



New York State Correctional Officers & Police Benevolent Association

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HEALTH INSURANCE CHANGES EFFECTIVE 6/1/19 AS A RESULT OF A RATIFIED CONTRACT

Due to the recent ratification of a contract between NYSCOPBA and the State of New York, numerous changes will be made to health insurance coverage effective 6/1/19.

Because of the changes, members have an opportunity to change their NYSHIP option for 2019, through a Special Option Transfer Period which will run from May 1, 2019, through May 31, 2019. During this period, members can change their health insurance option from or to the Empire Plan or one of the NYSHIP-approved Health Maintenance Organization (HMO) plans should they desire to do so. Option changes must be done through facility Health Benefits Administrators (HBAs); they cannot be done online.

Some health insurance rates will be changing due to the ratified contract. Members in the Empire Plan will see a reduction in premium; members covered under some of the offered HMOs will see an increase (due to the fact the State's contribution for the hospital, medical and mental health care and substance abuse care components of the HMO premium does not exceed its dollar contribution for those components of the Empire Plan premium). An adjusted rates flyer (attached) is being mailed out to members' homes today; it will also be posted on Civil Service's website (cs.ny.gov-employee benefits), as well as NYSCOPBA's website.

For Administration lag-payroll employees who change plans, new health insurance options will begin on May 30, 2019, and the earliest paycheck in which a deduction change will be made is the check of May 29th (based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to June 1st). For Institution lag-payroll employees who change plans, new health insurance options will begin on June 6, 2019, and the earliest paycheck in which a deduction change will be made is the check of June 6th (based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to June 1st).

Below are the negotiated changes:

All Members:

1. Implementation of a debit card (myFBMC Card) for members enrolled in the Health Care Spending Account for 2019 to pay medical copays, prescription drug copays and over-the-counter drugs filled by pharmacists. These cards became eligible on 1/1/19.
2. As a result of ratification of the contract, members currently enrolled in the Dependent Care Advantage Account (DCAAccount) portion of the NYS Flex Spending Account for 2019 will be eligible for the employer contribution. Enrolled members need not do anything; the employer contribution for Administration lag-payroll employees will be deposited into their DCAAccount with the paycheck of May 15th; and the employer contribution for Institution lag-payroll employees will be deposited into their DCAAccount with the paycheck of May 23rd.
3. Dental Coverage:
 - a. The maximum annual benefit for covered participating and nonparticipating services will increase to \$3,000 per person.
 - b. The maximum lifetime benefit for orthodontic treatment (for children through age 18) will increase to \$3,000.
 - c. All composite (white fillings) will be a covered expense (as will hi-noble materials for crowns, inlays, onlays, pontics and abutments; ceramic materials for onlays, crowns, pontics and abutments; and flexible base dentures).
 - d. Dental implants will be covered subject to a \$600 limitation per implant.

NOTE: Due to the changes to dental, the current participating dental plan (the Preferred Plan) will change to the Preferred Premier Network. Therefore, Emblem Health will be mailing out new dental cards to members in the next few weeks. Members should destroy their old cards and use the new ones beginning 6/1/19 so they receive the updated benefits under the correct plan.

4. Vision Coverage:
 - a. Ultra/digital progressive lenses from participating providers will be covered subject to a \$90 copayment.
 - b. Yearly contact lens exams (including fit and follow up) will be covered (only if previous contact lenses were purchased through the plan).

Empire Plan Enrollees:

1. Copay increases as follows:

Hospital Copays (for Services Paid by Empire BlueCross/Blue Shield)

In-Network Outpatient Services:	\$ 50.00
In-Network Outpatient Physical Therapy	\$ 25.00
In-Network Outpatient Urgent Care	\$ 50.00
In-Network Outpatient Surgery	\$ 95.00
In-Network Outpatient Emergency Room	\$100.00

Medical Copays (for Services Paid by United HealthCare)

Primary Care Provider	\$ 25.00
Specialty Provider	\$ 25.00
Physical Therapy Providers	\$ 25.00
Urgent Care	\$ 30.00
Ambulatory Surgery Center	\$ 50.00
Ambulance Service	\$ 70.00

Mental Health & Substance Abuse Copays (for Services Paid By Beacon Health)

Office Visit, Other Outpatient Services	\$ 25.00
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2. Increase of Basic Medical Deductible for Non-Network Services

Medical Program and Mental Health & Substance Abuse Program

\$1,250 for Employee, \$1,250 for Spouse/
Domestic Partner and \$1,250 for All Enrolled
Dependents Combined

Employees in a titles equated to salary grade 6 or below will
have a \$625 deductible

3. Increase of Basic Medical Coinsurance Maximum for Non-Network Services

Hospital Program, Medical Program and Mental Health & Substance Abuse Program

\$3,750 for Employee, \$3,750 for Spouse/
Domestic Partner and \$3,750 for all Enrolled
Dependents Combined

Employees in a title equated to salary grade 6 or below will
have a \$1,875 coinsurance maximum

Note: Any amounts which were credited towards a member's deductible and/or coinsurance maximum from 1/1/19 through 5/31/19 will be applied toward the higher deductible and coinsurance maximum taking effect 6/1/19.

4. Prescription Drug Increases

Retail

Up to 30 day supply	\$ 5, \$30, \$ 60
31-90 day supply	\$10, \$60, \$120

Mail Order Service

Up to a 30 day supply	\$ 5, \$30, \$ 60
31-90 ay supply	\$ 5, \$55, \$110

5. The New-to-You Program is eliminated (effective date 1/1/19). The 30-day quantity limit for maintenance medications required by the Program is gone and members can receive up to a 90-day supply without having to fill two prescriptions at a 30-day quantity first.
6. Due to the changes in language to the Flexible Formulary, members are now covered under the "Advanced" Flexible Formulary. This change results in additional changes for the 2019 formulary (more exclusions, excluded drugs being added back onto the formulary, uptiers and downtiers). A copy of this Advanced Flexible Formulary will be mailed to members' homes. Members who will be affected by the changes will receive a letter from CVS/Caremark regarding those drugs, along with information on alternative medications, around May 1st.
7. Skilled nursing facility visits are now covered up to a maximum of 120 days; however, please note that each day of care in a skilled nursing facility counts as one-half benefit day of care toward that 120 day limit.
8. Under the State Joint Committee on Health Benefits initiatives, three issues were added for further discussion on changes in coverage at a later date. They are:
 - a. the Committee will work with the State to develop a voluntary Value Based Insurance Design (VBID) Pilot Program with the goal of improving health outcomes while lowering costs through copayment waivers or reductions;
 - b. the Committee will work with the State to develop a voluntary pilot Telemedicine Program, the purpose of which is to increase

access to health care services by establishing a program to use telecommunications to provide healthcare; and

- c. should it become permissible for the Federal Food and Drug Administration to allow the purchase of select brand name drugs on behalf of New York State employees and dependents covered under the Empire Plan drug program from sources outside of the United States, the parties will work through the Joint Committee on Health Benefits to develop an alternative drug program to enhance the current one, if practicable. Such implementation will not take place without the agreement of the NYSCOPBA Joint Committee on Health Benefits.

An Empire Plan Special Report detailing all the changes, as well as new copayment cards, are being mailed out today. A Dental and Vision Brochure which will detail all changes in regards to your dental and vision benefits was mailed to members on April 9th.

Should anyone have questions in regard to any of the above benefit changes, they can contact me at Extension 236.

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cc: NYSCOPBA Joint Committee on Health Benefits