

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK DESIGNATED
MANAGEMENT/CONFIDENTIAL; LEGISLATURE;
And for their enrolled Dependents
And for COBRA Enrollees with their NYSHIP Benefits

Report

July 2000

New York State Health Insurance Program (NYSHIP) Changes

Graduating Dependent Students: Three-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. Deadlines apply. See your *NYSHIP General Information Book* before coverage ends.

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

Benefits for Dependents of Enrollees on Military Leave

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

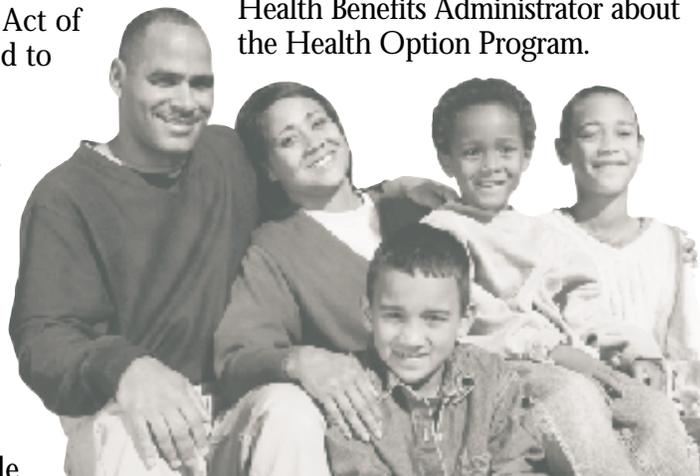
Effective July 1, 2000, State employees who are members of an Armed Forces Reserve or National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress are entitled to continued NYSHIP enrollment for their covered dependents at no employee cost. Employees 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.

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.



In This Report

SAVE THIS
REPORT

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

1 Graduating Students;
Military Leave;
Health Option Program

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Information Book

4 Keep Coverage Up To Date

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.

July 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 13 of your NYSHIP General Information Book. The following does not apply to COBRA enrollees.

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 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 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 or Vest" on page 17 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.

Substitute the following for the third paragraph under “Deferred Health Insurance Coverage” in the “Continuing Coverage When You Retire or Vest” section 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 as amended in your February 1997 HMO Report.

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 page 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.

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.

60-day deadline to apply for COBRA

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.

COBRA payment

Payment is considered made on the date of the postmark.

Keep Your Coverage Up To Date

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 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.



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