

# NEW YORK STATE COURT CLERKS ASSOCIATION EMPIRE PLAN CHANGES

## EMPIRE PLAN CHANGES

	Current	Change	Eff Date
<b>MEDICAL</b>			
Office Visit, Surgery, Lab & X-ray copay w/ stacking	\$12	\$15	7/1/2009
Basic Med Deductible	\$225	\$250	1/1/2010
Outpatient Surgery Center	\$15	\$30	7/1/2008
Non-Network Hospital Reimbursement	\$1,000	\$500	1/1/2009
		\$0	1/1/2011
Out of Pocket Max			
Method of Calculation	Cumulative of enrollee & all dep	per enrollee/spouse/all children	1/1/2009
Amount	\$900	\$500	1/1/2009
		\$515	1/1/2011
Reduced Amount	\$500	\$300	1/1/2009
		\$309	1/1/2011
Managed Radiology PPR Program	MRI only	Expand to MRI/MRA, CT/CTA, PET scans, and nuclear medicine	7/1/2008
Network Management		Facility Credentialing & Provider Privileging	7/1/2008
Duplicate Study Fees		DONE ADMINISTRATIVELY	ASAP
CoE Travel Benefit - Cancer	Flat per diem allowance, \$10,000 max	GSA per diem while receiving care @ CoE limit one lodging reimbursement per day	7/1/2008
Basic Medical Disc Provider Prg	Sunsets 1/1/08 unless mutually agreed	Sunsets 12/31/11 unless mutually agreed	12/31/2011
Shingles Vaccine	not covered under adult immunizations	covered	7/1/2008
Follicular Prosthesis	one wig/lifetime under basic medical	1st \$ coverage under basic medical \$1500 max	retro 1/1/2008
Diabetic Shoes	not covered	HCAP par provider paid in full/1 pr per year non-par provider 75% of network allowance under basic medical; \$500 annual max par and non-par	7/1/2008
Diabetes Education Centers	not covered	Contract with Diabetes Education Centers accredited by American Diabetes Education Recognition Program	7/1/2008 or ASAP
Disease Management Prg	not available	Disease management program to be expanded to include chronic kidney disease	ASAP
Chronic Kidney Disease	not available	To be added to those DM Prgs where it is deemed clinically appropriate	ASAP
Nutritional counseling	not available		

CAM Program	available	not covered	1/1/2009
<b>HOSPITAL</b>			
ER Copay	\$50	\$60	1/1/2010
Emergency care in remote locations	\$50	\$60	1/1/2010
Outpatient Surgery	\$30	\$40	1/1/2010
CoE Travel Benefit - Transplants	Per diem based on size of city	GSA per diem for duration of prg limit one lodging reimbursement per day	7/1/2008
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>			
ER Copay - MH	\$50	\$60	1/1/2010
Office Visit Copay - MH/SA	\$12	\$15	7/1/2009
Non-network Deductible - MH	\$225	\$250	1/1/2010
Out of Pocket Max - MH			
Method of Calculation	Cumulative of enrollee & all dep	Individual enrollee, spouse, all children	1/1/2009
Amount	\$900	\$500	1/1/2009
		\$515	1/1/2011
Reduced Amount SG 6 or below	\$500	\$300	1/1/2009
		\$309	1/1/2011
Disease Management Program	Depression only	Expand to include Eating Disorders with appropriate nutritional counseling and ADHD	ASAP
<b>PRESCRIPTION DRUG</b>			
Tier 3 copay:			
up to 30 day mail & retail	\$30	\$40	7/1/2008
31-90 day retail	\$60	\$70	
31-90 day mail	\$55	\$65	
Restrict first fills to 30 days	no restriction	new to you scripts would be restricted to 30 days, if initial script is 90 days, 30 day for 1st fill then the balance @ remainder of 90 day copay	7/1/2008