

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
For Employees of the State of New York
Represented by NYSCOPBA
And for their enrolled Dependents
And for COBRA Enrollees with their NYSHIP Benefits

Report

January 2001

New York State Health Insurance Program (NYSHIP) Changes

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.

Graduating Dependent Students: 3-Month Extension of Coverage

Beginning January 1, 2001, 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.

Beginning October 27, 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.

Waiting Period

If you are hired on or after January 1, 2001, you must complete a 56-day waiting period before you become eligible for NYSHIP coverage. If you enroll within the 56-day eligibility period, your coverage will begin on the 57th day of eligible employment. If you do not enroll within the 56-day waiting period, you will be considered a late enrollee. Late enrollees have a longer waiting period.

Leave Without Pay

Beginning October 27, 2000, if you are enrolled in NYSHIP and removed from the payroll because you are on Workers' Compensation or disciplinary leave without pay, you can continue your health insurance coverage for up to 12 months at the employee's share of the premium.

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SAVE THIS
REPORT

NYSHIP News and Reminders

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.

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 do not enroll in Medicare when first 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.



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.

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.



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Employee Benefits Division
The State Campus, Albany, New York 12239
518-457-5754 (Albany area)
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<http://www.cs.state.ny.us>

Keep this Report with your April 1, 1996 New York State Health Insurance Program (NYSHIP) General Information Book. Where this document differs from the April 1, 1996 NYSHIP General Information Book for Council 82 and later Changes/Clarifications included in NYSHIP Health Maintenance Organizations Reports for Council 82 (February 1997-April 1999) and NYSCOPBA (beginning August 1999), this is the controlling document.

January 2001

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for the second paragraph of item 1. under "You, the enrollee" in the "Who is Eligible?" section on page 3 of your NYSHIP General Information Book.

Seasonal employees

Effective January 1, 2001, if you are a seasonal employee and your agency anticipates you will be employed on at least a half-time basis for six months, you are eligible for health insurance coverage upon completion of a 56-day waiting period. When you leave the payroll, if you are not off the payroll for more than six months, you are eligible for health insurance when you return to work. You will not need to satisfy the six-month minimum employment requirement. Coverage begins on the first day of the second payroll period after the payroll period in which you return to work.

Seasonal employees who have completed at least six years of continuous service of six pay periods on a scheduled 40-hour per pay period or greater basis in each of those six years and who are eligible for rehire may continue their coverage on a full-pay basis between seasons. Should an employee fail to return in the following season, health insurance coverage will be terminated.

If you have not completed the six years of service, you may continue in NYSHIP between seasons under COBRA.

Substitute the following for item 3. under "You, the enrollee" in the "Eligibility" section on page 3 of your NYSHIP General Information Book.

Eligibility requirements

3. Be on the payroll at the time you enroll. If you begin work, then take an unpaid leave of absence, you are not eligible until you return to the payroll and complete a total of 56 days on the payroll, including days worked before your leave began.

Substitute the following for the first bullet in item 3. under "Your child age 19 or over who is a full-time student" in the "Who is Eligible?" section on page 4 of your NYSHIP General Information Book.

Graduating students

- The end of the third month following the month in which they complete course requirements for graduation.

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.

Effective January 1, 2001, 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 "When coverage begins," "Regular enrollment: 42-day waiting period" and "Late enrollment: You wait longer" in the "Enrollment" section on page 6 of your NYSHIP General Information Book.

When coverage begins

Effective January 1, 2001, if you are a new employee eligible for coverage, and you enroll within 56 days of becoming eligible, your coverage will begin on your 57th day of eligible employment.

Continued on page 4

Regular enrollment: 56-day waiting period

Newly eligible employees have the same 56-day waiting period. “Newly eligible employees” are employees who are not eligible for coverage under NYSHIP when they are hired, but become eligible later. (For example, their work schedule increases from 30 percent to 50 percent.) If you are a newly eligible employee and you enroll within 56 days of the day you became eligible, your coverage will begin on your 57th day of eligible employment.

Late enrollment: You wait longer

New or newly eligible employees who do not enroll within 56 days of becoming eligible are considered late enrollees. Late enrollees have a longer waiting period. Coverage for late enrollees begins on the first day of the fifth payroll period after they apply for coverage. For example: If you enroll on the first day of a payroll period, you must wait four full payroll periods, and your coverage will begin on the first day of the fifth payroll period.

If you enroll in the middle of a payroll period, your waiting period will include the payroll period you are in when you enroll **plus** four more complete payroll periods.

When Coverage Begins	
If you enroll...	Your coverage begins...
Within 56 days of becoming eligible	On the 57th day of eligible employment
Later than the 56th day following eligibility	On the first day of the fifth payroll period after you apply for coverage.

Substitute the following for the first sentence of “Re-enrolling a dependent” in the “Enrollment” section on page 6 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 13 of your NYSHIP General Information Book. 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 October 27, 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.

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 October 27, 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 October 27, 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.

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Changes to NYSHIP General Information Book continued from page 4

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 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 and coverage” 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.

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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 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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Changes to NYSHIP General Information Book continued from page 5

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**

Add the following after “Whom to Contact” in the “COBRA: Continuation of Coverage” section on page 25 of your NYSHIP General Information Book.

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

**COBRA
cancellation**