



NEW
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The Empire Plan

Special Report

Information about your new NYSHIP
benefits, effective January 1, 2017.



Empire Plan Special Report

October 2016 • PIA – Police Investigators Association

New York State Health Insurance Program (NYSHIP) for the BCI unit of the New York State Police represented by Police Investigators Association (PIA), their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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Negotiated Changes Effective January 1, 2017

This *Report* describes changes affecting your NYSHIP coverage that will take effect on January 1, 2017, as a result of the recently ratified contract between the State of New York and PIA. They include:

- A change in the NYSHIP premium cost sharing between the State and its employees (page 4)
- An updated life expectancy table (effective for retirements on or after December 1, 2016) used to calculate the value of your monthly sick leave credit, which is applied to your health insurance premium in retirement (page 4)
- The Health Insurance Opt-out Program (pages 5-6)
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Changing Your Health Insurance Option

This publication outlines the negotiated changes to your NYSHIP Empire Plan coverage. You will have the opportunity to change your NYSHIP option for 2017 during the annual Option Transfer Period.

During this time, you may select The Empire Plan, a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work or, if you are eligible, the Opt-out Program (see pages 5-6 for information on the Opt-out Program). If you decide to change your health insurance option, see *NYSHIP Rates & Deadlines for 2017* (coming in November) for when your new option will take effect.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION.

Choices and Other Publications Explain Your Available Options

If you are considering changing your health insurance option or wish to review your current plan, ask your Health Benefits Administrator (HBA) for a copy of *Choices*, your guide to NYSHIP options. Or, find *Choices* on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan Enrollee. From the homepage, select Health Benefits & Option Transfer, then Rates and Health Plan Choices.

Also, read this *Special Report* for Empire Plan benefit changes, including new coverage for preventive care services for PIA enrollees required by the federal Patient Protection and Affordable Care Act (PPACA).

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for the Medical Program and then choose the appropriate prompt for plan benefit questions. If you have questions about NYSHIP HMOs, call the HMO(s) directly and ask for information on the benefits offered through NYSHIP. See *Choices* for contact information.

Be sure you understand how your benefits will be affected if you change plans. You are choosing a benefit package for yourself and your dependents for the 2017 plan year. Changing plans may result in substantially different coverage.

How to Change Options

See your HBA, located in your Personnel Office, if you wish to change your option. You must submit the completed *Health Insurance Transaction Form* (PS-404) to your HBA by the end of the Option Transfer Period to change health insurance options. If you want to enroll in the Opt-out Program, see page 5 for information.

NYSHIP Rate Changes

Once they are approved, 2017 rates will be mailed to your home and also will be posted on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan. From the homepage, select Health Benefits & Option Transfer, then Rates and Health Plan Choices.

The image shows a close-up of a 'Health Insurance Transaction Form' (PS-404) from the Department of Civil Service, NYSHIP. The form is titled 'EMPLOYEE BENEFITS DIVISION NYSHIP HEALTH INSURANCE TRANSACTION FORM' and includes sections for 'EMPLOYEE INFORMATION', 'DEPENDENT INFORMATION', and 'NEW OR NEWLY ELIGIBLE EMPLOYEES: CHOOSE ONE OF THE FOLLOWING'. The form is filled out with various details, including employee name, address, date of birth, marital status, and dependent information. A pair of glasses and a pen are resting on the form.

NYSHIP Changes

Your Biweekly Premium Contribution Rate

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck.

Effective January 1, 2017, your share of the cost is changing as shown below.

Individual Coverage	
State Share	Employee Share
84%	16%
Dependent Coverage	
State Share	Employee Share
69%	31%

The State's dollar contribution for the HMO premium will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium. As a result, the employee's share may exceed the percentage shown above.

Note: This contribution rate information does not apply to COBRA enrollees, Young Adult Option enrollees or enrollees in Leave Without Pay status. COBRA enrollees will continue to pay the full cost for NYSHIP coverage plus a 2 percent administrative fee. Young Adult Option enrollees will continue to pay the full cost for NYSHIP coverage. However, these enrollees will have a rate change as a result of negotiated benefit changes.

Updated Life Expectancy Table

Effective December 1, 2016, the value of your sick leave credit available at retirement will change. This will impact the calculation of your monthly sick leave credit amount, which will be applied to your premium payments in retirement. The number of months of life expectancy at retirement has increased, as shown below, and the amount of monthly sick leave credit will be lower. A sick leave credit calculator is available on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan Enrollee. From the homepage, select Planning to Retire? and then Sick Leave Credit Calculator.

Actuarial Table For Retirements effective on or after December 1, 2016

Age at Retirement	Life Expectancy
45	432 months
46	420 months
47	409 months
48	399 months
49	388 months
50	377 months
51	366 months
52	355 months
53	345 months
54	334 months
55	323 months
56	313 months
57	302 months
58	292 months
59	282 months
60	272 months
61	262 months
62	252 months
63	243 months
64	233 months
65	224 months

If you need actuarial values for additional retirement ages, ask your HBA or use the Sick Leave Credit Calculator on NYSHIP Online.

Health Insurance Opt-out Program

Effective January 1, 2017, NYSHIP will offer an Opt-out Program that will allow eligible employees who have other employer-sponsored group health insurance* to opt out of their NYSHIP coverage in exchange for an incentive payment.

The annual incentive payment is \$1,000 for opting out of Individual coverage or \$3,000 for opting out of Family coverage. The incentive payment is prorated and credited through your biweekly paycheck throughout the year (payable only when an employee is eligible for NYSHIP coverage at the employee share of the premium). **Note:** Opt-out incentive payments increase your taxable income.

If the enrollee's other employer-sponsored coverage begins on January 1, 2017, and if NYSHIP's first pay period for that enrollee is before January 1, 2017, NYSHIP will extend benefits through December 31, 2016, to prevent a lapse in coverage.

Eligibility Requirements

To be eligible for the Opt-out Program beginning January 1, 2017, you must have been enrolled in NYSHIP by April 1, 2016 (or your first date of NYSHIP eligibility if that date is later than April 1), and have remained continuously enrolled while eligible for the employee share of the premium through the end of 2016.

Once you enroll in the Opt-out Program, during any period that your status changes and, as a result, you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage, you are not eligible for the incentive payment. Also, if you are receiving the incentive for opting out of Family coverage and, during the year, your last dependent loses NYSHIP eligibility, you will only be eligible for the prorated Individual incentive payment for the remainder of the tax year.

Other Coverage

To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment.

You are not eligible for an incentive payment if the other coverage is also a NYSHIP policy through employment with New York State, or is the result of your own employment with a NYSHIP Participating Agency (PA) or Participating Employer (PE). If you are covered as a dependent on another person's NYSHIP policy through a PA or PE, you are eligible to receive only the Individual incentive payment.

Electing to Opt Out

If you are eligible to participate in the Opt-out Program, you must elect to opt out during the Option Transfer Period and attest to having other employer-sponsored group health insurance at that time and each year thereafter. See your Health Benefits Administrator (HBA) and complete the *Opt-out Attestation Form (PS-409)* and a *NYS Health Insurance Transaction Form (PS-404)*. If you are currently enrolled in NYSHIP coverage, your NYSHIP coverage will terminate on the last date of coverage for the 2016 plan year, and the incentive payments will begin after January 1, 2017.

If you are a new hire or a newly benefits-eligible employee who has other employer-sponsored group health insurance and wish to participate in the Opt-out Program, you must make your election no later than the first date of your eligibility for NYSHIP. See your HBA and complete the *Opt-out Attestation Form (PS-409)* and the *NYS Health Insurance Transaction Form (PS-404)*.

Reenrollment in a NYSHIP Health Plan

Once you elect to participate in the Opt-out Program, you may not reenroll in a NYSHIP health plan until the next annual Option Transfer Period, unless you experience a qualifying event, such as change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. To avoid a waiting period, the request for enrollment must be made within 30 days of the qualifying event. See your *NYSHIP General Information Book* for more details.

* See page 6 for additional information regarding what does and does not qualify as other employer-sponsored group health insurance.

Opt-out Program Questions and Answers

Q. What is considered other employer-sponsored group health insurance coverage for the purpose of qualifying for the Opt-out Program?

A. To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. **The other employer-sponsored group health coverage cannot be NYSHIP coverage that is the result of your or your spouse's, domestic partner's or parent's employment relationship with New York State, or the result of your own employment with a NYSHIP PA or PE.** If you are covered as a dependent on another NYSHIP policy through a PA or PE, you are eligible to receive the Individual incentive payment, but not the Family incentive payment.

Q. If I elect the Opt-out Program, will I automatically be enrolled in the Program for the following plan year?

A. No. Unlike other NYSHIP options, you must elect the Opt-out Program annually. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will stop.

Q. If I opt out and I find that I don't like my alternate coverage (for instance, my doctor does not participate), can I withdraw my enrollment in the Opt-out Program and reenroll in NYSHIP coverage?

A. No. This is not a qualifying event. During the year, you can terminate your enrollment in the Opt-out Program and reenroll in NYSHIP benefits only if you experience a qualifying event (according to federal Internal Revenue Service [IRS] rules), such as a change in family status or loss of other coverage. The qualifying event must satisfy the IRS consistency rule, and the request must be submitted in a timely manner.

Q. If my spouse's, domestic partner's or parent's employer has its open enrollment or Option Transfer Period at a different time of the year, how can I coordinate the effective date of my other coverage with the start of the Opt-out Program?

A. Under IRS rules, if an employee's spouse or dependent drops coverage under his or her employer plan during Option Transfer, the employee can be permitted to enroll the spouse or dependent mid-year in his or her employer plan, as long as the plans have different open enrollment periods. **You should check to see whether your spouse's, domestic partner's or parent's employer will permit you to be enrolled as a dependent.** You are responsible for making sure your other coverage is in effect during the period you opt out of NYSHIP.

Q. What if I lose my other coverage and do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing that coverage?

A. If you fail to make a timely request, you will be subject to NYSHIP's late enrollment waiting period (five biweekly pay periods). You will not be eligible for NYSHIP coverage during the waiting period, and you cannot elect pre-tax health insurance deductions until the following November for the new plan year. Your incentive payments will stop when you are no longer eligible for other employer coverage. **Note:** You may also be subject to a federal penalty if you do not have health insurance coverage for any portion of the tax year.

Q. If I am eligible for health, dental and vision coverage as a State employee, do I have to opt out of all three benefits to receive the incentive payment?

A. No. The Opt-out Program incentive payment applies to health insurance coverage only. If you enroll in the Program, your eligibility for dental and vision coverage will not be affected.

Q. Can I get a lump-sum payment if I elect the Opt-out Program?

A. No. The Opt-out Program incentive payment is prorated and credited through your biweekly paychecks throughout the year. It is taxable income.

(Continued on page 12)

Empire Plan Changes

Federal Health Care Reform

Effective January 1, 2017, your Empire Plan benefit package will lose grandfathered status under the federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as the “Act” in this section. This means that your Plan will become a non-grandfathered plan and will include all benefits required by the Act. As a result, the following provisions will apply to The Empire Plan, effective January 1, 2017.

Preventive Care Services

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100 percent (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screenings for women, infants, children and adolescents as stated in guidelines supported by the Health Resources and Services Administration
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force
- Items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force

Enhanced Women’s Health Care

The Act also requires that the following women’s preventive services are covered with no copayments when received from an Empire Plan participating provider.

- ▶ **Well-woman visits:** This includes an annual preventive care visit to obtain the recommended preventive services.
- ▶ **Contraception and contraceptive counseling:** Generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) are covered under the Empire Plan Prescription Drug Program with no out-of-pocket costs. All other covered contraceptive drugs are subject to copayments and any applicable ancillary charges. Also included are paid-in-full

benefits for contraception methods and sterilization procedures for women as defined in the Act when ordered or administered by a participating provider.

▶ **Screening:**

- Cervical cancer, including Pap test, up to age 65
- Breast cancer mammography every one to two years, beginning at age 40
- Gestational diabetes after 24 weeks of gestation
- Human papillomavirus DNA testing every three years for women age 30 and older
- Osteoporosis bone density test to screen women age 65 and older or women at risk
- Gonorrhea, chlamydia, syphilis and HIV
- Depression

▶ **Counseling:**

- For women at high risk of breast cancer for chemoprevention
- Counseling and evaluation for genetic testing of women for BRCA breast cancer gene
- Counseling for sexually transmitted infections (STIs)

▶ **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**

▶ **HIV screening and counseling**

▶ **Interpersonal and domestic violence screening and counseling**

▶ **Breastfeeding support, supplies and counseling:**

During pregnancy and/or postpartum period, lactation support and counseling from a trained participating provider, as well as one double-electric breast pump after the birth of a child.

To receive the maximum, paid-in-full benefit, the breast pump must be purchased from a contracted supplier. The current breast pump suppliers are:

- **Byram Healthcare:** 1-877-902-9726 or www.byramhealthcare.com
- **Edgepark:** 1-888-394-5375 or www.edgepark.com
- **McKesson:** 1-844-727-6667 or www.mckesson.com
- **Medline:** 1-800-633-5463 or www.medline.com

Preventive Care Coverage Chart

For more information on preventive services, see the *Empire Plan Preventive Care Coverage* chart, which will be included in the 2017 *At A Glance* publication, mailed to your home this December. It will also be available on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan Enrollee. From the homepage, select Using Your Benefits, then 2017 Empire Plan Preventive Care Coverage.

If you have any questions regarding preventive care services, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Maximum Out-of-Pocket Limit

The Act requires an annual maximum out-of-pocket limit for covered, in-network services. **Effective January 1, 2017**, the limit for The Empire Plan is \$7,150 for Individual coverage and \$14,300 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined, and the balance applies to the Prescription Drug Program, as specified 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.

2017 In-Network Maximum Out-of-Pocket Limits		
	Prescription Drugs	All other covered in-network services, combined
Individual coverage	\$2,500*	\$4,650
Family coverage	\$5,000*	\$9,300

* Does not apply to Medicare-primary enrollees.

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. If you have any questions about your limit for all other covered in-network services, press or say 1 for the Medical Program.

2017 Combined Annual Deductible

The Empire Plan has a combined annual deductible for some non-network services, including Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program and outpatient non-network expenses under the Mental Health and Substance Abuse Program. The combined annual deductible must be satisfied before claims are considered for reimbursement.

Effective January 1, 2017, The Empire Plan combined annual deductible increases to \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.

2017 Combined Annual Coinsurance Maximum

The Empire Plan has a combined annual coinsurance maximum for some non-network services. The coinsurance amounts incurred for non-network Hospital coverage, Basic Medical Program coverage and non-network Mental Health and Substance Abuse coverage count toward the combined annual coinsurance maximum.

Copayments to Medical/Surgical Program participating providers and to Mental Health and Substance Abuse Program network practitioners also count toward the combined annual coinsurance maximum. (**Note:** Copayments made to network facilities do not count toward the combined annual coinsurance maximum.)

Once the annual coinsurance maximum is reached, you will be reimbursed 100 percent of the usual and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the usual and customary amount and for any penalties under the Benefits Management Program.

Effective January 1, 2017, the combined annual coinsurance maximum increases to \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.

Medical/Surgical Program

Guaranteed Access

Effective January 1, 2017, under the Guaranteed Access benefit, The Empire Plan will provide access to network benefits for covered services provided by primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollee's residence.

Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare). To receive network benefits, enrollees must contact the Medical/Surgical Program at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services and use one of the providers approved by the Program.

You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Program does not guarantee that a provider will be available in a specified time period.

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services. Press or say 1 for the Medical Program, then press or say 3 for the Benefits Management Program and use one of the approved providers to receive network benefits.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Primary Care Physician: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology

Urban: 8 miles

Suburban: 15 miles

Rural: 25 miles

Specialist: Allergy, Anesthesia, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, General Surgery, Hematology/Oncology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pulmonary Medicine, Radiology, Rheumatology, Urology

Urban: 15 miles

Suburban: 25 miles

Rural: 50 miles

Note: The Guaranteed Access benefit is in addition to Out-of-Network benefits available to NYSHIP members. See *Out-Of-Network Reimbursement*

Disclosures on NYSHIP Online. From the homepage, select Using your Benefits, then Publications.

Convenience Care Clinics

Effective January 1, 2017, you can get high-quality, affordable services for uncomplicated minor illnesses and preventive health care through Convenience Care Clinics.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies that are staffed by licensed physicians, nurse practitioners or physician assistants. Most Convenience Care Clinics are open seven days a week, including weekend hours. There are over 1,350 Convenience Care Clinics located throughout the United States that are part of the Empire Plan Network. In New York, most Convenience Care Clinics are located in the downstate area.

Results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or a hospital emergency room.

Your coverage for services depends on whether the provider participates in The Empire Plan. To find a participating Convenience Care Clinic near you, use the provider directory search on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan Enrollee. From the homepage, select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link.

If you use a non-participating provider, Basic Medical benefits apply, subject to deductible and coinsurance.

Licensed Nurse Practitioners

Effective January 1, 2017, Licensed Nurse Practitioners have been added to the list of Empire Plan providers. They provide health care services similar to those of a physician, including diagnosis and treatment of a wide range of health problems. Licensed Nurse Practitioners provide services in accordance with the laws of the state where services are rendered.

Your coverage for services depends on whether the provider participates in The Empire Plan. To find a participating Nurse Practitioner near you, use the provider directory search on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits and choose PIA and then Empire Plan Enrollee. From the homepage, select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link.

If you use a non-participating provider, Basic Medical benefits apply, subject to deductible and coinsurance.

Prescription Drug Program

New Copayments

Effective January 1, 2017, you have the following copayments for covered drugs purchased from a Network Pharmacy, the Mail Service Pharmacy or a Specialty Pharmacy.

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy, Mail Service Pharmacy or the Specialty Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5

Level 2, **Preferred** Drugs or Compound Drugs.. \$25

Level 3 or **Non-preferred** Drugs..... \$45

When you fill your Prescription for a covered drug for a **31- to 90-day supply at a Network Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs..... \$10

Level 2, **Preferred** Drugs or Compound Drugs.. \$50

Level 3 or **Non-preferred** Drugs..... \$90

When you fill your Prescription for a covered drug for a **31- to 90-day supply through the Mail Service Pharmacy or the Specialty Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5

Level 2, **Preferred** Drugs or Compound Drugs.. \$50

Level 3 or **Non-preferred** Drugs..... \$90

Note: Certain covered drugs do not require a copayment when using a Network Pharmacy:

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source, brand-name drugs/devices)
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer
- Certain preventive adult vaccines when administered at a pharmacy that participates in the CVS Caremark National Vaccine Network

Vaccine Coverage at Pharmacies

Effective January 1, 2017, the following preventive vaccines are covered in full, without a copayment, when administered by a licensed pharmacist* at a pharmacy that participates in CVS Caremark's national vaccine network:

- **Influenza – flu**
- **Herpes Zoster – shingles****
- **Pneumococcal – pneumonia**
- **Meningococcal – meningitis**

Consult with your health care provider to determine which vaccines, if any, are most appropriate for you.

Before seeking services, confirm that the pharmacy has the vaccine(s) and it participates in CVS Caremark's national vaccine network.

You can locate a CVS Caremark national vaccine network pharmacy on NYSHIP Online. Go to www.cs.ny.gov/employee-benefits, then select the Prescription Drug Program under Find a Provider. Select CVS Caremark, then Find a Local Pharmacy. Enter your location information, choose Advanced Search, select Vaccine Network and press the Search button to generate a list of participating pharmacies.

If you have questions about vaccine coverage at the pharmacy or you want to verify if a pharmacy participates in the national vaccine network, please call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

* New York State law prohibits pharmacists from administering vaccines to patients under age 18. Regulations regarding age limits may differ by state.

**The Herpes Zoster vaccine requires a prescription and is available to enrollees age 60 or older with no copayment. Enrollees ages 55-59 can receive it with a Level 1, 30-day supply copayment.

New to You Prescription Drug Benefit

Effective January 1, 2017, for certain maintenance medications, at least two 30-day supplies must be filled using your Empire Plan Prescription Drug benefits before a supply for greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Service Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days' worth of the drug has been previously dispensed. If not, only a 30-day fill will be approved. **Note:** If your drug is pre-packed in a 28-day supply, you will need to have at least two 28-day supplies in the past 180 days in order to meet the New to You requirement.

This requirement is not subject to appeal and is designed to reduce waste and lower costs to the Plan when an enrollee starts a new medication. Categories include, but are not limited to, asthma, cardiovascular, diabetes, beta-blockers and antidepressants. If you submit a 90-day prescription, and do not have the required history with the medication, a 30 day supply will be filled automatically.

If you have questions about which maintenance medications this applies to, you may call The Empire Plan's toll-free number at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

Brand for Generic

Effective January 1, 2017, your Empire Plan Prescription Drug Program benefits will include a Brand for Generic feature, which will save you money on certain brand-name drugs that have a new generic equivalent available.

When the generic version of a drug first becomes available, the cost to the Plan is often higher than the cost of the brand-name version. The Brand for Generic feature allows The Empire Plan to place a brand-name drug on Level 1 (the lowest copayment level) and place the generic equivalent on Level 3 (the highest copayment level) or exclude it. These placements are for a limited time, typically six months, and may be revised during the year.

When you go to the pharmacy to fill your prescription, a message will prompt the pharmacist to dispense the lower cost brand-name version at the Level 1 copayment instead of the Level 3 generic version with the higher copayment.

The *Empire Plan Special 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 Empire Plan.



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



Information for the Enrollee, Enrolled Dependents
and Young Adult Option and COBRA Enrollees

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Please do not send mail or correspondence to the return address. See page 11 for address information.

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Opt-out Program Questions and Answers, continued

Q. When I enroll in the Opt-out Program, what information will I need to provide about the other employer-sponsored group health coverage?

- A. To enroll, you must do all of the following:
- Complete an *Opt-out Attestation Form (PS-409)* and a *NYS Health Insurance Transaction Form (PS-404)*
 - Provide proof that you (and any dependents) are covered by other employer-sponsored group health coverage
 - Provide information about the person who carries the other employer-sponsored group health coverage
 - Provide the name of the other employer and other health plan

Q. I had Individual NYSHIP coverage prior to April 1, 2016, and changed to Family coverage when I got married in July. Will I qualify for the \$3,000 Family incentive payment, even though I did not have Family coverage as of April 1, 2016?

- A. Employees who enrolled in Family coverage due to a qualifying event (and who did so in a timely manner between April 1, 2016 and December 31, 2016) are eligible for the higher incentive payment.

You will not be eligible for the higher incentive payment if you enrolled in Family coverage after April 1, 2016, and were subject to a late enrollment waiting period.

Q. Will participating in the Opt-out Program affect my eligibility for NYSHIP coverage in retirement?

- A. No. Participation in the Opt-out Program at the time you retire satisfies the requirement of enrollment in NYSHIP health insurance for retirement purposes.

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 enrollees can better understand and compare available coverage options.

To view the *SBC* for The Empire Plan, visit www.cs.ny.gov/sbc and choose your group. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program to request a copy.