

# Report

January 2001

## New York State Health Insurance Program (NYSHIP) Enhancements

### Graduating Dependent Students: 3-Month Extension of Coverage

Beginning January 1, 2001, unmarried dependent students who are age 21 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 January 1, 2001, 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.

## 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.

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- 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.

# 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 sign up during 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.

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)

#### Graduating students

*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 7 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.

#### Reenrolling a dependent

*Substitute the following for the first sentence of "Reenrolling a dependent" in the "Enrollment" section on page 8 of your NYSHIP General Information Book.*

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.

#### Military leave

*Substitute the following for the first paragraph under "Military Leave" in the "How Changes in Your Status Affect Coverage" section on page 15 of your NYSHIP General Information Book. COBRA Enrollees: The following information does not apply to you.*

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 January 1, 2001**, 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.

*Continued on 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” section on page 17 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.

*Insert the following as the fifth paragraph under “Lifetime monthly credit” in the “Continuing Coverage When You Retire” section on page 19 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 after the third paragraph under “Deferred Health Insurance Coverage” on page 21 of your NYSHIP General Information Book.*

**Deferred health insurance coverage**

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 26 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 page 2.

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 26 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.

*Continued on page 5*

*Substitute the following for the second paragraph under “60-day deadline” in the “COBRA: Continuation of Coverage” section on page 26 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 26 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 27 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 27 of your NYSHIP General Information Book.*

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

**COBRA  
cancellation**

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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## 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  
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1-800-833-4344  
(U.S., Canada, Puerto Rico, Virgin Islands)  
<http://www.cs.state.ny.us>