

EMPIRE

P L REPORT A N

DECEMBER 2003

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

The Empire Plan at
www.cs.state.ny.us



The New York State Department of Civil Service Web site at www.cs.state.ny.us links to information about NYSHIP and your Empire Plan benefits. Click on Employee Benefits to reach our site, which meets State universal accessibility standards for New York State agency Web sites. If you don't have computer access to the Internet, check your local library for computers linked to the Internet.

SAVE THIS REPORT

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Empire Plan Benefit News

United HealthCare Medical Coverage

Effective January 1, 2004

Basic Medical

Annual Deductible: \$295

Coinsurance Maximum: \$1,419

For calendar year 2004, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers is \$295 for you, \$295 for your enrolled spouse/domestic partner and \$295 for all covered dependent children combined.

You must meet the deductible before United HealthCare can pay Basic Medical 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 \$1,419 in 2004. 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

Benefit News continued on page 2

Medicare

Medicare: You Must Enroll

NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible, even if you also have coverage through another employer's group plan.

You must be enrolled in Medicare Parts A and B and entitled to receive Medicare benefits by the first day of the month in which you reach age 65 (if your birthday is the first of the month, by the first day of the month before), or before age 65 if you are disabled or have end stage renal disease.

As soon as you become eligible for Medicare, your NYSHIP coverage will pay secondary to Medicare, even if you

fail to enroll in Medicare or are in a waiting period for Medicare to go into effect. Plan benefits may change.

If you are not enrolled in Medicare Parts A and B when you are first eligible to enroll, you will be responsible for the full cost of medical services that Medicare would have covered.

Former employees of Participating Employers: Ask your agency Health Benefits Administrator whether your agency continues NYSHIP coverage after you become eligible for Medicare at 65.

COBRA enrollees: See page 181 of the Book/Certificate section of this Report for important information about Medicare and COBRA.

Benefit News continued from page 1

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.

Empire Plan Prescription Drug Program

Prior Authorization

You must have prior authorization for certain drugs to receive Empire Plan Prescription Drug Program benefits. The prior authorization list is updated periodically. Please see page 183 of the *Empire Plan Certificate* section of this Report for a list of drugs requiring prior authorization. For the most current list of drugs requiring prior authorization, call the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Express Scripts. Or, go to the New York State Department of Civil Service Web site at www.cs.state.ny.us and click on Employee Benefits.

Mandatory Generic Substitution

If your doctor writes a prescription for a brand-name drug that has a generic equivalent, you pay a \$15 copayment plus the difference in cost between the brand-name drug and its generic equivalent. However, the following brand-name drugs are excluded from mandatory generic substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Slo-Bid, Synthroid, Tegretol. You pay only your \$15 copayment for these brand-name drugs. Theo-Dur has been removed from this list because it is no longer manufactured.

Participating Provider Directory

We mailed the 2003 *Empire Plan Participating Provider Directory* to enrollees October through November. If you haven't received your Directory, or if you need a Directory for a different address,



call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare.

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.

You are not guaranteed access to a United HealthCare participating provider in every specialty in every geographic area. You are, however, guaranteed access to network benefits under the Managed Physical Medicine, Home Care Advocacy and Mental Health and Substance Abuse Programs if you follow program requirements.

Empire Plan Reminders

Hospital Outpatient Tests

Many diagnostic services are provided in the outpatient department of a hospital. Some examples are mammograms, chest X-rays, stress tests, colonoscopies, MRIs and blood tests. When you are physically present in the outpatient department of a hospital for a diagnostic test, you pay a \$25 copayment for charges billed by the hospital for the test. If the test results are interpreted by a hospital employee or an agent of the hospital (such as an independent laboratory under contract with the hospital), and those charges are billed by the hospital, your one copayment covers these services as well. Empire Blue Cross 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 or agent. These physician charges are covered by United HealthCare 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.

Your \$25 copayment for hospital outpatient tests also covers use of the facility for outpatient surgery performed

on the same day. However, if your surgery is performed by an independent physician, not a hospital employee or agent, physician charges are covered by United HealthCare under either the Participating Provider or Basic Medical Program.

The Empire Plan NurseLine_{SM}

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 a 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.

NYSHIP

Reminders

Changing Your Health Insurance Plan

You can now change your health insurance plan for any reason, at any time, once during a twelve-month period. You no longer have to wait for the thirty-day Option Transfer Period at the end of the year to change your health insurance plan. This new policy applies to State and Participating Employer retirees, vestees, dependent survivors and enrollees covered under preferred list provisions and COBRA enrollees with their benefits.

You still may change options more than once in a twelve-month period if you:

- Are enrolled in an HMO and move permanently out of your HMO's service area.
- Move to an area served by a NYSHIP HMO that did not serve your previous home area.

If you want to change your health insurance plan, you must notify the Employee Benefits Division in writing. Please use the forms included in the *Choices* booklet you received in December. 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 ask for the required forms.

In October, we mailed NYSHIP enrollees with retiree benefits a letter about changing health insurance plans. If you did not receive this mailing, please call the Employee Benefits Division at the number(s) above.

Information about NYSHIP health insurance plans is also available on the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits, then on Choosing a Health Plan?

For more details about changing your option, please see pages 180-181 of the *NYSHIP General Information Book* section of this Report.

"Other Children" Eligibility

If you are caring for a child, such as your grandchild, who is not your natural child, legally adopted child or dependent stepchild, this child may be eligible for NYSHIP health insurance coverage as your dependent. To be eligible, the "other child" must be unmarried and under age 19, reside permanently in your home and be chiefly dependent on you. You must have assumed legal responsibility in place of the parent. You must also verify eligibility and provide documentation when you enroll the child and every two years thereafter.

Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) for more information about "other children" eligibility.

Release of Health Information to Representatives

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes national standards to protect the privacy of personal health information. Following these standards, the Employee Benefits Division limits the use and disclosure of individual health information. Persons representing a NYSHIP enrollee may need to meet certain requirements before the Division can give personal information.

Adult children asking for information about a parent must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form signed by the parent.

Parents wanting information about adult children with COBRA coverage must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form signed by the adult child.

Separated spouses covered under NYSHIP may receive information about themselves. Former spouses may not receive information about the enrollee, but, if they are on file in the Division as the child's personal representative, may get information about a dependent child.

If you have questions about HIPAA or need an authorization form, contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). More HIPAA details and the Division's authorization form are also available on the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits. Then choose HIPAA Privacy Information.

For Recent Retirees

Most retirees pay their share of their health insurance premium through deductions from their monthly pension check. However, the Employee Benefits Division must receive the Retirement Number assigned to you by the Retirement System before monthly health insurance deductions from your pension can begin. As a result, there may be a lag of several months before deductions begin. Meanwhile, you will be billed directly each month for your share of the premium. To keep your coverage in effect, you must send your monthly payment to EBD or to your former Participating Employer until deductions begin. At the time of the first deduction, any outstanding premiums due will be taken if your coverage has not been cancelled for non-payment.

Claims Deadlines

Claims Deadlines

March 31, 2004 (90 days after the end of the calendar year) is the last day to submit your 2003 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 2003 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, 2004, 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 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare, ValueOptions or Express Scripts.

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 services. 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 non-network 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. You pay only your copayment(s), if any, and you have no claim forms to file.

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 are my medical and mental health and substance abuse claims filed?

If Medicare is primary (pays first) for you, your provider must submit bills to Medicare first. The Empire Plan will send you an Explanation of Benefits.

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. Please see page 2 of this Report.), 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 page 184 of the Book/Certificate section of this Report) 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 your request later; you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

More on Medicare

Happy 65th Birthday!

Were you born in 1939? Then 2004 is the year of your 65th birthday! Here's a reminder for you: Apply for Medicare three months ahead of your 65th birthday. NYSHIP requires you and your dependent to have Medicare Part A and Part B coverage in effect on the first day of the month in which you or your dependent turns 65. (Or, if the birthday falls on the first of the month, Medicare must be in effect on the first day of the preceding month.) If you do not apply three months before your birthday, you will have a waiting period before Medicare becomes effective. During this waiting period, you will be responsible for Medicare's share of your bills.

COBRA enrollees: See page 181 of the Book/Certificate section of this Report for important information about Medicare and COBRA.

How to Enroll in Medicare

To enroll in Medicare, visit your local Social Security office or call Social Security at 1-800-772-1213.

Information about applying for Medicare is also available on the Web at www.ssa.gov. Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778.

If you do not enroll in Medicare when you are first eligible, you must enroll during the next General Enrollment Period between January 1 and March 31. Your coverage will begin July 1 of the same year. You will pay more for Medicare as a penalty for late enrollment.

Medicare Part B Premium

Former employees of Participating Employers: Ask your former employing agency how Medicare premium reimbursement is provided.

The Medicare Part B premium for 2004 is \$66.60 per month, up \$7.90 or 13.5 percent from \$58.70 per month in 2003. 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. You must notify the Employee Benefits Division and send a photocopy of the Medicare card to begin the reimbursement.

Medicare and NYSHIP

The publication, *What NYS Retirees Need to Know About Medicare and NYSHIP*, explains how Medicare enrollment affects your NYSHIP benefits. 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 your copy. Or, check the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits, then on Publications & Forms.



Returning to Work

Are you a State retiree planning to return to work with New York State or a Participating Employer retiree planning to return to work with a Participating Employer? Please see your agency Health Benefits Administrator as soon as you return to work. This is especially important if you or your dependent is covered under Medicare.

Once you return to State or Participating Employer service in a benefits-eligible position, you and your dependent(s) will not have primary Medicare coverage. The Empire Plan will be primary to Medicare for you and for your family. (A plan is primary when it pays first, before any other plan.) The Employee Benefits Division will stop your Medicare Part B reimbursement. You will have to repay any Medicare premium reimbursement you may have received while you were not eligible for reimbursement.

If you have enrolled a domestic partner, Medicare will still be primary for the domestic partner age 65 or over.

The publication, *When a State Retiree Enrolled in NYSHIP Returns to Work for New York State*, explains how your benefits change when you return to State service. For your copy, check the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits, 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 your copy.

When you leave State service again or no longer meet the health benefits eligibility requirements for active employees, Medicare will once again become your primary coverage; the Empire Plan will be secondary.

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

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

Retiree Empire Plan Report – December 2003

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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 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 toll free at 1-877-7-NYSHIP (1-877-769-7447) 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.



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