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PA # 11-20

TO: Participating Agency Chief Executive Officers and Health Benefit Administrators

FROM: Robert W. DuBois, Director of the Employee Benefits Division

SUBJECT: New York State Health Insurance Program (NYSHIP) Benefit Changes for Participating Agencies

DATE: November 2, 2011

This is a summary of Empire Plan benefit changes effective January 1, 2012 for Participating Agency enrollees and their covered dependents. Please note this summary information is not intended to provide a complete description of each change. Enrollees will receive information concerning the January 1, 2012 changes in the *Empire Plan at a Glance* publication that will be mailed later this year. Prescription drug formulary changes will be reflected in the *2012 Flexible Formulary Drug List* which will be mailed with the *Empire Plan at a Glance* and will include a new group specific copayment card. Detailed information concerning these changes will be provided in the January 2012 *Empire Plan Report and Certificate Amendments*, which will be mailed directly to your agency's enrollees. If enrollees have any questions concerning these benefit changes they should contact the appropriate Empire Plan program by calling 1-877-7-NYSHIP (1-877-769-7447).

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

As a result of NYSHIP's implementation of the requirements set forth under the MHPAEA, effective January 1, 2012, the Medical/Surgical and Mental Health Substance Abuse (MHSA) Programs will have a shared annual non-network deductible, and the Hospital, Medical/Surgical, and MHSA Programs will have a shared annual coinsurance maximum. The shared annual non-network deductible **will not** include the Managed Physical Medicine Program (MPN) annual non-network deductible. The MPN Program will continue to have a separate annual non-network deductible of \$250 for the enrollee, \$250 for the spouse/domestic partner and \$250 for all dependent children combined.

Shared Annual Non-Network Deductible: The annual non-network deductible will increase to \$1000 for the enrollee, \$1000 for the spouse/domestic partner and \$1000 for all dependent children combined.

Shared Annual Coinsurance Maximum: The annual coinsurance maximum will increase to \$3000 for the enrollee, \$3000 for the spouse/domestic partner and \$3000 for all dependent children combined.

Medical/Surgical Program Changes

Effective January 1, 2012, **Independent Nurse Practitioners** and **Convenience Care Clinics** (“**Minute Clinics**”) will be eligible to become participating providers. There will be no non-network coverage for these providers.

Prescription Drug Program Changes

Flexible Formulary: Effective January 1, 2012 NYSHIP will implement enhancements to the flexible formulary:

- Brand-name drugs may be placed on Level 1 and their high cost generic alternative excluded or placed on Level 3 when clinically appropriate and financially advantageous (Brand for Generic Program).
- Certain therapeutic categories may not have a brand-name drug on Level 2.
- A prescription drug may be excluded if it contains one or more active ingredients available in another covered prescription drug.
- A prescription drug may be excluded if it is a therapeutic equivalent or modified version of another covered prescription drug or over-the-counter medication.

Prescription Drug Copayments: Effective January 1, 2012, copayments for prescriptions received at a Network Retail Pharmacy, the Mail Service Pharmacy and the Specialty Pharmacy will be:

30 day Supply at Network Retail Pharmacy, Mail Service Pharmacy or Specialty Pharmacy

Level 1 or Most Generic Drugs	\$5
Level 2, Preferred Brand-name Drug or Compound Drug	\$25
Level 3 or Non-preferred Brand-name Drug	\$45

31 to 90 day Supply at Network Retail Pharmacy

Level 1 or Most Generic Drugs	\$10
Level 2, Preferred Brand-name Drug or Compound Drug	\$50
Level 3 or Non-preferred Brand-name Drug	\$90

31 to 90 day Supply at Mail Service Pharmacy or Specialty Pharmacy

Level 1 or Most Generic Drugs	\$5
Level 2, Preferred Brand-name Drug or Compound Drug	\$50
Level 3 or Non-preferred Brand-name Drug	\$90

We have attached to this memo a one page summary of the 2012 NYSHIP benefit changes, which can be provided to enrollees as a supplement to the materials normally distributed during health fairs or employee information days.

2012 Empire Plan Benefit Changes for Participating Agencies

Medical/Surgical & Mental Health Substance Abuse (MHSA) Programs

Shared Annual Non-Network Deductible of \$1000 for enrollee, \$1000 for spouse/domestic partner, \$1000 for all dependent children combined (does not include MPN Program annual non-network deductible)

Medical/Surgical, Hospital & MHSA Programs

Shared Annual Coinsurance Maximum of \$3000 for enrollee, \$3000 for spouse/domestic partner, \$3000 for all dependent children combined

Medical/Surgical Program

Independent Nurse Practitioners will be eligible to become participating providers (no non-network coverage)

Convenience Care Clinics (“Minute Clinics”) will be eligible to become participating providers (no non-network coverage)

Prescription Drug Program

30 day Supply at Network Retail Pharmacy, Mail Service Pharmacy or Specialty Pharmacy

Level 1 or Most Generic Drugs	\$5
Level 2, Preferred Brand-name Drug or Compound Drug	\$25
Level 3 or Non-preferred Brand-name Drug	\$45

31 to 90 day Supply at Network Retail Pharmacy

Level 1 or Most Generic Drugs	\$10
Level 2, Preferred Brand-name Drug or Compound Drug	\$50
Level 3 or Non-preferred Brand-name Drug	\$90

31 to 90 day Supply at Mail Service Pharmacy or Specialty Pharmacy

Level 1 or Most Generic Drugs	\$5
Level 2, Preferred Brand-name Drug or Compound Drug	\$50
Level 3 or Non-preferred Brand-name Drug	\$90

Flexible Formulary Enhancements

- Brand-name drugs may be placed on Level 1 and their high cost generic alternative excluded or placed on Level 3 when clinically appropriate and financially advantageous (Brand for Generic)
- Certain therapeutic categories may not have a brand-name drug on Level 2
- A prescription drug may be excluded if it contains one or more active ingredients available in another covered prescription drug
- A prescription drug may be excluded if it is a therapeutic equivalent or modified version of another covered prescription drug or over-the-counter medication