

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

JANUARY 2004

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY CSEA

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 enroll in Medicare when first eligible, you must sign up during the

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. Click on Employee Benefits. Then choose HIPAA Privacy Information.

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 State employee, regardless of age or disability.

There are exceptions: Medicare is primary for an active State employee or dependent with end stage renal disease (waiting period applies) and for an active State 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 State 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.

Two publications, *What NYS Retirees Need to Know About Medicare and NYSHIP* and *Medicare for Disability Retirees*, have more details. Ask your agency Health Benefits Administrator for copies when you are planning to retire or leave State service.

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

COBRA enrollees: See pages 3-4 of this Report for important information about Medicare and COBRA.

Dual Annuitant Sick Leave Credit

At the time you retire, 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. 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.

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, 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.

January 2004

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.

Insert the following after the first paragraph of “Dual Annuitant Sick Leave Credit” in the “Continuing Coverage When You Retire” section on page 21 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 25 of your NYSHIP General Information Book.

Option Transfer for vestees

Enrollees in vestee status may change options at any time once in a 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 27 of your NYSHIP General Information Book.

Option Transfer for dependent survivors

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

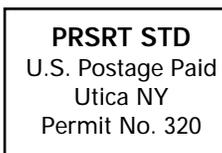
Medicare and COBRA

Insert the following after “How long you may keep COBRA coverage” in the “COBRA: Continuation of Coverage” section on page 29 of your NYSHIP General Information Book.

The coverage you have first, COBRA or Medicare, affects your eligibility for coverage.

- If you are already covered under Medicare when you apply for COBRA: You may continue NYSHIP coverage under COBRA.
- If you are already covered under COBRA when you become eligible for Medicare: If you enroll in Medicare, your NYSHIP coverage under COBRA ends as soon as your Medicare coverage becomes effective.

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ADDRESS SERVICE
REQUESTED

CSEA HMO Report – January 2004

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), 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).

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Changes continued from page 3

If you are not enrolled in Medicare when you are first eligible, your eligibility for NYSHIP coverage under COBRA continues until your COBRA continuation period runs out or you do become covered under Medicare, but you will be responsible for Medicare's share of your bills. Under New York State law, HMOs and the Empire Plan carriers do not pay for any medical expenses that would have been paid by Medicare *whether or not* you are actually enrolled in Medicare. This means that large portions of your medical expenses may not be paid by either Medicare or your NYSHIP plan. In addition, under Medicare late enrollment rules, if you do not enroll in Parts A and B when first eligible, when you do enroll you may have a waiting period for Medicare to begin and the cost of your Medicare monthly premiums will be higher when you do enroll. If you do not join Medicare and you keep your NYSHIP coverage under COBRA, you will be reimbursed for the base cost of the Medicare Part B premium when Medicare automatically becomes primary to NYSHIP at 65.

Substitute the following for "When you no longer qualify for COBRA coverage" in the "COBRA: Continuation of Coverage" section on page 29 of your NYSHIP General Information Book.

When you no longer qualify for COBRA coverage

Continuation coverage may be cut short for any of the following reasons:

1. If New York State no longer provides group health care coverage to any of its employees; or
2. If the premium for your continuation coverage is not paid on time; or
3. The continuation period of 18 months, 29 months or 36 months ends; or
4. If you become eligible for Medicare after enrolling in COBRA, your COBRA coverage ends when you become entitled to receive Medicare benefits. (In this case, your covered dependents may continue COBRA coverage for up to 36 months from their original COBRA qualifying event.)

Add the following as the second paragraph in the "Medicare: When You Must Enroll and Coordinating with NYSHIP" section on page 30 of your NYSHIP General Information Book.

Medicare and COBRA

Note to COBRA enrollees: Requirements differ. Please read about "Medicare and COBRA" on page 29.