's Social Security card as soon as you receive it.

Please see your *NYSHIP General Information Book* for information about changing from Individual to Family coverage because of a new baby in your family.

## Medicare General Enrollment

Medicare is primary for an active State employee/dependent with end stage renal disease (waiting period applies) and for an active State employee's domestic partner who is age 65 or over. See your *NYSHIP General Information Book* for more information about NYSHIP and Medicare.

If you or your dependent is eligible for primary Medicare coverage and did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2002.

Contact Social Security at 1-800-772-1213 to enroll. NYSHIP requires you and your covered dependents to be enrolled in Medicare



Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.

## Pre-Retirement Seminars

The Department of Civil Service cooperates with the Employees' Retirement System and the Office for the Aging in presenting pre-retirement seminars. A representative from the Employee Benefits Division will explain the New York State Health Insurance Program (NYSHIP) and your choices before you leave the payroll. Call your personnel office for the seminar schedule and to reserve your place.

You can also check the schedule on the New York State Department of Civil Service Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Happenings.

# Empire Plan Reminders

## Carry Your Cards

Remember to present your New York Government Employee Benefit Card before you receive services from hospitals, providers and pharmacies. Have your Empire Plan telephone number card handy, too. The card provides numbers you or your provider might need to answer questions about your benefits.

Note: The telephone numbers for the Benefits Management Program change on January 1, 2002. See the article on page 1 of this *Report*.

If you or your dependents need a replacement benefit card or telephone cards, contact your agency Health Benefits Administrator. The telephone cards were included in the February 2001 *Reporting On Prescription Drugs*.



## Hospital Outpatient Tests

Many diagnostic services are provided in the outpatient department of a hospital. Some examples are mammograms, chest X-rays, stress tests, MRIs and blood tests. When you are physically present in the outpatient department of a hospital for a diagnostic test, you pay only your \$25 copayment for charges billed by the hospital for the test. If the test results are interpreted by a hospital employee, and those charges are billed by the hospital, your one copayment covers these services as well. Empire Blue Cross and Blue Shield reimburses the hospital directly for any balance.

However, in many cases, the results of tests performed in the outpatient department of a hospital are interpreted by an independent physician, not a hospital employee. These physician charges are covered

under either the Participating Provider or Basic Medical Programs:

- If the physician interpreting the test results is an Empire Plan participating provider, you have no additional out-of-pocket expense. United HealthCare reimburses the provider directly for the service.
- If the physician interpreting the test results is not an Empire Plan participating provider, you are responsible for paying the provider and submitting a claim to United HealthCare for consideration under the Basic Medical Program, subject to deductible and coinsurance.

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

SAVE THIS DOCUMENT



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

PRESORTED  
First-Class Mail  
U.S. POSTAGE  
PAID  
UTICA, NY  
Permit No. 320

ADDRESS SERVICE  
REQUESTED

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 Employee Benefits Division Web site (<http://www.cs.state.ny.us>), which 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 may call the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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

EPR-PBA-T-01-3

## 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*.

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>