

EMPIRE

P L REPORT A N

DECEMBER 2000

New York State Health Insurance Program (NYSHIP)
For Active Employees, Retirees, Vestees and Dependent Survivors
and their Dependents enrolled through
PARTICIPATING AGENCIES
with CORE PLUS MEDICAL AND PSYCHIATRIC ENHANCEMENTS

Summary of Benefit Changes

Read this *Report*
for more information.

Effective July 1, 2000

Transplants Program:

Enhanced benefits at designated Centers of Excellence when pre-authorized by Blue Cross.

Effective January 1, 2001

Routine Health Exams:

Basic Medical allowance increased to \$250 per calendar year for an active employee age 50 or older and \$250 per calendar year for an active employee's spouse/domestic partner age 50 or older.

Hearing Aids: Maximum reimbursement increased to \$1,000 every four years for adults and every two years for children.

Notice Our New Design

We've given the *Empire Plan Report* an updated look. The *Report* has a new banner and new typeface to go along with your July 1, 2000 *NYSHIP General Information Book and Empire Plan Certificate*. Keep this *Report* and any later *Reports* and *Amendments* with your *Book/Certificate*.

Empire Plan Benefit Changes Effective January 1, 2001

United HealthCare Medical Coverage

Annual Routine Health Exams

Beginning January 1, 2001, routine health exams are covered under the Basic Medical Program up to a maximum of \$250 per calendar year for an active employee age 50 and over and \$250 per calendar year for an active employee's spouse/domestic partner (if your agency offers domestic partner coverage) age 50 and over. This benefit is not subject to deductible or coinsurance. This gives you a routine health exam allowance once each year instead of once every two years.

Hearing Aids Up to \$1,000

Beginning January 1, 2001, under the Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of \$1,000 once every four years. Children age 12 years and under receive a benefit of up to \$1,000 once every two years when the child's hearing has changed and the existing hearing aids can no longer compensate. These benefits are not subject to deductible or coinsurance. This is an increase from \$800.

The Basic Medical benefit applies whether you use a participating or a non-participating provider.



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SAVE THIS
REPORT

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General Information Book and
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Correction Stickers

Empire Plan Centers of Excellence for Transplants Program

Effective July 1, 2000, enhanced benefits for bone marrow, peripheral stem cell, cord blood stem cell, heart, heart/lung, kidney, liver, lung, and kidney/pancreas transplants are available through the Empire Plan Centers of Excellence Program. Through this program, Empire Plan enrollees have access to Empire Blue Cross Centers of Excellence for kidney transplant and to the Blue Cross and Blue Shield Association's Blue Quality Centers for Transplant for the other types of transplant. These Centers of Excellence have been selected for their demonstrated expertise in performing transplants and achieving positive outcomes.



To participate in this voluntary program, you must call Blue Cross at 1-800-342-9815 or

518-367-0009 (Albany area and Alaska). And, to participate and receive the enhanced benefits or case management services, the Empire Plan must be your primary coverage. When you call, you will receive information by telephone from a case manager about the Centers of Excellence Program and case management services.

If Blue Cross pre-authorizes your transplant as medically necessary and you meet the criteria for acceptance by one or more Centers of Excellence, and if you agree to participate in the program, you will have a paid-in-full benefit for the following transplant services received at a Center of Excellence:

- pre-transplant evaluation;
- inpatient and outpatient hospital and physician services; and
- 12 months of follow-up care at the Center of Excellence where the transplant is performed.

In addition, a travel benefit will be available to the transplant patient and a companion if the Center of

Excellence where the transplant is performed is more than 100 miles from the recipient's home. This benefit, which must be pre-authorized by Blue Cross, covers transportation, lodging and meal expenses. Save original receipts for reimbursement.

Also, when you participate in the Empire Plan Centers of Excellence for Transplants Program, Blue Cross will provide case management services. A registered nurse who has special training and experience in case management of transplants will be assigned to you. Your case management nurse will help you through the transplant process, coordinate all transplant-related needs and act as your liaison with other Empire Plan programs from the time you are listed for transplant through twelve months after the transplant.

If you do not use a Center of Excellence

There is no change in benefits if you choose not to use a Center of Excellence for your transplant. Also, if you participate in the Centers of Excellence Program but receive some of the related transplant services elsewhere, your benefits for those related services received outside of the Center of Excellence where the transplant is performed remain unchanged. Benefits for covered transplant services received outside the Center of Excellence will be provided in accordance with Empire Plan hospital and/or medical coverage.

Voluntary Case Management Services for Transplants

If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a pancreas, small bowel, or multivisceral transplant, you may still take advantage of the Blue Cross case management services for transplant patients. A case management nurse will help you through the transplant process,

coordinate all transplant-related needs and act as your liaison with other Empire Plan programs from the time you are listed for transplant through twelve months after the transplant. Your participation in case management is strictly voluntary and provided at no expense to you.

Change in Pre-admission Certification Requirement for Transplants

If you participate in the Centers of Excellence for Transplants Program or in Blue Cross case management services for transplant, your case manager will work with you to ensure that your Empire Plan requirements, including pre-admission certification, are satisfied.

However, if you elect not to participate in either program,



you must call Blue Cross (not the Benefits Management Program) at 1-800-342-9815 or

518-367-0009 (Albany area and Alaska) for pre-admission certification before admission for any of the organ and tissue transplants listed above.

If you do not call prior to your scheduled admission for a transplant or within 48 hours of an urgent or emergency admission for a transplant, your admission will be subject to the Benefits Management Program deductible and coinsurance described in your *Empire Plan Certificate*.

Blue Cross will be responsible for all Benefits Management Program services for the organ and tissue transplants listed above. In addition to pre-admission certification, Blue Cross will provide Concurrent Review and Discharge Planning for these organ and tissue transplant admissions. Please see the Benefits Management Program section of your *Empire Plan Certificate* for information about Concurrent Review and Discharge Planning.

News and Reminders

Basic Medical

Annual Deductible: \$300

Coinsurance Maximum: \$1,500

For calendar year 2001, the Empire Plan Basic Medical Program annual deductible for medical services by non-participating providers remains \$300 for you, \$300 for your enrolled spouse/domestic partner and \$300 for all covered dependent children combined.

You must meet the deductible before United HealthCare can reimburse 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 \$1,500 in 2001. 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 any penalties under the benefit management programs.

See your *NYSHIP General Information Book and Empire Plan Certificate* for more information about your deductible and coinsurance maximum.

Pediatric Immunizations: Pevnar Added

Effective September 1, 2000, Pevnar vaccine is covered when provided in accordance with pediatric immunization guidelines. Pevnar is a vaccine against pneumococcal diseases that include pneumonia, meningitis and blood stream infections.

Coverage is available under the Participating Provider Program with no copayment and under the Basic Medical Program subject to deductible and coinsurance.

Important Claims Deadlines

March 31, 2001 (90 days after the end of the calendar year) is your last day to submit your 2000 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 2000 at non-participating pharmacies or without using your New York Government Employee Benefit Card

If the Empire Plan is your secondary insurer, you must submit claims by March 31, 2001, or within 90 days after your primary health insurance plan processes your claim, whichever is later.

For claim forms, call:

- United HealthCare at 1-800-942-4640
- ValueOptions at 1-800-446-3995
- Express Scripts at 1-800-964-1888

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.

Prescription Drug Program Senior Program

Effective July 1, 2000, the Empire Plan Prescription Drug Program includes a Senior Program administered by Express Scripts. The goal of the Senior Program is to help your doctor make informed decisions about your prescription drugs.

The program identifies enrollees age 65 or older who take nine or more drugs each day. Express Scripts then mails the doctors who care for these patients a letter outlining each patient's prescription drugs. The mailing may suggest that doctors consider reducing the number of medications prescribed and simplifying the patient's drug therapy.

The program also selects enrollees age 65 or older who take certain drugs and proposes safer or more effective drug choices. Express Scripts' proposals are based on recommendations from a panel of nationally recognized experts in geriatric medicine.

The Senior Program helps ensure that prescription drugs of enrollees age 65 and older are appropriate. All reviews are confidential. Express Scripts shares information only with your doctor(s).

Continued on page 4

Medicare Open Enrollment

Note: Medicare affects only a few active employees and dependents. Medicare is primary for an active employee or dependent with end stage renal disease (waiting period applies) and for an active employee's domestic partner who is age 65 or over (if your agency offers domestic partner coverage). Your NYSHIP General Information Book and Empire Plan Certificate have more information about Medicare.

January 1 to March 31 is Medicare's open enrollment period. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when you or they are: age 65 or older; or regardless of age, have been entitled to Social Security disability benefits for more than 24 months; or regardless of age, have end stage renal disease (permanent kidney failure). If you did not enroll in Medicare when first eligible, contact your local Social Security office to sign up before the open enrollment period ends on March 31, 2001. Coverage will become effective July 1, 2001. You are responsible for the premium surcharge Medicare adds for late enrollment.

Medicare Part B Premium

The Medicare Part B premium for 2001 is \$50 per month. Ask your agency Health Benefits Administrator or Personnel Office in your agency about reimbursement of Medicare Part B.

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 prosthetics and treatment for complications of mastectomy, including lymphedema.

Call United HealthCare at 1-800-942-4640 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*.

Choosing ^a Participating Provider

The Empire Plan is a unique program that allows you to receive your care from Empire Plan participating providers or from non-participating providers. By choosing a participating provider, you receive covered services at little or no cost – and you don't have to file a claim. For certain services, you must call before you receive services. Participating providers are providers who have an agreement in effect under the Empire Plan. They have agreed to accept your copayment (for services subject to a copayment), plus payment directly from the Plan.

Participating Provider Program

The Empire Plan Participating Provider Program offers a network of over 80,000 physicians and other providers located throughout New York State and in many other states as well. You have the freedom to choose any participating provider without a referral. There is, however, no guarantee that a participating provider will always be available to you.

Providers in the network include: doctors, speech therapists, speech-language pathologists, audiologists, podiatrists, laboratories, ambulatory surgical centers, urgent care centers, freestanding cardiac rehabilitation centers and Infertility Centers of Excellence. Certified nurse midwives may also be available through participating doctors.

Always ask your provider if he or she participates before you receive services. When you use a participating provider you pay only the applicable copayment.

Your Copayment

Your copayment is \$10 for services subject to a copayment including office visits and surgical procedures performed during an office visit. There is an additional \$10 copayment for radiology services and diagnostic laboratory services. (Remember, you must call the Benefits Management Program before a non-emergency MRI. See your *Empire Plan Certificate*.) There is a maximum of two copayments per visit. You pay a \$15 copayment for facility charges including anesthesiology at a participating ambulatory surgical center.

There is no cost to you for certain services covered under the Participating

Provider Program, including well-child visits, pediatric immunizations, maternity care and in-hospital doctors' visits. There is also no copay for chemotherapy, radiation therapy and dialysis.

Ask for a Participating Provider

The Empire Plan does not require that a participating provider refer you to a participating laboratory, radiologist, specialist or center. It is your responsibility to request a participating provider for outside services. Explain to your doctor that your out-of-pocket expenses are usually higher if you don't use a participating lab or if a non-participating radiologist reads your X-ray. It is your responsibility to determine whether a provider is an Empire Plan provider. Remember: in Arizona, Connecticut, Florida, New Jersey, North Carolina and South Carolina, ask if the physician is part of United HealthCare's Options Preferred Provider Organization (PPO). In all other states including New York, and for providers other than physicians in these six states, ask if the provider participates in the Empire Plan.

Find an Empire Plan Participating Provider

Call United HealthCare at 1-800-942-4640 and speak to a customer service representative. Or, leave the zip code for the area in which you need a provider in the voice mailbox on the automated telephone answering system. A list of providers will be sent to you on the next business day.

Also, you can find a list of providers on the Internet at <http://www.cs.state.ny.us>. Click on Employee Benefits and Services and then click on Empire Plan Providers

for the *Empire Plan Participating Provider Directory*. United HealthCare updates the provider directory regularly. If you don't have access to the Internet, most libraries are connected to the Internet.

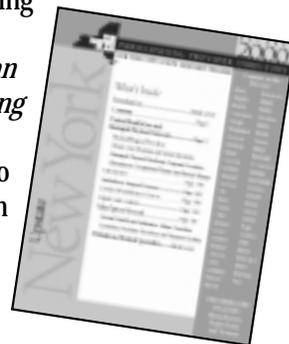
Basic Medical Benefits

If you use a non-participating provider, benefits for covered services are payable under the Basic Medical portion of the Plan, subject to deductible and coinsurance. (See your *Empire Plan Certificate* for details on the Basic Medical Program.)

Empire Plan Participating Provider Directory

We're mailing the new *Empire Plan Participating Provider Directory* to enrollees in January.

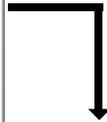
If you need a *Directory* for a different address, call United HealthCare at 1-800-942-4640. Also, check our Web site at <http://www.cs.state.ny.us>.



Visit us on the Web at <http://www.cs.state.ny.us>

Check our New York State Department of Civil Service Employee Benefits Division Web site at <http://www.cs.state.ny.us>.

Click on Employee Benefits and Services for timely information about your Empire Plan Benefits.



Health Insurance
Choose your group to go to "What's Inside" for information about NYSHIP and the Empire Plan

Empire Plan Providers
Link directly to the Participating Provider Directory on the United HealthCare Web site

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

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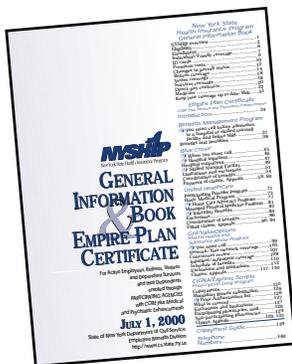
Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

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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. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator.

This *Report* was printed using recycled paper and environmentally sensitive inks.

EPR-PA-Med & Psych-00-2



New Book/Certificates Mailed

We mailed the July 1, 2000 *NYSHIP General Information Book and Empire Plan Certificate* in October. If you did not receive a copy, contact your agency Health Benefits Administrator. Keep this *Empire Plan Report* with your new book. And, remember, you can see the *Book/Certificate* on the New York State Department of Civil Service Web site: <http://www.cs.state.ny.us>. Click on Employee Benefits and Services.

The *Empire Plan Report* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through the Empire Plan.



State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
518-457-5754 (Albany area)
1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
<http://www.cs.state.ny.us>