

2023 Empire Plan Preventive Care Coverage Guide



**NEW
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NYSHIP

New York State
Health Insurance Program

Types of Care

Preventive, diagnostic and routine care are common types of health care you may receive. Understanding the difference between them is not always easy, but it is important. The goal of preventive care is to detect health problems before symptoms develop, while diagnostic care is given to diagnose or treat symptoms you already have. Routine care is used to prevent a condition from becoming worse and to help manage symptoms. It can be difficult to differentiate between the types of care as the same procedure can be classified differently depending on the situation, so this publication provides more detail to help you better understand the differences. If you have questions The Empire Plan NurseLineSM is available for health information and support, 24 hours a day, seven days a week by calling 1-877-7-NYSHIP (1-877-769-7447) and press or say 5. **Note:** SEHP enrollees do not have access to NurseLineSM.

Preventive Care

Preventive care can help you avoid potentially serious health conditions and obtain early diagnosis and treatment. Preventive care includes annual exams, screenings and immunizations. Common examples of this type of care include annual wellness visits, cholesterol, high blood pressure and diabetes screenings as well as cancer screenings, such as mammograms and colonoscopies. Preventive care is important because it can help discover otherwise undetectable issues early, which can help you stay healthy. Accessing prompt treatment when recommended may also help reduce your overall medical expenses.

Diagnostic Care

Diagnostic care helps diagnose risk factors or treat symptoms that are already present. Diagnostic care involves treating or diagnosing a problem you are having by monitoring existing issues, checking for new symptoms or following up on abnormal test results.

Below are a couple of examples that help to illustrate when a preventive visit becomes diagnostic and a copayment would apply.

Kathy is a 65-year-old woman who is having a bone density scan as a preventive screening procedure ordered by her physician. Because the service is preventive, there is no copayment. However, if the scan reveals that Kathy has osteoporosis, her subsequent bone density scans to monitor her condition would be considered diagnostic and a copayment would apply.



Another example is Brian, a 55-year-old man who is having his regularly scheduled colonoscopy. During the procedure his doctor finds a polyp. The doctor removes the polyp and sends it for a biopsy. This prevents Brian from having to return for a follow-up diagnostic colonoscopy to have the polyp removed. A copayment would not apply because the initial procedure was preventive. However, subsequent colonoscopies scheduled at an increased frequency to monitor the newly identified condition would be considered diagnostic and a copayment would apply.

Routine Care

Routine care is a common term used to describe care that occurs on a regular basis, but is not preventive. Routine care is used to prevent a condition from becoming worse and to help manage symptoms. For example, if you have been diagnosed with glaucoma, “routine” care might include regular eye exams to monitor eye pressure and vision. Common illnesses that often require “routine” care include asthma, hypertension and diabetes. Because routine care is not preventive, a copayment would apply to these visits when using a participating provider. Out-of-network benefits are also available.

The Empire Plan includes provisions for expanded coverage of preventive health care services in accordance with the federal Patient Protection and Affordable Care Act (PPACA). **These charts summarize preventive services covered with no copayment when received from an Empire Plan participating provider.**¹

Children

Yearly preventive care (well-child) visits that include height, weight and body mass index measurements, developmental screenings, behavioral assessments and medical history are covered, as well as the screenings, tests, counseling and vaccines² listed below. **Note:** Vaccines administered at a pharmacy are not authorized under New York State Law for persons under age 18, with the exception of the influenza (flu) vaccine. Additional vaccines may be administered under federal guidelines. Please visit NYSHIP Online and view topics under “What’s New” for information on the COVID-19 vaccine.



Screenings • Tests • Counseling

- Certain **newborn screenings** including, but not limited to, thyroid disease, phenylketonuria (PKU), sickle cell disease and hearing
- **Gonorrhea preventive topical eye medication** for newborns
- **Developmental/autism screening** up to age 3
- **Hematocrit or hemoglobin and blood pressure screenings**
- **Cholesterol and lipid screening** for children at higher risk
- **Lead exposure screening** up to age 7
- **Tuberculosis screening**
- **Visual Acuity Screening** for children through age 21
- **Hearing screening**
- Application of **fluoride varnish** in a primary care setting up to age 6
- **Obesity screening and counseling** for children age 6 and older
- **Screening for anxiety** in children and adolescents aged 8 to 18
- **Screening for major depressive disorders**
- **HIV screening and sexually transmitted infections (STIs) screenings and prevention counseling** for adolescents at higher risk
- **Cervical dysplasia screening** when necessary
- **Screening and counseling for interpersonal and domestic violence**
- **Skin cancer counseling** for children beginning at 6 months of age as well as counseling for parents
- **Counseling and education by primary care clinicians to prevent initiation of tobacco use** in school-age children and adolescents
- **Alcohol and drug use assessments**
- **Screening for hepatitis B virus infection** for at-risk individuals



Vaccines

- **COVID-19**³
- **Haemophilus influenzae type b**
- **Hepatitis A**
- **Hepatitis B**
- **Human papillomavirus (HPV)**
- **Inactivated poliovirus (polio)**
- **Influenza (flu)**
- **Measles, mumps, rubella**
- **Meningococcal** (meningitis)
- **Pneumococcal** (pneumonia)
- **Rotavirus**
- **Tetanus, diphtheria, pertussis**
- **Varicella** (chickenpox)

¹ Preventive services as described in the United States Preventive Services Task Force A and B Recommendations, the Advisory Committee on Immunization Practices (ACIP) under the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services’ (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the Health Resources and Services Administration (HRSA) Guidelines, including the American Academy of Pediatrics Bright Futures Periodicity Schedule.

² Doses, recommended ages and populations vary.

³ For up-to-date information on ACIP recommendations, please visit: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

To learn more, go to: www.hhs.gov/healthcare/rights/preventive-care

Please note that the preventive health care services listed above are not recommended for everyone. This chart represents current benefits as of January 1, 2023. Vaccine recommendations change. You and your health care provider should decide what care is most appropriate. For specific benefit coverage details and limitations, refer to your plan documents or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447).

Adults

Yearly preventive care physical and well-woman exams are covered, as well as the screenings, tests, counseling and vaccines² listed below. **Note:** Select vaccines administered at a participating pharmacy are covered.*



Screenings • Tests • Counseling

- **Cholesterol and lipid screening** for adults age 40-75
- **Screening for type 2 diabetes** in adults age 35-70 who are overweight or obese or who have high blood pressure. A certain strength of Metformin may be covered with no copayment for eligible members.
- **Colorectal cancer screening**, including fecal occult blood test, fecal DNA test, sigmoidoscopy and colonoscopy for adults age 45-75 (This includes pre-procedure consultation and any resulting pathology exam or polyp biopsy for the colonoscopy.) Certain bowel preparation products used for colorectal cancer screening are covered with no copayment for eligible members.
- **Screening for depression**
- **Screening for gonorrhea, chlamydia, syphilis and HIV**
- **Counseling for sexually transmitted infections (STIs)**
- **Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition in a primary care setting**
- **Screening for abdominal aortic aneurysm** in men age 65-75 who have ever smoked
- **Bone density test to screen for osteoporosis** for women age 65 and older or women at risk
- **Breast cancer screening mammography** every one to two years for women, beginning at age 40
- **Counseling and evaluation for genetic testing of women for BRCA breast cancer gene**
- **Counseling women at high risk of breast cancer for chemoprevention**
- **Annual lung cancer screening** for adults age 50-80 based on risk and smoking history
- **Counseling interventions on diet and exercise for patients with risk factors for cardiovascular disease and pre-diabetes in a primary care setting**
- **Screening women for cervical cancer** up to age 65, including Pap test
- **Prenatal care and screenings** including, but not limited to, bacteriuria, hepatitis B, Rh incompatibility, syphilis, gonorrhea, chlamydia
- **Perinatal depression screening** for pregnant and postpartum patients
- **Screening for gestational diabetes** for women after 24 weeks of gestation
- **Human papillomavirus DNA testing** every three years for women age 30 and older
- **Screening and counseling for interpersonal and domestic violence**
- For women, **all U.S. Food and Drug Administration-approved contraceptive methods and sterilization procedures and patient education and counseling**³
- **Breastfeeding support, supplies and counseling**, including cost for purchase of breastfeeding equipment in conjunction with each birth
- **Skin cancer counseling** for young adults up to age 25
- **Screening for hepatitis C virus (HCV) infection** for at-risk individuals or one-time screening for adults ages 18-79
- **Screening for tuberculosis and hepatitis B virus infection** for at-risk individuals



Vaccines • Medications

- Can be administered in a physician's office or at a participating pharmacy.*
COVID-19⁴; Hepatitis A; Hepatitis B; Herpes zoster (shingles)⁵; Human papillomavirus (HPV); Influenza (flu); Measles, mumps, rubella; Meningococcal (meningitis); Pneumococcal (pneumonia); Tetanus, diphtheria, pertussis; Varicella (chickenpox).
- **Certain prescription and over-the-counter medications** that are recommended for preventive services without cost sharing and have in effect a rating of "A" or "B" in the current recommendations of the U.S. Preventive Services Task Force (USPSTF).
Note: When available over-the-counter, USPSTF "A" and "B" rated medications require a prescription order to process without cost sharing.
- **Initial exams to prescribe HIV pre-exposure prophylaxis (PrEP)** including HIV testing, kidney function testing, serologic testing for hepatitis B and C virus, testing for other STIs and pregnancy testing. In addition, follow-up exams and monitoring, including HIV testing every three months are covered.⁶

* Covered preventive immunizations obtained at a CVS Caremark National Vaccine Network Pharmacy will be paid in full and will not require a copayment, subject to age limitations and CDC guidelines.

² Doses, recommended ages and populations vary.

³ Most Level 1 contraceptives covered under The Empire Plan Prescription Drug Program are available without cost-share to enrollees.

⁴ For up-to-date information on ACIP recommendations, please visit: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>.

⁵ Shingrix®: No copayment required for enrollees age 19 and older. A prescription may be required for enrollees age 19-49.

⁶ The Empire Plan Prescription Drug Program covers PrEP medication with no cost-share.

Guidelines and Standards

Preventive care benefits and services covered by The Empire Plan follow the guidelines and standards recommended by the U.S. Preventive Services Task Force (USPSTF), the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), as well as requirements of the Patient Protection and Affordable Care Act (PPACA). Pediatric guidelines

represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. It is important to check these guidelines often as they are frequently updated to reflect new scientific findings and developments. Please see the *Resources* section for more information. Following the guidelines recommended by these organizations can help you stay healthy and receive more effective treatment as well as ensure the Plan will cover the service.

How to Minimize Out-of-Pocket Costs

Following the tips below can help you get the most out of your coverage and minimize your out-of-pocket expenses:

- 1. Choose Participating Providers and Network Facilities:** When doctors and facilities are in network, it means they have agreed to provide services at a discount to the Plan and your out-of-pocket costs are usually limited to your copayment(s) and/or deductibles. Before making an appointment with a provider, be sure to find out whether they participate in The Empire Plan for New York State government employees and retirees by checking the online directories or calling The Empire Plan (1-877-7-NYSHIP) and selecting the option for the appropriate program. Requesting that your doctor refer you to participating labs and other diagnostic facilities, as well as following plan requirements to call before receiving care, can help ensure access to network benefits.
- 2. Stay up to date on preventive care:** Keeping up on your annual checkups and screenings may help detect issues early when health conditions are typically more treatable.
- 3. Stay informed on your prescription drug benefit:** Empire Plan enrollees, as well as Medicare-primary enrollees and dependents enrolled in Empire Plan Medicare Rx, are provided with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing a generic or preferred brand-name drug from your formulary drug list.
- 4. Understand key health insurance terms:** Health insurance terms can be confusing. Understanding exactly what they mean can make a difference and may help you make informed decisions and better control costs. The *Important Terms to Know* on



NYSHIP Online is a helpful glossary of the most common health insurance terms used by the Plan. From the NYSHIP Online homepage, select Resources and then Important Terms to Know. You can also refer to *Definitions* in the Medical/Surgical Program section or *Meaning of Terms Used* in the Mental Health and Substance Use Program section of your *Empire Plan Certificate*.

- 5. Review your Explanation of Benefits Statement (EOB):** Monitoring claims by regularly checking your EOBs can help you better understand the cost of services, what the Plan pays and your out-of-pocket costs. **Note:** If you have a Flexible Spending Account (FSA) through your employer, this practice can also be helpful in determining an amount for your annual FSA contribution.

Questions & Answers About Preventive Care

Q: Why does it matter if my services are preventive versus diagnostic?

A: Coverage may be different depending on which type of services you receive. Many preventive services are covered at 100 percent, with no out-of-pocket cost to you if you receive the services from a participating provider. Be sure to ask your provider why a test or service is being ordered. The same test or service can be preventive, diagnostic or routine care depending on why it is performed and the cost for the service may change based on how it is defined.

Q: How do I confirm that my doctor is an Empire Plan participating provider before I receive preventive care services?

A: The Empire Plan has participating providers in all 50 U.S. states and its territories. It is your responsibility to confirm that your health care provider participates in the UnitedHealthcare network for The Empire Plan before you receive preventive care services. To find a participating provider in the expanded network call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Or, go to NYSHIP Online at www.cs.ny.gov/employee-benefits. From the homepage, select Find a Provider. Scroll to the Medical/Surgical Program and select the link to The Empire Plan Medical/Surgical Provider Directory.

Q: If I have an abnormal finding on a preventive screening mammogram and the follow-up mammogram was found to be normal, will my future mammograms be covered with no copayment?

A: Yes, if your doctor determines that your follow-up mammogram results are normal, your future mammography screenings would be considered under the preventive care services benefit. Coverage for additional breast cancer screenings, diagnostic mammograms, breast ultrasounds and magnetic resonance imaging (MRI) services are covered in full when performed by in-network providers under the New York State Breast Cancer Detection Law.

Q: If a polyp is encountered during a preventive screening colonoscopy, are future colonoscopies covered under the preventive care services benefit?

A: No, if a polyp is removed during a preventive screening colonoscopy, future colonoscopies would be considered diagnostic because they would likely be scheduled more often to monitor the newly identified condition.

Q: If I go to a participating provider for a preventive exam and a non-preventive service is performed during the same visit, such as a chest x-ray or urinalysis, would a copayment still apply?

A: A copayment will not apply on the preventive service exam but a copayment would apply to the non-preventive labwork (urinalysis) and radiology (chest x-ray). Some of the most common non-preventive services are office visits, blood draws and physical therapy/chiropractic treatments. Refer to your group copayment card on how copayments will be applied to non-preventive services or visit NYSHIP Online for a more detailed overview.

Q: I was charged a copayment for my annual physical and I am not sure why. Who should I contact?

A: As a first step, you should have a conversation with your provider or their office personnel. Ask your provider if they performed additional services that are not preventive. If you still have questions, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical/Surgical Program. A representative will be able to assist you in reviewing the service(s) received and determine next steps.

Resources

For more information and recommendations on preventive care, please visit the following websites:

- **U.S. Department of Health and Human Services**, www.hhs.gov/healthcare/rights/preventive-care
- **U.S. Preventive Services Task Force (USPSTF)**, www.uspreventiveservicestaskforce.org
- **Advisory Committee on Immunization Practices (ACIP)**, www.cdc.gov/vaccines/acip/index.html
- **Centers for Disease Control and Prevention (CDC)**, www.cdc.gov
- **American Academy of Pediatrics (AAP)**, www.aap.org
- **Bright Futures**, <https://brightfutures.aap.org>

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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Option Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).