

# THE NYSHIP

December 2000

# Report

FOR THE BCI UNIT OF THE NEW YORK STATE POLICE  
REPRESENTED BY PIA

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

**Graduating Students:** Graduating students are eligible for three months of continued NYSHIP coverage following the end of the month in which they complete course requirements for graduation.

**Military Leave:** Dependents of employees called to active duty will be eligible for up to 12 months of coverage at no employee cost. *This does not apply to COBRA enrollees.*

## 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.

**Pediatric Immunizations:** Influenza vaccine when provided in accordance with pediatric guidelines is covered under Participating Provider Program with no copayment and under Basic Medical Program subject to deductible and coinsurance.

**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.

*Continued on back page*

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

Save this document  
NYSHIP Information  
for the Enrollee, Enrolled Spouse/Domestic Partner  
and Other Enrolled Dependents

First-Class Mail  
U.S. Postage  
**PAID**  
Utica, NY  
Permit No. 320

ADDRESS SERVICE  
REQUESTED

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).

 This NYSHIP Report was printed using recycled paper and environmentally sensitive inks.

PIA-00-1 

### Summary of Benefit Changes for enrollees in the Empire Plan, *continued from front page*

**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.

**Benefits After Termination of Coverage:** If you or your covered dependent is totally disabled on the date your Empire Plan coverage ends, the Empire Plan will pay benefits for covered medical and mental health/substance abuse expenses for that total disability until the day you or your covered dependent is no longer totally disabled or 90 days after coverage ended, whichever is earlier.



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