



**PE21-21**

**TO:** Participating Employer Health Benefits Administrators  
**FROM:** Employee Benefits Division  
**SUBJECT:** Mass Reissuance of NYSHIP Benefit Cards  
**DATE:** November 12, 2021

Effective January 1, 2022, a new federal law requires the inclusion of annual out-of-pocket costs on employee health insurance benefit cards and this requirement impacts all NYSHIP plans.

**Empire Plan Benefit Cards**

Beginning on Monday, November 15, 2021, new Empire Plan benefit cards will be issued for all enrollees and covered dependents.

New cards will be issued based on enrollee last name and the entire reissuance will take approximately 35 calendar days. The Empire Plan benefit card vendor is working from a list based on the information in NYBEAS on November 9, 2021; therefore, enrollments and changes with a process date of November 10, 2021, or later will receive the newly designed benefit card as part of the regular weekly production schedule.

Enrollees can begin using the new benefit cards immediately and securely shred or destroy all other cards. Enrollees do **not** need to activate this card or place a call to the Department or the Empire Plan administrators prior to use.

**What is Different:**






The new benefit cards will include annual deductible and out-of-pocket maximum information based on the enrollee's Benefit Program. To accommodate differences in these amounts, there will be two versions of the cards (Individual and Family). Note that the in-network out-of-pocket drug maximum does not apply to Empire Plan Medicare Rx enrollees and dependents. The cards have also been redesigned to incorporate Plan and administrator logos, the group number and bin number as well as the Department of Civil Service website.

**What is not Changing:**






Information included with the new card advises enrollees that the nine-digit identification number ("AltID") is not changing and that health benefits are not changing. The card will

continue to list The Empire Plan toll-free number and other important information to aid with claims submissions.

The new Empire Plan Individual coverage benefit cards will appear as follows:

 <p><b>123456789</b> JEANNIE EMPIRE PLAN ENROLLEE</p> <p><b>In-network Out-of-Pocket Limits:</b> Drug: \$XXXX, Non-Drug: \$XXXX  <b>Non-network Combined Deductible:</b> \$XXXX  <b>Non-network Combined Coinsurance Max:</b> \$XXXX  <b>Physical Medicine Program Deductible:</b> \$250</p>	<p><b>For enrollee services, precertification &amp; provider relations, please call:</b>  <b>1-877-7-NYSHIP (1-877-769-7447)</b>  <b>For details on your health benefits, visit <a href="http://www.cs.ny.gov/employee-benefits">www.cs.ny.gov/employee-benefits</a></b></p> <p><b>Providers:</b> This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.  <b>Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan.</b> Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.</p> <p>  Group# 030500                    Bin# 004336       </p> <p>Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Beacon Health Options. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.</p> <p>In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.  <small>Administered by the New York State Department of Civil Service</small></p>
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The new Empire Plan Family coverage benefit cards will appear as follows:

 <p><b>123456789</b>          JEANNIE EMPIRE PLAN ENROLLEE          JOHN EMPIRE PLAN DEPENDENT PARTNER          JANE EMPIRE PLAN DEPENDENT          MICHAEL EMPIRE PLAN DEPENDENT          JAMES EMPIRE PLAN DEPENDENT          MARY EMPIRE PLAN DEPENDENT</p> <p><b>In-network OOP Limits:</b> Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family)  <b>Non-network Combined Deductible:</b> \$XXXX (Enrollee; Spouse/Partner; all Children combined)  <b>Non-network Combined Coinsurance Max:</b> \$XXXX (Enrollee; Spouse/Partner; all Children combined)  <b>Physical Medicine Program Deductible:</b> \$250 (Enrollee; Spouse/Partner; all Children combined)</p>	<p><b>For enrollee services, precertification &amp; provider relations, please call:</b>  <b>1-877-7-NYSHIP (1-877-769-7447)</b>  <b>For details on your health benefits, visit <a href="http://www.cs.ny.gov/employee-benefits">www.cs.ny.gov/employee-benefits</a></b></p> <p><b>Providers:</b> This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.  <b>Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan.</b> Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.</p> <p>  Group# 030500                    Bin# 004336       </p> <p>Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Beacon Health Options. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.</p> <p>In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.  <small>Administered by the New York State Department of Civil Service</small></p>
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If you have questions regarding the new Empire Plan benefit cards, please call the HBA Helpline at (518) 474-2780.

### HMO Benefit Cards

All NYSHIP Health Maintenance Organizations (HMOs) will also be reissuing benefit cards for the 2022 plan year to comply with federal law. HMO enrollees should contact their HMO with any additional questions.