DECEMBER 31, 2023

EMPIRE PLAN CERTIFICATE AMENDMENTS

NEW YORK STATE HEALTH INSURANCE PROGRAM

POLICE BENEVOLENT ASSOCIATION

For Troopers and Supervisors of the New York State Police represented by the Police Benevolent Association (PBA), their enrolled Dependents, COBRA Enrollees and Young Adult Option Enrollees

This document describes changes made to the January 1, 2019 *Empire Plan Certificate*.

NEW YORK STATE | Department of Civil Service
The Empire Plan

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The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for unrepresented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Important Note: *Except where noted, the benefits described in this document are effective as of* ***December 31, 2023****.*

Effective March 1, 2023*, throughout the* Empire Plan Certificate*, replace all instances of "*Beacon Health Options*" with "*Carelon Behavioral Health.*"*

Effective January 1, 2024*, throughout the* Empire Plan Certificate*, replace all instances of "*Empire BlueCross*" with "*Anthem Blue Cross.*"*

Empire Plan Certificate of Insurance

Combined Out-of-Pocket Limits

In-Network Out-of-Pocket Limit

Replace this section with the following:

Effective January 1, 2024, the annual out-of-pocket limits for in-network expenses are as follows:

Individual Coverage

- $6,150 for in-network expenses incurred under the Hospital, Medical/Surgical and Mental Health and Substance Use Programs
- $3,300 for in-network expenses incurred under the Prescription Drug Program (does not apply to Medicare-primary enrollees or dependents)

Family Coverage

- $12,250 for in-network expenses incurred under the Hospital, Medical/Surgical and Mental Health and Substance Use Programs
  - The $6,150 Individual Coverage limit applies to each Plan enrollee/dependent with Family Coverage; the maximum amount of $12,250 applies for all enrollees combined
- $6,650 for in-network expenses incurred under the Prescription Drug Program (does not apply to Medicare-primary enrollees or dependents)
  - The $3,300 Individual Coverage limit applies to each Plan enrollee/dependent with Family Coverage; the maximum amount of $6,650 applies for all enrollees combined

Empire Plan Benefits Management Program

The following amendments apply to Plan documents for the Empire Plan Benefits Management Program.

The Empire Plan Benefits Management Program: Benefits and Your Responsibilities

F. Future Moms Program

Effective January 1, 2023, *rename this section* **Building Healthy Families Program**.

Replace this section and the **Future Moms Program** *section with the following:*

The Building Healthy Families (BHF) Program (formerly the Future Moms Program) is a voluntary Empire Plan Benefits Management Program that provides support and resources for You and Your family's unique path to parenthood. From pre-conception to pregnancy, postpartum care and parenting support, the BHF Program offers help with every stage of family planning. The BHF Program can also be utilized if You are acting as a surrogate.

BHF Program features include:

- Digital tracking tools for ovulation, weight, blood pressure, due date and prenatal milestones, as well as for Your baby's movement, growth, feeding schedule and vaccinations
- Educational articles and videos for each stage of building Your family
- Breastfeeding support from a lactation consultant through LiveHealth Online
- Access to a Family Care Coach via chat, email or phone
- Support in prenatal, maternity and postpartum care for members who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+)
- Meditation/mindfulness tools
- Unlimited digital access 24 hours a day, seven days a week
- Nurse case management for high-risk enrollees, including access to counselors and registered dietitians

For more information regarding the BHF Program, go to www.anthembluecross.com/nys and choose Care and then Health & Wellness. You can also call The Empire Plan and choose the Hospital Program (see *Contact Information*, page 151).

Remember to contact Your Health Benefits Administrator within 30 days of the date of birth to add Your newborn to Your Empire Plan coverage. Refer to Your *General Information Book* for additional information.

Empire Plan Hospital Program

The following amendments apply to Plan documents for the Empire Plan Hospital Program.

Effective January 1, 2024, *replace all instances of* "Empire BlueCross" *with* "Anthem Blue Cross."

Network and Non-Network Benefits

Replace items A. and B. under the **Network Benefits at a Non-Network Hospital/Facility** *bullet with the following:*

A. When no Network Facility is available within a 30-mile radius or 30-minute travel time from Your home address.

B. When no Network Facility is available within a 30-mile radius or 30-minute travel time from Your home address that can provide the covered services You require.

Outpatient Hospital Care

Add the following bullet after the **Chemotherapy and Radiation Therapy** *bullet:*

- **Infusion Therapy**. The Hospital Program pays for infusion therapy ordered by Your doctor.

Effective February 1, 2023, *replace the* **Hospital Extension Clinic** *bullet with the following:*

- **Hospital Extension Clinic.** Hospitals charge facility fees for outpatient services performed by employed physicians who work in hospital extension clinics. When You see a physician or receive services at a hospital extension clinic, You are being treated at a hospital-owned facility, even if the location where You receive services is located miles away from the main hospital campus or in Your physician's office.

  Hospital billing policies are not always apparent regarding hospital-owned extension clinics. Professional services and facility fees can be billed separately. If services are billed separately, You can be responsible for a Medical/Surgical Program (professional services) copayment. You may also be responsible for a Hospital Program copayment even if You did not receive services in the outpatient department of a hospital or if You only had an office visit with Your provider and did not receive any other services, such as laboratory or radiology. When making an appointment, it is Your responsibility to ask the physician's office if they are a hospital extension clinic. **Note:** Medical/Surgical and Hospital Program copayments do not apply to preventive care services. For more information on preventive care services, see *The Empire Plan Preventive Care Coverage Guide* on the NYSHIP website (see Contact Information, page 151). From the NYSHIP homepage, select Using Your Benefits and then Current Publications.

When copayments do not apply

Add the following sub-bullet to the end of the third bullet:

- Infusion therapy

Skilled Nursing Facility Care

Replace the second sentence with the following:

The Empire Plan does not provide skilled nursing facility benefits, even for short-term rehabilitative care, for Medicare-primary enrollees or Medicare-primary dependents.

Infertility Benefits

Fertility preservation services

Replace the second and third sentences with the following:

Standard fertility preservation services are covered when a medical treatment may directly or indirectly cause iatrogenic infertility. “Iatrogenic infertility” means an impairment of Your fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.

Hospital Program General Provisions

Exclusions and limitations

What is not covered

Replace the following item:

O. **Workers’ Compensation.** Payment will not be made for care for any injury, condition or disease if payment is provided to You under a Workers’ Compensation Law or similar legislation. Also, payments will not be made if You bring a lawsuit against the person who caused Your injury or condition and if You received money from that lawsuit and You have repaid the hospital and other medical expenses You received payment for under the Workers’ Compensation Law or similar legislation.

Empire Plan Medical/Surgical Program

The following amendments apply to Plan documents for the Empire Plan Medical/Surgical Program.

Definitions

*Replace all instances of "*Physician or other Provider*" with "*Health Care Professional*" in items* M. **Covered Medical Expenses or Covered Services**, AN. **Medically Necessary or Medical Necessity** *and* AR. **Pharmaceutical Product or Device**.

*Replace "*Physician*" with "*Health Care Professional*" in item* BD. **Specialist**.

Participating Provider Program

Combined out-of-pocket limit

In-network out-of-pocket limit

Replace this section with the following:

Effective January 1, 2024, the annual out-of-pocket limits for in-network expenses are as follows:

Individual Coverage:

- $6,150 for in-network expenses incurred under the Hospital, Medical/Surgical and Mental Health and Substance Use (MHSU) Programs

Family Coverage:

- $12,250 for in-network expenses incurred under the Hospital, Medical/Surgical and Mental Health and Substance Use (MHSU) Programs
  - The $6,150 Individual Coverage limit applies for each Plan enrollee/dependent with Family Coverage; the maximum amount of $12,250 applies for all enrollees combined

What is covered under the Participating Provider Program

Rename item K. **In-Hospital Physician's or Other Provider's Visits** *as* **In-Hospital Health Care Professional's Visits**, *and replace with the following:*

K. **In-Hospital Health Care Professional's Visits** – You are covered for visits by a Health Care Professional while an inpatient in a Hospital with no Copayment if such visits are not related to surgery. Benefits for visits related to surgery are included in the scheduled amount for the surgery.

*Delete "*Physician or other*" from item* W. **Reproductive Access to Health Care Services**.

*Delete "*or other Provider*" from item* AA. **Surgery**.

*Replace "*Physician*" with "*Health Care Professional*" in items* L. **Mastectomy Bras** *and* Y. **Specialist Consultations**.

*Replace "*Physician or other Provider*" with "*Health Care Professional*" in item* M. **Maternity Care**.

Replace the following items:

P. **Office and Home Visits** – You are covered for office visits and home visits by a Health Care Professional or other Provider for general medical care, diagnostic visits, treatment of illness, infusion therapy, allergy desensitization, immunization visits, well-child care and Pharmaceutical Products or Devices administered by Your Provider. General medical care includes routine and preventive pediatric care and routine and preventive adult care, including gynecologic exams.

If Your participating Health Care Professional or other Provider uses a Nonparticipating Provider for laboratory testing or interpretation of radiology, that service is covered under Basic Medical Program benefits, subject to Deductible and Coinsurance. However, if Your participating Health Care Professional refers laboratory testing to a Nonparticipating Provider without Your knowledge, You may be eligible for participating level benefits. See *Miscellaneous Provisions*, page 91, for more information about surprise bills or call The Empire Plan and choose the Medical/Surgical Program (see *Contact Information*, page 151) for more information.

There is no Copayment for well-child office visits, including routine pediatric examinations, pediatric immunizations and the cost of oral and injectable substances, according to prevailing clinical guidelines.

There is no Copayment for professional services for allergy immunotherapy or allergy serum when billed by a Participating Provider. If there is an associated office visit, a Copayment will apply.

See *Preventive Care*, page 60, for more information on preventive care services.

V. **Reconstructive Surgery** – You are covered, subject to Copayment, for the services of a Physician for the following:

- Reconstructive surgery to restore or improve a body function when the functional impairment is the direct result of one of the following:
  - Birth defect
  - Sickness
  - Accidental injury
- Reconstructive breast or chest wall surgery following a Medically Necessary mastectomy (including surgery and reconstruction of the remaining breast or chest wall to produce a symmetrical appearance following the mastectomy). Chest wall reconstruction surgery includes aesthetic flat closure as defined by the National Cancer Institute.
- Treatment of physical complications of all stages of the mastectomy, including lymphedema.
- Reconstructive surgery to remove or revise scar tissue if the scar tissue is due to sickness, accidental injury or any other Medically Necessary surgery.

Z. **Speech Therapy** – You are covered, subject to Copayment(s), for the services of a state licensed or certified speech therapist or speech-language pathologist.

Preventive Care

Replace the **Adult Immunizations** *bullet with the following:*

- **Adult Immunizations** – Adult immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention are covered and not subject to Copayment when received by a Participating Provider. There is no benefit for vaccines received from an out-of-network Provider.

  For up-to-date information on ACIP recommendations for adult immunizations, go to www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html.

Add the following bullet after the **Breastfeeding Support, Supplies and Counseling** *bullet:*

- **Colon Cancer Screenings** – Colon cancer screenings, including all colon cancer examinations and laboratory tests, are covered for enrollees age 45 through 75 in accordance with the greater of the USPSTF or American Cancer Society recommendations for average risk individuals. This benefit includes an initial colonoscopy or other medical test for colon cancer screening and a follow-up colonoscopy performed because of a positive result from a non-colonoscopy preventive screening test.

  This benefit is not subject to Copayment when provided in accordance with the recommendations of the USPSTF and when performed by a Participating Provider.

Replace the second sentence of the **Family Planning and Reproductive Health Services** *bullet with the following:*

The Medical/Surgical Program covers family planning services, which consist of FDA-approved, -cleared or -granted contraceptive methods dispensed by a Health Care Professional, not otherwise covered under *Section V: The Empire Plan Prescription Drug Program Certificate of Insurance*, counseling on use of contraceptives and related topics and sterilization procedures for women.

Basic Medical Program

What is covered under the Basic Medical Program (Nonparticipating Providers)

Rename item U. **Physicians** *as* **Physician Services** *and delete "*and other Providers*" in the first sentence.*

*Delete "*Physician or other*" from item* AA. **Reproductive Access to Health Care Services**.

*Delete "*or other Provider*" from item* AH. **Surgery**.

*Replace "*Physicians or other Providers*" with "*Health Care Professionals*" in item* E. **Emergency Services**.

*Replace "*Physician or other Provider*" with "*Health Care Professional*" in items* N. **Mastectomy Bras**, P. **Maternity Care** *and* R. **Modified Solid Food Products**.

*Replace "*Physician's or other Provider's*" with "*A Health Care Professional's*" in item* AC. **Routine Newborn Child Care**.

Home Care Advocacy Program (HCAP)

Replace the first paragraph with the following:

The Home Care Advocacy Program (HCAP) is The Empire Plan program for home skilled nursing services, certain Durable Medical Equipment and medical supplies that are associated with Durable Medical Equipment (see the definition for item A., *Durable Medical Equipment*, page 72). Covered home skilled nursing services do not include assistance with activities of daily living, custodial care or any other service that can be given by a less skilled person, such as a home health aide (see item D., *Skilled Nursing Services in the Home*, page 73, for exclusions). HCAP is administered by the Medical/Surgical Program Administrator.

Network coverage: Paid-in-full benefit

*Delete "*and Medijectors*" from the first and fourth sentences in the third paragraph.*

What is covered

*Replace "*Physician*" with "*Health Care Professional*" in the last sentence of the* **Diabetic Supplies** *bullet under item* B. **Medical Supplies**.

Replace the second sentence in item C. **Communication Devices** *with the following:*

Based on the formal evaluation, the rental or purchase of assistive communication devices is covered when ordered or prescribed by an authorized Health Care Professional, and recommended by a licensed speech-language pathologist, if You are unable to communicate through typical means (i.e., speech or writing) when the evaluation indicates that an assistive communication device is likely to provide You with improved communication.

*Replace "*Physician*" with "*Health Care Professional*" in the last sentence of item* D. **Skilled Nursing Services in the Home**.

Replace the fourth sentence in item E. **Home Infusion Therapy** *with the following:*

The services must be ordered by an authorized Health Care Professional.

Replace the first sentence in item F. **Enteral Formulas** *with the following:*

You are covered for nonprescription enteral formulas for home use under HCAP, whether administered orally or via tube feeding, for which an authorized Health Care Professional has issued a written order.

Infertility Benefits

Fertility preservation services

Replace the second and third sentences with the following:

Standard fertility preservation services are covered when a medical treatment may directly or indirectly cause iatrogenic infertility. "Iatrogenic infertility" means an impairment of Your fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.

Empire Plan Mental Health and Substance Use Program

The following amendments apply to Plan documents for the Empire Plan Mental Health and Substance Use Program.

Effective March 1, 2023*, replace all instances of "*Beacon Health Options*" with "*Carelon Behavioral Health*."*

Meaning of Terms Used

Replace the following item:

B. **Approved Facility** means a general acute care or psychiatric hospital or clinic under the supervision of a physician. If the hospital or clinic is located in New York State, it must be licensed, certified or otherwise authorized by the Office of Addiction Services and Supports of the State of New York or according to the Mental Hygiene Law of New York State. If located outside of New York State, it must be accredited by the Joint Commission on Accreditation of Health Care Organizations for the provision of mental health, alcoholism or drug use treatment or accredited by the appropriate State agency for the level of care received. Partial hospitalization, intensive outpatient program, day treatment, 23-hour extended bed and 72-hour crisis bed will be considered Approved Facilities if they satisfy the foregoing requirements. Under Network Coverage, residential treatment centers, halfway houses and group homes will be considered Approved Facilities if they satisfy the requirements listed previously and admission is Certified by the Program Administrator. See the definitions for Network Facility and Non-Network Facility for more information. In all cases other than an emergency, the facility must also be approved by the Program Administrator. **Note:** Services received at an Approved Facility, except emergency services, are subject to a Medical Necessity determination.

Schedule of Benefits for Covered Services

Network Coverage for Mental Health Care and Substance Use Care

Replace the **Note** *with the following:*

Note: There is no Copayment for Inpatient Services or, **effective January 1, 2023**, when receiving services for opioid treatment that includes the prescribing of agonists, such as methadone, buprenorphine or suboxone. This includes waiving of Copayments for therapy and counseling sessions related to opioid treatment programs, as well as prescriptions provided through a treatment program; however, prescriptions obtained at a retail pharmacy are still subject to the applicable Copayment (see *Section V: The Empire Plan Prescription Drug Program Certificate of Insurance*, page 132).

Copayments paid to a Network Provider count toward meeting Your Empire Plan Combined Annual Coinsurance Maximum but **do not** count toward the Combined Annual Deductible.

Your payment to the Network Provider is limited to Your Copayment. Except for the Copayment that the Network Provider obtains directly from You, a Network Provider cannot bill You directly for services You obtain as a network benefit.

Empire Plan Prescription Drug Program

The following amendments apply to Plan documents for the Empire Plan Prescription Drug Program.

Your Benefits and Responsibilities

Copayments

Add the following as the second paragraph of the **Note***:*

Opioid treatments dispensed through retail pharmacies are subject to the applicable copayment. For opioid treatments not subject to copayment **effective January 1, 2023**, see *Section IV: The Empire Plan Mental Health and Substance Use Program Certificate of Insurance*, page 115.

What is covered

Replace the following items:

F. Contraceptive drugs, devices and other products, including over-the-counter contraceptive drugs, devices and other products, that are FDA-approved, -cleared or -granted and as prescribed or otherwise authorized under state or federal law. “Over-the-counter contraceptive products” means those products provided for in comprehensive guidelines supported by the Health Resources and Services Administration. Coverage also includes emergency contraception when provided pursuant to a prescription or order or when lawfully provided over the counter. You may request coverage for an alternative version of a contraceptive drug, device or other product if the covered contraceptive drug, device or other product is not available or is deemed medically inadvisable, as determined by Your Doctor.

G. Coverage for abortion services includes any Prescription drug prescribed for an abortion (including Generic Drugs and Brand-Name Drugs, even if those Prescription drugs have not been approved by the FDA for abortions) that is a recognized medication for abortions in one of the following reference compendia:

- The World Health Organization (WHO) Model Lists of Essential Medicines
- The WHO abortion care guidelines
- The National Academies of Sciences, Engineering and Medicine Consensus Study Report

N. Certain preventive vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention or in accordance with statutory mandates, administered at a Vaccination Network Pharmacy, will be covered at no cost. For up-to-date information on ACIP recommendations for adult immunizations, go to www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html.

Contact Information

The Empire Plan

Medical/Surgical Program

Administered by UnitedHealthcare

Diabetic supplies (except insulin pumps and Medijectors)

Rename this section ***Diabetic supplies (except insulin pumps)****.*

Hospital Program

Administered by Anthem Blue Cross

Replace the sixth paragraph with the following:

www.anthem.com

Replace the eighth paragraph with the following:

Claims submission online: www.anthembluecross.com/nys/resources-forms

Mental Health and Substance Use Program

Administered by Carelon Behavioral Health

Replace the third paragraph with the following:

TTY: 711

Replace the fifth paragraph with the following:

www.carelonbh.com/empireplan/en/home

Replace the seventh paragraph with the following:

Claims submission forms can be submitted via the MemberConnect portal:
www.memberconnect.carelonbehavioralhealth.com/mc/eMember/memberLogin.do