EMPIRE PLAN SPECIAL REPORT

NOVEMBER 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

See your October 2004 Empire Plan Report for more benefit information.

Network and Non-network Hospitals

Effective January 1, 2005

The following applies to enrollees who have primary coverage through The Empire Plan.

Beginning January 1, 2005, The Empire Plan Hospital Benefits Program has two levels of benefits – network and non-network.

Pre-Admission Certification

Remember to call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield before any maternity or scheduled hospital admission, within 48 hours after any emergency or urgent hospital admission or for admission or transfer to a skilled nursing facility. Failure to call will result in higher out-of-pocket costs.

Network Benefits

Network benefits apply when you use hospitals, hospices and skilled nursing facilities that participate in the Blue Cross and Blue Shield Association's network. This is currently the largest hospital network available in the United States. Over 90 percent of hospitals nationwide and every acute care general hospital in New York State are network hospitals.

You continue to receive paid-in-full benefits for inpatient hospital, hospice or skilled nursing facility care at a network facility. And, when you use a network hospital, services provided by an anesthesiologist, radiologist or pathologist that are related to your hospital service but billed separately are paid in full under The Empire Plan Medical Benefits Program. Outpatient hospital services from a network hospital are subject to applicable copayment(s).

A list of Empire Plan network hospitals, hospices and skilled nursing facilities is available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Click on Employee Benefits, then on Empire Plan Providers and Pharmacies. You can also call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield.

Non-network Benefits

If you, your enrolled spouse/domestic partner or your dependent child chooses to use a non-network hospital, hospice or skilled nursing facility for non-emergency inpatient care, you or the hospital must submit a claim to Empire Blue Cross Blue Shield and The Empire Plan reimburses you directly for 90 percent of the charges. You pay the remaining 10 percent of the charges until you have reached a coinsurance maximum of $1,500. You, your enrolled spouse/domestic partner and all your dependent children combined each have an annual coinsurance maximum (see below). You are responsible for full payment to the facility. For outpatient care, you pay 10 percent or $75, whichever is greater, up to the annual coinsurance maximum.

The annual coinsurance maximum (out-of-pocket costs) for services at a non-network facility for either inpatient or outpatient care is $1,500 for the enrollee, $1,500 for an enrolled spouse/domestic partner, and $1,500 for all dependent children combined. Once your out-of-pocket expenses go over $1,500 for the non-network inpatient and outpatient care, The Empire Plan pays 100 percent of non-network charges, subject to applicable outpatient network level copayment(s).

Reimbursement of Coinsurance Maximum through United HealthCare

After you have paid $500 out-of-pocket for yourself, $500 for your enrolled spouse/domestic partner or $500 for all enrolled dependent children, you may file a claim with United HealthCare for reimbursement of the next $1,000 in coinsurance. Send a copy of your Empire Blue Cross Blue Shield Explanation of Benefits showing you have exceeded $500 in out-of-pocket costs along with the completed claim form to United HealthCare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600.

Network Benefits at a Non-network Facility

If you receive medically necessary covered services at a non-network facility when a network facility is available, The Empire Plan provides non-network coverage. However, the Plan will approve network coverage under the following circumstances:

- When no network facility within 30 miles of your residence can provide medically necessary services.
- When no network facility is available within 30 miles of your residence.
- When the admission is deemed by Empire Blue Cross Blue Shield as an emergency or urgent inpatient or outpatient admission.
- When care is received outside the United States.

Emergency or urgent care delivered at a non-network facility is not subject to the annual coinsurance. Payment for medically necessary covered emergency or urgent services received in a non-network hospital is made directly to you. You pay the emergency room copayment.

Medical/Surgical Benefits Program

Effective January 1, 2005

Anesthesiology, Radiology, Pathology

Beginning January 1, 2005, if you receive anesthesia, radiology or pathology services in connection with inpatient or outpatient hospital services at an Empire Plan network hospital, covered charges billed separately by the anesthesiologist, radiologist or pathologist will be paid in full by United HealthCare.

Services provided by other specialty physicians in an Empire Plan network hospital continue to be considered under the Participating Provider Program or the Basic Medical Program.

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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SAVE THIS DOCUMENT

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

CSEA Empire Plan Special Report – November 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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Questions and Answers
About New Benefits

Q: How will I know if my hospital is in The Empire Plan network?

A: Empire Plan network hospitals are available on the New York State Department of Civil Service web site at www.cs.state.ny.us. Choose Employee Benefits and then click on Empire Plan Providers and Pharmacies. Or, you can call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Empire Blue Cross Blue Shield to ask a representative. Also, when you call for pre-admission certification, the customer service representative will direct you to a network facility.

Q: Are most hospitals in New York State in the network today?

A: Currently, all acute care general hospitals located within New York State are in The Empire Plan network.

Q: Is the hospital network access standard of within 30 miles of residence always based on my permanent address?

A: Not necessarily. For example, if you are temporarily living in another location or have a dependent, such as a college student, who is residing at another location, the Plan will approve network coverage at a non-network hospital if no network facility meets the access standard based on the place of residence at that time.

Q: If my Empire Plan medical provider has privileges only at a non-network hospital and that is the hospital I use, will I receive network or non-network hospital benefits? What if my Empire Plan provider sends me to a non-network hospital for lab work?

A: If you receive services at a non-network hospital and a network hospital is within 30 miles of your residence, you will receive non-network benefits and have out-of-pocket expenses. You will also receive non-network benefits if your provider sends you to a non-network hospital for lab work when a network hospital is within 30 miles of your residence.

Q: Will I get reimbursed for non-network hospital coinsurance amounts?

A: Yes. When your combined coinsurance payments for services at a non-network facility are more than $500 for you, more than $500 for your spouse/domestic partner or more than $500 for all enrolled dependent children, you may send a completed claim form to United HealthCare for reimbursement. You will be reimbursed for the amount over $500, up to the non-network hospital coinsurance maximum of $1,500. Any network level copayments paid at non-network hospitals (emergency care copayment) do not count toward the coinsurance maximum.

For example:

- You receive services at a non-network hospital and have an out-of-pocket expense of $400 in coinsurance.
- You again go to a non-network hospital in the same calendar year and pay another $400 coinsurance.
- You now have a combined out-of-pocket expense of $800.

You can submit a claim to United HealthCare for reimbursement of $300, the amount over the first $500 which is your responsibility.