EMPIRE PLAN REPORT

January 2011

New York State Health Insurance Program (NYSHIP) for active Employees of Participating Employers, their enrolled Dependents, COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

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Federal Health Care Changes

The federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as "the Act" in this article and throughout this *Empire Plan Report*, requires that we make several changes to your Empire Plan coverage.

The Act required the following changes effective on January 1, 2011:

Eligibility for coverage as a NYSHIP dependent will continue for children up to age 26 regardless of marital or student status. See article on page 2.

Dollar limits on coverage for certain services have been eliminated:

- Routine health exams for active employees and spouses/domestic partners are covered under the Basic Medical Program not subject to deductible or coinsurance; the $250 calendar year payment limit has been eliminated.
- Routine newborn child care is covered under the Basic Medical Program not subject to deductible or coinsurance; the $150 payment maximum has been eliminated.
- Non-network services covered under the Managed Physical Medicine Program are no longer subject to a $1,500 annual maximum benefit.

Adult immunizations as recommended by the Federal Centers for Disease Control will not be subject to copayment when administered by a participating provider.

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100% (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention,
- Preventive care and screenings for women, infants, children and adolescents as stated in the Health Resources and Services Administration (HRSA) guidelines,
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force,
- Items or services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.

For further information on preventive services visit www.healthcare.gov.

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THE EMPIRE PLAN

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Covering Your Young Adult Children

Effective January 1, 2011, the Act requires insurers to offer young adult children coverage as dependents on their parents' health insurance up to age 26. Financial dependency, student status, marital status, employment and residency can no longer be used to determine eligibility, with the exception of grandfathered plans, which may impose a restriction that limits eligibility to those young adult children who are not otherwise eligible for their own employer sponsored coverage. Contact your agency HBA to determine if this restriction applies to you. Although the new law extends coverage to married children, it does not apply to the married child's spouse or children.

You can add a young adult child (up to age 26) to your family coverage at no additional cost.

If you currently have individual coverage and would like to add a young adult child as a dependent, you will need to change to family coverage; a waiting period may apply. Contact your agency Health Benefits Administrator (HBA) for more details (including family coverage rates and information on whether your plan is grandfathered or non-grandfathered) or to add a dependent.

Participating Employers may be either grandfathered plans or non-grandfathered plans. Under the Act, a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan may delay implementation of certain features of health care reform that apply to non-grandfathered health plans.

A young adult child under the age of 26 on January 1, 2011 and enrolled as a dependent, will continue to be enrolled until age 26, unless you choose to take him or her off your plan. Coverage as a dependent will end on the last day of the month in which the young adult child turns 26 years old.

A dependent child age 26 or older who has served in a branch of the U.S. Military may qualify for up to four additional years of health insurance coverage (as a dependent), provided he or she is unmarried and a full-time student. You must be able to provide written documentation from the U.S. Military and the student's school.

When a young adult child loses eligibility for health insurance coverage, he or she may be entitled to continue coverage for up to 36 months under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) and the New York State Continuation of Coverage law. A young adult child may also be eligible to purchase his or her own NYSHIP coverage through the New York State Young Adult Option up to age 30.

Enrollment in the Young Adult Option is offered during the annual open enrollment period at the end of each year or whenever the young adult child experiences a qualifying event, such as loss of eligibility for other coverage, provided application is made on a timely basis. For more information about continuation coverage or NYSHIP's Young Adult Option, see your agency HBA. Details are in the *NYSHIP General Information Book* amendment on page 310.

Herpes Zoster (Shingles) Vaccine

The herpes zoster vaccine used to prevent shingles is covered as an adult immunization under the Participating Provider Program for Empire Plan enrollees age 55 or over. Under the Act, no copayment is charged for enrollees age 60 and older. A $20 copayment applies for enrollees age 55-59.

The participating provider must administer the vaccine; there is no covered benefit if you purchase the vaccine from a pharmacy, even if your provider gives you a prescription. If your provider does not offer the herpes zoster vaccine, you may call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to receive a list of Empire Plan participating providers in your area who offer the vaccine to nonestablished patients. There is no benefit if you receive the vaccine from a non-participating provider.

Other 2011 Empire Plan Amendments to Note

Be sure to read your Certificate Amendments for details regarding the following changes:

- Expanded types of transplants available under the Centers of Excellence for Transplants Program
- A clarification of the Centers of Excellence travel allowance to state that it is only available for travel within the United States
- New definition of ancillary charge under the Prescription Drug Program
- Additional prior authorization drugs: Actemra, Ampyra, Gilenya, Ribavirin, Veletri, Xeomin
- Additional excluded drugs: Acuvail, Aplenzin, BenzEFoam, carisoprodol 250, Cyclobenzaprine hydrochloride extended release capsule (generic Amrix), doxycycline hyclate delayed release tablet (generic Doryx), Edular, Epiduo, Extavia, lansoprazole, Metozolv ODT, Momexin Kit, Naprelan, Neobenz Micro, omeprazole/sodium bicarbonate capsule (generic Zegerid), Ryzolt, Terbinex, Triaz, Twynsta, Zegerid capsule, Ziana, Zipsor

Medicare Durable Medical Equipment and Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program

Effective January 1, 2011, Medicare implemented the DMEPOS Competitive Bidding Program in the following areas of the country:

- Charlotte-Gastonia-Concord (North Carolina and South Carolina);
- Cincinnati-Middletown (Ohio, Kentucky and Indiana);
- Cleveland-Elyria-Mentor (Ohio);
- Dallas-Fort Worth-Arlington (Texas);
- Kansas City (Missouri and Kansas);
- Miami-Fort Lauderdale-Pompano Beach (Florida);
- Orlando-Kissimmee (Florida);
- Pittsburgh (Pennsylvania);
- Riverside-San Bernardino-Ontario (California).

Additional areas, including some areas in New York State, may be added to the Program in 2012.

Medicare-primary enrollees who permanently reside in or travel to any of the nine geographic areas above, are required to obtain certain DMEPOS items from a Medicare contract supplier, unless an exception applies. If a Medicare contract supplier is not used, Medicare will not pay any portion of the bill. The Empire Plan will estimate what Medicare would have paid for the item(s) and subtract that amount from the enrollee's benefit. **All Medicare-primary enrollees outside these areas must continue to follow HCAP requirements to receive paid-in-full benefits.**

DMEPOS items subject to the Competitive Bidding Program include:

- mail-order diabetic supplies,
- oxygen supplies and equipment,
- standard power wheelchairs, scooters, and accessories,
- certain complex rehabilitative power wheelchairs and accessories,
- hospital beds and accessories,
- walkers and accessories,
- enteral nutrients, equipment and supplies,
- continuous positive airway pressure (CPAP) machines,
- respiratory assist devices and related accessories and
- support surfaces (mattresses and overlays).

For assistance in locating a Medicare contract supplier, call The Empire Plan Home Care Advocacy Program (HCAP) toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program or visit: http://www.medicare.gov. At the home page choose Facilities & Doctors, then Find Suppliers of Medical Equipment, type in your zip code and choose the durable medical equipment you need.

Reminders 2011

Empire Plan Toll-free Script Changes

If you have called The Empire Plan toll-free number (1-877-7-NYSHIP) recently, you may have noticed that we've made some changes to the phone script to help serve you better. The script no longer contains up front prompts using the carrier names and it instead references program names. The script is also shorter, to lessen your wait time.

The order of the programs and options has remained the same. However, as a reminder:

Press 1 for the Medical Program, including physician services, medical equipment and home care, administered by UnitedHealthcare

Press 2 for the Hospital Program, administered by BlueCross BlueShield

Press 3 for the Mental Health and Substance Abuse Program, administered by OptumHealth Behavioral Solutions

Press 4 for the Prescription Drug Program, administered by MedcoHealth Solutions

Press 5 for the Empire Plan NurseLine℠, for health information and support

Remember, your plan is The Empire Plan for New York government employees.

New Travel Resource Available

Remember to bring along a copy of the new *On the Road with The Empire Plan* if you're traveling this summer or fall. This handy booklet includes contact and claims information for The Empire Plan programs and carriers that you or your dependents can use while away from home.

Contact your agency Health Benefits Administrator, usually in your Personnel Office, to get a copy of *On the Road*. Or, you can access the online version on the Department of Civil Service web site at https://www.cs.ny.gov. From this home page, follow the prompts to the NYSHIP Online home page. Click on Using Your Benefits and then Publications.

Safe travels and have a good trip!

MHSA Web Site Improved

The Mental Health and Substance Abuse (MHSA) Program's customized web site, www.liveandworkwell.com, provided by the program's administrator OptumHealth, has been enhanced to provide free, confidential online access to your Mental Health and Substance Abuse benefits, claims and authorizations inquiries.

Empire Plan enrollees now have access to the "My Claims and Coverage" section on the web site. This section allows you to track claims and authorizations online as well as review detailed eligibility and benefit information for you and your covered dependents. The customized web site also provides tools, information and resources to help enhance your health, work and life.

You can access the site from the Department's site, https://www.cs.ny.gov by selecting Find a Provider from the NYSHIP Online home page and scrolling to the Mental Health and Substance Abuse Program section. Click on the link under the Live and Work Well logo to access the customized Empire Plan site. To use the claims and coverage features, which allow you to view eligibility and claims processing, first-time visitors must register on the site and use the Access Code: Empire. Be sure to also have your Empire Plan Benefit Card identification number available.

Note: Due to federal privacy regulations, you will not be able to view status on claims for a spouse or covered dependent age 18 or older.

New Web Site Address

The New York State Department of Civil Service web site address has changed to https://www.cs.ny.gov. Even though you can still access our site at the old address, please update your bookmarks for our web site to the new address. The old address will only work for a limited time.

Retiring and Relocating Outside NYS?

Is 2011 the year you plan to retire? Congratulations! But you should be cautious if your retirement plans include a move outside New York State. You probably already know that The Empire Plan is the only option that offers worldwide coverage, but this does not mean that participating providers are available in every location.

The Empire Plan participating provider network is available through a contract with UnitedHealthcare (UHC). In six states outside of New York (Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina) and Washington D.C. and the adjoining states of Maryland and Virginia, The Empire Plan leases an enhanced network from UHC, referred to as the Participating Provider Organization (PPO) listing, to provide enrollees living in these areas access to a wider range of providers. This is because large populations of Empire Plan retirees live in these regions of the country.

The Empire Plan has national contracts with BlueCross BlueShield for hospital expenses and OptumHealth Behavioral Solutions for mental health and substance abuse services. This means the majority of providers in most out-of-state directories (other than those mentioned above) will be from these networks.

If you live in an area of the country where participating providers are not available, you still have Empire Plan non-network coverage under the Basic Medical Program or the Basic Medical Provider Discount Program, if applicable. Annual deductible and coinsurance apply. See your *Empire Plan Certificate* and Amendments for details.

If you are considering relocating after you retire, be sure to check the availability of participating providers in the new state as part of your planning process. You can do this by visiting our web site, https://www.cs.ny.gov. From the NYSHIP Online home page choose Find a Provider, then scroll down to the Medical/Surgical Program and click on the link for Empire Plan Medical/Surgical Directory.

You will be directed to another site where you can customize your search by location. If you prefer a printed directory, see your agency Health Benefits Administrator or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program to request that a state directory be mailed to your home.

2011 Participating Provider Directory Postcards

You should have recently received a postcard announcing the 2011 Empire Plan Participating Provider Directory. In order to receive a copy in the mail, you must return the postage paid postcard. Enrollees who live in the metro New York area also have the option to request a directory for surrounding states, depending upon their home address. Directories are expected to be mailed to enrollee homes in late August or early September.

New York State
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Please do not send mail or correspondence to the return address. See address information below.

SAVE THIS DOCUMENT

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

PE Actives Empire Plan Report
January 2011

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 (https://www.cs.ny.gov). Click on Benefit Programs, then NYSHIP Online 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. New York State and Participating Employer Retirees and COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 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. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program 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 New York State 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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