

EMPIRE

P L REPORT A N

DECEMBER 2003

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 ENHANCEMENTS

What is a Participating Agency?

Participating Agency is the term the Employee Benefits Division uses to describe a local government agency that participates in the New York State Health Insurance Program's (NYSHIP) Empire Plan. These government agencies include cities, towns, villages, and school districts in New York State. You are part of over 800 Participating Agencies whose employees receive Empire Plan benefits through NYSHIP.

SAVE THIS
REPORT

In This Report

- 1 Benefit News
- 2 Empire Plan Reminders
- 3 NYSHIP Reminders
- 4 Claims Deadlines

NYSHIP General
Information Book and
Empire Plan Certificate
Amendments

Empire Plan At A Glance

- 5 Medicare
- 6 Mastectomy and
Reconstructive Surgery

SPECIAL
SECTIONS

Empire Plan Benefit News

United HealthCare Medical Coverage

Annual Deductible and Coinsurance Maximum

For calendar year 2004, 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 pay Basic Medical benefits for 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 2004. 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 for any penalties under the benefits management programs.

Empire Plan Prescription Drug Program

Prior Authorization

You must have prior authorization for certain drugs to receive Empire Plan Prescription Drug Program benefits. The prior authorization list is updated periodically. Please see page 164 of the *Empire Plan Certificate* section of this Report for a list of drugs requiring prior authorization. For the most current list of drugs requiring prior authorization, call the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Express Scripts. Or, go to the New York State Department of Civil Service Web site at www.cs.state.ny.us and click on Employee Benefits.

Mandatory Generic Substitution

If your doctor writes a prescription for a brand-name drug that has a generic equivalent, you pay a \$15 copayment plus the difference in cost between the brand-name drug and its generic equivalent. However, the following brand-name drugs are excluded from mandatory generic substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Slo-Bid, Synthroid, Tegretol. You pay only your \$15 copayment for these brand-name drugs. Theo-Dur has been removed from this list because it is no longer manufactured.

Empire Plan Reminders



1-877-7-NYSHIP

1-877-7-NYSHIP (1-877-769-7447) is the one toll-free number to call for the Empire Plan carriers.

Call 1-877-7-NYSHIP to connect to:

Press
or Say
1

- United HealthCare for medical/surgical benefits and claims, outpatient MRIs, the Home Care Advocacy Program (HCAP), Infertility Centers of Excellence and the Managed Physical Medicine Program

Press
or Say
2

- Empire Blue Cross Blue Shield for hospital benefits and claims, pre-admission certification of inpatient hospital admission and skilled nursing facility admission and Centers of Excellence for Transplants

Press
or Say
3

- ValueOptions for mental health and substance abuse benefits and claims, authorization of services and referrals to network providers

Press
or Say
4

- Express Scripts for the Empire Plan Prescription Drug Program and Mail Service Pharmacy

Press
or Say
5

- The Empire Plan NurseLineSM for health information and support

Hospital Outpatient Tests

Many diagnostic services are provided in the outpatient department of a hospital. Some examples are mammograms, chest X-rays, stress tests, colonoscopies, MRIs and blood tests. When you are physically present in the outpatient department of a hospital for a diagnostic test, you pay a \$25 copayment for charges billed by the hospital for the test. If the test results are interpreted by a hospital employee or an agent of the hospital (such as an independent laboratory under contract with the hospital), and those charges are billed by the hospital, your one copayment covers these services as well. Empire Blue Cross 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 or agent. These physician charges are covered by United HealthCare 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.

Your \$25 copayment for hospital outpatient tests also covers use of the facility for outpatient surgery performed on the same day. However, if your surgery is performed by an independent physician, not a hospital employee or agent, physician charges are covered under either the Participating Provider or Basic Medical Program.

The Empire Plan NurseLineSM

You can call the Empire Plan NurseLine 24 hours a day, seven days a week for health information and support. Call 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 5 to talk with a registered nurse or to reach the Empire Plan NurseLine's Health Information Library.

For recorded messages on more than 1,000 topics, enter PIN number 335 and a four-digit topic code from the Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine nurse to send you one.

Participating Provider Directory

We mailed the 2003

Empire Plan Participating Provider Directory

to enrollees October through November.

If you haven't received your Directory, ask your agency Health Benefits Administrator for a copy.



You can find a regularly updated list of Empire Plan providers on the New York State Department of Civil Service Web site at www.cs.state.ny.us. Click on Employee Benefits and then on Empire Plan Providers. Or, call United HealthCare at 1-877-7-NYSHIP (1-877-769-7447) toll free and press or say 1 to check if your provider participates in the Plan.

Remember: Always ask if the provider participates in the Empire Plan for New York government employees before you receive services.

You are not guaranteed access to a United HealthCare participating provider in every specialty in every geographic area. You are, however, guaranteed access to network benefits under the Managed Physical Medicine, Home Care Advocacy and Mental Health and Substance Abuse Programs if you follow program requirements.

NYSHIP

Reminders

“Other Children” Eligibility

If you are caring for a child who is not your natural child, legally adopted child or dependent stepchild, this child may be eligible for NYSHIP health insurance coverage as your dependent. To be eligible, the “other child” must be unmarried and under age 19, reside permanently in your home and be chiefly dependent on you. You must have assumed legal responsibility in place of the parent. You must also verify eligibility and provide documentation when you enroll the child and every two years thereafter.

Contact your agency Health Benefits Administrator to enroll an “other child” or for more information about eligibility.

Release of Health Information to Representatives

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes national standards to protect the privacy of personal health information. Following these standards, the Employee Benefits Division limits the use and disclosure of individual health information. Persons representing a NYSHIP enrollee may need to meet certain requirements before the Division can give personal information.

Separated spouses covered under NYSHIP may receive information about themselves. Former spouses may not receive information about the enrollee, but, if they are on file in the Division as the child’s personal representative, may get information about a dependent child.

Parents wanting information about adult children with COBRA coverage must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form (available from your agency Health Benefits Administrator) signed by the adult child.

Adult children asking for information about a parent must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form (available from your agency Health Benefits Administrator) signed by the parent.

If you have questions about HIPAA and the release of personal health information, ask your agency Health Benefits Administrator. More HIPAA details and the Division’s authorization form are also available on the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits. Then choose HIPAA Privacy Information.

Retirees Returning to Work

Most Participating Agencies permit enrollees who have met certain eligibility requirements to continue coverage after retirement. Ask your agency Health Benefits Administrator for your employer’s requirements. Your NYSHIP General Information Book and Empire Plan Certificate also has information.

Are you a retiree planning to return to work with an agency that participates in NYSHIP? Please see your agency Health Benefits Administrator as soon as you return to work. This is especially important if you or your dependent is covered under Medicare.

Once you return to work for a Participating Agency (and are eligible for benefits), you and your dependent(s) will not have primary Medicare coverage. The Empire Plan will be primary to Medicare for you and for your family. (A plan is primary when it pays first, before any other plan.) Your agency will stop your Medicare reimbursement. You will have to repay any Medicare premium reimbursement you may have received while you were not eligible for reimbursement.

If you have enrolled a domestic partner, Medicare will still be primary for the domestic partner age 65 or over.

If you return to work for an employer other than a 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 New York State agency or NYSHIP Participating Employer (such as the Thruway Authority or the Metropolitan Transit Authority) but you remain enrolled in NYSHIP as a Participating Agency retiree. Therefore, you must be enrolled in Medicare Part A and Part B or you will have a gap in your coverage.

Claims Deadlines

Claims Deadlines

March 31, 2004 (90 days after the end of the calendar year) is the last day to submit your 2003 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 2003 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, 2004, 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.

For claim forms, call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare, ValueOptions or Express Scripts.

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 services. 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 non-network 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. You pay only your copayment(s), if any, and you have no claim forms to file.

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.

I am Medicare-primary. How are my medical and mental health and substance abuse claims filed?

If Medicare is primary (pays first) for you, your provider must submit bills to Medicare first. The Empire Plan will send you an Explanation of Benefits.

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. Please see page 1 of this Report.), 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 page 165 of the Book/Certificate section of this Report.) This request for review must be sent within 60 days after you receive notice of denial. If it was not reasonably possible to meet the deadline (for example, due to illness), you may submit your request later; you must provide documentation. Your *Empire Plan Certificate* has more information about claims and appeals.

Medicare

Medicare: You Must Enroll

Active Employees: Medicare is primary for an active employee or an active employee's 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). If you are planning to retire and you or your spouse is 65 or older, or entitled to Medicare because of disability, contact your local Social Security office three months before active employment ends to enroll in Medicare Parts A and B. Your *NYSHIP General Information Book and Empire Plan Certificate* has more information about Medicare.

Retirees, Vestees, Dependent Survivors: NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible, even if you also have coverage through another employer's group plan.

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 (if your birthday is the first of the month, by the first day of the month before), or before age 65 if you are disabled or have end stage renal disease.

As soon as you become eligible for Medicare, the Empire Plan will pay secondary to Medicare, even if you fail to enroll in Medicare or are in a waiting period for Medicare to go into effect. Plan benefits may change and your share of the Empire Plan premium may change.

If you are 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.

How to Enroll in Medicare

To enroll in Medicare, visit your local Social Security office or call Social Security at 1-800-772-1213. Information about applying for Medicare is also available on the Web at www.ssa.gov. Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778.

If you do not enroll in Medicare when you are first eligible, you must enroll during the next General Enrollment Period between January 1 and March 31. Your coverage will begin July 1 of the same year. You will pay more for Medicare as a penalty for late enrollment.

Happy 65th Birthday!

Retirees, Vestees, Dependent Survivors: Were you born in 1939? Then 2004 is the year of your 65th birthday! Here's a reminder for you: Apply for Medicare three months ahead of your 65th birthday. NYSHIP requires you and your dependent to have Medicare Part A and Part B coverage in effect on the first day of the month in which you or your dependent turns 65. (Or, if the birthday falls on the first of the month, Medicare must be in effect on the first day of the preceding month.) If you do not apply three months before your birthday, you will have a waiting period before Medicare becomes effective. During this waiting period, you will be responsible for Medicare's share of your bills.

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 2004 is \$66.60, up \$7.90 or 13.5 percent from \$58.70 per month in 2003. 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 premium.

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.

Medicare and NYSHIP

Your agency Health Benefits Administrator has the October 2002 *What Participating Agency Retirees need to know about Medicare and NYSHIP*.



This publication explains how Medicare enrollment affects your Empire Plan benefits. Ask for a copy or see the New York State Department of Civil Service Web site, www.cs.state.ny.us. Click on Employee Benefits, then on Publications & Forms.

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

PA PLUS Empire Plan Report – December 2003

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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 Department of Civil Service Web site (www.cs.state.ny.us). Click on Employee Benefits 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.

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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 toll free at 1-877-7-NYSHIP (1-877-769-7447) 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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