

THE EMPIRE PLAN

July 2000

Report

For Active Employees, Retirees, Vestees and Dependent Survivors
and their Dependents enrolled through
PARTICIPATING AGENCIES
with CORE PLUS MEDICAL ENHANCEMENT

Summary of Benefit Changes

Read this *Report* for more information.

Effective July 1, 2000

Pre-Admission Testing: No copayment for hospital outpatient pre-admission and/or pre-surgical testing prior to inpatient admissions.

Home Care Advocacy Program (HCAP): You are no longer required to call HCAP before you receive diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies. Contact network suppliers directly to order supplies.

Cardiovascular Risk Reduction Program: The Empire Plan's Cardiovascular Risk Reduction Program identifies patients treated for cardiovascular disease and offers to assign a cardiac nurse to talk with you and your doctor. Your participation is voluntary.

Military Leave: Dependents of enrollees called to active duty will be eligible for up to 12 months of coverage at no employee cost. (Ask your agency Health Benefits Administrator if this benefit is available to you.)

Changes Effective before July 1, 2000

Graduating Students: Beginning May 1, 2000, graduating students are eligible for three months of continued NYSHIP coverage following the end of the month in which they complete course requirements for graduation.

The Empire Plan Benefit Changes Effective July 1, 2000

Blue Cross Hospital Coverage

No Copayment for Hospital Outpatient Pre-Admission Testing

Beginning July 1, 2000, the \$25 copayment for hospital outpatient pre-admission testing and/or pre-surgical testing is eliminated prior to an inpatient admission.

You continue to pay the \$25 copayment for each visit to the outpatient department of a hospital where you receive one or more of the following covered services: surgery, diagnostic radiology, diagnostic laboratory tests and administration of Desferal for treatment of Cooley's Anemia.

You will not have to pay the \$25 copayment if you are treated in the outpatient department of a hospital and are then admitted at that time as an inpatient.

United HealthCare Medical Coverage

No HCAP Pre-Authorization for Diabetic and Ostomy Supplies

Beginning July 1, 2000, you are no longer required to call HCAP for authorization before receiving diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies. You will be able to contact the HCAP network suppliers directly to order your supplies. You will continue to receive a paid-in-full benefit when you use a network provider.

The new procedure for ordering ostomy and most diabetic supplies:

- The first time you use your Empire Plan benefits for diabetic or ostomy supplies, call the HCAP network provider at the toll-free number. For diabetic supplies call **National Diabetic Pharmacies (NDP)** at 1-888-306-7337. For ostomy supplies call **Byram HealthCare Centers** at 1-800-354-4054. You must provide the network supplier with a copy of the doctor's order for the supplies.
- If you are already receiving diabetic supplies from NDP or ostomy supplies from **Byram HealthCare Centers**, you can continue to reorder by contacting the supplier directly.
- If you would like names of other HCAP network providers, call HCAP at 1-800-638-9918 to speak to a representative.

If you choose to use a non-network provider for HCAP-covered supplies,

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In This Report

SAVE THIS
REPORT

This Empire Plan Report announces benefit changes which amend your NYSHIP General Information Book and Empire Plan Certificate.

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the lower, non-network benefit under HCAP will apply. You must submit a claim for non-network supplies to United HealthCare.

This change applies only to ostomy supplies and most diabetic supplies. The Empire Plan still requires prior authorization for all other home care needs, such as home nursing services, home infusion therapy, durable medical equipment and other supplies (including insulin pumps and Medijectors). Call HCAP at 1-800-638-9918 to speak with a representative.

Cardiovascular Risk Reduction Program

Effective July 1, 2000, the Empire Plan offers a new comprehensive disease management program focusing on the heart. The program is called Cardiovascular Risk Reduction (CVRR). Empire Plan enrollees and their eligible dependents who have a recent history of angioplasty, open heart surgery, and/or heart attack will be invited to participate in this program, which will be conducted confidentially over the phone. There is no cost to you. Your participation is voluntary.

If you agree to participate, your case will be assigned to a cardiac nurse who is experienced in working with patients to reduce heart disease risk factors. The nurse will consult with your cardiologist to develop a plan of care with the best promise of success. The nurse will talk with you periodically on the phone about heart-healthy diet, exercise, medication, stress management and smoking cessation, if applicable. You will receive, as needed, informational and educational materials developed in conjunction with the American Heart Association.

CVRR is provided by United HealthCare and is administered by CorSolutions, the nation's leading provider of lifestyle change and treatment support programs.

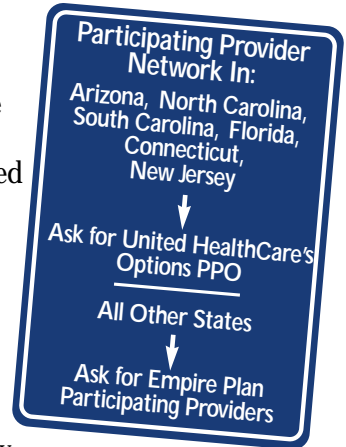
Participating Provider Network Expands

Empire Plan enrollees in Arizona, North Carolina and South Carolina now may choose from an expanded network of participating physicians. Effective July 1, 2000, the number of Empire Plan participating providers has grown by 5,300 in Arizona, 11,300 in North Carolina and 4,700 in South Carolina. These physicians are part of United HealthCare's Options Preferred Provider Organization (PPO) network.

Empire Plan enrollees who live in these areas will receive new Participating Provider Directories in the mail. Some of these new providers may not yet be familiar with the Empire Plan name. Ask if the provider is part of United HealthCare's Options PPO before you receive services. When you use a participating provider, you receive covered services at little or no cost and have no claim forms to file.

Remember: Empire Plan participating physicians are also available through United HealthCare's Options PPO in Florida, Connecticut and New Jersey. In all other states, including New York, continue to ask if the provider participates in the Empire Plan.

You can find Empire Plan providers on the Employee Benefits Division Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits and Services and choose Empire Plan Providers. *The Empire Plan Participating Provider Directory* lists over 80,000 Empire Plan providers. Or, call United HealthCare at 1-800-942-4640.



Empire Blue Cross Address Change

Empire Blue Cross and Blue Shield has centralized their incoming mail operations to improve efficiency and streamline processing. Please send claims, appeals and other correspondence to the following address:

Your Name
1234 Your Address
City, State Zip

Empire Blue Cross
and Blue Shield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

New York State Health Insurance Program (NYSHIP) Changes

Graduating Dependent Students: Three-Month Extension of Coverage



Beginning May 1, 2000, unmarried dependent students who are age 19 or over but under age 25 and complete course

requirements for graduation from a qualified course of study are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

You must provide verification to the appropriate carrier of the dependent's graduation before claims will be paid.

After the three-month extension period ends, the graduated dependent student may choose

continuation coverage in NYSHIP under the NYS Continuation of Coverage Law or COBRA coverage, or a direct-pay conversion contract. Deadlines apply. See your *NYSHIP General Information Book* before coverage ends.

If you have any questions, contact your agency Health Benefits Administrator.

Benefits for Dependents of Enrollees Called to Active Duty

Note: Ask your agency Health Benefits Administrator if the military leave benefit is available to you.

Beginning July 1, 2000, if you are a member of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the

President of the United States or an Act of Congress, you will be entitled to continued NYSHIP enrollment for your covered dependents at no cost to you.

Your dependents who have been covered for at least 30 days before your activation are eligible for this coverage.

Dependents will receive NYSHIP coverage at no cost for up to 12 months, or until the end of active duty status, whichever happens first.

If you or a family member needs information about your health benefits during active duty, call your agency Health Benefits Administrator, usually located in the agency personnel office.

Answers

to Your Questions About Medicare and the Empire Plan

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 and Empire Plan Reports and Amendments have more information about Medicare.

Must I be enrolled in Medicare when I turn 65?

Under the New York State Health Insurance Program (NYSHIP), after you retire you **must** be enrolled in Medicare Parts A and B and entitled to receive Medicare benefits by the first day of the month in which you reach age 65 (or, if your birthday falls on the first of the month, in effect on the first day of

the month before your birthday). Be sure to plan ahead. Call Social Security at 1-800-772-1213 three months before your 65th birthday to enroll in Medicare.

Does the Medicare enrollment requirement apply to my spouse or domestic partner?

Yes, the Medicare enrollment requirement applies if your spouse or domestic partner (if your agency offers domestic partner coverage) is covered under your NYSHIP policy. A dependent who is covered under the Empire Plan policy of a retiree, vestee or dependent survivor must also be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary to the Empire Plan.

What happens if I don't enroll in Medicare when I am first eligible?

After you retire, if you or your dependent is not enrolled in Medicare Parts A and B when you are first eligible to enroll, you will be responsible for the full cost of medical services that Medicare would have covered. As soon as you or your dependent becomes eligible for Medicare, your Empire Plan coverage pays secondary to Medicare. The Empire Plan pays secondary to Medicare even if you do not enroll in Medicare or are in a waiting period for Medicare to go into effect.

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What does primary coverage mean?

A health insurance plan provides primary coverage when it is responsible for paying health benefits before another group health insurance. Medicare becomes primary to the Empire Plan when you or your dependent is age 65 or older, or regardless of age have been entitled to Social Security Disability for more than 24 months, or regardless of age have end stage renal disease.

I am Medicare primary.

When does Medicare pay first for my dependents under my Family coverage?

If you have Family coverage, Medicare becomes primary to the Empire Plan for your spouse or other covered dependents as soon as they become eligible for Medicare for any reason. Until then, the Empire Plan is primary for the dependent. If your spouse or other dependents are covered under other group health insurance, ask the Empire Plan carriers about primary coverage.

What if I'm working for another employer?

If you are a Participating Agency retiree who works for an employer other than your former Participating Agency, Medicare pays primary to the Empire Plan whether or not you have health insurance coverage through that other employer's group plan.

Medicare also pays primary to the Empire Plan if you work for a NYS agency or a NYSHIP Participating Employer but remain enrolled in NYSHIP as a Participating Agency retiree. Therefore, you must be enrolled in Medicare Parts A and B or you will have a gap in coverage.

What if my spouse or domestic partner is working for another employer?

Even if any of your dependents is working and has coverage through an employer other than New York State, the dependent must be

enrolled in Medicare Parts A and B when first eligible. If the dependent does not enroll, NYSHIP will not provide any benefits for services that Medicare would have paid.

Must I notify my employer when my dependent(s) or I enroll in Medicare?

You must notify your agency Health Benefits Administrator in your former agency if: you or a covered dependent becomes eligible for Medicare benefits because of disability or end stage renal disease regardless of age; your enrolled domestic partner becomes eligible for Medicare regardless of age; you or an enrolled dependent loses eligibility for Medicare.

Why did Medicare send me a card when I am not 65?

Social Security will send you a Medicare card if you have qualified for Social Security Disability Insurance (SSDI) for 24 months. Although Social Security allows you to refuse Part B, be sure to accept enrollment in both Medicare Parts A and B. NYSHIP requires you to be enrolled in Parts A and B, regardless of age, when classified by Social Security as disabled for more than 24 months.

Read your NYSHIP/ Empire Plan documents for complete information. If you have questions, ask your agency Health Benefits Administrator or Personnel Office in your former agency.

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.



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