

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

MARCH 2007

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR EMPLOYEES OF THE STATE OF NEW YORK
REPRESENTED BY COUNCIL 82

Who are subject to binding arbitration

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.

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NYSHIP News and Reminders

Domestic Partner Eligibility

Effective January 1, 2007, to enroll a domestic partner, you must be able to provide proof that you have lived together and been financially interdependent for at least six months. Also effective January 1, 2007, there is a one-year waiting period from the termination date of previous partner coverage before you may again enroll a domestic partner. Other eligibility requirements apply. Please see your *NYSHIP General Information Book* and *HMO Reports* for details.

Pre-Retirement Seminars

The Governor's Office of Employee Relations (GOER) in partnership with the Office of the State Comptroller presents Pre-Retirement Seminars. As part of the seminars, a representative from the Employee Benefits Division will explain the New York State Health

Insurance Program (NYSHIP) and your choices before you leave the payroll.

Call your personnel office to learn if there is a seminar available in your area and to reserve your place. Be sure to bring your personal confirmation letter from GOER when you attend. The New York State Department of Civil Service web site, www.cs.state.ny.us, also has the seminar schedule. Click on Benefit Programs, then NYSHIP Online. Choose your group if prompted. Then click on Calendar.

Since demand is greater than available seating at the seminars, you can also access helpful online pre-retirement resources at www.goer.state.ny.us/train/onlinelearning/pr/intro.html or www.osc.state.ny.us/retire. The New York State Department of Civil Service web site, www.cs.state.ny.us, also has pre-retirement information. From NYSHIP Online, choose Planning to Retire?

NEW IN 2007

Self-service access to enrollment information



You can now get online access to your health insurance enrollment record through our new secure web site, MyNYSHIP. To register, visit the Department of Civil Service web site at www.cs.state.ny.us. Select Benefit

Programs, then NYSHIP Online. Select your group if prompted, then click MyNYSHIP-Employee Self-Service. Or, go directly to www.cs.state.ny.us/mynyship.

Keep this Report with your January 1, 2003 New York State Health Insurance Program (NYSHIP) General Information Book for employees of New York State represented by Council 82. Where this document differs from your Book and later Changes/Clarifications included in NYSHIP Health Maintenance Organizations Reports, this is the controlling document.

January 2007

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM

Add the following as the fifth 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 add a new dependent to your coverage. The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption.

Substitute the following for the third sentence of the first paragraph of “Or your domestic partner” under “Your dependents” in the “Who is Eligible?” section on page 4 of your NYSHIP General Information Book.

Domestic partner

Effective January 1, 2007. To enroll a domestic partner, you must have been in the partnership for six months and be able to provide proof of residency and financial interdependence.

Substitute the following for the fifth paragraph of “Or your domestic partner” under “Your dependents” in the “Who is Eligible?” section on page 5 of your NYSHIP General Information Book.

Effective January 1, 2007. 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 fifth and sixth bullets under “When your Family coverage begins” in the “Coverage: Individual or Family” section on page 9 of your NYSHIP General Information Book.

Family coverage

- If you apply **more than 7 days but within 30 days after** the event, there will be a waiting period. Your Family coverage will become effective on the day you apply if you apply on the first day of a payroll period. Otherwise, it will begin on the first day of the next payroll period.
- If you apply **more than 30 days after** the event, there will be a longer waiting period. Your Family coverage will become effective on the first day of the fifth payroll period following the payroll period in which you apply.

Substitute the following for the fourth, fifth and sixth paragraphs in the box entitled “Changing to Family Coverage” in the “Coverage: Individual or Family” section on page 10 of your NYSHIP General Information Book.

If you apply more than 7 days but within 30 days after the event, coverage begins on the first day of the next payroll period.

If you apply more than 30 days after the birth or adoption of a newborn or any other event, coverage begins on the first day of the fifth payroll period.

Exception for court order

Substitute the following for “Exception for court order” in the “Coverage: Individual or Family” section on page 10 of your NYSHIP General Information Book.

If you are subject to a court order mandating that dependent children be enrolled immediately in employer health insurance, the late enrollment waiting period will be waived for your eligible dependent children covered by the court order. You must provide a copy of the court order and any supporting documents needed to show that the dependent children are covered by the order and eligible for coverage under NYSHIP eligibility rules. You must contact your agency Health Benefits Administrator for this benefit.

IRS regulations

Substitute the following for the first sentence of “Changes permitted only after certain events” under “Costs, Pre-Tax Program and What Your Paycheck Stub Shows” on page 13 of your NYSHIP General Information Book.

Under the Internal Revenue Service (IRS) rules, you may change your health insurance deduction during the plan year only after one of the following PTCP-qualifying events:

Substitute the following for “IRS regulations: Arbitrary changes not permitted during the year” under “Costs, Pre-Tax Program and What Your Paycheck Stub Shows” on page 13 of your NYSHIP General Information Book.

IRS regulations:

Changes in benefit elections during the plan year that do not stem from a qualifying event are not permitted by the IRS and cannot change the amount of your pre-tax health insurance deduction.

Since IRS regulations restrict changes in your benefit elections and their related health insurance premium deductions during a plan year, NYSHIP enrollees who are enrolled in the PTCP are not permitted to make the following two changes during the plan year:

- You may not change from Family to Individual coverage while your dependents are still eligible for coverage unless the change stems from a qualifying event.
- You may not voluntarily cancel your coverage while you are still eligible for coverage unless the change stems from a qualifying event.

These limitations apply only to changes made during the plan year when there is no PTCP-qualifying event.



CHANGE SERVICE
REQUESTED

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

C-82 HMO Report – March 2007
(Subject to Binding Arbitration)

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). Click on Benefit Programs, then NYSHIP Online 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).

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HMO-C-82 Binding Arbitration-07-1 

Fraud and Your NYSHIP Coverage

Health insurance fraud is costly and illegal.

The Employee Benefits Division will investigate any cases of suspected fraud and/or abuse of NYSHIP benefits.

Report lost or stolen benefit cards. Notify your agency Health Benefits Administrator whenever your or your dependents' eligibility changes. Your *NYSHIP General Information Book* has information on your responsibilities under NYSHIP.

Protect Your NYSHIP Benefits

1. Never sign blank insurance claim forms.
2. Ask your medical providers in advance what they will charge. Be sure you understand what you will be expected to pay out of pocket.
3. Carefully review your insurer's explanation of benefits statement (EOB). Call your insurer and provider if you have questions.
4. Do not do business with door-to-door or telephone salespeople who tell you their service or medical equipment is free.

5. Give your insurance/Medicare identification number only to those who have provided you with medical services.
 6. Keep accurate records of all health care appointments.
- If you are aware of health insurance fraud, contact your Health Maintenance Organization (HMO).