

# THE NYSHIP

December 2000

# Report

FOR EMPLOYEES OF THE STATE OF NEW YORK  
REPRESENTED BY NYSCOPBA  
And for their enrolled Dependents  
And for COBRA Enrollees with their benefits

## Summary of Benefit Changes under the New York State Health Insurance Program (NYSHIP) for enrollees in the Empire Plan and NYSHIP HMOs

### Effective Before January 1, 2001

**Military Leave:** Beginning October 27, 2000, dependents of employees called to active duty by Presidential or Congressional action will be eligible for up to 12 months of coverage at no employee cost. *Does not apply to COBRA enrollees.*

**Sick Leave Credit:** Beginning January 1, 2000, you may use up to 200 earned sick leave days to calculate retiree health insurance sick leave credit.

### Effective January 1, 2001

**Waiting Period:** If you are hired on or after January 1, 2001, you must complete a 56-day waiting period before your NYSHIP coverage begins.

**Graduating Students:** Eligible for three months of continued NYSHIP coverage following the end of the month in which they complete course requirements for graduation.

**Seasonals:** Seasonal employees are eligible for coverage at the employee share if expected to work at least six months, employed at least half-time.

## Summary of Benefit Changes for enrollees in the Empire Plan

### Effective Before January 1, 2001

**Benefits After Termination:** Beginning April 1, 2000, coverage continued for up to 90 days after termination for totally disabling condition.

**Hearing Aids:** Beginning January 1, 2000, maximum reimbursement increased to \$800 every four years for adults and every two years for children.

### Effective January 1, 2001

**\$8 Copayment:** Copayment increases from \$5 to \$8 for services by Empire Plan participating providers, Managed Physical Network (MPN) providers, ValueOptions network providers for outpatient substance abuse treatment and for physical therapy in hospital outpatient department.

**Prescription Drug Copay:** \$5 copayment for a generic drug, \$15 copayment for a brand-name drug without a generic equivalent, \$15 copayment plus difference in cost for brand-name with generic equivalent.

**Skilled Nursing Facility:** You must call the Benefits Management Program at 1-800-992-1213 before admission or transfer to a skilled nursing facility.

**Prospective Procedure Review:** You must call the Benefits Management Program at 1-800-992-1213 before an elective MRI performed in any outpatient setting, including a hospital outpatient department.

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

**Physical Therapy:** \$8 copayment for physical therapy visit in hospital outpatient department when covered by Blue Cross.

**Transplants Program:** Enhanced benefits at designated Centers of Excellence when pre-authorized by Blue Cross. Call Blue Cross at 1-800-342-9815 or 518-367-0009 (Albany area and Alaska) for information about this voluntary program.

**Routine Health Exams:** Basic medical allowance increased to \$250 per calendar year for an active employee age 40 or older and \$250 per calendar year for an active employee's spouse/ domestic partner age 40 or older.

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State of New York  
Department of Civil Service  
Employee Benefits Division  
The State Campus  
Albany, New York 12239  
<http://www.cs.state.ny.us>

**Save this document**  
**NYSHIP/Empire Plan 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. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: 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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## Summary of Benefit Changes for enrollees in the Empire Plan

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**Newborn Child Care:** Basic Medical allowance increased to \$150.

**Pediatric Immunizations:** Influenza vaccine when provided in accordance with pediatric guidelines is covered under Participating Provider Program with no copayment and under Basic Medical Program subject to deductible and coinsurance.

**Adult Immunizations:** Influenza, pneumonia, measles, mumps, rubella, varicella, and tetanus covered under the Participating Provider Program subject to \$8 copayment.

**Basic Medical Deductible and Coinsurance:** \$259 annual deductible. \$962 annual coinsurance maximum.

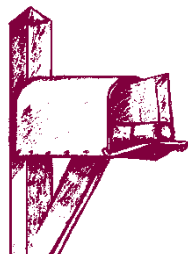
**Mastectomy Bras:** When prescribed by a physician, mastectomy bras, including necessary replacements, are now covered under the Basic Medical Program.

**Hearing Aids:** Maximum reimbursement increased to \$1,000 every four years for adults and every two years for children.

**Home Care Advocacy Program (HCAP):** Reimbursement up to 50 percent of the network allowance if you do not follow HCAP requirements.

**Infertility Treatment:** Paid-in-full benefits at Center of Excellence. Pre-authorization requirement and lifetime maximum of \$25,000 per covered person for certain Qualified Procedures. You must call United HealthCare at 1-800-638-9918 for prior authorization.

**The Empire Plan NurseLine<sup>sm</sup> and Health Forums for Health Care Information:** Health information and advice at no cost to you, 24 hours a day, seven days a week at 1-800-439-3435 toll-free. Talk with a registered nurse or hear recorded messages on more than 1,000 topics in the Health Information Library. Also, Health Forums on the Web at [www.healthforums.com/empire](http://www.healthforums.com/empire).



**Watch your mailbox in late January for an Empire Plan Report or NYSHIP HMO Report explaining these changes in detail.**