

# NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

JANUARY 2006

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)  
FOR ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS  
OF THE STATE OF NEW YORK  
And for their enrolled Dependents  
and for COBRA Enrollees with their NYSHIP Benefits

## 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.

## NYSHIP News and Reminders

### Changing Options

You may now change your NYSHIP health insurance plan outside the Option Transfer Period when you add a new dependent to your coverage. You may change from an HMO to The Empire Plan, or from The Empire Plan to an HMO, or from one HMO to another HMO in your area. (Please note: The HMO must be accepting enrollments.) Your *NYSHIP General Information Book* explains other circumstances that allow a change outside the Option Transfer Period. To change options, see your agency Health Benefits Administrator.

### Medicare Primary for Amyotrophic Lateral Sclerosis (ALS)

Medicare provides primary coverage for persons with ALS. An active employee or dependent of an active employee who develops ALS and who qualifies for Social Security Disability Insurance (SSDI) benefits becomes eligible for primary Medicare coverage as soon as SSDI benefits begin.

As soon as you or your covered dependent becomes eligible for Medicare coverage that pays primary to NYSHIP (because of ALS, end-stage renal disease or domestic partner status), you or your covered dependent must be enrolled in Medicare Parts A and B.

### Medicare General Enrollment

If you or your dependent is eligible for primary Medicare coverage because of end-stage renal disease, amyotrophic lateral sclerosis (ALS) or domestic partner status and did not enroll in Medicare when first eligible, you must sign up during the Medicare general enrollment period, January 1 to March 31, 2006. 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.

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REPORT

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State of New York  
Department of Civil Service  
Employee Benefits Division  
Albany, New York 12239  
www.cs.state.ny.us

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

*PE HMO Report* – January 2006

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 Department of Civil Service web site (www.cs.state.ny.us). Check the web site for timely information that 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 *Report* was printed using recycled paper and environmentally sensitive inks.

PE0081 HMO-PE-06-1 

### Information in Another Language

The New York State Health Insurance Program offers Language Line Services (LLS), an over-the-phone language translation service for NYSHIP enrollees.

If you understand another language better than English and would like answers to your health insurance questions in another language, you may contact your agency Health Benefits Administrator (HBA) who will arrange for you to use LLS through the Employee Benefits

Division (EBD). You may call your HBA on your own or ask an authorized representative acting on your behalf to call for you.

A three-way conference call allows the interpreter to translate for you and for the EBD representative.

LLS interpreters are trained in over-the-phone translation skills. They give accurate, objective translations. All calls are strictly confidential.