

EMPIRE PLAN SPECIAL REPORT



June 2013

New York State Health Insurance Program (NYSHIP) for Employees of the State of New York represented by United University Professions (UUP), for their enrolled Dependents, COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

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Negotiated Changes Effective September 1, 2013

This Report describes changes affecting your NYSHIP coverage that will take effect on September 1, 2013 as a result of the recently ratified contract between the State of New York and UUP. They include:

- A change in the NYSHIP premium cost sharing between the State and its employees (see page 2)
- Updated life expectancy tables used to calculate the value of your monthly sick leave credit, which is applied to your health insurance premium in retirement (see page 2)
- The Health Insurance Opt-out Program (see pages 3-5)
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- Federal health care changes (see pages 6-7)
- Changes to out-of-network deductible and coinsurance amounts (see page 8)
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- Addition of Convenience Care Clinics and Licensed Nurse Practitioners as Participating Providers (see pages 10-11)
- New to You Prescription Drug Benefit (see page 11)

Special Option Transfer Period in August

As the result of negotiated changes, there will be a Special Option Transfer Period from August 1, 2013 through August 30, 2013. You will have the opportunity to change your NYSHIP option for September 2013.

Your cost of coverage under The Empire Plan or a NYSHIP HMO for September 1 through December 31, 2013 will be posted on the Department of Civil Service web site at <https://www.cs.ny.gov> no later than July 1, 2013. A rate flyer will also be mailed to your home. The web site and the rate flyer will provide details of the Special Option Transfer Period.



NYSHIP Changes

Your Biweekly Premium Contribution Rate

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck. **Effective September 1, 2013**, your share of the cost is changing (based on your salary) as shown below.

Annual Salary	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
Employees earning less than \$40,137 annually	88%	12%	73%	27%
Employees earning \$40,137 or more annually	84%	16%	69%	31%

Note: This information does not apply to COBRA enrollees or Young Adult Option enrollees. However, these enrollees will have a rate change as a result of negotiated benefit changes.

Your Biweekly Health Insurance Adjustment

In addition to the change in your premium contribution due to the impact of benefit changes and the new premium contribution rate, there is an adjustment to your biweekly health insurance contribution per the terms of the collective bargaining agreement. The adjustment will be included in your health insurance contributions for 35 pay periods from September 2013 through December 2014. The adjustment amount will depend on what plan you are enrolled in (The Empire Plan or a NYSHIP HMO) and your coverage type (family or individual).

To see the adjustment amounts for each plan, go to the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Health Benefits & Option Transfer, then choose Rates and Health Plan Choices and select Health Insurance Adjustments.

Updated Life Expectancy Table

Effective **September 1, 2013**, the Actuarial Table of Life Expectancy used to calculate the value of unused sick leave has been updated to reflect the fact that Americans are living longer. This will impact any monthly sick leave credit amount applied to your premium payments in retirement. Since we are living longer, the number of months of life expectancy at retirement has increased and the amount of monthly sick leave credit will be lower. A sick leave credit calculator is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select What's New?

Actuarial Table Effective for Retirements on or after September 1, 2013			
Age at Retirement	Life Expectancy	Age at Retirement	Life Expectancy
55	337 months	64	250 months
56	327 months	65	241 months
57	317 months	66	232 months
58	307 months	67	223 months
59	297 months	68	214 months
60	288 months	69	205 months
61	278 months	70	197 months
62	269 months	71	188 months
63	259 months	72	180 months
		Etc.	

If you need actuarial rates for additional retirement ages, ask your agency Health Benefits Administrator (HBA).

Health Insurance Opt-out Program

Effective September 1, 2013, NYSHIP will offer an Opt-out Program that will allow eligible employees who have other employer-sponsored group health insurance to opt out of their NYSHIP coverage in exchange for an incentive payment. The annual incentive payment is \$1,000 for opting out of individual coverage or \$3,000 for opting out of family coverage. For the period September 1, 2013 through December 31, 2013, the incentive payment will be \$38.47 per paycheck for individual coverage and \$115.39 per paycheck for family coverage. The incentive payments will be prorated and reimbursed in your biweekly paycheck throughout the current year. **Note:** The payments will be taxable income.

Eligibility Requirements

To be eligible for the Program beginning September 1, 2013, you must have been enrolled in NYSHIP by April 1, 2012 and remain enrolled through August 31, 2013. If you became newly eligible for NYSHIP benefits after April 1, 2012, you must have been enrolled since your first date of eligibility.

If you are a benefits-eligible enrollee but are newly eligible for the Health Insurance Opt-out Program due to a negotiating unit change, you must apply for the opt-out within 30 days of the date you become eligible.

Once enrolled in the Opt-out Program, you are not eligible for the incentive payment during any period that you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage. Also, if you are receiving the opt-out incentive for family coverage and your last dependent loses NYSHIP eligibility, you will only be eligible for the individual payment from that point on.

Electing to Opt Out

If you are currently enrolled in NYSHIP and wish to participate in the Opt-out Program, you must elect to opt out during the Special Option Transfer Period in August and attest to having other employer-sponsored group health insurance each year. See your agency Health Benefits Administrator (HBA) and complete the Opt-out Attestation Form (PS-409).

Your NYSHIP coverage will terminate at the end of August 2013 and the incentive payments will begin on or after the paycheck dated August 28, 2013 for Administration Lag payroll employees and September 5, 2013 for Institution Lag payroll employees and **continue until the end of the plan year.**

If you are a new hire or a newly benefits-eligible employee who has other employer-sponsored group health insurance and wish to participate in the Opt-out Program, you must make your election no later than the first date of your eligibility for NYSHIP. See your agency HBA and complete the NYS Health Insurance Transaction Form (PS-404) and the Opt-out Attestation Form (PS-409).

Please note: You must elect the Opt-out Program on an annual basis. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will stop.

Reenrollment in NYSHIP

Employees who participate in the Opt-out Program may reenroll in NYSHIP during the next annual Option Transfer Period. To reenroll in NYSHIP coverage any other time, employees must experience a qualifying event like a change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. Employees must provide proof of the qualifying event within 30 days of the date of the event or any change in enrollment will be subject to NYSHIP's late enrollment rules. See your *NYSHIP General Information Book* for more details.

Opt-out Program Questions and Answers

Q. What is considered other employer-sponsored group health insurance coverage for the purpose of qualifying for the Opt-out Program?

A. To qualify for the Program you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. **The other coverage cannot be NYSHIP coverage provided through employment with the State of New York.** However, NYSHIP coverage through another employer such as a municipality, school district or public benefit corporation qualifies as other coverage.

Q. Will I qualify for Opt-out Program incentive payments if I change from family to individual coverage?

A. No. If you are enrolled for NYSHIP coverage, you will not qualify for the incentive payment.

Q. If I elect the Opt-out Program for 2013, will I automatically be enrolled in the Program for the following plan year?

A. No. Unlike other NYSHIP options, you must elect the Opt-out Program on an annual basis. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will stop.

Q. If I opt out and I find that I don't like my alternate coverage (for instance, my doctor does not participate), can I withdraw my enrollment in the Opt-out Program and reenroll in NYSHIP coverage?

A. No. This is not a qualifying event. During the year, you can terminate your enrollment in the Opt-out Program and reenroll in NYSHIP benefits only if you experience a qualifying event according to federal Internal Revenue Service (IRS) rules, such as a change in family status or loss of other coverage.

Q. If my spouse's, domestic partner's or parent's employer has its open enrollment period (or option transfer period) at a different time of the year, how can I coordinate the effective date of my other coverage with the start of the Opt-out Program?

A. Under IRS rules, if an employee's spouse drops coverage under his or her employer plan during Option Transfer, the employee can be permitted to enroll the spouse mid-year in his or her employer plan — as long as the plans have different open enrollment periods. **You should check to see whether your spouse's employer will permit your spouse to enroll you as a dependent.** You are responsible for making sure your other coverage is in effect.

Q. What if I lose my other coverage and do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing that coverage?

A. If you fail to make a timely request, you will be subject to NYSHIP's late enrollment waiting period, which is five biweekly pay periods. You will not be eligible for NYSHIP coverage during the waiting period.

Q. Can I get a lump sum payment if I elect the Opt-out Program?

A. No. The Opt-out Program incentive payment is prorated and reimbursed through your biweekly paychecks throughout the year.

Q. If I am eligible for health, dental and vision coverage as a State employee, do I have to opt out of all three benefits to receive the incentive payment?

A. No. The Opt-out Program incentive payment applies to health insurance coverage only. If you enroll in the Program, your eligibility for dental and vision coverage will not be affected.

Q. When I enroll in the Opt-out Program, what information will I need to provide about the other employer-sponsored group health coverage I will be covered by?

A. To enroll you must complete the Opt-out Attestation Form (PS-409). You will be required to attest that you are covered by other employer-sponsored group health coverage and provide information about the person who carries that coverage, as well as the name of the other employer and other health plan.

Q. I had individual NYSHIP coverage prior to April 1, 2012 and changed to family coverage when I got married in February 2013. Will I qualify for the \$3,000 family incentive payment even though I did not have family coverage as of April 1, 2012?

A. Employees who enrolled in family coverage due to a qualifying event and did so on a timely basis, between April 1, 2012 and August 31, 2013, are eligible for the higher incentive payment. You will not be eligible for the higher incentive payment if you enrolled for family coverage after April 1, 2012 and were subject to a late enrollment waiting period.

Q. Will participating in the Opt-out Program affect my eligibility for NYSHIP coverage in retirement?

A. No. Participation in the Opt-out Program satisfies the requirement of enrollment in NYSHIP at the time of your retirement.

Productivity Enhancement Program

Under the Productivity Enhancement Program (PEP), eligible full- and part-time employees may exchange previously accrued annual leave in return for a credit to be applied toward the employee share of their NYSHIP premium. The credit will be included in their biweekly paychecks and divided evenly during the plan year. PEP credits for 2013 will be included in the paychecks beginning on or after August 28, 2013 for Administration Lag payroll employees and September 5, 2013 for Institution Lag payroll employees.

Effective July 1, 2013, eligible full-time employees with an annual salary at \$61,763 or below who enroll in PEP for the remainder of 2013 will forfeit annual leave totaling 1.5 days in exchange for a credit of up to \$250 to be applied toward the employee share of their NYSHIP premiums. Eligible full-time employees with an annual salary of above \$61,763 and below \$88,257 who enroll in PEP for the remainder of 2013 will forfeit annual leave totaling one day in exchange for a credit of up to \$250 to be applied toward the employee share of their NYSHIP premiums.

Eligible part-time employees can participate on a prorated basis. Contact your agency Health Benefits Administrator (HBA) with any questions or to see if you are eligible.

To elect PEP for the remainder of 2013, you must apply during the Special Option Transfer Period (August 1 through August 30, 2013). Ask your agency HBA for details and an application.

For more information about PEP for 2014, please see the *Planning for Option Transfer* publication that will be mailed to your home this fall.

Empire Plan Changes

Federal Health Care Reform Changes

The Federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as “the Act” in this article, requires that we make several changes to your Empire Plan coverage.

Your Empire Plan benefit package will lose grandfathered status under the Act as a result of the contract settlement as of September 1, 2013. This means that your Plan is now a nongrandfathered plan and it includes all changes required by the Act, according to the Act’s timetable.

The Act requires the following changes effective September 1, 2013:

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100 percent (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screenings for women, infants, children and adolescents as stated in guidelines supported by the Health Resources and Services Administration
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force
- Items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force

Enhanced Women’s Health Care

The Act also requires that the following women’s preventive services are covered with no copayments when received from an Empire Plan participating provider.

- **Well-woman visits:** This includes an annual preventive care visit to obtain the recommended preventive services.
- **Contraception and contraceptive counseling:** Most Level 1 contraceptives are covered under The Empire Plan Prescription Drug Program with no out-of-pocket costs. All other covered contraceptive drugs are subject to copays and any applicable ancillary charges. Also, paid-in-full benefits for contraception methods and sterilization procedures for women as defined in the Act when ordered or administered by a participating provider.
- **Screening:**
 - Cervical cancer including Pap test for women up to age 65
 - Breast cancer mammography every one to two years at age 40
 - Gestational Diabetes for women who are 24 to 28 weeks pregnant or first visit for high risk of becoming diabetic
 - Human Papillomavirus DNA testing every three years for women 30 and over
 - Osteoporosis bone density test to screen women 65 or older or women at risk
 - Gonorrhea, Chlamydia, Syphilis and HIV
 - Depression

■ **Counseling:**

- For women at high risk of breast cancer for chemoprevention
- Counseling and evaluation for genetic testing of women for BRCA breast cancer genes
- Counseling for sexually transmitted infections (STIs) for sexually active women

■ **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**

■ **HIV screening and counseling:** Sexually active women will have access to annual counseling on HIV.

■ **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence is covered for all adolescent and adult women.

■ **Breastfeeding support, supplies and counseling:** During pregnancy and/or postpartum period, lactation support and counseling from a trained participating provider, as well as one breast pump per pregnancy with childbirth.

Double-Electric Breast Pump Suppliers include:

- Byram Healthcare: 1-877-902-9726
or www.byramhealthcare.com
- Edgepark: 1-800-321-0591
or www.edgepark.com
- Genadyne: 1-800-208-2025
or www.genadyne.com

Hospital-Grade Breast Pump Rental Suppliers include:

- Genadyne: 1-800-208-2025
or www.genadyne.com

Herpes Zoster Vaccine for Shingles

In accordance with the Act, there's no copayment for the Herpes Zoster (Shingles) vaccine for enrollees age 60 and older. However, the vaccine is covered subject to a \$20 copayment for enrollees age 55 and over but under age 60.

Please note that if you purchase the Herpes Zoster vaccine, or any other vaccine, at the pharmacy, The Empire Plan will not reimburse you for the cost.

For further information on preventive services, see The Empire Plan Preventive Care Coverage Chart at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. From the homepage, select Using Your Benefits, then Publications and you will find the chart under Empire Plan. Or, visit www.healthcare.gov.

For more information, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

2012 Annual Deductible and Coinsurance Maximum

Under the federal Parity Law effective on January 1, 2012, The Empire Plan is not permitted to have separate deductibles and coinsurance amounts for Basic Medical and non-network coverage under the Hospital Program and the Mental Health and Substance Abuse Program. However, the Managed Physical Medicine Program, which guarantees access to network benefits, continues to have a separate deductible. Therefore, a combined annual deductible and a combined annual coinsurance maximum applies to the Hospital Program (coinsurance only), Basic Medical Program and non-network expenses under the Home Care Advocacy Program (deductible only) and the Mental Health and Substance Abuse Program. The combined annual deductible and annual coinsurance maximum are changing effective September 1, 2013 as the result of the recent negotiated agreement.

Effective January 1, 2013 through August 31, 2013, The Empire Plan combined annual deductible is \$417 for the enrollee, \$417 for the enrolled spouse/domestic partner and \$417 for all dependent children combined.

Effective September 1, 2013, The Empire Plan combined annual deductible increases to \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.

Each \$1,000 deductible amount is reduced to \$500 per calendar year for employees with an annual salary of less than \$34,318.

The deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims are considered for reimbursement.

Effective January 1, 2013 through August 31, 2013, the combined coinsurance maximum (out-of-pocket) is \$1,148 for the enrollee, \$1,148 for the enrolled spouse/domestic partner and \$1,148 for all dependent children combined.

Effective September 1, 2013, the combined coinsurance maximum (out-of-pocket) increases to \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.

Each \$3,000 coinsurance maximum is reduced to \$1,500 per calendar year for employees with an annual salary of less than \$34,318.

The coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program.

Once the annual coinsurance maximum is reached, you will be reimbursed 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 Program.

Amounts credited toward your deductible and coinsurance maximum from January 1, 2013 through August 31, 2013 will be applied toward the higher deductible and coinsurance maximum that take effect on September 1, 2013.

Copayments Effective September 1, 2013

Prescription Drug Program

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy, Mail Service Pharmacy, or the designated Specialty Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5
 Level 2, **Preferred** Drugs or Compound Drugs.....\$25
 Level 3 or **Non-preferred** Drugs.....\$45

When you fill your Prescription for a covered drug for a **31- to 90-day supply at a Network Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$10
 Level 2, **Preferred** Drugs or Compound Drugs.....\$50
 Level 3 or **Non-preferred** Drugs.....\$90

When you fill your Prescription for a covered drug for a **31- to 90-day supply through the Mail Service Pharmacy or the designated Specialty Pharmacy**, your Copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5
 Level 2, **Preferred** Drugs or Compound Drugs.....\$50
 Level 3 or **Non-preferred** Drugs.....\$90

Note: Oral chemotherapy drugs for the treatment of cancer and most Level 1 contraceptives do not require a copayment.

The Empire Plan Medical/Surgical Benefits Program

Guaranteed Access

The Empire Plan will guarantee access to primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollee's residence. Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare). To receive network benefits, enrollees must contact the Medical/Surgical Program at 1-877-7-NYSHIP (1-877-769-7447)

prior to receiving services and use one of the providers approved by the Program.

You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Program does not guarantee that a provider will be available in a specified time period.

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services. Press 1 for the Medical Program, then the Benefits Management Program and use one of the approved providers to receive network benefits.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Primary Care Physician: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology

Urban: 8 miles
Suburban: 15 miles
Rural: 25 miles

Specialist: Allergy, Anesthesia, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, General Surgery, Hematology/Oncology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pulmonary Medicine, Radiology, Rheumatology, Urology

Urban: 15 miles
Suburban: 25 miles
Rural: 50 miles

Convenience Care Clinics

Effective September 1, 2013, you have more choices when you need treatment for common ailments and injuries. You can get high-quality, affordable services for uncomplicated minor illnesses and preventive health care through Convenience Care Clinics that participate in The Empire Plan.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies. They are sometimes called "retail clinics," "retail-based clinics" or "walk-in medical clinics." Convenience Care Clinics are usually supported by licensed physicians and staffed by nurse practitioners or physician assistants. Some, however, are staffed by physicians. Currently, there are over 1,350 Convenience Care Clinics located throughout the United States that are part of The Empire Plan Network. Presently, most Convenience Care Clinics in New York State are located in the downstate area. Most Convenience Care Clinics are open seven days a week, 12 hours a day during the workweek and eight hours a day on the weekend.

Results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or an emergency room.

Remember that Convenience Care Clinics are only covered under the Participating Provider Program. There is no coverage under the Basic Medical Program. Convenience Care Clinics can be found in the online Empire Plan Medical/Surgical Provider Directory under the choice of Other Facilities; Convenience Care Clinic.

Please note that some of the services, particularly vaccinations, are also available to the general public in retail pharmacy locations. Many Convenience Care Clinics are located adjacent to these retail pharmacies. It is important to note that only services rendered at an in-network Convenience Care Clinic are covered under the Empire Plan Medical Program. Any services rendered at any retail pharmacy, including vaccines, are not a covered benefit under the Empire Plan Medical/Surgical Program.

Licensed Nurse Practitioners

Effective September 1, 2013, Licensed Nurse Practitioners have been added to the list of Empire Plan “in-network” providers. Licensed Nurse Practitioners provide health care services similar to those of a physician. They may diagnose and treat a wide range of health problems. In addition to clinical care, Licensed Nurse Practitioners focus on health promotion and counseling, disease prevention

and health education. Licensed Nurse Practitioners provide services in accordance with the laws of the state where services are rendered. Search for Nurse Practitioners by going to <https://www.cs.ny.gov/>. Click on Benefit Programs, then on NYSHIP Online, then the Find a Provider tab. There is no non-network coverage for Licensed Nurse Practitioners.

Prescription Drug Program

New to You Prescription Drug Benefit

Effective September 1, 2013, for certain maintenance medications, at least two 30-day supplies must be filled using your Empire Plan Prescription Drug benefits before a supply greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Service Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days worth of the drug has been previously dispensed. If not, only a 30-day fill will be approved. This requirement is not subject to appeal.

The requirement is designed to reduce waste and lower costs to the Plan when an enrollee starts a new medication. Categories include, but are not limited to: Asthma, cardiovascular, diabetes, beta-blockers and antidepressants. If you submit a 90-day prescription, and do not have the required history with the medication, 30 days will be filled automatically.

If you have questions about which maintenance medications this applies to, you may call The Empire Plan toll free number at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

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

UUP Empire Plan Special Report – June 2013

Please do not send
mail or correspondence
to the return address.
See below for address
information.

It is the policy of the New York State 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 (<https://www.cs.ny.gov>). Click on Benefit Programs, then NYSHIP Online 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 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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