

# THE NYSHIP

December 2000

# Report

FOR NEW YORK STATE POLICE SUPERVISORS  
REPRESENTED BY PBA

And for their enrolled Dependents

And for COBRA Enrollees with their benefits

## Summary of Benefit Changes under the New York State Health Insurance Program (NYSHIP) for enrollees in the Empire Plan and NYSHIP HMOs

### Effective January 1, 2001

**Waiting Period:** If you are hired on or after January 1, 2001, you must complete a 56-day waiting period before your NYSHIP coverage begins.

**Share of Premium for Prescription Drug Coverage:** Employee contributes 10 percent of the premium for individual coverage. For family coverage, the enrollee also pays 25 percent of the cost of dependent coverage regardless of the number of dependents. *This does not apply to COBRA coverage.*

## Summary of Benefit Changes for enrollees in the Empire Plan

### Effective January 1, 2001

**\$12 Copayment:** Copayment increases from \$8 to \$12 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers and ValueOptions network providers for outpatient substance abuse treatment.

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

**Basic Medical Deductible and Coinsurance:** \$259 annual deductible. \$962 annual coinsurance maximum.

**Physical Therapy:** \$12 copayment for physical therapy visit in hospital outpatient department when covered by Blue Cross.

**Emergency Care:** \$35 copayment for each visit to the emergency room of a hospital for emergency care.

**Home Care Advocacy Program (HCAP):** Reimbursement up to 50 percent of the network allowance for covered home care services, durable medical equipment and certain supplies if you do not follow HCAP requirements.

**Prospective Procedure Review:** You must call the Benefits Management Program at 1-800-992-1213 before an elective MRI performed in any outpatient setting, including a hospital outpatient department.

**Skilled Nursing Facility:** You must call the Benefits Management Program at 1-800-992-1213 before admission or transfer to a skilled nursing facility.

**Transplants Program:** Enhanced benefits at designated Centers of Excellence when pre-authorized by Blue Cross. Call Blue Cross at 1-800-342-9815 or 518-367-0009 (Albany area and Alaska) for information about this voluntary program.

**Infertility Treatment:** Paid-in-full benefits at Centers of Excellence. Pre-authorization requirement and lifetime maximum of \$25,000 per covered person for certain Qualified Procedures. You must call United HealthCare at 1-800-638-9918 for prior authorization.

**The Empire Plan NurseLine<sup>SM</sup> and Health Forums for Health Care Information:** Health information and advice at no cost to you, 24 hours a day, seven days a week at 1-800-439-3435 toll-free. Talk with a registered nurse or hear recorded messages on more than 1,000 topics in the Health Information Library. Also, Health Forums on the Web at [www.healthforums.com/empire](http://www.healthforums.com/empire).

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

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NYSHIP 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. 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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Watch your mailbox in late January for an *Empire Plan Report* or *NYSHIP HMO Report* explaining these changes in detail.