



**The Empire
Plan**



Empire Plan Report

October 2019 • PA Empire Plan

New York State Health Insurance Program (NYSHIP) for Active Employees, Retirees, Vesteers and Dependent Survivors enrolled in The Empire Plan through Participating Agencies (PA), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their Empire Plan benefits

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What's New

This *Empire Plan Report* summarizes the changes to your benefits and coverage under the New York State Health Insurance Program (NYSHIP) and The Empire Plan. The *Empire Plan Certificate Amendments* reflecting the changes outlined in this *Report* will be posted on NYSHIP Online.

The *Empire Plan Certificate*, which describes the coverage provided by The Empire Plan, will be updated on NYSHIP Online to reflect the new *Amendments*. A new *Empire Plan Certificate*, containing all Empire Plan benefit changes, will be mailed to your home when complete.

This *Report* includes information about:

- Prescription drug copayment changes (page 2)
- Formulary change (page 3)
- Hospice care coverage (page 4)
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Empire Plan Changes

Prescription Drug Copayments Effective January 1, 2020

The following new copayments will take effect for services provided under the Prescription Drug Program. Copayment cards for 2020 reflect these changes.

Prescription Drug Program			
Drug Category	Copayment for up to a 30-Day Supply from a Network Pharmacy, the Mail Service Pharmacy or the Specialty Pharmacy	Copayment for a 31- to 90-Day Supply from a Network Pharmacy	Copayment for a 31- to 90-Day Supply from the Mail Service Pharmacy or the Specialty Pharmacy
Level 1 Drugs or for Most <i>Generic</i> Drugs	\$5	\$10	\$5
Level 2 Drugs, <i>Preferred</i> Drugs or Compound Drugs	\$30	\$60	\$55
Level 3 Drugs or <i>Non-Preferred</i> Drugs	\$60	\$120	\$110

Note: Certain covered drugs do not require a copayment when using a network pharmacy. For exclusions and exceptions, please see your *At A Glance* publication.

2020 Advanced Flexible Formulary

The Empire Plan uses a Flexible Formulary for prescription drugs. **Effective January 1, 2020**, you will be using the 2020 Empire Plan Advanced Flexible Formulary. The 2020 Advanced Flexible Formulary lists the most commonly prescribed generic and brand-name drugs along with any newly excluded drugs with formulary alternatives.

A copy of the 2020 Advanced Flexible Formulary will be mailed to your home with the 2020 *At A Glance* in December. You can also find the most up-to-date version of the formulary on NYSHIP Online. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.

Once it's available, you can access the 2020 Advanced Flexible Formulary online at www.cs.ny.gov/employee-benefits. (Retirees select Click here for NYSHIP Online for RETIREES.) Choose your group and plan, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then 2020 Advanced Flexible Formulary.

2020 Medicare Rx Formulary

For Medicare-primary enrollees, Empire Plan Medicare Rx uses a Formulary of Medicare Part D drugs and a secondary list of additional (non-Part D) drugs that are covered as a part of a supplemental benefit. A copy of the 2020 Empire Plan Medicare Rx Abridged Formulary will be mailed to your home in November. For a complete list of all the drugs covered under Empire Plan Medicare Rx, go to www.empireplanrxprogram.com. Select SilverScript and then Documents, and choose the 2020 Comprehensive Formulary.

2020 Maximum In-Network Out-of-Pocket Limit

In accordance with the Patient Protection and Affordable Care Act, **effective January 1, 2020**, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changes to \$8,150 for Individual coverage and \$16,300 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.

2020 Maximum In-Network Out-of-Pocket Limit		
	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$2,850*	\$5,300
Family Coverage	\$5,700*	\$10,600

* Does not apply to Medicare-primary enrollees

If you have 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 questions about your limit for all other covered in-network services, press or say 1 for the Medical/Surgical Program.

Hospice Care Coverage

As of July 1, 2019, you are eligible for hospice care if your doctor and the hospice medical director certify that you are terminally ill and likely have less than 12 months to live. You may access hospice care while participating in a clinical trial or continuing disease-modifying therapy (therapy that treats the underlying terminal illness), as ordered by your treating physician.

The following services provided while in hospice are covered:

- Bed patient care either in a designated hospice unit or in a regular hospital bed
- Day care services provided by the hospice
- Home care and outpatient services that are provided by the hospice and for which the hospice charges you. Those services include:
 - Intermittent nursing care by an R.N., L.P.N. or home health aide
 - Physical therapy, speech therapy, occupational therapy and respiratory therapy
 - Social services
 - Nutritional services
 - Laboratory examinations, X-rays, chemotherapy and radiation therapy
 - Medical supplies
 - Approved drugs and medications prescribed by a physician
 - Medical care provided by the hospice physician
 - Respite care
 - Bereavement services during your illness and for up to one year after your death

If you have questions about hospice care, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

Gender Dysphoria Treatment Coverage

As a result of a change in policy, gender affirming surgery and any other associated surgeries, services and procedures (including those performed to change an enrollee's physical appearance to more closely



conform secondary sex characteristics to their identified gender) are now covered if a behavioral health provider determines the surgery or procedure is medically necessary.

A behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, must provide a written psychological assessment documenting that the enrollee has a diagnosis of gender dysphoria, the capacity to make a fully informed decision and to consent for treatment, and is 18 years of age or older.

Coverage for gender dysphoria treatment also includes cross-sex hormone therapy, puberty-suppressing medications and laboratory testing to monitor the safety of hormone therapy.

While not required, a predetermination review is available. A predetermination, also known as a preservice claim determination, is a request that services or treatments be approved by the Program administrator before they have been performed.

For questions about gender dysphoria treatment coverage, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

New Infertility Benefits

In accordance with New York State law, **effective January 1, 2020**, Empire Plan infertility benefits will include the following:

In Vitro Fertilization (IVF): The new law requires that enrollees receive coverage for three IVF cycles per lifetime. Under The Empire Plan, in vitro fertilization is a Qualified Procedure (a specialized procedure that facilitates a pregnancy but does not treat the cause of the infertility) for which you must receive prior authorization. Qualified Procedures are subject to a \$50,000 lifetime maximum per covered individual; however, coverage will be provided for a minimum of three IVF cycles. The lifetime maximum applies to all covered hospital, medical, travel, lodging and meal expenses associated with the Qualified Procedure. If the three IVF cycles have not been completed once the \$50,000 lifetime maximum is reached, the Plan will cover the remaining IVF cycles and the associated travel, lodging and meal expenses.

Fertility Preservation: Standard fertility preservation services are covered and not subject to the \$50,000 lifetime maximum when a medical treatment, will directly or indirectly lead to infertility. Treatments include, but are not limited to, radiation therapy or chemotherapy for treatment of cancer. Fertility preservation is the process of saving or protecting eggs or sperm so that a person can use them to have biological children in the future.

The new coverage applies to all enrollees and dependents, regardless of age, sex, sexual orientation, marital status or gender identity.

Centers of Excellence

While you have the freedom to choose a provider, the Centers of Excellence for Infertility are a select group of providers recognized by the Medical/Surgical Program administrator as leaders in reproductive medical technology and infertility benefits. If the Program administrator preauthorizes treatment at a Center, benefits are payable in full (subject to the maximum lifetime benefit). There is also a travel benefit available if the Center is more than 100 miles (200 for airfare) from the patient's residence.

For additional information, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Breast Pump Suppliers

Mothers who choose to breastfeed are covered for the purchase of one double electric breast pump following birth. Breast pumps are available for purchase at no cost to the enrollee when they use a participating supplier. The following is a list of current breast pump suppliers. (**Note:** Phone numbers and web addresses for all suppliers have recently changed.)

- **Byram Healthcare:** 1-877-773-1972 or breastpumps.byramhealthcare.com
- **Edgepark Medical Supplies:** 1-855-504-2099 or www.edgepark.com/faqs_breastpumps
- **McKesson Patient Care Solutions:** 1-844-727-6667 or mpcs.mckesson.com/web/mpcs/products/breast-pumps
- **Medline Industries:** 1-833-718-2229 or www.breastpumpsmedline.com

New moms are also covered for comprehensive breastfeeding support and counseling, such as by a lactation consultant, during pregnancy and/or the postpartum period. These services are paid in full when received by a participating provider.

For questions about purchasing a breast pump, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for the Medical/Surgical Program.

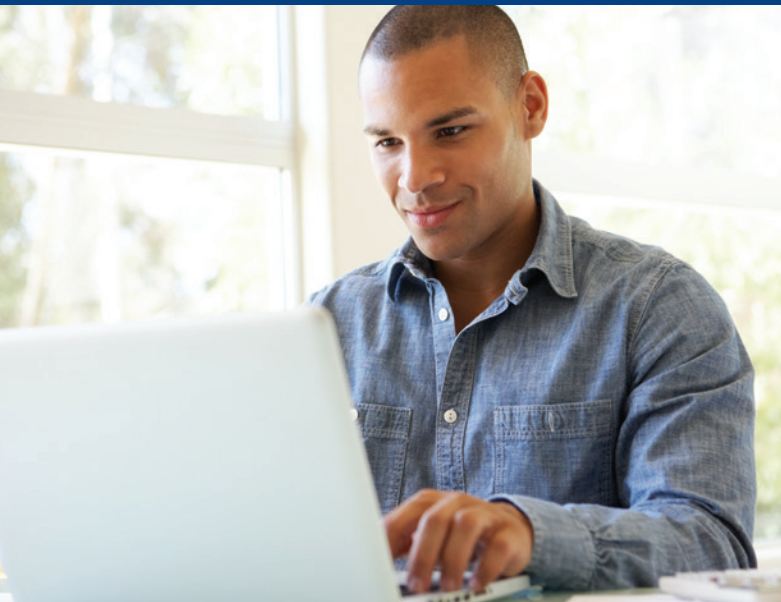
Expanded Modified Solid Food Products Coverage

Effective January 1, 2020, modified solid food products (MSFPs) are no longer subject to a \$2,500 total maximum reimbursement per covered person, per year. Modified solid food products are covered when prescribed by a physician or provider. This benefit is not subject to deductible or coinsurance.

An MSFP is a food product that is low in protein or that contains modified protein to treat certain inherited diseases of amino acid and organic acid metabolism.

If you have questions about MSFPs, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

Reminders



Paperless Explanation of Benefits

When you or your dependent receive services covered by UnitedHealthcare (Medical/Surgical Program) or CVS Caremark (Medicare Rx Prescription Drug Program), an Explanation of Benefits (EOB) is mailed to you and/or your dependent. If you would rather go paperless and view your EOB online, follow the steps below.

UnitedHealthcare

- Go to www.myuhc.com.
- Log in or create an account. You will need either your Empire Plan identification number and group number (30500) or your Social Security number and ZIP code to register.
- Choose Account Settings and then Change Mailing and Email Preferences.
- Select Paperless to change your communication preferences.

CVS Caremark

- Go to www.caremark.com.
- Log in or create an account. You will need your prescription drug benefit identification number off your Empire Plan Medicare Rx benefit card to register.
- At the top of the page, select Profile and then Update My Profile.

- Choose Communication preferences, scroll down to Paperless settings and then select Edit.
- Select Get EOB statements electronically and then Save changes.

Your information is available online 24 hours a day, seven days a week. You'll get an email notification when a new EOB is ready to view.

For questions about enrolling or your EOB, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program or 4 for the Prescription Drug Program.

New NYSHIP General Information Book

The newly updated 2019 NYSHIP *General Information Book (GIB)* for Participating Agencies (PA) was mailed to your home in July 2019 and is also available online. This revised *GIB* replaces the 2015 NYSHIP *General Information Book*.

The *GIB* contains information regarding NYSHIP eligibility rules, enrollment options, requirements and costs. You should keep your copy of the *GIB* with your other health insurance materials.

To access the *GIB* online, go to www.cs.ny.gov/employee-benefits. (Retirees select Click here for NYSHIP Online for RETIREES.) Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Health Benefits and then NYSHIP General Information Book.

New Reporting On Publication

Reporting On is a series of publications that describe some of the unique programs and benefits available under The Empire Plan. The newest addition to the series, *Reporting On Mental Health and Substance Abuse Program*, discusses the benefits of choosing mental health or substance use care from a network provider or at a network facility.

The *Reporting On* series is available online at www.cs.ny.gov/employee-benefits. (Retirees select Click here for NYSHIP Online for RETIREES.) Choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then Publications, and scroll down to Reporting Ons. Printed copies are available from your Health Benefits Administrator.

Contact Information

Call The Empire 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: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 888-367-9788 Online: www.empireblue.com/forms/
PRESS OR SAY 3	Mental Health and Substance Abuse 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 Medicare Rx Prescription Drug Program TTY: 711 Claims submission: SilverScript Insurance Company, P.O. Box 52066, Phoenix, AZ 85072-2066
PRESS OR SAY 5	Empire Plan NurseLineSM: Administered by UnitedHealthcare Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

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.

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/Surgical Program to request a copy.

The *Empire Plan 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

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

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NYSHIP
New York State
Health Insurance Program

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

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Address Service Requested

**Please do not send mail
or correspondence to the
return address. See address
information on page 7.**

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 websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator.

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PrEP HIV-Prevention Medication Coverage

Effective January 1, 2020, the HIV-prevention medication Pre-Exposure Prophylaxis (PrEP) will be covered with no copayment, deductible or any other out-of-pocket costs for enrollees who are at high risk of acquiring HIV. Screening for HIV continues to be covered with no out-of-pocket costs when using a network provider.

If you have questions about PrEP, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

New MHSA Program Network Providers

As of August 1, 2019, the Mental Health and Substance Abuse (MHSA) Program has added licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs) and physician assistants (PAs) to its network of providers.

When you use an MHSA Program network provider, you will be offered care at the highest benefit level under The Empire Plan. Network providers have been

credentialed by the MHSA Program administrator to ensure they meet the highest standards of education, training and experience.

By using a network provider, you will receive access to medically necessary services. The Program's network gives you access to a wide range of providers, including psychiatrists, psychologists, clinical social workers, nurse practitioners, applied behavioral analysts (ABAs) or certified behavioral analysts (CBAs). Network facilities include psychiatric hospitals, clinics, residential treatment centers, halfway houses, group homes, intensive outpatient treatment programs (IOPs) and partial hospital programs (PHPs).

To find an MHSA Program network provider online, go to www.cs.ny.gov. Select Retirees and then Health Benefits, and choose your group and plan. From the NYSHIP Online homepage, select Find a Provider. Scroll to the Mental Health and Substance Abuse Program and choose ReferralConnect. You can also call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the MHSA Program. From there you can reach the Clinical Referral Line, which is available 24 hours a day, seven days a week.