



NYSHIP
New York State
Health Insurance Program

Special Report

Information about your new NYSHIP
benefits effective January 1, 2022.



Empire Plan Special Report

October 2021 • PEF

New York State Health Insurance Program (NYSHIP) for Employees of New York State represented by the Public Employees Federation (PEF), their enrolled Dependents and for COBRA Enrollees and Young Adult Option Enrollees with their Empire Plan benefits

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Negotiated Changes Effective January 1, 2022

This *Report* describes changes affecting your NYSHIP Empire Plan coverage that will take effect on January 1, 2022, as a result of the recently ratified contract between the Public Employees Federation (PEF) and the State of New York. They include:

- Copayment changes (page 3)
- New out-of-network deductible and coinsurance maximum amounts (page 4)
- Formulary change (page 5)

This Report also includes information about:

- Updates to preventive care services (page 7)
- Vaccine coverage (page 8)
- Dependent eligibility (page 14)

Changing Your Health Insurance Option

This publication outlines the negotiated changes to your NYSHIP Empire Plan coverage. You will have the opportunity to change your NYSHIP option for 2022 during the upcoming annual Option Transfer Period. During this time, you may choose The Empire Plan, a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work or, if you are eligible, the Opt-out Program.

Option Transfer Period

Information on Option Transfer will be available shortly, including:

- *Planning for Option Transfer*. This flyer describes the requirements and enrollment procedures for several benefits and programs, including NYSHIP health benefits, the Pre-Tax Contribution Program (PTCP), the Opt-out Program and an increased annual NYSHIP credit for the Productivity Enhancement Program (PEP). *Planning for Option Transfer* was mailed to your home address.
- *Health Insurance Choices for 2022*. This guide provides a more detailed comparison of NYSHIP benefits, including The Empire Plan and NYSHIP-approved HMOs, as well as the procedures for changing options.
- *Rates & Deadlines for 2022*. This is a listing of 2022 biweekly premium contributions for enrollees in The Empire Plan and NYSHIP-

approved HMOs, as well as deadlines for making changes during the Option Transfer Period. The *Rates* flyer will be mailed to your home address.

When available, you can access these publications online at www.cs.ny.gov/employee-benefits. Choose NY and then PEF and Empire Plan Enrollee, if prompted, and on the NYSHIP Online homepage, select Health Benefits & Option Transfer and then Rates and Health Plan Choices. You can also request the publications from your Health Benefits Administrator (HBA).

How to Change Options

To change your health insurance option, you must submit the completed *Health Insurance Transaction Form* (PS-404) to your HBA or the New York State Business Services Center by the Option Transfer Period deadline noted in your *Rates* flyer. If you are eligible to participate in the Opt-out Program and wish to enroll, you will need to submit both a PS-404 and a PS-409 (*Opt-out Attestation Form*). **Note:** If you are currently enrolled in the Opt-out Program, continue to be eligible and wish to continue, reenrollment is not required.

For questions about your benefits, contact your HBA or The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 and then choose the appropriate prompt for plan benefit questions.

Empire Plan Changes

Copayments and Changes Effective January 1, 2022

The following new copayments and changes will take effect for services provided under the Medical/Surgical, Hospital, Mental Health and Substance Use and Prescription Drug Programs. New copayment cards for 2022 reflect these changes.

Medical/Surgical, Hospital and Mental Health and Substance Use Programs		
Program	In-Network Benefit	Copayment
Medical/Surgical	Office visit, office surgery, radiology, diagnostic laboratory testing, physical therapy, chiropractic treatment, occupational therapy, convenience care clinic visit	\$25
	Urgent care center visit	\$30
	Ambulatory surgical center visit	\$50
	Licensed ambulance service	\$70
Hospital	Outpatient physical therapy	\$25
	Urgent care center visit, outpatient services for diagnostic radiology or diagnostic laboratory tests	\$50
	Outpatient surgery	\$95
	Emergency department visit	\$100
Mental Health and Substance Use	Mental health professional visit, outpatient services, outpatient substance use treatment	\$25
	Emergency department visit	\$100

Skilled nursing facility visits will be covered up to 120 days. Each day of care in a skilled nursing facility counts as one-half benefit day of care.

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

Note: Certain covered drugs do not require a copayment when using a network pharmacy. For exclusions and exceptions, please see your 2022 *At A Glance* publication.

2022 Combined Annual Deductible

The Empire Plan has a combined annual deductible for some non-network services, including Basic Medical Program expenses, non-network expenses under the Home Care Advocacy Program and outpatient, non-network expenses under the Mental Health and Substance Use Program. **(Note:** Your out-of-pocket costs are higher when you receive services from a nonparticipating provider.) The combined annual deductible must be satisfied before out-of-network expenses are considered for reimbursement.

Combined Annual Deductible		
	2021	2022*
Enrollee	\$1,000	\$1,250
Enrolled Spouse/ Domestic Partner	\$1,000	\$1,250
Dependent Children Combined	\$1,000	\$1,250
Reduced Amount for Enrollees** in Titles Equated to Salary Grade Six or Below	\$500	\$625

* Effective January 1, 2022.

** And each deductible amount for their enrolled spouse/
domestic partner and dependent children combined.

2022 Combined Annual Coinsurance Maximum

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

Copayments to Medical/Surgical Program participating providers and to Mental Health and Substance Use Program network practitioners also count toward the combined annual coinsurance maximum. **Note:** Copayments made to network facilities and for services covered under the Managed Physical Medicine Program do not count toward the combined annual coinsurance maximum.

Once the combined annual coinsurance maximum is met, you will be reimbursed at the network level of benefits for services covered under the Hospital Program and 100 percent of the usual and customary rates for services covered under the Basic Medical Program and Mental Health and Substance Use Program. You are responsible for paying all charges in excess of the usual and customary rate.

Combined Annual Coinsurance Maximum		
	2021	2022*
Enrollee	\$3,000	\$3,750
Enrolled Spouse/ Domestic Partner	\$3,000	\$3,750
Dependent Children Combined	\$3,000	\$3,750
Reduced Amount for Enrollees** in Titles Equated to Salary Grade Six or Below	\$1,500	\$1,875

* Effective January 1, 2022.

** And each coinsurance maximum amount for their enrolled spouse/domestic partner and dependent children combined.

New Empire Plan Benefit Card

In compliance with federal law, new Empire Plan benefit cards will be issued to you and your covered dependents for 2022 that include deductible and out-of-pocket maximum information. The card will continue to show The Empire Plan 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 (UHC's) network for The Empire Plan. Since The Empire 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 Empire Plan benefit card, contact your Health Benefits Administrator. For questions regarding your Empire Plan benefits, call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) 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 Empire 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 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.

2022 Maximum 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

* Does not apply to Medicare-primary enrollees.

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

2022 Advanced Flexible Formulary

The Empire Plan Prescription Drug Program uses a formulary for prescription drugs. **Effective January 1, 2022**, you will be using the 2022 Empire Plan Advanced Flexible Formulary. The Advanced Flexible Formulary lists the most commonly prescribed generic and brand-name drugs along with any excluded drugs with formulary alternatives. Enrollees and covered dependents affected by formulary exclusions or drugs that have been placed on a higher copayment tier will receive



a letter from CVS Caremark advising them of the change and listing the covered alternative drugs available on the new formulary.

You will also have access to the 2022 Advanced Flexible Comprehensive Formulary. The Comprehensive Formulary provides a full listing of covered prescription medications and copayment levels. Due to its length, this version is only available online. The 2022 Advanced Flexible Comprehensive Formulary will be available on NYSHIP Online in January.

You can find the most up-to-date version of the formularies on NYSHIP Online. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.

You can access the 2022 Empire Plan Advanced Flexible Formulary and 2022 Empire Plan Advanced Flexible Comprehensive Formulary online at www.cs.ny.gov/employee-benefits. Choose NY and then PEF and Empire Plan Enrollee, if prompted, and from the NYSHIP Online homepage, select Using Your Benefits and then 2022 Empire Plan Advanced Flexible Formulary or 2022 Empire Plan Advanced Flexible Comprehensive Formulary.

The 2022 Empire Plan Advanced 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.

COVID-19 Information

In compliance with New York State and federal mandates, The Empire 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:

- The Empire Plan medical provider: UnitedHealthcare
- Group number: 030500
- The Empire Plan Prescription Drug Plan administrator: CVS Caremark*
- BIN: 004336
- Group: RX6027
- PCN: ADV

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

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 Empire 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 Empire 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.

Empire Plan NurseLineSM – A registered nurse is available 24 hours a day, seven days a week to answer your health-related questions. See *Empire Plan NurseLineSM* on page 16 for more information.

If you have questions about accessing remote health care services, call The Empire Plan and select the prompt for the appropriate Program.

* For enrollees and covered dependents who are not Medicare-primary. For Medicare-primary enrollees, the COVID-19 vaccine is covered under Medicare Part B.

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 an Empire Plan 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 Empire 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 Empire Plan, for both Plan-primary and Medicare-primary enrollees and their covered dependents. 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).

Plan-primary enrollees and their 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. Medicare-primary enrollees should contact Medicare to obtain these supplies. **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 Empire 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.

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 Empire Plan coverage with no out-of-pocket cost when you use a participating provider. Empire Plan 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 an Empire Plan 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 Empire Plan coverage for the COVID-19 vaccine, including boosters. Choose NY and then PEF and Empire Plan Enrollee, 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 Empire 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 Empire 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 Empire Plan Prescription Drug Program is also available if you have questions about vaccinations available at pharmacies by calling The Empire Plan and pressing or saying 4. Representatives are available 24 hours a day, seven days a week.

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 Empire 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.



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 Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the prompt for the appropriate Empire 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.

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 Advanced 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 Empire 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 Advanced Flexible Formulary if they have no clinical advantage over other covered medications in the same therapeutic class. The Empire 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 Advanced 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 Advanced Flexible Formulary.

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

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

* This information does not apply if Medicare is primary to The Empire Plan. Medicare-primary enrollees should refer to their Empire Plan Medicare Rx materials for information regarding medical exceptions for excluded drugs.

Empire Plan Participating Provider Directory Changes

As of January 1, 2021, Empire Plan 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. 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 NY and then PEF and Empire Plan Enrollee, 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 Empire Plan Program in which they participate. Some hospitals listed in the directory now participate in UnitedHealthcare's network for The Empire 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 Empire Plan's Hospital Program administered by Empire BlueCross. Behavioral health hospital services are covered under The Empire 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 Empire 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 Empire 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 an Empire Plan 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.

Medical Exception Program Process for Vision

It is important to schedule an annual eye exam if you have been diagnosed with diabetes or another medical condition that has changed your vision. Through the New York State Vision Plan's (administered by Davis Vision) Medical Exception Program, enrollees can receive an eye exam every year, instead of every two years, if they have a qualifying medical condition.*

The Medical Exception Program process is as follows:

1. You must contact your Davis Vision provider and request preapproval for an additional exam under the Medical Exception Program. Your request must include documentation of a qualifying medical condition from a medical provider who treats your condition.
2. Your provider will complete the New York State Medical Exception Approval Form and send it to the Davis Vision clinical team with your documentation for review.
3. Your provider will be notified by Davis Vision of a determination regarding your request or if additional information is needed.
4. If approved, your provider will follow up with you on next steps or to schedule the appointment.

For more information on vision benefits and the Medical Exception Program, go to www.cs.ny.gov/employee-benefits. Choose NY and then PEF and Empire Plan Enrollee, if prompted. From the NYSHIP Online homepage, select Other Benefits and then Vision Benefits. You may also contact Davis Vision at 1-888-588-4823.

* Other qualifying medical conditions include, but are not limited to, cataracts, keratoconus, cataract surgery within two years of your last prescription and vision changes caused by prescription drugs. Additionally, you are eligible for new lenses or contacts if you experience a significant vision loss due to a qualifying medical condition. Significant prescription change is defined as a minimum change of .75D sphere and/or 1.00D cylinder or more since your last eye examination.

Access Your Medical/Surgical Program Benefits on myuhc.com

Myuhc.com is a personalized website designed to help you manage your Empire Plan 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 Empire Plan 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.

Reminders

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 in your personnel office or the New York State Business Services Center. 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 The Empire Plan, visit www.cs.ny.gov/sbc and choose PEF. 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.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire 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 Empire 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.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Certificate* 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 access NYSHIP Online, go to www.cs.ny.gov/employee-benefits. Choose NY and then PEF and Empire Plan Enrollee, if prompted. If you are looking for publications about your benefits, select Using Your Benefits from the NYSHIP Online homepage and then choose Publications.

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



NYSHIP
New York State
Health Insurance Program

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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

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 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 in your personnel office or the New York State Business Services Center.

Changes That Can Be Made During Option Transfer

NYSHIP does not have an open enrollment period during which any changes can be made to coverage. During the annual Option Transfer Period, you can:

- Change your NYSHIP option (The Empire Plan, NYSHIP Health Maintenance Organization [HMO] or Opt-out Program)
- Change your Pre-Tax Contribution Program (PTCP) election
- Change from Family to Individual coverage (for those enrolled in PTCP, this is regardless of whether a qualifying event has affected your dependents' eligibility)
- Change from Individual to Family coverage (late enrollment provisions will apply)
- Voluntarily cancel your coverage (for those enrolled in PTCP, this is regardless of whether a qualifying event has affected your eligibility)
- Enroll in NYSHIP coverage (late enrollment provisions will apply)

If your dependents are eligible for NYSHIP coverage but are not enrolled, see your NYSHIP *General Information Book* for more information regarding enrollment and situations in which a late enrollment period applies.

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.

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

PEF Empire Plan Special Report – October 2021

Address Service Requested

**Please do not send mail
or correspondence to the
return address. See address
information on page 13.**

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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PEF Empire Plan Special Report - 10/21

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Empire Plan NurseLineSM

The Empire Plan NurseLineSM is a service that allows you to speak to a registered nurse who can answer your health-related questions. Your call is confidential, and nurses are available 24 hours a day, seven days a week.

When you call, a nurse can:

- Assist you in determining the best treatment option(s) based upon the symptoms you or a covered dependent are experiencing
- Help you find an appropriate provider, prepare for an appointment and answer your questions after a visit
- Make sure you are up to date with preventive screenings, are managing your health conditions and understand the latest treatment options
- Explain your medications, suggest generic options and inform you of any potential side effects

If you have a question about your health, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 5 for the NurseLineSM.

