



Student Employee Health Plan



NYSHIP SEHP Report

October 2021 • 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

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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:

- Updates to preventive care services (page 4)
- Changes to The Empire Plan Participating Provider Directory (page 5)
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SEHP Changes

COVID-19 Information

In compliance with New York State and federal mandates, the Plan is offering the following benefits during the COVID-19 pandemic.

COVID-19 Vaccinations

As of the date of this publication, COVID-19 vaccines are available at no cost share for all New Yorkers age 12 and older. To schedule an appointment at a New York State mass vaccination site, go to <https://am-i-eligible.covid19vaccine.health.ny.gov/>. Walk-in appointments are also available for first doses of the vaccine. In addition, you may call your local health department, pharmacy, doctor or hospital for more information on COVID-19 vaccines and to schedule an appointment where vaccines are available. Go to www.vaccines.gov or call 1-800-232-0233 to locate a vaccination site near you, even if your residence is outside of New York State.

If you are asked for your insurance information when you schedule your appointment, please enter the following:

- SEHP medical provider: UnitedHealthcare
- Group number: 030500

- SEHP Prescription Drug Plan administrator: CVS Caremark
- BIN: 004336
- Group: RX6027
- PCN: ADV

For questions regarding vaccinations, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

COVID-19 Testing

COVID-19 diagnostic testing is available to all individuals who reside or work in New York State. No cost share testing is available through your medical provider or through a drive-through test site. All diagnostic tests (including antibody tests), office visits and urgent care or emergency department visits related to diagnosing COVID-19 are not subject to cost sharing under the Plan. You can find more guidance on testing on the NYS Department of Health's website at www.coronavirus.health.ny.gov/covid-19-testing.

These mandates apply to participating providers and non-network providers and are subject to expiration dependent upon the authorizing law or regulation.

Remote Services

You and your covered dependents have access to several remote health care services that you can use for COVID-19-related issues and regular wellness care. These services 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. 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 whenever and wherever you are. To register, go to www.empireblue.com/nys and select the link to LiveHealth Online. The Plan will cover telemedicine visits through LiveHealth Online at no cost through December 31, 2022.

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. As of June 5, 2021, 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. 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.

2022 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, 2022**, the maximum out-of-pocket limit for covered, in-network services under the Plan is \$8,700 for Individual coverage and \$17,400 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs, as specified in the chart to the right. 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.



2022 Maximum In-Network Out-of-Pocket Limit		
	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$3,050	\$5,650
Family Coverage	\$6,100	\$11,300

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call the 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/Surgical Program.

Update on Preventive Care Services

Keeping up with your preventive care visits can help you avoid potentially serious health conditions and obtain early diagnosis and treatment. Preventive care services include annual exams, screenings and vaccinations. Accessing prompt treatment when recommended can help discover otherwise undetectable issues early and may also help reduce your overall medical expenses.

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. Except for the influenza vaccine, pharmacists in New York State cannot administer vaccines to patients under age 18. See *Benefits Focus: Vaccines* on page 8 for more information on vaccinations.

Recent Changes

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

Colorectal Cancer Screening – The recommended age to begin screening has been lowered from 50 to 45. **Effective October 1, 2021**, preventive screenings, including fecal occult blood tests, fecal DNA tests, sigmoidoscopy screenings and colonoscopies, are covered in full for adults age 45 to 75. This includes pre-procedure consultation and any resulting pathology exam or polyp biopsy for the colonoscopy.

Lung Cancer Screening – The recommended age to begin screening has been lowered from 55 to 50. **Effective September 1, 2021**, annual preventive screenings for adults age 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years are covered in full. “Pack-year” is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked.

Type 2 Diabetes Screening – The recommended age to begin screening will be lowered from 40 to 35. **Effective spring 2022**, preventive screenings for adults age 35 to 70 who are overweight or obese or who have high blood pressure are covered in full.

Zostavax® – **Effective November 18, 2020**, this herpes zoster (shingles) vaccine is no longer available in the United States. Shingrix® is still on the market and is covered with no copayment for enrollees age 50 and older.

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 2022 *Guide* will be mailed to your home with the 2022 *At A Glance* in December and it will also be available on NYSHIP Online.

For questions about benefit coverage, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the prompt for the appropriate Program.

Diabetic Supplies Now Covered at Network Pharmacies

Effective January 1, 2022, certain diabetic supplies dispensed at a network pharmacy are covered in full under the Plan. Diabetic supplies that are covered include insulin syringes, insulin needles, insulin pen needles, alcohol swabs and gauze. These supplies will still be available at no cost through the Home Care Advocacy Program (HCAP).

You and your covered dependents with diabetes should continue to obtain glucometers, insulin pumps, glucose monitors, lancets and test strips through the Plan’s Diabetic Supplies Pharmacy by calling 1-800-321-0591. **Note:** You must contact HCAP for authorization of insulin pumps and Medi-Jectors.

For more information about diabetic supplies purchased at a network pharmacy, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. To contact HCAP, press or say 1 for the Medical/Surgical Program and then press or say 3 for HCAP.



Empire Plan Participating Provider Directory Changes

As of January 1, 2021, enrollees and covered dependents have nationwide access to UnitedHealthcare's network of over 1.2 million physicians, laboratories and other medical providers located throughout the United States.

(Note: The Student Employee Health Plan [SEHP] uses the same network of providers as The Empire Plan.) This expansion has had a substantial impact on the printed directories. Due to size, directories for the following states have been divided into different versions:

- **New York.** For 2021, there continues to be four directories available: New York City, Hudson Valley, Long Island and Upstate New York.
- **Florida.** Again for 2021, there are two directories available: Northern Florida and Southern Florida.
- **California.** New for 2021, there are two directories available: Northern California and Southern California.
- **Texas.** New for 2021, there are two directories available: Northern Texas and Southern Texas.

Note: When requesting hard copies of these directories, it is important to note the county or counties you need to ensure you receive the appropriate version. For a list of counties included in each of these directories, go to www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted, and from the NYSHIP Online homepage, select Resources.

The network expansion has also resulted in participating hospitals being listed in multiple sections of the directory depending on the type of service they provide and the Plan Program in which they participate. Some hospitals listed in the directory now participate in UnitedHealthcare's network for the Plan's Medical/Surgical Program. This means if you receive certain hospital services at the hospital listed in the directory, they may be covered under the Medical/Surgical Program. These services may include, but are not limited to, diagnostic laboratory services, cardiac rehabilitation and physical therapy.

Most hospital services are covered under the Plan's Hospital Program administered by Empire BlueCross. Behavioral health hospital services are covered under the Plan's Mental Health and Substance Use Program administered by Beacon Health Options. Participating hospitals for the Hospital Program and the Mental Health and Substance Use Program can be found in the Network Facilities and Mental Health and Substance Use sections of the directory, respectively.

For questions regarding services covered under each Program, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the prompt for the appropriate Program.

Printed and Online Directories

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 pressing or saying 1 for the Medical/Surgical Program. A directory will be mailed within 2 to 4 weeks of your request. In addition, customer service representatives can provide a personalized directory.

To find a participating provider online, go to NYSHIP Online. From the homepage, select Find a Provider. Scroll to the Hospital, Medical/Surgical, Mental Health and Substance Use or Prescription Drug Program and select the link to the correct online Program directory.



MHSU Program Clinical Referral Line

The Mental Health and Substance Use (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 toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the MHSU Program. When prompted, press or say 3 for enrollee and then press or say 3 for the Clinical Referral Line.

Access Your Medical/Surgical Program Benefits on myuhc.com

Myuhc.com is a personalized website designed to help you manage your Medical/Surgical Program (administered by UnitedHealthcare) benefits. You have access 24 hours a day, seven days a week to easy-to-use tools and resources that help you:

- See what services are covered, including preventive care
- Find in-network providers and specialists
- View claims and Explanation of Benefits (EOBs)* for yourself and your covered dependents

If you don't already have a myuhc.com account, it takes only minutes to register. You will need either your SEHP ID number from your benefit card and group number (030500) or your Social Security number and zip code to register. You will then need to create an ID and password to access the website.

* You can elect paperless EOBs by choosing Account Settings and then Communication and Mailing Preferences. After doing so, you will get an email notification when a new EOB is ready to view.

Recall of Philips CPAP Machines and Medical Devices

Philips has issued a recall for certain ventilators and Continuous Positive Airway Pressure (CPAP) devices that are prescribed for patients with sleep apnea due to potential health risks. For more detailed information about the recall, go to www.usa.philips.com/healthcare/e/sleep/communications/src-update. Select Begin registration process at the top of the page to look up your device's serial number and begin a claim if your unit is affected.

If your device is being recalled, you should reach out to your physician to determine the most appropriate options for continued treatment. You can also call Philips toll free at 1-877-907-7508 for more information.

For questions about your benefits for medical devices, including CPAP machines, you can also call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program, then press or say 3 for the Home Care Advocacy Program (HCAP). Representatives are available Monday through Friday from 8:00 a.m. to 4:30 p.m., Eastern time.

Dispense as Written Exception Requests vs. Medical Exception Requests

There may be times when it is medically necessary for your doctor to prescribe a non-preferred brand-name prescription drug instead of the generic equivalent or a drug that is excluded from The Empire Plan Flexible Formulary. The Prescription Drug Program (administered by CVS Caremark) allows you and your doctor to request such drugs through a Dispense as Written (DAW) Exception Request or a Medical Exception Request.

DAW Exception Request

When your doctor writes your prescription as DAW for a non-preferred brand-name drug that has a generic equivalent, you pay the non-preferred (Level 3) copayment plus the ancillary charge, not to exceed the full retail cost of the drug. If your prescription is not written DAW, in most cases, the generic equivalent is substituted for the brand-name drug and you pay the generic drug (Level 1) copayment.

If your doctor believes it is medically necessary for you to have a non-preferred brand-name drug (that has a generic equivalent), you may submit a DAW Exception Request. To begin this process, your doctor must submit a DAW Exception Request form (available at www.caremark.com) or call the Plan to request an exception.

If your DAW Exception Request is granted and you fill your prescription for a non-preferred brand-name drug at a Network Pharmacy or through a Mail Service Pharmacy or the Designated Specialty Pharmacy, you pay only the non-preferred (Level 3) copayment. You will not have to pay the ancillary charge. If your DAW Exception Request is denied, you may appeal to CVS Caremark.

If your appeal is approved, the pharmacy will either reverse and reprocess the claim, or the pharmacy will work with CVS Caremark to allow a new claim to be processed with the approved exception so that the ancillary charge is not applied.

Medical Exception Request

Certain brand-name and generic drugs are excluded from the Flexible Formulary if they have no clinical advantage over other covered medications in the same therapeutic class. The Plan includes a Medical Exception Request process for non-formulary prescription drugs that are excluded from coverage.

To request a Medical Exception, you and your doctor must first evaluate whether covered drugs on the Flexible Formulary are appropriate alternatives for your treatment. After an appropriate trial of formulary alternatives, your physician may submit a letter of medical necessity to CVS Caremark, which details your formulary alternative trials and any other clinical documentation supporting medical necessity. Your doctor can fax the Medical Exception Request to CVS Caremark at 1-888-487-9257.

If a Medical Exception Request is approved, the generic drug (Level 1) copayment will apply for generic drugs and the non-preferred (Level 3) copayment will apply for brand-name drugs.

If the Medical Exception Request is denied, you have additional appeal rights, which will be outlined in the denial letter. A complete list of excluded drugs is available at the end of the Flexible Formulary.

Note: Drugs that are only approved by the U.S. Food and Drug Administration (FDA) for cosmetic indications are excluded from the Plan and are not eligible for a Medical Exception Request.

For more information about DAW Exception Requests and Medical Exception Requests, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

Benefits Focus: Vaccines

Keeping up with recommended vaccines can help you and your loved ones avoid preventable illnesses, or in some cases lessen their severity. You can receive recommended vaccines through your Plan coverage with no out-of-pocket cost when you use a participating provider. Vaccine coverage follows the guidelines and standards recommended for adults by the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC) and Prevention (www.cdc.gov/vaccines/acip/index.html) and for children by the American Academy of Pediatrics Bright Futures Periodicity Schedule (<https://brightfutures.aap.org>).

Vaccines Available at a Participating Provider

When you receive the following immunizations from a participating provider, they are covered in full:

Children – Influenza (flu); pneumococcal (pneumonia); measles, mumps, rubella (MMR); varicella (chickenpox); tetanus, diphtheria, pertussis (Td/Tdap); Hepatitis A; Hepatitis B; human papillomavirus (HPV); meningococcal (meningitis); Haemophilus influenzae type b (Hib); inactivated poliovirus (polio); and rotavirus

Adults – Influenza (flu); pneumococcal (pneumonia); measles, mumps, rubella (MMR); varicella (chickenpox); tetanus, diphtheria, pertussis (Td/Tdap); Hepatitis A; Hepatitis B; human papillomavirus (HPV); meningococcal (meningitis); and herpes zoster (shingles)

Vaccines Available at a Pharmacy

The influenza, shingles, pneumococcal and meningococcal vaccinations are covered in full with no copayment when administered by a licensed pharmacist (subject to applicable state law) at a CVS Caremark vaccine network pharmacy.

To find out if a pharmacy participates in the CVS Caremark national vaccine network, go to www.empireplanrxprogram.com and select CVS/caremark, then Find a Local Pharmacy. Be sure to select Vaccine network under Advanced Search. Only certain pharmacies are part of the CVS Caremark national vaccine network. Call the pharmacy in advance to confirm the vaccine you need is available.

COVID-19 Vaccine

There are currently three COVID-19 vaccines available in the United States; all are safe and effective and have been found to reduce the risk of severe illness. A recent study published by the CDC found that unvaccinated persons have a rate of infection five times greater and a hospitalization rate 29 times greater than vaccinated individuals.

At the time of this publication, the U.S. Food & Drug Administration (FDA) had fully approved the Pfizer two-dose vaccine and it was actively considering full approval of the Moderna and Janssen (Johnson & Johnson) vaccines. All U.S. residents age 12 and older are eligible to receive the vaccine and currently they are available at no cost.

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

- For more 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 more information on the safety of the vaccines go to <http://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>.
- To find a location to get the COVID-19 vaccine, call 1-800-232-0233 or go to www.vaccines.gov.
- Visit NYSHIP Online (www.cs.ny.gov/employee-benefits) for the latest information regarding Plan coverage for the COVID-19 vaccine, including boosters. Choose SEHP, if prompted, and from the NYSHIP Online homepage, select What's New.

Information about Travel Vaccines

Travel vaccines, also called travel immunizations, are vaccinations that should be received before visiting certain areas of the world. These vaccines help protect travelers from getting serious illnesses that are more common in other countries. For example, if you travel to certain parts of South America or Africa, it is recommended that you get the yellow fever vaccine. Consult with your doctor to see what vaccines will protect you and your family while traveling. For more information on travel vaccines, go to wwwnc.cdc.gov/travel/page/travel-vaccines.

Note: Not all travel immunizations are covered under the Plan. For more information on which travel immunizations are covered, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

For help answering your vaccine-related questions or for help locating a participating provider, call the Plan and press or say 1 and a Medical/Surgical representative will assist you, Monday through Friday from 8:00 a.m. to 4:30 p.m., Eastern time.

The Prescription Drug Program is also available if you have questions about vaccinations available at pharmacies by calling the Plan and pressing or saying 4. Representatives are available 24 hours a day, seven days a week.

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 2022 that include deductible and out-of-pocket maximum information. This version will replace the cards that were mailed in mid-July or when your first date of coverage started, if later. The card will continue to list the Plan's 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.) Since the SEHP Plan benefit card is new, it is important that you and your dependents show the card to both your new and existing providers.

If you have questions about your SEHP benefit card, contact your Health Benefits Administrator. For questions regarding your SEHP benefits, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the prompt for the appropriate Program.



No Surprises Act

New federal rules will be effective **January 1, 2022**, that protect patients from surprise bills. New York State has had rules in place related to surprise bills since March 31, 2015. The new federal rules will expand protections nationwide. These protections will apply to certain services, including:

- Out-of-network emergency services received at a hospital
- Items and services provided by certain out-of-network health care providers at an in-network facility
- For other provider types at an in-network facility, if a patient consents or chooses to use an out-of-network provider, the bill is not considered under surprise billing rules

If you have questions or feel you have received a surprise bill, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the prompt for the appropriate Plan administrator.

For more information on the No Surprises Act, refer to the *Out-of-Network Reimbursement Disclosures* insert in your 2022 *At A Glance*, which will be mailed to your home in December.

NYSHIP Information



Dependent Eligibility

As an enrollee in NYSHIP, you may cover your eligible dependents under NYSHIP by enrolling in Family coverage or adding eligible dependents to existing Family coverage. A late enrollment waiting period may apply if you do not add a newly eligible dependent in a timely manner.

Who Is Eligible?

The following dependents who meet certain requirements are eligible for NYSHIP coverage:

- Spouse, including a legally-separated spouse.
- Domestic partner.
- Children *under* age 26: Your natural child; your stepchild; your domestic partner's child; your legally-adopted child, including a child in a waiting period prior to finalization of adoption; and your "other" child who must be financially dependent on you and reside with you before the age of 19.
- Children age 26 and over: Your disabled child if they are unmarried, incapable of self-sustaining support by reason of mental or physical disability and acquired the disabling condition before they would otherwise have lost eligibility due to age. Also included is your child who is a full-time student with military service who is enrolled in school on a full-time basis, is unmarried and not eligible for other employer group coverage.

For required proofs of eligibility, see your NYSHIP *General Information Book*.

When Can I Add an Eligible Dependent?

You can add an eligible dependent after experiencing a qualifying life event, such as marriage, domestic partnership, birth, adoption or placement for adoption and if your child meets the "other" child eligibility criteria.

You may change coverage without the imposition of a late enrollment penalty if you acquire a new dependent (for example, you marry or become a parent) or your dependent's other health insurance coverage ends.

The first date of eligibility for a dependent is the date on which an event took place that qualified the individual for dependent coverage. Your dependent's coverage will begin based upon the date you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent(s) was first eligible
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period will apply

Note: Your newborn child is not automatically covered. You must contact your Health Benefits Administrator (HBA) within 30 days of the child's birth to complete the appropriate forms, even if all proofs are not yet available.

When Does Coverage End for Dependents?

If your dependent loses eligibility, coverage will end as follows:

- **Children** – The last day of the month in which the maximum age is reached (for dependents who lose eligibility due to age) or on the date the dependent otherwise loses eligibility for coverage (for example, for disabled children or "other" children).
- **Spouse** – On the effective date of the divorce or annulment (date filed by the court), even if a court orders you to maintain coverage. You and/or your ex-spouse must provide a copy of the divorce decree to your HBA.
- **Domestic partner and their children** – On the effective date of the dissolution of the domestic partnership. **Note:** Before a new domestic partner may be enrolled, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage.

In the case of death, a copy of your dependent's death certificate must be submitted to your HBA.

Who Should I Contact About Dependent Eligibility?

To keep your enrollment up to date, you must notify your HBA in writing of any changes to your family unit in a timely manner. Your HBA is usually located on your campus (usually in the Human Resources [Personnel] office).

Pre-Tax Contribution Program (PTCP) Election Period

The Pre-Tax Contribution Program is a voluntary program that SEHP employees can choose to participate in when they are first eligible for health insurance benefits. Employees may also elect to participate or decline participation in PTCP each year during the PTCP Election Period, which was previously November 1–30. Beginning in 2021, the dates of the annual PTCP Election Period will be announced when the 2022 rates are approved and posted on NYSHIP Online (www.cs.ny.gov/employee-benefits). This information will also be included in the SEHP annual rate letter, which will be mailed to your address on your enrollment file.

If you participate in PTCP, your share of the health insurance premium is deducted from your wages before taxes are withheld, which may lower your tax liability. In exchange for this reduction in your tax liability, you agree to maintain the same pre-tax health insurance deduction for the entire plan year, unless you experience a qualifying event that would allow you to make a change or cancel your coverage and provide timely notification (within 30 days) of the event.

If you decline participation in PTCP, your share of the health insurance premium will be deducted from your wages after taxes are withheld. Employees who do not participate in PTCP may have greater flexibility to make changes to their NYSHIP coverage during the year, as long as those changes are consistent with NYSHIP rules.



Your paycheck shows whether or not you are enrolled in PTCP. If you are enrolled in PTCP, your paycheck stub shows “Regular Before-Tax Health” in the Before-Tax Deductions section. If you are not enrolled in PTCP, or part of your deduction is being taken after tax (e.g., for a non-federally qualified dependent), your paycheck stub shows “Regular After-Tax Health” in the After-Tax Deduction section.

Per Internal Revenue Service rules, the PTCP Election Period is the only opportunity for employees to change their PTCP status; arbitrary, mid-year status changes are not allowed. If you wish to change your PTCP election for the 2022 plan year, complete and sign a *NYSHIP Health Insurance Transaction Form for the Student Employee Health Plan (SEHP) (PS-404G)* and submit it to your Health Benefits Administrator any time during the PTCP Election Period. No action is required to keep your current PTCP status. For more information about PTCP and the changes permitted during the PTCP Election Period, please refer to your *NYSHIP General Information Book*.

Reminders



Online Information for Prescription Drugs

The Prescription Drug Program uses a formulary for prescription drugs. The formulary lists the most commonly prescribed generic and brand-name drugs along with any excluded drugs and their formulary alternatives.

You can find the most up-to-date version of the formulary along with the latest recalls and safety notices at www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then Empire Plan Flexible Formulary. For the latest drug recalls and safety notices, select What's New from the NYSHIP Online homepage and scroll to Prescription Drug Program: Changes to the Empire Plan Flexible Formulary and Safety Notices.

The 2022 Empire Plan Flexible Formulary will be available on NYSHIP Online in November. A copy of the 2022 formulary will be mailed to your home with the 2022 *At A Glance* in December.

If you have any questions regarding your prescription drug coverage, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

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. Knowingly withholding information regarding the ineligibility of dependents may constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

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 SEHP, visit www.cs.ny.gov/sbc and choose SEHP. To request a copy, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program.

NY State of Health Insurance Option

As a NYSHIP enrollee, you understand the importance of having quality, affordable health insurance. But if you or a dependent are no longer eligible for NYSHIP (such as when your child turns 26), you will likely need to find another affordable health insurance option.

NY State of Health, New York's official health plan Marketplace, is where you can shop for, compare and enroll in health insurance coverage. The program offers a broad choice of health plans and enrollment assistance to help you choose the plan that is right for you.

All health plans offered through NY State of Health include doctor's visits; hospital stays; emergency care; prescription drug coverage; laboratory services; preventive screenings; immunizations and services; chronic disease management; maternity and newborn care; mental health and substance use disorder services; rehabilitative services and devices; and pediatric dental and vision coverage. Preventive care, such as routine office visits and recommended screenings, is free.

To learn more about the health plan options and available financial assistance, contact NY State of Health at nystateofhealth.ny.gov or 1-855-355-5777 (TTY: 1-800-662-1220). You can also use NY State of Health's Compare Plans and Estimate Cost tool to see what might be available to you and your dependents without filling out an application.

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 toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program 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.

NYSHIP Online Resources

On NYSHIP Online you will find the most up-to-date information about your health care coverage along with recent publications that explain your benefits. To help boost your health care benefits knowledge, select the Resources tab on the NYSHIP Online homepage. There you will find frequently asked questions, terms you should know, assistance on how to read your billing statement and other helpful information. This tab is updated regularly.

To access NYSHIP Online, go to www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted. If you are looking for publications about your benefits, select Using Your Benefits from the NYSHIP Online homepage and then choose Publications.

Contact Information

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

<p>PRESS OR SAY 1</p>	<p>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</p>
<p>PRESS OR SAY 2</p>	<p>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/</p>
<p>PRESS OR SAY 3</p>	<p>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</p>
<p>PRESS OR SAY 4</p>	<p>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</p>

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).



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).

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 www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then Prior Authorization Drug List.

New York State
Department of Civil Service
Employee Benefits Division
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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

SEHP Report – October 2021

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- information on page 14.

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.

♻️ This Report was printed using recycled paper and environmentally sensitive inks. ☐

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○ NY1404

New NYSHIP General Information Book

The revised and newly updated 2021 NYSHIP *General Information Book (GIB)* for graduate student employees enrolled in the Student Employee Health Plan (SEHP) will be mailed to you by the end of the year. This updated *GIB* applies to all eligible graduate student employees of the City University of New York (CUNY) and the State University of New York (SUNY) and their covered dependents. It replaces the current 2018 *GIB*, which can be recycled once you receive your new copy.

The *GIB* explains your rights and responsibilities as an enrollee in NYSHIP, including rules and requirements that affect eligibility, enrollment and costs. It also details your rights for continuation coverage under COBRA. Be sure to review the new version and keep it with your health insurance records for reference.

To access your *GIB* online, go to www.cs.ny.gov/employee-benefits. Choose SEHP, if prompted. From the NYSHIP Online homepage, select Health Benefits and then NYSHIP General Information Book. For a printed copy, contact your Health Benefits Administrator.