NEW YORK STATE | Student Employee Health Plan

NYSHIP SEHP Report

October 2022 • SEHP

New York State Health Insurance Program (NYSHIP) for Graduate Student Employees enrolled in the Student Employee Health Plan (SEHP), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their SEHP benefits

New York State Department of Civil Service, Employee Benefits Division | www.cs.ny.gov/employee-benefits

IN THIS REPORT

What's New

This *Report* summarizes the changes to your benefits and coverage under the New York State Health Insurance Program's (NYSHIP) Student Employee Health Plan (SEHP).

This *Report* includes information about:

- COVID-19 boosters and at-home tests (page 4)
- Remote health care services (page 5)
- Labs and testing (page 6)
- Updates to preventive care services (page 7)
- New non-binary option on enrollment forms (page 9)
- Safeguard yourself against health insurance fraud (page 13)

Using Your Benefits

Take Charge of Your Health and Costs by Choosing a Participating Provider

The Empire Plan offers more than 1.2 million participating providers nationwide through the Medical/Surgical Program to help you get the care you need to improve your health and well-being. **(Note:** SEHP uses the same network of providers as The Empire Plan.) Choosing from these providers can improve your experience and save you time and money.

A Network of Providers You Can Trust

Providers in the Plan network are thoroughly evaluated when they join the network. The Plan's Medical/Surgical Program administrator, UnitedHealthcare (UHC), verifies that they have the proper level of education, certification, professional experience and insurance to provide services. The evaluation also includes reviewing federal and state sources that monitor license sanctions and drug enforcement certificates, checking for board certification and examining any history of fraudulent or abusive billing practices. Ongoing re-evaluation ensures network providers continue to meet these standards for participation.

An Enhanced, Simplified Experience

Providers who participate in the Plan don't just agree to accept certain payment rates for covered services. They agree to be held to certain standards when interacting with patients (such as appropriately charging copayments and applying coinsurance) and to work with UHC directly on claims, appeals and other administrative tasks. UHC also works with network providers to improve health outcomes and encourages them to take advantage of electronic medical record and electronic prescribing systems.

Save Time and Money

Using participating providers can greatly reduce your out-of-pocket expenses and help contain premium costs. When you choose a participating provider, the provider files the claim and you pay only your copayment(s) for covered services. If you choose a nonparticipating provider, you will need to submit claim forms and pay a higher share of the cost.

Other Things to Consider When Choosing a Provider

Once you narrow down possible options, check the provider website and call the office to ask questions. Pay attention to the office staff as well as how your questions are answered.

- If your doctor isn't available, who will you see?
- Which hospital(s) are they affiliated with?
- Do they offer any weekend or evening appointments?

- Can you message the doctor outside of normal office hours?
- Is there staff that can assist you in languages in addition to English, if necessary?

How to Find a Provider or Get Help

The best way to find a participating provider is to go to NYSHIP Online (see *Contact Information*, page 14). From the homepage, select Find a Provider. Scroll to the Medical/Surgical Program and select the link to the online directory, which is updated weekly.

You can also go to myuhc.com or call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 14). A customer care representative will assist you with locating a provider or any other questions you have.

Always be sure to ask your provider if they participate in the UnitedHealthcare network for The Empire Plan before you receive services.

Get the Highest Level of Care by Choosing MHSU Network Providers

Similar to the Medical/Surgical Program, choosing to receive mental health and substance use treatment from one of more than 138,000 Empire Plan Mental Health and Substance Use (MHSU) network providers offers you the highest level of care, while also saving you time and money. Network providers have been credentialed by the MHSU Program administrator (Beacon Health Options) to ensure they meet the highest standards of education, training and experience.

According to program data, some of the benefits of choosing a network provider instead of receiving treatment from an out-of-network provider include:

- Higher success rates
- Lower readmission rates
- More frequent use of medication assisted treatment (MAT) for patients seeking substance use treatment
- Additional levels of support and treatment options after network facility stays for substance use

Call the Clinical Referral Line for Guaranteed Access to Network Benefits

Calling the Plan before receiving services for a mental health or substance use issue, including treatment for alcoholism or opioid misuse, can help ensure you receive a referral to a network provider and locate a provider who is accepting new patients. Note that certain MHSU services require certification that they are medically necessary. For information on which services require precertification, call the Plan and choose the MHSU Program (see *Contact Information*, page 14).

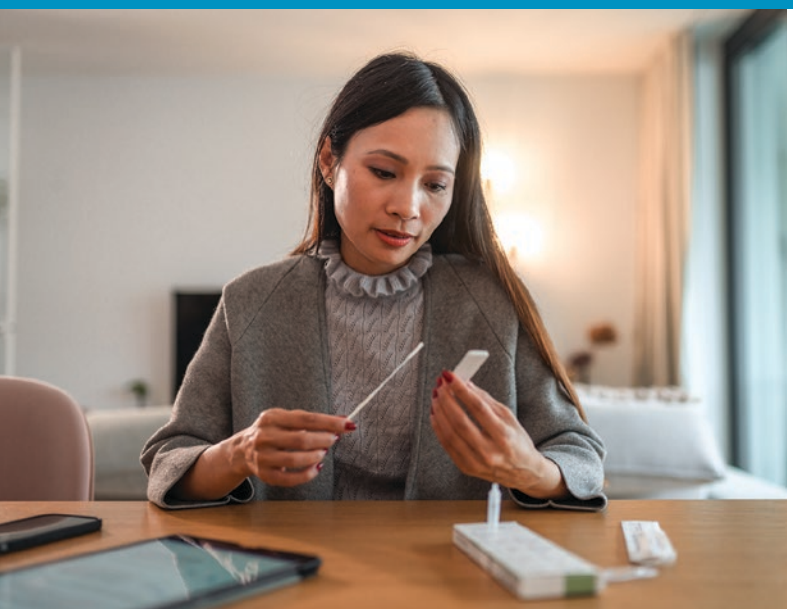
The MHSU Program's Clinical Referral Line is the clinical resource and referral service that you may call prior to receiving services to obtain network referrals. You may call 24 hours a day, seven days a week. It is staffed by licensed clinicians with professional experience in the mental health and substance use fields. These highly trained and experienced clinicians are available to refer you to an appropriate provider and help you schedule an appointment, if necessary. You will receive confidential help when making the call.

Under the MHSU Program, you have guaranteed access to network benefits. If there are no network providers in your area, you will receive network level benefits if you call the Clinical Referral Line before you receive services. A clinician will arrange your care with an appropriate provider. To reach the Clinical Referral Line, call the Plan and choose the MHSU Program. When prompted, press or say 3 for enrollee and then press or say 3 for the Clinical Referral Line.

Using ReferralConnect

You can also access the MHSU provider/facility directory by visiting NYSHIP Online (see *Contact Information*, page 14). From the homepage, select Find a Provider and under the MHSU Program, click on the ReferralConnect link. On this customized site you can search for individual doctors, counselors, groups and clinics or you can search for hospitals and programs. If you need help navigating ReferralConnect, click on the Search Tips icon or call the Plan and press or say 3 for the MHSU Program. Using ReferralConnect is private and confidential. You can search for providers from any computer with internet access.

SEHP Changes



COVID-19 Update

You and your family are best protected from severe COVID-19 illness when you stay up to date with your COVID-19 vaccines, which includes getting all recommended boosters when eligible. At-home, over-the-counter (OTC) COVID-19 diagnostic tests help to further reduce the chances of spreading COVID-19. OTC tests provide rapid results in minutes and can be used anywhere, regardless of whether you have symptoms.

COVID-19 Vaccines and Boosters

The Centers for Disease Control (CDC) recommends COVID-19 primary series vaccines for everyone age six months and older, and COVID-19 boosters for eligible individuals age five years and older. Vaccine recommendations vary depending upon age, the date the first vaccine was received and the time elapsed since the last dose.

At-Home Test Coverage

The Plan will cover up to eight OTC COVID-19 tests each calendar month. A doctor's order or prescription is not needed. COVID-19 OTC diagnostic tests are covered with no out-of-pocket cost at participating network pharmacies using your SEHP ID card.

To find a participating pharmacy, visit CVS.com or the CVS Pharmacy mobile app, click on COVID-19 OTC tests and enter your zip code. When prompted for your insurance information, enter the following:

- Rx BIN: 004336
- Rx PCN: ADV
- Rx GROUP: RX6027

Once you receive confirmation that OTC tests are available, you must pick up the tests at the front of the store and you will need to provide your name and confirmation number.

It is important to stay informed about COVID-19 vaccines, boosters and testing and take the recommended action to protect your health and that of your loved ones. The following resources are available:

- For information on the different types of COVID-19 vaccines and their approval status go to www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html.
- For information on the CDC's COVID-19 vaccine and booster recommendations go to www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html.
- To find a location to get COVID-19 vaccines or boosters, call 1-800-232-0233 (TTY 1-888-720-7489) or go to www.vaccines.gov.
- Visit NYSHIP Online (see *Contact Information*, page 14) and select What's New from the homepage for the latest information regarding Plan coverage for COVID-19 vaccines, boosters and at-home tests (including guidance on expiration dates).

Remote Health Care Services

You and your covered dependents have access to remote health care services that you can use for COVID-19-related issues and regular wellness care. They can also be used as a cost-effective alternative to urgent care centers or emergency rooms 24 hours a day, seven days a week.

LiveHealth Online (Hospital Program) – Through LiveHealth Online, you can access a board-certified doctor or licensed therapist for a telephone or video visit on your smartphone, tablet or personal computer at no cost. LiveHealth Online is available 24 hours a day, seven days a week and is an option for care when your own doctor is unavailable. You can see a doctor in minutes regardless of your location or the time of day. To register, go to www.empireblue.com/nys and select the link to LiveHealth Online. You will be redirected to the LiveHealth Online website, where you can select the link to "Sign up." When registering, be sure to select Empire BlueCross and enter your SEHP identification (ID) number to ensure your copayment is waived.

Telehealth Visits (Medical/Surgical Program) – During the COVID-19 pandemic, many participating providers began offering patients access to virtual medical visits using smartphones, tablets or personal computers. Telehealth visits with a participating provider are subject to the same copayment as in-person visits, with the exception of telehealth visits to diagnose COVID-19 and the monkeypox virus. Contact your provider directly to learn whether virtual visits are available.

If you have questions about accessing remote health care services, call the Plan and select the prompt for the appropriate Program (see *Contact Information*, page 14).

2023 Maximum In-Network Out-of-Pocket Limit

Each year the Patient Protection and Affordable Care Act sets new amounts limiting total network out-of-pocket costs. **Effective January 1, 2023**, the maximum out-of-pocket limit for covered, in-network services under the Plan is $9,100 for Individual coverage and $18,200 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs, as specified in the chart below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, your copayments will be reimbursed.

2023 Maximum In-Network Out-of-Pocket Limit

	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	$3,200	$5,900
Family Coverage	$6,400	$11,800

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call the Plan and choose the Prescription Drug Program (see *Contact Information*, page 14). If you have any questions about your limit for all other covered in-network services, choose the Medical/Surgical Program.

Benefits Focus: Labs and Testing

Laboratory tests and other diagnostic tests provide information to your doctor that can help them detect a condition, determine a diagnosis, plan treatment, check to see if treatment is working or monitor a disease over time. They are one of the primary tools that a provider uses to evaluate your condition and help keep you healthy.

Participating Laboratories

The Empire Plan network includes two national providers of laboratory services, Laboratory Corporation of America (LabCorp) and Quest Diagnostics. (**Note:** SEHP uses the same network of providers as The Empire Plan.) For current locations and to schedule an appointment, visit them online or call:

- LabCorp: www.labcorp.com or 1-888-LABCORP (1-888-522-2677)
- Quest: www.questdiagnostics.com or 1-866-MYQUEST (1-866-697-8378)

The Plan's Medical/Surgical Program administrator, UnitedHealthcare, also contracts with independent labs. You can locate these providers by using the online Medical/Surgical Program directory, calling the Plan's toll-free number or using the printed *Participating Provider Directory* for your area. When you choose a participating lab, your out-of-pocket expenses are lower. You pay only your copayment (if applicable) at the time of your visit.

When Copayments Apply

If you have lab work performed during an office visit or urgent care visit, a separate copayment may apply in addition to your visit copayment. Certain laboratory services are not subject to copayment, including well-child care, prenatal care and visits for preventive care. Additionally, you will not pay a separate copayment for lab services performed on the same day as surgery at a participating outpatient surgical location.

Prospective Procedure Review for Certain Imaging Tests

In addition to laboratory tests, your provider may recommend diagnostic imaging tests to help diagnose your symptoms. The Benefits Management Program includes Prospective Procedure Review, which requires you to call for advance approval of the following outpatient elective (nonemergency) high-tech imaging procedures: magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT) scan, positron emission tomography (PET) scan and nuclear medicine tests.

To Start the Review Process

Call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 14), then press or say 3 to reach the Benefits Management Program. To expedite the review, your provider's office may call the Benefits Management Program directly.

You (or your provider) will receive a notification number during the initial call when your request meets the medical review criteria. Within one business day of the request, both you and your provider will be sent a confirmation letter from UnitedHealthcare's vendor if the test is approved. For reviews that have not met medical criteria or when all required information is not available, additional communication with your provider may be necessary before the review can be completed.

Here are a few helpful reminders about the Prospective Procedure Review:

- Emergency services do not require a notification call.
- Inpatient services do not require a notification call, although an inpatient hospital admission does require a call to the Plan's Hospital Program administrator.
- Completing the review process does not guarantee benefits. Payment of benefits is determined upon receipt of the claim and is subject to plan benefits and patient eligibility.
- If you do not receive written confirmation from the Plan, call the Benefits Management Program **before** you go ahead with the procedure.

Note: If the Medical/Surgical Program Administrator determines that the procedure is not medically necessary, you may choose to proceed with the procedure. If it is determined through retrospective review that your procedure was not medically necessary, you will be responsible for the full cost of the procedure. You will receive no cost-sharing benefits. There are penalties for not complying with Prospective Procedure Review requirements.

Stay Up to Date on Preventive Care and Health Screenings

During the height of the COVID-19 pandemic, many put off scheduling preventive care and health screenings. If you were one of these people, it's time to get back on track. Keeping up with your annual checkups and screenings may help find issues early — when health conditions are typically more treatable.

Be sure to schedule your routine health exam and ask your doctor about what screenings are right for you. When your participating provider recommends preventive care services for you that meet federal Patient Protection and Affordable Care Act established criteria (such as age, gender and risk factors), those services are provided at no cost when you use a participating provider or network facility. **Note:** Select vaccines administered at a CVS Caremark vaccine network pharmacy are covered under the Prescription Drug Program.

Recent Changes

Guidelines for the following preventive care services have recently been updated.

- **Shingrix® Vaccine – Effective July 1, 2022**, this herpes zoster (shingles) vaccine is covered with no copayment for enrollees aged 19 and older.
- **Prediabetes Prevention – Effective January 1, 2022**, screening and preventive interventions for prediabetes and type 2 diabetes in adults aged 35 to 70 who are overweight or obese are covered in full. Prediabetes preventive services include medical nutrition therapy or counseling, individual preventive medicine counseling and behavioral counseling or therapy. **Effective August 1, 2022**, a certain strength of Metformin may be covered with no copayment for eligible members.

For a current list of covered preventive care screenings and vaccinations, refer to the *Empire Plan Preventive Care Coverage Guide*, which includes information about the difference between preventive and diagnostic care, questions and answers and a resource section. A copy of the 2023 *Guide* will be mailed to your home with the 2023 *At A Glance* in December and it will also be available on NYSHIP Online.

You can also receive reminder emails about preventive care exams and screenings if you have a myuhc.com account. If you don't already have an account, you will need either your SEHP ID number and group number from your benefit card or your Social Security number and zip code to register.

Vitamin D Testing

Vitamin D plays a key role in maintaining good bone health and it can be obtained from dietary sources or by skin exposure to the sun. However, recent studies have indicated that there is not enough evidence to recommend preventive screening for vitamin D deficiency in the general population. As a result, the medical guidelines for coverage of vitamin D testing were changed, **effective March 1, 2022**. Diagnostic vitamin D tests for you or your dependent(s) are covered only when medically necessary for the diagnosis and treatment of a condition associated with vitamin D deficiency. A maximum of four tests per year will be covered.

If you require vitamin D supplementation, your provider can either recommend an over-the-counter (OTC) product or write a prescription, depending upon which is appropriate for you. Prescription vitamin D products, which are more potent than OTC supplements, are covered by the Plan and subject to copayment.

If you have questions about vitamin D diagnostic testing, call the Plan and choose the Medical/ Surgical Program (see *Contact Information*, page 14).

Reproductive Choice and Plan Benefits

The Empire Plan covers a full range of reproductive access services. Benefits are available under the Medical/Surgical Program for therapeutic and elective pregnancy interruption (abortion) services when provided by a health care professional. Abortion services are available in New York State up to and including 24 weeks of pregnancy. After that point, an abortion can be performed if the health of the mother or pregnancy is at risk. Services received from a participating provider are covered at no cost, while those received from a nonparticipating provider are subject to deductible and coinsurance.

Since the FDA approved the pregnancy termination drug mifepristone in 2000, medication abortions now account for more than half of all abortions in the United States. A single dose of the medication is used in combination with misoprostol, which is taken 24 to 48 hours later. The two-drug regimen can be used through 70 days (10 weeks) of gestation, dated from the first day of the last menstrual period.

Mifepristone is typically provided at the facility initiating treatment and is covered through the Medical/Surgical Program, but it recently became available through the Prescription Drug Program as well. There may be state-specific dispensing and other laws that restrict access to these medications. These restrictions apply to the dispensing of medication where a member resides, not where the pharmacy is located. As of the date of this publication, neither CVS Specialty nor CVS Caremark Mail Service Pharmacy dispense mifepristone. Talk to your doctor or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select option 4 for the Prescription Drug Program for more information on these medications.

Separate from pregnancy termination medications, emergency contraception (aka “Plan B”) products are also covered through the Prescription Drug Program. These products delay or prevent ovulation and are most effective if taken within three to five days after unprotected intercourse. They are available for purchase without a prescription at retail pharmacies and health centers such as Planned Parenthood or family planning clinics. To obtain emergency contraception products under the Patient Protection and Affordable Care Act (PPACA) zero copayment benefit, a prescription is required.

All generics for the emergency contraception brand product Plan B One-Step are covered at Tier 1 with no copayment per PPACA requirements for females or members capable of pregnancy age 12 to 59 years. The brand product Plan B One-Step is covered at a Tier 3 copayment plus the ancillary fee.

The Plan also covers a variety of other contraceptive, or birth control, options. Benefits are available at no cost to you when you use a participating provider for a tubal ligation procedure or contraceptive devices that require health care professional intervention. Vasectomy services are covered under both the Participating Provider and Basic Medical Programs subject to deductible, coinsurance or copayment as applicable.

Empire Plan Participating Provider Directory Changes

Due to a new federal mandate for 2022, the printed Participating Provider Directories now include digital contact information (a website or email address) for network providers and facilities that have shared this information.

The network for mastectomy prosthesis providers has been expanded in New York State and providers have been identified in the printed Participating Provider Directories. They are listed in the Prosthetics & Orthotics pullout section of the NYS directories and are also included in the online directory.

Online and Printed Directories

To find a participating provider online, go to the NYSHIP Online (see *Contact Information*, page 14). From the homepage, select Find a Provider and scroll to the appropriate Program.

You can obtain a printed directory by returning the Participating Provider Directory request postcard you receive in the mail. If you would like to receive a directory for a different state or region than the one based on your home zip code, simply write the name of the version you would like on the line provided. For New York, Florida, California and Texas, please also specify the county. You also can get a directory by calling the Plan and choosing the Medical/Surgical Program (see *Contact Information*, page 14). A directory will be mailed within two to four weeks of your request. In addition, customer service representatives can assist you with locating a participating provider.

NYSHIP Information

NYSHIP Forms and the NYS Gender Recognition Act

By the end of the year, the New York State Department of Civil Service will update NYSHIP enrollment forms in compliance with the NYS Gender Recognition Act and expanded NYS Civil Rights Law requirements that all forms issued by New York State agencies include a third gender option when gender or sex information is collected. In addition to F for female and M for male, NYSHIP enrollees and dependents can select X, which represents a non-binary or non-conforming gender.

To newly enroll a dependent who identifies as non-binary in coverage, you will need to fill out the *NYSHIP Health Insurance Transaction Form for SEHP* (PS-404G). Proof of identity is required to enroll; however, such proof is not required to match the gender provided on the PS-404G.

If you wish to change the gender currently listed on your NYSHIP enrollment record for yourself or an enrolled dependent, you will need to fill out a new PS-404G. To change your own gender on record, enter your personal information in the Employee Information section of the form. Then, in Box 12, indicate that your information has changed in Box 3. To change the gender of an enrolled dependent, fill out their personal information in the Dependent Information section (Box 14) and check the change ("C") box to the left.

No proofs are required to accompany the PS-404G when you submit a request to change gender information on your NYSHIP enrollment record. However, if there is an accompanying name change for yourself or a dependent, you are required to submit new proof of identity. Examples of acceptable proofs would be copies of either court records documenting the name change or government issued identification such as an updated driver's license.

You should submit the completed form PS-404G, along with copies of any required proofs, to your Health Benefits Administrator (HBA). The personal information that you submit to your HBA, such as gender, is protected by the Health Insurance Portability and Accountability Act (HIPAA) and may only be shared under limited circumstances for the purposes of administering health insurance benefits.

To access the PS-404G and other NYSHIP forms, visit NYSHIP Online (see *Contact Information*, page 14) and, select the Forms tab from the homepage. Other NYSHIP forms that will be updated similarly include the *NYSHIP Application for Domestic Partners* (PS-425) and the *NYSHIP Statement of Disability for Dependents* (PS-451).

Previously Eligible Dependents

In 2022, the Employee Benefits Division issued a NYSHIP policy clarification regarding the application of waiting periods for dependents who were previously eligible for NYSHIP coverage. A late enrollment waiting period is now waived for previously eligible dependents when a request to add them to coverage occurs at the same time as the addition of a new dependent to coverage due to a qualifying event. A qualifying event could be a newly eligible dependent, such as a newborn child or a new spouse, or a loss of other coverage for a previously eligible dependent. For example, you may newly add your spouse or domestic partner to coverage when adding your newborn child, without a late enrollment waiting period.

This policy applies to new enrollments in coverage, changes from individual to family coverage or the addition of dependents to existing family plans. Exceptions apply if the dependent has their own NYSHIP coverage and is enrolled in the Pre-Tax Contribution Program (PTCP) or another program for employees of a NYSHIP Participating Agency (PA) or Participating Employer (PE) that affords similar pre-tax benefits. In this case, the dependent would be required to wait until the next PTCP Election Period or annual pre-tax election period (for PAs and PEs) to cancel their coverage and be added to your NYSHIP coverage as a dependent.

All requests for coverage must be made within 30 days of the qualifying event. Requests made more than 30 days after the qualifying event will be subject to late enrollment waiting period rules. For late enrollments, coverage will begin 30 days after the date your Human Resources office receives your completed *NYSHIP Health Insurance Transaction Form for SEHP* (PS-404G).

More information about dependent eligibility, when coverage begins and the PTCP can be found in your NYSHIP *General Information Book*.

Continuing Coverage for a Dependent with a Disability

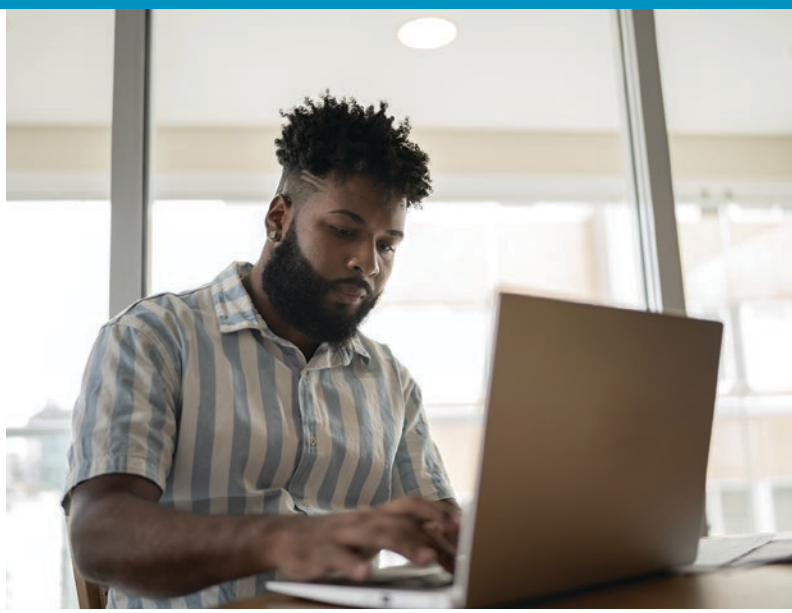
If you have a dependent with a disability on your NYSHIP family plan, you may be able to extend coverage for them beyond when they would normally become ineligible due to age. You may cover your dependent with a disability who is age 26 or older if the child:

- Is unmarried
- Is incapable of self-sustaining support by reason of mental or physical disability
- Acquired the disabling condition before they would otherwise have lost eligibility due to age

To apply for continued coverage for your dependent with a disability, you must first contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process. You and a treating physician must both complete the *NYSHIP Statement of Disability for Dependents* (PS-451) form and submit it along with medical documentation of the child's disabling condition to the Plan administrator (see contact information on the form). You will be notified by your HBA if the application has been approved.

After the initial application, you will be asked to complete the PS-451 form and provide medical documentation to recertify the child's disability periodically based on Social Security Administration guidelines. If a dependent is also an "other" child, you will be required to resubmit the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form every two years (at minimum).

To avoid lapses in coverage, be sure to submit your application at least two months prior to when the dependent would otherwise become ineligible for coverage. If coverage does lapse due to a late application, the Plan is not responsible for claims submitted during that time. See your NYSHIP *General Information Book* for more information on enrollment and effective dates of coverage.



Summary of Benefits and Coverage

The *Summary of Benefits and Coverage* (*SBC*) is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage. Some terms used in the *SBC* are defined in the *Uniform Glossary*, a non-customized companion document to the *SBC*.

To view the *SBC* or the *Uniform Glossary* visit www.cs.ny.gov/sbc and choose SEHP. To request a copy, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 14).

Reminders

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 14) if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Benefits Management Program requirements apply. See your NYSHIP *SEHP Reports* or *At A Glance* for more information.

Keep Your Enrollment Record Up to Date

It is important for you to keep us up to date with changes in your life to ensure you receive timely and appropriate information about your health insurance coverage. Your coverage through NYSHIP is a valuable benefit, but it is also costly to provide. By keeping your information up to date and only covering dependents who are eligible, you help to keep costs down for both yourself and the Program.

Inform your Health Benefits Administrator (HBA) in writing of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. **Note:** If you are divorced or your marriage has been annulled, your former spouse is not eligible for coverage as a dependent as of the date of the divorce, even if a court orders you to maintain coverage.

Your HBA is usually located on your campus (usually in the Human Resources [Personnel] office). You may also make certain changes, such as your address, by going to MyNYSHIP — Enrollee Self-Service at www.cs.ny.gov/mynyship, a secure portion of NYSHIP Online. See your NYSHIP *General Information Book* for more information on enrollment changes and applicable deadlines.

Ineligible Dependents

If you fail to inform your HBA of dependent eligibility changes, you may be responsible for repaying all health insurance claims for ineligible dependents as early as the date they became ineligible. Intentionally withholding information regarding the ineligibility of dependents may constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

Safeguard Yourself Against Health Insurance Fraud

Health insurance fraud and abuse are expensive and potentially harmful crimes. Fraud and abuse losses increase your health insurance premiums and contribute to rising out-of-pocket expenses, such as copayments and deductibles.

While the Plan monitors provider billing practices and enrollment records, your awareness of fraud and abuse and careful monitoring of your benefit usage is critical to protect yourself and the Plan from illegal activity. Here are some simple steps you can take to protect yourself and the Plan:

- Securely destroy old benefit ID cards and report lost or stolen cards.
- Notify your HBA whenever your or your dependents' eligibility changes.
- Never give your SEHP identification number to anyone except your physician or health care provider.
- Do not share medical or insurance information by phone or email unless you initiated the contact.
- Monitor your Explanation of Benefits (EOB) statements for suspicious activity. If anything looks incorrect or unusual, call the Plan immediately.
- Never sign a blank insurance claim form.
- Keep accurate records of all health care appointments, including names of the physicians or providers you saw, the date/time of the appointments and the services provided.
- Do not allow anyone except your appropriate medical professionals to review your medical records or recommend services.
- Avoid a provider of health care items or services who tells you that they know how to get your Plan to pay for an item, equipment or service that is not usually covered.

- Be suspicious of providers who charge copayments or services covered in full by your Plan, routinely waive copayments or coinsurance for services or use pressure or scare tactics to sell you high-priced medical services, diagnostic tests or supplies.
- Count the number of pills dispensed when you fill prescriptions. Avoid pharmacies that fill your prescription for fewer days than your doctor has prescribed.
- Be wary of unsolicited referrals to out-of-state addiction treatment facilities. Instead, contact the MHSU Program's Clinical Referral Line or your primary care provider for a referral to a state-certified treatment program.

To report health insurance fraud or abuse, take the following steps:

1. Call the Plan and choose the applicable Program (see *Contact Information*, page 14).
2. Report the incident to the NYS Department of Financial Services Fraud Bureau at 1-888-FRAUDNY (1-888-372-8369).

Contact Information

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

PRESS OR SAY 1	**Medical/Surgical Program: *Administered by UnitedHealthcare*** Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 Online: https://nyrmo.optummessenger.com/public/opensubmit
PRESS OR SAY 2	**Hospital Program: *Administered by Empire BlueCross*** Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time. TTY: 711 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 866-829-2395 Online: www.empireblue.com/nys/resources-forms
PRESS OR SAY 3	**Mental Health and Substance Use Program: *Administered by Beacon Health Options, Inc.*** Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1850, Hicksville, NY 11802 Claims submission fax: 855-378-8309 Online: www.achievesolutions.net/empireplan
PRESS OR SAY 4	**Prescription Drug Program: *Administered by CVS Caremark*** Representatives are available 24 hours a day, seven days a week. TTY: 711 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission: P.O. Box 52136, Phoenix, AZ 85072-2136

Benefits on the Web

To learn more about your benefits, including finding Plan providers and updated NYSHIP publications, go to NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted, to access the NYSHIP Online homepage.

The *NYSHIP SEHP Report* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through the Student Employee Health Plan (SEHP).

NEW YORK STATE | NYSHIP
New York State
Health Insurance Program

New York State Department of Civil Service
Employee Benefits Division, Albany, New York 12239
518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.ny.gov

When You Must Call the Plan

Call toll free **1-877-7-NYSHIP (1-877-769-7447).**

Hospital Benefits Program *Empire BlueCross,* www.empireblue.com
Call for information regarding hospital and related services.

YOU MUST CALL AND PRESS OR SAY 2

Benefits Management Program for Preadmission Certification – You must call before a scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities). Preadmission Certification is not required for maternity admissions, however, you must call when admitted due to complications related to your pregnancy or for any reason other than the delivery of your baby.

Medical/Surgical Benefits Program *UnitedHealthcare,* www.myuhc.com
Call for information on benefits under the Participating Provider Program, predetermination of benefits, claims and participating providers.

Managed Physical Medicine Program – Call for information on benefits and to find network providers for chiropractic treatment and physical therapy. If you do not use network providers, you will receive a significantly lower level of benefits.

YOU MUST CALL AND PRESS OR SAY 1

Benefits Management Program for Prospective Procedure Review of MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine Tests – You must call before having an elective (scheduled) procedure or nuclear medicine test.

YOU MUST CALL AND PRESS OR SAY 1

Home Care Advocacy Program (HCAP) – You must call to arrange for paid-in-full home care services, enteral formulas, diabetic shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call for HCAP approval of an external mastectomy prosthesis costing $1,000 or more.

Mental Health and Substance Use Program *Beacon Health Options Inc.,* www.achievesolutions.net/empireplan

To ensure the highest level of benefits, call before seeking services from a covered mental health or substance use provider, including treatment for alcoholism. Some services require precertification to confirm medical necessity before starting treatment. For a list of those services, call the Plan and press or say 3. From there you can reach the Clinical Referral Line to find out more information about precertification.

Prescription Drug Program *CVS Caremark*, www.caremark.com
For the most current list of prior authorization drugs, call the Program or go to NYSHIP Online (see *Contact Information*, page 14). From the homepage, select Using Your Benefits, Empire Plan Formulary Drug Lists and then Prior Authorization Drug List.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov

Change Service Requested

Please do not send mail or correspondence to the return address. See address information on page 14.

SAVE THIS DOCUMENT

NEW YORK STATE | **NYSHIP**
New York State Health Insurance Program

Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

SEHP Report – October 2022

New SEHP Benefit Card

In compliance with federal law, new Student Employee Health Plan (SEHP) benefit cards will be issued to you and your covered dependents for 2023 that include deductible and out-of-pocket maximum information. The card will continue to list the Plan toll-free number and other important information to aid with claims submissions. Please be sure to use the new card and securely destroy the old one.

Before you receive services from a new provider, check that they participate in UnitedHealthcare's network for The Empire Plan. (**Note:** SEHP uses the same network of providers as The Empire Plan.)

If you have questions about your SEHP benefit card, contact your Health Benefits Administrator. For questions regarding your Plan benefits, call the Plan and select the prompt for the appropriate Program (see *Contact Information*, page 14).