

# NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)  
FOR EMPLOYEES OF THE STATE OF NEW YORK  
REPRESENTED BY District Council 37  
And for their enrolled Dependents  
And for COBRA Enrollees with their NYSHIP Benefits

# Report

## NYSHIP

### Prescription Drug Coverage Effective January 1, 2001

#### NYSHIP Replaces Benefit Fund Prescription Drug Coverage

New York State Health Insurance Program (NYSHIP) prescription drug coverage is replacing your DC-37 Employee Benefit Fund Prescription Drug Plan.

Your prescription drug coverage will be provided by your HMO beginning January 1, 2001.

Do **not** use your DC-37 Employee Benefit Fund card at your pharmacy beginning January 1, 2001.

We will inform your HMO of the change in your prescription drug coverage. Your HMO will send you information to help you understand the details of your new coverage.

Be sure you understand:

- How your new coverage differs from your current coverage.
- Whether you will need a new HMO identification card.
- Where to fill prescriptions: HMO in-house pharmacies, participating pharmacies in your service area, other preferred pharmacies, national chains or mail service pharmacies. Or, whether you may use any pharmacy and then submit a claim.
- Whether you will need a new prescription.
- Coinsurance and copayments, if any.

If you have questions about your NYSHIP prescription drug coverage through your HMO, please call your HMO.

#### We'll Contact Your HMO

We will notify your HMO that enrollees represented by DC-37 will be changing prescription drug coverage effective January 1, 2001. We will also send each HMO a list of their DC-37 enrollees. If you are a new employee, a new NYSHIP enrollee or new to the DC-37 negotiating unit, the computer records may not have listed you yet. Talk with your HMO's Member Services Department and your agency Health Benefits Administrator. Your HMO has a procedure to follow to confirm your eligibility and to assure that you can fill your prescriptions without delay.

#### Changing From Individual Coverage to Family Coverage

If you have Individual coverage in NYSHIP and you and your family have prescription drug coverage under the Employee Benefit Fund, talk with your agency Health Benefits Administrator if you want to add your family to your HMO coverage.

Act promptly. You have until the closing date of the Option Transfer Period to make this change. We will mail rates and deadline information to your home. Your Family coverage and new premium rate will be effective January 1, 2001. After the closing date of the Option Transfer Period, the usual late enrollment period for previously eligible dependents will apply.

Please see your *NYSHIP General Information Book* for more information about changing your coverage.

#### State Pays Premium

Beginning January 1, 2001, the State will pay the full cost of your premium for prescription drug coverage. The amount deducted from your biweekly paycheck may change. Rates for 2001 will be mailed to your home when rates are set. Watch for the publication *Rates and Deadlines* from the New York State Health Insurance Program. The rate flyer will also announce paycheck deduction dates.

#### In This Report

SAVE THIS REPORT

- 2 NYSHIP General Information Book
- 3 NYSHIP News and Reminders
- 4 Visit Our Web site

Keep this Report with your January 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 6 of your NYSHIP General Information Book as amended in your July 2000 HMO Report.*

#### 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. 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 7 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 14 of your NYSHIP General Information Book as amended in your July 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 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 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 18 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 26 of your NYSHIP General Information Book.*

#### COBRA cancellation

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

# NYSHIP News and Reminders

## 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.

## 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 en

roll for Medicare when

you became eligible, you must sign up

during the Medicare

general

enrollment period

January 1 to 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.

## 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.



## 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>

State of New York  
 Department of Civil Service  
 Employee Benefits Division  
 The State Campus  
 Albany, New York 12239  
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**SAVE THIS DOCUMENT**  
 NYSHIP Information  
 for the Enrollee, Enrolled Spouse/Domestic Partner  
 and Other Enrolled Dependents

**PRESORTED**  
 First Class Mail  
 U.S. Postage  
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 Utica NY  
 Permit No. 320

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

Look for your NYSHIP benefits here  
 Click on DC-37

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