



New York State Health Insurance Program

GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

FOR RETIREES, VESTEES, DEPENDENT SURVIVORS
AND ENROLLEES COVERED UNDER PREFERRED LIST PROVISIONS
of New York State Government and Participating Employers
and their enrolled Dependents
and for COBRA enrollees with their benefits

DECEMBER 2003

State of New York Department of Civil Service
Employee Benefits Division
www.cs.state.ny.us

**Keep these amendments with
your January 1, 2000 New York
State Health Insurance Program
General Information Book and
Empire Plan Certificate.**

Pages in your Book/Certificate and
later Certificate Amendments have
consecutive numbers.

New York State Health Insurance Program General Information Book

Option Transfer	180
Changing Options more than once in a twelve-month period ...	180
When may dependents change options?	180
Examples	180
Coverage	180
Choice of option and coverage	181
Medicare and COBRA	181

Empire Plan Certificate Amendments

Empire Blue Cross Blue Shield

Inpatient hospital services	181
Outpatient hospital care	182
Limitations and exclusions	182

United HealthCare

Coinsurance maximum	182
Annual deductible	182

GHI/ValueOptions Mental Health and Substance Abuse Program

Emergency services	182
--------------------------	-----

CIGNA/Express Scripts Prescription Drug Program

Generic substitution	183
Prior authorization	183

Empire Plan Carriers and Programs

184

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions. Where this document differs from your January 1, 2000 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports* and *Certificate Amendments*, this is the controlling document.

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for “Annual Option (Benefit Plan) Transfer Period,” “Changing options outside the Option Transfer Period” and “When may your dependents change options?” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

Option Transfer

You may change your health insurance option for any reason at any time during the year. However, once an option change is made, another change may not be made until twelve months later. You may change from an HMO to the Empire Plan, or from the Empire Plan to an HMO or from one HMO to another HMO in your area.

In the fall of each year, you will receive information about the health insurance options available under NYSHIP. You will also receive rate information in December of each year. Option transfer information is also available on the Internet at www.cs.state.ny.us.

Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for a twelve-month period.

Changing options more than once in a twelve-month period

You may change options more than once in a twelve-month period **only** under the following circumstances:

- You are enrolled in an HMO and you move permanently out of your HMO’s service area. You **must** change options in order to keep your NYSHIP coverage. You may change to an HMO approved for participation in NYSHIP that serves your new area, or you may change to the Empire Plan.
- You move to a new permanent address and your new home area is served by an approved HMO that did not serve your previous home area. You may change to the new HMO regardless of what option you were in before you moved.
- Your dependent experiences an unforeseen change in permanent residence and is no longer in your HMO’s service area. (Note: A student attending college outside your HMO’s service area is not considered to have made a change in permanent residence.)
- You and your dependents will have the same option. You, as the enrollee, will determine their option. There is one exception: A spouse/domestic partner or dependent child who is eligible for health insurance coverage under the federal COBRA law may elect an option different from yours when they move permanently out of the HMO’s service area. (See page 23 for information about COBRA.)

When may your dependents change options?

Examples

Delete “Examples of option transfer requests that are turned down” and the second sentence of “Consider carefully” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

Coverage

Substitute the following for the second paragraph under “Two types of coverage” in the “Coverage: Individual or Family” section on page 14 of your NYSHIP General Information Book.

If you and your spouse are each eligible for your own coverage in NYSHIP:

- You may each have Individual coverage; or
- You may have one Family coverage; or

- You may have one Family coverage and one Individual coverage; or
- You may each have Family coverage if each of you is enrolled through a Participating Employer or a Participating Agency that permits two Family enrollments. However, if one spouse is enrolled as a State employee or retiree, you may have only one Family coverage. If the spouse who is enrolled through a Participating Employer or a Participating Agency chooses Family coverage, the spouse who is a State employee or retiree may elect Individual coverage.

Substitute the following for “Choice of option and coverage” in the “COBRA...” section on page 25 of your NYSHIP General Information Book.

Choice of option and coverage

A spouse/domestic partner or dependent child who loses eligibility under your coverage and continues coverage under COBRA will continue in the same option in which you are enrolled. A COBRA enrollee may change to a different option once in a twelve-month period or when moving under the circumstances described on page 3. Each COBRA beneficiary may elect to change to Individual coverage in a different plan from that of the family unit, but no more than once in a twelve-month period.

Substitute the following for “Medicare and COBRA” in the “COBRA: Continuation of Coverage” section on page 26 of your NYSHIP General Information Book.

Medicare and COBRA

The coverage you have first, COBRA or Medicare, affects your eligibility for coverage.

- If you are already entitled to Medicare benefits when you apply for COBRA: If you are enrolled in Medicare, you may continue NYSHIP coverage under COBRA.
- If you are already covered under COBRA when you become eligible for Medicare: If you enroll in Medicare your NYSHIP coverage under COBRA ends as soon as your Medicare coverage becomes effective. (In this case, your covered dependents may continue COBRA coverage for up to 36 months from their original COBRA qualifying event.) If you are not enrolled in Medicare when you are first eligible, your eligibility for NYSHIP coverage under COBRA continues until your COBRA continuation period runs out or you do become covered under Medicare, but *you* will be responsible for Medicare’s share of your bills. Under New York State law, HMOs and the Empire Plan carriers do not pay for any medical expenses that would have been paid by Medicare *whether or not* you are actually enrolled in Medicare. This means that large portions of your medical expenses may not be paid by either Medicare or your NYSHIP plan. In addition, under Medicare late enrollment rules, if you do not enroll in Parts A and B when first eligible, when you do enroll you may have a waiting period for Medicare to begin and the cost of your Medicare monthly premiums will be higher when you do enroll. If you do not join Medicare and you keep your NYSHIP coverage under COBRA, you will be reimbursed for the base cost of the Medicare Part B premium when Medicare automatically becomes primary to NYSHIP at 65.

Add the following as the fourth paragraph in the “Medicare: You Must Enroll; Coordinating with NYSHIP” section on page 29 of your NYSHIP General Information Book.

Note to COBRA enrollees: Requirements differ. Please read about “Medicare and COBRA” on page 26.

EMPIRE BLUE CROSS BLUE SHIELD CERTIFICATE OF INSURANCE

Substitute the following for the first two sentences of “2. Hospital services covered” in the “Inpatient Hospital Care” section on page 55 of your Empire Blue Cross Blue Shield Certificate.

Inpatient hospital services

2. **Hospital services covered.** Empire Blue Cross Blue Shield will usually pay for all the diagnostic and therapeutic services provided by the hospital. However, the service must be given by an employee or an agent of the hospital, the hospital must bill for the service as part of the hospital’s charges and the hospital must retain the money collected for the service.

Outpatient hospital care

Substitute the following for the first paragraph of the "Outpatient Hospital Care" section on page 56 of your Empire Blue Cross Blue Shield Certificate.

When you receive the services described in the following sections and subject to the limitations in those sections, Empire Blue Cross Blue Shield will pay for the same services provided to you in the outpatient department of a hospital as Empire Blue Cross Blue Shield pays when you are an inpatient in a hospital as described on page 54 under "Inpatient Hospital Care." As in the case of inpatient care, the service must be given by an employee or an agent of the hospital, the hospital must bill for the service and the hospital must retain the money collected for the service.

Limitations and exclusions

Substitute the following for the first paragraph of "What is not covered" under "Limitations and Exclusions" in the "Empire Blue Cross Blue Shield General Provisions" section on page 60 of your Empire Blue Cross Blue Shield Certificate. Adjust the numbers that follow.

1. You are not covered by Empire Blue Cross Blue Shield for benefits for hospitalization or related expenses described on pages 55-60 in "Inpatient Hospital Care", "Outpatient Hospital Care", "Skilled Nursing Facility Care", "Hospice Care", "Centers of Excellence for Transplants Program" or "Infertility Benefits" as follows:
 - A. **Care received prior to your coverage under the Empire Plan.** Payment will not be made for services or supplies provided to you before you became covered under the Empire Plan.
 - B. **Care, services or supplies which are not medically necessary.** Empire Blue Cross Blue Shield requires that the service or care you receive be medically necessary. Medically necessary care is care which, according to Empire Blue Cross Blue Shield criteria, is:
 - consistent with the symptoms or diagnosis and treatment of your condition, disease, ailment or injury;
 - in accordance with generally accepted medical practices;
 - not solely for your convenience, or that of your doctor or other provider; and
 - the most appropriate supply or level of service which can be safely provided to you.

UNITED HEALTHCARE CERTIFICATE OF INSURANCE

Coinsurance maximum

Substitute "\$1,419 in calendar year 2004" in the first and second paragraphs of "T. 2. (b) The covered percentage" under "Meaning of Terms Used" on page 81 of your United HealthCare Certificate.

Annual deductible

Substitute the following for the first sentence of "1. Annual Deductible" in the "Basic Medical Program" section on page 86 of your United HealthCare Certificate.

For calendar year 2004, the Basic Medical annual deductible for medical services by non-participating providers is \$295 for the enrollee, \$295 for the enrolled spouse/ domestic partner, and \$295 for all dependent children combined.

GHI CERTIFICATE OF INSURANCE

Empire Plan Mental Health and Substance Abuse Program

Emergency services

Substitute the following for "Emergency services" in the "How to Receive Benefits for Mental Health and Substance Abuse Care" section on page 119 of your GHI Certificate as amended in your June 2002 Empire Plan Report.

In an emergency, ValueOptions will either arrange for an appropriate provider to call you back right away (usually within 30 minutes), or direct you to an appropriate facility for treatment. In a life-threatening emergency situation, you should go or be taken to the nearest hospital emergency room for treatment. If you are admitted to a facility for emergency care, you must call ValueOptions within 48 hours for certification.

You must pay the first \$35 in charges (copayment) for emergency care in a hospital emergency room. You will not have to pay this \$35 copayment if you are treated in the emergency room and it becomes necessary for the hospital to admit you at that time as an inpatient.

When you receive medically necessary covered services from a non-network provider in a certified emergency, the Program will provide network coverage until you can be transferred to a network facility.

Add the following as “d.” under “NETWORK COVERAGE” in the “Schedule of Benefits for Covered Services” on page 124 of your GHI Certificate.

- d. You pay the first \$35 charged for emergency care in a hospital emergency room. You will not have to pay this \$35 copayment if you are treated in the emergency room and it becomes necessary for the hospital to admit you at that time as an inpatient.

CIGNA CERTIFICATE OF INSURANCE

Empire Plan Prescription Drug Program

Substitute the following for the first bullet under “Higher cost for brand-name drugs” in the “Your Benefits and Responsibilities” section on page 141 of your CIGNA Certificate.

Generic substitution

- **A brand-name drug with a generic equivalent** – You will pay a \$15 copayment plus the difference in cost between the brand-name and generic drug, not to exceed the full cost of the drug. This cost difference can be substantial.

The following brand-name drugs are excluded from Mandatory Generic Substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Slo-Bid, Synthroid, and Tegretol. You pay only the \$15 copayment.

Substitute the following for “Prior Authorization” in the “Your Benefits and Responsibilities” section on page 142 of your CIGNA Certificate.

Prior authorization required for certain drugs

You must have prior authorization to receive Empire Plan Prescription Drug Program benefits for certain medications. If your physician prescribes one of these drugs, Express Scripts will request from your physician the clinical information required to authorize the medication. Your pharmacy or physician may contact Express Scripts to begin the authorization process. Express Scripts and/or the pharmacy will notify you of the results of the review. The prior authorization requirements apply whether you use your New York Government Employee Benefit Card or will be filing a claim for direct reimbursement. The following is a list of drugs that require prior authorization:

- | | | |
|------------------|--------------------|-----------------|
| • Amevive | • Humira | • Pulmozyme |
| • Aranesp | • Immune Globulins | • Raptiva |
| • Caverject | • Kineret | • Remicade |
| • Cerezyme | • Lamisil | • Saizen |
| • Cialis | • Levitra | • Serostim |
| • Edex | • Muse | • Sporanox |
| • Enbrel | • Norditropin | • TheraCys/Tice |
| • Epogen/Procrit | • Nutropin | • Viagra |
| • Genotropin | • Prolastin | • Xolair |
| • Humatrope | • Protropin | |

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. This list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For the most current list of drugs requiring prior authorization, call Express Scripts at the number below or go to the New York State Department of Civil Service Web site at www.cs.state.ny.us and click on Employee Benefits. For more information about drugs requiring prior authorization and how to obtain it, call the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Express Scripts.

Delete the “You Must Call” graphic, the heading, and the first and fourth paragraphs of “You must call...” in the “Your Benefits and Responsibilities” section on page 142 of your CIGNA Certificate.

Empire Plan Carriers and Programs

To reach any of the Empire Plan carriers, call toll-free **1-877-7-NYSHIP (1-877-769-7447)**. The one number is your first step to Empire Plan information. Check the list below to know which carrier to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say your selection at any time during the message. When you follow the instructions, you'll automatically be connected to the appropriate carrier.

Empire Blue Cross Blue Shield

New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Call for information regarding hospital and related services.



Benefits Management Program for Pre-Admission Certification

If the Empire Plan is your primary coverage, you must call Empire Blue Cross Blue Shield before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission, and before admission or transfer to a skilled nursing facility.



Centers of Excellence for Transplants Program

You must call Empire Blue Cross Blue Shield before a hospital admission for the following transplant surgeries: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart-lung, kidney, liver, lung and simultaneous kidney-pancreas. Call for information about Centers of Excellence.

United HealthCare Insurance Company of New York

P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Participating Provider and Basic Medical Programs, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program/MPN

Call United HealthCare for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.



Benefits Management Program for Prospective Procedure Review of MRI

If the Empire Plan is your primary coverage, you must call United HealthCare before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



Home Care Advocacy Program (HCAP)

You must call United HealthCare to arrange for paid-in-full home care services, enteral formulas and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.



Infertility Benefits

You must call United HealthCare for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including in vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call United HealthCare for information about infertility benefits and Centers of Excellence.



Mental Health and Substance Abuse Program

ValueOptions (administrator for GHI), P.O. Box 778, Troy, New York 12181-0778. You must call ValueOptions before beginning any treatment for mental health or substance abuse, including alcoholism. If you do not follow ValueOptions requirements, you will receive a significantly lower level of benefits. In a life-threatening situation, go to the emergency room. Call within 48 hours of inpatient admission.

Empire Plan Prescription Drug Program

Express Scripts (administrator for CIGNA), P.O. Box 1180, Troy, NY 12181-1180. You must have prior authorization for: Amevive, Aranesp, Caverject, Cerezyme, Cialis, Edex, Enbrel, Epogen/Procrit, Genotropin, Humatrope, Humira, Immune Globulins, Kineret, Lamisil, Levitra, Muse, Norditropin, Nutropin, Prolastin, Protropin, Pulmozyme, Raptiva, Remicade, Saizen, Serostim, Sporanox, TheraCys/Tice, Viagra, Xolair. For the most current list of drugs requiring prior authorization, call Express Scripts or check the Web at www.cs.state.ny.us (choose Employee Benefits).

The Empire Plan NurseLineSM

Call for health information and support, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure.

Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:

Empire Blue Cross Blue Shield **TTY only: 1-800-241-6894**
United HealthCare **TTY only: 1-888-697-9054**
ValueOptions **TTY only: 1-800-334-1897**
Empire Plan Prescription Drug Program **TTY only: 1-800-840-7879**