

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
For EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY COUNCIL 82
And for their enrolled Dependents
And for COBRA Enrollees with their NYSHIP Benefits

Report

December 2000

Changing Your Health Insurance Plan

During the annual Option Transfer Period, you may change your health insurance option for any reason. To change options during this period, see your agency Health Benefits Administrator.

You may change options outside the designated Option Transfer Period only under the following circumstances:

- You are enrolled in an HMO and you move permanently out of your HMO's service area. You must change options in order to keep your NYSHIP coverage.
- You retire and do not live in the HMO's service area but are enrolled in the HMO because you worked in the HMO's service area.
- You move to a new area served by a NYSHIP HMO that did not serve your previous home area.
- You change jobs and want to change to an HMO that was not available where you last worked or lived.
- You have a job change out of an HMO's service area in which you were enrolled.

- You return to the State payroll after military leave.
- You return to the State payroll after a break in service, if you were ineligible to continue enrollment during the break.
- You return to the State payroll after going on Leave Without Pay, if you canceled your health insurance and missed a Transfer Period during the leave; you have 28 days after your return to the payroll to change your option.
- You are assigned a new State service anniversary date following a break in service.
- You are covered under a prescription drug program provided by an Employee Benefit Fund and you lose eligibility for that coverage because of a change in negotiating unit.
- Your dependent moves and is no longer in your HMO's service area. (Does not apply to a student attending college outside your HMO's service area.)

Please see your *NYSHIP General Information Book* for more information about changing your health insurance option.

NYSHIP News and Reminders

Planning for Retirement

Your agency Health Benefits Administrator has the updated *Planning for Retirement*.

This publication guides you through pre-retirement decisions on your health insurance and answers many benefit questions.

See your agency Health Benefits Administrator for your copy of this important guide. Or, visit the Department of Civil Service Employee Benefits Division Web site at <http://www.cs.state.ny.us>. Click on Employee Benefits and Services. Choose Recent Publications.



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SAVE THIS REPORT

Medicare Open Enrollment

Medicare affects only a few active employees. Medicare is primary for an active State employee/dependent with end stage renal disease (waiting period applies) and for an active State employee's domestic partner who is age 65 or over.

If you or your dependent is eligible for primary Medicare coverage and did not enroll in Medicare when first eligible you must sign up during the Medicare general enrollment period, January 1 through March 31, 2001. Contact Social Security at 1-800-772-1213 to enroll. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage.



Language Line Services

Do you speak a language other than English? Would you like answers to your health insurance questions in another language? Beginning February 1, 2001, the New York State Health Insurance Program (NYSHIP) will offer Language Line Services (LLS), an over-the-phone language translation service for enrollees calling the Employee Benefits Division.

You may call the Employee Benefits Division and use LLS on your own or you can ask your agency Health Benefits Administrator to call for you.

Here's how LLS works:

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

Employee Insurance Representatives are available Monday through Friday, 9 am to 3 pm.

2 The representative will call an interpreter to translate for you.

In most cases, the interpreter is available within 30 seconds.

A three-way conference call begins for you, the representative and the interpreter.

3 The interpreter translates for you and for the representative.

LLS interpreters are trained in over-the-phone translation skills. They give accurate, objective translations. All calls are strictly confidential.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

By law, insurers must:

- Cover inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary
- Cover breast reconstruction following mastectomy, including surgery of the other breast to produce a symmetrical appearance

- Cover treatment for complications of mastectomy, including lymphedemas
 - Cover prostheses related to breast reconstruction
 - Notify enrollees of this coverage through plan documents
- Contact your HMO if you have questions about these benefits.

The NYSHIP Health Maintenance Organizations Report is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through a NYSHIP-approved Health Maintenance Organization.



State of New York Department of Civil Service
Employee Benefits Division
The State Campus, Albany, New York 12239
518-457-5754 (Albany area)
1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)
<http://www.cs.state.ny.us>

Keep this Report with your April 1, 1996 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.



December 2000

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for the second sentence of paragraph C. of item 4. under "Certain students completing graduation requirements" in the "Who is Eligible?" section on page 5 of your NYSHIP General Information Book as amended in your September 2000 HMO Report.

Graduating students

Effective August 1, 2000, enrolled dependent students continue to be entitled to benefits for up to three months following the end of the month in which they complete course requirements for graduation. At the end of the three months, the graduated student will have 60 days to apply to the Employee Benefits Division for COBRA continuation of coverage.

Substitute the following for the first sentence of "Re-enrolling a dependent" in the "Enrollment" section on page 6 of your NYSHIP General Information Book as amended in your October 1997 HMO Report.

Re-enrolling a dependent

Dependents who lose eligibility due to marriage, loss of student status, or loss of disabled dependent status may be eligible to reenter NYSHIP if they subsequently become divorced, widowed or re-enroll in school, provided they are otherwise eligible. Ask your agency Health Benefits Administrator about re-enrollment.

Substitute the following for the first paragraph under "Military Leave" in the "How Changes in Your Status Affect Coverage" section on page 13 of your NYSHIP General Information Book as amended in your September 2000 HMO Report. COBRA Enrollees: The following information does not apply to you.

Military leave

If you are on voluntary military leave of 31 days or less, you pay only the employee share of the premium to continue Family coverage. Beginning August 1, 2000, if you are a member of an Armed Forces Reserve or a National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress, your covered dependents will be eligible for up to 12 months of Family coverage at no cost to you. You must have had Family coverage for at least 30 days before your activation. Before going on military leave (or any leave without pay), you must arrange for coverage through your agency Health Benefits Administrator.

Substitute the following for the third paragraph under "Lifetime monthly credit" in the "Continuing Coverage When You Retire or Vest" section on page 17 of your NYSHIP General Information Book.

Sick Leave Credit

You can use a maximum of 200 days of earned sick leave to calculate your sick leave credit.

Add the following after "Whom to Contact" in the "COBRA: Continuation of Coverage" section on page 25 of your NYSHIP General Information Book.

COBRA cancellation

Notify the Employee Benefits Division in writing if you want to cancel your COBRA coverage.

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

SAVE THIS DOCUMENT
 NYSHIP Information
 for the Enrollee, Enrolled Spouse/Domestic Partner
 and Other Enrolled Dependents

PRESORTED
 First Class Mail
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ADDRESS SERVICE
 REQUESTED

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. 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 NYSHIP HMO Report was printed using recycled paper and environmentally sensitive inks.

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Visit us on the Web at <http://www.cs.state.ny.us>



Check our New York State Department of Civil Service Employee Benefits Division Web site at <http://www.cs.state.ny.us>.

Click on Employee Benefits and Services for timely information about your NYSHIP Benefits.

Health Insurance
 Choose your group to go to "What's Inside" for information about NYSHIP

Option Transfer
 Health insurance options for New York State employees and employees of Participating Employers