

NYSHIP SEHP SPECIAL REPORT



October 2014

New York State Health Insurance Program (NYSHIP) for Graduate Student Employees and their enrolled Dependents, COBRA Enrollees with their SEHP Benefits and Young Adult Option Enrollees entitled to SEHP Benefits

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SEHP Changes Effective January 1, 2015

This *Report* describes changes affecting NYSHIP's Student Employee Health Plan (SEHP) that will take effect on January 1, 2015 as a result of the recently ratified contract between the State of New York and the Graduate Student Employees Union (GSEU). They include:

- Premium contribution rate changes (see page 2)
- Federal health care reform changes (see pages 3-4)
- New maximum out-of-pocket limit for covered in-network services (see page 4)
- Addition of Convenience Care Clinics and Licensed Nurse Practitioners as providers (see pages 4-5)
- New to You prescription drug benefit (see page 5)
- Brand for Generic feature (see page 5)
- Vaccine coverage at network pharmacies (see page 5)
- Copayment changes (see page 6)



Premium Contribution Rate Changes

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

Individual Coverage		Dependent Coverage	
State/Employer Share	Employee Share	State/Employer Share	Employee Share
88%	12%	73%	27%

Note: This information does not apply to COBRA or Young Adult Option enrollees who will continue to pay the full cost for SEHP coverage.

Notice of Your Rate Change for 2015

Once the rates are approved for 2015, you will receive notice of the new rates, including what paycheck the first deduction will be taken for 2015 SEHP coverage. Please contact the Health Benefits Administrator (HBA) on your campus, usually in the Human Resources (Personnel) office, if you have any questions about the cost of your health insurance.

COBRA and Young Adult Option enrollees: Your monthly bills will reflect your new rate, beginning with the bill you receive in December for January 2015 coverage. If you have questions about the cost of your coverage, or wish to end your coverage, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

Benefit Changes

Federal Health Care Reform Changes

The Federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as “the Act” in this article, requires several changes to your SEHP coverage.

Effective January 1, 2015, your SEHP benefit package will lose grandfathered status under the Act. This means that your Plan will be a non-grandfathered plan and will include all changes required by the Act.

The Act requires the following changes for SEHP coverage effective January 1, 2015:

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 visits will not count toward your 15-visit per person annual limit. 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 a 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 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.

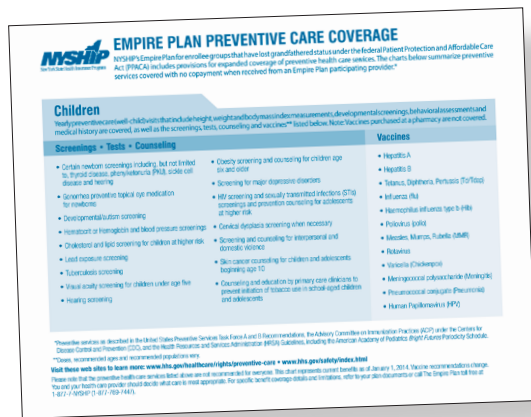
- **Screening:**
 - Breast cancer mammography every one to two years, beginning at age 40
 - Gestational diabetes for women who are 24 to 28 weeks pregnant or first visit for high risk of becoming diabetic
 - Human Papillomavirus DNA testing every three years for women age 30 and over
 - Gonorrhea, Chlamydia, 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:** Sexually active women will have access to annual screening and counseling on HIV.
- **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence is covered for all adolescent and adult women.
- **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.lucinacare.com

Preventive Care Coverage Chart

For further information on preventive services, see the Preventive Care Coverage Chart at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. From the homepage, select Using Your Benefits, then Publications. A copy of the Preventive Care Coverage Chart will be mailed to your home in December with the 2015 SEHP *At A Glance* publication.



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

Maximum Out-of-Pocket Limit

Beginning January 1, 2015, there is an annual maximum out-of-pocket limit for covered, in-network services. Your out-of-pocket costs, such as copayments, for covered in-network services will not exceed the limit. For example, a \$10 copayment for a doctor's office visit will count toward your maximum out-of-pocket limit. Once you reach your limit (see below) the copayment will be waived.

The total maximum out-of-pocket limit for 2015 is \$6,600 for Individual coverage and \$13,200 for Family coverage. It is split between the Prescription Drug Program and the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined. Costs for dental and vision services do not count towards the limit.

The 2015 out-of-pocket limits for covered in-network services are:

Individual coverage:

- \$2,300 for the Prescription Drug Program
- \$4,300 for the Hospital, Medical and Mental Health/Substance Abuse Programs

Family coverage:

- \$4,600 - for the Prescription Drug Program
- \$8,600 - for the Hospital, Medical and Mental Health/Substance Abuse Programs

If you have any questions about the maximum out-of-pocket limit, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Medical/Surgical Program Convenience Care Clinics

Effective January 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 Plan's 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 workweek 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 an emergency room. **Please note: Any visit to a participating Convenience Care Clinic will count toward your 15-visit per person annual limit for network benefits except for preventive care visits covered under the Patient Protection and Affordable Care Act.**

To find a Convenience Care Clinic near you, use the online provider directory located on the Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Find a Provider and click on The Empire Plan Medical/Surgical Provider Directory link. On the next page, select Search the Provider Directory and then click on Search for Physicians, Laboratories or Other Facilities. Enter your address by selecting Change Address and then click on the Urgent Care/Convenience Care link under Common Facility/Clinic Searches.

Licensed Nurse Practitioners

Effective January 1, 2015, Licensed Nurse Practitioners have been added to the list of covered 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. **Please note: Any visit to a participating Licensed Nurse Practitioner will count toward your 15-visit per person annual limit for network benefits except for preventive care visits covered under the Patient Protection and Affordable Care Act.**

You can search for Nurse Practitioners by going to <https://www.cs.ny.gov>. Click on Benefit Programs, then on NYSHIP Online and select the Find a Provider tab. Click on The Empire Plan Medical/Surgical Provider Directory link, select Search the Provider Directory and then click on Search for Physicians, Laboratories or Other Facilities. Enter your address by selecting Change Address and then type Nurse Practitioners in the New Search field.

Prescription Drug Program

New to You Prescription Drug Benefit

Effective January 1, 2015, for certain maintenance medications, at least two 30-day supplies must be filled using your 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 through the Mail Service Pharmacy or Specialty 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.

If you have questions about which maintenance medications are affected by the New to You benefit, you may call the Plan toll-free number at 1-877-7-NYSHIP (1-877-769-7447) and select 4 for the Prescription Drug Program.

Brand for Generic

Effective January 1, 2015, your 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 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 Network Pharmacies

Effective January 1, 2015, SEHP enrollees and dependents may receive the following preventive vaccines without 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 they participate in the vaccine network and the availability of 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, and then Locate a Pharmacy. On this page, you are able to generate a list of participating pharmacies using search criteria including ZIP code, city or state and have the option to narrow the results by 24-hour and drive-thru service, distance and pharmacy name.

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

If you have questions about vaccine coverage at the pharmacy, please call The Empire Plan at 1-877-769-7447 (1-877-7-NYSHIP) and select 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 available to 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.

Copayments Effective January 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 designated 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 through the Mail Service Pharmacy or the designated 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: Oral chemotherapy drugs for the treatment of cancer do not require a copayment. In addition, generic oral contraceptive drugs and devices or brand-name drugs/devices without a generic equivalent (single-source brand-name drugs/devices) do not require a copayment.

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 2015 *SBC* for SEHP, visit <https://www.cs.ny.gov/sbc/sehp/index.cfm>. If you do not have internet access and would like to request a copy, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Watch the Mail for Important Benefit Information

New Benefit Card

You should receive a new SEHP Benefit Card in the mail in November. The new card looks similar to your old benefit card, but the prescription drug copayments have been updated for 2015.

Use your new benefit card beginning January 1, 2015 for all SEHP benefits including hospital services, medical/surgical services, mental health and substance abuse services and prescription drug coverage.

If you did not receive a new benefit card, please contact the HBA on your campus, usually located in the Human Resources (Personnel) office.

NYSHIP
New York State Health Insurance Program

Student Employee Health Plan
1-877-7-NYSHIP (1-877-769-7447)

Sample2, John
(Enrollee ID)
Effective until 08/31/15 or when coverage ends, whichever is sooner

Hospital benefits

- \$200 copayment per admission / inpatient hospital stays
- \$15 copayment / outpatient hospital services
- \$25 copayment / emergency room
- \$10 copayment / physical therapy

Mental Health / Substance Abuse benefits

- \$200 copayment per admission / mental health or substance abuse detoxification stay
- \$25 copayment / emergency room
- \$10 copayment / outpatient visit

Rx benefits

Network Pharmacy 30 days / Mail Service or Specialty Pharmacy 31-90 days*

- \$5/\$5* Level 1 or generic
- \$25/\$50* Level 2 or preferred brandname
- \$45/\$90* Level 3 or non-preferred brandname

Medical benefits

- \$10 copayment / office visit, office surgery, laboratory services, radiology, chiropractic treatment, physical therapy, urgent care, convenience care clinics

You must call Toll Free 1-877-7-NYSHIP 1-877-769-7447

Pre-certification required for:
Admission to a hospital or birthing center: Select the Hospital Program. For an emergency admission, call within 48 hours.

Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select the Medical Program

Mental Health and/or Substance Abuse Services: non-emergency admissions, ABA therapy, psychological testing, electro-convulsive treatment. For emergency admissions call within 48 hours. Select Mental Health and Substance Abuse Program

Home Care and Diabetic Supplies/Equipment: Select the Medical Program

This card represents but does not guarantee enrollment in the New York State Health Insurance Program. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.

Submit hospital and hospice claims to your local BlueCross and/or BlueShield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield Plans.

BLUECROSS PLAN 303

BlueCross Prefix: YLS

Administered by the New York State Department of Civil Service.

2015 SEHP At A Glance

In December, you will receive a 2015 *At A Glance*, which explains your benefits, including negotiated benefit changes effective January 1, 2015.

2015 SEHP Report

In late December or early January, you will receive the 2015 *SEHP Report*. The *Report* will explain additional changes to your SEHP benefits for 2015 that are not related to the negotiated changes. It will include an explanation of any benefits affected by federal and State laws and any administrative changes that affect SEHP benefits in 2015.

The *SEHP 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 SEHP.



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Information for the Enrollee, Enrolled Dependents
and Young Adult Option and COBRA Enrollees
entitled to SEHP Benefits

SEHP Special Report – October 2014

Please do not send mail
or correspondence to the
return address. See page 7
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 the Department of Civil Service web site (<https://www.cs.ny.gov>). Click on Benefit Programs, then 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).

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