

Health Insurance

NCC offers the following group health insurance options:

- The Empire Plan www.cs.state.ny.us
- Blue Cross HMO www.empireblue.com
- HIP HMO www.hipusa.com
- HIP Choice Plan www.hipusa.com
- HIP/Vytra Network www.hipusa.com
- Aetna HMO www.aetna.com

Empire Plan

The Empire Plan provides coverage for hospitalization through Blue Cross Blue Shield and combined medical, surgical and major medical coverage through United Healthcare. Prescriptions are covered through Medco.

The plan features a [network of participating providers](#) (hospitals, physicians, laboratories, chiropractors and other specialists and establishments). Services rendered by these providers will be paid in full with the exception of a co-payment for office visits, lab tests, x-rays and out-patient surgeries. You pay nothing out of pocket for all other services; the insurance carrier pays the provider directly. There are no co-payments for prenatal and well-child care. Claims for services by providers who do not participate in the Empire Plan must be submitted on a major medical claim form (www.ubhonline.com/html/empireny/pdf/NYSHIPStateForm.pdf). Once a deductible amount is met, major medical will pay 80% of reasonable and customary charges. After deductible and coinsurance limits have been met, the plan pays 100% of covered expenses.

HMO Blue Health Plan (HMO)

Health Maintenance Organizations (HMO's) maintain their own health care centers and employ their own physicians and other health professionals. HMO's differ from conventional medical plans in that they provide medical services rather than reimbursing their members for the cost of services received elsewhere.

HMO's provide a wide range of health services from office visits to complex medical treatment and hospitalization for a fixed, prepaid payment which you share by payroll deductions with the State.

Under an HMO you choose your own primary care physician from a list of local physicians. In most cases, your medical care will be provided by the designated physician in their office. If you need a diagnosis or treatment that is not available from your primary care physician, they will arrange for you to see a specialist.

Services received by your primary care physician, or by a specialist when referred by your primary care physician, are paid in full except for a minimal per office visit charge. There are no claim forms to be filed and all administrative details are completed by your physician's office staff. All referrals and hospital admissions must be authorized in advance by your primary care physician. Non-emergency care received without authorization is not covered and payment is your responsibility. Emergency care of a life threatening nature is covered in full providing upon arrival at an emergency room your HMO is notified.

Eligibility

The following employees are eligible for health insurance coverage for themselves and their eligible dependents at the group rate:

- All full-time employees

Effective Date and Cost of Coverage

Administrators' coverage is effective the first day of the month following the date of hire. Administrators hired after June 1, 2002 pay 10% of the premium. Their bi-weekly premiums are as follows:

	<u>Individual Coverage</u>	<u>Family Coverage</u>
Empire Plan	\$ 28.26	\$ 61.43
HIP Plan	30.01	151.66
HIP Choice Plan	127.53	390.59
AETNA	102.76	429.49
Blue Cross HMO	142.51	498.61
HIP/VYTRA Network	48.29	196.43

Full time faculty's effective date is the first day of the second month following the date of hire. Full-time CSEA members' effective date is the first day of the sixth month following the date of hire. There is no cost to full-time faculty and CSEA members for choosing the Empire plan. The bi-weekly premium for the other coverage is as follows:

	<u>Individual Coverage</u>	<u>Family Coverage</u>
Empire Plan	\$ 0.00	\$ 0.00
HIP Plan	1.59	82.03
HIP Choice Plan	90.24	299.24
AETNA	67.73	334.60
Blue Cross HMO	103.86	397.44
HIP/VYTRA Network	18.21	122.73

Effective January of each year, your bi-weekly premium cost is subject to change.

How to Enroll

To apply for enrollment, you must complete a health insurance enrollment form, and an HMO application, if necessary. You must contact your Human Resources Representative to enroll. To add dependents, you will need to provide a marriage certificate for your spouse, birth certificates for your children and social security numbers for all dependents.

Change of Plan Option or Coverage

There is an annual transfer period (usually in December of each year) during which time you can change your health insurance option and coverage for eligible dependents.

Retirement Coverage

If you meet specific criteria, you will be eligible to continue your health insurance in retirement. In general, CSEA members hired as full-time employees before 8/22/03 must have completed five (5) years of service to the College and be enrolled in one of the health insurance programs at the time of retirement. CSEA members hired full-time after 8/22/03 must have completed ten (10) years of service to the college and be enrolled in one of the health insurance programs at the time of retirement. Full-time Faculty and Administrators must have completed five (5) years of service to the College and be enrolled in one of the health insurance programs at the time of retirement.

Empire Prescription Drug Program

The Empire Prescription Drug Program allows you and your eligible dependents to purchase prescription drugs at minimal cost. The plan has a co-pay feature when you have a prescription filled at a participating pharmacy (any pharmacy displaying a green NPA Participating Pharmacy decal) or through the mail-order pharmacy. To encourage the use of generic equivalents and reduce the overall cost of prescription drug plans, this plan has a mandatory generic reimbursement program. You can reduce your co-payments by ordering up to a 90-day supply through the mail order pharmacy (register at www.medco.com).

You may obtain a prescription drug written for a brand name when there is no existing generic equivalent and pay the deductible amount. You may choose a generic equivalent, when available, and pay a lower deductible amount.

When a brand name prescription drug has an existing generic equivalent, you can still get the brand name, but you will pay a higher co-payment.

Empire Mental Health and Substance Abuse Coverage

Before seeking any treatment for mental health or substance abuse, including alcoholism, call The Empire Plan (1-877-769-7447) and choose the OptumHealth option. By following the program requirements for network coverage, you will receive the highest level of benefits and have guaranteed access to network benefits. The Optum Health Clinical Referral Line is available 24 hours a day, 365 days a year. This requirement applies even if Medicare is the Primary coverage.

Dental Insurance

There is no premium cost to CSEA employees for dental coverage but there is a three month waiting period. Coverage is provided through Healthplex www.healthplex.com (1-800-468-0600). Employees have a choice of Comprehensive or Reimbursement coverage. With Comprehensive coverage, there is no outlay of money. You choose from a select list of dentists that participate in the plan and there is no charge for most services. With Reimbursement coverage, the employee can choose to go to the dentist of their choice and be reimbursed according to a set schedule of fees determined by Healthplex.

Full-time Faculty and Administrator's dental coverage is provided through Newman Company (516-488-1100). There is a two-month waiting period. Faculty signs up for this plan at the NCCFT office (Cluster F, Room 3293). Administrators sign up through Human Resources. This is a Reimbursement plan. The employee can choose either a dentist in the plan or a dentist of their choice and they will be reimbursed based on a set fee schedule. Information regarding this plan, a list of participating dentists, the reimbursement schedule and claim forms can be found on the www.nccft.org website. Click on member benefits. There is no cost to the employee for the dental coverage. One dependent can be added for \$10 per pay period or two or more dependents for \$25 per pay period.

Vision Care

Once every 24 months, through one of the Plan's providers, eligible employees are entitled to an eye examination and two pairs of glasses (lenses and frames). The benefit may also be applied towards contact lenses instead. Once every 24 months, covered dependents are entitled to an eye examination and one pair of glasses (lenses and frames). The benefit may also be applied towards contact lenses instead. A voucher can be requested from Davis Vision either by phone (1-800-828-6100) or on their website (www.davisvision.com).

Should you elect a non-participating optometrist, the plan will pay up to the maximum allowance in its payment schedule. You will be responsible for any costs over and above this allowance.

There is a three-month waiting period for CSEA members and a two-month waiting period for Faculty and Administrators.