



January 2015

New York State Health Insurance Program (NYSHIP) for Supervisors of the New York State Police represented by the Police Benevolent Association (PBA), for their enrolled Dependents, COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

In This Report

- 1 Negotiated Changes
- 2 Special Option Transfer Period
- 3 NYSHIP Changes
- 6 Empire Plan Changes

Negotiated Changes Effective April 1, 2015

This Report describes changes affecting your NYSHIP coverage that will take effect on April 1, 2015 as a result of the recently ratified contract between the State of New York and PBA. They include:

- Special Option Transfer Period (page 2)
- A change in the NYSHIP premium cost sharing between the State and its employees (page 3)
- Updated life expectancy tables used to calculate the value of your monthly sick leave credit, which is applied to your health insurance premium in retirement (page 3)
- The Health Insurance Opt-out Program (pages 4-5)
- Federal health care reform changes (pages 6-7)
- Changes to out-of-network deductible and coinsurance amounts (page 8)
- Guaranteed Access to Primary Care (page 9)
- Addition of Convenience Care Clinics and Licensed Nurse Practitioners as Participating Providers (page 9)
- Prescription Drug Program copayment changes (page 10)
- New to You Prescription Drug Benefit (page 10)
- Brand for Generic feature (page 10)
- Vaccine Coverage at Pharmacies (page 11)



Special Option Transfer Period

As a result of the negotiated changes, there will be a Special Option Transfer Period from March 2 through March 31, 2015. You will have the opportunity to change your NYSHIP Option for April 2015 coverage.

During the Special Option Transfer Period, you may select 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 (see page 4 for information on the Opt-out Program). If you decide to change your health insurance option during this Special Option Transfer Period, your new option will take effect March 26, 2015.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION.

Choices and Other Publications Explain Your Available Options

If you are considering changing your health insurance option or wish to review your current plan, ask your agency Health Benefits Administrator (HBA) for a copy of *Settled Choices*, your guide to NYSHIP options. Or, find *Settled Choices* on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan or HMO Enrollee. From the homepage, select Health Benefits & Option Transfer, then Rates and Health Plan Choices.

Also, read this *Special Report* for Empire Plan benefit changes, including preventive care services required by the federal Patient Protection and Affordable Care Act (PPACA).

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 1 for the Medical Program and then the appropriate prompt for plan benefit questions. If you have questions about NYSHIP HMOs, call the HMOs directly and ask for information on the plan offered through NYSHIP. See the *NYSHIP Rate Changes* flyer for contact information.

Be sure you understand how your benefits will be affected if you change plans. You are choosing a benefit package for yourself and your dependents for the remainder of the 2015 plan year. Changing plans may result in substantially different coverage.

How to Change Options

See your agency HBA, located in your Personnel Office, as soon as possible if you wish to change your option. You must submit the completed *Health Insurance Transaction Form* (PS-404) to your agency HBA by March 31, 2015 to change health insurance options. If you want to enroll in the Opt-out Program, see page 4 for information. Online option changes using MyNYSHIP will NOT be available during the Special Option Transfer Period.

NYSHIP Rate Changes

As a result of the negotiated changes, there will be NYSHIP rate and premium contribution changes effective for April 2015 coverage. See the *NYSHIP Rate Changes* flyer for the new 2015 rates. The new rates are also available on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan or HMO Enrollee. From the homepage, select Health Benefits & Option Transfer, then Rates and Health Plan Choices.

Deadline: March 31, 2015

Deadline for submitting signed *Health Insurance Transaction Form* (PS-404) to your agency HBA if you want to change your health insurance option.

Health Insurance Deduction Changes: March 25, 2015

The earliest paycheck in which a deduction change will be made is the check dated March 25, 2015.

Option Changes: March 26, 2015

For employees who elect to change their health insurance option, coverage through the new NYSHIP option begins March 26, 2015.

Empire Plan Benefit Changes: April 1, 2015

Empire Plan benefit changes are effective beginning April 1, 2015.

NYSHIP Changes

Your Biweekly Premium Contribution Rate

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck. **Effective April 1, 2015**, your share of the cost is changing as shown below.

Individual Coverage		Dependent Coverage	
State Share	Employee Share	State Share	Employee Share
84%	16%	69%	31%

The State's dollar contribution for the HMO premium will not exceed its dollar contribution for the non-prescription drug components of the Empire Plan premium, which may result in the employee's share exceeding the percentage shown above.

Note: This information does not apply to COBRA enrollees or Young Adult Option enrollees. COBRA enrollees will continue to pay the full cost for NYSHIP Coverage plus a 2 percent administrative fee. Young Adult Option enrollees will continue to pay the full cost for NYSHIP coverage. However, these enrollees will have a rate change as a result of negotiated benefit changes.

Your Biweekly Health Insurance Adjustment

In addition to the change in your premium contribution due to the impact of benefit changes and the new premium contribution rate, there is an adjustment to your biweekly health insurance contribution per the terms of the collective bargaining agreement. The adjustment will be included in your health insurance contributions for 20 pay periods for the remainder of the Plan year. The adjustment amount will depend on what plan you are enrolled in (The Empire Plan or NYSHIP HMO) and your coverage type (Individual or Family).

Updated Life Expectancy Table

Effective April 1, 2015, the value of your sick leave will change to reflect the fact that Americans are living longer. This will impact the calculation of your monthly sick leave credit amount, which will be applied to your premium payments in retirement. Since we are living longer, the number of months of life expectancy at retirement has increased, and the amount of monthly sick leave credit will be lower. A sick leave credit calculator is available on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan or HMO Enrollee. From the homepage, select What's New?

Actuarial Table Effective for Retirements on or after April 1, 2015			
Age at Retirement	Life Expectancy	Age at Retirement	Life Expectancy
45	432 months	54	334 months
46	420 months	55	323 months
47	409 months	56	313 months
48	399 months	57	302 months
49	388 months	58	292 months
50	377 months	59	282 months
51	366 months	60	272 months
52	355 months	61	262 months
53	345 months	62	252 months
		Etc.	

If you need actuarial values for additional retirement ages, ask your agency Health Benefits Administrator (HBA).

Health Insurance Opt-out Program

Effective April 1, 2015, NYSHIP will offer an Opt-out Program that will allow eligible employees who have other employer-sponsored group health insurance to opt out of their NYSHIP coverage in exchange for an incentive payment.

The incentive payment is \$1,000 for opting out of Individual coverage or \$3,000 for opting out of Family coverage on an annual basis. The incentive payments will be prorated and reimbursed in your biweekly paycheck throughout the year (payable only when an employee is eligible for NYSHIP coverage at the employee share of the premium). For the period of April 1 through December 31, 2015, the incentive payment will be \$38.47 per paycheck for Individual coverage and \$115.39 per paycheck for Family coverage. **Note:** Opt-out incentive payments are considered taxable income.

Eligibility Requirements

To be eligible for the Opt-out Program beginning April 1, 2015, you must have been enrolled in NYSHIP by April 1, 2014 (or your first date of NYSHIP eligibility if that date is later than April 1), and remain enrolled while eligible for the employee share of the premium through March 31, 2015.

Once you enroll in the Opt-out Program, during any period that your status changes and, as a result, you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage, you are not eligible for the incentive payment. Also, if you are receiving the incentive for opting out of Family coverage and during the year your last dependent loses NYSHIP eligibility, you will receive only the Individual incentive payment starting at that time.

Electing to Opt Out

If you are eligible to participate in the Opt-out Program, you must elect to opt out during the Special Option Transfer Period in March and attest to having other employer-sponsored group health insurance each year.* See your agency Health Benefits Administrator (HBA) and complete the *Opt-out Attestation Form* (PS-409) and a *NYS Health Insurance Transaction Form* (PS-404). If you are currently enrolled in NYSHIP coverage, your NYSHIP coverage will terminate on March 31, 2015 and the incentive payments will begin after April 1, 2015.

If you are a new hire or a newly benefits-eligible employee who has other employer-sponsored group health insurance and wish to participate in the Opt-out Program, you must make your election no later than the first date of your eligibility for NYSHIP. See your agency HBA and complete the *Opt-out Attestation Form* (PS-409) and the *NYS Health Insurance Transaction Form* (PS-404).

Reenrollment in NYSHIP

Once you elect to participate in the Opt-out Program, you may not reenroll in a NYSHIP health plan until the next annual Option Transfer Period, unless you experience a qualifying event like a change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. To avoid a waiting period, the request for enrollment must be made within 30 days of the qualifying event. See the *NYSHIP General Information Book* for more details.

*Other group coverage cannot be with a NYS agency. If your other NYSHIP coverage is through a Participating Agency or Participating Employer, you can only opt out for an Individual incentive payment.

Opt-Out Program Questions and Answers

- Q.** What is considered other employer-sponsored group health insurance coverage for the purpose of qualifying for the Opt-out Program?
- A. To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. The other coverage cannot be NYSHIP coverage provided through employment with the State of New York. However, NYSHIP coverage through another employer, such as a municipality, school district or public benefit corporation, qualifies as other coverage.
- Q.** If I elect the Opt-out Program for 2015, will I automatically be enrolled in the Program for the following plan year?
- A. No. Unlike other NYSHIP options, you must elect the Opt-out Program on an annual basis. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will stop.
- Q.** If I opt out and I find that I don't like my alternate coverage (for instance, my doctor does not participate), can I withdraw my enrollment in the Opt-out Program and reenroll in NYSHIP coverage?
- A. No. This is not a qualifying event. During the year you can terminate your enrollment in the Opt-out Program and reenroll in NYSHIP benefits only if you experience a qualifying event (according to federal Internal Revenue Service [IRS] rules), such as a change in family status or loss of other coverage if the event satisfies the IRS consistency rule and the request is made timely.
- Q.** If my spouse's or domestic partner's or parent's employer has its open enrollment or Option Transfer period at a different time of the year, how can I coordinate the effective date of my other coverage with the start of the Opt-out Program?
- A. Under IRS rules, if an employee's spouse or dependent drops coverage under his or her employer plan during Option Transfer, the employee can be permitted to enroll the spouse or dependent midyear in his or her employer plan, as long as the plans have different open enrollment periods. **You should check to see whether your spouse's or domestic partner's employer will permit you to be enrolled as a dependent.** You are responsible for making sure your other coverage is in effect.
- Q.** What if I lose my other coverage and do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing that coverage?
- A. If you fail to make a timely request, you will be subject to NYSHIP's late enrollment waiting period, which is five biweekly pay periods. You will not be eligible for NYSHIP coverage during the waiting period, and you cannot elect pre-tax health insurance deductions until the following plan year.
- Q.** If I am eligible for health, dental and vision coverage as a State employee, do I have to opt out of all three benefits to receive the incentive payment?
- A. No. The Opt-out Program incentive payment applies to health insurance coverage only. If you enroll in the Program, your eligibility for dental and vision coverage will not be affected.
- Q.** Can I get a lump sum payment if I elect the Opt-out Program?
- A. No. The Opt-out Program incentive payment is prorated and reimbursed through your biweekly paycheck throughout the year. It is considered taxable income.
- Q.** When I enroll in the Opt-out Program, what information will I need to provide about the other employer-sponsored group health coverage I will be covered by?
- A. To enroll, you must complete an *Opt-out Attestation Form (PS-409)*. You will be required to attest that you are covered by other employer-sponsored group health coverage and provide information regarding the person who carries that coverage, as well as the name of the other employer and other health plan.
- Q.** I had Individual NYSHIP coverage prior to April 1, 2014, and changed to Family coverage when I got married in July. Will I qualify for the \$3,000 family incentive payment even though I did not have Family coverage as of April 1?
- A. Employees who enrolled in Family coverage due to a qualifying event and did so on a timely basis between April 1, 2014 and March 31, 2015 are eligible for the higher incentive payment. You will not be eligible for the higher incentive payment if you enrolled for Family coverage after April 1 and were subject to a late enrollment waiting period.
- Q.** Will participating in the Opt-out Program affect my eligibility for NYSHIP coverage in retirement?
- A. No. Participation in the Opt-out Program at the time you retire satisfies the requirement of enrollment in NYSHIP at the time of your retirement.

Empire Plan Changes

Federal Health Care Reform Changes

Effective April 1, 2015, your Empire Plan benefit package will lose grandfathered status under the federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as the “Act” in this section. This means that your Plan will be a non-grandfathered plan and will include all benefits required by the Act. As a result, the following provisions will apply to The Empire Plan, effective April 1, 2015.

Preventive Care Services

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100 percent (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screenings for women, infants, children and adolescents as stated in guidelines supported by the Health Resources and Services Administration
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force
- Items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force

Enhanced Women’s Health Care

The Act also requires that the following women’s preventive services are covered with no copayments when received from an Empire Plan participating provider.

- **Well-woman visits:** This includes an annual preventive care visit to obtain the recommended preventive services.
- **Contraception and contraceptive counseling:** Generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) are covered under the Empire Plan Prescription Drug Program with no out-of-pocket costs. All other covered contraceptive drugs are subject to copays and any applicable ancillary charges. Also included are paid-in-full benefits for contraception methods and sterilization procedures for women as defined in the Act when ordered or administered by a participating provider.
- **Screening:**
 - Cervical cancer including Pap test for women up to age 65
 - Breast cancer mammography every one to two years, beginning at age 40
 - Gestational diabetes for women after 24 weeks of gestation
 - Human Papillomavirus DNA testing every three years for women 30 and older
 - Osteoporosis bone density test to screen women age 65 and older or women at risk
 - Gonorrhea, Chlamydia, Syphilis and HIV
 - Depression

■ **Counseling:**

- For women at high risk of breast cancer for chemoprevention
- Counseling and evaluation for genetic testing of women for BRCA breast cancer gene
- Counseling for sexually transmitted infections (STIs)

■ **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**

■ **HIV screening and counseling**

■ **Interpersonal and domestic violence screening and counseling**

■ **Breastfeeding support, supplies and counseling:** During pregnancy and/or postpartum period, lactation support and counseling from a trained participating provider, as well as one double-electric breast pump after the birth of a child.

To receive the maximum, paid-in-full benefit, the breast pump must be purchased from a contracted supplier. The current breast pump suppliers are:

- **Byram Healthcare:** 1-877-902-9726 or www.byramhealthcare.com
- **Edgepark:** 1-800-321-0591 or www.edgepark.com
- **Genadyne:** 1-800-208-2025 or www.genadyne.com

Preventive Care Coverage Chart

For more information on preventive services, see The Empire Plan Preventive Care Coverage Chart on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan Enrollee. From the homepage, select Using Your Benefits, then 2015 Empire Plan Preventive Care Coverage. A copy of the Preventive Care Coverage Chart will be mailed to your home in April with the revised *Empire Plan At A Glance* publication.

If you have any questions regarding preventive care services, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Maximum Out-of-Pocket Limit

The Act requires a maximum out-of-pocket limit for covered in-network services. The Empire Plan limit for 2015 is \$6,600 for Individual coverage and \$13,200 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse

Programs, combined, and the balance applies to the Prescription Drug Program, as specified in the table below. Your out-of-pocket costs, such as copayments, for covered in-network services will not exceed the limit. Once you reach the limit (see below), your copayments will be reimbursed.

2015 In-Network Maximum Out-of-Pocket Limits		
	Prescription Drugs	All other covered in-network services, combined
Individual coverage	\$2,300*	\$4,300
Family coverage	\$4,600*	\$8,600

* 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 4 for the Prescription Drug Program. If you have any questions about your limit for all other covered in-network services, press 1 for the Medical Program.

Covered Providers

The Act requires that if a service is covered by The Empire Plan, that service must be covered by the Plan when it is received from any provider who is licensed by the state in which the service is performed. Medical professionals are licensed at the state level; the types of providers that are licensed and the medical services they are permitted to perform under the scope of their licenses vary from state to state.

As a result of this change, benefits for covered services are available from providers that were not previously covered under The Empire Plan. It is important to note that the Act does not require the Plan to include additional types of providers in its network or cover additional services. Covered services must be medically necessary and consistent with the diagnosis of the condition.

Non-network benefits will apply for covered services received from a provider that is not in The Empire Plan Network, subject to coinsurance and deductible.

To confirm if a provider and service are covered, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and choose the appropriate program before seeking services.

2015 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 Abuse Program. The combined annual deductible must be satisfied before claims are considered for reimbursement.

The deductible amount is changing effective April 1, 2015 as a result of the recently ratified contract.

Effective January 1, 2015 through March 31, 2015, The Empire Plan combined annual deductible is \$437 for the enrollee, \$437 for the enrolled spouse/domestic partner and \$437 for all dependent children combined.

Effective April 1, 2015, The Empire Plan combined annual deductible increases to \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.

Amounts credited toward your deductible from January 1, 2015 through March 31, 2015 will be applied toward the higher deductible that takes effect on April 1, 2015.

2015 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 coverage, Basic Medical Program coverage and non-network Mental Health and Substance Abuse coverage count toward the combined annual coinsurance maximum.

Copayments to Medical/Surgical Program participating providers and to Mental Health and Substance Abuse Program network practitioners also count toward the combined annual coinsurance maximum.

(Note: Copayments made to network facilities do not count toward the combined annual coinsurance maximum.)

Once the annual coinsurance maximum is reached, you will be reimbursed 100 percent of the reasonable and customary amount, or 100 percent of the billed amount, whichever is less, for covered services. You will still be responsible for any charges above the reasonable and customary amount and for any penalties under the Benefits Management Program.

The coinsurance maximum amount is changing effective April 1, 2015 as a result of the recently ratified contract.

Effective January 1, 2015 through March 31, 2015, the combined coinsurance maximum is \$962 for the enrollee, \$962 for the enrolled spouse/domestic partner and \$962 for all dependent children combined.

Effective April 1, 2015, the combined coinsurance maximum increases to \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.

Amounts credited toward your coinsurance maximum from January 1, 2015 through March 31, 2015 will be applied toward the higher coinsurance maximum that takes effect on April 1, 2015.

Medical/Surgical Program

Guaranteed Access

Effective April 1, 2015, The Empire Plan will guarantee access to primary care physicians and certain specialists in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollee's residence.

Guaranteed access applies when The Empire Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare). To receive network benefits, enrollees must contact the Medical/Surgical Program at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services and use one of the providers approved by the Program.

You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Program does not guarantee that a provider will be available in a specified time period.

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) **prior to** receiving services. Press 1 for the Medical Program, then the Benefits Management Program and use one of the approved providers to receive network benefits.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Primary Care Physician: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology

Urban: 8 miles
Suburban: 15 miles
Rural: 25 miles

Specialist: Allergy, Anesthesia, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, General Surgery, Hematology/Oncology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pulmonary Medicine, Radiology, Rheumatology, Urology

Urban: 15 miles
Suburban: 25 miles
Rural: 50 miles

Convenience Care Clinics

Effective April 1, 2015, you have more choices when you need treatment for common ailments and injuries. You can get high-quality, affordable services for uncomplicated minor illnesses and preventive health care through Convenience Care Clinics.

Convenience Care Clinics are health care clinics located in retail stores, supermarkets and pharmacies. They are sometimes called

"retail clinics," "retail-based clinics" or "walk-in medical clinics." Convenience Care Clinics are usually supported by licensed physicians and staffed by nurse practitioners or physician assistants. Some, however, are staffed by physicians. Currently, there are over 1,350 Convenience Care Clinics located throughout the United States that are part of The Empire Plan Network. Presently, most Convenience Care Clinics in New York State are located in the downstate area. Most Convenience Care Clinics are open seven days a week, 12 hours a day during the work week and eight hours a day on the weekend.

Results of your diagnosis and treatment are sent to your doctor with your permission. If you have a more severe condition, or require treatment in a different setting, the Convenience Care clinician will refer you to your doctor or a hospital emergency room.

Your coverage for services depends on whether the provider participates in The Empire Plan. To find a participating Convenience Care Clinic near you, use the provider directory search on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan Enrollee. From the homepage, select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link.

If you use a non-participating provider, Basic Medical benefits apply, subject to deductible and coinsurance.

Licensed Nurse Practitioners

Effective April 1, 2015, Licensed Nurse Practitioners have been added to the list of Empire Plan providers. Licensed Nurse Practitioners provide health care services similar to those of a physician. They may diagnose and treat a wide range of health problems. In addition to clinical care, Licensed Nurse Practitioners focus on health promotion and counseling, disease prevention and health education. Licensed Nurse Practitioners provide services in accordance with the laws of the state where services are rendered.

Your coverage for services depends on whether the provider participates in The Empire Plan. To find a participating Nurse Practitioner near you, use the provider directory search on NYSHIP Online. Go to <https://www.cs.ny.gov/employee-benefits> and choose PBA-S and then Empire Plan Enrollee. From the homepage, select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link.

If you use a non-participating provider, Basic Medical benefits apply, subject to deductible and coinsurance.

Prescription Drug Program

Copayments Effective April 1, 2015

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy, Mail Service Pharmacy, or the Specialty Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5

Level 2, **Preferred** Drugs or Compound Drugs.....\$25

Level 3 or **Non-preferred** Drugs.....\$45

When you fill your Prescription for a covered drug for a **31- to 90-day supply at a Network Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$10

Level 2, **Preferred** Drugs or Compound Drugs.....\$50

Level 3 or **Non-preferred** Drugs.....\$90

When you fill your Prescription for a covered drug for a **31- to 90-day supply through the Mail Service Pharmacy or the Specialty Pharmacy**, your copayment is:

Level 1 Drugs or for most **Generic** Drugs.....\$5

Level 2, **Preferred** Drugs or Compound Drugs.....\$50

Level 3 or **Non-preferred** Drugs.....\$90

Note: Certain covered drugs do not require a copayment when using a Network Pharmacy:

- oral chemotherapy drugs, when prescribed for the treatment of cancer
- generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Tamoxifen and Raloxifene, when prescribed for the treatment of breast cancer
- Certain preventive adult vaccines when administered by a licensed pharmacist

New to You Prescription Drug Benefit

Effective April 1, 2015, for certain maintenance medications, at least two 30-day supplies must be filled using your Empire Plan Prescription Drug benefits before a supply greater than 30 days will be covered. If you attempt to fill a prescription for a maintenance medication for more than a 30-day supply at a Network or Mail Service Pharmacy, the last 180 days of your prescription history will be reviewed to determine whether at least 60 days' worth of the drug has been previously dispensed. If not, only a 30-day fill will be approved. This requirement is not subject to appeal.

The requirement is designed to reduce waste and lower costs to the Plan when an enrollee starts a new medication. Categories include, but are not limited to, asthma, cardiovascular, diabetes, beta-blockers and antidepressants. If you submit a 90-day prescription, and do not have the required history with the medication, 30 days will be filled automatically.

If you have questions about which maintenance medications this applies to, you may call The Empire Plan toll free number at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program.

Brand for Generic

Effective April 1, 2015, your Empire Plan Prescription Drug Program benefits will include a Brand for Generic feature, which will save you money on certain brand-name drugs that have a new generic equivalent available.

When the generic version of a drug first becomes available, the cost to the Plan is often higher than the cost of the brand-name version. The Brand for Generic feature allows The Empire Plan to place a brand-name drug on Level 1 (the lowest copayment level) and place the generic equivalent on Level 3 (the highest copayment level) or exclude it. These placements are for a limited time, typically six months, and may be revised during the year.

When you go to the pharmacy to fill your prescription, a message will prompt the pharmacist to dispense the lower cost brand-name version at the Level 1 copayment instead of the Level 3 generic version with the higher copayment.

Vaccine Coverage at Pharmacies

Effective April 1, 2015, the following preventive vaccines are covered in full, without a copayment, when administered by a licensed pharmacist* at a pharmacy that participates in CVS/caremark's national vaccine network:

- Influenza – flu
- Herpes Zoster – shingles**
- Pneumococcal – pneumonia
- Meningococcal – meningitis

Consult with your health care provider to determine which vaccines, if any, are most appropriate for you. Be sure to contact your pharmacy to confirm that it participates in the vaccine network and the availability of the vaccine(s).

You can locate a CVS/caremark national vaccine network pharmacy online through the Empire Plan Prescription Drug Program web site, EmpirePlanRxProgram.com. Select CVS/caremark, Locate a Pharmacy, and then Pharmacy Locator. On this page, you are able to generate a list of participating pharmacies using search criteria including ZIP code, city or state and pharmacy name.

Make sure you are selecting a pharmacy that participates in the vaccine network, by clicking on the "Vaccine Network" box under the "Advanced Search" option before you search.

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

* New York State restricts pharmacists from administering vaccines to anyone younger than 18. Regulations regarding age limits may differ by state.

** The Herpes Zoster vaccine is covered without copayment for individuals age 60 and older. It is also covered at the pharmacy for enrollees between the ages of 55-59, subject to the Level 1 30-day supply copay, currently \$5. To receive the Herpes Zoster vaccine, a prescription is required.

The *Empire Plan Special 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.



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)
<https://www.cs.ny.gov>

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

SAVE THIS DOCUMENT




Information for the Enrollee, Enrolled Dependents
and Young Adult Option and COBRA Enrollees

PBA-S Empire Plan Special Report – 1/15

Please do not send mail
or correspondence to the
return address. See page 11
for address information.

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 <https://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 web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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

PBA-S Empire Plan Special Report 1/15  NY1127

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. To view a copy of the *SBC* for The Empire Plan, visit <https://www.cs.ny.gov/sbc/index.cfm>. If you do not have internet access and would like to request a copy, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.