



NY22-25

TO: New York State Agency Health Benefits Administrators
FROM: Employee Benefits Division
SUBJECT: Annual Employee Benefit Card Mass Reissue
DATE: November 2, 2022

Each year the federal Patient Protection and Affordable Care Act sets new amounts limiting total network out-of-pocket costs. This federal law requires the inclusion of annual out-of-pocket costs on employee health insurance benefit cards and impacts all NYSHIP plans.

Empire Plan Benefit Cards

EBD will issue new Empire Plan benefit cards for all enrollees and covered dependents beginning in mid-November of each year. New benefit cards will also be issued when there is a change to the annual out-of-pocket costs due to collective bargaining.

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 Empire Plan Individual Coverage benefit cards will appear as follows:

Sample benefit card layout showing NYSHIP logo, The Empire Plan logo, ID number 123456789, and enrollment name JEANNIE EMPIRE PLAN ENROLLEE. Includes in-network and non-network out-of-pocket limits and deductibles.

Sample benefit card layout showing provider information, contact details for NYSHIP (1-877-7-NYSHIP), and logos for United Healthcare, MultiPlan, beacon, and CVS Caremark. Includes group number 030500 and plan details.

The Empire Plan Family Coverage benefit cards will appear as follows:

 <p><b>123456789</b></p> <p>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><small>In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family) Non-network Combined Deductible: \$XXXX (Enrollee; Spouse/Partner; all Children combined) Non-network Combined Coinsurance Max: \$XXXX (Enrollee; Spouse/Partner; all Children combined) Physical Medicine Program Deductible: \$250 (Enrollee; Spouse/Partner; all Children combined)</small></p>	<p><b>The Empire Plan</b></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>   <b>Blue Cross Prefix: YLS</b></p> <p> Group# 030500    Bin# 004336</p> <p><small>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. In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees. Administered by the New York State Department of Civil Service</small></p>
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If you have questions regarding the new benefit cards, please call the HBA Helpline at (518) 474-2780.

### HMO Benefit Cards

All NYSHIP Health Maintenance Organizations (HMOs) will also reissue benefit cards annually for the upcoming plan year. HMO enrollees should contact their HMO with any additional questions.