

# 2023 Benefit Change Webinar for Participating Agencies

## Combined Sessions

### Q&A

#### **PELU Updates**

##### Federal premium reporting

**Q:** If the reporting is in prior to June 1, will it still be there on June 1?

**A:** You must submit your premium information prior to when the portal closes on May 5.

**Q:** If we filed the report already, can we still view it in NYBEAS?

**A:** You should be able to view the information in NYBEAS by entering your agency code on the Federal Premium Reporting page in NYBEAS.

**Q:** How do we know if we already submitted the needed reporting?

**A:** Confirm by visiting the Federal Premium Reporting page in NYBEAS and entering your agency code. Mandatory Federal Premium Reporting Requirement instructions can be found in HBA Memo PA 22-11.

##### When to Contact PELU

**Q:** If we activate a new contract where the employee pays a higher percent, we should notify PELU?

**A:** Yes, any time you change contribution rates, eligibility requirements, or make other changes to your participation in NYSHIP, please notify PELU with an updated resolution. Please include any supporting documentation you can provide such as a resolution document, minutes from a meeting of your agency's governing body, or an excerpt of a collective bargaining agreement. You can e-mail the notification and supporting documentation to [PELU@cs.ny.gov](mailto:PELU@cs.ny.gov).

#### **Empire Plan Benefit Changes**

The Benefit Changes video is available here: [Benefit Changes for the Empire Plan Effective July 1, 2023](#)

**Q:** Will we receive a summary of benefit changes for distribution to employees?

**A:** Yes, a Special Empire Plan Report is scheduled to mail soon to enrollees, which includes information about the new benefits. You can find the document at NYSHIP Online and in [HBA Memo PA23-04](#) for the Empire Plan or [HBA Memo PAEX23-04](#) for The Excelsior Plan.

**Q:** Will there be an updated At a Glance handbook with these changes?

**A:** Updated *At A Glance* publications will be mailed to enrollee homes in July. Please refer to [HBA Memo PA23-04](#) for the Empire Plan or [HBA Memo PAEX23-04](#) for The Excelsior Plan.

**Q:** Do these benefit changes also affect The Excelsior Plan?

**A:** Some, but not all of these changes will impact Excelsior Plan members. The massage therapy/acupuncture as well as the site of care changes will apply to Excelsior beginning July 1. The out-of-network changes will not apply to Excelsior Plan enrollees, because their out of network maximum is already lower than the Empire Plan. Excelsior Plan enrollees already have a no copay-stacking benefit. These changes will be outlined in the updated *At a Glance* publication for The Excelsior Plan; see [HBA Memo PAEX23-04](#).

**Q:** My District is under NYSUT and NOT CSEA, so the July 1st changes would not impact my District, correct?

**A:** The changes have been extended to and will impact **all** Participating Agency employees and retirees.

### Single Visit Copayment

**Q:** Will the copays change from \$25?

**A:** No. The change is that only one \$25 copay will be charged even if more than one service is provided (such as a visit and a lab test).

**Q:** With the elimination of the copay stacking, it seems like there is a net improvement in benefits - not a decrease to result in a lower premium - can you explain?

**A:** It is true, the elimination of copay stacking is an enhancement; however, the out-of-network change and other limits drive savings that outweigh the enhancement of the copay stacking being removed.

**Q:** Will the no copay-stacking benefit apply to walk-in visits?

**A:** The urgent care copay is \$30, and there can be up to 2 copays per urgent care visit. This benefit applies to providers who currently have a \$25 office visit copay.

### No Copayment for Virtual Visits using LiveHealth Online

**Q:** Does the Behavioral Health Program require a copay above the \$25 normal fee for Live Health Online?

**A:** As of July 1, there will be no copay charged for Empire Plan enrollees using Live Health Online, regardless of whether the provider is a medical or behavioral health provider.

### New Center of Excellence (COE) Program for Substance Use Disorder

**Q:** If an active employee or dependent is enrolled in the Center of Excellence program and then becomes Medicare-primary, will there be any charges for visits or tests?

**A:** The new MHSU Center of Excellence (COE) for substance use disorder is only available to Empire Plan-primary enrollees; this is due to current Medicare rules. However, the existing Empire Plan COEs for Cancer Services, Transplants, and Infertility are available to all Plan enrollees, including those who are Medicare primary, and there is no cost for care when received at a COE.

### New Site of Care program for Infusions

**Q:** Is Entivyo a covered biosimilar for infliximab/Remicade?

**A:** Entivyo is not a biosimilar for infliximab/Remicade.

### Visit Limits for Out-of-Network Acupuncture Services and Massage Therapy Services

**Q:** Is there a co-pay for each acupuncture visit? What is the visit limit for acupuncture now as opposed to July 1st, 2023?

**A:** Yes, if you are using an in-network provider, there will be a \$25 copay. The visit limit applies only to out-of-network providers.

**Q:** Does the 20-visit limit for massages apply for in-network providers or all providers per calendar year?

**A:** The Empire Plan does not maintain a network of massage therapy providers. The limit will be 20 visits per calendar year.

**Q:** If a member has medical reasons for a massage and has a prescription, is the 20-visit limit for massage still effective?

**A:** Yes; the 20-visit limit per calendar year applies.

**Q:** For out of network massage, will the amount that we pay the provider out of pocket change with the new reimbursement methods?

**A:** The amount could change; out-of-network providers can balance bill for their charges. The annual out-of-network deductible (\$1,250) and coinsurance (\$3,750) will continue to apply to non-network providers.

**Q:** Why not just limit the amount providers can charge for acupuncture & massage instead of limiting the number of visits?

**A:** Out-of-network utilization is a cost driver within The Empire Plan, and the new 20-visit limit negotiated still exceeds benefits of most health plans, including Medicare.

### New Reduced In-Network Maximum Out of Pocket Limits

**Q:** Does preventive care include cost for labs if an employee is eligible for Medicare?

**A:** If the service is designated as preventive care, the Empire Plan covers the service with no cost when using a network provider. Please see the Empire Plan Preventive Care Coverage Guide for a list of covered services, found on NYSHIP Online.

**Q:** What competitive incentive is being placed on providers to drive down costs yet maintain quality of service?

**A:** The Empire Plan negotiates contracts with network providers that maintain competitive rates and gives many providers opportunities to participate in value-based agreements that are focused on improving quality care.

### New Reimbursement Method for Non-Network Claims

**Q:** How will the out of network cost-sharing affect those who choose to go to out of state hospitals for treatments that they cannot receive where they are located? Will the out of network cost go to their deductible?

**A:** Emergency care is covered under the federal surprise billing law. Otherwise, scheduled care may be subject to out-of-network charges.

### Empire Plan ID Card re-issue

**Q:** What is the process by which enrollees will receive new benefit cards?

**A:** Civil Service will be mailing new cards to Empire Plan enrollees in the upcoming weeks. The member can use the card immediately; there is no need to call or register the card with the plan.

**Q:** Will the new benefit cards come with an explanation as to why the member is receiving a new card?

**A:** The cards themselves will not be mailed with an explanation of the benefit changes, but enrollees will separately receive an Empire Plan Report summarizing the changes.

### COVID-19 Update: End of the Public Health Emergency Period

**Q:** Are participants no longer able to obtain free COVID-19 tests monthly from a drug store after May 11th?

**A:** That is correct; The Empire Plan will no longer offer coverage for OTC COVID-19 tests.

### Financial Updates

**Q:** Normally, the rates change towards the end of the calendar year for HBAs to adjust these new rates for the new year in January. Is this reasonable? Will the new rates change more than once a year going forward?

**A:** Typically rates only change on January 1. However, CSEA State employees negotiated benefit changes for July 1, 2023. These changes are being extended to unrepresented groups, including employees and retirees of Participating Agencies, which is customary when NYS groups ratify new benefit plan changes.

**Q:** A global rate change for all active and retired employees will occur on 7/1/2023?

**A:** The 7/1/2023 rate changes apply to all Participating Agencies employees and retirees.

**Q:** Do these rate changes impact the Excelsior plan or are those rates remaining the same?

**A:** The Excelsior Plan rates are also changing, but with a less significant decrease than The Empire Plan. This is in part because not all of the July 1 benefit changes are applicable to The Excelsior Plan.

**Q:** What do PA Agencies' rates have to do with CSEA bargaining units?

**A:** The plan design is determined by New York State employee collective bargaining. Those changes are then extended to PAs and other unrepresented populations.

**Q:** What is the PA 5-Tier Group? Is that all PAs?

**A:** Yes; all Participating Agencies have a 5-tier premium structure (Individual, Family, Individual 1 Medicare, Family 1 Medicare, Family 2 Medicare)

**Q:** Can you explain why NYSHIP does not have an employee +1 tier?

**A:** The current premium rate structure is established through collective bargaining and extended to unrepresented employees; current state collective bargaining has set the current individual/family rate structure. To make a +1 option would make most enrollees' Family coverage increase and be detrimental to a majority of people; this is why a +1 option has not been agreed to with employee unions.

**Q:** When will the flat rates be put on NYBEAS for this change?

**A:** You can find the rates (past and current) in NYBEAS under Flat Rate Summary.

**Q:** Will enrollees be informed of the rate changes?

**A:** NYSHIP doesn't send rate publications to enrollees for PA agencies. Rates will be posted online soon, and agencies are responsible for communicating the changes to their employees and retirees.

**Q:** Will the rate change trigger a qualifying event for IRS purposes?

**A:** PAs are responsible for administering their own Pre-Tax Contribution Programs, so you should refer to your agency's counsel for that information.

**Q:** To confirm, this is only a 6-month adjustment, rates will change again on 1/1/24? Are you projecting rate changes in January 2024?

**A:** Rate renewal will be done in 2024 as it is every year. Projections have only just come in from the first quarter of 2023, so we are not yet able to predict the 2024 rates.

**Q:** How was the 2.7% rate decrease derived/calculated? Why was no dividend applied?

**A:** A projection was made by our medical vendor based on the upcoming changes. The projection was based on all Empire Plan enrollees receiving the 7/1/2023 benefit changes. The vendor projected nearly \$318 million in plan-wide savings on an annual basis. The \$318 million in savings is equivalent to reduced aggregate plan-wide required premium in the same amount. The reduced required premium amount is distributed amongst all plan-wide enrollees in the same manner that the 1/1/2023 plan-wide required premium was distributed. The reduced required premium amount results in a 2.73% net decrease to the Empire Rates – these reduced rates are only applicable to those enrollees who will experience benefit changes on 7/1/2023.

**Q:** If no dividends are applied for the 2024 rate, should we expect another rate increase similar to the net increase for 2023?

**A:** There is only a small dividend available compared to the total overall premium. The dividend was not applied so that amount can be saved for future rate-stabilizing purposes.

**Q:** Will the January 2024 rates be based on the January 2023 rates or the revised July 2023 rates?

**A:** For PAs, the January 2024 rates will be developed based on the July 2023 rates and benefits.

**Q:** Are the 7/1/23 rate decreases due mainly from a large increase 1/1/23 (over inflated) or due to just the 7/1/23 plan changes (which seem will cost more for NYSHIP)?

**A:** The rates were adjusted based upon the expected costs of the benefits that have changed effective July 1, 2023.

**Q:** Can we consider smoothing out dividends so that rate changes from year-to-year aren't so extreme? It is hard to manage in a tax cap environment.

**A:** Moving forward, our aim is to be more consistent with the application of the dividend to stabilize rate fluctuations.

**Q:** Why did the Empire Plan rate increase by 15% to 16% from year-to-year last January?

**A:** Going forward, we are working on stabilizing rates as much as possible.

**Q:** How does the Affordable care act affect our rates?

**A:** We continue to follow all the ACA mandates in place in terms of coverage.

## **General Questions and Answers**

**Q:** Will there be a separate webinar for the Excelsior Plan?

**A:** There will not be a separate webinar for The Excelsior Plan.

**Q:** Does this mean that the payroll deductions we take from employees on Empire will need to be amended to reflect these new rates as of 7/1/23? If this is the case, we need time to get ready.

**A:** This is up to your administration, but these rate changes will most likely result in a change to your employees' payroll deduction, so you should plan to have the rate changes implemented for July 1.

**Q:** Does that mean this is a new open enrollment period?

**A:** No. NYSHIP effective date rules, including late enrollment waiting period rules, still apply. For more information, please see the section "[When Coverage Begins](#)" in the [NYSHIP PA HBA Manual](#).

**Q:** Is each municipality entitled to only one HBA? I would like emails as the Comptroller, but they only go to HR currently.

**A:** Your agency may assign more than one NYBEAS user who has a business need to use the system. Your Data Access officer should request HBA permissions using the OCSPR system as described in [HBA Memo PA18-02](#). If you want to receive Department of Civil service e-mails, you can sign up for the mailing list for Participating Agencies at the following link: [HBA Updates for Participating Agencies](#).

**Q:** When do you believe the new cards will be mailed out?

**A:** We anticipate the new cards will be mailed about a month in advance of the July 1 benefit changes.

**Q:** Do we get coverage for gym memberships?

**A:** No, The Empire Plan does not offer coverage for gym memberships.

**Q:** These rates are effective July 1 but will be charged to employers in June, is that right?

**A:** Correct; billing for July will be processed on the first Friday in June.

**Q:** How do participants search for massage therapy providers? Is it under physical therapy?

**A:** The Empire Plan does not maintain a participating provider network for massage therapy providers.

**Q:** Just to clarify, it is up to each organization when to implement these rate changes to the employees?

**A:** Yes; EBD will begin changing the total premium amount it charges PAs beginning July 1 and it is up to your agency to extend those rate changes to enrollees.

**Q:** Where can I find HBA Memos?

**A:** You can find HBA Memos on HBA Online. HBA Online is an administrative resource for agency Health Benefit Administrators (HBAs). Your user ID and password is required. Log-in assistance is available. If you are an authorized user of HBA Online and you are unable to log into your account, please contact the ITS Help Desk: Phone: 1-844-891-1786. Email: [FixIT@its.ny.gov](mailto:FixIT@its.ny.gov)

**Q:** How long does it take to get access to NYBEAS?

**A:** NYBEAS access will be provided once an agency's Data Access Officer submits a request and then is approved by ITS. It may take 2-3 weeks. For more information, refer to [HBA Memo PA18-02](#).

**Q:** Some of our Retirees fall under the category of "Flat Rates," whereas they only pay, for example, \$200 annually for health insurance. How would these groups be impacted by the rate changes?

**A:** NYSHIP will adjust the amount it bills to your agency in accordance with the rate change effective July 1. It will be up to your agency to determine the appropriate enrollee share of the premium. If your employees have agreed to a flat rate premium, this will likely not change.

**Q:** Can PA offer the Excelsior plan and the Empire Plan?

**A:** No. A Participating Agency is not allowed to offer The Empire Plan and The Excelsior Plan to the same group or class of employees.