

**CSEA/NYS Executive Branch
2016-2021 Tentative Agreement
Article 9 – Health Insurance
Highlight Sheet**

Copayment changes do not go into effect until January 1, 2019

Empire Plan Medical and Mental Health/Substance Abuse In-Network

- \$25 Primary Care Physicians, Specialists, Physical Therapy and Mental Health/Substance Abuse Office Visits (currently \$20)
- \$30 Urgent Care Centers (currently \$20)
- \$50 Ambulatory Surgery Centers (currently \$30)
- \$70 Ambulance Service (currently \$35)

Empire Plan Hospital In-Network

- \$25 Physical Therapy (currently \$20)
- \$40 Outpatient Lab & X-Ray / Urgent Care Centers (currently \$30)
- \$75 Outpatient Surgery (currently \$45)
- \$90 Emergency Room, waived if admitted (currently \$60)
- Skilled Nursing Facility visits will be covered up to 120 days – each day of care in a skilled nursing facility counts as one-half benefit day of care.

Empire Plan Prescription Drug at Network Pharmacy

Utilization of generic prescriptions for CSEA members is 86%

Up to a 30-day Supply Retail/Mail

- \$5 Generic (no change – current copayment remains in place for term of agreement)
- \$30 Preferred Brand Name Prescription (currently \$25)
- \$60 Non-Preferred Brand Name Prescription (currently \$45)

Up to a 90-day Supply Mail

- \$5 Generic (no change – current copayment remains in place for term of agreement)
- \$55 Preferred Brand Name Prescription (currently \$50)
- \$110 Non-Preferred Brand Name Prescription (currently \$90)

Up to a 90-day Supply Retail Pharmacy

- \$10 Generic (no change – current copayment remains in place for term of agreement)
- \$60 Preferred Brand Name Prescription (currently \$50)
- \$120 Non-Preferred Brand Name Prescription (currently \$90)

Removal of New to You requirement under the Prescription Drug Program

- Remove the current 30-day quantity limit for “new” prescriptions and allow enrollees to get up to a 90-day supply without having to fill two prescriptions at 30-day quantity first.

Premium Reduction: CSEA received a side letter from the State that confirmed the premium contribution to be paid by CSEA-represented Empire Plan enrollees will reflect the negotiated changes in plan benefit design and will be lower than the premium contribution for non CSEA-represented Empire Plan enrollees who have not negotiated similar benefit design changes.

Empire Plan Out of Network Services

The following out-of-pocket costs are only in place when someone uses an Empire Plan Non-Participating Provider

Non-Network Annual Deductible

- \$1,250* per enrollee, spouse/domestic partner and one or all children (currently \$1,000)
 - *Non-Network deductible reduced to \$625 for Salary Grade 6 & below

Non-Network Combined Annual Coinsurance Maximum

- \$3,750* per enrollee, spouse/domestic partner and one or all children (currently \$3,000)
 - *Non-Network coinsurance maximum reduced to \$1,875 for Salary Grade 6 & below
 - Out-of-pocket expenses of Hospital, Medical and Mental Health/Substance Abuse services are used toward meeting coinsurance maximum.

10-Month Employees: Effective January 1, 2018, 10-month permanently appointed employees at the NYS School for the Deaf and the NYS School for the Blind, eligible for health insurance coverage through NYSHIP, may continue their NYSHIP enrollment during the school's summer session by paying premiums for the summer prior to removal from the payroll.

Reimportation of Prescription Drugs – If reimportation of prescription drugs becomes permissible under applicable law, rule, regulation or other appropriate approval, the parties will work through the Joint Committee on Health Benefits to explore the Empire Plan's use of such reimported drugs.

Flexible Spending Account – The State will work with the Joint Committee on Health Benefits to implement a debit card vehicle or electronic submission to enhance the Medical Flexible Spending Account by January 1, 2019 or as soon as practicable thereafter.

Value Based Insurance Design – The Joint Committee on Health Benefits will discuss developing a voluntary Value Based Insurance Design pilot program pilot

- The JCHB 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 overall costs through copayment waivers or reductions.
- The JCHB will work with the State to look at a copayment waiver program for office visits and prescription drugs when related to chronic conditions. Should the VBID Program prove successful, and be expanded to other disease states, the copayment reductions or waivers, including copayments for prescription medications, will be evaluated for inclusion in any future VBID programs.

Telemedicine Program - The State will work with the Joint Committee on Health Benefits to develop a voluntary Pilot Telemedicine Program. The purpose of the Telemedicine Program is to increase access to health care services by establishing a program to use telecommunications to provide healthcare.