

EMPIRE

P L REPORT A N

DECEMBER 2001

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 Change Effective January 1, 2002

Read this *Report* for more
information.

Hearing Aids: Maximum
reimbursement increased to
\$1,200 every four years for
adults and every two years for
children.

SAVE THIS
REPORT

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Hearing Aids Covered Up To \$1,200

Beginning January 1, 2002, under the Empire Plan Basic Medical Program, hearing aids, including evaluation, fitting and purchase, are covered up to a total maximum reimbursement of \$1,200 once every four years. Children age 12 years and under are eligible to

receive a benefit of up to \$1,200 once every two years if 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 \$1,000.

Benefits Management Program

Effective January 1, 2002, Empire Blue Cross and Blue Shield and United HealthCare replace Intracorp as administrators of the Empire Plan Benefits Management Program.

Beginning January 1, 2002, you must call Empire Blue Cross and Blue Shield at 518-367-0009 (Albany area and Alaska) or 1-800-342-9815 (NYS and other states except Alaska):

- Before a maternity or scheduled hospital admission
- Within 48 hours after an emergency or urgent hospital admission
- Before admission or transfer to a skilled nursing facility

Call Empire Blue Cross and Blue Shield, too, for the High Risk Pregnancy Program.

Beginning January 1, 2002, you must call United HealthCare at 1-800-638-9918:

- Before having an elective (scheduled) Magnetic Resonance Imaging (MRI) unless you are having the test as an inpatient in a hospital

You may also call United HealthCare at 1-800-638-9918 to request a voluntary specialist consultant evaluation for any scheduled procedure.

Following the Benefits Management Program requirements can save you high out-of-pocket costs. Please see your *Empire Plan Certificate* for more information.

Complementary and Alternative Medicine Program

Effective October 1, 2001, the Empire Plan offers the Complementary and Alternative Medicine (CAM) Program to you and your eligible dependents. You receive a 25 percent discount from the normal fee for services from CAM network massage therapists, acupuncturists, dietitians and nutritionists. The program is available only in New York State. The CAM Program provides access to nontraditional therapies used alone (alternative), used in combination with other alternative therapies, or used in addition to conventional therapies (complementary).

You can get the names, addresses and phone numbers of Empire Plan CAM providers by calling the toll-free number, 1-888-447-2144. CAM representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. to answer nonclinical questions, such as how to locate a provider.

After hours, automated messages offer information about the CAM Program, providers in your area and how to nominate a provider.

If you have access to the Internet, the CAM Web site at <http://www.empireplancam.com> has provider information. The site also has a Provider Locator and a Provider Nomination form.

You contact an Empire Plan CAM provider directly to make your appointment. Present your New York Government Employee Benefit Card to the provider and say you are in the Empire Plan before you receive services. The provider will deduct 25 percent from the normal fee. You pay the provider directly. There is no reimbursement due from the Empire Plan and the services are not covered expenses under the Empire Plan.

Your agency Health Benefits Administrator has a supply of CAM Program flyers. You'll also find the flyer on the New York State Department of Civil Service Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Recent Publications.

CAM is administered by Managed Physical Network (MPN) and its affiliate company, American Complementary Care Network (ACCN). ACCN follows a credentialing process to ensure that CAM providers are licensed and insured.

MPN is also the administrator of the Empire Plan Managed Physical Medicine Program.

Participating Provider Network in South Carolina

In South Carolina, as well as in Arizona, Connecticut, Florida, New Jersey and North Carolina, Empire Plan participating physicians are part of United HealthCare's Options Preferred Provider Organization (PPO) network. As of October 1, 2001, the PPO in South Carolina uses the MedCost network. Your Empire Plan benefits have not changed because of the network change.

If you live in South Carolina, ask if your current physician is still part of United HealthCare's Options Preferred Provider Organization. When you use a participating provider, you pay only the applicable copayment.

The Employee Benefits Division mailed Empire Plan enrollees who live in South Carolina a letter about the network change in October. The mailing included a United HealthCare Options PPO card to

present to network providers. The updated *Empire Plan Participating Provider Directory* for North and South Carolina will mail in January.

A list of providers is also on the Employee Benefits Division Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits and choose Empire Plan Providers. Or, call United HealthCare at 1-800-942-4640 and ask for a list of providers in your area.

Empire Plan News

Participating Provider Directory

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

If you haven't received your *Directory* by late

January, ask your agency Health Benefits Administrator for a copy. Also, check the New York State Department of Civil Service Web site at <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Empire Plan Providers for a regularly updated list of Empire Plan providers. Remember: Always ask if the provider participates before you receive services.



Reporting On, Revised

The updated versions of *Reporting On HCAP* (April 2001), *Reporting On Diabetes* (May 2001) and *Reporting On Women's Health* (August 2001) are available from your agency Health Benefits Administrator. You'll also find these publications on the New York State Department of Civil Service Web site, <http://www.cs.state.ny.us>. Click on Employee Benefits, then on Recent Publications.

The HCAP (Home Care Advocacy Program) publication explains Empire Plan coverage for home care services, durable medical equipment and supplies. *Reporting On Diabetes* offers information about the disease that strikes over 15 million people in the United States. *Reporting On Women's Health* gives facts and suggestions for women of all ages.



Faster Access to myuhc.com

United HealthCare's Web site, <http://www.myuhc.com>, now offers first-time users faster access to information about medical benefits. Register with the group number 030500 and the first nine digits of your New York Government Employee Benefit Card and you'll be able to select a "User Name" and a "Password." These selections give you immediate access to all myuhc.com features with the exception of medical claims.

Following your registration on the site, United HealthCare will mail you an "Access Code." Enter the "Access Code" the first time you check your United HealthCare medical claims. The code protects the confidentiality of your personal data.

Migraine Management Program

The Migraine Management Program provides doctor and patient education for enrollees who experience migraine headaches. As part of the program, the Empire Plan places a quantity limit on the following medications used to relieve the onset of migraine headaches: Amerge®, Axert®, Imitrex®, Maxalt®, Migranal® and Zomig®. According to the National Headache Foundation, overuse of these medications can lead to rebound headaches. If you have questions about the program, call Express Scripts at 1-800-964-1888.

Basic Medical

Annual Deductible: \$300

Coinsurance Maximum: \$1,500

For calendar year 2002, the Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers remains \$300 for you, \$300 for your enrolled spouse/domestic partner (if your agency offers domestic partner coverage) 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 2002. 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.

Claims Deadlines

March 31, 2002

(90 days after the end of the calendar year) is the last day to submit your 2001 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 2001 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, 2002, 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); you must provide documentation.

Ask your agency Health Benefits Administrator for claim forms, or call:

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

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, New York 12402-1600
- ValueOptions
P.O. Box 778
Troy, New York 12181-0778
- Empire Plan Prescription Drug Program (Express Scripts)
Claims Review Unit
P.O. Box 1180
Troy, New York 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.

Qs and As About Claims

Should I save my claims for the entire year and then submit them?

You can submit your claims for reimbursement any time after you receive non-network benefits. But pay attention to the claims deadlines explained on this page. And, remember: You must meet any annual deductibles before the Empire Plan will reimburse any of your claims. Your *Empire Plan Certificate* has more information about filing claims.

What is a deductible?

A deductible is the amount you pay for covered expenses each calendar year before benefits will be paid under the Empire Plan Basic Medical Program, and for non-network physical medicine services and non-network mental health and substance abuse services. You must meet your deductible before your claim can be considered for payment. There are separate deductibles for the Basic Medical Program, for non-network physical medicine services, and for non-network mental health and substance abuse services. See your *Empire Plan Certificate* for more information.

Does my doctor or other provider have to fill out my claim form for United HealthCare or ValueOptions?

If you use a participating or network provider, your provider will submit claims and receive direct reimbursement. If you use a non-participating provider, ask the provider to fill in all the information asked for on the claim form and sign it. If the provider hasn't filled out the form, and you submit bills, the bills must include all the information asked for on the claim form. Otherwise, your claim will be delayed.

Remember: If Medicare provides primary coverage, your provider must submit bills to Medicare first.

If I use a non-participating pharmacy, what portion of the cost of a prescription will I get back?

In almost all cases, you will not be reimbursed the total amount you paid for the prescription. If your prescription was filled with:

- A generic drug, a brand-name drug with no generic equivalent, or insulin, you will receive up to the amount the program would reimburse a participating pharmacy for that prescription less your copayment
- A brand-name drug with a generic equivalent (other than drugs excluded from Mandatory Generic Substitution), you will receive up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent less your copayment

What if my claim is denied?

If a claim for benefits is denied in whole or in part, you may submit an appeal in writing to the appropriate carrier. (Please see the addresses on this page and on page 6.) This request for review must be sent within 60 days after you receive notice of denial. You may submit the request later if it was not reasonably possible to meet the deadline (for example, due to illness); you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

New York State Health Insurance Program (NYSHIP) Reminders

New Baby in the Family

If you have Family coverage, remember to add your newborn child within 30 days after the birth or adoption. If you don't, you may have claim payment delays.

Contact your agency Health Benefits Administrator within 30 days to fill out the forms and to provide a copy of the birth certificate. If you haven't yet received a Social Security number for your baby, be sure to give your agency Health Benefits Administrator a copy of the child's Social Security card as soon as you receive it.

Please see your *NYSHIP General Information Book* for information about changing from Individual to Family coverage because of a new baby in your family.

Medicare General Enrollment

Note: 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). Retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions and their covered dependents must be enrolled in Medicare Parts A and B and entitled to receive Medicare benefits when first eligible at age 65, or before age 65 if disabled or have end stage renal disease.

NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible. You/your dependents must be enrolled when first eligible even if also covered through another employer's group plan.

If you or your dependent did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2002. Contact Social Security at 1-800-772-1213 to enroll.



Your *NYSHIP General Information Book* and *Empire Plan Certificate* has more information about Medicare.

Medicare Part B Premium

Note: Reimbursement practices vary from agency to agency. Contact your agency Health Benefits Administrator for information.

The Medicare Part B premium for 2002 is \$54, up 8 percent from \$50 per month in 2001. If you are a retiree, vestee, dependent survivor, enrollee covered under Preferred List Provisions or a COBRA enrollee – or that person's spouse – the Participating Agency will reimburse you for the Part B premium when Medicare becomes primary to your NYSHIP coverage at age 65. If you or your spouse or other dependent is eligible for Medicare before age 65 because of disability or end stage renal disease, the agency will reimburse you for the Medicare Part B coverage.

To begin reimbursement, you must send a photocopy of your Medicare card as proof of Medicare coverage to your agency Health Benefits Administrator. You also must send in proof to begin the reimbursement for your enrolled dependent. You are not eligible to receive reimbursement if you are receiving reimbursement from another source.

Empire Plan Reminders

Carry Your Cards

Remember to present your New York Government Employee Benefit Card before you receive services from hospitals, providers and pharmacies. Have your Empire Plan telephone number card handy, too. The card provides numbers you or your provider might need to answer questions about your benefits.



Note: The telephone numbers for the Benefits Management Program change on January 1, 2002. See the article on page 1 and the phone list on page 6 of this Report.

If you or your dependents need a replacement benefit card or telephone cards, contact your agency Health Benefits Administrator. The telephone cards were included in the February 2001 *Reporting On Prescription Drugs*.

Hospital Outpatient Tests

Many diagnostic services are provided in the outpatient department of a hospital. Some examples are mammograms, chest X-rays, stress tests, MRIs and blood tests. When you are physically present in the outpatient department of a hospital for a diagnostic test, you pay only your \$25 copayment for charges billed by the hospital for the test. If the test results are interpreted by a hospital employee, and those charges are billed by the hospital, your one copayment covers these services as well. Empire Blue Cross and Blue Shield reimburses the hospital directly for any balance.

However, in many cases, the results of tests performed in the outpatient department of a hospital are interpreted by an independent physician, not a hospital employee. These

physician charges are covered under either the Participating Provider or Basic Medical Programs:

- If the physician interpreting the test results is an Empire Plan participating provider, you have no additional out-of-pocket expense. United HealthCare reimburses the provider directly for the service.
- If the physician interpreting the test results is not an Empire Plan participating provider, you are responsible for paying the provider and submitting a claim to United HealthCare for consideration under the Basic Medical Program, subject to deductible and coinsurance.

Empire Plan Telephone Numbers

Empire Blue Cross and Blue Shield518-367-0009 (Albany area and Alaska)
New York State Service Center, P.O. Box 1407, 1-800-342-9815 (NYS and other states except Alaska)
Church Street Station, New York, NY 10008-1407.
 Call for information regarding hospital and related services.



Benefits Management Program. Effective January 1, 2002, if the Empire Plan is your primary coverage, you must call Empire Blue Cross and Blue Shield at the numbers above 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.



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

United HealthCare Insurance Company of New York.....1-800-942-4640
P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Basic Medical and Participating Provider Programs, predetermination of benefits, claims and participating providers.



Benefits Management Program. Effective January 1, 2002, if the Empire Plan is your primary coverage, you must call United HealthCare at 1-800-638-9918 before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



Home Care Advocacy Program (HCAP)1-800-638-9918
 You must call to arrange for paid-in-full home care services and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits.

Managed Physical Medicine Program/MPN1-800-942-4640
 Call 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.



Infertility Benefits1-800-638-9918
 You must call for prior authorization for the following Qualified Procedures, regardless of provider: Artificial Insemination; 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 for information about infertility benefits and Centers of Excellence.



ValueOptions (administrator for GHI)1-800-446-3995
P.O. Box 778, Troy, New York 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.



Empire Plan Prescription Drug Program.....1-800-964-1888
Express Scripts, P.O. Box 1180, Troy, NY 12181-1180. You must call for prior authorization for BCG Live, Cerezyme, drugs for the treatment of impotency, Enbrel, Epoetin, Human Growth Hormone, Immune Globulin, Lamisil, Prolastin, Pulmozyme or Sporanox.

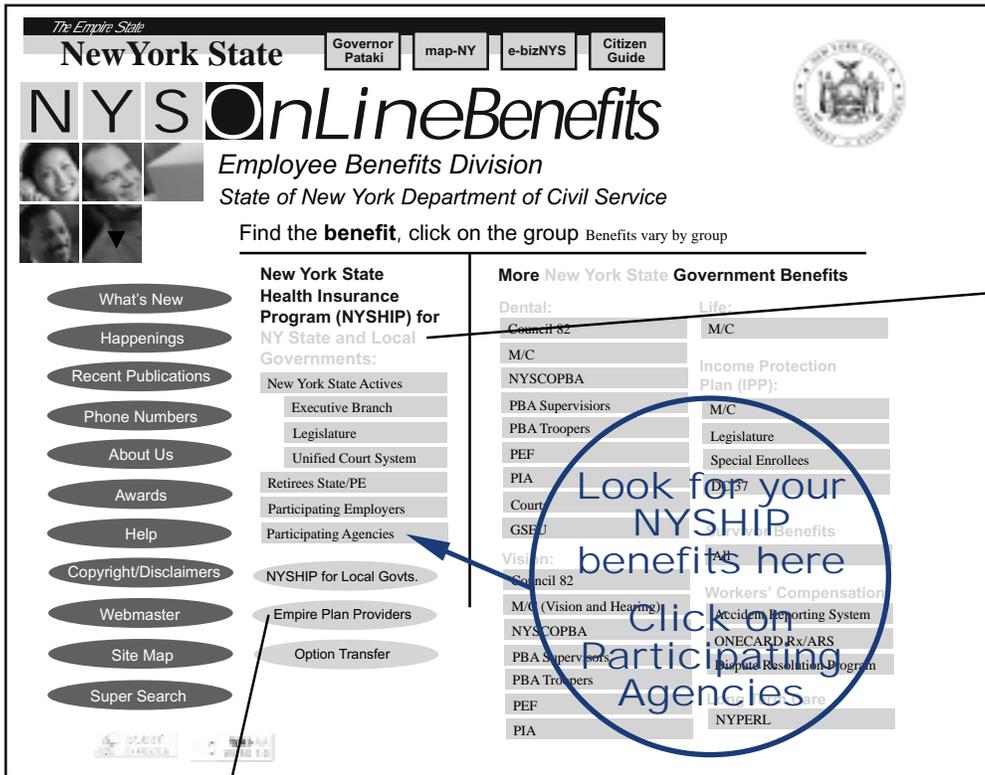
The Empire Plan NurseLineSM1-800-439-3435
 Call for health information and advice, 24 hours a day, seven days a week. To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure.

Teletypewriter (TTY) numbers for callers when using a TTY device because of a hearing or speech disability:
Empire Blue Cross and Blue ShieldTTY only: 1-800-241-6894
United HealthCareTTY only: 1-888-697-9054
ValueOptionsTTY only: 1-800-334-1897
Empire Plan Prescription Drug ProgramTTY only: 1-800-840-7879

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>. Publications are available on our site, which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you don't have access to the Internet, visit your local library. Most libraries have computers linked to the Internet.

Click on Employee Benefits for current 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

Other Web sites:

Empire Blue Cross and Blue Shield

<http://www.empireblue.com>

Use your identification number to register to check hospital claim status, complete a Coordination of Benefits form or fill out a dependent student questionnaire.

United HealthCare

<http://www.myuhc.com>

Use group number 030500 and your identification number to register and check medical claims.

Express Scripts

<http://www.express-scripts.com>

To refill a prescription on file with the Express Scripts Mail Service pharmacy, or to check the status of your refill order, choose Mail Service Prescriptions Refill. This site also offers general information on prescription medications.

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. These publications are also available on the Employee Benefits Division Web site (<http://www.cs.state.ny.us>), which 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.

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

EPR-PA-Med & Psych-01-2

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. Prosthetics and mastectomy bras are covered under the Basic Medical Program.

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*.

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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Employee Benefits Division
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