

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS
REPORT

FOR ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS
And for their enrolled Dependents
and for COBRA Enrollees with their NYSHIP Benefits

Keep this Report with your August 1, 2001 New York State Health Insurance Program (NYSHIP) General Information Book. Where this document differs from your Book and later Changes/Clarifications included in NYSHIP Health Maintenance Organizations Reports, this is the controlling document.

September 2005

Changes to NYSHIP General Information Book

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 4 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 information in the shaded box under "Disability retirement" in the "Continuing Coverage When You Retire" section on page 16 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.

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

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

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PE HMO Report – September 2005

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 the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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HMO-PE-05-1 

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Deadline: If you have not continued your coverage and a retroactive retirement is granted, call your agency Health Benefits Administrator 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.