



Student Employee Health Plan



NYSHIP SEHP Report

October 2023 • 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).

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Using Your Benefits



The Benefits of a Primary Care Physician

A Primary Care Physician (PCP) is a healthcare professional, usually a doctor but sometimes a nurse practitioner or physician assistant, who helps manage your day-to-day health over a long period of time. When you have an established relationship with a Primary Care Physician, they know the right questions

to ask and can detect health issues in their early stages. A PCP can screen for disease, help you detect and manage a wide range of health issues and assist you with determining when you need to see a specialist. Although the Plan does not require enrollees to choose a PCP, studies show that patients who regularly visit their PCP have fewer hospitalizations and better health.

If you don't have a PCP, now is the time to find one. To start, ask for recommendations from friends, family members or a healthcare professional you trust and put together a list of a few names to choose from. Then, call the doctor's office to learn more about the practice, ask whether they are accepting new patients and confirm they participate in The Empire Plan. (**Note:** SEHP uses the same network of providers as The Empire Plan.) When scheduling an appointment, request extra time to discuss your medical history and get to know your new Primary Care Physician. It's also important to bring your medical records and a list of your current prescriptions.

To find Empire Plan participating providers online, go to NYSHIP Online at <https://www.cs.ny.gov/employee-benefits>. From the homepage, select Find a Provider and scroll to the appropriate Program.

SEHP Changes

Assignment of Benefits for Out-of-Network Providers

Under the Medical/Surgical Program, when you receive services from an out-of-network provider you must file a claim with the Program administrator (UnitedHealthcare) to receive reimbursement.

Effective January 1, 2024, enrollees and covered dependents who obtain services from out-of-network providers under the Medical/Surgical Program may opt to have the Plan pay covered expenses to such providers directly. This process is referred to as “Assignment of Benefits.” To choose this option, sign the “Assignment of Benefits” field to authorize payment to your provider when submitting your paper or electronic claim form. If you do not select the “Assignment of Benefits” option, payment of covered expenses will be issued to you and you will be responsible for paying the provider directly.

By receiving Medical/Surgical Program services from an out-of-network provider, your out-of-pocket costs are much higher. You will have to meet deductible and coinsurance obligations instead of having only a copayment. If you need assistance finding a participating provider, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10).

Preventive Mammography Screening

Breast cancer is the second most common cancer in women in the United States, and one in eight women will develop it in their lifetime. As a result, it is more important than ever to get an annual mammogram. Annual preventive screening can detect breast cancer before symptoms develop and when the disease is easier to treat.

Recently, the U.S. Preventive Services Task Force (USPSTF) lowered the age in the federal guidelines for preventive screening mammography from age 50 to age 40. Because the Plan already covers a screening mammography as well as a 3D screening mammography every one to two years (depending on your doctor’s recommendation), there is no change to your benefits. **Note:** There are no gender-based limitations applied to preventive care services under the Plan. Preventive care services, like annual mammography screening, are covered at no cost to you if received from a participating provider.

If you have questions about annual mammography screenings, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10).

2024 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, 2024**, the maximum out-of-pocket limit for covered, in-network services under the Plan is \$9,450 for Individual coverage and \$18,900 for Family coverage, split between the Hospital, Medical/Surgical, Mental Health and Substance Use and Prescription Drug Programs, as specified in the chart below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, your copayments will be reimbursed.

2024 Maximum In-Network Out-of-Pocket Limits		
	Prescription Drugs	All Other Covered In-Network Services, Combined
Individual Coverage	\$3,300	\$6,150
Family Coverage	\$6,650	\$12,250

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call the Plan and choose the Prescription Drug Program (see *Contact Information*, page 10). If you have any questions about your limit for all other covered in-network services, choose the Medical/Surgical Program.

UnitedHealthcare® App Can Help Manage Your Care

Did you know that you can get information about the Plan's Medical/Surgical Program right in your hands using the UnitedHealthcare® (UHC) app? Find care and compare costs for participating providers and services in The Empire Plan network. You can also view your claims and check your deductible and out-of-network balances. The UHC app helps you get the most out of your benefits and make informed decisions about your care.

Scan the QR code and follow a few quick steps to get registered today.



1. Download the app, which is available for iPhone and Android, and click **Register Now**.
2. Complete the required fields and create your username/password.
3. Enter your contact information and answer security questions.
4. Agree to the terms and conditions and select your email preferences.
5. You also have the option to go paperless. From your account settings, you can choose paperless in your communication preferences so that required communications (such as Explanation of Benefits [EOBs]) can be delivered electronically.

If you have questions about the app, call the Medical/Surgical Program (see *Contact Information*, page 10).

Future Moms Becomes Building Healthy Families Program

Because every family grows in its own way, the Plan's Future Moms Program has been expanded, enhanced and renamed the Building Healthy Families (BHF) Program. BHF is designed to help your family grow strong whether you're trying to conceive, expecting a child or raising young children.

The BHF Program provides all-inclusive assistance for preconception, pregnancy and family care at no cost to you. The enhanced BHF Program recognizes every individual's and/or family's unique path to parenthood and offers comprehensive support 24 hours a day, seven days a week, to answer your family-planning questions at every stage.

Providing personalized digital support and case management for high-risk members, BHF helps participants stay connected, engaged and informed. Enhanced features include:

- Pre-pregnancy planning, new baby education and family care
- Support in prenatal, maternity and postpartum care for members who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+)
- Nurse case management for high-risk members
- Access to a health coach via chat, email or phone
- Tracking tools for ovulation, weight, blood pressure, due date and prenatal milestones
- Meditation/mindfulness tools

To learn more about the BHF Program or to enroll, call the Plan and choose the Hospital Program (see *Contact Information*, page 10) or visit www.empireblue.com/nys.

Empire BlueCross Becoming Anthem Blue Cross

Effective January 1, 2024, Empire BlueCross, the administrator of the Plan Hospital Program, will be changing its name to Anthem Blue Cross. This transition will not impact your coverage and you will still have access to the Plan's network of hospitals and hospices. The address of the Hospital Program's website will be changing

on the effective date from www.empireblue.com/nys to www.anthembluecross.com/nys. The current URL will automatically redirect you to the new site. While the corporate logo will also be changing (see below), the version used on the back of your ID card will not be changing.

For the latest information about the name change and your Empire Plan hospital benefits, visit www.empireblue.com/nys and set up an account to:

- Chat with a Hospital Program representative
- Submit and track claims
- Review medical benefits
- Access LiveHealth Online
- Submit inquiries
- Retrieve your forgotten username and/or password

For questions regarding your benefits, call the Plan and select the Hospital Program (see *Contact Information*, page 10).



Preventive Vaccines and Boosters Update

You and your family are best protected from severe illness when you stay up to date with your preventive care services. Below are updates on three important preventive care services. As always, be sure to discuss which preventive care services are most appropriate for you with your healthcare provider.

Respiratory Syncytial Virus (RSV)

While most people experience Respiratory Syncytial Virus (RSV) with symptoms like a common cold, the virus can develop into something more serious. Infants, young children and older adults may be likely to develop severe RSV and require hospitalization.

Over the past several months, the Food and Drug Administration (FDA) has approved preventive care services for RSV. Preventive vaccines are now available for adults ages 60 and older. For infants and children ages 0–19 months, RSV monoclonal antibodies are an approved preventive care treatment.

Beginning on August 30, 2023, both the RSV vaccine and RSV monoclonal antibodies are covered preventive care services.

- For adults ages 60 and older, the RSV vaccine is covered at no cost to you when provided by an Empire Plan participating medical provider or at a vaccination network pharmacy.
- For infants and children ages 0–19 months (effective October 25, 2023), RSV monoclonal antibodies are covered when administered by a health care professional. This treatment is not available at retail pharmacies. When provided by an Empire Plan participating medical provider, there is no cost to you.

Effective September 22, 2023, the RSV vaccine is covered in full for pregnant women between 32 to 36 weeks of pregnancy when administered by a participating medical provider.

COVID-19

The Centers for Disease Control (CDC) recommends COVID-19 primary series vaccines for everyone age six months and older, and COVID-19 boosters for eligible individuals ages five years or older. Vaccine recommendations vary depending upon age, the date the first vaccine was received, and the time elapsed since the last dose. COVID-19 vaccines, including recommended updated boosters, provided by an Empire Plan participating medical provider or at a vaccination network pharmacy will be covered at no cost to you.

Influenza (Flu)

With flu season approaching, now is the time to consider getting a flu vaccine. Flu vaccines are covered at no cost to you when provided by an Empire Plan participating medical provider or at a vaccination network pharmacy.

More information about preventive care services can be found in *The Empire Plan Preventive Care Coverage Guide* on NYSHIP Online (see *Benefits on the Web*, page 10). For specific benefit coverage details and limitations, refer to your Plan documents or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

Beacon Health Options Is Now Carelon Behavioral Health

Earlier this year, Beacon Health Options, the administrator for the Plan's Mental Health and Substance Use (MHSU) Program, changed its name to Carelon Behavioral Health, Inc. There is no impact or changes to coverage because of the name change. You and your dependents still have access to the same network of credentialed providers offering the highest level of care under the MHSU Program. You will also see the new logo below on the back of your reissued SEHP benefit card. For information about the new online MHSU Program services, Talkspace and Equip, see page 7.



No Copayment for Treatment at an In-Network Opioid Treatment Program

As a result of new state legislation **effective January 1, 2023**, members have no copayment when receiving services for opioid treatment that includes the prescribing of agonists, such as methadone, buprenorphine or suboxone, when using a network provider. This includes waiving of copayments for therapy and counseling sessions related to opioid treatment programs, as well as prescriptions provided through a treatment program; however, prescriptions obtained at a retail pharmacy are still subject to the applicable copayment.

For more information, call the Plan and choose the Mental Health and Substance Use Program (see *Contact Information*, page 10).

Mental Health and Substance Use Program

The Plan's Mental Health and Substance Use (MHSU) Program provides access to more than 159,000 providers across the country offering services for mental health or substance use issues, including treatment for alcoholism or opioid misuse. The MHSU Program also offers additional resources for attention deficit hyperactivity disorder (ADHD), depression and eating disorders.

You can check if providers or facilities are in the Plan's network through the MHSU provider/facility directory on NYSHIP Online. Select Find a Provider and click on ReferralConnect under the MHSU Program.

Clinical Referral Line

The MHSU Clinical Referral Line is available 24 hours a day, seven days a week. It is staffed by licensed clinicians who 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.

To reach the Clinical Referral Line, call the Plan (see *Contact Information*, page 10) and choose the MHSU Program. When prompted, press or say 3 for enrollee and then press or say 3 for the Clinical Referral Line.

Introducing Talkspace, A New Online Therapy Option

Because behavioral health conditions can significantly impact day-to-day life, the Plan has entered into a partnership with Talkspace and its network of providers to bring convenient online therapy, counseling and medication services to you and your dependents.

Talkspace provides secure and confidential online therapy with a provider via private messaging or live video sessions through a mobile app. Using the QuickMatch process available through registration, you can find therapists specializing in stress, anxiety, depression, eating disorders, substance use, identity struggles, trauma, grief and more. You and your covered dependents can now access Talkspace's network of providers through your mental health benefits, administered by Carelon Behavioral Health.

Engaging with a Talkspace therapist is subject to the same copayment that applies to an in-person visit. For more information and to get started, visit <https://www.talkspace.com/empireplan> to register.



Eating Disorder Treatment Available Through MHSU Program, Including New Equip Program

The Plan's Mental Health and Substance Use (MHSU) Program, administered by Carelon Behavioral Health, offers an Eating Disorder Clinical Management Program that provides screening, education, referrals and support for Plan enrollees and their dependents. Program members can direct the type of education and support that meets their needs and preferences.

The MHSU Program also now offers access to Equip, an evidence-based treatment program for eating disorders that currently treats patients from six to 24 years of age. Equip's Program is designed to help those most at risk or for whom other treatment options haven't worked. It provides fully virtual, whole-patient medical care, including therapy, family-based treatment, nutrition counseling and mentorship. To learn whether Equip is an appropriate treatment program for you or your dependent, or for more information about eating disorder treatment, call the Clinical Referral Line. Call the Plan toll free at 1-877-7-NYSHIP and select Option 3 for the MHSU Program, then Option 3 for the Clinical Referral Line, which is available 24 hours a day, seven days a week.

Reminders



New SEHP Benefit Cards

In compliance with federal law, new Student Employee Health Plan (SEHP) benefit cards will be issued to you and your covered dependents in advance of January 1, 2024. The in-network maximum out-of-pocket limits (see page 3) will be reflected on your new version. Please be sure to use the new card and securely destroy the old one.

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

If you have questions about your SEHP benefit card, contact your Health Benefits Administrator. For questions regarding your Plan benefits, call the Plan and select the prompt for the appropriate Program (see *Contact Information*, page 10).

Summary of Benefits and Coverage

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

To view the *SBC* or the *Uniform Glossary* visit www.cs.ny.gov/sbc and choose SEHP. To request a copy, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10).

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.

Annual Notice of Colorectal Cancer Screening Benefit

In accordance with the U.S. Preventive Services Task Force (USPSTF), The Plan covers preventive colorectal cancer screenings and laboratory tests for enrollees age 45 through age 75 when performed by a participating provider. This benefit includes an initial colonoscopy or other medical test for colon cancer screening and a follow-up colonoscopy performed because of a positive result from a non-colonoscopy preventive screening test. This benefit also includes pre-procedure consultation and any resulting pathology exam or polyp biopsy. While a copayment would not apply for the initial preventive procedure(s), additional screenings provided in accordance with the American Cancer Society (ACS) guidelines may be considered diagnostic and a copayment would apply. For more information on ACS guidelines, go to www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html.

If you have questions about your coverage for preventive colorectal cancer screenings and follow-up diagnostic care, call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10).

Benefits Management Program requirements apply. See your *At A Glance* for more information.

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 or chest wall reconstruction surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. Chest wall reconstruction surgery includes aesthetic flat closure as defined by the National Cancer Institute.

Call the Plan and choose the Medical/Surgical Program (see *Contact Information*, page 10) 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 *At A Glance* for more information.



SEHP Contact Information

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

PRESS OR SAY 1	<p>Medical/Surgical Program: Administered by UnitedHealthcare</p> <p>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>
PRESS OR SAY 2	<p>Hospital Program: Administered by Anthem Blue Cross</p> <p>Administrative services are provided by Anthem HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time. TTY: 711 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 866-829-2395 Online: www.empireblue.com/nys/resources-forms</p>
PRESS OR SAY 3	<p>Mental Health and Substance Use Program: Administered by Carelon Behavioral Health, Inc.</p> <p>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>
PRESS OR SAY 4	<p>Prescription Drug Program: Administered by CVS Caremark</p> <p>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>

Benefits on the Web

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

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



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 *Anthem Blue Cross*, www.empireblue.com/nys

Call for information regarding hospital and related services.

YOU MUST CALL AND PRESS OR SAY 2

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

Medical/Surgical Benefits Program *UnitedHealthcare*, www.myuhc.com

Call for information on benefits under the Participating Provider Program, predetermination of benefits, claims and participating providers.

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

YOU MUST CALL AND PRESS OR SAY 1

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

YOU MUST CALL AND PRESS OR SAY 1

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

Mental Health and Substance Use Program *Carelon Behavioral Health, Inc.*, www.achievesolutions.net/empireplan

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

Prescription Drug Program *CVS Caremark*, www.caremark.com

For the most current list of prior authorization drugs, call the Program or go to NYSHIP Online (see *Benefits on the Web*, page 10). From the homepage, select Using Your Benefits, Empire Plan Formulary Drug Lists and then Prior Authorization Drug List.

New York State
Department of Civil Service
Employee Benefits Division
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SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

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

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**Please do not send mail
or correspondence to the
return address. See address
● information on page 10.**

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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New NYSHIP General Information Book

The revised and newly updated 2023 NYSHIP *General Information Book (GIB)* for graduate student employees enrolled in the Student Employee Health Plan (SEHP) will be mailed to your home by early 2024. This updated *GIB* applies to all eligible graduate student employees of the City University of New York (CUNY), the State University of New York (SUNY) and their covered dependents. It replaces the current 2021 *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* go to NYSHIP Online (see *Benefits on the Web*, page 10). From the homepage, select Using Your Benefits and then Current Publications.