

New York State Special Option Transfer Webinar

Session 1: Wednesday, April 19

Session 2: Thursday, April 27

Q&A

Special Option Transfer Period Overview

Q: Why is the Special Option Transfer Period occurring? Are the rates/choices changing?

A: CSEA, the largest union representing New York State employees, and the Unified Court System (UCS) have negotiated new contracts with New York State. Those benefit changes have been administratively extended to unrepresented groups, such as Management Confidential (M/C) and NYS Retirees.

Q: What is the effective date of these changes?

A: July 1, 2023.

Q: Will there be a Special Option Transfer Period every year?

A: No. As mentioned, this Special Option Transfer Period was required to implement mid-year benefit changes agreed to by state employee unions.

Q: Which groups will this apply to?

A: The impacted groups are CSEA, M/C, UCS, and New York State Retirees.

Q: Does this Special Option Transfer period only apply to CSEA represented staff?

A: The impacted state groups are CSEA, M/C, UCS, and New York State Retirees.

Q: Are PEF employees eligible to participate in this Special Option Transfer Period?

A: No. The only state groups impacted are CSEA, M/C, UCS, and New York State Retirees.

Q: Are pre-tax changes allowed?

A: No; this is not a pre-tax election period. Pre-tax status changes may only be made during the Annual Pre-Tax Election Period at the end of the calendar year.

Q: If an employee is already in pre-tax and they change, can they stay pre-tax?

A: Correct; if an employee has elected pre-tax for 2023, they will stay in pre-tax for the rest of the year. This special option transfer period is only for employees to change their plan option, change from family to individual coverage, or cancel their coverage.

Q: What is the difference between cancelling coverage during the special option transfer period and the opt out program?

A: The NYSHIP Opt-Out Program is a benefit through which an employee receives incentive payments for opting-out of NYSHIP when they have other coverage. Cancellation of coverage is just canceling coverage and the employee would not be receiving any incentive payments.

Q: Is Opt-out enrollment the only change that is not allowed during the Special Option Transfer Period?

A: Employees may not enroll in the NYSHIP Opt-Out program or change their Pre-Tax Contribution Program status outside of the annual option transfer period and may not enroll in PEP during the Special Option Transfer Period.

Q: Is the PLN/CHG transaction the correct keying option to use for an employee who wants to change their coverage from Individual to Family?

A: The PLN/CHG transaction would be used when an employee changes their NYSHIP plan option. For

example, they request to change from the Empire Plan to an HMO. For requests to change coverage from family to individual, please use the CCO/OPN transaction.

Q: Will EBD also be mailing information to enrollees on this special option transfer period?

A: Yes; a rate change publication and an updated *Empire Plan Report* will be mailed to employees regarding these changes.

Q: When PEF reaches a contract, could we expect these changes to then apply to PEF employees as well?

A: The PEF contract has not been settled, and at this time we do not have any information on the benefits that will be part of the agreement.

Empire Plan Benefit Changes

Q: Do these changes apply to NYSHIP HMO plans?

A: These benefit changes do not apply to HMOs. However, there will be HMO rate changes for certain HMO options.

Q: Can you please clarify if Telemedicine is subject to a copay?

A: Yes, telemedicine visits with a participating provider are subject to a copay. A copay waiver (no enrollee cost share) only applies when using LiveHealth Online, the telemedicine program administered by Empire BlueCross. LiveHealth Online can be accessed at: www.empireblue.com/nys

Q: Does the LiveHealth Online benefit include LiveHealth Kids?

A: Yes, it includes LiveHealth Kids.

Q: Does an in-network massage therapist have to be affiliated with a contracted PT or Chiropractor's office?

A: The Empire Plan does not maintain a network of massage therapy providers.

Q: Since there are no in-network massage therapists, how is this benefit covered?

A: There is not a provider network for massage therapy. The only change is that there will be an annual 20-visit limit on massage therapy services.

Q: If enrollees have already surpassed the new out-of-pocket limits for 2023, will they be reimbursed?

A: No, they will not be reimbursed. If enrollees have met or surpassed the new limits, they will not have any additional in-network cost share starting on July 1.

Q: What is the change for mental health benefits?

A: The allowed amount for out-of-network mental health and substance use practitioner claims will be based on 275% of Medicare rates. The current deductible and coinsurance amounts are not changing.

Q: Will cards be reissued only to those in the bargaining units impacted by the change, or will the reissue occur for all Empire Plan enrollees?

A: Empire Plan benefit cards will only be re-issued to those groups and bargaining units impacted by the changes: CSEA, UCS, M/C, and NYS retirees.

Q: Will new cards be issued to all employees in these groups, or only those who are making changes to their coverage for July 1?

A: New cards will be issued to all employees in the affected groups, which are: CSEA, UCS, M/C and NYS retirees. Empire Plan benefits are changing for these groups on July 1, so a new benefit card is required.

Q: Does the elimination of copay stacking include copays for X-rays and blood work done the same day? For example, if a patient sees their doctor and an X-ray is administered, is there a copy for the office visit and the X-ray, or only one copay?

A: Beginning July 1, any combination of office visits, office surgery, radiology and laboratory services done on the same day by the same provider will be subject to a single copay. Labs or blood work sent out by your provider to a different provider (such as to Quest or LabCorp) will be subject to a separate copay.

Q: To clarify the copay stacking benefit, I understand there will be one copay per doctor's visit including testing done the same day. If a patient has to return to the doctor and the only reason for the appointment is for a follow up to the previous test, will there be an additional copay for that visit?

A: Yes, there would be a single \$25 copay charged for the follow-up visit, in addition to the single \$25 copay for the initial visit.

Q: Does a wellness checkup appointment include EKG or is this separate copay?

A: An EKG is not considered a preventive service and is subject to a copay.

Q: Will there be a separate copayment for labs and bloodwork?

A: If the provider processes the lab and does the lab work at their office, there would be only one copay. Often bloodwork is done at an offsite lab; that service would be subject to a copay.

Q: Is a pap test included in annual visit with a gynecologist or is this extra?

A: Pap tests are billed separately from an annual visit with a gynecologist and can be preventive (no copayment) depending upon the diagnosis and age of the patient. This is listed in the *2023 Empire Plan Preventive Care Guide* under "Screening women for cervical cancer up to age 65, including Pap test."

Q: Would multiple tests done on the same day at the same location (such as a breast ultrasound and a mammogram) be covered by one copay?

A: Under New York State law, breast ultrasounds and mammograms are not subject to copay, regardless of the diagnosis. For other radiology tests, multiple tests on the same day at the same provider will not incur multiple copays. However, if a location has multiple providers, then multiple copays could apply. For example, if a medical building has a primary care physician (PCP) practice and a radiology practice, these would be at the same location, but they are not the same provider and would each incur their own copays for any services rendered.

Q: At present, it's an 80/20 split for medical surgical for out-of-network care. Does that change when using the 275% of Medicare costs for medical services?

A: No; the deductible and coinsurance amounts will not change, nor will the rules for applying deductible and coinsurance. The change will be the rates used by the plan to consider payment of the claims.

NYSHIP Rate Changes

Q: To what groups will these rate changes apply?

A: These rate changes apply to CSEA, M/C, UCS, and NYS retirees (and Empire Plan enrollees of non-State agencies, i.e., Participating Agencies and Participating Employers).

Q: Will the reduced rates and Special Option Transfer Period also be applicable to retirees?

A: These benefit changes and new rates have been administratively extended to unrepresented groups such as retirees. Retirees are unrepresented, so these benefit changes have been extended to them.

Q: Will these changes affect Vestee rates?

A: Vestees are considered a post-employment group, so they are an unrepresented group, similar to retirees.

Q: Is there a reason the changes apply to only one set of unions and not for UUP? Will this standardize at all at the end of the year during that option transfer?

A: UUP has not ratified a new agreement with the State. Until it does, benefits in its current agreement will be in effect. The same is true for other unsettled union groups.

Q: Does this mean there will be different rates for PEF vs CSEA for certain plans?

A: Yes; PEF is still in negotiations with the state; these July 1 benefit changes and rate changes will not apply to PEF members.

Q: Are HMO Blue (072) rates changing? I didn't see that one on the chart.

A: Rates for HMO Blue are not changing on July 1.

Q: Will pension deductions automatically change?

A: Yes; the deductions from employee checks and pension checks will be updated automatically.

Q: Do we need to notify affected employees who are on Leave Without Pay and paying full share cost?

A: A rate change letter will be mailed to all enrollees currently on leave without pay.

General Questions

Q: Is Ellis Hospital going to accept The Empire Plan?

A: Empire BlueCross, The Empire Plan's Hospital Program administrator, has reached an agreement with Ellis Medicine and as a result, Ellis Medicine will continue to be a network provider with The Empire Plan. Ellis Medicine facilities include Ellis Hospital, Ellis Hospital Skilled Nursing Facility Unit, Bellevue Woman's Center and the Medical Center of Clifton Park (urgent care).