

# 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

September 2000

## New York State Health Insurance Program (NYSHIP) Changes

### Graduating Dependent Students: 3-Month Extension of Coverage

Beginning August 1, 2000, unmarried dependent students who are age 19 or over but under age 25 and complete course requirements for graduation from a qualified course of study are eligible for three months of continued coverage following the end of the month in which they complete course requirements for graduation.

You must be able to provide verification of the dependent's graduation.

After the three-month extension period ends, the graduated dependent student may choose either COBRA coverage or a direct-pay conversion contract. Deadlines apply. See your *NYSHIP General Information Book* before coverage ends.

If you have any questions, contact your agency Health Benefits Administrator.

### Sick Leave Credit

If you retire on or after January 1, 2000, you may use a maximum of 200 days of earned sick leave to calculate your retiree health insurance sick leave credit. The previous limit was 165 days.

### Benefits for Dependents of Enrollees on Military Leave

*COBRA Enrollees: The following information does not apply to you.*

Beginning August 1, 2000, State employees who are members of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress are entitled to continued NYSHIP enrollment for their covered dependents at no employee cost. Employees enrolled in NYSHIP with dependent coverage for at least 30 days before the enrollee's activation are eligible for this coverage.

Dependents will receive NYSHIP coverage at no cost for up to 12 months minus the time the employee is in full pay status, or until the end of active duty status, or the employee's return to State employment, whichever happens first.

If you or a family member needs information about your health benefits during military leave, call your agency Health Benefits Administrator, usually located in the agency personnel office.

### Leave Without Pay

Beginning August 1, 2000, if you are enrolled in NYSHIP and removed from the payroll because you are on Workers' Compensation or disciplinary leave without pay, you may continue your health insurance coverage for up to 12 months at the employee's share of the premium.

### In This Report

SAVE THIS  
REPORT

*This NYSHIP HMO Report announces benefit changes which amend your NYSHIP General Information Book.*

- 1 **Graduating Students;  
Sick Leave Credit;  
Military Leave;  
Leave Without Pay**

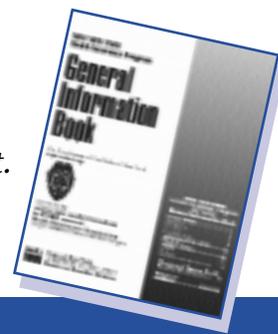
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2-4 **NYSHIP General Information Book**

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- 4 **Keep Your Coverage Up To Date**

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.



September 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.*

#### **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.

*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.*

#### **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, and have been enrolled in NYSHIP with dependent coverage for at least 30 days, your dependents will be eligible for up to 12 months of Family coverage at no cost. Before going on military leave (or any leave without pay), you must arrange for coverage through your agency Health Benefits Administrator.

*Insert the following as the second paragraph under "Cost" in the "How Changes in Your Status Affect Coverage" section on page 13 of your NYSHIP General Information Book.*

#### **Cost**

Effective August 1, 2000, during a period of suspension without pay, pending a hearing, you are entitled, under certain circumstances, to continue coverage in NYSHIP for up to 12 months by paying the employee share of the premium only. Ask your agency Health Benefits Administrator for details.

*Substitute the following for the first sentence under "Health insurance coverage while you're on Workers' Compensation leave without pay" in the "How Changes in Your Status Affect Coverage" section on page 14 of your NYSHIP General Information Book.*

#### **Workers' Compensation**

Effective August 1, 2000, if you are enrolled in NYSHIP and are removed from the payroll because of an accepted work-related injury or occupational condition, you can continue your health insurance coverage for up to 12 months at the employee's share of the premium while on leave without pay.

*Substitute the following for the last sentence in the second paragraph under "Eligibility for retiree coverage" in the "Continuing Coverage When You Retire or Vest" section on page 15 of your NYSHIP General Information Book.*

#### **Retiree coverage**

Do not assume that you are eligible for health insurance benefits in retirement. Also, if you are eligible but do not want your coverage to continue when you retire, you must contact 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 working days of earned sick leave to calculate your sick leave credit.

*Substitute the following for the fifth paragraph under “Lifetime monthly credit” in the “Continuing Coverage When You Retire or Vest” section on page 17 of your NYSHIP General Information Book.* When you retire, if the dollar value of your sick leave credit amounts to \$100 or less, it will be calculated in the same manner as dollar values of \$100 or more to provide a lifetime monthly amount of no less than \$.01 per month. Or, you may choose to have a credit of less than \$100 applied to monthly premiums until the amount runs out. Then, you will contribute the usual enrollee share. Before you retire, you must notify the Employee Benefits Division in writing if you want to use this runout sick leave method.

*Substitute the following for the third paragraph under “Deferred Health Insurance Coverage” on page 18 of your NYSHIP General Information Book.*

**Deferred health insurance coverage**

If you die while you are in deferred coverage status, your spouse and any eligible dependents must write to the Employee Benefits Division within 90 days. Eligibility requirements for your spouse and eligible dependents to transfer back to NYSHIP are the same as if you had continued your coverage into retirement.

If you choose Dual Annuitant sick leave credit at the time of retirement and die while in deferred status, your eligible surviving spouse will retain the 70 percent sick leave credit. The amount will be calculated based on your age at the time of death.

*Substitute the following for “Choice of option” in the “COBRA: Continuation of Coverage” section on page 23 of your NYSHIP General Information Book.*

**COBRA: Choice of option and coverage**

An employee, spouse/domestic partner or dependent child who continues coverage under COBRA will continue in the same plan in which you are enrolled. A COBRA enrollee may change to a different option during the annual Option Transfer Period or when moving under the circumstances described on pages 2-3. When two or more persons (enrollee, spouse/domestic partner, children) covered under the same Family contract seek COBRA coverage as a result of the same qualifying event, they must continue Family coverage; they may not elect Individual COBRA coverages, unless both spouses/domestic partners are State employees, until the next Option Transfer Period. Beginning with the Option Transfer Period in 2000, and in each subsequent Option Transfer Period, each COBRA beneficiary may elect to change to Individual coverage in a different plan from that of the family unit.

*Add the following to the first paragraph under “60-day deadline” in the “COBRA: Continuation of Coverage” section on page 24 of your NYSHIP General Information Book.*

**60-day deadline to apply for COBRA**

Other people acting on your behalf may provide written notice to the Employee Benefits Division of a COBRA-qualifying event.

*Substitute the following for the second paragraph under “60-day deadline” in the “COBRA: Continuation of Coverage” section on page 24 of your NYSHIP General Information Book.*

If the Employee Benefits Division does not receive notice in writing within that 60-day period, regardless of the reason, the enrollee or dependent will not be entitled to choose continuation coverage. Your employing agency is responsible for notifying the Employee Benefits Division of a reduction in your hours or termination of your employment.

*Substitute the following for the fifth paragraph under “60-day deadline” in the “COBRA: Continuation of Coverage” section on page 24 of your NYSHIP General Information Book.*

*If you or your eligible dependent, or someone else acting on your behalf, does not choose continuation coverage, NYSHIP insurance coverage will end.*

*Add the following sentence at the end of “Your costs under COBRA” in the “COBRA: Continuation of Coverage” section on page 24 of your NYSHIP General Information Book.*

*Payment is considered made on the date of the postmark.*

## **COBRA payment**

# Keep Your Coverage Up To Date

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## Notify your agency Health Benefits Administrator if ...

**Your home address changes**  
(Also notify your HMO.)

**Your phone number changes**  
(Also notify your HMO.)

**Your name changes**  
(Also notify your HMO.)

**Your family unit changes**

- You marry or divorce
- You want to add a dependent
- Your dependent loses eligibility
- You no longer wish to provide coverage for a dependent
- You have a disabled dependent
- Your enrolled dependent dies

**Your employment status changes**

- You are going to retire
- You are affected by a layoff
- You are going on leave without pay
- You have questions about COBRA

**You have questions  
about NYSHIP**

- You have questions concerning your family’s eligibility for health insurance coverage
- You have questions about changing your type of coverage (Family/Individual)
- You want to know how to coordinate your NYSHIP benefits with Medicare

**Other**

- You become disabled and want to apply for a waiver of premium
- You want to cancel your health insurance coverage to obtain dependent status under your spouse’s NYSHIP coverage
- You want to cancel your coverage
- You return to work

*The NYSHIP Health Maintenance Organization 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.*



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