EMPIRE PLAN REPORT

JANUARY 2004

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY CSEA
And for their enrolled Dependents
and for COBRA Enrollees with their Empire Plan Benefits

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 might not send your tests to a participating laboratory. Tell your provider you want to use Empire Plan participating providers whenever possible. Always ask if the provider participates in the Empire Plan 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.

SAVE THIS REPORT

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Empire Plan Benefit News

United HealthCare Medical Coverage

Annual Deductible and Coinsurance Maximum

For calendar year 2004, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers remains $185 for you, $185 for your enrolled spouse/domestic partner and $185 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 remains $776 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 reasonable and customary amount and for any penalties under the benefits management programs.

The Basic Medical coinsurance maximum may be reduced to $500 for calendar year 2004 for 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.

NY0585

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 166 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 to ask for prior authorization. Or, go to the New York State Department of Civil Service Web site at www.cs.state.ny.us and click on Employee Benefits.

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Benefit News continued from page 1

Mandatory Generic Substitution

If your doctor writes a prescription for a brand-name drug that has a generic equivalent, your prescription will be filled with the generic drug unless the doctor has noted "Dispense As Written (DAW)" on the prescription form. If your doctor has noted that the prescription be dispensed with a brand-name drug, 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.

Empire Plan Reminders

1-877-7-NYSHIP

1-**877**-7-NYSHIP (1-**877**-769-7447) is the one toll-free number to call for the Empire Plan carriers.

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 admission 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, Mail Service Pharmacy and ONECARD Rx

Press or Say 5
- The Empire Plan NurseLine℠ for health information and support

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 Program:

- 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 under either the Participating Provider or Basic Medical Program.

Participating Provider Directory

We mailed the 2003 *Empire Plan Participating Provider Directory* to enrollees October through November. 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.

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.

Reminders continued on page 3

Reminders continued from page 2

The Empire Plan NurseLine℠

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.

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*.

NYSHIP Reminders

"Other Children" Eligibility

If you are caring for a child 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 your agency Health Benefits Administrator to enroll an "other child" or for more information about 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.

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.

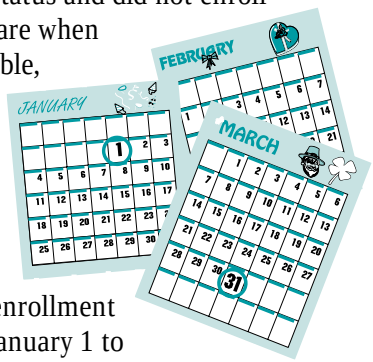
Parents wanting information about adult children with COBRA coverage must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form (available from your agency Health Benefits Administrator) signed by the adult child.

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 (available from your agency Health Benefits Administrator) signed by the parent.

If you have questions about HIPAA and the release of personal health information, ask your agency Health Benefits Administrator. 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.

Medicare General Enrollment

If you or your dependent is eligible for primary Medicare coverage because of end stage renal disease or domestic partner status and did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2004. Contact your local Social Security office or call 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.



Page 5 of this Report has more information about Medicare. Also, see the Medicare section of your *NYSHIP General Information Book*.

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

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.

Ask your agency Health Benefits Administrator for claim forms, or 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.

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

Call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose Express Scripts to find a participating pharmacy when you're away from home or in an emergency situation.

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 167 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.

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Planning for Retirement

Changing Your Health Insurance Plan

As an active employee, you may change your health insurance plan once each year during the annual Option Transfer Period at the end of the year. When you retire, you may change your health insurance plan once at any time during a twelve-month period, for any reason. 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 may choose to change plans when you retire. If you want to change your health insurance plan to be effective as you begin your retirement, see your agency Health Benefits Administrator before your last day on the payroll.

Under certain circumstances, active employees may change plans outside the Option Transfer Period and retirees may change plans more than once in a twelve-month period. Please see your *NYSHIP General Information Book* for details. And, talk to your agency Health Benefits Administrator.

Medicare Enrollment

NYSHIP (Empire Plan) provides primary coverage (pays first) for you, your enrolled spouse and other covered dependents while you are an active State employee, regardless of age or disability.

There are exceptions: Medicare is primary for an active State employee or dependent with end stage renal disease (waiting period applies) and for an active State employee's domestic partner who is age 65 or over. The active employee or dependent with end stage renal disease must enroll in Medicare Parts A and B. The domestic partner must have Medicare Parts A and B in effect when first eligible at 65.

If you are planning to retire or otherwise leave State service and you or your spouse is 65 or older, or under 65 and entitled to Medicare because of disability, contact your local Social Security office three months before active employment ends to enroll in Medicare Parts A and B. After you leave the payroll, Medicare pays primary to the Empire Plan for a disabled enrollee or dependent, regardless of age. Be sure to talk with your agency Health Benefits Administrator if your spouse or dependent is under 65 and disabled at the time you leave the payroll.

Two publications, *What NYS Retirees Need to Know About Medicare and NYSHIP* and *Medicare for Disability Retirees*, have more details. Ask your agency Health Benefits Administrator for copies when you are planning to retire or leave State service.

Please also see your *NYSHIP General Information Book* for more information about Medicare and NYSHIP.

COBRA enrollees: See page 164 of the Book/Certificate section of this Report for important information about Medicare and COBRA.

Dual Annuitant Sick Leave Credit

At the time you retire, your unused sick leave becomes a lifetime monthly credit that reduces your cost for health insurance. You may specify that you want your dependent survivors to use your monthly sick leave credit toward their NYSHIP premium if you die. This is called dual annuitant sick leave credit. If you want this option, you must choose it before your last day on the payroll. Your choice is permanent – no changes allowed even if your dependents predecease you.

The dual annuitant sick leave credit affects only the cost of your health insurance as a retiree and then the cost of your dependent survivors' health insurance, not your survivors' eligibility for health insurance. Whether or not you choose this option, your dependent survivors will be able to continue their NYSHIP health insurance if you had 10 or more years of active service at the time of your death. Other requirements may apply.

If you choose the dual annuitant sick leave credit at retirement, you will use 70 percent of the full value of your sick leave credit for as long as you live. Your eligible dependents who outlive you may continue to use 70 percent of the monthly credit for their health insurance premium.

See your *NYSHIP General Information Book* for more information about coverage for your dependent survivors.

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.

NYSHIP
New York State Health Insurance Program

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)
www.cs.state.ny.us

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

ADDRESS SERVICE
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NYSHIP
New York State Health Insurance Program

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

CSEA Empire Plan Report – January 2004

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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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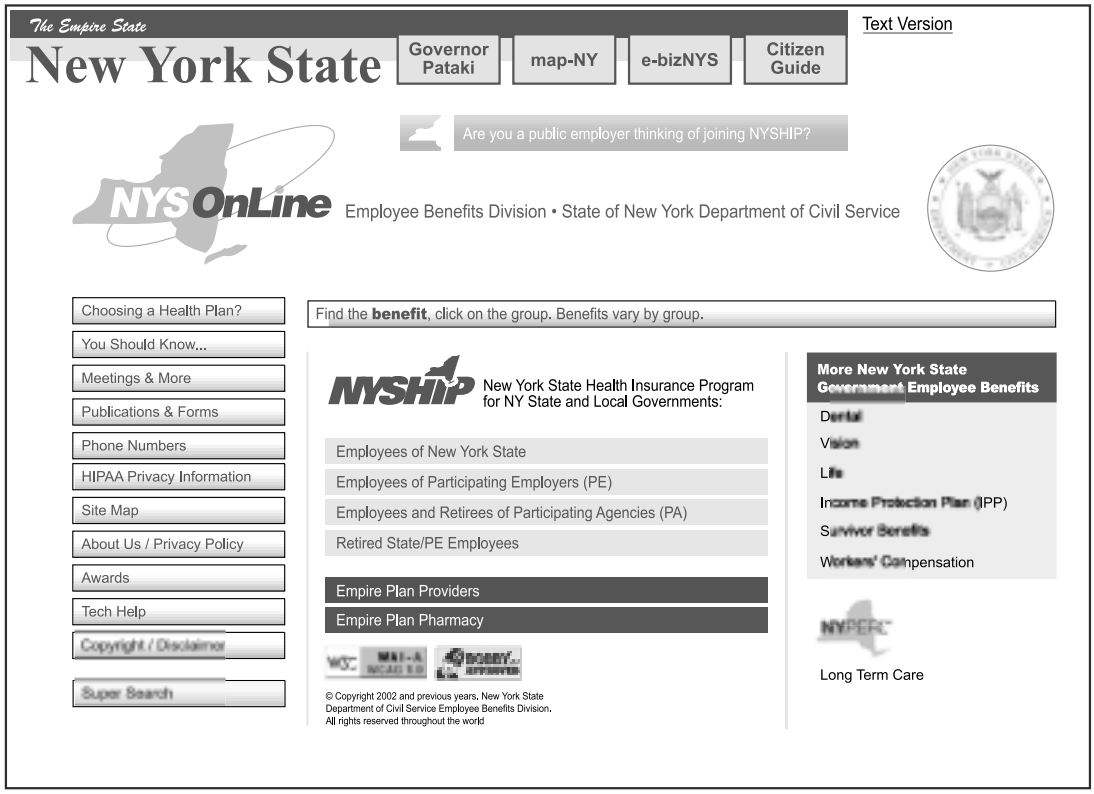

Check our New York State Department of Civil Service Employee Benefits Division Web site at www.cs.state.ny.us. Click on Employee Benefits for timely information about your NYSHIP benefits. Publications are available on our site, which meets universal accessibility standards adopted by New York State 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.