



Student Employee Health Plan



NYSHIP SEHP Report

October 2019 • SEHP

New York State Health Insurance Program (NYSHIP) for Graduate Student Employees enrolled in the Student Employee Health Plan (SEHP), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their SEHP benefits

IN THIS REPORT

- 2 What's New
- 2 SEHP Changes
- 6 Reminders
- 7 Contact Information

What's New

This *Report* details the changes to your benefits and coverage under the New York State Health Insurance Program's (NYSHIP) Student Employee Health Plan (SEHP).

This *Report* includes information about:

- SEHP benefit card (page 2)
- Precertification for MHSA services (page 2)
- New infertility benefits (page 3)
- Hospice care coverage (page 4)
- PrEP HIV-prevention medication coverage (page 8)

SEHP Changes

SEHP Benefit Card

The 2019-2020 SEHP benefit cards were mailed to you and your covered dependents on July 18, 2019. The card will expire on August 31, 2020. Please be sure to use the new card and securely destroy the old one.

The card shows the current copayments and the back includes reminders about what services require precertification. For Mental Health and Substance Abuse (MHSA) Program services that require precertification, the card directs you to review the online 2019 *At A Glance*, and they are listed in the article below.

If you have questions about your SEHP benefits, call 1-877-7-NYSHIP (1-877-769-7447) toll free and select the appropriate program from the menu.

Precertification for MHSA Services

Certain services offered under the Mental Health and Substance Abuse (MHSA) Program require precertification that they are medically necessary, regardless of whether you are using network or non-network coverage. If you do not obtain certification before seeking these services from an MHSA provider, you will not receive any Plan benefits and you will be responsible for the full cost of care.

The following MHSA services require precertification:

- Intensive outpatient program for mental health
- Structured outpatient program for substance use disorder

- 23-hour bed for mental health or substance use disorder
- 72-hour bed for mental health or substance use disorder
- Outpatient detoxification
- Transcranial magnetic stimulation (TMS)
- Electroconvulsive therapy (ECT) – inpatient and outpatient
- Applied behavioral analysis (ABA)
- Group home
- Halfway house
- Residential treatment center for mental health*
- Residential treatment center for substance use disorder**
- Partial hospitalization for mental health
- Partial hospitalization for substance use disorder

For more information on services that require precertification, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the Mental Health and Substance Abuse Program. From there you can reach the Clinical Referral Line to precertify for services. The Clinical Referral Line is available 24 hours a day, seven days a week.

* Effective January 1, 2020, precertification is not required for enrollees under 18 years of age when admitted to OMH-certified network facilities located within New York State.

** Precertification is not required for OASAS-certified network facilities located within New York State.

New Infertility Benefits

In accordance with New York State law, **effective January 1, 2020**, Plan infertility benefits will include the following:

In Vitro Fertilization (IVF): Enrollees are covered for three IVF cycles per lifetime. You must call the Medical/Surgical Program for prior authorization.

Fertility Preservation: Standard fertility preservation services are covered when a medical treatment will directly or indirectly lead to infertility. Treatments include, but are not limited to, radiation therapy or chemotherapy for treatment of cancer. Fertility preservation is the process of saving or protecting eggs or sperm so that a person can use them to have biological children in the future.

The new coverage applies to all enrollees and dependents, regardless of age, sex, sexual orientation, marital status or gender identity.

For additional information and to obtain prior authorization for IVF, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Breast Pump Suppliers

Mothers who choose to breastfeed are covered for the purchase of one double electric breast pump following birth. Breast pumps are available for purchase at no cost to the enrollee when they use a participating supplier. The following is a list of current breast pump suppliers. (**Note:** Phone numbers and web addresses for all suppliers have recently changed.)

- **Byram Healthcare:** 1-877-773-1972
or breastpumps.byramhealthcare.com
- **Edgepark Medical Supplies:** 1-855-504-2099
or www.edgepark.com/faqs_breastpumps
- **McKesson Patient Care Solutions:**
1-844-727-6667 or mpcs.mckesson.com/web/mpcs/products/breast-pumps
- **Medline Industries:** 1-833-718-2229
or www.breastpumpsmedline.com

New moms are also covered for comprehensive breastfeeding support and counseling, such as by a lactation consultant, during pregnancy and/or the



postpartum period. These services are paid in full when received by a participating provider. (See *New Future Moms Program Benefit* article below for information regarding online breastfeeding support.)

For questions about purchasing a breast pump, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for the Medical/Surgical Program.

New Future Moms Program Benefit

New moms enrolled in the Future Moms program can now find breastfeeding support online. Through Empire BlueCross's partnership with telemedicine company LiveHealth Online, enrollees in the program can make an appointment for a free face-to-face video visit with a certified lactation consultant, counselor or registered dietitian.

To sign up for LiveHealth Online, go to livehealthonline.com (or use the free mobile app) and enter your Plan identification number. Once you've created an account, select Future Moms with Breastfeeding Support to view the available professionals. Appointments are available seven days a week, including evenings.

You can call the Future Moms program at any time for information relating to your pregnancy or delivery or if you have questions about your benefits or course of treatment. Nurses are available 24 hours a day, seven days a week by calling the Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

2020 Maximum In-Network Out-of-Pocket Limit

In accordance with the Patient Protection and Affordable Care Act, **effective January 1, 2020**, the maximum out-of-pocket limit for covered, in-network services under the Plan changes to \$8,150 for Individual coverage and \$16,300 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined, and the balance applies to the Prescription Drug Program, as specified below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, your copayments will be reimbursed.

2020 Maximum In-Network Out-of-Pocket Limit		
	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$2,850*	\$5,300
Family Coverage	\$5,700*	\$10,600

* Does not apply to Medicare-primary enrollees

If you have questions about your maximum out-of-pocket limit for prescription drugs, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. If you have questions about your limit for all other covered in-network services, press or say 1 for the Medical/Surgical Program.

Hospice Care Coverage

As of July 1, 2019, you are eligible for hospice care if your doctor and the hospice medical director certify that you are terminally ill and likely have less than 12 months to live. You may access hospice care while participating in a clinical trial or continuing disease-modifying therapy (therapy that treats the underlying terminal illness), as ordered by your treating physician.



The following services provided while in hospice are covered:

- Bed patient care either in a designated hospice unit or in a regular hospital bed
- Day care services provided by the hospice
- Home care and outpatient services that are provided by the hospice and for which the hospice charges you. Those services include:
 - Intermittent nursing care by an R.N., L.P.N. or home health aide
 - Physical therapy and respiratory therapy
 - Social services
 - Nutritional services
 - Laboratory examinations, X-rays, chemotherapy and radiation therapy
 - Medical supplies
 - Approved drugs and medications prescribed by a physician
 - Medical care provided by the hospice physician
 - Respite care
 - Bereavement services during your illness and for up to one year after your death

If you have questions about hospice care, call the Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

Gender Dysphoria Treatment Coverage

As a result of a change in policy, gender affirming surgery and any other associated surgeries, services and procedures (including those performed to change an enrollee's physical appearance to more closely conform secondary sex characteristics to their identified gender) are now covered if a behavioral health provider determines the surgery or procedure is medically necessary.

A behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, must provide a written psychological assessment documenting that the enrollee has a diagnosis of gender dysphoria, the capacity to make a fully informed decision and to consent for treatment, and is 18 years of age or older.

Coverage for gender dysphoria treatment also includes cross-sex hormone therapy, puberty-suppressing medications and laboratory testing to monitor the safety of hormone therapy.

While not required, a predetermination review is available. A predetermination, also known as a preservice claim determination, is a request that services or treatments be approved by the Program administrator before they have been performed.

For questions about gender dysphoria treatment coverage, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

New MHSA Program Network Providers

As of August 1, 2019, the Mental Health and Substance Abuse (MHSA) Program has added licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs) and physician assistants (PAs) to its network of providers.

When you use an MHSA Program network provider, you will be offered care at the highest benefit level under the Plan. Network providers have been credentialed by the MHSA Program administrator to ensure they meet the highest standards of education, training and experience.

By using a network provider, you will receive access to medically necessary services. The Program's network gives you access to a wide range of providers,

including psychiatrists, psychologists, clinical social workers, nurse practitioners, applied behavioral analysts (ABAs) or certified behavioral analysts (CBAs). Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes, intensive outpatient treatment programs (IOPs) and partial hospital programs (PHPs).

To find an MHSA Program network provider online, go to www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Find a Provider. Scroll to the Mental Health and Substance Abuse Program and choose ReferralConnect. You can also call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the MHSA Program. From there you can reach the Clinical Referral Line, which is available 24 hours a day, seven days a week.

Updated Reporting On Series

The *Reporting On* publications have recently been revised and updated. Each publication describes some of the unique programs and benefits available under the Plan.

Reporting On Prenatal Care explains the components of good prenatal care, including: pre-pregnancy planning, nutrition, postpartum depression, as well as information on The Empire Plan's Future Moms Program.

Reporting On Smoking Cessation discusses the addictive power of nicotine, conditions and diseases caused by smoking, quit strategies and information on the smoking cessation treatments covered by the Plan.

Reporting On Mental Health and Substance Abuse Program is our newest addition to the series and describes the benefits of choosing mental health or substance use care from a network provider or at a network facility.

The *Reporting On* series is available online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then Publications, and scroll down to Reporting Ons. Printed copies are available from your Health Benefits Administrator.

Reminders



Paperless UHC Explanation of Benefits

When you or your dependent receive services covered by UnitedHealthcare (UHC), the Medical/Surgical Program administrator, an Explanation of Benefits (EOB) is mailed to you and/or your dependent. If you would rather go paperless and view your EOB online:

- Go to www.myuhc.com.
- Log in or create an account. You will need either your SEHP identification number and group number (30500) or your Social Security number and ZIP code to register.
- Choose Account Settings and then Change Mailing and Email Preferences.
- Select Paperless to change your communication preferences.

Your information is available online 24 hours a day, seven days a week. You'll get an email notification when a new EOB is ready to view.

For questions about enrolling or your EOB, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage.

To view the *SBC* for SEHP, visit www.cs.ny.gov/sbc and choose your group. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program to request a copy.

Keep Your Enrollment Record Up to Date

Letting you know when Empire Plan phone numbers and addresses change is important. But it's just as important for you to keep us up to date with changes in your life.

Remember to inform your Health Benefits Administrator of any changes to your enrollment record (address, adding or deleting dependents, marital status changes) in a timely manner. In some cases, deadlines apply (see your *NYSHIP General Information Book* for more information).

Annual Notice of Mastectomy and Reconstructive Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Benefits Management Program requirements apply. See your *NYSHIP SEHP Reports* or *At A Glance* for more information.

Contact Information

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.	
PRESS OR SAY 1	Medical/Surgical Program: Administered by UnitedHealthcare Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 Online: https://nyrmo.optummessenger.com/public/opensubmit
PRESS OR SAY 2	Hospital Program: Administered by Empire BlueCross Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 888-367-9788 Online: www.empireblue.com/forms/
PRESS OR SAY 3	Mental Health and Substance Abuse Program: Administered by Beacon Health Options, Inc. Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802 Claims submission fax: 855-378-8309 Online: www.achievesolutions.net/empireplan
PRESS OR SAY 4	Prescription Drug Program: Administered by CVS Caremark Representatives are available 24 hours a day, seven days a week. TTY: 711 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission: P.O. Box 52136, Phoenix, AZ 85072-2136

Publications on NYSHIP Online

To find recent publications related to your benefits, go to NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then Publications.

The *NYSHIP SEHP Report* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through the Student Employee Health Plan (SEHP).



NYSHIP
New York State
Health Insurance Program

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NYSHIP
New York State
Health Insurance Program

Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

SEHP Report – October 2019

Change Service Requested

**Please do not send mail
or correspondence to the
return address. See address
information on page 7.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator.

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SEHP Report - 10/19



NY1301

Expanded Modified Solid Food Products Coverage

Effective January 1, 2020, modified solid food products (MSFPs) are no longer subject to a \$2,500 total maximum reimbursement per covered person, per year. Modified solid food products are covered when prescribed by a physician or provider. This benefit is not subject to deductible or coinsurance.

An MSFP is a food product that is low in protein or that contains modified protein to treat certain inherited diseases of amino acid and organic acid metabolism.

If you have questions about MSFPs, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

PrEP HIV-Prevention Medication Coverage

Effective January 1, 2020, the HIV-prevention medication Pre-Exposure Prophylaxis (PrEP) will be covered with no copayment, deductible or any other out-of-pocket costs for enrollees who are at high risk of acquiring HIV. Screening for HIV continues to be covered with no out-of-pocket costs when using a network provider.

If you have questions about PrEP, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.