



# New York State Correctional Officers & Police Benevolent Association

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TO: NYSCOPBA Chief Sector Stewards  
FROM: Sharon Smith, Health Benefits Specialist  
DATE: December 10, 2018  
RE: Health Insurance Updates

## **OPTION TRANSFER PERIOD RUNS FROM 12/10/18 THROUGH 1/18/19**

Be advised there are several changes to health insurance coverage for 2019. I have listed them below. Please share this information with your membership.

### **Empire Plan In-network Out-of-Pocket Limit**

Beginning January 1, 2019, the out-of-pocket limits for covered, in-network services under the Empire Plan are \$7,900 for Individual coverage (\$5,150 for Hospital, Medical/Surgical and Mental Health & Substance Abuse and \$2,750 for the prescription drug program). Family coverage has a limit of \$15,800 (\$10,300 for Hospital, Medical Surgical & Mental Health and Substance Abuse and \$5,500 for the Prescription Drug Program).

### **Empire Plan Flexible Formulary Drug List**

Two drugs will be excluded from the Flexible Formulary effective 1/1/19: Bravelle (urofollitropin) injection and Follistim AQ (follitropin beta) injection (both for infertility), and one current excluded drug will be added back on to the Formulary at Tier 2, which is Gonal-F, Gonal-F RFF injection (also for infertility).

For those currently utilizing either of the two newly excluded drugs, be advised that since it would not be clinically appropriate for utilizers to switch drugs in the midst of a treatment cycle, CVS/Caremark will allow short-term grandfather coverage for both drugs for those currently engaged in a cycle of treatment or who start a cycle of treatment prior to 1/1/19 (for new utilizers starting a treatment after 1/1/19, these two drugs will be excluded).

### **Empire Plan New-to-You Prescription Drug Program**

Effective January 1, 2019, this program is eliminated. The 30-day quantity limit for maintenance medications required by the Program goes away and members will be able to get up to a 90-day supply without having to fill two prescriptions at a 30-day quantity first.

### **New York Presbyterian Remains in Empire Plan Network**

Empire Blue Cross/Blue Shield has been in contract negotiations with New York Presbyterian and a settlement has been reached. The hospital remains in-network.

### **Empire Plan addition of Acupuncturists to the Participating Provider Network (initially focusing on in-state providers)**

Effective 1/1/19, the Empire Plan will begin adding Acupuncturists to the Participating Network (initially in-state providers). As additional Acupuncturists are recruited, they will be added to the In-Network Directory immediately following receipt of their executed contract. Members will be able to identify network Acupuncturists by service rendered or name, and will be able to search within a given geographical area by a desired radius.

The FDA considers this service safe when applied by qualified practitioners applying sterile needles. Based on current trend, the Empire Plan can expect to see increased utilization of acupuncture services as members seek alternative treatments for acute and chronic pain. The Plan expects the acupuncture recruitment initiative to take 1-2 years to fully evolve into a robust network throughout the state.

### **Empire Plan addition of Quest Diagnostics to the Participating Provider Network**

Effective 1/1/19, Quest Diagnostics will participate in the Empire Plan's in-network laboratory network. Quest has 6,000 in-network patient locations nationwide. Please note that LabCorp **remains** in the network.

December 10, 2018

Page 3

**Debit Cards for Members Participating in the Health Care Spending Account (HCSAccount) for 2019**

The Flex Spending Account Program will soon be issuing debit cards to members enrolled in the Health Care Spending Account for 2019. The debit card will be referred to as the myFBMC Card and is a Visa card that offers a secure, easy way for members to pay medical copays at all eligible health care provider offices, as well as the cost of prescription drugs at their drugstore or mail order pharmacy. The card may also be used to purchase over-the-counter drugs filled by a pharmacist when they have a prescription. This card **may not be used to pay for Dependent Care Advantage Account expenses.**

The cards will be mailed to members around December 12, 2018, and WageWorks will also send an informational email to participants on that date (a copy of which is attached, along with a myFBMC Card Fact Sheet). Members will be able to use the card to pay for eligible expenses beginning 1/1/19.

Again, please share the above information/enhancements with your membership; and should you have any questions, feel free to contact me.

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Attachments

cc: NYSCOPBA Executive Board  
NYSCOPBA Jt. Committee on Health Benefits

## **New For the 2019 Plan Year -- The myFBMC Card<sup>SM</sup> Visa<sup>®</sup> Card**

You will soon receive in the mail a new reimbursement option offered to State of New York employees who enrolled in the Health Care Spending Account for the 2019 plan year – the myFBMC Card<sup>SM</sup>.

### **What is the myFBMC<sup>SM</sup> Card?**

The myFBMC Card<sup>SM</sup> is a convenient reimbursement option that allows WageWorks to electronically reimburse certain eligible health care expenses under the Health Care Spending Account plan and IRS guidelines. The myFBMC Card<sup>SM</sup> is a Visa<sup>®</sup> card that offers a secure, easy-to-use way to pay for your medically necessary health care expenses at your eligible health care providers (for example: doctor, hospital, mental health provider, chiropractor, physical therapist), as well as the cost of prescription drugs at your drugstore or mail order pharmacy. You may also use the myFBMC Card<sup>SM</sup> to purchase over-the-counter drugs filled by a pharmacist when you have a prescription. Because it is a payment card, when you use the myFBMC Card<sup>SM</sup> to pay for eligible expenses, funds are electronically deducted from your Health Care Spending Account. You will be issued two cards initially, and if you need a third card you may call Customer Service to request one at no charge.

### **How Does the myFBMC Card<sup>SM</sup> Work?**

Your myFBMC Card<sup>SM</sup> works just like a credit card. There is no annual fee. Simply swipe your myFBMC Card<sup>SM</sup> at your medical provider's office like you would with any other Visa<sup>®</sup> card. You may choose the "credit" button, then sign the purchase receipt or, you may choose the "debit" button and enter your PIN number. Your pre-assigned PIN number will arrive within approximately two business days of the card. The payment card enables you to access your Health Care Spending Account benefits more quickly to pay eligible medical expenses.

The card can be used to purchase prescription drugs at retail pharmacies such as CVS, Rite Aid, Walgreens, Target, Wal-Mart, and Sam's Club. For prescription drugs and some over-the-counter items, the card must be used at a retailer who is IAS or 90% certified. If you try to use the card in a store that is not certified, the card will be declined. In that case, you should pay out-of-pocket and then submit a paper claim. Visit [myFBMC.com](http://myFBMC.com) to view the entire [IAS Store List](#) for a constantly updated list of drugstores and retailers who accept the myFBMC Card<sup>SM</sup>.

Keep your receipts! You will need to provide receipt documentation for expenses that don't match a known copayment amount for your health insurance plan. For example, documentation may be required for purchases that are made for office (doctor, vision provider) visit fees and copayments and at some retailers (i.e. non IAS certified pharmacies). You will be notified if you must send in documentation for these transactions. Documentation for a card expense is a statement or bill showing the:

- name of the patient
- name of the service provider

- date of service
- type of service (including prescription name) and
- total amount of service.

Note: This documentation must be submitted with a Health Care Spending Account claim form and cannot be processed without it. Like all other Health Care Spending Account documentation, you must keep your myFBMC Card<sup>SM</sup> expense documentation for a minimum of one year and submit it to WageWorks when requested.

The IRS requires payment card suspension, when substantiating documentation is not provided for expenses requiring such. A grace period of 60 days is provided to allow payment card users reasonable time to submit the required documentation. When your monthly WageWorks statement and/or an online account message requests substantiating documentation, make sure that your documentation is received by WageWorks within the 60-day grace period.

If you do not submit documentation to WageWorks within 60 days, your myFBMC Card<sup>SM</sup> will be suspended, as required by IRS guidelines. Submit a completed Health Care Spending Account claim form to avoid deactivation of your card. If you fail to send in the requested documentation for a myFBMC Card<sup>SM</sup> expense, you may also be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding myFBMC Card<sup>SM</sup> transaction
- suspension of your myFBMC Card<sup>SM</sup> privileges
- payback through payroll
- the reporting of any outstanding myFBMC Card<sup>SM</sup> transaction amounts as income on your W-2 at the end of the tax year.

You may contact WageWorks at 1-800-358-7202 if you have questions or need assistance in determining whether your provider is IAS certified. Customer Service Representatives are available Monday through Friday, 8:00 am to 8:00 pm ET.

The myFBMC Card<sup>SM</sup> may not be used to pay for your Dependent Care Advantage Account expenses.

### **Card and IAS Merchants**

Over-the-counter and prescription purchases with the card are only accepted at IAS certified merchants. For all other qualified expenses, such as medical copayments, the myFBMC Card<sup>SM</sup> may be used normally. To find out if a pharmacy or drugstore near you accepts the card, please refer to the IAS Certified Store List at [myFBMC.com](http://myFBMC.com).

Employees may contact WageWorks at 1-800-358-7202 for information regarding pharmacy IAS certification.

## myFBMC Card<sup>SM</sup> Fact Sheet

### Usage:

- The myFBMC Card<sup>SM</sup> can be used at any eligible health care provider (for example: doctor, hospital, mental health provider, chiropractor, physical therapist) who accepts Visa or MasterCard. Check the Drugstore Listing on myFBMC.com for suggested pharmacies.
- The myFBMC Card<sup>SM</sup> can be used for over-the-counter (OTC) drugs with a written prescription or mail order drugs.
- The myFBMC Card<sup>SM</sup> cannot be used at grocery stores or discount retailers unless they are IAS certified. Please check out the FAQs at myFBMC.com for IAS definitions and a list of stores.
- Purchases for OTC and prescription drugs will automatically be substantiated and adjudicated if purchased at an IAS certified store. No additional paperwork is required!
- Employees must IMMEDIATELY send in documentation for any outstanding transaction(s) highlighted in BLUE on their monthly statements or RED on myFBMC.com.
- Any transaction that appears in BLUE on two monthly statements will cause the card to be suspended until documentation is received by WageWorks. The Card will be unsuspended automatically once outstanding/ineligible transactions are cleared.

### Correction Procedures:

- Any transaction(s) 60 days or older are eligible for automatic substitution.
- Cards will be suspended until all ineligible/outstanding transactions are cleared.
- If ineligible/outstanding transactions are not cleared up, the Card will stay permanently suspended and expenses could be recouped through the employee's paycheck or reclassified as taxable income to the employee.
- Employees have until the end of the runout period (March 31 of the following year) to clear up any previous plan year transactions.

### Glossary:

- AUTO-ADJUDICATION – This process allows WageWorks to immediately recognize that an expense is eligible for reimbursement under the Health Care Spending Account and

IRS regulations. These transactions eliminate the need for you to send documentation to WageWorks for your expense.

- *IIAS* – Any purchase made at an IIAS certified store for OTC drugs and supplies and/or prescriptions will require no additional follow up from you.
- *Copayment Matching* – WageWorks' system will recognize that you are using your myFBMC Card<sup>SM</sup> for an eligible expense so that known copayments under the New York State Health Insurance Plan are immediately recognized and verified.
- EXPENSE DOCUMENTATION – To verify a reimbursement made with your myFBMC Card<sup>SM</sup>, WageWorks may need a statement or bill showing the name of the patient and service provider as well as the date of service, type of service (include Rx name) and total dollar amount of service. You must keep all documentation of eligible expenses reimbursed by the Health Care Spending Account for at least one year, as stated in the IRS regulations.
- AUTO-SUBSTITUTION – If you have an outstanding myFBMC Card<sup>SM</sup> transaction for more than 60 days, any approved out-of-pocket reimbursement request amounts will be applied to the outstanding myFBMC Card<sup>SM</sup> transactions before any remaining out-of-pocket reimbursement requests are paid.
- PAYBACK THROUGH PAYROLL – You could be subject to salary deductions for the amounts of any myFBMC Card<sup>SM</sup> transactions still outstanding for 70 days or more (as permitted by law).
- RECLASSIFICATION– Any outstanding myFBMC Card<sup>SM</sup> transaction amounts remaining at the end of your plan year may be reported as income on your W-2 at the end of the tax year.
- SUSPENSION – You will temporarily lose the privilege of using your myFBMC Card<sup>SM</sup> if outstanding myFBMC Card<sup>SM</sup> transactions have not been satisfied. When the transactions are satisfied, your myFBMC Card<sup>SM</sup> privileges will be returned, so you can use your myFBMC Card<sup>SM</sup> again.