

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

Report

November 2000

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR NEW YORK STATE AND PARTICIPATING EMPLOYER RETIREES,
VESTEES, DEPENDENT SURVIVORS AND ENROLLEES COVERED UNDER
PREFERRED LIST PROVISIONS and for their enrolled Dependents
and for COBRA Enrollees with their NYSHIP Benefits

Retirees from DC-37: NYSHIP Prescription Drug Coverage Begins January 1, 2001

NYSHIP Replaces DC-37 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 each HMO that retirees formerly 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 retirees. Talk with your HMO's Member Services Department. 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, write to the Employee Benefits Division 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 without a waiting period. We will mail *Health Insurance Choices and 2001 Rates* to your home. *Choices* includes Option Transfer Period deadline information. Your coverage will begin 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 *Choices* and your *NYSHIP General Information Book* for more information about changing your coverage. Or, call the Employee Benefits Division at 518-457-5754 (Albany area), 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

NYSHIP News and Reminders

Medicare Part B Premium

Former employees of Participating Employers: Ask your former employing agency about Medicare premium reimbursement.

The Medicare Part B premium for 2001 is \$50 per month. The State reimburses you for the Part B premium unless you receive reimbursement from another source. The same automatic reimbursement applies to spouses who become 65 years old after January 1, 2000.

The reimbursement is not automatic for spouses who became 65 years old before January 1, 2000. The reimbursement also is not automatic for your domestic partner or for any enrollee or covered dependent who is under age 65 and eligible for Medicare due to a disability or end stage renal disease. Send proof of Medicare coverage to the Employee Benefits Division to begin reimbursement.

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SAVE THIS
REPORT

Medicare Open Enrollment

January 1 to March 31 is Medicare's open enrollment period. NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when you or they are: age 65 or older; or regardless of age, have been entitled to Social Security disability benefits for more than 24 months; or regardless of age, have end stage renal disease (permanent kidney failure). If you did not enroll in Medicare when first eligible, contact your local Social Security office to sign up before the open enrollment period ends on March 31. Coverage will become effective July 1, 2001. You are responsible for the premium surcharge Medicare adds for late enrollment.



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 someone acting on your behalf 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.

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>

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.

Keep this Report with your April 1, 1999 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.



November 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 “Eligibility for coverage...” section on page 9 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 “Eligibility for coverage...” section on page 10 of your NYSHIP General Information Book.

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.

Substitute the following for the paragraph “Military Active Duty” on page 20 of your NYSHIP General Information Book as amended in your July 2000 HMO Report. COBRA Enrollees: The following information does not apply to you. Retirees of Participating Employers: Ask your former employer if this benefit applies to you.

Military active duty

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. To arrange for this benefit if you are going on active military duty, you or a family member must contact the Employee Benefits Division.

Add the following after “Costs under COBRA” in the “COBRA: Continuation of Coverage” section on page 24 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

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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 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 Retirees of New York State and Participating Employers