

Important Terms to Know

Coinsurance

The enrollee's share of the cost of covered services, which is a fixed percentage of covered medical expenses.

Copayment

The enrollee's share of the cost of covered services, which is a fixed dollar amount paid when a medical service is received, regardless of the total charge for the service.

COBRA (Continuation of Coverage)

The Consolidated Omnibus Budget Reconciliation Act (COBRA), which entitles an individual or covered dependents to continue, for a limited period, certain benefits at group rates when coverage would otherwise end. In addition to the federal COBRA law the New York State continuation coverage law, or "Mini-COBRA" extends the continuation period to provide 36 months of continuation coverage.

Deductible

The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services. This amount applies when you use non-network providers.

Empire Plan Medicare Rx

A Medicare Part D Prescription Drug Plan with expanded coverage designed especially for NYSHIP.

Employee Benefits Division (EBD)

The Employee Benefits Division, New York State Department of Civil Service, administers the New York State Health Insurance Program (NYSHIP) and provides assistance for retired State employees.

Fee-For-Service

A method of billing for health care services. A provider charges a fee each time an enrollee receives a service. The Empire Plan is a fee-for-service plan.

Formulary

A list of preferred drugs used by a health plan. A plan with a **closed formulary** provides coverage only for drugs that appear on the list. An **open** or **incented formulary** encourages use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a **flexible formulary**, brand-name prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug.

Health Benefits Administrator (HBA)

An individual responsible for providing benefits assistance to active State employees. HBAs work with the Employee Benefits Division in the Department of Civil Service to process transactions and answer questions regarding eligibility and enrollment. You are responsible for notifying your HBA of changes that affect your enrollment and/or your or your dependents' eligibility for benefits. **Note:** EBD functions as the HBA for NY and PE retirees.

HIPAA

Under the Health Insurance Portability and Accountability Act of 1996, health plans such as The Empire Plan are required to protect the access to protected health information as well as the confidentiality of this information.

Managed Care

A health care program designed to ensure you receive the highest quality medical care for the lowest cost in the most appropriate health care setting. Most managed-care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He or she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.

Medicare

A federal health insurance program that covers certain people who are age 65 or older, disabled persons under 65 or those who have amyotrophic lateral sclerosis (ALS) or end-stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare and Medicaid Services (CMS) and administered by the Social Security Administration (SSA).

Network

A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.

New York State Health Insurance Program (NYSHIP)

NYSHIP covers over 1.2 million public employees, retirees and their dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan and NYSHIP-approved HMOs.

Pension Eligible

Entitled to collect a pension from a publicly administered retirement system such as the New York State and Local Retirement System, the New York State Teachers' Retirement System or the New York State and Local Police and Fire Retirement System.

Plan Primary/Medicare-Primary

A health plan is primary when it is responsible for paying health benefits before any other group health coverage. Medicare becomes primary to NYSHIP (if you are not actively employed by New York State) when you turn 65, become disabled and are receiving Social Security Disability Insurance (SSDI) for 24 months or receiving SSDI due to amyotrophic lateral sclerosis (ALS) or have end-stage renal disease and have completed the 30-month coordination period. Read NYSHIP plan documents for details.

Retiree

A person who has been enrolled in NYSHIP as an employee and whose health coverage continues after the end of active service under NYSHIP retiree eligibility requirements. An employee must be covered by NYSHIP as an enrollee or dependent on the date of retirement for NYSHIP coverage to continue.