NEW YORK STATE | Student Employee Health Plan

2024 General Information Book

Student Employee Health Plan (SEHP)

New York State Health Insurance Program (NYSHIP)

General Information Book for Graduate Student Employees and their Enrolled Dependents with SEHP benefits. Also includes information regarding COBRA continuation coverage and the Young Adult Option.

New York State Department of Civil Service, Employee Benefits Division • www.cs.ny.gov/employee-benefits

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Introduction

This is the *New York State Health Insurance Program (NYSHIP) General Information Book* for the Student Employee Health Plan (SEHP). SEHP coverage is available to eligible graduate student employees of City University of New York (CUNY) and State University of New York (SUNY) and their covered dependents. Receipt of this book does not guarantee you are eligible for or enrolled in coverage.

This book provides general information about eligibility, enrollment and other NYSHIP rules. It also explains your rights and responsibilities as an enrollee in SEHP. Special rules apply to continuation coverage under COBRA and the Young Adult Option. For specific information regarding COBRA coverage, see page 18. For information about the Young Adult Option, see page 21.

The information in this book is subject to change and you will be notified of changes through mailings to your address as it appears on your NYSHIP record. Please make sure that your Health Benefits Administrator (HBA) has your most current address. Amendments and notification of changes also can be found on NYSHIP Online at www.cs.ny.gov/employee-benefits.

When You Need Assistance

Your HBA, located on your campus (usually in the Human Resources [Personnel] office), is responsible for managing your enrollment record and providing you with information about your employer's rules and requirements regarding your SEHP eligibility and enrollment. COBRA and Young Adult Option enrollees should contact the Employee Benefits Division (EBD) for assistance or to update their enrollment record (see *Contact Information*, page 26).

When You Must Contact Your HBA

You are responsible for letting your HBA know of any changes that may affect your SEHP coverage.

To keep your enrollment up to date, you must notify your HBA in writing (with supporting documentation, if necessary) in the following situations:

Your mailing address or home address changes. (If you or a dependent is Medicare primary and your mailing address is a P.O. Box, your HBA will need your current residential address as well.)

Your phone number changes.

Your name changes.

You need to correct your enrollment record.

Your family unit changes. (See *Dependent Eligibility*, page 3, and *First date of eligibility*, page 10, for details.)

- You want to add or remove a covered dependent or change your type of coverage (Individual/Family)
- Your covered dependent loses eligibility
- Your covered dependent child becomes disabled
- You get divorced (a copy of the divorce decree must be submitted)
- The enrollee or a dependent dies (a copy of the death certificate must be submitted)

Your employment status is changing.

- You are graduating
- You are changing employment to a position that is not eligible for SEHP coverage
- You are leaving employment
- You are going on leave without pay or Family and Medical Leave

Your Medicare status is changing.

- You or a covered dependent becomes eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 16)
- You or a covered dependent loses eligibility for primary Medicare benefits (see *Medicare and NYSHIP*, page 16)

Other reasons to contact your HBA:

- You need to order a replacement or additional SEHP benefit card
- You have questions about the amount of your premium or your bill for SEHP coverage
- You want to cancel or reinstate your coverage
- You have questions about the Pre-Tax Contribution Program (see *Pre-Tax Contribution Program [PTCP]*, page 12)
- You have questions about Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of coverage (see page 18) or Young Adult Option coverage (see page 21)

Benefits on the Web

You will find NYSHIP Online, the NYSHIP homepage, at www.cs.ny.gov/employee-benefits. NYSHIP documents and informational materials are available on NYSHIP Online, along with Plan administrator websites, which include the most current directories of participating providers.

You may also use NYSHIP Online to register for and access MyNYSHIP where you can review or make certain updates to your enrollment record online.

Employee Eligibility

To be eligible for SEHP coverage with an employer contribution to the premium, employees must meet one of the following requirements:

- Work at least one half an assistantship and be employed at a stipend that yields a total compensation of 50 percent of the minimum stipend specified in the current GSEU contract for employees on full assistantships at University Center campuses.
- Work at least one half an assistantship, be hired mid-year and be eligible to earn a stipend that yields a total compensation of 50 percent or more of the minimum stipend for employees on full assistantships at University Center campuses as of July 2 of the year specified in the current GSEU contract when annualized over each respective July 2 through July 1 period.

Note: Some campuses require health insurance coverage for domestic students who meet eligibility requirements to enroll in SEHP with an employer contribution to the premium. Failure to enroll in SEHP in a timely manner may result in automatic enrollment in a campus-provided student health insurance program. See page 7 for more information.

CUNY Graduate Student Employee Eligibility

To be eligible for SEHP coverage, employees must be matriculated doctoral students in a CUNY graduate program and simultaneously employed in one of the following Professional Staff Congress (PSC) represented titles:

- Graduate Assistant A, B, C and D
- Adjunct Instructor
- Adjunct Lecturer

- Adjunct College Laboratory Technician
- Non-teaching Adjunct I, II

SUNY Graduate Student Employee Visa Holders

SUNY F1 Visa holders

SUNY F1 Visa holders who meet one of the eligibility requirements listed above must enroll in SEHP. The State University may waive this requirement to enroll if the F1 Visa holder can show proof of other coverage that, in the State University's judgment, meets or exceeds the coverage provided by SEHP.

Contact your HBA for more information.

SUNY J1 and J2 Visa holders

SUNY J1 and J2 Visa holders must enroll for coverage under the State University of New York Medical Insurance Program for International Students and Scholars subject to the coverage requirements of federal regulations unless the Visa holder provides proof of other coverage that meets or exceeds the federal requirements.

Graduate Students Who Do Not Work Continuously

Graduate students employed in the spring semester who are expected to return in the subsequent fall semester will be eligible for an employer contribution to their SEHP premium during the summer between those semesters. The employee's department must verify that the employee is expected to return.

Note: The employee portion of the health insurance contribution for the summer will be collected from the eligible employee prior to the end of the spring semester. Contact your HBA for more details.

Dependent Eligibility

You may cover your eligible dependents under SEHP by enrolling in Family coverage, changing from Individual to Family coverage or adding eligible dependents to existing Family coverage. The dependents meeting the requirements described in this section are eligible for SEHP coverage. See page 8 for information regarding when coverage will be effective.

If your dependent is eligible for coverage but not enrolled, contact your HBA if you want to enroll your dependent.

Note: Enrollees covered under the Young Adult Option are eligible for Individual coverage only; they may not cover their dependents. Refer to *Young Adult Option* on page 21 for information about eligibility under this option.

Your Spouse

Your spouse, including a legally separated spouse, is eligible for SEHP coverage. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage (you and/or your ex-spouse must provide a copy of the divorce decree to your HBA).

Your Domestic Partner

You may cover your domestic partner as your dependent. For eligibility under SEHP, a domestic partnership is a partnership for which you and your partner are able to certify that you:

- Are both 18 years of age or older
- Have been in the partnership for at least six months
- Are both unmarried (copy of divorce decrees required, if applicable)
- Are not related in a way that would bar marriage in New York State

- Have shared the same residence and have been financially interdependent for at least six months
- Have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations
- Have not had a different domestic partner or have not enrolled as another enrollee's domestic partner in the last year

To enroll a domestic partner, you must complete and return the *NYSHIP Domestic Partner Enrollment Application* (PS-425) form to your HBA and submit the applicable proofs outlined in the application to your HBA. If you have covered a previous domestic partner on your policy, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage before a new domestic partner may be enrolled.

Under Internal Revenue Service (IRS) rules, the fair market value cost of your domestic partner's coverage, referred to as imputed income, is considered a taxable fringe benefit. The imputed income will increase your taxable gross income for federal and state income taxes, as well as Social Security and Medicare payroll taxes. Check with your HBA to find out how imputed income is reported and for an approximation of the fair market value for domestic partner coverage. You may also ask a tax consultant how enrolling a domestic partner will affect your taxes.

Your Children

The following children are eligible for coverage until age 26:

- Your natural child
- Your stepchild
- Your domestic partner's child
- Your legally adopted child, including a child in a waiting period prior to finalization of adoption
- Your "other" child

Your "other" child

You may cover "other" children:

- Who are financially dependent on you
- Who reside with you

The above requirements must be met before the "other" child is age 19. "Other" children may be covered through age 26 if they continue to meet the eligibility requirements listed above. You must file the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form, verify eligibility and provide documentation upon enrollment and every two years thereafter.

Your child with a disability

You may cover your child with a disability who is age 26 or older if the child:

- Is unmarried
- Is incapable of self-sustaining support by reason of mental or physical disability
- Acquired the disabling condition before they would otherwise have lost eligibility due to age

Contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process. To apply for coverage for your child with a disability, you must submit the *NYSHIP Statement of Disability for Dependents* (PS-451) form to the Plan administrator and provide medical documentation. You will be asked to complete the *NYSHIP Statement of Disability for Dependents* (PS-451) form and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If such dependent is also an "other" child, you will be required to resubmit the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form every two years (at minimum).

Your child who is a full-time student with military service

For the purposes of eligibility for health insurance coverage as a dependent, you may deduct from your child's age up to four years for service in a branch of the U.S. Military for time served prior to age 26. To be eligible, your dependent child must:

- Be enrolled in school on a full-time basis,
- Be unmarried and
- Not be eligible for other employer group coverage.

You must be able to provide your HBA with written documentation from the U.S. Military showing the dates of service. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required for verification.

Example: *Rebecca is 27 years old and served in the military from ages 19 through 23, then enrolled in college after four years of military service. After deducting the four years of military service from her true age, her adjusted eligibility age is 23 (even though Rebecca is actually 27). As long as Rebecca remains a full-time student, she is entitled to be covered as a dependent until her adjusted eligibility age equals 26. In this example, Rebecca can be covered as a dependent for an additional three years, and when she reaches the adjusted eligibility age of 26, her actual age will be 30.*

> In no event will any person who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for SEHP coverage.

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed by your HBA without required proof of eligibility. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available. Please note that if documentation is not provided within 30 days of your application, you and/or your dependent(s) may be subject to a late enrollment waiting period. Refer to *Employee Eligibility* (page 2) and *Dependent Eligibility* (page 3) for eligibility requirements.

Required Proofs

You must provide copies of the following proofs to your HBA:

You, the enrollee

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Social Security card
- Medicare card (if applicable)

Spouse*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Marriage certificate
- Proof of current joint ownership/joint financial obligation (if the marriage took place more than one year prior to the request for coverage)
- Medicare card (if applicable)

Domestic partner*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Completed *NYSHIP Domestic Partner Enrollment Application* (PS-425) form with appropriate proofs as required in the application
- Medicare card (if applicable)

Natural-born children, stepchildren and children of a domestic partner*

- Birth certificate
- Medicare card (if applicable)

Adopted children*

- Adoption papers (if adoption is pending, proof of pending adoption)
- Birth certificate
- Medicare card (if applicable)

Your child with a disability over age 26*

- Birth certificate
- Completed *NYSHIP Statement of Disability for Dependents* (PS-451) form with appropriate documentation as required in the application
- Adoption papers (if applicable)
- Medicare card (if applicable)

"Other" children*

(For more information about who qualifies as an "other" child, please refer to Your Children *in* Dependent Eligibility*, page 4.)*

- Birth certificate
- Completed *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form with appropriate documentation as required in the application
- Medicare card (if applicable)

Your child who is a full-time student over age 26 with military service*

- Birth certificate
- Written documentation from the U.S. Military showing dates of active service
- Proof of full-time student status from an accredited secondary or preparatory school, college or educational institution
- Adoption papers (if applicable)
- Medicare card (if applicable)

* ***Provide the Social Security Numbers of all dependents when enrolling them for coverage.*** *Contact your HBA if no Social Security Number is assigned.*

Note: Providing false or misleading information about eligibility for coverage or benefits is fraud.

Coverage: Individual or Family

Two types of coverage are available to you under SEHP: Individual coverage for yourself only or Family coverage for yourself and any eligible dependents you choose to cover.

Note: Young Adult Option enrollees are only eligible for Individual coverage.

Individual Coverage

Individual coverage provides benefits for you only. It does not cover your dependents, even if they are eligible for coverage. If you do not enroll when newly eligible, you may be subject to a late enrollment waiting period. Refer to *First date of eligibility* on page 10 for more information.

Family Coverage

Family coverage provides benefits for you and any eligible dependents you elect to enroll. For more information about who can qualify as your dependent, see *Dependent Eligibility*, page 3.

If you and your spouse/domestic partner are both eligible for coverage as the enrollee under NYSHIP, you may elect one of the following:

- One Family coverage
- Two Individual coverages
- One Family coverage and one Individual coverage

Note: New York State does not permit two NYSHIP Family coverages. If either one spouse/domestic partner or both spouses/domestic partners are enrolled in SEHP or another NYSHIP plan, only one spouse/domestic partner may elect Family coverage. If one spouse/domestic partner is enrolled as an employee of New York State, a Participating Agency (PA) or a Participating Employer (PE), the other spouse/domestic partner may only elect Individual coverage.

Enrollment

Enrollment Is Not Automatic

If you are eligible for SEHP, you will not be covered automatically. To apply for coverage, you must submit a completed and signed *NYSHIP Health Insurance Transaction Form* (PS-404G) and required proofs of eligibility to your HBA.

If you do not apply when first eligible for coverage, you may be subject to a late enrollment waiting period before coverage is effective.

When Enrollment Is Mandatory

Domestic students at campuses where enrollment for health insurance coverage is mandated by the campus must enroll in SEHP during the Open Enrollment Period (see page 10) or within 45 days of first becoming eligible if they meet eligibility requirements for coverage with an employer contribution and are not otherwise eligible to have the coverage requirement waived. Failure to obtain a health insurance waiver or to enroll in SEHP in a timely manner may result in the employee automatically being enrolled in the mandatory student health insurance program provided by the campus. In this case, the enrollee will be responsible for the full cost of the health insurance premium and may not use late enrollment in SEHP as a reason to withdraw from the campus health insurance program.

When Coverage Begins

If you are eligible for and enroll in SEHP benefits, coverage will begin according to when you apply.

If you apply:

Within 45 days of your new appointment – Your SEHP benefits begin on the date your completed enrollment form is received by your HBA or the effective date of your appointment, whichever is later.

Annual Open Enrollment Period – Your SEHP benefits begin on the date the enrollment form is received by your HBA (if the form is received within the 45-day Open Enrollment Period).

Within 30 days of qualifying life events – Your SEHP benefits will be effective on the date of the qualifying life event (see page 10 for more information about qualifying life events).

All other cases – If you do not apply within the time frames and under the conditions listed above, you will be subject to a late enrollment waiting period. Your SEHP benefits will begin 30 days after the enrollment form is received by your HBA.

Enrolling a Dependent

If your dependent is eligible for SEHP, but not enrolled, you must submit a completed and signed *NYSHIP Health Insurance Transaction Form* (PS-404G) to your HBA to apply for coverage. Refer to *Proof of Eligibility*, page 5, for documentation that will be required upon enrollment.

If you choose to enroll in Family coverage when you enroll in coverage for yourself, the effective date of your dependent's coverage will be the same as the effective date of your coverage.

If you already have Family coverage and apply to cover a dependent who is not currently enrolled, the effective date of your dependent's coverage will depend upon your timeliness in applying (see page 10 for time frames).

If you are changing from Individual to Family coverage to cover an eligible dependent, refer to *Changing from Individual to Family Coverage*, page 10.

Reenrolling a dependent

A dependent who loses eligibility can be covered again under SEHP if eligibility is restored. For instance, an unmarried, dependent child with a disability who lost eligibility because they no longer had the disability can again be covered under SEHP if the same disability that qualified them as a dependent while previously enrolled in SEHP again renders them incapable of self-sustaining support. Appropriate documentation will be required.

No Coverage During Waiting Period

Medical expenses incurred or services rendered during a waiting period (while you/your dependents are waiting for coverage to become effective) will not be covered.

Late Enrollment Waiting Period

If you do not enroll for SEHP coverage when first eligible or if your SEHP coverage is canceled and you are eligible and want to reenroll, a late enrollment waiting period may apply before your coverage begins unless your other employer-sponsored group health insurance coverage ends (see *First date of eligibility*, page 10, for more information about late enrollment waiting periods).

A late enrollment waiting period also may apply if you do not add a newly eligible dependent in a timely manner or if you want to add a previously eligible dependent to your coverage (see *First date of eligibility*, page 10, for more information).

A late enrollment waiting period will be waived if your or your dependent's other coverage terminates. You still must enroll within 30 days of losing your other coverage to avoid a late enrollment waiting period.

A late enrollment waiting period will not apply when adding previously eligible dependents if:

- The request coincides with the addition of a newly eligible dependent and
- The request is made timely (within 30 days of a qualifying event)

For example, when adding your newborn child to coverage, you may also add your spouse, domestic partner and/or any other eligible dependent child(ren) to coverage at the same time without a late enrollment waiting period.

Exception: Dependents affected by National Medical Support Order

If a National Medical Support Order requires you to provide coverage to your previously eligible but not enrolled dependent(s), the late enrollment waiting period is waived and coverage for your dependent(s) will be effective on the date indicated on the National Medical Support Order. Contact your HBA and provide all the following:

- A copy of the court order
- Supporting documents showing that the dependent child is covered by the order
- Supporting documents showing that the dependent child is eligible for coverage under SEHP eligibility rules (see *Proof of Eligibility*, page 5)

Exception: Changes in Children's Health Insurance Program (CHIP) or Medicaid eligibility

An employee or eligible dependent has special rights to enroll in SEHP if:

- Coverage under a Medicaid plan or CHIP ends as a result of loss of eligibility or
- An employee or dependent becomes eligible for employment assistance under Medicaid or CHIP

SEHP coverage must be requested within 60 days of the date of the change to avoid a waiting period.

Canceling Enrollment

To cancel your enrollment in SEHP, contact your HBA.

If you die while your coverage is canceled, your dependents will have no rights to continue coverage under COBRA or through a direct-pay contract.

Canceling coverage for your enrolled dependent(s)

If your enrolled dependent is no longer eligible for SEHP coverage or you wish to cancel coverage for an enrolled dependent, contact your HBA. Your dependent may be eligible to continue coverage under COBRA (page 18), the Young Adult Option (page 21) or a direct-pay contract (page 22).

Changing Coverage

Changes in Enrollment and Pre-Tax Contribution Programs

Enrollment in a pre-tax contribution program limits changes to your pre-tax health insurance deduction for the current plan year (see page 12 for more information about the Pre-Tax Contribution Program). If you are considering changing your type of coverage, contact your HBA regarding possible restrictions to changes in your health insurance premium deduction.

Annual Open Enrollment Period

Each year, there will be a 45-day Open Enrollment period. The exact date is set annually by your employer and is not the same each year. During this Open Enrollment, you may, without a late enrollment waiting period, newly elect SEHP (if you were eligible but had not previously enrolled) or you may change your coverage type from Individual to Family.

Qualifying Life Events: Changing Your Coverage Outside Open Enrollment

You may change coverage outside Open Enrollment without a late enrollment waiting period if:

- You add a newly eligible dependent to your coverage within 30 days of the dependent's first date of eligibility. Examples of this type of change include marriage, birth, attainment of domestic partner status, an eligible dependent's arrival in the United States, adoption or placement for adoption if your child meets "other" child eligibility criteria (see page 4).
- You return to the payroll after military leave.
- You return to the payroll after a break in service, if you were ineligible to continue enrollment during the break.
- You return to the payroll after going on leave without pay and an Open Enrollment period occurred while you were on leave.

Changing from Individual to Family Coverage

If you wish to change from Individual to Family coverage (and your dependent meets the requirements listed in *Dependent Eligibility*, page 3), contact your HBA. Be prepared to provide the following:

- Your name, date of birth, Social Security number, address and phone number
- The effective date and reason you are requesting the change (see the following for more information)
- Your dependent's name, date of birth and Social Security number
- A copy of the Medicare card for any dependent eligible for Medicare

Additional documentation will be required (see *Proof of Eligibility* on page 5).

First date of eligibility

The first date of eligibility for a dependent is the date on which an event took place that qualified the individual for dependent coverage (for example, the date of marriage or a newborn's date of birth).

The date your dependent's coverage begins will depend on your reason for changing coverage and your timeliness in applying. You can avoid a late enrollment waiting period by applying promptly, even if you are unable to provide the required proofs at that time. (**Note:** Proofs are due 30 days from the date the application is received by your HBA.)

You may change from Individual to Family coverage without the imposition of a late enrollment penalty as a result of one of the following events:

- You acquire a new dependent (for example, you marry or become a parent)
- Your dependent's other health insurance coverage ends
- You return to the payroll after military leave, and you want to cover dependents acquired during your leave

Your dependent's coverage will begin based upon the date you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent(s) was first eligible.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period will apply. Your Family coverage will become effective 30 days after the date your Human Resources office receives your completed *NYSHIP Health Insurance Transaction Form* (PS-404G).

  If you are changing to Family coverage to add a dependent who was previously eligible but not enrolled, Family coverage will begin 30 days after the date on which you apply.

  If you are changing to Family coverage to add a newly acquired dependent as well as a previously eligible dependent(s), the previously eligible dependent's coverage will begin 30 days after the date your Human Resources office receives your completed *NYSHIP Health Insurance Transaction Form* (PS-404G).

Covering newborns

Your newborn child is not automatically covered; you must contact your HBA within 30 days of the child's birth to complete the appropriate forms, even if all proofs are not yet available. Refer to *Proof of Eligibility* on page 5 to learn about additional documentation that may be required. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available.

If you want to change from Individual to Family coverage to cover a newborn child and you request this change within 30 days of the child's birth, the newborn's coverage will be effective on the child's date of birth.

If you already have Family coverage, you must also remember to add your newborn child within 30 days or you may encounter payment delays.

If you are adopting a newborn, you must establish legal guardianship as of the date of birth or file a petition for adoption under Section 115(c) of the Domestic Relations Law no later than 30 days after the child's birth in order for the coverage to be effective on the day the child was born.

Adding a Previously Eligible Dependent to Existing Family Coverage

To add a previously eligible but not yet enrolled dependent to your existing Family coverage, contact your HBA. Your previously eligible dependent's coverage will begin based on the time frames outlined in *First date of eligibility* on page 10.

Changing from Family to Individual Coverage

It is your responsibility to keep your enrollment record up to date. If you no longer have any eligible dependents, you must change from Family to Individual coverage. You also may be able to make this change if you no longer wish to cover your dependents, even if they are still eligible. **Note:** Participation in the Pre-Tax Contribution Program may affect your ability to change from Family to Individual coverage (see page 12 for more information).

Refer to the section *End Dates for Coverage*, page 15, for information about when your dependent's coverage ends if you change from Family to Individual coverage, or contact your HBA. For information about continuing coverage, see *COBRA: Continuation of Coverage* on page 18 and *Young Adult Option* on page 21, or contact your HBA.

Pre-Tax Contribution Program (PTCP)

If you enroll in PTCP, the allowable employee share of your SEHP premium will be deducted from your wages before taxes are withheld. Therefore, participation in this program may lower your taxes.

Eligibility for PTCP

You are eligible to participate in PTCP if:

- You are an active SEHP-eligible employee,
- You receive regular paychecks and
- Your premium is deducted from your paycheck.

Note: You are not eligible to participate if you are billed for your health insurance directly instead of paying by payroll deduction (for example, if you are on leave without pay). COBRA enrollees and Young Adult Option enrollees are not eligible for PTCP.

Tax Savings

When you enroll in PTCP, your premium is subtracted from your taxable income. Therefore, you pay income-based taxes on a lower income. Income-based taxes include federal income taxes, Social Security taxes and most State and local income taxes.

Note: Not every state or locality allows you to reduce your state or local taxable income by the amount of your health coverage premium. Contact your tax advisor regarding how to participate in PTCP.

Electing PTCP

You must decide whether you want to enroll in PTCP when you are newly eligible and you enroll in SEHP. To enroll in SEHP, you must complete the *NYSHIP Health Insurance Transaction Form* (PS-404G), which includes a line for you to select either "Pre-Tax" or "After-Tax" status. **You must make an election to complete your enrollment.**

You may change your pre-tax election annually during the PTCP election period. The dates of the PTCP election period will be announced when the annual premium rates are approved and posted on NYSHIP Online. This information also will be included in the SEHP annual rate letter that will be mailed to your home. To change your election, complete and submit a *NYSHIP Health Insurance Transaction Form* (PS-404G) to your HBA. Changes you make during the PTCP election period will be effective beginning the next Plan year.

13.	ELECT OR DECLINE COVERAGE
A. Select a SEHP Coverage Option ☐ **Individual Enrollment** ☐ **Family Enrollment** *(Complete box 14)* ☐ **Decline Coverage**	**B. Choose a Pre-Tax election** You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period ☐ **Elect Pre-Tax Status** for Premium deduction ☐ **Elect After-Tax Status** for Premium deduction

Each year, you will continue with the same pre-tax election unless you change your selection during the Pre-Tax Contribution Program election period. You do not need to reenroll in PTCP each year.

Changes Permitted Only After Certain Events

Under Internal Revenue Service (IRS) rules, if you are enrolled in PTCP, you may change your health insurance deduction during the tax year only after one of the following PTCP qualifying events:

- Change in marital status
- Change in number of dependents
- Change in your (or your dependent's) employment status that affects eligibility for health benefits

- Change in your dependent's status that affects eligibility for health benefits
- Significant change in health benefits and/or premium under SEHP
- Significant change in health benefits and/or premium under your (or your dependent's) other employer's plan
- COBRA events
- Judgment, decree or order to provide health benefits
- Medicare or Medicaid eligibility
- Leaves of absence
- HIPAA special enrollment rights

The pre-tax qualifying event must affect eligibility for health benefits, and a request for a change in pre-tax health insurance deductions due to a pre-tax qualifying event must be consistent with the event and made within 30 days of the event (or within the waiting period if newly eligible). Delays may be expensive.

Your Share of the Premium

Payment of premium does not establish eligibility for SEHP benefits. You must also meet SEHP eligibility requirements.

As an active employee, New York State pays a portion of your SEHP premium. You pay your share through deductions from your biweekly paycheck. If you are off the payroll, see *How Employment Status Changes May Affect Coverage*, page 14, for more information on your SEHP premium.

Enrollees receiving pay on the "lag" biweekly schedule have health insurance premiums deducted for their share of the premium for the coming pay period. Therefore, the pay they receive is lagged, but the health insurance deduction is not.

New York State does not contribute to the SEHP premium for the following:

- Employees who are eligible for coverage by paying the full cost of the premium in accordance with negotiated agreements
- COBRA enrollees
- Young Adult Option enrollees

Contribution Rates

The State's share and your share of the cost of coverage are as follows:

Domestic students and eligible SUNY Visa holders			
Individual Coverage		Dependent Coverage	
State Share	Employee Share	State Share	Employee Share
88%	12%	73%	27%

You will be notified annually by letter, usually in December, of the premium rate for the coming plan year. This rate will be the biweekly cost of coverage for medical, dental and vision coverage. Contact your HBA if you have any questions about the cost of coverage.

SEHP Benefit Card

In compliance with federal law, new SEHP benefit cards will be issued to you and your covered dependents each year. Please be sure to use the new card and securely destroy the old one. The card includes deductible and out-of-pocket maximum information, the Plan's toll-free number and other information to aid with claims submissions. Refer to page 24 of the *Appendix* for an example of your card.

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact your HBA. Use of a benefit card when you are not eligible may constitute fraud. If you or a dependent uses a card when you are not eligible for benefits, you will be billed for all claims paid incorrectly on your behalf or on behalf of your dependents.

You are responsible for notifying your HBA immediately when you or your dependents are no longer eligible for SEHP coverage.

How Employment Status Changes May Affect Coverage

Changes in your payroll status may affect your enrollment. Contact your HBA for information about how changes in employment status can affect your health insurance coverage, the cost of your coverage and how you pay your premium.

Note: If you are still receiving a paycheck by charging accruals, your health insurance coverage is not affected.

Changes That May Affect Coverage

- Reduction in professional obligation or stipend
- Termination of employment

Change in professional obligation or stipend

If you experience a change in professional obligation or stipend, your eligibility for coverage may be affected. Contact your HBA if you experience such a change.

Termination of employment

If your employment terminates and you are not eligible to continue coverage under the terms outlined in the preceding sections, your coverage will end 28 days after the last day of the last payroll period during which you were paid, provided your health insurance deductions were up to date. If your health insurance deductions are not current when your employment terminates, your coverage will end sooner. At the end of this runout, you will no longer have health insurance coverage through SEHP unless you elect COBRA coverage (see page 18) or a direct-pay contract (see page 22).

Cancellation for nonpayment of premium

If you do not make your premium payments, your coverage will end 28 days after the last day of the last payroll period in which your deductions and/or payments were owed. Therefore, if premiums were in arrears prior to leaving the payroll, all deductions and/or direct payments will be applied to a previous unpaid pay period.

End Dates for Coverage

Note: If you or your dependent is no longer eligible for SEHP coverage and the request is made in a timely manner, in certain cases, coverage may be continued under COBRA (see page 18).

You, the Enrollee

Loss of eligibility

SEHP coverage will end 28 days after the last day of the last payroll period for which you were paid. If your eligibility for coverage ends, contact your HBA.

Dependent Loss of Eligibility

Contact your HBA as soon as your dependent no longer qualifies for coverage. If you fail to inform your HBA of dependent eligibility changes, you will be responsible for repaying all health insurance claims for ineligible dependents as early as the date the dependent became ineligible. Knowingly withholding information regarding ineligibility of dependents can constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

If you, the enrollee, have Family coverage and you lose eligibility, your dependent's coverage ends on the same date your coverage ends.

If your dependent loses eligibility, coverage will end as follows:

Children

Coverage for your dependent children will end on the last day of the month in which age 26 is reached (for dependents who lose eligibility due to age) or on the date the dependent otherwise loses eligibility for coverage (for example, for children with a disability or "other" children).

Spouse

Coverage for your spouse will end on the effective date of the divorce (date filed by the court).

Domestic partner

Coverage for your domestic partner will end on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership for NYSHIP* (PS-425.4) form to your HBA.

Retirement

SEHP enrollees are not eligible for NYSHIP retirement benefits. However, if you later retire from a position that is eligible for NYSHIP benefits, your time as a SEHP enrollee will count toward minimum service requirements for NYSHIP eligibility in retirement. Contact your HBA for additional information.

Medicare and NYSHIP

Medicare coordinates with NYSHIP under limited circumstances. If you become eligible for primary Medicare coverage, contact your HBA to learn how Medicare and your plan work together to provide your SEHP health benefits.

Medicare: A Federal Program

Visit www.medicare.gov for complete and current information about Medicare.

Medicare is the federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) for people age 65 and older and for those under age 65 with certain disabilities.

Medicare Part A* covers inpatient care in a hospital or skilled nursing facility, hospice care and home health care.

Medicare Part B* covers doctors' services, outpatient hospital services, certain prescription drugs, durable medical equipment and some other services and supplies not covered by Part A.

** Medicare Parts A and B are also referred to as "original Medicare."*

If you have questions about Medicare eligibility, enrollment or cost, visit www.ssa.gov or contact Social Security, the entity responsible for Medicare enrollment, at 1-800-772-1213, 24 hours a day, seven days a week. TTY users should call 1-800-325-0778.

For questions about Medicare benefits, visit www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare and NYSHIP Together Provide Maximum Benefits

NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to SEHP. **Medicare primary means Medicare pays health insurance claims first, before NYSHIP.**

NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when they are first eligible for primary Medicare coverage.

When you become eligible for Medicare-primary coverage as an employee enrolled in SEHP coverage or when your enrolled dependent becomes eligible for Medicare that is primary to NYSHIP, the combination of health benefits under Medicare and SEHP provides the most complete coverage. To maximize your overall level of benefits, it is important to understand:

- NYSHIP's requirements for enrollment in Medicare Parts A and B
- How Medicare and NYSHIP work together
- How enrolling for other Medicare coverage may affect your SEHP coverage

When Medicare Eligibility Begins

You are eligible for Medicare:

- At age 65
- Regardless of age, after receiving Social Security Disability Insurance (SSDI) benefits for 24 months
- Regardless of age, after completing Medicare's waiting period of up to three months due to end-stage renal disease (ESRD)
- When receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS)

When NYSHIP Is Primary

If you or a dependent becomes eligible for Medicare while you are an active employee (including a period of time when you are on a leave of absence but still maintain an employer-employee relationship), in most cases, NYSHIP will be the primary coverage for you and your covered dependents, regardless of age or disability.

While NYSHIP is primary, you or your dependent may:

- Enroll in Part A only, to be eligible for some secondary (supplemental) benefits from Medicare for hospital-related services. There is usually no premium for Medicare Part A.
- Delay enrollment in Medicare Part A or B until Medicare becomes primary. Check with the Social Security Administration regarding enrollment and possible late enrollment penalties.

When Medicare Is Primary to NYSHIP

In most cases, NYSHIP is primary to Medicare. There are **two exceptions to this primacy rule:**

- **Domestic partners:** Regardless of the enrollee's employment status, Medicare is primary for a domestic partner age 65 and older.
- **End-stage renal disease (ESRD):** If you or your dependent is eligible for Medicare due to ESRD, contact the Social Security Administration at the time of diagnosis. Medicare becomes primary to NYSHIP when Medicare's 30-month coordination period is completed.

When You Are Required to Have Medicare Parts A and B in Effect

The responsibility is yours: To avoid a reduction in the combined overall benefits provided under NYSHIP and Medicare, you must make sure that you and each of your covered dependents is enrolled in Medicare Parts A and B **when first eligible for primary Medicare coverage**. If you fail to enroll in a timely manner, Medicare may impose a late enrollment premium surcharge and NYSHIP will not cover any expenses incurred by you or your dependent(s) that would have been covered by Medicare, had Medicare been in effect.

If you or a dependent is required to pay a premium for Medicare Part A coverage, contact EBD. NYSHIP may continue to provide primary coverage for inpatient hospital and other Part A expenses, and you may delay enrollment in Medicare Part A until you become eligible for Part A coverage at no cost.

If your domestic partner is eligible for Medicare due to age or you or your dependent becomes eligible for Medicare due to ESRD, special rules apply regarding when you must have Medicare Parts A and B in effect. See the rules below for domestic partners. Call your HBA if you or your dependent is diagnosed with ESRD.

Domestic partner eligible for Medicare due to age (65)

When to apply: Plan ahead. Three months before your domestic partner turns age 65, contact the Social Security Administration to enroll in Medicare Parts A and B.	Medicare Parts A and B must be in effect on the first day of the month your domestic partner reaches age 65 (or, if your domestic partner's birthday falls on the first of the month, in effect on the first day of the preceding month). **Note:** Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B in effect when Medicare becomes primary to NYSHIP.

How to Apply for Medicare Parts A and B

You can sign up for Medicare Parts A and B online, by phone or by mail. Contact the Social Security Administration office at 1-800-772-1213. Or, you may visit your local Social Security Administration office. Information about applying for Medicare is also available on the web at www.ssa.gov.

Once you or your dependent is enrolled in Medicare, contact your HBA and provide a copy of the Medicare ID card.

COBRA: Continuation of Coverage

Federal and State Laws

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows enrollees and their families to continue their health coverage in certain instances when coverage would otherwise end.

In addition to the federal COBRA law, the New York State continuation coverage law, or "mini-COBRA," extends the continuation period. Together, the federal COBRA law and New York State "mini-COBRA" provide 36 months of continuation coverage. Both laws are collectively referred to as "COBRA" throughout this book.

COBRA enrollees pay the full cost of coverage, plus up to a two percent administrative fee. There is no employer contribution to the cost of coverage (see *Costs Under COBRA*, page 20).

Benefits Under COBRA

COBRA benefits are the same benefits offered to employees and dependents enrolled in SEHP. You must apply for COBRA within 60 days from the date you would lose coverage due to a COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation of coverage, whichever is later (see *Deadlines Apply*, page 19).

Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a SEHP enrollee who is no longer covered through active employment, you have the right to COBRA coverage if your:

- Eligibility for SEHP is lost as a result of a reduction in hours of employment or termination of employment
- SEHP coverage is canceled while on leave under the Family and Medical Leave Act (FMLA) and you do not return to work

Dependents who are qualified beneficiaries

Dependents who are qualified beneficiaries have an independent right to up to 36 months of COBRA coverage (from the date coverage is lost due to their initial COBRA-qualifying event) and may elect Individual coverage. To be considered a qualified beneficiary, a dependent must:

- Have been covered at the time of the initial COBRA-qualifying event or
- Be a newborn or newly adopted child added to coverage within 30 days of birth or placement for adoption.

*Spouse/domestic partner**

The covered spouse or domestic partner of a SEHP enrollee has the right to COBRA coverage as a qualified beneficiary if coverage under SEHP is lost as a result of:

- Divorce
- Termination of domestic partnership
- Termination or reduction in hours of enrollee's employment
- Death of the enrollee
- The COBRA enrollee's enrollment in Medicare

Dependent children*

The covered dependent child of a SEHP enrollee has the right to COBRA as a qualified beneficiary if coverage under SEHP is lost as the result of:

- The child's loss of eligibility as a dependent under SEHP (e.g., due to age)
- Parents' divorce or termination of domestic partnership
- Termination or reduction in hours of enrollee's employment
- Death of the enrollee
- The COBRA enrollee's enrollment in Medicare

A COBRA enrollee's newborn child or a child placed for adoption with a COBRA enrollee is considered a qualified beneficiary if coverage for the child is requested within 30 days (see *Covering newborns*, page 11, for enrollment rules).

** In no case will any period of continuation coverage last more than 36 months from the initial COBRA-qualifying event.*

Dependents who are not qualified beneficiaries

An eligible dependent may be added to COBRA coverage at any time in accordance with NYSHIP rules (see *Dependent Eligibility*, page 3, and *Coverage: Individual or Family*, page 7). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary (with the exception of children born to or placed for adoption with the employee during a period of COBRA coverage and added within 30 days. The COBRA 36-month period for such a child is measured from the same date as for other qualified beneficiaries with respect to the same qualifying event and not from the date of birth or adoption). Dependents who are not qualified beneficiaries may only maintain coverage for the remainder of the enrollee's eligibility for COBRA continuation coverage.

Medicare and COBRA

When NYSHIP requires you or your covered dependent to enroll in Medicare, your SEHP COBRA coverage will be affected differently depending on which coverage you were enrolled in first. Read the section, *When You Are Required to Have Medicare Parts A and B in Effect*, page 17, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you enroll in Medicare, your SEHP COBRA coverage ends at the point when Medicare enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their SEHP COBRA coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period* on page 20).
- If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your SEHP coverage will be canceled or substantially reduced.
- If you are already covered under Medicare when you elect COBRA coverage, your Medicare coverage will pay first. When enrolled in both Medicare and COBRA, Medicare is your primary coverage.

Deadlines Apply

Once your employer is notified of a COBRA-qualifying event, an application for COBRA coverage will be mailed to the address on record. Be sure to read the application carefully. To continue coverage, the application must be completed and returned by the response date provided on the notice.

60-day deadline to elect COBRA

When you experience an employment change that affects coverage (for example, termination or reduction in work hours), you must elect continuation coverage within **60 days** from the date of the COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation coverage, whichever is later.

Notification of dependent's loss of eligibility

To be eligible for COBRA coverage, the enrollee or covered dependent must notify the HBA within 60 days from the date a covered dependent is no longer eligible for SEHP coverage, for reasons such as:

- A divorce
- Termination of a domestic partnership
- A child's loss of eligibility as a dependent under SEHP (see *Dependent Loss of Eligibility*, page 15)

Other people acting on your behalf may provide written notice of a COBRA-qualifying event to your HBA.

If your HBA does not receive notice in writing within that 60-day period, the dependent will not be entitled to choose continuation coverage.

Costs Under COBRA

COBRA enrollees pay 100 percent of the premium for continuation coverage, plus up to a two percent administrative fee. EBD will bill you for the COBRA premiums.

45-day grace period to submit initial payment

COBRA enrollees will have an initial grace period of 45 days to pay the first premium starting with the date continuation coverage is elected. Because the 45-day grace period applies to all premiums due for periods of coverage prior to the date of the election, several months' premiums could be due and outstanding. Once you elect COBRA coverage, you will receive a bill. Ask EBD whether you will receive subsequent payment reminders.

30-day grace period

After the initial 45-day grace period, enrollees will have a 30-day grace period from the premium due date to pay subsequent premiums. Payment is considered made on the date of the payment's postmark.

Continuation of Coverage Period

You and your eligible dependents may have the opportunity to continue coverage under COBRA for up to 36 months. If you, the enrollee, lose COBRA eligibility prior to the end of the 36-month continuation coverage period, the duration of your dependent's coverage is as follows:

- **Dependents who are qualified beneficiaries:** COBRA coverage may continue for the remainder of the 36 months.
- **Dependents who are not qualified beneficiaries:** COBRA coverage will end when your coverage ends.

Survivors of COBRA enrollees

If you die while you are a COBRA enrollee in SEHP, your enrolled dependents who are qualified beneficiaries will be eligible to continue COBRA coverage for up to 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract (see page 22).

When You No Longer Qualify for COBRA Coverage

Continuation coverage will end for the following reasons:

- The premium for your continuation coverage is not paid on time
- The continuation period of up to 36 months ends
- The enrollee or enrolled dependent enrolls in Medicare

To Cancel COBRA

Notify EBD if you want to cancel your COBRA coverage.

Conversion Rights after COBRA Coverage Ends

At the end of your COBRA coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan's Medical/Surgical Program administrator (see *Contact Information*, page 26).

If you choose COBRA coverage, you must exhaust those benefits before converting to a direct-pay contract. If you choose COBRA coverage and fail to make the required payments or cancel coverage for any reason, you will not be eligible to convert to a direct-pay policy.

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums, and you can learn what your premium, deductibles and out-of-pocket costs will be before you enroll.

Eligibility for COBRA does not limit your eligibility for Health Insurance Marketplace coverage or for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan).

Contact Information

If you have any questions about COBRA, but are not currently enrolled, please contact your HBA. If you are enrolled in COBRA, contact EBD.

Young Adult Option

The Young Adult Option allows the child of a SEHP enrollee to purchase Individual health insurance coverage through SEHP when the young adult does not otherwise qualify as a dependent.

Eligibility

To enroll in SEHP under the Young Adult Option, the young adult must be:

- A child, adopted child, child of a domestic partner or stepchild of a SEHP enrollee (including those enrolled under COBRA)
- Age 29 or younger
- Unmarried
- Not eligible for coverage through the young adult's own employer-sponsored health plan, provided that the health plan includes both hospital and medical benefits
- Living, working or residing in the insurer's service area
- Not covered under Medicare

Eligibility for SEHP enrollment under the Young Adult Option ends when one of the following occurs:

- The young adult's parent is no longer a SEHP enrollee
- The young adult no longer meets the eligibility requirements for the Young Adult Option as outlined above
- The SEHP premium for the young adult is not paid in full by the due date or within the 30-day grace period

The young adult has no right to COBRA coverage when coverage under the Young Adult Option ends.

Cost

There is no employer contribution toward the cost of the Young Adult Option. The young adult or their parent is required to pay the full cost of the premium for Individual coverage.

Enrollment Rules

Either the young adult or their parent may enroll the young adult in the Young Adult Option. Contact EBD for more information about how to pay for this coverage.

A young adult can enroll in the Young Adult Option at one of the following times:

- **When SEHP coverage ends due to age**

  If the young adult no longer qualifies as a parent's SEHP dependent due to age, they can enroll in the Young Adult Option within 60 days of the date eligibility is lost. Coverage is retroactive to the date that the young adult lost coverage due to age. This is the only circumstance in which the Young Adult Option will be effective on a retroactive basis.

- **When newly qualified due to a change in circumstances**

  If the young adult has a change of circumstances that allows them to meet eligibility requirements for the Young Adult Option, they can enroll in the Young Adult Option within 60 days of newly qualifying. Examples of a change of circumstances include a young adult's loss of employer coverage or the young adult's divorce.

- **During the Young Adult Option Open Enrollment Period**

  Coverage may be elected during the Young Adult Option annual 30-day Open Enrollment period. Contact EBD for information about when this enrollment period will be and when your coverage will be effective.

When Young Adult Option Coverage Ends

Young Adult Option coverage ends on the last day of the month in which eligibility for coverage is lost or on the last day of the month in which voluntary cancellation is requested.

Questions

If you have any questions concerning eligibility, please contact the enrollee's HBA or EBD.

Direct-Pay Conversion Contracts

After SEHP coverage ends or after eligibility for continuation coverage under COBRA ends, certain enrollees and their covered dependents are eligible for coverage through a direct-pay conversion contract. The benefits and the premium for direct-pay conversion contracts will differ from what you had under SEHP.

Eligibility

SEHP enrollees and/or covered dependents who lose eligibility for coverage for any of the following reasons may convert to a direct-pay contract:

- Termination of employment
- Loss of eligibility for coverage as a dependent
- Death of the enrollee
- Eligibility for COBRA continuation coverage ends, except when the loss of eligibility is the result of becoming eligible for Medicare

A direct-pay conversion contract is not available to enrollees and/or covered dependents who:

- Voluntarily cancel their coverage
- Had coverage canceled for failure to pay the SEHP premium
- Have existing coverage that would duplicate the direct-pay contract coverage
- Are eligible for Medicare

Deadlines Apply

You should receive written notice of any available conversion rights within 15 days after your coverage ends.

Your application for a direct-pay conversion policy and the first premium must be submitted within:

- 45 days from the date your coverage ends, if you receive the notice within 15 days after your coverage ends
- 45 days from the date you receive the notice, if you receive written notice more than 15 days, but less than 90 days, after your coverage ends
- 90 days from the date your coverage ends, if no notice of the right to convert is given

No Notice for Certain Dependents

Written notice of conversion privileges will not be sent to dependents who lose their status as eligible dependents. For a direct-pay conversion contract, these dependents must apply within 45 days of the date coverage terminated.

How to Request Direct-Pay Conversion Contracts

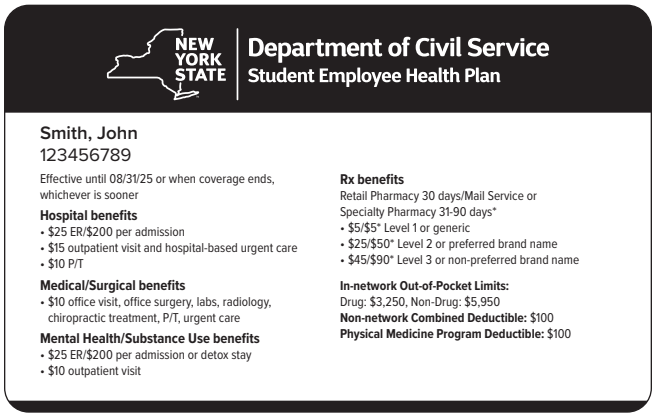
To request a direct-pay conversion policy, write to the Empire Plan Medical/Surgical Program administrator (see *Contact Information*, page 26).

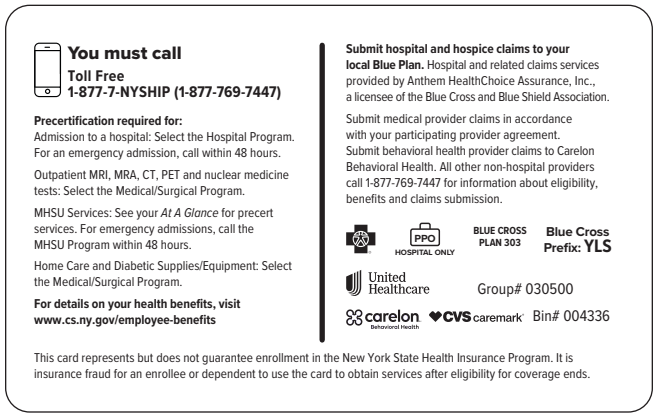
Appendix

SEHP Benefit Cards

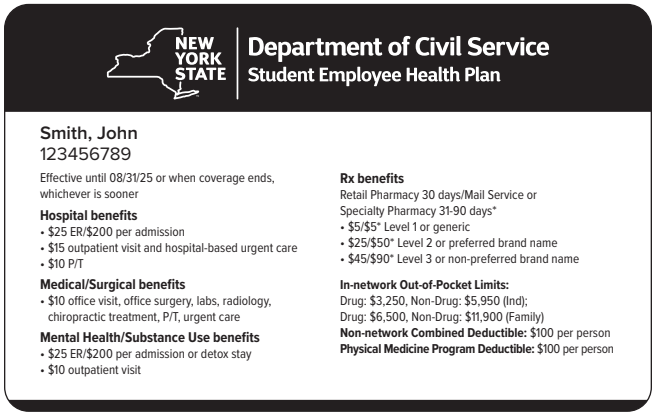
Present your card whenever you and your dependents receive services or supplies. There are two versions of the card, one for Individual coverage and one for Family coverage.

Individual Coverage





Family Coverage



Forms Available Online and from Your HBA

Contact your HBA or visit NYSHIP Online (www.cs.ny.gov/employee-benefits) for the following forms and instructions:

- PS-404G *NYSHIP Health Insurance Transaction Form*
- PS-425 *NYSHIP Domestic Partner Enrollment Application*
  - PS-425.3 *Dependent Tax Affidavit for Domestic Partner Enrollment In NYSHIP*
  - PS-425.4 *Termination of Domestic Partnership for NYSHIP*
- PS-451 *NYSHIP Statement of Disability for Dependents*
- PS-457 *NYSHIP Statement of Dependence for "Other" Children*
- PS-850 *NYSHIP Change of Address Form*
- EBD-543 *NYSHIP Authorization for Release of Protected Health Information*
- *Request for Coverage Under The Young Adult Option*

Contact Information

Health Benefits Administrator (fill in)

Name: _____ Phone Number: _____

Email: _____

Employee Benefits Division

518-457-5754 or 1-800-833-4344

Representatives are available Monday through Friday, 9 a.m. to 4 p.m., Eastern time.

New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239

The Empire Plan/SEHP

Call toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

PRESS OR SAY 1 **Medical/Surgical Program**
Administered by UnitedHealthcare

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time.

TTY: 1-888-697-9054

P.O. Box 1600
Kingston, NY 12402-1600

PRESS OR SAY 2 **Hospital Program**
Administered by Anthem Blue Cross

Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time.

TTY: 1-800-241-6894

New York State Service Center
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

PRESS OR SAY 3 **Mental Health and Substance Use Program**
Administered by Carelon Behavioral Health

Representatives are available 24 hours a day, seven days a week.

TTY: 1-855-643-1476

P.O. Box 1850
Hicksville, NY 11802

PRESS OR SAY 4 **Prescription Drug Program**
Administered by CVS Caremark

Representatives are available 24 hours a day, seven days a week.

TTY: 711

Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590

Dental Program

Administered by EmblemHealth

1-800-947-0101

EmblemHealth
Attn: NYS Dental Customer Service
P.O. Box 12365
Albany, NY 12212-2365

Vision Program

Administered by Davis Vision

1-888-588-4823

Davis Vision, Inc.
711 Troy Schenectady Road
Latham, NY 12110

Email: NYSmemberhelp@davisvision.com

Direct-Pay Conversion Contracts

Offered by UnitedHealthcare

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for UnitedHealthcare.

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m., Eastern time.

TTY: 1-888-697-9054

P.O. Box 1600
Kingston, NY 12402-1600

Other Agencies

Medicare.....1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Social Security Administration.....1-800-772-1213
TTY: 1-800-325-0778

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New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov/employee-benefits

Please do not send mail or correspondence to the return address above. See address information on page 26.

Important Health Insurance Information:
General Information Book for Graduate Student Employees enrolled in the Student Employee Health Plan (SEHP) and their enrolled Dependents, COBRA Enrollees with their SEHP benefits and Young Adult Option Enrollees

SEHP General Information Book – 2024

SAVE THIS BOOK

Important information about the New York State Health Insurance Program (NYSHIP) and Student Employee Health Plan (SEHP)

This book replaces your previous *SEHP General Information Book*. Updates to this book will be mailed to you and will also be posted on our website, www.cs.ny.gov/employee-benefits. Keep all updates with this book.

NEW YORK STATE | Student Employee Health Plan

Reasonable accommodation: It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. 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 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

♻ *2024 General Information Book* was printed using recycled paper and environmentally sensitive inks. SEHP GIB 2024 NY1507