



STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE

THE STATE CAMPUS
ALBANY, NEW YORK 12239

GEORGE C. SINNOTT
COMMISSIONER

DANIEL E. WALL
EXECUTIVE
DEPUTY COMMISSIONER

PA00-07a

To: Participating Agency Health Benefits Administrators

From: Employee Benefits Division

Subject: Change in Procedure – Three Months Extended Student Coverage

Date: July 5, 2000

To improve the efficiency of administering the three-month extended dependent student coverage benefit, we recently arranged with NYSHIP Empire Plan health insurance carriers to administer this benefit. The carriers will ascertain the dependent's eligibility for the three months of extended coverage at the time a claim is filed for the dependent, in the same way student status is currently verified. As a result of this procedural change, NYBEAS will not have to be updated for the extended coverage to be in effect. The three months of coverage will be "automatic". All active and non-active enrollees of Participating Agencies are eligible for this benefit effective 5/1/00.

New Procedure

In our memo PA00-07 we explained enrollment procedures to follow when an enrollee's dependent has met the requirements for the three months extended coverage. Please note the following changes:

- Form PS-465 is **not** necessary. Since the carriers are administering this benefit, it is not necessary for enrollees to "apply" for three months of extended coverage.
- Coverage is extended automatically based on the date course work for graduation was completed.
- The carriers verify the qualifying date and the appropriateness of the three-month extension of coverage when a claim for the dependent is submitted.
- The enrollee should complete a PS-503.1 when requesting to delete a graduating dependent student. Ask the enrollee to provide the **date the graduating dependent student completed coursework** for graduation. The completed PS-465 the enrollee submitted (prior to the change in procedure) should be attached to the PS-503.1.
- Process a DEP/EXT or CCO/EXT (instructions for processing will be sent in the near future) when the enrollee requests to delete the graduating dependent student. These transactions assign the correct effective date giving the dependent 3 months extended coverage. The graduating dependent student's end date of coverage under the enrollee is the last day of the third month following the month in which the dependent completes coursework for graduation.

New Procedure, Con't.

- The carriers will accept a copy of the PS-465 (the one already completed) as documentation for proving the dependent's eligibility.

Note:

When there is only one dependent on file, and no claims were incurred during the three months of extended coverage, the enrollee **cannot retroactively change coverage** to the end of the month in which the dependent met graduation requirements. Since coverage is automatically extended, the enrollee must continue to pay the family premium.

If the enrollee does not want the three months of extended coverage (s)he must request to delete the dependent prior to the end of the expiration of the three-month extended benefits period. You should process a DEP/DEL or CCO/GRD using the last day of the month in which course work was completed in the event date field. In such cases the 60-day COBRA application period begins the first day of the month following the month in which coursework is completed.

- You should follow your agency's regular COBRA procedures. COBRA coverage would begin on the first day of the fourth month following the month in which the dependent completes coursework for graduation.

Broadcast Message

Enclosed is a copy of NYBEAS Broadcast Message NY-0037 that provides further information.

Form Letter

Enclosed is a form letter you may want to copy and send to enrollees who submitted a PS-465. This letter explains that the coverage is "automatic" and that a COBRA application must be requested, it will not automatically be sent. To avoid future misunderstandings, we suggest that you send this letter. Please keep a record that the letter was sent.

Empire Plan Report

Enrollees will also be notified of this benefit through Empire Plan Reports.

New Poster

Please substitute the enclosed poster for the poster sent with HBA memo PA00-06.

If you have any questions regarding the above, please contact your EBD Processor.

Enclosures

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Title: BM00-37 Issued: 6/26/00

Subject: 3-Month Extended Student Extension FAQs

Frequently Asked Questions:

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Q. Does everyone get this benefit?

A. All active and non-active enrollees of Participating Agencies and Participating Employers are eligible for this benefit effective 5/1/00

Q. What should I do with the completed PS-465s that I have received?

A. Save them. Along with an HBA memo explaining the changes in procedure associated with this benefit, we're sending a form letter, which you can send to applicants. The letter explains the change in the procedure and the necessity for the enrollee to request a COBRA application, if COBRA coverage is desired. Tell the employee the PS-465 may be used if/when a claim is submitted for the dependent, to verify the graduation date and thus, the student eligibility for the three months of extended coverage.

Contact the employee near the time that the deletion from the file should occur. Have enrollee complete a PS-404 or PS-503.1 to delete the dependent. Calculate the end date of coverage. Process a DEP/EXT on NYBEAS. It would be a service to your employees if you remind them that they must request COBRA coverage within 60 days of that termination date if they want the dependent to have it.

Q. What do I tell enrollees when they complain about having had to fill out the application form?

A. At the time you applied for the three months of extended coverage, this was the procedure that was in place. The form will not be wasted - it can be used to document the graduation to the insurer if/when a claim is filed.

Q. When the carrier contacts the enrollee to ascertain that the dependent is eligible, the carrier requires documentation. For enrollees who have completed the PS-465, will the carriers accept a copy of the completed PS-465 as proof?

A. Yes.

Date _____

Re: Application for Additional Three
Months of Coverage for Graduating
Student
ID # _____

Dear Enrollee:

Thank you for submitting form PS-465, Application for Three Months Extended Coverage for Graduating Students. Active and inactive enrollees of Participating Agencies are eligible for this benefit on May 1, 2000.

Recently the Department of Civil Service notified us that the procedure for covering graduating students for an additional three months has changed. Graduating dependent students will automatically be covered for three months. If your dependent uses benefits during this three-month period, health insurance carriers will contact you for verification of student status. The carriers will accept a copy of the completed PS-465 (copy enclosed) or other proof from the school, as verification.

At or near the end of three months, you need to submit to me (your agency's Health Benefits Administrator) a PS-503.1, Health Insurance Transaction Form, to request that your dependent be deleted from your file. If your dependent wants to continue NYSHIP coverage, (s)he will need follow our agency's procedures for COBRA coverage. Application must be made within 60 days of loss of eligibility for NYSHIP coverage (the end of the 90 day extension)

The request must include: enrollee's name, enrollee's identification number, name of the dependent, dependent's social security number, reason the application is being requested (ex. Dependent graduated) and a daytime phone number including area code.

If you have any questions regarding the above, please contact me at _____.

Thank you.

Sincerely,

Health Benefits Administrator

Enclosure



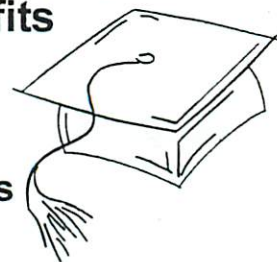
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New York State Health Insurance Program Changes for Participating Agencies and Participating Employers Who Are Enrolled for NYSHIP Benefits

Extended Benefits for Graduating Students Effective May 1, 2000



An unmarried dependent student, 19 years of age or older but under age 25, who graduates from an accredited secondary or preparatory school, college or other educational institution, may continue coverage for up to three months following the end of the month in which course requirements for graduation are completed. You must be able to provide verification of the dependent's graduation.

For dependents who leave school (cease to be full-time students) but do not graduate, coverage ends on the last day of the month in which the dependent last attended school.

The former dependent student may be eligible for COBRA coverage or a direct-pay conversion contract.

Contact your agency Health Benefits Administrator for additional information.





DEPARTMENT OF SOCIAL SERVICES

STATE OF NEW YORK

Now York State Health Insurance Program Changes for
Participating Agencies and Participating Employers
Who Are Enrolled for NYSHIP Benefits

Extended Benefits for Graduate Students
Effective July 1, 2000

An insured dependent who is a full-time graduate student at an eligible institution of higher learning and who is enrolled in the NYSHIP program may be eligible for extended benefits. The insured must be a New York resident and must be enrolled in the NYSHIP program. The insured must also be a full-time graduate student at an eligible institution of higher learning. The insured must be enrolled in the NYSHIP program. The insured must also be a full-time graduate student at an eligible institution of higher learning.

For dependent who is a full-time graduate student, the insured must be a New York resident and must be enrolled in the NYSHIP program. The insured must also be a full-time graduate student at an eligible institution of higher learning.

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