

THE EMPIRE PLAN

June 2003

Report

FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY DISTRICT COUNCIL 37

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 January 1, 2003

\$12 Copayment: Copayment increased 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: \$219 annual deductible.

Coinsurance Maximum: \$847 annual coinsurance maximum.

Reduced Coinsurance Maximum: For calendar year 2003, enrollees who earn \$24,657 or less per year as of April 1, 2002 and meet the criteria are eligible for a reduced coinsurance maximum.

Mammography: An annual mammogram covered for women age 40 years and older under both hospital and medical coverage.

Gynecologic Exams: Basic Medical Program coverage includes no fewer than two exams each year plus services resulting from exams.

Infertility Benefits: Artificial/intra-uterine insemination no longer requires prior authorization.

Prescription Drug Copayment: \$5 copayment for a generic drug, \$15 copayment for a brand-name drug without a generic equivalent, \$15 copayment plus the difference in cost for a brand-name drug with a generic equivalent.

Share of Premium for Prescription Drug Coverage: Employee contributes 10 percent of the premium for individual coverage and 25 percent of the cost of dependent coverage for family coverage. *This does not apply to COBRA coverage.*

Effective February 1, 2003

Contraceptive Drugs and Devices: Covered under the Participating Provider and Basic Medical Programs when dispensed in a doctor's office; covered under the Prescription Drug Program when dispensed at a pharmacy.

Effective July 15, 2002

Modified Solid Food Products: Paid-in-full benefit subject to \$2,500 annual maximum.

Enteral Formulas: Covered under the Home Care Advocacy Program (HCAP).

Empire Plan Benefit Changes

United HealthCare Medical Coverage

Effective January 1, 2003

\$12 Copayment

Beginning January 1, 2003, your copayment is \$12 for services by Empire Plan participating providers that are subject to copayment, such as office visits, office surgery, radiology services, diagnostic laboratory services, cardiac rehabilitation center visits, urgent care center visits and contraceptive drugs and devices dispensed in a doctor's office. (See page 2 of this Report.) Your copayment for services by Managed Physical Network (MPN) providers is also \$12 as of January 1, 2003.

Basic Medical

Annual Deductible: \$219

Coinsurance Maximum: \$847

For calendar year 2003, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers is \$219 for you, \$219 for your enrolled spouse/domestic partner and \$219 for all covered dependent children combined.

You must meet the deductible before United HealthCare can pay benefits for 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 \$847 in 2003. 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.

The Basic Medical coinsurance maximum may be reduced to \$500 for calendar year 2003 for

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SAVE THIS REPORT

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SPECIAL SECTIONS

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employees earning \$24,657 or less in full-time base annual salary as of April 1, 2002.

To be eligible for the reduced coinsurance maximum, the employee must meet the criteria for head of household and sole wage earner in the family. Contact your agency Health Benefits Administrator to apply for this reduction.

Gynecologic Exams

Effective January 1, 2003, the Empire Plan Basic Medical Program provides coverage for no fewer than two gynecologic exams each year and for services needed as a result of such annual exams. The Empire Plan continues to cover general medical care, including gynecologic exams, under the Participating Provider Program.

Infertility Benefits

Effective January 1, 2003, artificial/intra-uterine insemination is no longer a Qualified Procedure subject to prior authorization and a lifetime maximum. This benefit continues to be available under the Empire Plan's hospital and medical programs.

Effective February 1, 2003

Contraceptive Drugs and Devices

Effective February 1, 2003, the Empire Plan provides benefits for contraceptive drugs and devices dispensed in a doctor's office. The drugs and devices are limited to those that require injection, insertion or other physician intervention. Under the Participating Provider Program, you pay a \$12 copayment for the drug or device, in addition to any other copayment(s) due. Basic Medical Program benefits are also available, subject to deductible and coinsurance.

Effective July 15, 2002

Modified Solid Food Products

Effective July 15, 2002, you have a paid-in-full benefit for modified solid food products (MSFP) when the MSFP is medically necessary and prescribed by your doctor. A modified solid food product is a product/food that is low in

protein or contains modified protein and is consumed by individuals with certain diseases of amino acid and organic acid metabolism.

This benefit is available through United HealthCare under the Empire Plan Basic Medical Program and is not subject to deductible and coinsurance. An annual maximum of \$2,500 applies.

Enteral Formulas

Effective July 15, 2002, HCAP, the Home Care Advocacy Program administered by United HealthCare, covers enteral formulas for home use when your doctor gives you a written order and the treatment is considered safe and effective for the diagnosis. Enteral formulas are nutritional replacements taken by mouth or through a feeding tube. These formulas provide basic nutrition when food in its usual form is not appropriate or adequate to meet the individual's nutritional needs.

For a paid-in-full benefit, you must call 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 1 for United HealthCare. HCAP will arrange for the formula to be provided by a network provider at no cost to you.

If you do not call HCAP or if you call HCAP but do not use an HCAP provider, you will receive non-network benefits. Non-network benefits are reimbursed at 50 percent of the HCAP network allowance after you meet the Basic Medical Program deductible.

Your *Empire Plan Certificate* explains HCAP and how to use the Program.

Empire Blue Cross Blue Shield Hospital Coverage

Effective January 1, 2003

\$12 Copayment

Beginning January 1, 2003, your copayment is \$12 for each visit to the outpatient department of a hospital for physical therapy when covered by Empire Blue Cross Blue Shield. Please see your *Empire Plan Certificate* for more information.

Annual Mammogram at 40 Years

Effective January 1, 2003, Empire Blue Cross Blue Shield pays for an annual mammogram in the outpatient department of a hospital for covered persons age 40 years and older. Please see your *Empire Plan Certificate* for more information about mammography coverage.

Empire Plan Mental Health and Substance Abuse Program

Effective January 1, 2003

\$12 Copayment

Beginning January 1, 2003, visits to ValueOptions network providers for outpatient substance abuse treatment are subject to a \$12 copayment. The copayment for an outpatient mental health visit remains \$15. To qualify for benefits, all covered services must be certified as medically necessary by ValueOptions.

Empire Plan Prescription Drug Program

Effective January 1, 2003

Copayments: \$5 Generic, \$15 Brand Names

Beginning January 1, 2003, your copayment at a participating pharmacy increased from \$3 to \$5 for a generic drug and from \$13 to \$15 for a brand-name drug without a generic equivalent. For a brand-name drug with a generic equivalent, you pay \$15 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 \$15 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 mail service.

State Pays 90 Percent/75 Percent

COBRA Enrollees: The following does not apply to you.

Effective January 1, 2003, the State pays 90 percent of the premium for individual prescription drug coverage and the employee contributes

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Empire Plan Benefit Changes, continued from page 2

10 percent. For family coverage, the State pays 90 percent of the enrollee prescription drug premium plus 75 percent of the dependent prescription drug premium regardless of the number of dependents. Your share of the premium is part of your premium for health insurance coverage.

The State continues to pay 90 percent of the Empire Plan hospital, medical and mental health/substance abuse parts of the premium for individual coverage. For family coverage, the State continues to pay 90 percent of those parts of your premium as the enrollee, plus 75 percent of the cost of dependent coverage regardless of the number of dependents.

Please refer to *New York State Health Insurance Program Rates and Deadlines for 2003* for premium

contribution amounts. We mailed this publication to your home during the Option Transfer Period in December. The Option Transfer Period is the time you may change your health insurance for the next year. Rates are also available on the Internet at www.cs.state.ny.us.

Leave Without Pay enrollees: The Employee Benefits Division notifies you of your new rates.

Effective February 1, 2003 Contraceptive Coverage

Effective February 1, 2003, you are covered for diaphragms and other contraceptive devices that require a physician's order and are purchased at a pharmacy. Before this change, you were covered for only oral, injectable or surgically implanted contraceptives.

Diabetes Management Program

The Empire Plan now offers the Diabetes Management Program. This program provides guidance for improving, managing and living with diabetes or high blood sugar. If you or your dependents have received recent treatment for diabetes or a diabetes-related problem, you may be invited to participate in this program. Participation is voluntary, free of charge and confidential.

An invitation to participate will be mailed to your home. The first step is a confidential survey that can be completed on the telephone, over the Internet or in written format. Once you finish the survey, you will receive personalized health information based on your responses. And if appropriate, you will also receive a free home testing kit.

With the introduction of this new program, effective March 1, 2003, the Empire Plan has three disease management programs through United HealthCare: the Cardiovascular Risk Reduction Program, the Asthma Management Program and the Diabetes Management Program.

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.



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Access to Obstetric and Gynecologic Services

This notice is provided in accordance with the Women's Health and Wellness Act effective January 1, 2003.

The Empire Plan provides direct access to primary and preventive obstetric and gynecologic services for no fewer than two examinations annually. The Empire Plan also covers services required as a result of annual examinations, services required as

a result of an acute gynecologic condition, and all care related to pregnancy.

If you have questions about your obstetric and gynecologic coverage, call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare.

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

HIPAA Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law designed to improve the nation's health care system. HIPAA includes national standards to protect the privacy of personal health information. The HIPAA privacy regulation, "Standards for Privacy of Individually Identifiable Health Information," became effective April 14, 2003. The NYSHIP

Privacy Notice is available on the New York State Department of Civil Service Web site at www.cs.state.ny.us. Click on Employee Benefits and then on Publications & Forms. 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 order a copy.

New Empire Plan Number



1-877-7-NYSHIP

1-877-7-NYSHIP (1-877-769-7447) is now the one toll-free number to call for the Empire Plan carriers. The new number is your first step to Empire Plan information.

Call 1-877-7-NYSHIP to connect to:

Press
or Say
1

- United HealthCare for medical/surgical benefits and claims, outpatient MRIs, the Home Care Advocacy Program (HCAP), Infertility Centers of Excellence and the Managed Physical Medicine Program

Press
or Say
2

- Empire Blue Cross Blue Shield for hospital benefits and claims, pre-admission certification of inpatient hospital and skilled nursing facility admission and Centers of Excellence for Transplants

Press
or Say
3

- ValueOptions for mental health and substance abuse benefits and claims, authorization of services and referrals to network providers

Press
or Say
4

- Express Scripts for the Empire Plan Prescription Drug Program and Mail Service Pharmacy

Press
or Say
5

- The Empire Plan NurseLineSM for health information and support

When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say the appropriate number at any time during the message. You'll automatically be connected to the carrier's telephone system, which allows you to direct your call.

United HealthCare and Empire Blue Cross Blue Shield representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Taped messages are available after hours and weekends.

ValueOptions, Express Scripts and the Empire Plan NurseLine representatives are available 24 hours a day, seven days a week.

We mailed Empire Plan enrollees a postcard announcing the new Empire Plan telephone number in November. Please put a sticker from the postcard on the New York Government Employee Benefit Card of each covered member of your family. If you have extras, put one on your *Empire Plan Certificate*. For more postcard stickers, contact your agency Health Benefits Administrator.

New Publications

Participating Provider Directory

We mailed the 2002 *Empire Plan Participating Provider Directory* to enrollees last fall. If you haven't received your Directory, ask your agency Health Benefits Administrator for a copy.

You can find a regularly updated list of Empire Plan providers on the New York State Department of Civil Service Web site at www.cs.state.ny.us. Click on Employee Benefits and then on Empire Plan Providers. Or, call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 1 to check if your



provider participates in the Plan. Remember: Always ask if the provider participates in the Empire Plan for New York government employees before you receive services.

Reporting On HCAP

The updated version of *Reporting On HCAP* (July 2002) is available from your agency Health Benefits Administrator.

This HCAP (Home Care Advocacy Program) publication, which replaces the April 2001 version, explains Empire Plan coverage for home care services, durable medical equipment and supplies.



Reporting On Network Benefits

The updated *Reporting On Network Benefits* (January 2003) is also available from your agency Health Benefits Administrator.

This publication replaces the January 2002 version and details Empire Plan network coverage.

Publications on the Web

Reporting On HCAP and *Reporting On Network Benefits* are available on the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits and then on Publications & Forms.



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X-rays and Laboratory Work Received from Participating Providers

When you have diagnostic radiology (X-rays), including mammography and bone mineral density tests, or diagnostic laboratory tests performed by a participating provider, your costs depend on where and when the test is done.

Participating Provider's Office

If you go to an Empire Plan participating provider's office (not located in a hospital outpatient department), you pay a \$12 copayment for all X-ray and laboratory services performed in the doctor's office during a single office visit. You also pay a \$12 office visit copayment.

If your doctor sends lab work to an Empire Plan participating lab for analysis, you also pay a \$12 copayment to the participating lab.

Participating, Free-standing Laboratory or Radiology Center

If you go to a participating, free-standing laboratory or radiology center (not located in a hospital outpatient

department), you pay one \$12 copayment for all tests performed at the same facility on the same day.

Hospital Outpatient Department

If you go to the outpatient department of a hospital for radiology and/or laboratory tests, you are responsible for one \$35 copayment for all tests performed on the same day. The copayment is waived if you are admitted as an inpatient directly from the outpatient department.

Ambulatory Surgical Center

If you use a participating ambulatory surgical center, you pay one \$15 copayment for all facility charges. This copayment includes laboratory tests and radiology performed on-site on the same day as the ambulatory surgery.

Remember: You must call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare before

having an elective (scheduled) Magnetic Resonance Imaging (MRI).

Ask for Empire Plan Participating Providers

When you use participating providers, you cut down on costs to you and the Empire Plan. Participating providers do not automatically send you to another participating provider, laboratory or center. And, they may not send your tests to a participating laboratory. Tell your provider you want to use Empire Plan participating providers whenever possible. Always check with the provider directly before you receive services. Or, call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare. Or, visit our Web site at www.cs.state.ny.us. Click on Employee Benefits and then Empire Plan Providers.

Out-of-Pocket Costs for Surgery

The Empire Plan covers the services of a doctor for surgery in and out of the hospital. When you have surgery performed by a participating provider, your costs depend on where the surgery is done.

Participating Provider's Office

If you have surgery in the participating provider's office, you pay a \$12 copayment.

Hospital

If you have surgery as an inpatient in a hospital, you have paid-in-full benefits for covered services from a participating provider.

Outpatient Department of a Hospital

If you have surgery in the outpatient department of a hospital, you pay one copayment of \$35 per visit. The

copayment is waived if you are admitted as an inpatient directly from the outpatient department.

Ambulatory Surgical Center

If you have surgery at an Empire Plan ambulatory surgical center, you pay a \$15 copayment for facility, same-day on-site testing and anesthesiology charges. You pay an additional \$15 copayment for pre-operative testing performed on a different day from the surgery. Charges from a participating surgeon are covered in full.

Non-Participating Providers

If you receive surgery from a non-participating provider in the provider's office, in a hospital, in the outpatient department of a hospital or at an ambulatory surgical center, Basic Medical Program benefits apply. You must meet your deductible and pay

20 percent (coinsurance) of the covered medical expenses plus any charges above the reasonable and customary amount. Please see your *Empire Plan Certificate* for more information about the Basic Medical Program.

If you plan to use a non-participating provider for elective, non-emergency surgery, call the Empire Plan for a pre-determination of benefits before you have the surgery. Call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare.

Remember: You must call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose Empire Blue Cross Blue Shield for pre-admission certification before any elective (scheduled) hospital admission.

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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 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).

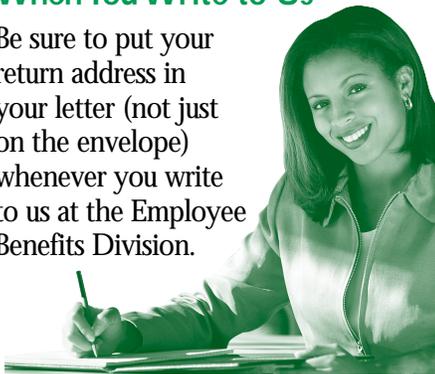
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Reminders

When You Write to Us

Be sure to put your return address in your letter (not just on the envelope) whenever you write to us at the Employee Benefits Division.



Please also include your name and health insurance identification number in your letter. Without this information, our response to you may be delayed.

The New NYS OnLine

Have you visited NYS OnLine lately? Check out our newly designed health benefits section of the New York State Department of Civil Service Web site at www.cs.state.ny.us. Click on Employee Benefits and find up-to-date information about your NYSHIP and Empire Plan benefits.

You'll also find a new link, Empire Plan Pharmacy, for the Express Scripts Web site. The site includes online ordering, prescription history, your account summary and a pharmacy locator.

You can also link to *The Empire Plan Participating Provider Directory* from NYS OnLine. Choose Empire Plan Providers for the Directory on the United HealthCare Web site.

If you don't have computer access to the Internet, visit your local library. Most libraries have computers linked to the Internet.

The Empire Plan NurseLineSM

You can call the Empire Plan NurseLine 24 hours a day, seven days a week for health information and support. Call 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 5 to talk with an experienced registered nurse or to reach the Empire Plan NurseLine's Health Information Library.

For recorded messages on more than 1,000 topics, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine nurse to send you one.

Pre-Retirement Seminars

The Department of Civil Service cooperates with 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 to learn if there's a seminar available in your area.

You can also check the schedule on the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits, then on Meetings & More.