

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY CSEA

And for their enrolled Dependents

And for COBRA Enrollees with their NYSHIP Benefits

Report

June 2000

New York State Health Insurance Program (NYSHIP) Changes

NYSHIP Prescription Drug Coverage

State Pays Premium

Beginning July 1, 2000, the State will pay the full cost of your premium for prescription drug coverage.

Active employees: The amount deducted from your biweekly paycheck will be reduced. Your new health insurance deduction will start with the paycheck of June 29, 2000 if you are on the Institution Lag Payroll, or July 5, 2000 if you are on the Administration Lag Payroll. See the list of HMO premiums on page 4 of this *Report* to find your new premium deduction. COBRA enrollees: Your cost will not change. Leave Without Pay enrollees: The Employee Benefits Division will notify you of your new rates.

Graduating Dependent Students: 3-Month Extension of Coverage

Beginning May 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.

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.

Health Option Program

Beginning January 1, 2001, employees who have at least 15 days of unused sick leave may exchange three days of prospective sick leave accruals for a \$300 calendar year reduction in health insurance premiums. In November 2000, you may choose this option for the 2001 calendar year. Ask your agency Health Benefits Administrator about the Health Option Program.

Benefits for Dependents of Enrollees on Military Leave

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.

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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In This Report

SAVE THIS
REPORT

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

- 1 Prescription Drugs; Graduating Students; Sick Leave Credit; Health Option Program; Military Leave
- 2 NYSHIP General Information Book
- 4 July 2000 HMO Rate Chart

Keep this Report with your August 1, 1995 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.

June 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 May 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 14 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 July 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 dependents, who have been covered at least 30 days, 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.

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 16 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 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.

Sick Leave Credit

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.

Insert the following before the "Dual Annuitant Sick Leave Credit" section under "Continuing Coverage When You Retire" on page 18 of your NYSHIP General Information Book.

Health Option Program

Beginning January 1, 2001, employees who have at least 15 days of unused sick leave may exchange three sick leave days earned after January 1, 2001 for a \$300 calendar year reduction in health insurance premiums. In the fall of each year beginning in 2000, you may choose to elect to exchange sick leave earned in the following year for premium reduction in the following calendar year.

Deferred health insurance coverage

Substitute the following for the third paragraph under “Deferred Health Insurance Coverage” on page 19 of your NYSHIP General Information Book.

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.

COBRA: Choice of option and coverage

Substitute the following for “Choice of option” in the “COBRA: Continuation of Coverage” section on page 24 of your NYSHIP General Information Book as amended in your February 1997 HMO Report.

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 page 2.

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.

60-day deadline to apply for COBRA

Add the following to the first paragraph under “60-day deadline” in the “COBRA: Continuation of Coverage” section on page 25 of your NYSHIP General Information Book.

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 25 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 25 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.

COBRA payment

Add the following sentence at the end of “Your costs under COBRA” in the “COBRA: Continuation of Coverage” section on page 25 of your NYSHIP General Information Book.

Payment is considered made on the date of the postmark.

**July 2000 RATE CHART:
NYSHIP Coverage
with Prescription Drugs**

	Active NY CSEA Employees Biweekly Rate		COBRA Monthly Rate	
	Ind	Fam	Ind	Fam
210 Aetna U.S. Healthcare .	\$20.24	\$75.74	\$225.65	\$560.20
066 Blue Choice	7.64	43.04	209.06	528.13
280 BlueChoice HMO of Empire BCBS	7.93	55.26	208.30	543.76
063 Capital District Physicians' Health Plan (CDPHP)	7.69	48.97	199.73	516.62
067 Community Blue	6.18	33.54	162.59	450.62
220 GHI HMO Select, Inc.	7.70	49.04	196.43	503.32
050 HIP Health Plan of New York	9.44	47.13	203.32	501.86
160 HMO Blue	15.85	72.85	203.16	522.23
072 HMO-CNY	7.72	56.79	203.09	541.41
120 Independent Health–Hudson Valley Region	27.84	110.53	244.02	645.13
059 Independent Health–Western New York Region	5.76	31.66	150.83	421.68
060 MVP Health Plan	12.83	75.13	221.61	593.94
100 MVP Health Plan	8.99	60.53	213.07	561.48
055 PHP	20.21	95.15	227.82	612.07
058 Preferred Care	7.08	34.14	199.63	506.58
260 United HealthCare	18.06	83.68	226.81	599.74
057 Univera Healthcare	5.94	32.20	160.36	443.77
070 Vytra Health Plans	17.60	83.45	227.58	601.25