



# GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

For Employees of the State of New York  
represented by **New York State Correctional Officers  
and Police Benevolent Association (NYSCOPBA)**  
and for their enrolled dependents  
*and for COBRA enrollees with their benefits*

**JANUARY 2004**

State of New York Department of Civil Service  
Employee Benefits Division  
[www.cs.state.ny.us](http://www.cs.state.ny.us)

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**Keep these amendments with  
your June 1, 2002 New York  
State Health Insurance Program  
General Information Book and  
Empire Plan Certificate.**

Pages in your Book/Certificate and  
later Certificate Amendments have  
consecutive numbers.

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## **New York State Health Insurance Program General Information Book**

Changing options .....	157
Option Transfer for retirees .....	157
Dual Annuitant	
Sick Leave Credit .....	157
Option Transfer for vestees .....	157
Option Transfer for	
dependent survivors.....	157
Medicare and COBRA.....	157, 158
When you no longer qualify	
for COBRA coverage.....	158

## **Empire Plan Certificate Amendments**

### **Empire Blue Cross Blue Shield**

Inpatient hospital services .....	158
Outpatient hospital care .....	158
Limitations and exclusions.....	159

### **United HealthCare**

Coinsurance maximum .....	159
Annual deductible.....	159

### **GHI/ValueOptions Mental Health and Substance Abuse Program**

Emergency services .....	159
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### **CIGNA/Express Scripts Prescription Drug Program**

Generic substitution .....	160
Prior authorization.....	160

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### **Empire Plan Carriers and Programs** ..... 161

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your June 1, 2002 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports and Certificate Amendments*, this is the controlling document.

## **NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)**

*Substitute the following for the ninth bullet under “Changing Options outside the Option Transfer Period” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.*

### **Changing options**

- You retire or vest your health insurance

### **Option Transfer for retirees**

*Delete the second Q and A under “Examples of option transfer...” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.*

*Add the following at the end of the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.*

Enrollees with retiree benefits are not limited to the thirty-day Option Transfer Period at the end of each calendar year. Retirees, vestees, dependent survivors, Preferred List enrollees and COBRA enrollees with their benefits may change health insurance options at any time once during the year. However, once an option change is made, another change may not be made until twelve months later.

Enrollees with retiree benefits may change options more than once during a twelve-month period only if enrolled in an HMO and moving permanently out of the HMO’s service area or moving to an area served by a NYSHIP-approved HMO that did not serve the enrollee’s previous home area.

To change your option when you retire or vest, see your agency Health Benefits Administrator before you leave the payroll.

*Insert the following after the first paragraph of “Dual Annuitant Sick Leave Credit” in the “Continuing Coverage When You Retire” section on page 21 of your NYSHIP General Information Book.*

### **Dual Annuitant Sick Leave Credit**

Whether or not you choose Dual Annuitant Sick Leave Credit, your dependent survivors will be able to continue their health insurance if they meet NYSHIP eligibility requirements.

*Add the following at the end of the “Continuing Coverage as a Vestee” section on page 26 of your NYSHIP General Information Book.*

### **Option Transfer for vestees**

Enrollees in vestee status may change options at any time once in a twelve-month period. They are covered by the same rules as retirees for changing options. (See “Option Transfer for Retirees” on page 3.)

*Substitute the following for “Option changes for dependents” in the “Coverage for Your Dependent Survivors” section on page 28 of your NYSHIP General Information Book.*

### **Option Transfer for dependent survivors**

Dependent survivors may change options at any time once in a twelve-month period. They are covered by the same rules as retirees for changing options. (See “Option Transfer for Retirees” on page 3.)

*Insert the following after “How long you may keep COBRA coverage” in the “COBRA: Continuation of Coverage” section on page 30 of your NYSHIP General Information Book.*

### **Medicare and COBRA**

The coverage you have first, COBRA or Medicare, affects your eligibility for coverage.

- If you are already covered under Medicare when you apply for COBRA: You may continue NYSHIP coverage under COBRA.
- If you are already covered under COBRA when you become eligible for Medicare: If you enroll in Medicare, your NYSHIP coverage under COBRA ends as soon as your Medicare coverage becomes effective. If you are not enrolled in Medicare when you are first eligible, your eligibility for NYSHIP coverage under COBRA continues until your COBRA continuation period runs out or you do become covered under Medicare, but you will be responsible for Medicare's share of your bills. Under New York State law, HMOs and the Empire Plan carriers do not pay for any medical expenses that would have been paid by Medicare *whether or not* you are actually enrolled in Medicare. This means that large portions of your medical expenses may not be paid by either Medicare or your NYSHIP plan. In addition, under Medicare late enrollment rules, if you do not enroll in Parts A and B when first eligible, when you do enroll you may have a waiting period for Medicare to begin and the cost of your Medicare monthly premiums will be higher when you do enroll. If you do not join Medicare and you keep your NYSHIP coverage under COBRA, you will be reimbursed for the base cost of the Medicare Part B premium when Medicare automatically becomes primary to NYSHIP at 65.

Substitute the following for "When you no longer qualify for COBRA coverage" in the "COBRA: Continuation of Coverage" section on page 30 of your NYSHIP General Information Book.

**When you no longer qualify for COBRA coverage**

Continuation coverage may be cut short for any of the following reasons:

1. If New York State no longer provides group health care coverage to any of its employees; or
2. If the premium for your continuation coverage is not paid on time; or
3. The continuation period of 18 months, 29 months or 36 months ends; or
4. If you become eligible for Medicare after enrolling in COBRA, your COBRA coverage ends when you become entitled to receive Medicare benefits. (In this case, your covered dependents may continue COBRA coverage for up to 36 months from their original COBRA qualifying event.)

Add the following as the second paragraph in the "Medicare: When You Must Enroll and Coordinating with NYSHIP" section on page 33 of your NYSHIP General Information Book.

**Medicare and COBRA**

Note to COBRA enrollees: Requirements differ. Please read about "Medicare and COBRA" on page 30.

**EMPIRE BLUE CROSS BLUE SHIELD CERTIFICATE OF INSURANCE**

Substitute the following for the first two sentences of "2. Hospital services covered" in the "Inpatient Hospital Care" section on page 52 of your Empire Blue Cross Blue Shield Certificate.

**Inpatient hospital services**

2. **Hospital services covered.** Empire Blue Cross Blue Shield will usually pay for all the diagnostic and therapeutic services provided by the hospital. However, the service must be given by an employee or an agent of the hospital, the hospital must bill for the service as part of the hospital's charges and the hospital must retain the money collected for the service.

Substitute the following for the first paragraph of the "Outpatient Hospital Care" section on page 53 of your Empire Blue Cross Blue Shield Certificate.

**Outpatient hospital care**

When you receive the services described in the following sections and subject to the limitations in those sections, Empire Blue Cross Blue Shield will pay for the same services provided to you in the outpatient department of a hospital as Empire Blue Cross Blue Shield pays when you are an inpatient in a hospital as described on page 52 under "Inpatient Hospital Care." As in the case of inpatient care, the service must be given by an employee or an agent of the hospital, the hospital must bill for the service and the hospital must retain the money collected for the service.

**Limitations and exclusions**

Substitute the following for the first paragraph of “What is not covered” under “Limitations and Exclusions” in the “Empire Blue Cross Blue Shield General Provisions” section on page 58 of your Empire Blue Cross Blue Shield Certificate. Adjust the numbers that follow.

1. You are not covered by Empire Blue Cross Blue Shield for benefits for hospitalization or related expenses described on pages 52-57 in “Inpatient Hospital Care”, “Outpatient Hospital Care”, “Skilled Nursing Facility Care”, “Hospice Care”, “Centers of Excellence for Transplants Program” or “Infertility Benefits” as follows:
  - A. **Care received prior to your coverage under the Empire Plan.** Payment will not be made for services or supplies provided to you before you became covered under the Empire Plan.
  - B. **Care, services or supplies which are not medically necessary.** Empire Blue Cross Blue Shield requires that the service or care you receive be medically necessary. Medically necessary care is care which, according to Empire Blue Cross Blue Shield criteria, is:
    - consistent with the symptoms or diagnosis and treatment of your condition, disease, ailment or injury;
    - in accordance with generally accepted medical practices;
    - not solely for your convenience, or that of your doctor or other provider; and
    - the most appropriate supply or level of service which can be safely provided to you.

**UNITED HEALTHCARE CERTIFICATE OF INSURANCE**

**Coinsurance and maximum**

Substitute “\$1,094 for calendar year 2004” in the first and second paragraphs of “T. 2. b. The covered percentage” under “Meaning of Terms Used” on pages 76-77 of your United HealthCare Certificate.

**Annual deductible**

Substitute the following for the first sentence of “A. Annual Deductible” in the “Basic Medical Program” section on page 81 of your United HealthCare Certificate.

For calendar year 2004, the Basic Medical annual deductible for medical services performed and supplies prescribed by non-participating providers is \$295 for the enrollee, \$295 for the enrolled spouse/domestic partner, and \$295 for all dependent children combined.

**GHI CERTIFICATE OF INSURANCE**

**Empire Plan Mental Health and Substance Abuse Program**

**Emergency services**

Substitute the following for “Emergency services” in the “How to Receive Benefits for Mental Health and Substance Abuse Care” section on page 111 of your GHI Certificate.

In an emergency, ValueOptions will either arrange for an appropriate provider to call you back right away (usually within 30 minutes), or direct you to an appropriate facility for treatment. In a life-threatening emergency situation, you should go or be taken to the nearest hospital emergency room for treatment. If you are admitted to a facility for emergency care, you must call ValueOptions within 48 hours for certification.

You must pay the first \$35 in charges (copayment) for emergency care in a hospital emergency room. You will not have to pay this \$35 copayment if you are treated in the emergency room and it becomes necessary for the hospital to admit you at that time as an inpatient.

When you receive medically necessary covered services from a non-network provider in a certified emergency, the Program will provide network coverage until you can be transferred to a network facility.

Add the following as “d.” under “NETWORK COVERAGE” in the “Schedule of Benefits for Covered Services” on page 116 of your GHI Certificate.

- d. You pay the first \$35 charged for emergency care in a hospital emergency room. You will not have to pay this \$35 copayment if you are treated in the emergency room and it becomes necessary for the hospital to admit you at that time as an inpatient.

## **CIGNA CERTIFICATE OF INSURANCE**

### **Empire Plan Prescription Drug Program**

*Substitute the following for the second paragraph of the first bullet, “A brand-name drug with a generic equivalent”, under “Mandatory Generic Substitution” in the “Your Benefits and Responsibilities” section on page 132 of your CIGNA Certificate.*

#### **Generic substitution**

The following brand-name drugs are excluded from Mandatory Generic Substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Slo-Bid, Synthroid, and Tegretol. You pay only the \$15 copayment.

#### **Prior authorization required for certain drugs**

*Delete the “You Must Call” graphic, the heading, and the first and fourth paragraphs of “You must call...” in the “Your Benefits and Responsibilities” section on page 132 of your CIGNA Certificate.*

*Substitute the following for “Prior Authorization” in the “Your Benefits and Responsibilities” section on page 133 of your CIGNA Certificate.*

You must have prior authorization to receive Empire Plan Prescription Drug Program benefits for certain medications. If your physician prescribes one of these drugs, Express Scripts will request from your physician the clinical information required to authorize the medication. Your pharmacy or physician may contact Express Scripts to begin the authorization process. Express Scripts and/or the pharmacy will notify you of the results of the review. The prior authorization requirements apply whether you use your New York Government Employee Benefit Card or will be filing a claim for direct reimbursement. The following is a list of drugs that require prior authorization:

- |                  |                    |               |                 |
|------------------|--------------------|---------------|-----------------|
| • Amevive        | • Genotropin       | • Muse        | • Saizen        |
| • Aranesp        | • Humatrope        | • Norditropin | • Serostim      |
| • Caverject      | • Humira           | • Nutropin    | • Sporanox      |
| • Cerezyme       | • Immune Globulins | • Prolastin   | • TheraCys/Tice |
| • Cialis         | • Kineret          | • Protropin   | • Viagra        |
| • Edex           | • Lamisil          | • Pulmozyme   | • Xolair        |
| • Enbrel         | • Levitra          | • Raptiva     |                 |
| • Epogen/Procrit |                    | • Remicade    |                 |

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. This list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For the most current list of drugs requiring prior authorization, call Express Scripts at the number below or go to the New York State Department of Civil Service Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) and click on Employee Benefits. For more information about drugs requiring prior authorization and how to obtain it, call the Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose Express Scripts.

## 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. When you follow the instructions, you'll automatically be connected to the appropriate carrier.

### United HealthCare Insurance Company of New York

P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Participating Provider 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

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.



#### 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.

### Empire Blue Cross Blue Shield

New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Call for information regarding hospital and related services.



#### Benefits Management Program for Pre-Admission Certification

You must call Empire Blue Cross Blue Shield 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 Blue Shield 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.



#### Mental Health and Substance Abuse Program

ValueOptions (administrator for GHI), 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 of inpatient admission.

### Empire Plan Prescription Drug Program

Express Scripts (administrator for CIGNA), P.O. Box 1180, Troy, NY 12181-1180. You must have prior authorization for: Amevive, Aranesp, Caverject, Cerezyme, Cialis, Edex, Enbrel, Epogen/Procrit, Genotropin, Humatrope, Humira, Immune Globulins, Kineret, Lamisil, Levitra, Muse, Norditropin, Nutropin, Prolastin, Protropin, Pulmozyme, Raptiva, Remicade, Saizen, Serostim, Sporanox, TheraCys/Tice, Viagra, Xolair. For the most current list of drugs requiring prior authorization, call Express Scripts or check the Web at [www.cs.state.ny.us](http://www.cs.state.ny.us) (choose Employee Benefits).

### The Empire Plan NurseLine<sub>SM</sub>

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:

**United HealthCare** ..... **TTY only: 1-888-697-9054**

**Empire Blue Cross Blue Shield** ..... **TTY only: 1-800-241-6894**

**ValueOptions** ..... **TTY only: 1-800-334-1897**

**Empire Plan Prescription Drug Program** ..... **TTY only: 1-800-840-7879**