

EMPIRE

P L REPORT A N

DECEMBER 2001

New York State Health Insurance Program (NYSHIP)
For New York State and Participating Employer Retirees, Vestees, Dependent Survivors
and Enrollees covered under Preferred List Provisions and for their enrolled Dependents
and for COBRA enrollees with their Empire Plan benefits

Summary of Benefit Changes Effective January 1, 2002

Read this *Report* for more
information.

Hearing Aids: Maximum
reimbursement increased to
\$1,200 every four years for adults
and every two years for children.

**Basic Medical Deductible and
Coinsurance:** \$271 annual
deductible; \$1,303 annual
coinsurance maximum.

SAVE THIS
REPORT

In This Report

- 1 Benefit Changes;
Benefits Management
Program
- 2 Complementary and
Alternative Medicine
Program; South Carolina
Network
- 3 Empire Plan News;
Empire Plan Reminders
- 4 Claims

NYSHIP General Information Book and
Empire Plan Certificate Amendments

Empire Plan At A Glance

- 5 NYSHIP News;
NYSHIP Reminders
- 6 Telephone numbers
- 7 Web site
- 8 Mastectomy and
Reconstructive Surgery

The Empire Plan Benefit Changes Effective January 1, 2002

United HealthCare Medical Coverage

Hearing Aids Up to \$1,200

Beginning January 1, 2002, under the Empire Plan Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of \$1,200 once every four years. Children age 12 years and under are eligible to receive a benefit of up to \$1,200 once every two years if 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 \$1,000.

Basic Medical Annual Deductible: \$271 Coinsurance Maximum: \$1,303

For calendar year 2002, the Empire Plan Basic Medical Program annual deductible for medical services 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

Continued on page 2

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.

The Benefits Management Program requirements apply when the Empire Plan is your primary insurance coverage.

Empire Plan Benefit Changes,

continued from page 1

Substance Abuse Program annual deductibles for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) under the Basic Medical Program is \$1,303 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.

Complementary and Alternative Medicine Program

Effective October 1, 2001, the Empire Plan offers the Complementary and Alternative Medicine (CAM) Program to you and your eligible dependents. You receive a 25 percent discount from the normal fee for services from CAM network massage therapists, acupuncturists, dietitians and nutritionists. The program is available only in New York State. The CAM Program provides access to nontraditional therapies used alone (alternative), used in combination with other alternative therapies, or used in addition to conventional therapies (complementary).

You can get the names, addresses and phone numbers of Empire Plan CAM providers by calling the toll-free number, 1-888-447-2144. CAM representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. to answer nonclinical questions, such as how to locate a provider.

After hours, automated messages offer information about the CAM Program, providers in your area and how to nominate a provider.

If you have access to the Internet, the CAM Web site at

<http://www.empireplancam.com> has provider information. The site also has a Provider Locator and a Provider Nomination form.

You contact an Empire Plan CAM provider directly to make your appointment. Present your New York Government Employee Benefit Card to the provider and say you are in the Empire Plan before you receive services. The provider will deduct 25 percent from the normal fee. You pay the provider directly. There is no reimbursement due from the Empire Plan and the services are not covered expenses under the Empire Plan.

CAM is administered by Managed Physical Network (MPN) and its affiliate company, American Complementary Care Network (ACCN). ACCN follows a credentialing process to ensure that CAM providers are licensed and insured.

MPN is also the administrator of the Empire Plan Managed Physical Medicine Program.

Participating Provider Network in South Carolina

In South Carolina, as well as in Arizona, Connecticut, Florida, New Jersey and North Carolina, Empire Plan participating physicians are part of United HealthCare's Options Preferred Provider Organization (PPO) network. As of October 1, 2001, the PPO in South Carolina uses the MedCost network. Your Empire Plan benefits have not changed because of the network change.

If you live in South Carolina, ask if your current physician is still part of United HealthCare's Options Preferred Provider Organization. When you use a participating provider, you pay only the applicable copayment.

The Employee Benefits Division mailed Empire Plan enrollees who live in South Carolina a letter about the network change in October. The mailing included a United HealthCare Options PPO card to present to network providers. The updated *Empire Plan Participating Provider Directory* for North and South Carolina will mail in January.

A list of providers is also on the Employee Benefits Division Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits and choose Empire Plan Providers. Or, call United HealthCare at 1-800-942-4640 and ask for a list of providers in your area.

Empire Plan News

Participating Provider Directory

We're mailing the new *Empire Plan Participating Provider Directory* to enrollees. If you haven't received your *Directory* by late January, or if you need a *Directory* for a different address, call United HealthCare at 1-800-942-4640. 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.



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 the Employee Benefits Division. 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.



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.

If you would like a copy of these important publications, check our Web site or call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) and use the automated system to request a copy.

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.

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 and the phone list on page 6 of this *Report*.

If you or your dependents need a replacement benefit card or telephone cards, contact the Employee Benefits

Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) and use the automated system. 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.

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 (*Does not apply to CWA-represented employees who retired before 7/1/94, Civil Service Forum Local 300 and certain Participating Employers.*)

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.

For claim forms, 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.

I am Medicare-primary. How do I file medical and mental health and substance abuse claims?

If Medicare is primary (pays first) for you, your provider must submit bills

to Medicare first. Medicare will send you a Medicare Summary Notice (or Explanation of Medicare Benefits). Submit the Medicare Summary Notice with the completed claim form or detailed bills. Make and keep a copy of the Medicare Summary Notice and other documents for your records.

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 on page 6.) This request for review must be sent within 60 days after you receive notice of denial. You may submit the request later if it was not reasonably possible to meet the deadline (for example, due to illness); you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

NYSHIP News

NYSHIP Reminders

Medicare Part B Premium

Former employees of Participating Employers: Ask your former employing agency about Medicare premium reimbursement.

The Medicare Part B premium for 2002 is \$54 per month, up 8 percent from \$50 per month in 2001. The State reimburses you for the Part B premium unless you receive reimbursement from another source. The same automatic reimbursement applies to spouses who become 65 years old after January 1, 2000.

The reimbursement is not automatic for spouses who became 65 years old before January 1, 2000. The reimbursement also is not automatic for your domestic partner or for any enrollee or covered dependent who is under age 65 and eligible for Medicare due to a disability or end stage renal disease. Send proof of Medicare coverage to the Employee Benefits Division to begin the reimbursement.

Medicare for Disability Retirees

The May 2001 *Medicare for Disability Retirees* is now available for former employees of New York State agencies who take disability retirement. If you would like this publication, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) and use the automated system to request a copy.



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.

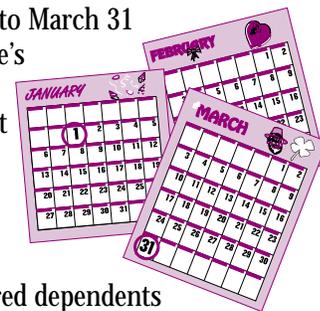
Write to the Employee Benefits Division within 30 days and provide a copy of the birth certificate. If you haven't yet received a Social Security number for your baby, be sure to provide a copy of the child's Social Security card as soon as you receive it.

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

January 1 to March 31 is Medicare's general enrollment period. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B and have Medicare Parts A and B in effect as soon as you or they are: age 65 or older; or regardless of age, have been entitled to Social Security disability benefits for more than 24 months; or regardless of age, have end stage renal disease (permanent kidney failure).

If you did not enroll in Medicare when first eligible, contact your local Social Security office to sign up before the open enrollment period ends on March 31, 2002. Coverage will become effective July 1, 2002. You are responsible for the premium surcharge Medicare adds for late enrollment.



Empire Plan Telephone Numbers

Empire Blue Cross and Blue Shield.....518-367-0009 (Albany area and Alaska)
*New York State Service Center, P.O. Box 1407,
 Church Street Station, New York, NY 10008-1407.*
 1-800-342-9815 (NYS and other states except Alaska)
 Call for information regarding hospital and related services.



Benefits Management Program. Effective January 1, 2002, if the Empire Plan is your primary coverage, you must call Empire Blue Cross and Blue Shield at the numbers above before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission, and before admission or transfer to a skilled nursing facility.



Centers of Excellence for Transplants Program. You must call Empire Blue Cross and Blue Shield at the numbers above before a hospital admission for the following transplant surgeries: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

United HealthCare Insurance Company of New York.....1-800-942-4640
P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.



Benefits Management Program. Effective January 1, 2002, if the Empire Plan is your primary coverage, you must call United HealthCare at 1-800-638-9918 before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



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/MPN1-800-942-4640
 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 Benefits.....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 information about infertility benefits and Centers of Excellence.



ValueOptions (administrator for GHI)1-800-446-3995
P.O. Box 778, Troy, New York 12181-0778. 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
Express Scripts, P.O. Box 1180, Troy, NY 12181-1180. You must call for prior authorization for BCG Live, Cerezyme, drugs for the treatment of impotency, Enbrel, Epoetin, Human Growth Hormone, Immune Globulin, Lamisil, Prolastin, Pulmozyme or Sporanox.

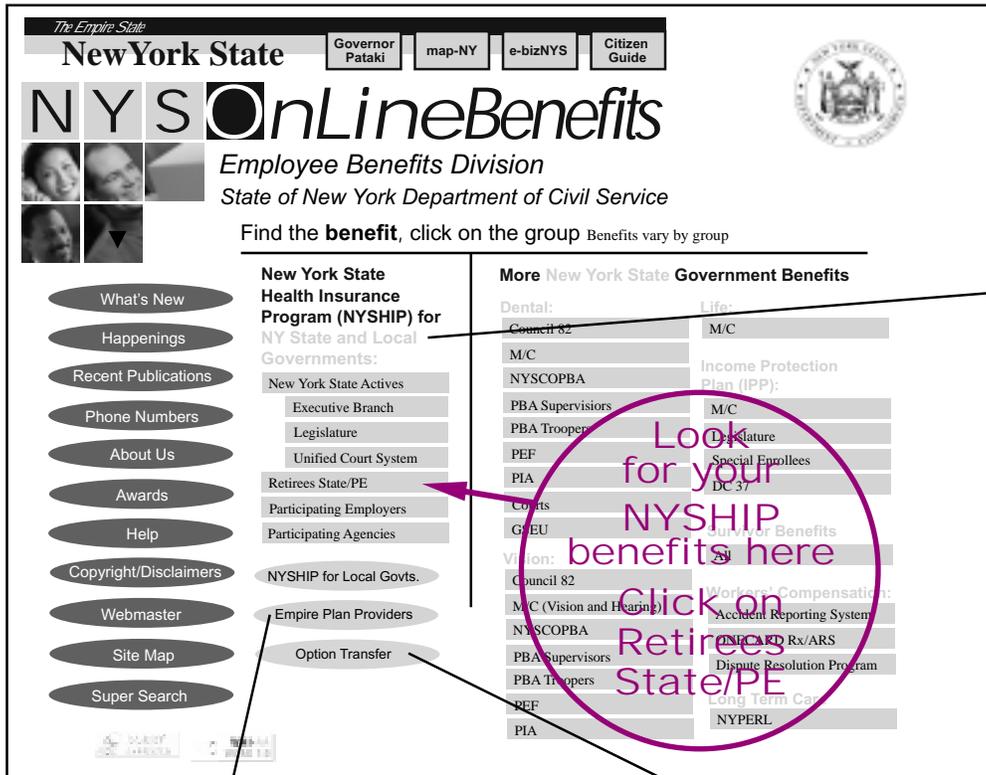
The Empire Plan NurseLine_{SM}.....1-800-439-3435
 Call for health information and advice, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure.

Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:
Empire Blue Cross and Blue Shield.....TTY only: 1-800-241-6894
United HealthCare.....TTY only: 1-888-697-9054
ValueOptions.....TTY only: 1-800-334-1897
Empire Plan Prescription Drug Program.....TTY only: 1-800-840-7879

Visit us on the Web at <http://www.cs.state.ny.us>

Check our New York State Department of Civil Service Employee Benefits Division Web site at <http://www.cs.state.ny.us>. Publications are available on our site, which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you don't have access to the Internet, visit your local library. Most libraries have computers linked to the Internet.

Click on Employee Benefits for current information about your Empire Plan benefits.



Health Insurance
Choose your group to go to "What's Inside" for information about NYSHIP and the Empire Plan

Empire Plan Providers
Link directly to the Participating Provider Directory on the United HealthCare Web site

Option Transfer
NYSHIP plans and premium rates for 2002

Other Web sites:

Empire Blue Cross and Blue Shield

<http://www.empireblue.com>

Use your identification number to register to check hospital claim status, complete a Coordination of Benefits form or fill out a dependent student questionnaire.

United HealthCare

<http://www.myuhc.com>

Use group number 030500 and your identification number to register and check medical claims.

Express Scripts

<http://www.express-scripts.com>

To refill a prescription on file with the Express Scripts Mail Service pharmacy, or to check the status of your refill order, choose Mail Service Prescriptions Refill. This site also offers general information on prescription medications.

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

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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 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 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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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
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518-457-5754 (Albany area)
1-800-833-4344
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