

Empire Plan
Negotiated Benefit Changes

Effective January 1, 2008

Prosthetic Wigs

Current	Effective January 1, 2008
One prosthetic wig covered under basic medical, subject to deductible and coinsurance, limited to one wig per lifetime.	Prosthetic wigs shall be a covered basic medical benefit and shall be reimbursed up to a lifetime maximum of \$1500, not subject to deductible or coinsurance.

Effective July 1, 2008

Dependent Students

Current	Effective July 1, 2008
Dependent full-time students granted automatic 3-month extension of benefits upon graduation from qualified course of study.	Dependent full-time students granted an automatic 3-month extension of benefits following the completion of an academic semester.

Diabetic Shoes

Current	Effective July 1, 2008
No coverage	<p>Annual diabetic shoe benefit available through the Home Care Advocacy Program (HCAP) under United HealthCare.</p> <p><u>Network:</u> Covered at 100% eligible expenses with no out of pocket cost up to \$500 maximum.</p> <p><u>Non-network:</u> Basic Medical deductible will apply and remainder paid at 75% of network allowance, up to a maximum allowance of \$500.</p>

Ambulatory Surgery Centers

Benefit	Current copay	Effective July 1, 2008
Freestanding ambulatory surgery center. Copay includes anesthesiology radiology and laboratory tests performed at ambulatory surgery center on same day of surgery.	\$15 copayment	\$30 copayment

Adult Immunizations

Current Benefit	Effective July 1, 2008
Influenza, Pneumococcal, Measles, Mumps, Rubella, Meningitis, Varicella and Tetanus Toxoid are covered under par-provider subject to office visit copay.	Herpes Zoster (Shingles) will be added to the list of adult immunizations covered under par-provider subject to office visit copay.

Empire Plan Prescription Drug

Benefit	Current copay	Effective July 1, 2008
Retail Pharmacy & Mail Service Up to 30-day supply	\$5 Generic \$15 Preferred Brand \$30 Non-Preferred Brand	\$5 Generic \$15 Preferred \$40 Non-Preferred
Retail Pharmacy Up to 90-day supply	\$10 Generic \$30 Preferred Brand \$60 Non-Preferred Brand	\$10 Generic \$30 Preferred Brand \$70 Non-Preferred Brand
Mail Service Up to 90-day supply	\$5 Generic \$20 Preferred Brand \$55 Non-Preferred Brand	\$5 Generic \$20 Preferred Brand \$65 Non-Preferred Brand

When a brand-name prescription drug is dispensed and an FDA-approved generic equivalent is available, the member will be responsible for the difference in cost between the generic drug and the non-preferred brand-name drug, plus the non-preferred brand-name copayment

New to You Drugs

Current	Effective July 1, 2008
None	“New to you” maintenance prescriptions will be limited to a 30-day initial supply at retail/mail prior to the 31-90 day being filled. The initial prescription will be filled for a 30-day supply (subject to appropriate 30-day copay). When you return to fill the remainder (31-90) of the prescription, the balance of the appropriate 31-90 day copayment will be applied.

Workers Compensation

Current	Effective July 1, 2008
None	A permanent full-time employee who is removed from the payroll due to an assault, as described in Article 11.5, and is granted workers compensation for up to 24 months shall remain covered under the State Health Insurance Plan for the same duration and will be responsible for the employee share of premium.

Centers of Excellence Program

Current	Effective July 1, 2008
<p>Centers of Excellence Program currently include Cancer Resource Services, Organ Transplants and Infertility.</p> <p><u>Cancer Resource</u> - \$50 reimbursement for meals and lodging (\$100 for 2 or more people). \$10,000 lifetime limit for travel.</p> <p><u>Organ Transplant Center of Excellence</u> – current geographic zone reimbursement per Blue Cross arrangement.</p> <p><u>Infertility Center of Excellence</u> – based on federal reimbursement rate. \$10,000 maximum travel – applied toward lifetime infertility limit.</p>	<p>All Centers of Excellence Programs will utilize the federal reimbursement rates for meals and lodging.</p> <p><u>Cancer Resource</u> – Maximum travel benefit eliminating as long as the patient remains enrolled and is receiving benefits.</p> <p><u>Transplant Center of Excellence</u> – Reimbursement coincides with parameters of transplant benefit.</p> <p><u>Infertility</u> – No change.</p>

Diabetes Education Program

Current	Effective July 1, 2008
<p>None</p>	<p>Effective July 1, 2008 or as soon as practicable thereafter, the Empire Plan medical carrier shall contract with Diabetes Education Centers accredited by the American Diabetes Education Recognition Program.</p>

Benefits Management Program

Current	Effective July 1, 2008
<p>Prior notification required prior to receiving elective outpatient Magnetic Resonance Imaging (MRI). Failure to call BMP will result in \$250 penalty or 50% reduction in payment of charges whichever is less.</p>	<p>Prior notification will be expanded to include elective outpatient MRI, CAT and PET Scans, nuclear medicine and MRAs. Current penalty will apply.</p>

Effective January 1, 2009

Complementary Alternative Medicine Program (CAM)

Current	Effective January 1, 2009
A discount arrangement on “employee-pay-all” non-covered services at acupuncturists, massage therapists and nutritionists services.	The Complementary Alternative Medicine discount will no longer be offered.

Non-Network Hospital

Current	Effective January 1, 2009
Non-network hospitals are reimbursed at 90% with a \$1500 out-of-pocket maximum. Enrollees are eligible to receive up to \$1000 reimbursement under United HealthCare to help offset the \$1500 out-of-pocket costs for non-network hospitals.	No change in \$1500 out-of-pocket maximum for non-network hospitals. <u>Effective January 1, 2009</u> , the \$1000 reimbursement under United HealthCare to offset the out-of-pocket maximum for non-network hospitals will be reduced to \$500. <u>Effective January 1, 2011</u> , the \$500 reimbursement under United HealthCare to offset the out-of-pocket maximum for non-network hospitals will be eliminated.

Participating Provider Copayment

Benefit	Current copay	Effective July 1, 2009
Par Provider Office Visit	\$12	\$15
Par Provider Outpatient Surgery	\$12	\$15
Par Provider Diagnostic/Laboratory Services	\$12	\$15
Par Provider Outpatient Radiology Services	\$12	\$15

Participating Provider Program: Participating providers are those who have agreed to accept the schedule of allowances, including any copayment, for their services as payment in full. When you use a participating provider, you pay the provider the copayment for covered services and United HealthCare pays the provider in accordance with the schedule of allowances. Copay stacking continues.

Benefit	Current Copay	Effective January 1, 2010
Hospital Outpatient Surgery	\$30	\$40
Hospital Emergency Room	\$50	\$60

Copay waived if admitted.

Basic Medical Program: When you use non-participating providers you are liable for the annual deductible. After the deductible, covered medical expenses are considered for payment. United HealthCare will reimburse you for 80% of the reasonable and customary charges for covered services, or actual billed charges, whichever is less. You pay the balance of 20% coinsurance and any charges above the reasonable and customary amount. Once you meet the annual coinsurance maximum, the covered percentage becomes 100% of the reasonable and customary charge for you or your covered dependents.

Basic Medical Annual Deductible

Current	Effective January 1, 2010
\$225 per enrollee; \$225 per spouse/domestic partner; \$225 for one or all dependent children.	\$250 per enrollee; \$250 per spouse/domestic partner; \$250 for one or all dependent children.

Basic Medical Annual Coinsurance

Current	Effective January 1, 2009
*\$900 per individual or family in any one year.	\$500 per enrollee \$500 per spouse/domestic partner \$500 for one or all dependent children in any one year. Effective January 1, 2011, the \$500 is increased to \$515

*Effective 1/1/09 for employees in a title Salary Grade 6 or below or an employee equated to a position Salary Grade 6 or below on January 1, 2008, the \$500 maximum coinsurance out-of-pocket expense shall be reduced to a maximum of \$300 in coinsurance per enrollee, per spouse/domestic partner, and for one or all dependent children per year. Effective 1/01/2011, the \$300 is increased to \$309.

Effective as soon as practicable

Disease Management

Current	As soon as practicable
Current Empire Plan Disease management Programs include Cardiovascular Risk Reduction, Asthma and Diabetes	The Empire Plan Disease Management programs shall be expanded to include, but not be limited to, chronic kidney disease, eating disorders, and ADHD. Nutritional services will be covered for those programs identified when clinically appropriate.

JCHB New Responsibilities/Directives

Joint Committee On Health Benefits Issues	Current Benefit	Future Endeavors
Centers of Excellence	None	The JCHB will work with the State to explore the implementation of Centers of Excellence Programs to include, but not be limited to: Centers of Excellence for Bariatric Surgery. Nutritionist coverage will be available when clinically appropriate.
Copayment Waiver	None	The JCHB will work with the State to look at a copayment waiver program for office visits and prescription drugs when related to chronic conditions.
Flexible Formulary	None	The JCHB will work with the State to analyze the concept of a flexible Preferred Drug List.
Specialty Pharmacy	None	The JCHB will work with the State to investigate and analyze a specialty pharmacy program and the parameters of such benefit.
Alternative Drugs	None	The JCHB will work with the State to conduct a comprehensive study for an alternative prescription drug program for Empire Plan enrollees.
Hearing Aid	None	The JCHB will work with the State in building a network of participating hearing aid providers.
Participating Provider Guaranteed Access	None	The JCHB will work with the State to study participating provider access under the current health program to determine the feasibility of a guaranteed access benefit.
RFP	None	Clarification language covering JCHB's role in the contract procurement process.
Durable Medical Equipment	None	The JCHB shall work with the State to review and monitor the utilization of Durable Medical Equipment under the Home Care Advocacy Program. If necessary, the JCHB and State will take appropriate action to address the issue.
Nurse Practitioner	None	The JCHB and the State will regularly review the potential role of Nurse Practitioners as providers in the Empire Plan. The review will consist of studying provider access issues and the availability of nurse practitioners in specific geographic areas. If the JCHB and State agree that action is needed, the CSEA JCHB is empowered to work with the State and implement a benefit.