New York State Health Insurance Program

General Information Book Amendments

FOR NEW YORK STATE AND PARTICIPATING EMPLOYER RETIREES, VESTEES, DEPENDENT SURVIVORS AND ENROLLEES COVERED UNDER PREFERRED LIST PROVISIONS
and their enrolled Dependents
and for COBRA enrollees with their benefits

Keep these amendments with your May 1, 2004 *New York State Health Insurance Program General Information Book.*

New York State Health Insurance Program (NYSHIP) General Information Book

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September 2005

State of New York Department of Civil Service
Employee Benefits Division
www.cs.state.ny.us

The policies and benefits described in this document are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your May 1, 2004 *NYSHIP General Information Book* and later *Health Maintenance Organizations Reports* and *Changes*, this is the controlling document.

NEW YORK STATE HEALTH INSURANCE PROGRAM

Substitute the following for the information in the box under "Disability retirement" in the "Eligibility for coverage..." section on page 6 of your NYSHIP General Information Book.

Disability retirement

To maintain NYSHIP eligibility, you must continue your health insurance coverage while you wait for the decision on your disability retirement. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee status, coverage for you and your dependents will end. Coverage may end permanently. If your disability retirement is not approved, you will not be eligible to re-enroll in NYSHIP.

Deadline: If you have not continued your coverage and a retroactive retirement is granted, call the Employee Benefits Division right away at 518-457-5754 (Albany area) or 1-800-833-4344 to ask about reinstating coverage. Call as soon as you have the decision on your disability retirement. You must apply in writing for reinstatement of your NYSHIP coverage **within one year** of the date on the letter from your retirement system announcing the decision to grant your disability retirement. If coverage is reinstated due to your receipt of a disability retirement, you will be required to pay any missed premiums, based upon the last coverage in effect, from the date your coverage terminated until the date your coverage would have ended if your retirement had been granted on a timely basis.

If you receive an ordinary disability retirement, the effective date of your coverage will follow a three-month late enrollment waiting period based on the date of your application.

If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on a current basis.

Substitute the following for the third sentence of the first paragraph of "Or your domestic partner" under "Your dependents" in the "Eligibility for coverage..." section on page 8 of your NYSHIP General Information Book.

Domestic partner

Effective January 1, 2005. To enroll a domestic partner, you must have been in the partnership for six months.

Substitute the following for the last sentence of the fourth paragraph of "Or your domestic partner" under "Your dependents" in the "Eligibility for coverage..." section on page 8 of your NYSHIP General Information Book.

Effective January 1, 2005. There will be a one-year waiting period from the termination date of your previous partner's coverage before you may again enroll a domestic partner.

Substitute the following for the first two sentences in the second bullet under "Medicare and COBRA" in the "COBRA: Continuation of Coverage..." section on page 25 of your NYSHIP General Information Book.

Medicare and 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. (In this case, your covered dependents may continue COBRA coverage for up to 18 months, (or 29 months if entitled to the 11-month disability extension) from their original COBRA-qualifying event.)

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
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ADDRESS SERVICE REQUESTED

SAVE THIS DOCUMENT

NYSHIP information for the Enrollee, Enrolled Spouse/Domestic Partner and Other Enrolled Dependents

RETIREE Book Amendments – September 2005

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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 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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