



The Empire Plan

Special Report

Information about your new NYSHIP benefits effective June 1, 2019.



Empire Plan Special Report

April 2019 • NYSCOPBA

New York State Health Insurance Program (NYSHIP) for Employees of New York State represented by the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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Negotiated Changes Effective June 1, 2019

This *Report* describes changes affecting your NYSHIP Empire Plan coverage that will take effect on June 1, 2019, as a result of the recently ratified contract between the State of New York and NYSCOPBA.

They include:

- Copayment changes (page 3)
- New out-of-network deductible and coinsurance maximum amounts (page 4)
- Formulary change (page 5)

Special Option Transfer Period

This publication outlines the negotiated changes to your NYSHIP Empire Plan coverage. As a result of these changes, you will have the opportunity to change your NYSHIP option for 2019 during the upcoming Special Option Transfer Period (May 1 through May 31, 2019). During this time, you may choose The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. If you decide to change your health insurance option during this Special Option Transfer Period, see the April 2019 *NYSHIP Rate Changes* publication for when your new option will take effect.

Option Information

If you are considering changing your health insurance plan, refer to the following publications:

- *Health Insurance Choices for 2019*. This guide provides a detailed comparison of NYSHIP benefits, including The Empire Plan and NYSHIP-approved HMOs, as well as the procedures for changing options. *Choices* is available online, from your Health Benefits Administrator (HBA) or from the Business Services Center (BSC).
- *Health Insurance Choices for 2019 Supplement*. This is a companion document to your *Health Insurance Choices for 2019* booklet. It details The Empire Plan benefits available to NYSHIP enrollees represented by groups that ratified their contracts for 2019. The *Supplement* is available online, from your HBA or from the BSC.

- *NYSHIP Rate Changes*. This is a listing of biweekly premium contributions effective June 1, 2019, for NYSCOPBA enrollees in The Empire Plan and NYSHIP-approved HMOs, as well as deadlines for making changes during the Special Option Transfer Period. The June 1, 2019, rates will be posted online, and the *Rate* flyer will be mailed to your home address in April.

To access these publications online, go to www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Health Benefits and Option Transfer and then Rates and Health Plan Choices.

How to Change Options

See your HBA or contact the BSC if you wish to change your option. You must submit the completed *Health Insurance Transaction Form* (PS-404) to your HBA by the Special Option Transfer Period deadline (May 31, 2019) to change your health insurance option. Online option changes using MyNYSHIP will NOT be available during the Special Option Transfer Period.

For questions about your benefits, contact your HBA or The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 and then choose the appropriate prompt for plan benefit questions.

Empire Plan Changes

Copayments and Changes Effective June 1, 2019

The following new copayments and changes will take effect for services provided under the Medical/Surgical, Hospital, Mental Health and Substance Abuse and Prescription Drug Programs. New copayment cards for 2019 reflect these changes.

Medical/Surgical, Hospital and Mental Health and Substance Abuse Programs		
Program	In-network Benefit	Copayment
Medical/Surgical	Office visit, office surgery, radiology, diagnostic laboratory testing, physical therapy, chiropractic treatment, occupational therapy, convenience care clinic visit	\$25
	Urgent care center visit	\$30
	Ambulatory surgical center visit	\$50
	Licensed ambulance service	\$70
Hospital	Outpatient physical therapy	\$25
	Urgent care center visit, outpatient services for diagnostic radiology or diagnostic laboratory tests	\$50
	Outpatient surgery	\$95
	Emergency department visit	\$100
Mental Health and Substance Abuse	Mental health professional visit, outpatient services, outpatient substance use treatment	\$25
	Emergency department visit	\$100

Skilled nursing facility visits will be covered up to 120 days. Each day of care in a skilled nursing facility counts as one-half benefit day of care.

Prescription Drug Program			
Drug Category	Copayment for up to a 30-day Supply from a Network Pharmacy, the Mail Service Pharmacy or the Specialty Pharmacy	Copayment for a 31- to 90-day Supply from a Network Pharmacy	Copayment for a 31- to 90-day Supply from the Mail Service Pharmacy or the Specialty Pharmacy
Level 1 Drugs or for Most Generic Drugs	\$5	\$10	\$5
Level 2 Drugs, Preferred Drugs or Compound Drugs	\$30	\$60	\$55
Level 3 Drugs or Non-preferred Drugs	\$60	\$120	\$110

Note: Certain covered drugs do not require a copayment when using a network pharmacy. For exclusions and exceptions, please see your revised 2019 *At A Glance* publication, which will be mailed to your home in late May.

2019 Annual Deductible and Coinsurance Maximum

As a result of NYSCOPBA's recently negotiated contract, the combined annual deductible and coinsurance maximum amounts will change effective June 1, 2019.

Combined annual deductible: The Empire Plan has a combined annual deductible for some non-network services, including Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program and outpatient, non-network expenses under the Mental Health and Substance Abuse Program. **(Note:** Your out-of-pocket costs are higher for non-network services received from a nonparticipating provider.) The combined annual deductible must be satisfied before expenses are considered for reimbursement.

Effective January 1, 2019, through May 31, 2019, the combined annual deductible is \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all enrolled dependent children combined. For employees in titles equated to salary grade level six or below, each deductible amount is \$500.

Effective June 1, 2019, the combined annual deductible increases to \$1,250 for the enrollee, \$1,250 for the enrolled spouse/domestic partner and \$1,250 for all enrolled dependent children combined. For employees in titles equated to salary grade level six or below, each deductible amount increases to \$625.

Combined annual coinsurance maximum: The Empire Plan has a combined annual coinsurance maximum for some non-network services. The coinsurance amounts incurred for non-network Hospital Program coverage, Basic Medical Program coverage and non-network Mental Health and Substance Abuse Program coverage count toward the combined annual coinsurance maximum.

Copayments to Medical/Surgical Program participating providers and to Mental Health and Substance Abuse Program network practitioners also count toward the combined annual coinsurance maximum. **(Note:** Copayments made to network hospital facilities do not count toward the combined annual coinsurance maximum.)



Once the combined annual coinsurance maximum is met, you will be reimbursed at the network level of benefits for services covered under the Hospital Program and 100 percent of the usual and customary rates for services covered under the Basic Medical Program and Mental Health and Substance Abuse Program. You are responsible for paying all charges in excess of the usual and customary rate.

Effective January 1, 2019, through May 31, 2019, the combined annual coinsurance maximum is \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all enrolled dependent children combined. For employees in titles equated to salary grade level six or below, each coinsurance maximum amount is \$1,500.

Effective June 1, 2019, the combined coinsurance maximum increases to \$3,750 for the enrollee, \$3,750 for the enrolled spouse/domestic partner and \$3,750 for all enrolled dependent children combined. For employees in titles equated to salary grade level six or below, each coinsurance maximum amount will increase to \$1,875.

Note: Amounts credited toward your deductible and coinsurance maximum from January 1, 2019, through May 31, 2019, will be applied toward the higher deductible and coinsurance maximum that take effect on June 1, 2019.

2019 Maximum In-network Out-of-Pocket Limit

In accordance with the Patient Protection and Affordable Care Act, **effective January 1, 2019**, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changed to \$7,900 for Individual coverage and to \$15,800 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, network benefits are paid in full.

2019 Maximum Out-of-Pocket Limit		
	Prescription Drugs	All Other Covered In-network Services, Combined
Individual Coverage	\$2,750*	\$5,150
Family Coverage	\$5,500*	\$10,300

* Does not apply to Medicare-primary enrollees.

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call The Empire 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 any questions about your limit for all other covered in-network services, press or say 1 for the Medical/Surgical Program.

2019 Advanced Flexible Formulary

The Empire Plan uses a Flexible Formulary for prescription drugs. For 2019, there are two formularies: the 2019 Flexible Formulary and the 2019 Advanced Flexible Formulary for groups that recently ratified their contracts. Effective

June 1, 2019, you will be using the 2019 Advanced Flexible Formulary. Enrollees affected by formulary exclusions or drugs that have been placed on a higher copayment tier will receive a letter from CVS Caremark advising them of the change and listing the formulary alternatives available.

A copy of the 2019 Advanced Flexible Formulary will be mailed to your home with the revised 2019 Empire Plan *At A Glance* in late May. You can also find the most up-to-date version of the formulary on NYSHIP Online. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.

You can access the 2019 Advanced Flexible Formulary online at www.cs.ny.gov/employee-benefits. Choose NYSCOPBA and The Empire Plan, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then click on the 2019 Advanced Flexible Formulary.

New Future Moms Program Benefit

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

To sign up for LiveHealth Online, go to livehealthonline.com or use the free mobile app and enter your Empire 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 and evenings, too.

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 Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

Reminders

Protecting Your Privacy

Keeping your health information private is important to NYSHIP. The NYSHIP Notice of Privacy Practices describes the policies and practices that NYSHIP has in place to safeguard your protected health information, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Notice is available at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select HIPAA Privacy Information. In addition to the Notice, you will find the *HIPAA Authorization Form* (EBD-543), which must be submitted before the Employee Benefits Division (EBD) can release private information to someone acting upon your behalf.

If you would like a paper copy of the Notice or forms, call EBD at 518-457-5754 or 1-800-833-4344 Monday through Friday from 9 a.m. to 4 p.m. Eastern time. If you believe your privacy rights have been violated, you may file a complaint with the Department of Civil Service. You can access the *HIPAA Complaint Form* online or contact the Department's HIPAA Complaint Officer at 518-473-2624 to request a paper copy.

Updated Reporting On Series

The *Reporting On* publications have recently been revised and updated. Each publication describes some of The Empire Plan's unique programs and benefits. The series includes, *Reporting On Asthma*, *Reporting On Center of Excellence Programs*, *Reporting On Diabetes*, *Reporting On Home Care Advocacy Program*, *Reporting On Network Benefits*, *Reporting On Prenatal Care*, *Reporting On Prescription Drugs* and *Reporting On Smoking Cessation*.

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.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire 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 Empire 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.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* for more information.

Empire Plan Certificate and Amendments

The updated *Empire Plan Certificate* for employees of New York State represented by NYSCOPBA will be mailed to you and available online later this year. The *Certificate Amendments* will be available online only. The *Certificate* and *Amendments* provide an in-depth description of Empire Plan benefits and will also include the negotiated benefit changes for 2019.

Once it's available, you can access a copy of the *Certificate* at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then Publications.

Contact Information

Call The Empire 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 BlueShield 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/achievesolutions/en/empireplan/Home.do
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
PRESS OR SAY 5	Empire Plan NurseLineSM: Administered by UnitedHealthcare Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

Revised 2019 At A Glance

A revised *At A Glance* will be mailed to your home in late May. The publication is a summary guide to your Empire Plan benefits beginning on June 1, 2019. Information on *Out-of-Network Reimbursement Disclosures* and the *2019 Empire Plan Preventive Care Coverage Chart* will be included with the *At A Glance*, along with the *2019 Empire Plan Advanced Flexible Formulary* (see page 5 for more information on the formulary).

The *Empire Plan 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 Empire Plan.



NYSHIP
New York State
Health Insurance Program

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www.cs.ny.gov

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NYSHIP
New York State
Health Insurance Program

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

NYSCOPBA Empire Plan Special Report – April 2019

Address 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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Claims Deadlines

If The Empire Plan is your primary insurer and you have used a nonparticipating provider or out-of-network pharmacy, the last day to submit your 2018 claims is April 30, 2019 (120 days after the end of the calendar year). If The Empire Plan is your secondary insurer, you must submit claims by April 30, 2019, or within 120 days after your primary health insurance plan processes your claim, whichever is later.

You may submit claims later if it is not reasonably possible to meet these deadlines (for example, due to illness); however, you must provide documentation.

Nonparticipating provider claim forms are available from your Health Benefits Administrator or online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. Select Forms from the NYSHIP Online homepage, and scroll to the appropriate Program. You can also call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), and choose the appropriate Program.

Where to Submit Claims

You can submit claims for services from the following Programs to the corresponding address at right.

Medical/Surgical Program – The Empire Plan Basic Medical Program, the Home Care Advocacy Program (HCAP) and non-network physical medicine services:

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program – Non-network mental health and substance use services:

Beacon Health Options
P.O. Box 1850
Hicksville, NY 11802

Prescription Drug Program – Prescriptions filled in 2018 at non-network pharmacies or without using your Empire Plan Benefit Card:

CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Mail completed claim forms with supporting bills, receipts and, if applicable, a Medicare summary notice or statement from your other primary insurer by April 30, 2019.