

# NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

DECEMBER 2003

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)  
FOR ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS

And for their enrolled Dependents  
and for COBRA Enrollees with their NYSHIP Benefits

## Medicare General Enrollment

If you or your dependent is eligible for primary Medicare coverage because of end stage renal disease or domestic partner status and did not enroll for Medicare when first eligible, you must sign up during the Medicare enrollment period, January 1 to March 31, 2004. Contact your local Social Security office or call 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 Medicare coverage that pays primary to NYSHIP.

Page 2 of this Report has more information about Medicare. Also, see the Medicare section of your *NYSHIP General Information Book*.



## NYSHIP Reminders

### "Other Children" Eligibility

If you are caring for a child who is not your natural child, legally adopted child or dependent stepchild, this child may be eligible for NYSHIP health insurance coverage as your dependent. To be eligible, the "other child" must be unmarried and under age 19, reside permanently in your home and be chiefly dependent on you. You must have assumed legal responsibility in place of the parent. You must also verify eligibility and provide documentation when you enroll the child and every two years thereafter.

Contact your agency Health Benefits Administrator to enroll an "other child" or for more information about eligibility.

### Release of Health Information to Representatives

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes national standards to protect the privacy of personal health information. Following these standards, the Employee Benefits Division limits the use and disclosure of individual health information. Persons representing a NYSHIP enrollee may need to meet certain requirements before the Division can give personal information.

Separated spouses covered under NYSHIP may receive information about themselves. Former spouses may not receive information about the enrollee, but, if they are on file in the Division as the child's personal representative, may get information about a dependent child.

Parents wanting information about adult children with COBRA coverage must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form (available from your agency Health Benefits Administrator) signed by the adult child.

Adult children asking for information about a parent must have a health care proxy, power of attorney, a court order, proof that the enrollee is incapacitated or an authorization form (available from your agency Health Benefits Administrator) signed by the parent.

If you have questions about HIPAA and the release of personal health information, ask your agency Health Benefits Administrator. More HIPAA details and the Division's authorization form are also available on the New York State Department of Civil Service Web site, [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on Employee Benefits. Then choose HIPAA Privacy Information.

### What is a Participating Employer?

Participating Employer is the term the Employee Benefits Division uses to describe a government agency in New York State that is maintained and financed from special administrative funds and participates in the New York State Health Insurance Program (NYSHIP). Examples of Participating Employers are the Thruway Authority and the Metropolitan Transit Authority.

SAVE THIS REPORT

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# Planning for Retirement

## Changing Your Health Insurance Plan

As an active employee, you may change your health insurance plan once each year during the annual Option Transfer Period at the end of the year. When you retire, you may change your health insurance plan once at any time during a twelve-month period, for any reason.

This new policy applies to State and Participating Employer retirees, vestees, dependent survivors and enrollees covered under preferred list provisions and COBRA enrollees with their benefits.

You may choose to change plans when you retire. If you want to change your health insurance plan to be effective as you begin your retirement, see your agency Health Benefits Administrator before your last day on the payroll.

Under certain circumstances, active employees may change plans outside the Option Transfer Period and retirees may change plans more than once in a twelve-month period. Please see your *NYSHIP General Information Book* for details. And, talk to your agency Health Benefits Administrator.

## Medicare Enrollment

NYSHIP provides primary coverage (pays first) for you, your enrolled spouse and other covered dependents while you are an active employee of a Participating Employer, regardless of age or disability.

There are exceptions: Medicare is primary for an active employee or dependent with end stage renal disease (waiting period applies) and for an active employee's domestic partner who is age 65 or over. The active employee or dependent with end stage renal disease must enroll in Medicare Parts A and B. The domestic partner must have Medicare Parts A and B in effect when first eligible at 65.

If you are planning to retire or otherwise leave Participating Employer service and you or your spouse is 65 or older, or under 65 and entitled to Medicare because of disability, contact

your local Social Security office three months before active employment ends to enroll in Medicare Parts A and B. After you leave the payroll, Medicare pays primary to NYSHIP for a disabled enrollee or dependent, regardless of age. Be sure to talk with your agency Health Benefits Administrator if your spouse is under 65 and disabled at the time you leave the payroll.

The publication, *What NYS Retirees Need to Know About Medicare and NYSHIP*, has more information. Ask your agency Health Benefits Administrator for a copy when you are planning to retire or leave Participating Employer service.

Please also see your *NYSHIP General Information Book* for more information about Medicare and NYSHIP.

## Dual Annuitant Sick Leave Credit

At the time you retire, if you are eligible to use sick leave credits, your unused sick leave becomes a lifetime monthly credit that reduces your cost for health insurance. You may specify that you want your dependent survivors to use your monthly sick leave credit toward their NYSHIP premium if you die. This is called dual annuitant sick leave credit. Ask your agency Health Benefits Administrator if you are eligible for this option. If you want this option, you must choose it before your last day on the payroll. Your choice is permanent – no changes allowed even if your dependents predecease you.

The dual annuitant sick leave credit affects only the cost of your health insurance as a retiree and then the cost of your dependent survivors' health insurance, not your survivors' eligibility for health insurance. Whether or not you choose this option, your dependent survivors will be able to continue their NYSHIP health insurance if you had 10 or more years of active service at the time of your death. Other requirements may apply.



If you choose the dual annuitant sick leave credit at retirement, you will use 70 percent of the full value of your sick leave credit for as long as you live. Your eligible dependents who outlive you may continue to use 70 percent of the monthly credit for their health insurance premium.

See your *NYSHIP General Information Book* for more information about coverage for your dependent survivors.

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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www.cs.state.ny.us

Keep this Report with your August 1, 2001 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.

December 2003

## Changes to NYSHIP General Information Book

### NEW YORK STATE HEALTH INSURANCE PROGRAM

Substitute the following for the ninth bullet under “Changing Options outside the Option Transfer Period” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

#### Changing options

- You retire or vest your health insurance

#### Option Transfer for retirees

Delete the second Q and A under “Examples of option transfer...” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

Add the following at the end of the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

Enrollees with retiree benefits are not limited to the thirty-day Option Transfer Period at the end of each calendar year. Retirees, vestees, dependent survivors, Preferred List enrollees and COBRA enrollees with their benefits may change health insurance options at any time once during the year. However, once an option change is made, another change may not be made until twelve months later. Enrollees with retiree benefits may change options more than once during a twelve-month period only if enrolled in an HMO and moving permanently out of the HMO’s service area or moving to an area served by a NYSHIP-approved HMO that did not serve the enrollee’s previous home area.

To change your option when you retire or vest, see your agency Health Benefits Administrator before you leave the payroll.

Substitute the following for the third bullet of the second paragraph, “If you and your spouse are each eligible for your own coverage in NYSHIP”, under “Two types of coverage” in the “Coverage: Individual or Family” section on page 8 of your NYSHIP General Information Book.

#### Coverage

- You may each have Family coverage if your employer permits two Family enrollments; however, if one spouse is enrolled as a New York State employee or retiree, you can have only one Family enrollment. If the spouse who works for a Participating Employer chooses Family coverage, the spouse who is a State employee may elect Individual coverage.

Insert the following after the first paragraph of “Dual Annuitant Sick Leave Credit” in the “Continuing Coverage When You Retire” section on page 17 of your NYSHIP General Information Book.

#### Dual Annuitant Sick Leave Credit

Whether or not you choose Dual Annuitant Sick Leave Credit, your dependent survivors will be able to continue their health insurance if they meet NYSHIP eligibility requirements.

Add the following at the end of the “Continuing Coverage as a Vestee” section on page 21 of your NYSHIP General Information Book.

#### Option Transfer for vestees

Enrollees in vestee status may change options at any time once in any twelve-month period. They are covered by the same rules as retirees for changing options. (See “Option Transfer for Retirees” on page 3.)

Substitute the following for “Option changes for dependents” in the “Coverage for Your Dependent Survivors” section on page 23 of your NYSHIP General Information Book.

#### Option Transfer for dependent survivors

Dependent survivors may change options at any time once in any twelve-month period. They are covered by the same rules as retirees for changing options. (See “Option Transfer for Retirees” on page 3.)

State of New York  
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NYSHIP information for the Enrollee, Enrolled Spouse/  
Domestic Partner and Other Enrolled Dependents

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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. These publications are also available on the Employee Benefits Division Web site ([www.cs.state.ny.us](http://www.cs.state.ny.us)), which meets universal accessibility standards adopted by New York State for NYS Agency Web sites. 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.