

# NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

JANUARY 2006

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)  
FOR NEW YORK STATE AND PARTICIPATING EMPLOYER  
RETIREES, VESTEES, DEPENDENT SURVIVORS  
And ENROLLEES covered under PREFERRED LIST PROVISIONS  
And for their enrolled Dependents  
and for COBRA Enrollees with their NYSHIP Benefits

## Changing Your Health Insurance Plan

You may change your NYSHIP health insurance plan for any reason, at any time, once during a twelve-month period. 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. (The HMO must be accepting enrollments.)

You may change options more than once in a twelve-month period if you:

- Are enrolled in an HMO and move permanently out of your HMO's service area.
- Move to an area served by a NYSHIP HMO that did not serve your previous home area.
- Add a new dependent to your coverage.

If you want to change your health insurance plan, you must notify the Employee Benefits Division in writing. Please use the forms included in the *Choices* booklet you received in December. Or, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) and ask for the required forms.

Information about NYSHIP health insurance plans is also available on the New York State Department of Civil Service web site, [www.cs.state.ny.us](http://www.cs.state.ny.us).

## Medicare

### You Must Enroll

NYSHIP requires you and your covered dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage under NYSHIP, even if you also have coverage through another employer's group plan.

You must be enrolled in Medicare Parts A and B and entitled to receive Medicare benefits by the first day of the month in which you reach age 65 (if your birthday is the first of the month, by the first day of the month before), or before age 65 if you are disabled, have amyotrophic lateral sclerosis (ALS), or have end-stage renal disease. (Call the Employee Benefits Division to ask when Medicare becomes primary.)

As soon as you become eligible for Medicare, your NYSHIP coverage will pay secondary to Medicare, even if you fail to enroll in Medicare or are in a waiting period for Medicare to go into effect. Plan benefits may change.

If you and your dependents are not enrolled in Medicare Parts A and B when you are first eligible to enroll, you will be responsible for the full cost of medical services that Medicare would have covered.

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

Medicare provides primary coverage for persons with ALS. If you or your dependent develops ALS and qualifies for Social Security Disability Insurance (SSDI) benefits, you are eligible for primary Medicare coverage as soon as SSDI benefits begin.

### How to Enroll

To enroll in Medicare, visit your local Social Security office or call Social Security at 1-800-772-1213. Information about applying for Medicare is also available on the web at [www.ssa.gov](http://www.ssa.gov). Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778.

If you do not enroll in Medicare when you are first eligible, you must enroll during the next General Enrollment Period between January 1 and March 31. Your coverage will begin July 1 of the same year. You will pay more for Medicare as a penalty for late enrollment.

### Medicare Part B Premium

The Medicare Part B premium for 2006 is \$88.50 per month, up 13 percent from \$78.20 per month in 2005. NYSHIP reimburses you for the Part B premium unless you receive reimbursement from another source. The same automatic reimbursement applies to spouses who become 65 years old after January 1, 2000.

The reimbursement is not automatic for spouses who became 65 years old before January 1, 2000. The reimbursement also is not automatic for your domestic partner or for any enrollee or covered dependent who is under age 65 and eligible for Medicare due to a disability, end-stage renal disease, or amyotrophic lateral sclerosis (ALS). You must notify the Employee Benefits Division and send a photocopy of the Medicare card to begin the reimbursement.



ADDRESS SERVICE  
REQUESTED

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

*Retiree 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 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.

AL0632 HMO-Retiree-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 enrollees who call the Employee Benefits Division.

If you understand another language better than English and would like answers to your health insurance questions in another language, you may call the Employee Benefits Division and use LLS. You may call on your own or ask an authorized representative acting on your behalf 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 Benefits representatives are available Monday through Friday, 9 a.m. to 3 p.m. Eastern time.

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.

## 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.