NEW YORK STATE OF OPPORTUNITY. | Department of Civil Service

ANDREW M. CUOMO
Governor

JERRY BOONE
Commissioner

Requirements when you enroll in a Medicare Advantage Plan

● Your Medicare Advantage HMO has a contract with the Federal government. You will need to keep both Medicare Parts A and B. You can only be in one Medicare Advantage plan at a time and enrollment in this plan will automatically end your enrollment in any other Medicare Advantage (Part c) OR Medicare drug (Part D) health plan. It is your responsibility to inform the Employee Benefits Division at the NYS Department of Civil Service of any prescription drug coverage that you have or may get in the future that is provided outside of your NYSHIP plan. Enrollment in this plan is generally for the entire year. Once enrolled, you may only change your health insurance option once in a 12-month period, or under certain special circumstances, by sending a request to the Employee Benefits Division, NYS Department of Civil Service, Albany, New York 12239.

● Your Medicare Advantage HMO serves a specific service area. If you move out of the area that it serves, you need to notify the Employee Benefits Division so you can disenroll and find a new plan in your new area. Once you are a member of an HMO Medicare Advantage Plan, you have the right to appeal plan decisions about payment or services if you disagree. You must read the Member Handbook or Evidence of Coverage document from your HMO when you get it to know which rules you must follow to get coverage with this Medicare Advantage plan. People with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

● Beginning on the date your Medicare Advantage Plan coverage begins, you must get all of your health care from your HMO, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by your HMO and other services contained in your HMO Medicare Advantage Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **NEITHER MEDICARE NOR YOUR HMO WILL PAY FOR SERVICES not authorized or for service of providers who are not part of the HMO's provider network. Contact the HMO if you are uncertain if a service is covered.**

● If you get assistance from a sales agent, broker, or other individual employed or contracted with the HMO, he/she may be paid based on your enrollment in the HMO.

● Release of Information: By joining this Medicare health plan, you acknowledge that the Medicare health plan will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that the HMO will release your information including your prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. If you intentionally provide false information, you will be disenrolled from the plan.

Med Adv Attach May 2015