

ANDREW M. CUOMO GOVERNOR STATE OF NEW YORK DEPARTMENT OF CIVIL SERVICE ALFRED E. SMITH STATE OFFICE BUILDING ALBANY, NEW YORK 12239 www.cs.ny.gov

NY 11-48

TO:	New York State Agency Health Benefits Administrators
FROM:	Employee Benefits Division
SUBJECT:	Health Insurance Opt-out Program Additional Information
	for CSEA-represented Employees
DATE:	December 6, 2011

This memo provides additional information regarding the Health Insurance Opt-out Program for Executive branch employees represented by CSEA and Unified Court System (UCS) employees represented by CSEA.

Planning for Option Transfer for CSEA

As you know, a general description of the Opt-out Program was included in the November 2011 *Planning for Option Transfer* publication for settled groups, which CSEA enrollees did not receive since the terms of their participation in the Program had not been finalized. A CSEA specific version of this publication is now posted online and it will be mailed to affected enrollees soon.

Choices and Additional Handout

In addition, the settled version of the *Choices* publication includes a description of the Program since it is an option (code #700) available during the Option Transfer (OT) Period. Please note that the cover of Choices refers CSEA enrollees to their HBA for additional OT information. Attached to this memo is an addendum to *Choices*, the Opt-out Program additional eligibility rules for CSEA represented employees, which you should copy and hand out to every CSEA employee who requests the publication. Alternatively, you may email the PDF to CSEA employees if you are able to identify them separately. To avoid confusion, please do not send or provide the addendum to all employees.

Enrollment Procedure When the Other Coverage is State Employee NYSHIP Coverage

Please refer to HBA memo NY 11-46 for the general eligibility rules, NYBEAS processing instructions and FAQs regarding the Opt-out Program. Note: You will be unable to process an option change into Option 700 for any CSEA employee who elects the Opt-out Program AND whose other employer-sponsored coverage is NYSHIP coverage through a spouse or domestic partner who is a State employee. For those employees ONLY, forward the PS-404 and PS-409 to EBD for approval and processing. If you have questions about the referenced publications, please contact the EBD Communications Unit at (518) 457-7577. All eligibility and transaction processing questions should be referred to EBD processors. Your processors can be reached via the HBA Help Line at (518)-457-2780.

Attachment