

# EMPIRE

P L REPORT A N

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)  
FOR JUDGES, JUSTICES AND NONJUDICIAL EMPLOYEES  
OF THE UNIFIED COURT SYSTEM of the State of New York (except NYS Supreme Court Officers Association (NU SY))  
And for their enrolled Dependents  
and for COBRA Enrollees with their Empire Plan Benefits

JANUARY 2006

*This Report does not apply to the NYS Supreme Court Officers Association (NU SY). Please see the Report that applies to this group for specific benefit information.*

## Information in Another Language

The New York State Health Insurance Program offers Language Line Services (LLS), an over-the-phone language translation service for NYSHIP enrollees.

If you understand another language better than English and would like answers to your health insurance questions in another language, you may contact your agency Health Benefits Administrator (HBA) who will arrange for you to use LLS through the Employee Benefits Division (EBD). You may call your HBA on your own or ask an authorized representative acting on your behalf to call for you.

A three-way conference call allows the interpreter to translate for you and for the EBD representative.

LLS interpreters are trained in over-the-phone translation skills. They give accurate, objective translations. All calls are strictly confidential.

## Empire Plan Benefit News

### United HealthCare Medical Coverage

#### Basic Medical

Annual Deductible: \$225

Coinsurance Maximum: \$900/\$500

For calendar year 2006, The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers remains \$225 for you, \$225 for your enrolled spouse/domestic partner and \$225 for all covered dependent children combined.

You must meet the deductible before United HealthCare can pay Basic Medical benefits for your claims. The Basic Medical annual deductible cannot be combined with the Managed Physical Medicine Program annual deductible for non-network services or with the Mental Health and Substance Abuse Program annual deductibles for non-network services.

The annual coinsurance maximum (out-of-pocket expenses) under the Basic Medical Program remains \$900 in 2006. After you and your covered dependents, combined, reach the coinsurance maximum, United HealthCare will reimburse you 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and for any penalties under the benefits management programs.

*The following does not apply to Judges and Justices.*

The Basic Medical coinsurance maximum of \$900 will be reduced to \$500 for employees in or equated to a salary grade 6 or below as of January 1, 2006.

United HealthCare will automatically apply the reduced coinsurance maximum to employees who meet the requirements. The employee does not need to contact the agency Health Benefits Administrator to apply for the reduction.

#### Hearing Aids

Beginning January 1, 2006, under the Basic Medical Program, coverage for hearing aids, including evaluation, fitting and purchase, increases up to a total maximum reimbursement of \$1,500 per hearing aid, per ear. The increased benefit is available once in any four-year period for each ear. For children age 12 years and under, the increased benefit is available once in any two-year period for each ear when the child's hearing has changed and the existing hearing aid(s) no longer fills the need.

### In This Report

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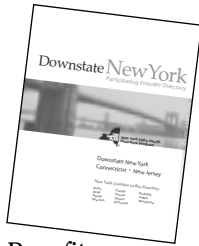
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SPECIAL SECTION

# Empire Plan Reminders

## Participating Provider Directory

You can find the most current list of Empire Plan providers on the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us).



Check in the Employee Benefits section under the Employees tab. This online list is updated regularly. You can find providers by name or location and print your own list of available providers.

If you do not have access to the internet, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) toll free to check if your provider participates in the Plan.

Printed directories were not mailed automatically to the homes of active enrollees this year. See your agency Health Benefits Administrator for a printed version if you did not return the postage-paid card we mailed you this fall.

Remember: Always ask if the provider participates in The Empire Plan for New York State government employees before you receive services.

## Achieve Solutions

ValueOptions offers a web site called Achieve Solutions. Achieve Solutions provides Empire Plan enrollees with a broad variety of professional information about anxiety, stress, addiction, depression and work/life balance. You can access this information online at the New York State Department of Civil Service web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). Check in the Employee Benefits section under the Employees tab. You will find the Achieve Solutions link under the ValueOptions logo.

## Medicare Primary for Amyotrophic Lateral Sclerosis (ALS)

Medicare provides primary coverage for persons with ALS. An active employee or dependent of an active employee who develops ALS and who qualifies for Social Security Disability Insurance (SSDI) benefits becomes eligible for primary Medicare coverage as soon as SSDI benefits begin.

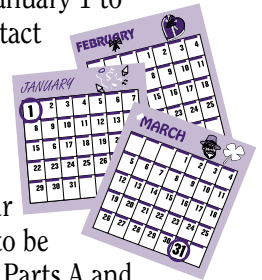
As soon as you or your covered dependent becomes eligible for Medicare coverage that pays primary to NYSHIP

(because of ALS, end-stage renal disease or domestic partner status), you or your covered dependent must be enrolled in Medicare Parts A and B.

The Empire Plan will not provide any benefits for services that Medicare would have paid for if you or your dependent had enrolled as required by NYSHIP.

## Medicare General Enrollment

If you or your dependent is eligible for primary Medicare coverage because of end-stage renal disease, amyotrophic lateral sclerosis (ALS) or domestic partner status and did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2006. Contact your local Social Security office or call 1-800-772-1213 to enroll. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that pays primary to NYSHIP.



# Claims Deadlines

## Claims Deadlines

March 31, 2006 (90 days after the end of the calendar year) is the last day to submit your 2005 claims to:



- United HealthCare for The Empire Plan Basic Medical Program, the Home Care Advocacy Program (HCAP) and for non-network physical medicine services
- ValueOptions for non-network mental health and substance abuse services
- Express Scripts for prescriptions filled in 2005 at non-participating pharmacies or without using your Empire Plan Benefit Card

If The Empire Plan is your secondary insurer, you must submit claims by March 31, 2006, or within 90 days after your primary health insurance plan processes your claim, whichever is later.

You may submit claims later if it was not reasonably possible to meet the deadlines (for example, due to illness); however, you must provide documentation.

Ask your agency Health Benefits Administrator for claim forms, or call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare, ValueOptions or The Empire Plan Prescription Drug Program and the prompt for 2005 benefits.

Mail completed claim forms with supporting bills, receipts and, if applicable,

a Medicare Summary Notice or statement from your other primary insurer to:

- United HealthCare  
P.O. Box 1600  
Kingston, NY 12402-1600
- ValueOptions  
P.O. Box 778  
Troy, NY 12181-0778
- The Empire Plan  
Prescription Drug Program  
Claims Review Unit  
(2005 claims only)  
P.O. Box 1180  
Troy, NY 12181-1180

*Note: If you are covered under The Empire Plan as an enrollee and as a dependent, you may submit claims for reimbursement of copayments to The Empire Plan as your secondary insurer.*

## The 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. Follow the instructions and you'll automatically be connected to the appropriate carrier.

**The Empire Plan Hospital Benefits Program** *Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Web site: www.empireblue.com. Call for information regarding hospital and related services.*



**Benefits Management Program for Pre-Admission Certification** You must call Empire BlueCross BlueShield 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 (includes rehabilitation facilities).



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

**The Empire Plan Medical/Surgical Benefits Program** *United HealthCare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600. Web site: www.myuhc.com. Call for information on benefits under Participating Provider, Basic Medical Provider Discount 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** 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. You must also call United HealthCare for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



**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.



**Centers of Excellence for Cancer Program** You must call United HealthCare to participate in The Empire Plan Centers of Excellence for Cancer Program.

**The Empire Plan Mental Health and Substance Abuse Program** *ValueOptions (administrator for GHI), P.O. Box 778, Troy, NY 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.*



**The Empire Plan Prescription Drug Program (effective 1/1/06)** *Empire BlueCross BlueShield (jointly administered with Caremark). Appeals, grievances, prior authorization documentation, general correspondence: The Empire Plan Prescription Drug Program, P.O. Box 11826, Albany, NY 12211. Claim forms from retail pharmacies: The Empire Plan Prescription Drug Program, P.O. Box 52071, Phoenix, AZ 85072-2071. Mail Service Pharmacy: Caremark, P.O. Box 3323, Wilkes-Barre, PA 18773-3223. For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us and check the Employee Benefits section under the Employees tab.*

**The Empire Plan NurseLine<sup>SM</sup>** 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.

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**Teletypewriter (TTY)** numbers for callers when using a TTY device because of a hearing or speech disability:  
**Empire BlueCross BlueShield** ..... **TTY only: 1-800-241-6894**  
**United HealthCare** ..... **TTY only: 1-888-697-9054**  
**ValueOptions** ..... **TTY only: 1-800-334-1897**  
**The Empire Plan Prescription Drug Program** ..... **TTY only: 1-800-863-5488**





ADDRESS SERVICE  
REQUESTED

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

*UCS Empire Plan Report – January 2006*

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 (www.cs.state.ny.us). Check the Employee Benefits section under the Employees tab 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. 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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## Changing Options

You may now change your NYSHIP health insurance plan outside the Option Transfer Period when you add a new dependent to your coverage. 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. (Please note: The HMO must be accepting enrollments.) Your *NYSHIP General Information Book* explains other circumstances that allow a change outside the Option Transfer Period. To change options, see your agency Health Benefits Administrator.

## 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 United HealthCare toll free at 1-877-7-NYSHIP (1-877-769-7447) 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*.

## Planning for Retirement Video

The Department of Civil Service has prepared a video on Planning for Retirement that answers many frequently asked questions about eligibility, paying for health insurance in retirement, sick leave credit, dependent survivor coverage, Medicare, other benefits and staying in touch after you retire. Your agency Health Benefits Administrator has VHS and DVD copies of the video for those who are planning to retire. Contact your agency Health Benefits Administrator to borrow a copy of the video in the format that you need and for other helpful information.