

NYSHIP HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR NEW YORK STATE POLICE TROOPERS
REPRESENTED BY PBA
And for their enrolled Dependents
And for COBRA Enrollees with their NYSHIP Benefits

Report

January 2001

NYSHIP Enhancements

Waiting Period

Employees hired on or after January 1, 2001 must complete a 56-day waiting period before NYSHIP coverage begins. 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.

Prescription Drug Share of Premium

COBRA Enrollees: The following does not apply to you.

Beginning January 1, 2001, the State pays 90 percent of the prescription drug premium for Individual coverage and the employee contributes 10 percent.

For Family coverage, the State pays 90 percent of the enrollee prescription drug premium plus 75 percent of the dependent prescription drug premium regardless of the number of dependents. The employee contributes 10 percent of the enrollee prescription drug premium plus 25 percent of the dependent prescription drug premium.

Changing Your Health Insurance Plan

During the annual Option Transfer Period, you may change your health insurance option for any reason. To change options during this period, see your agency Health Benefits Administrator.

You may change options outside the designated Option Transfer Period only under the following circumstances:

- You are enrolled in an HMO and you move permanently out of your HMO's service area. You must change options in order to keep your NYSHIP coverage.
- You retire and do not live in the HMO's service area but are enrolled in the HMO because you worked in the HMO's service area.
- You move to a new area served by a NYSHIP HMO that did not serve your previous home area.
- You change jobs and want to change to an HMO that was not available where you last worked or lived.
- You have a job change out of an HMO's service area in which you were enrolled.
- You return to the State payroll after military leave.
- You return to the State payroll after a break in service, if you were ineligible to continue enrollment during the break.

- You return to the State payroll after going on Leave Without Pay, if you canceled your health insurance and missed a Transfer Period during the leave; you have 28 days after your return to the payroll to change your option.
- You are assigned a new State service anniversary date following a break in service.
- You are covered under a prescription drug program provided by an Employee Benefit Fund and you lose eligibility for that coverage because of a change in negotiating unit.
- Your dependent moves and is no longer in your HMO's service area. (Does not apply to a student attending college outside your HMO's service area.)

Please see your *NYSHIP General Information Book* for more information about changing your health insurance option.

In This Report

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- 3-5 NYSHIP General Information Book

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 did 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.



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>

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.

January 2001

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Substitute the following for item 3. under "You, the enrollee" in the "Who is Eligible?" section on page I-5 of your NYSHIP General Information Book.

Eligibility requirements

3. **Effective January 1, 2001**, 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 "When coverage begins," "Regular enrollment: 42-day waiting period" and "Late enrollment: You wait longer" in the "Enrollment" section on page I-11 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.

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...

Within 56 days of becoming eligible

Later than the 56th day following eligibility

Your coverage begins...

On the 57th day of eligible employment

On the first day of the fifth payroll period after you apply for coverage.

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Reenrolling a dependent	<p><i>Substitute the following for the first sentence of “Reenrolling a dependent” in the “Enrollment” section on page I-12 of your NYSHIP General Information Book.</i></p> <p>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.</p>
Premium costs	<p><i>Substitute the following for the fourth paragraph under “Your share of the premium” in the “Costs, ...” section on page I-16 of your NYSHIP General Information Book.</i></p> <p>Effective January 1, 2001, for the prescription drug component of your Empire Plan or HMO premium, the State pays 90 percent of your premium as the enrollee, plus 75 percent of the premium for dependent coverage regardless of the number of dependents.</p>
Retiree coverage	<p><i>Substitute the following for the last sentence in the second paragraph under “Eligibility for retiree coverage” in the “Continuing Coverage When You Retire” section on page I-25 of your NYSHIP General Information Book.</i></p> <p>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.</p>
Sick Leave Credit	<p><i>Insert the following as the fifth paragraph under “Lifetime monthly credit” in the “Continuing Coverage When You Retire” section on page I-28 of your NYSHIP General Information Book.</i></p> <p>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.</p>
Deferred health insurance coverage	<p><i>Insert the following after the third paragraph under “Deferred Health Insurance Coverage” on page I-32 of your NYSHIP General Information Book.</i></p> <p>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.</p>
COBRA: Choice of option and coverage	<p><i>Substitute the following for “Choice of option and coverage” in the “COBRA: Continuation of Coverage” section on page I-38 of your NYSHIP General Information Book.</i></p> <p>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 I-3.</p>
	<p>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.</p>

**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 I-39 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 I-40 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 I-39 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 I-40 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 I-41 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 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).

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