

CAPITAL REGION BOCES

ATTACHMENT

Open Enrollment Changes and Additional Information

NYSHIP Changes:

Effective January 1, 2009:

- Co-pay Increase from \$18 to \$20
- Out-patient Surgery Locations Co-pay Increase from \$15 to \$30
- Non-network Inpatient/Outpatient Hospital Co-insurance Reimbursement change from \$1,000 to \$500.
- Out of Network Coverage – Annual Out-of-Pocket Maximum change from \$1,650 per employee and covered dependents combined to \$1,000 each enrollee/spouse and \$1,000 for all dependent children (total \$3,000)
- Managed Mental Health and Substance Abuse Program insured by GHI and administered by Value Options will be insured by United Health Care Insurance Company of NY and administered by Optum Health. NYSHIP will inform current enrollees of this change through enrollee mailing. The toll-free NYSHIP number, the plan design and the one Empire Plan I.D. card will remain the same. The option available for calls will be effective November 3, 2008. The Referral Line will be available December 1, 2008
- Required: Pre-notification for MRA, CT, PET and Nuclear Medicine diagnostic procedures, along with MRI's that already require pre-notification on a non-emergency basis
- Shingles Vaccine will be covered subject to an office visit co-pay
- Shoes for Individual with Diabetes (Diabetic Shoes) annual coverage – In-network through (HCAP) Program. Out-of-network 75% benefit
- Prosthetic Wig Benefit – will change from one per lifetime to a maximum lifetime allowance of \$1,500 per individual
- Complementary and Alternative Medicine Program will be discontinued effective January 1, 2009

Non-Preferred Drug Co-payment Changes:

- 30 day supply – retail increase from \$30 to \$40
- 90 day supply – retail increase from \$60 to \$70
- 90 day supply – mail-order increase from \$55 to \$65

NYSHIP requires a completed application signed by the enrollee for address changes to be implemented.

(over)

Capital Region BOCES – Medco Self –funded Prescription Drug Program (HMO Plans Only)

- This plan may be used as a primary prescription drug program for all eligible family members.
No Coordination of Benefits necessary

Active Employees'

Reminder: For those who plan to retire and elect health insurance through BOCES to continue after retirement – Medicare Part B is reimbursed Only if you elect the Empire Plan (NYSHIP) and is Not reimbursed if you elect any other coverage option.

Retirees'

Reminder: Medicare Part B is reimbursed Only if you elect the Empire Plan (NYSHIP) and is Not reimbursed if you elect any other option.