

2022 Annual Webinar for Participating Employers

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.

Welcome to the 2022 Annual Webinar For Participating Employers



Agenda

- A Message from the Director of EBD
- Benefits Administration from PA/PE Unit
- PELU Announcements
- Empire Plan Benefit Changes
- Financial Update
- Questions and Answers





A Message from the Director of EBD

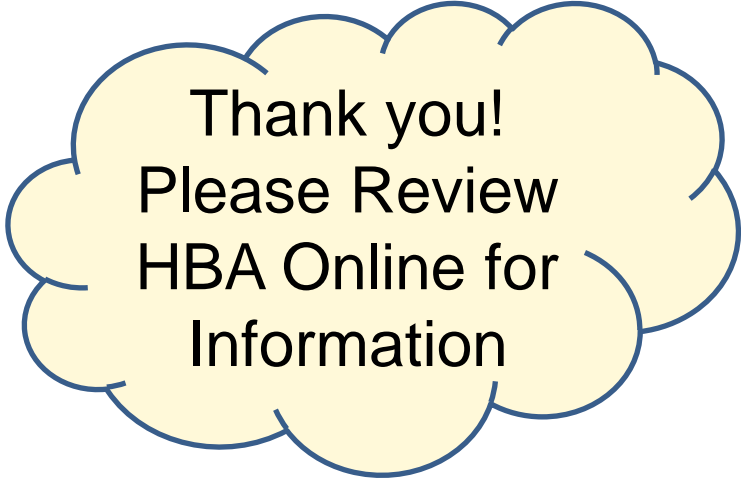
Presenter – Daniel Yanulavich, Employee Benefits Division Director

Message from the Director

Daniel Yanulavich

518-473-1977

Daniel.Yanulavich@cs.ny.gov



Thank you!
Please Review
HBA Online for
Information



NYSHIP
New York State
Health Insurance Program

Benefits Administration

Presenters –Michael Jones, PA/PE Unit Supervisor

Announcements from the PA/PE Unit

Topics

- Differences between a New Hire and a Rehire
 - Terminations Vs. Voluntary cancellations
- Retirement and Termination Transactions
 - Sick Leave Credit
 - Deferrals
 - Medicare
- NYBEAS Refresher and Reminders for HBAs

New Hire Vs Rehire

- New Hire – Creating a new job record
 - Used when creating a Job record for a new employee that has **never been enrolled in NYSHIP/NYBEAS by any NYSHIP agency**
- Rehire
 - Used when enrolling an employee that **has been enrolled in NYSHIP/NYBEAS previously by any NYSHIP agency**

New Hire Vs Rehire

nybeas.cs.state.ny.us says

Person ID 123456789 already exists in the system for ENROLLEE NAME (1007,60) You cannot use the same Person ID for more than one person. Click OK to enter a different Person ID.

OK

New Hire Vs Rehire

Rehire & Transfers

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

EmplID:	begins with ▼	123456789
Empl Rcd Nbr:	= ▼	
Last Name:	begins with ▼	
First Name:	begins with ▼	
Department:	begins with ▼	
National ID:	begins with ▼	

Include History

Search

Clear

[Basic Search](#)



[Save Search Criteria](#)

No matching values were found.

New Hire Vs Rehire

Job Data
Employment

Employee Info
EmpID: 123456789
Rcd #: 0

NAME ENROLLE M

Job Data
Find | View All
First 1 of 23 Last

Employee Status:	Terminated		
*Effective Date/Seq:	01/20/2014	0	Current
*Action / Reason:	TER	TER	Terminate
	Action Date: 01/22/2014		
Department:	10230	Adirondack Correctional	
Company:	NYS	New York State	*Pay Group: ILB
	Institutional/Lag/Biweekly		
Negotiating Unit:	01	NYSCOPBA	
Employee % Filled:	100	Source ID: NYSTPINT	Operator ID: PCONTROL
Title Code:	8700100	Correction Officer	
Hire Date	12/20/2004	Termination Date	01/19/2014
Rehire Date	12/20/2004	Last Date Worked	07/22/2013

Benefit Program
Find | View All
First 1 of 1 Last

Effective Date:	02/14/2005		
Benefit Program:	A04 NYSCOPBA w/ Rx (Dent/Vis) BW		

Save
Return to Search
Previous tab
Next tab

Update/Display
Include History

Job Data | [Employment](#)

Termination vs Cancel Voluntary

- **Termination**

- Process when employment terminates and they are no longer eligible to continue coverage as an active employee
- Last day of coverage will be the last day of the month in which the employee was eligible for coverage as an active employees and for which coverage was paid

- **Cancel Voluntary**

- Process when the enrollee is still an active employee but has requested to cancel their benefits

To Process a Termination

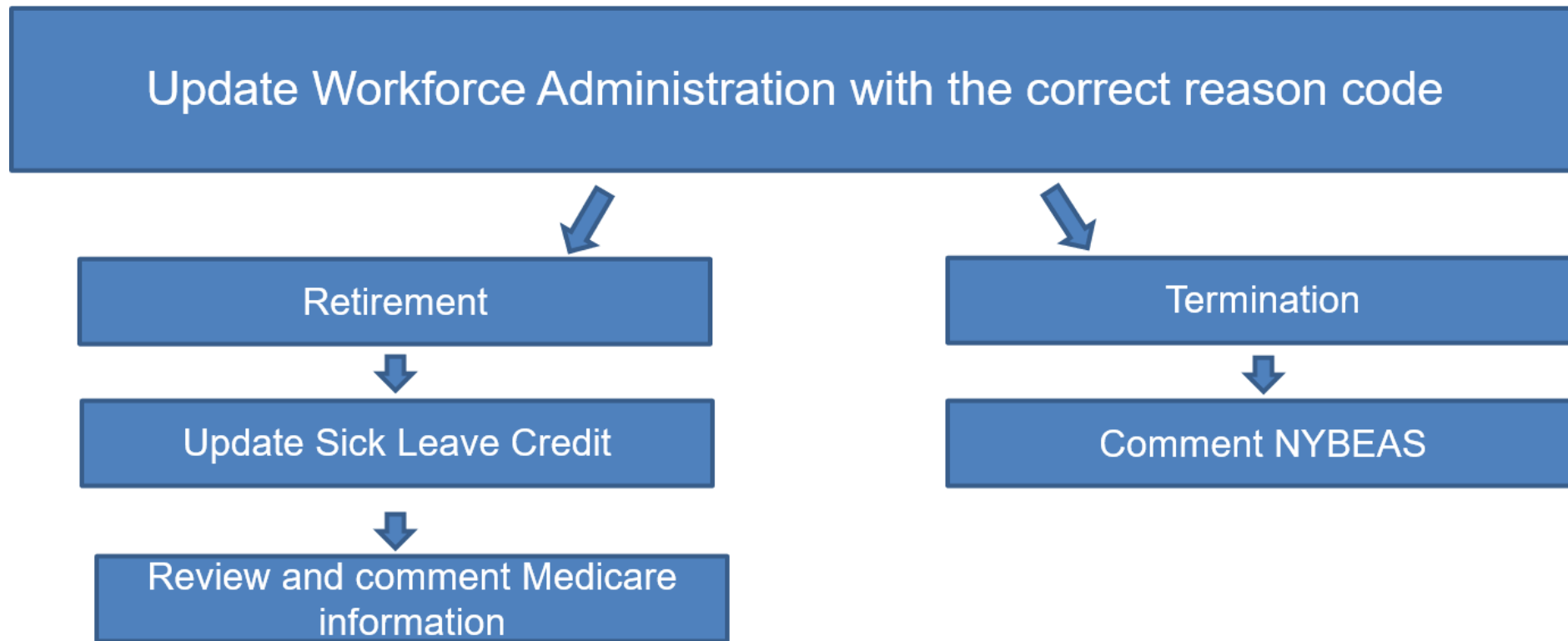
1. Navigate to Workforce Administration
2. Under Job Information click Job Data and search the enrollee
3. Click the “plus key icon” to add a new row
4. Enter the effective date of termination (first day not working)
 - Action and Reason are both “TER”
5. Click Save

To Process a Cancel Voluntary

1. From the Transactions menu in NYBEAS, choose Cancel Enrollment
2. Enter Plan type 10 for Medical
3. Enter the Reason code as Vol for Cancel- Voluntary
4. Enter the Request Date as the date of the request on the PS-404
 - The Effective Date will automatically populate
5. Click Save

Retirement or Termination Transaction

The first step is to update Workforce Administration in NYBEAS with the appropriate action and reason codes



Retirement Transaction

After Processing a Retirement

Eligible employees will automatically be qualified by EBD staff for NYSHIP coverage in retirement

Sick Leave Credit

- If your agency accepts Sick Leave Credit and the employee is eligible, you must enter Sick Leave Credit information into NYBEAS after a retirement transaction has been processed
- NYBEAS must be updated timely to avoid billing discrepancies
- Confirm whether the employee has chosen Single Annuitant or Dual Annuitant Sick Leave Credit
 - [NYSHIP Sick Leave Credit Option Election Form \(PS-405\)](#)
 - The employee must sign the election form prior to their retirement date

Sick Leave Credit

After you have processed a Retirement transaction:

- You should find the employee on the HBA Sick Leave Worklist which will bring you to the Sick Leave Adjustment transaction in NYBEAS

OR

- You can add the enrollee's Sick Leave Credit Information directly from the Sick Leave Adjustment transaction in NYBEAS

Defer Coverage

If the employee is enrolled in NYSHIP as the policyholder and will be deferring coverage:

- Process the Retirement transaction and Sick Leave Adjustment the same as you would for a retirement
- Leave a comment in NYBEAS to inform EBD the employee will be deferring coverage
- Forward the employee's request to defer coverage and any required proofs to EBD

Defer Coverage

If an employee who is not enrolled in NYSHIP as a policyholder requests to defer, determine if they meet the eligibility requirement for enrollment in NYSHIP:

- By being enrolled in NYSHIP as a dependent; or
- Through enrollment in an alternative health plan or buyout program through your agency

If the employee meets the eligibility requirement for enrollment in NYSHIP:

- Add Sick Leave Credit information to the Sick Leave Credit Preservation transaction so that the employee can use their sick leave credit if/when they enroll in NYSHIP coverage in the future
- Forward the employee's request to defer coverage and any required proofs to EBD

Medicare

- If the employee or their eligible dependent(s) are eligible for Medicare, you must leave a comment in NYBEAS with their Medicare information
- Most individuals become Medicare eligible at age 65, but some become eligible earlier due to disability, End Stage Renal Disease (ESRD), or Amyotrophic Lateral Sclerosis (ALS)

Medicare

- If the employee or any covered dependents are eligible for Medicare and NYBEAS only has a P.O. Box listed for the address, you must reach out to the employee for a physical address. The Centers for Medicare and Medicaid Services (CMS) require a physical address on file
- The PO box can remain as the mailing address, but the home address must be added to NYBEAS

Termination Transaction

After Processing a Termination

You must add a NYBEAS comment to advise EBD if the terminated enrollee is eligible for COBRA, Vestee, or both.

NYBEAS Comments

- When a termination transaction (TER/TER) is processed you must leave a comment in NYBEAS to advise EBD if the enrollee is eligible for Vestee coverage or only eligible for COBRA coverage
- If the enrollee is eligible for Vestee coverage, you must enter the date they will become eligible as a retiree in your NYBEAS comment
- Once EBD is able to verify a comment in NYBEAS, EBD will send the enrollee an application to enroll in Vestee coverage or COBRA coverage, as appropriate

NYBEAS Comments

If the enrollee is eligible for Vestee coverage, create a comment informing EBD of Vestee eligibility and the date they will become eligible as a retiree

Benefit Comments

SAMPLE, SALLY EmplID: 999999999 Empl Rcd #: 0

Employee Status: Active

Dependent/Beneficiaries Find | View All First 2 of 8 Last

Dependent/Beneficiary ID:

*Comment Date: Action Date:

Comments By:

Comment:

EE TERMED EFFECTIVE 10/15/19 AND IS NOT ELIGIBLE FOR RETIREE BENEFITS YET, EE IS ELIGIBLE TO BE A VESTEE, AND WOULD BECOME A RETIREE EFFECTIVE 12/1/2020

NYBEAS Comments

If the enrollee is only eligible for COBRA coverage, create a comment informing EBD of COBRA eligibility

Benefit Comments

SAMPLE, SALLY EmpID: 999999999 Empl Rcd #: 0

Employee Status: Active

Dependent/Beneficiaries Find | View All First 2 of 8 Last

Dependent/Beneficiary ID:

*Comment Date: Action Date:

Comments By:

Comment:

EE TERMED EFFECTIVE 10/15/19 AND IS NOT ELIGIBLE FOR RETIREE BENEFITS. EE IS ONLY ELIGIBLE FOR COBRA, PLEASE SEND COBRA APP.

Reminders for HBAs – Date of Divorce

- When an enrollee gets divorced (or their marriage has been annulled), the ex-spouse is no longer eligible for NYSHIP coverage **as of the date the divorce is filed in the county clerk's office**, regardless of when the enrollee notifies you of divorce
 - In NYBEAS remove the spouse with a DIV (divorce) transaction and use this date as the event date

The screenshot displays the NYBEAS system interface with three main sections:

- Plan Type:** *Plan Type: 10 Medical COBRA Event ID: 0
- Enrollee's Current Coverage Information:**

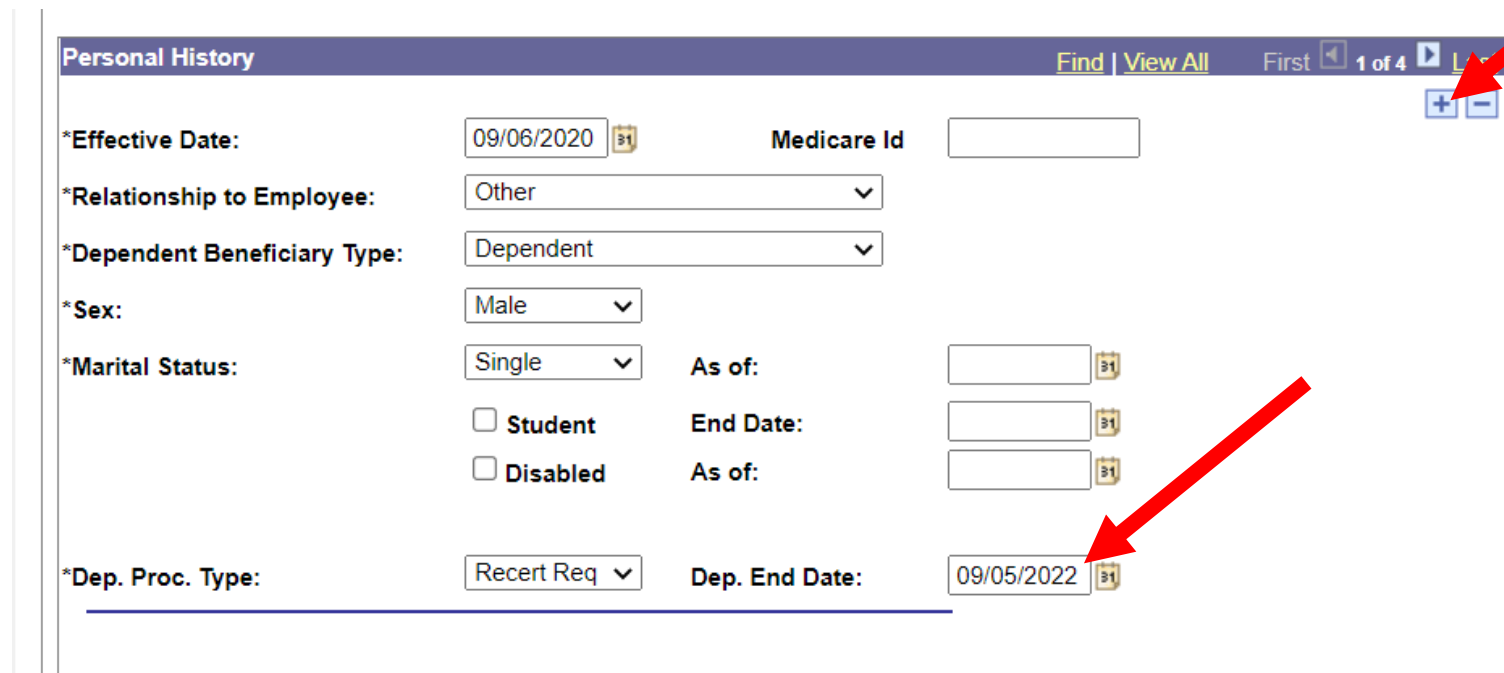
Eff Date	Event Id	Covrg Elect	Benefit Plan	Coverage
12/01/2019	0	Elect	001 Empire Plan	Family
PA7	PA Option 7 (Actives)		Med Primacy <input type="checkbox"/>	Med Reimbursement <input type="checkbox"/>
- Transaction Details:**

*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
CCC	DIV	07/01/2022		07/01/2022	No
Chg Ind - Divorce					

At the bottom, there are buttons for 'Save' and 'Return to Search'.

Reminders for HBAs – Other Child Recertification

- When recertifying an “other child” please review the enrollee’s NYBEAS file to determine if the child has come off the file or not.
 - If they haven’t, you just need to update the recertification date under dependent beneficiary
 - If they have come off the file, you will need to update the recertification date AND process a dependent add to put them back on the file



Personal History Find | View All First 1 of 4

*Effective Date: 09/06/2020 📅 Medicare Id:

*Relationship to Employee: Other ▼

*Dependent Beneficiary Type: Dependent ▼

*Sex: Male ▼

*Marital Status: Single ▼ As of: 📅

Student End Date: 📅

Disabled As of: 📅

*Dep. Proc. Type: Recert Req ▼ Dep. End Date: 09/05/2022 📅

Reminders for HBAs - Retirement

- APAY: Agency Pays
- DIRP: Direct Pay
- EPEN: Employee Retirement System Pension Deduction
- TPEN: Teachers Retirement System Pension Deduction

Select one of the following values:

APAY	Agency Pays
DIRP	Direct Pay
EPEN	ERS Pension Deduction
TPEN	TRS Pension Deduction

Cancel

Participating Agency & Participating Employer (PA/PE) Unit Staff

Amanda Perkins



Please have NYBEAS open and ready when you call the HBA Help Line.

Michael Tibbitts



Please review the enrollee's NYBEAS record before calling the HBA Help Line.

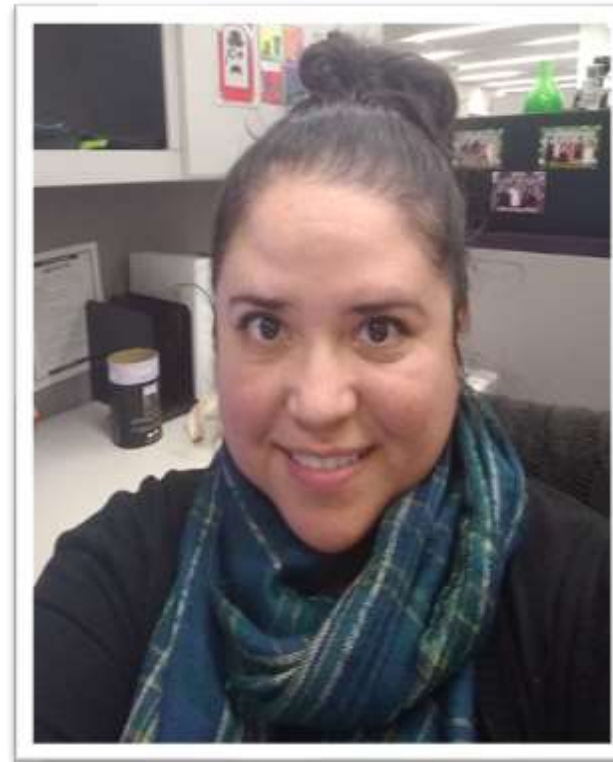
Participating Agency & Participating Employer (PA/PE) Unit Staff

Melissa Spring



Please have your agency code and the employee's SSN ready when you call the HBA Help Line.

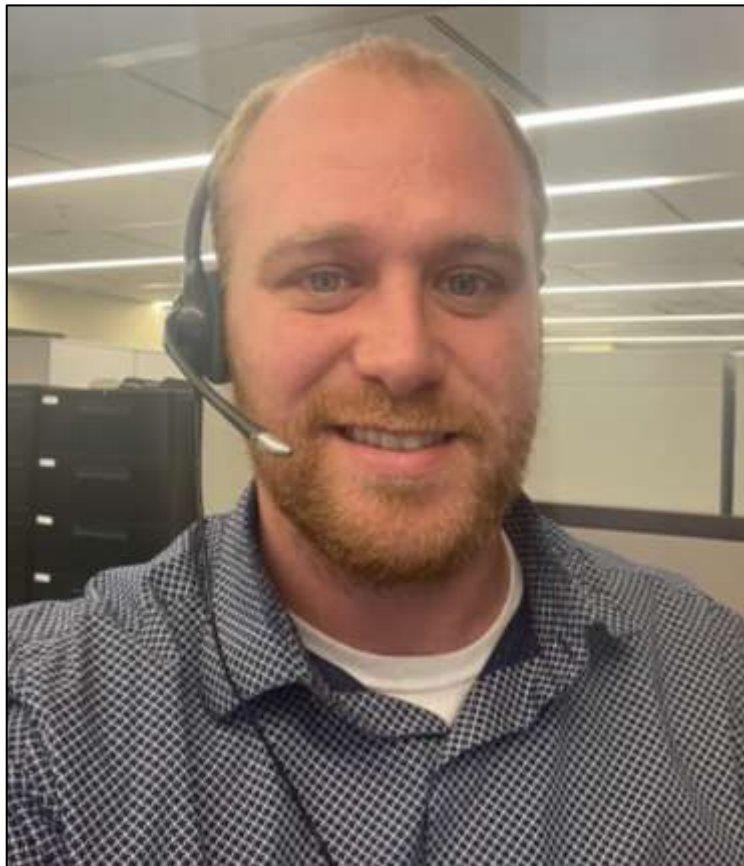
Pamela Alvarado-McNamara



Pull your monthly reconciliation report on the Monday following the first Friday of each month to reconcile your bill.

Participating Agency & Participating Employer (PA/PE) Unit Staff

Mike Jones



Please make sure
you update your
DAO and HBA
information with
EBD when you
have staff changes.



NYSHIP
New York State
Health Insurance Program



Questions?



NYSHIP
New York State
Health Insurance Program

PELU Announcements

Presenter – Jesse Horton, Public Employer Liaison Unit

Topics

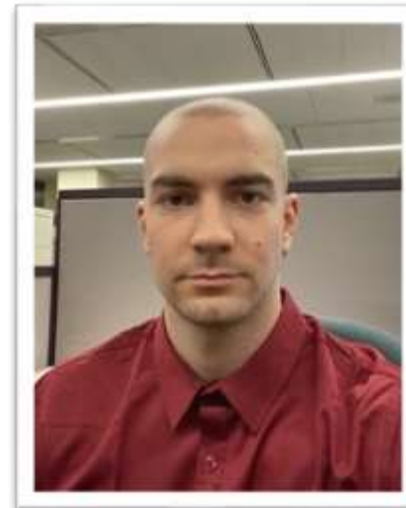
- PELU Staff
- Federal Premium Reporting
- Gender Recognition Act (GRA)
- Dual Family Prohibition & Buyout Programs
- When to Contact PELU

Public Employer Liaison Unit (PELU) Staff



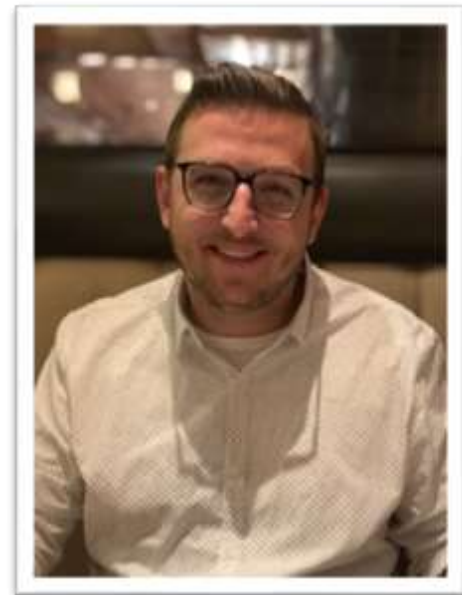
Amy Orr

Use your NYSHIP resources: many answers to your questions can be found in the General Information Book, the HBA Manual, and the NYSHIP Administrative Guide.



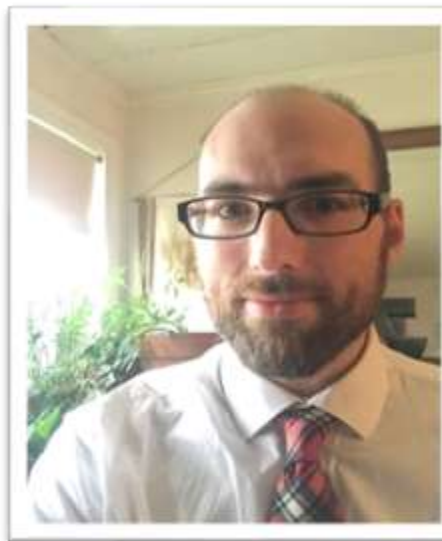
August Heinrich

Remember to include your agency code in the subject line when you e-mail us.



Brody Michaud

Be sure to regularly check HBA Memos for important announcements.



Jesse Horton

Make sure to keep your NYBEAS credentials secure.

Mandatory Federal Premium Reporting

- As part of the Consolidated Appropriations Act of 2021, the federal government now requires that all health insurance plans annually report an average monthly premium paid by employees and employers
- Plans, including NYSHIP, must report 2020 and 2021 premium to the federal government by the end of this year
- Since the Employee Benefits Division (EBD) does not have direct access to PA and PE employee premium rates, we relied on agency HBAs to submit employee premium information for their agencies using a dedicated NYBEAS page

Mandatory Federal Premium Reporting

- This requirement and instructions were communicated to HBAs via HBA Memo [PE22-12, PA22-11, and PAEX22-10](#) in August 2022
- Agencies were given a deadline of October 14, 2022 to submit their 2020 and 2021 employee premium information through the NYBEAS page
- We realize this may have been a big undertaking for your agency
- **Thank you for your cooperation!!**

Mandatory Federal Premium Reporting

- This will be an annual requirement going forward
- Reporting for the 2022 plan year is due to the federal government in June of 2023
- This means EBD will begin soliciting 2022 premium information from you early next year
- Please monitor HBA Online for an official announcement

Gender Recognition Act (GRA)

- In June 2021, the Gender Recognition Act (GRA) was signed into State law
- The Act enables New Yorkers to select a non-binary or gender non-conforming option on their New York State issued driver's licenses, State ID cards, and birth certificates
- As part of the law, all State issued forms are required to include a non-binary or gender non-conforming option, labeled gender "X," no later than January 1, 2023
- EBD is in the process of revising its forms

Gender Recognition Act (GRA)

- Naturally, this change has led to questions on the proofs required to update an enrollee or dependent's gender designation and/or name with NYSHIP and the process for making the changes in NYBEAS
- EBD has posted a memo, [Policy Memo 148](#), which outlines the proofs required
 - Gender designation changes only require a request. No additional proofs are needed
 - Name changes require a court order or government issued identity document
- HBA Memos [PE22-18, PA22-16, and PAEX22-14](#) reiterate the proof requirements and provide instruction on making such changes in NYBEAS
- Both memos are available on HBA Online

Dual Family Prohibition & Buyout Programs

- In January 2021, the Office of the State Comptroller released an audit related to NYSHIP
 - “New York State Health Insurance Program: Empire Plan Members With Dual Family Coverage”
- It focused on strategies participating agencies may use to lower their overall spending on health insurance costs
- In response to the audit, the Department pledged to help educate participating agencies about cost saving measures, including buyout programs and prohibiting dual family coverage

Dual Family Prohibition

- New York State prohibits dual family coverage for its employees through
 - Employees may not be enrolled in family coverage and as a dependent on another enrollee's NYSHIP policy
- This provision is included in the State's collective bargaining agreements with its public employee unions
- Participating Agencies may similarly prohibit their employees from being enrolled in dual family coverage to lower their overall health insurance costs

Buyout Programs

- New York State offers a health insurance buyout program to its employees
 - Employees can receive \$1,000 for opting out of individual coverage
 - Employees can receive \$3,000 for opting out of family coverage
- Participating Agencies may implement similar programs to lower their overall health insurance costs
- [Policy Memo 122r1](#) outlines the Department's policy on buyout programs for health insurance coverage

When to Contact PELU

- Questions about NYSHIP policies
- Changes in NYSHIP benefits such as contribution rate changes, changes in service time requirements, or newly offering benefits to a class or category of employee/retiree
- Contact us at least 60 days in advance of the effective date of the change
- Please contact PELU by e-mail at PELU@cs.ny.gov



NYSHIP
New York State
Health Insurance Program



Questions?



Empire Plan Benefit Changes

Presenter- Mindy Beyer, Contract Manager, Vendor Management Unit

**New York State Department of Civil Service
Employee Benefits Division**

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Empire Plan Benefit Changes

Topics

- What's New – Updates for January 1, 2023
- Benefit Spotlight
- Sneak Preview – July 1, 2023 Benefit Changes
- Network Providers and Member Protections

Empire Plan Benefit Changes

What's New – Updates for January 1, 2023

Building Healthy Families:

- New name for the Future Moms Program.
- Will continue to be administered by Empire BlueCross.
- Offers enhancements including a digital platform, app, health advocates, case managers, interactive health trackers and personalized content.
- Plan members can call BlueCross to enroll – 1-877-7-NYSHIP (1-877-769-7447) and select prompt number 2 for the Hospital Program.

Empire Plan Benefit Changes

What's New – Updates for January 1, 2023

Prescription Drug Formulary Changes:

- 99.74% of plan members will not be impacted by formulary changes.
- Empire Plan members impacted by any drug exclusions effective January 1, 2023 will receive a letter.
- Some plan members will have lower copays due to certain prescription drugs moving to lower copay tiers.
- Several previously excluded medications have been added back to coverage.

Empire Plan Benefit Changes

What's New – Updates for January 1, 2023

2023 In-Network Out of Pocket Limits:

- These limits change annually per federal guidance
- In 2023, the maximum amounts are as follows:

Empire Plan Program	Individual Coverage – Annual Limit	Family Coverage – Annual Limit
Hospital/Medical/MHSU	\$3,200	\$6,400
Prescription Drug	\$5,900	\$11,800
Total Limit	\$9,100	\$18,200

Empire Plan Benefit Changes

What's New – Updates for January 1, 2023

ID Cards:

- Benefit cards are scheduled to be re-issued by end of year for all Empire Plan enrollees – these mailings are in process right now.
- The re-issue is to ensure compliance with federal regulations.
- There will be **no change** to the plan enrollee's ID number.
- Plan members can use their new card immediately, there is **no requirement** to call the Empire Plan/register the card.

Empire Plan Benefit Changes

Benefit Spotlight

LiveHealth Online:

- Telemedicine benefit that is available 24 hours a day, 7 days a week.
- \$0 copayment – service is at no cost to Empire Plan members.
- Medical and Mental Health services – members have access to a telephone or video visit with a board-certified doctor or licensed therapist.
- Members can go to www.empireblue.com/nys or call 1-888-548-3432.

Empire Plan Benefit Changes

Benefit Spotlight

Mental Health and Substance Use Disorder Program Updates:

- **Talkspace**

- Talkspace provides online access to therapy with a licensed clinician.
- Became available on November 15, 2022.
- Members can text providers and set up video or telephone calls.
- Therapy is subject to a copay, similar to an in-person visit.
- To get started, members can go to <https://www.talkspace.com/empireplan>

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Empire Plan Benefit Changes

Benefit Spotlight

Mental Health and Substance Use Disorder Program Updates:

- **Equip - Effective date to be announced soon**
 - Equip is a provider specializing in treating eating disorders virtually, with a family-based treatment approach to support lasting recovery.
 - Members and their families have access to a care team over the course of treatment, along with messaging support and a resource library.
 - Therapy is subject to a copay, similar to an in-person visit.
 - As stated above, this provider's start date will be announced soon.

Empire Plan Benefit Changes

Benefit Spotlight

Immunizations:

- Flu shots are free at network vaccine pharmacies, with many pharmacies administering to children.
- Network pharmacies include chains (CVS, Walgreens, Rite-Aid, Duane Read, Wal-Mart, etc.) as well as independent pharmacies.
- Network pharmacies can be found by logging in on caremark.com, selecting “Plan & Benefits” and then choosing “Pharmacy Locator.”
- Other no-cost immunizations at network pharmacies include the COVID-19 vaccines and boosters, and adult vaccines for shingles, meningitis, and pneumonia.

Empire Plan Benefit Changes

Benefit Spotlight

COVID-19:

- **Reminder** – HBA Online and the October 2022 Empire Plan Report have detailed information on COVID-19 benefit topics.
- The federal emergency period was extended through January 11, 2023.
- Plan members can receive up to 8 over-the-counter (OTC) tests at no cost, when using a network pharmacy.
- At present, all diagnostic tests, office visits, urgent care or emergency department visits related to diagnosing COVID-19 are covered in full.

Empire Plan Benefit Changes

July 1, 2023 Benefit Changes

- Impacting the majority of Empire Plan, including all Participating Employers.
- These changes will not include increased copays, deductibles, or coinsurance amounts.
- An Empire Plan Report will be sent to all Plan enrollees in May.

Empire Plan Benefit Changes

July 1, 2023 Benefit Changes

Highlights:

- Elimination of copay stacking; only **one** \$25 copay for services in a single visit to a network provider, including a Managed Physical Medicine Provider.
- The Telemedicine Program (currently LiveHealth Online offered by Empire BlueCross) will be a permanent offering at no-cost share/\$0 copayment.
- The annual In-Network Out-of-Pocket Limit will be reduced to \$4,000 for Individual coverage and \$8,000 for Family coverage.

Empire Plan Benefit Changes

July 1, 2023 Benefit Changes

Highlights - Continued:

- A Centers of Excellence for Substance Use treatment will be available, including travel and lodging benefits.
- A Site of Care Program for Infusions of Remicade will be implemented.
- An annual, 20 visit limit will be established for visits to out-of-network acupuncturists.
- An annual, 20 visit limit will be established for visits to massage therapists.
- Out-of-network medical and MHSU claims will be reimbursed at a rate equivalent to 275% of CMS.

Empire Plan Benefit Changes

Network Providers and Member Protections

Why Use a Network Provider?

- Using a network provider saves time and money.
- Using a network provider offers protection against balance billing.
- As of July 1, out-of-network medical and MHSU claims will be reimbursed at a rate equivalent to 275% of CMS.
 - For some out-of-network providers, this will represent a reduction in payment.
 - Out-of-network providers may be more likely to balance bill plan members.

Empire Plan Benefit Changes

Network Providers and Member Protections

Access to Network Providers:

- Empire Plan maintains very strong access to network providers.
- By New York State Department of Health adequacy requirements, Empire Plan has access to physicians across all 62 counties in NYS at the levels of:
 - 100% access in 29 counties
 - 99%-99.99% in 17 counties
 - <99% in 16 counties
- Use of out-of-network providers is overwhelmingly a choice.

Empire Plan Benefit Changes

Network Providers and Member Protections

Out-of-Network Referral Mandate for Plan Primary Members:

- The Empire Plan must provide access to primary care and specialty providers within a 30-mile radius or 30-minute travel time from the member's home address. Empire Plan must be the primary coverage.
- This rule applies nationwide and applies to behavioral health providers.
- To receive an out-of-network referral, members must contact the appropriate Empire Plan administrator by calling the NYSHIP number at 1-877-769-7447.
- This information can be found at NYSHIP Online; the publication is named "Out-of-Network Reimbursement Disclosures".

Empire Plan Benefit Changes

Network Providers and Member Protections

Out-of-Network Referrals:

- In addition, Plan members have the right to request an out-of-network provider if the Plan network does not have a provider accessible who has the appropriate level of training and experience to treat a condition.
- The member's attending physician must recommend the provider.
- If approved, covered services will be paid at the in-network benefit level, with only applicable copayments owed.
- This information can be found at NYSHIP Online; the publication is named "Out-of-Network Reimbursement Disclosures".

Empire Plan Benefit Changes

Network Providers and Member Protections

Surprise Bills:

- Effective January 1, 2022; the federal standards apply nationwide.
- The following are considered surprise bills and the patient is only responsible for the in-network cost share, such as a copay. Plan members also do not need to file any paperwork should the following occur:
 - Services received from an out-of-network doctor at an in-network hospital or ambulatory surgical center when a network doctor was not available.
 - Services received from an out-of-network doctor without your knowledge at an in-network facility.

Empire Plan Benefit Changes

Network Providers and Member Protections

Surprise Bills:

- NYS also maintains protections for surprise billing. These include:
 - A network doctor sent a specimen taken in the office to a non-network laboratory or pathologist without patient consent.
 - A non-network doctor provided services without your knowledge.
 - Unforeseen medical circumstances arose at the time the health care services were provided.
- Questions about whether a bill is a surprise bill? Call the NYS Department of Financial Services at 1-800-342-3736 or go to: www.dfs.ny.gov

Empire Plan Benefit Changes

Network Providers and Member Protections

Example of Out-of-Network Cost - Carpal Tunnel Surgery:

Provider Charge	\$17,995.00
Allowed Amount	\$11,069.00

Member Responsibility

Balance Billing	\$6,926.00
Deductible	\$1,250.00
Coinsurance	\$1,963.80
Total Cost to Plan Member	\$10,139.80

Empire Plan Benefit Changes

Network Providers and Member Protections

How to Find a Network Provider:

- Visit NYSHIP Online and select “Find A Provider”
www.cs.ny.gov/employee-benefits
- Call the Empire Plan at 1-877-7-NYSHIP (1-877-769-7447)
 - The Clinical Referral Line for the Mental Health and Substance Use Disorder Program is available 24/7/365.
 - The Empire Plan NurseLineSM is available 24/7/365. Registered nurses can answer health-related questions, including how to find a network provider.



NYSHIP
New York State
Health Insurance Program



Questions?



NYSHIP
New York State
Health Insurance Program

Financial Update

Presenter - Katelyn Wilder
Acting Director
Office of Financial Administration

New York State Department of Civil Service
Employee Benefits Division

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2023 Rate Renewal

- Net Premium increase: 10.0%
- Empire Plan Program Trends:
 - Hospital Program – 8.6%
 - Medical Program – 5.1%
 - Prescription Drug Program – 9.8%
 - Mental Health & Substance Use Program – 10.0%
- Rate Includes 0% margin
- No Dividend Application



2023 Participating Employers Monthly Net Rates

Empire Plan with Drug Coverage

Individual Coverage	\$1,014.12
Family Coverage	\$2,508.99

Empire Plan without Drug Coverage

Individual Coverage	\$796.40
Family Coverage	\$2,049.87



NYSHIP
New York State
Health Insurance Program



Questions?

Final Questions and Answers



End of Meeting

