

NYSHIP

BENEFIT CHANGES



OCTOBER 2002

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 NYSHIP Benefits

Summary of Health Insurance Premium Change under the New York State Health Insurance Program (NYSHIP) for Empire Plan and NYSHIP HMO enrollees

Effective January 1, 2003

Enrollee Share of Premium for Prescription Drug Coverage: The enrollee is also responsible for payment of 10 percent of the premium for individual prescription drug coverage. For family coverage, the enrollee is responsible for 25 percent of the cost of dependent coverage regardless of the number of dependents. Before this change, the State paid 100 percent of the premium for prescription drug coverage. *This change does not apply to COBRA enrollees.*

Summary of Benefit Changes for Empire Plan enrollees

Effective January 1, 2003

\$10 Copayment: Copayment increases from \$8 to \$10 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers, ValueOptions network providers for outpatient substance abuse treatment and for physical therapy in a hospital outpatient department.

Prescription Drug Copayment: Copayment at an Empire Plan participating pharmacy increases from \$3 to \$5 for a generic drug, and from \$13 to \$15 for a brand-name drug without a generic equivalent. For a brand-name drug with a generic equivalent, the copayment increases from \$13 plus the difference in cost between the brand-name drug and its generic equivalent to \$15 plus the difference in cost between the brand-name drug and its generic equivalent. One copayment covers up to a 90-day supply.

Basic Medical Deductible: The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers increases from \$175 to \$185.

Reduced Coinsurance Maximum: The Empire Plan Basic Medical Program coinsurance maximum may be reduced from \$776 to \$500 for calendar year 2003 for employees earning \$24,657 or less in full-time base annual salary as of April 1, 2002. The employee must meet the criteria for head of household and sole wage earner in the family.



We'll mail an Empire Plan Report or a NYSHIP HMO Report explaining these changes to you in December/January.

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

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

CSEA NYSHIP Benefit Changes – October 2002

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NYSHIP SUMMARY-CSEA-02 

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

By law, insurers must:

- Cover 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
- Cover breast reconstruction following mastectomy, including surgery of the other breast to produce a symmetrical appearance
- Cover treatment for complications of mastectomy, including lymphedemas
- Cover prostheses related to breast reconstruction
- Notify enrollees of this coverage through plan documents

Empire Plan enrollees: Call United HealthCare at 1-800-942-4640 if you have questions about your coverage. And, see your *Empire Plan Certificate* and *Empire Plan Reports*.

NYSHIP HMO enrollees: Contact your HMO if you have questions about these benefits. And, see your plan documents.



Watch for the announcement of a single new NYSHIP telephone number to connect to Empire Plan carriers.