

EMPIRE

P L REPORT A N

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR NEW YORK STATE AND PARTICIPATING EMPLOYER
RETIREES, VESTEES, DEPENDENT SURVIVORS
And ENROLLEES covered under PREFERRED LIST PROVISIONS
And for their enrolled Dependents
and for COBRA Enrollees with their Empire Plan Benefits

JANUARY 2006

Changing Options

You may change your NYSHIP health insurance plan for any reason, at any time, once during a twelve-month period. You may change from an HMO to The Empire Plan, or from The Empire Plan to an HMO, or from one HMO to another HMO in your area. (The HMO must be accepting enrollments.)

You may change options more than once in a twelve-month period if you:

- Are enrolled in an HMO and move permanently out of your HMO's service area.
- Move to an area served by a NYSHIP HMO that did not serve your previous home area.
- Add a new dependent to your coverage.

If you want to change your health insurance plan, you must notify the Employee Benefits Division in writing. Please use the forms included in the *Choices* booklet you received in December. Or, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) and ask for the required forms.

Information about NYSHIP health insurance plans is also available on the New York State Department of Civil Service web site, www.cs.state.ny.us.

Empire Plan Benefit News

United HealthCare Medical Coverage

Basic Medical

Annual Deductible: \$322

Coinsurance Maximum: \$1,548

For calendar year 2006, The Empire Plan Basic Medical Program annual deductible for medical services performed and supplies prescribed by non-participating providers is \$322 for you, \$322 for your enrolled spouse/domestic partner and \$322 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 is \$1,548 in 2006. 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.

The deductible and coinsurance changes are due to an increase in the Consumer Price Index.

Hearing Aids

Beginning January 1, 2006, under the Basic Medical Program, coverage for hearing aids, including evaluation, fitting and purchase, increases up to a total maximum reimbursement of \$1,500 per hearing aid, per ear. The increased benefit is available once in any four-year period for each ear. For children age 12 years and under, the increased benefit is available once in any two-year period for each ear when the child's hearing has changed and the existing hearing aid(s) no longer fills the need.

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SAVE THIS
REPORT

SPECIAL
SECTION

Claims Deadlines

Claims Deadlines

March 31, 2006 (90 days after the end of the calendar year) is the last day to submit your 2005 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 2005 at non-participating pharmacies or without using your Empire Plan Benefit Card (*Does not apply if you have prescription drug benefits through a union Employee Benefit Fund.*)

If The Empire Plan is your secondary insurer, you must submit claims by March 31, 2006, 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); however, you must provide documentation.

For claim forms, call 1-877-7-NYSHIP (1-877-769-7447) toll free and choose United HealthCare, ValueOptions or The Empire Plan Prescription Drug Program and the prompt for 2005 benefits.

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, NY 12402-1600
- ValueOptions
P.O. Box 778
Troy, NY 12181-0778
- The Empire Plan
Prescription Drug Program
Claims Review Unit*
P.O. Box 1180
Troy, NY 12181-1180

*2005 claims only

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.

Medicare

Medicare Primary for Amyotrophic Lateral Sclerosis (ALS)

Medicare provides primary coverage for persons with ALS. If you or your dependent develops ALS and qualifies for Social Security Disability Insurance (SSDI) benefits, you are eligible for primary Medicare coverage as soon as SSDI benefits begin.

You Must Enroll

NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage under NYSHIP, 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, have amyotrophic lateral sclerosis (ALS) or have end-stage renal disease. (Call the Employee Benefits Division to ask when Medicare becomes primary.)

As soon as you become eligible for Medicare, your NYSHIP coverage 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.

If you and your dependents 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.

Medicare Part B Premium

The Medicare Part B premium for 2006 is \$88.50 per month, up 13 percent from \$78.20 per month in 2005. NYSHIP reimburses you for the Part B premium unless you receive reimbursement from another source. The same automatic reimbursement applies to spouses who become 65 years old after January 1, 2000.

The reimbursement is not automatic for spouses who became 65 years old before January 1, 2000. The reimbursement also is not automatic for your domestic partner or for any enrollee or covered dependent who is under age 65 and eligible for Medicare due to a disability, end-stage renal disease, or amyotrophic lateral sclerosis (ALS). You must notify the Employee Benefits Division and send a photocopy of the Medicare card to begin the reimbursement.

The Empire Plan Carriers and Programs

To reach any of The Empire Plan carriers, call toll free **1-877-7-NYSHIP (1-877-769-7447)**.

The one number is your first step to Empire Plan information. Check the list below to know which carrier to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press or say your selection at any time during the message. Follow the instructions and you'll automatically be connected to the appropriate carrier.

The Empire Plan Hospital Benefits Program *Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Web site: www.empireblue.com. Call for information regarding hospital and related services.*



Benefits Management Program for Pre-Admission Certification If The Empire Plan is your primary coverage, you must call Empire BlueCross BlueShield 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 (includes rehabilitation facilities).



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

The Empire Plan Medical/Surgical Benefits Program *United HealthCare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600. Web site: www.myuhc.com. Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.*

Managed Physical Medicine Program/MPN Call United HealthCare 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.



Benefits Management Program for Prospective Procedure Review of MRI If The Empire Plan is your primary coverage, you must call United HealthCare before having an elective (scheduled) Magnetic Resonance Imaging (MRI).



Home Care Advocacy Program (HCAP) You must call United HealthCare to arrange for paid-in-full home care services, enteral formulas and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call United HealthCare for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



Infertility Benefits You must call United HealthCare for prior authorization for the following Qualified Procedures, regardless of provider: 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 United HealthCare for information about infertility benefits and Centers of Excellence.



Centers of Excellence for Cancer Program You must call United HealthCare to participate in The Empire Plan Centers of Excellence for Cancer Program.

The Empire Plan Mental Health and Substance Abuse Program *ValueOptions (administrator for GHI), P.O. Box 778, Troy, NY 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 of inpatient admission.*



The Empire Plan Prescription Drug Program (effective 1/1/06) *Empire BlueCross BlueShield (jointly administered with Caremark). Appeals, grievances, prior authorization documentation, general correspondence: The Empire Plan Prescription Drug Program, P.O. Box 11826, Albany, NY 12211. Claim forms from retail pharmacies: The Empire Plan Prescription Drug Program, P.O. Box 52071, Phoenix, AZ 85072-2071. Mail Service Pharmacy: Caremark, P.O. Box 3323, Wilkes-Barre, PA 18773-3223. For the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.state.ny.us.*

The Empire Plan NurseLineSM Call for health information and support, 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 BlueCross BlueShield TTY only: **1-800-241-6894**
United HealthCare TTY only: **1-888-697-9054**
ValueOptions TTY only: **1-800-334-1897**
The Empire Plan Prescription Drug Program TTY only: **1-800-863-5488**



ADDRESS SERVICE
REQUESTED

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

Retiree Empire Plan Report – January 2006

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). Check the web site 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 the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Information in Another Language

The New York State Health Insurance Program offers Language Line Services (LLS), an over-the-phone language translation service for enrollees who call the Employee Benefits Division.

If you understand another language better than English and would like answers to your health insurance questions in another language, you may call the Employee Benefits Division and use LLS. You may call on your own or ask an authorized representative acting on your behalf to call for you.

Here's how LLS works:

1. *Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).* Employee Benefits representatives are available Monday through Friday, 9 a.m. to 3 p.m. Eastern time.

2. *The representative will call an interpreter to translate for you.*

In most cases, the interpreter is available within 30 seconds.

A three-way conference call begins for you, the representative and the interpreter.

3. *The interpreter translates for you and for the representative.*

LLS interpreters are trained in over-the-phone translation skills. They give accurate, objective translations. All calls are strictly confidential.

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. Protheses and mastectomy bras are covered.

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 protheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* and *Empire Plan Reports*.