GENERAL INFORMATION BOOK AMENDMENTS

For Employees of the State of New York
represented by **District Council 37**
enrolled in NYSHIP-approved
Health Maintenance Organizations
and for their enrolled dependents
and for COBRA enrollees with their benefits

SEPTEMBER 2005

State of New York Department of Civil Service
Employee Benefits Division
www.cs.state.ny.us

Keep these amendments with your February 1, 2003 *New York State Health Insurance Program General Information Book.*

New York State Health Insurance Program (NYSHIP) General Information Book

Domestic partner.....2
Pre-Tax Contribution Program.....2
Disability retirement.....2
COBRA coverage for disabled.....3
When you no longer qualify
for COBRA coverage.....3

The policies and benefits described in this document are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your February 1, 2003 *NYSHIP General Information Book* and later *Health Maintenance Organizations Reports* and *Changes,* this is the controlling document.

NEW YORK STATE HEALTH INSURANCE PROGRAM

Substitute the following for the third sentence of the first paragraph of "Or your domestic partner" under "Your dependents" in the "Who is Eligible?" section on page 4 of your NYSHIP General Information Book.

Domestic partner

Effective January 1, 2005. To enroll a domestic partner, you must have been in the partnership for six months and be able to provide proof of residency and financial interdependence.

Substitute the following for the fifth paragraph of "Or your domestic partner" under "Your dependents" in the "Who is Eligible?" section on page 5 of your NYSHIP General Information Book.

Effective January 1, 2005. There will be a one year waiting period from the termination date of your previous partner's coverage before you may again enroll a domestic partner.

Substitute the following for the second paragraph under "When your Family coverage begins" in the "Coverage: Individual or Family" section on page 9 of your NYSHIP General Information Book.

Pre-Tax Contribution Program

If you and a spouse or domestic partner each have Individual coverage in NYSHIP and you change to one Family coverage, there is no waiting period. Note: If you participate in the Pre-Tax Contribution Program (PTCP), federal regulations allow only one spouse or domestic partner with Individual coverage to change to Family coverage upon acquisition of a dependent child. The other spouse or domestic partner with Individual coverage must retain that coverage until the Pre-Tax Election Period. Then that enrollee can cancel Individual coverage and choose to be covered as a dependent under Family coverage.

Substitute the following for the information in the shaded box under "Disability retirement" in the "Continuing Coverage When You Retire" section on page 20 of your NYSHIP General Information Book.

Disability retirement

To maintain NYSHIP eligibility, you must continue your health insurance coverage while you wait for the decision on your disability retirement. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee status, coverage for you and your dependents will end. Coverage may end permanently. If your disability retirement is not approved, you will not be eligible to re-enroll in NYSHIP.

Deadline: If you have not continued your coverage and a retroactive retirement is granted, call the Employee Benefits Division right away at 518-457-5754 (Albany area) or 1-800-833-4344 to ask about reinstating

coverage. Call as soon as you have the decision on your disability retirement. You must apply in writing for reinstatement of your NYSHIP coverage **within one year** of the date on the letter from your retirement system announcing the decision to grant your disability retirement. If coverage is reinstated due to your receipt of a disability retirement, you will be required to pay any missed premiums, based upon the last coverage in effect, from the date your coverage terminated until the date your coverage would have ended if your retirement had been granted on a timely basis.

If you receive an ordinary disability retirement, the effective date of your coverage will follow a three-month late enrollment waiting period based on the date of your application.

If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on a current basis.

Substitute the following for the first paragraph of "How long you may keep COBRA coverage" in the "COBRA: Continuation of Coverage" section on page 29 of your NYSHIP General Information Book.

COBRA coverage for disabled

You, the employee, will have the opportunity to maintain continuation coverage for 18 months. However, the continuation coverage period will be extended to 29 months for you and your enrolled dependents if you or a dependent is disabled (under Social Security Act provisions defining disabilities). If you are disabled under Social Security at the time of COBRA election, you must notify the Employee Benefits Division within the first 60 days of COBRA coverage in order to qualify for the 11-month extension for the disabled. If you become disabled under Social Security during COBRA continuation, you must notify the Employee Benefits Division within 60 days of the date of the notice of disability and prior to the end of the 18-month COBRA continuation period in order to qualify for the 11-month extension period.

Substitute the following for "When you no longer qualify for COBRA coverage" in the "COBRA: Continuation of Coverage" section on page 29 of your NYSHIP General Information Book as amended in your January 2004 NYSHIP Health Maintenance Organizations Report.

When you no longer qualify for COBRA coverage

Continuation coverage may be cut short for any of the following reasons:

1. If New York State no longer provides group health care coverage to any of its employees; or
2. If the premium for your continuation coverage is not paid on time; or
3. The continuation period of 18 months, 29 months or 36 months ends; or
4. If you become eligible for Medicare after enrolling in COBRA, your COBRA coverage ends when you become entitled to receive Medicare benefits. (In this case, your covered dependents may continue COBRA coverage for up to 18 months (or 29 months if entitled to the 11-month disability extension) from their original COBRA qualifying event.)

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
www.cs.state.ny.us

ADDRESS SERVICE REQUESTED

SAVE THIS DOCUMENT

NYSHIP information for the Enrollee, Enrolled Spouse/Domestic Partner and Other Enrolled Dependents

DC-37 Book Amendments – September 2005

PRSRT STD
U.S. Postage Paid
Utica NY
Permit No. 320

It is the policy of the State of New York 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 the Employee Benefits Division web site (www.cs.state.ny.us), which meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks. NY0647 **GIB-HMO/DC-37/05-1**