

# NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

MARCH 2007

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

## 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.

## Medicare

### Medicare Parts A and B- 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, 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 Parts A and B, 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.

### How to Enroll in Medicare

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 Reimbursement

The base cost for the Medicare Part B premium is \$93.50 per month in 2007, a 5.6 percent increase from \$88.50 per month in 2006.

If you or your dependent is Medicare primary, NYSHIP reimburses you for the base cost of 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.

*Medicare continued on page 2*

SAVE THIS REPORT

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## Medicare Part B Premium Surcharge

Due to a 2003 Federal law, a surcharge for higher-income people is added to the Medicare Part B base premium effective January 1, 2007. Individuals who earn more than \$80,000 and married couples who earn more than \$160,000 are subject to this additional cost. The Social Security Administration computes the surcharge for 2007 with income data from 2005 Internal Revenue Service tax returns.

## Enrollment in Medicare Advantage Plans

Some NYSHIP HMOs provide a Medicare Advantage plan to NYSHIP enrollees and dependents who are Medicare primary. Under a Medicare Advantage plan, the HMO provides both your Medicare and your NYSHIP coverage; you no longer have traditional Medicare coverage

(Medicare Parts A and B) outside of your HMO. If you are Medicare eligible and enrolled in an HMO that provides a Medicare Advantage plan under NYSHIP, that is the only coverage available to you through that NYSHIP HMO. You will be automatically enrolled in your HMO's Medicare Advantage plan upon eligibility for Medicare coverage. And, if you have family coverage, any dependent will be automatically enrolled in the Medicare Advantage plan upon becoming eligible for Medicare.

If you are enrolled in a NYSHIP Medicare Advantage plan and want to change options, complete the Option Transfer Request form in *Choices* and mail it to the Employee Benefits Division. You must also complete the Enrollment Cancellation form provided in *Choices*. This important cancellation makes your Medicare benefits available to you in

your new plan. If you are enrolling in an HMO (and not The Empire Plan), you should also complete the Notice of Intent to Enroll in an HMO form.

Your copy of *Choices 2007* explains the NYSHIP health insurance plans available to you and includes enrollment forms. If you don't have a copy of *Choices 2007*, call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). 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).

# Reminders

## Dependent Survivor Coverage

*Retirees of Participating Employers: Ask your agency Health Benefits Administrator if your agency offers dependent survivor coverage.*

NYSHIP provides benefits for enrolled dependent survivors of employees, retirees, vestees and enrollees covered under Preferred List provisions. Survivors begin the process by sending a copy of the death certificate to the New York State Employees' Retirement System or to the Employee Benefits Division (if not a member of a retirement system administered by New York State). Your *NYSHIP General Information Book* and *HMO Reports* have detailed information about eligibility and cost. Please note that if your spouse remarries or your domestic partner acquires another domestic partner, eligibility for continued coverage ends.

## Health Insurance Fraud

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 the Employee Benefits Division 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're aware of health insurance fraud, contact your Health Maintenance Organization (HMO).

Keep this Report with your May 1, 2004 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 2007

## Changes to NYSHIP General Information Book

### NEW YORK STATE HEALTH INSURANCE PROGRAM

*Add the following as the fourth bullet under “Changing options more than once in a 12-month 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 fourth bullet under “When your Family coverage begins” in the “Coverage: Individual or Family” section on page 14 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 first day of the month following the month in which you apply.

*Substitute the following for “Exception for court order” in the “Coverage: Individual or Family” section on pages 14-15 of your NYSHIP General Information Book.*

#### **Exception for court order**

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 write to the Employee Benefits Division for this benefit.

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

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

Retiree HMO Report – March 2007

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 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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## We've Moved



The New York State Department of Civil Service Employee Benefits Division moved from The State Campus to downtown Albany in July 2006. We are now located in the Alfred E. Smith State Office Building, 80 South Swan Street, corner of Washington Avenue just across from the State Capitol.

Our phone numbers have not changed. Retirees who live in the Albany area can call the Division at 518-457-5754; retirees who live elsewhere in the U.S., Canada, Puerto Rico or the Virgin Islands can use the toll-free number, 1-800-833-4344.

Please phone ahead if you are coming to our offices to meet with Employee Benefits Division representatives to discuss your health insurance benefits. That way we can plan for your arrival, offer directions and give you parking information. Our downtown Albany location does not have a free parking lot.

Please remember to bring photo identification, such as a driver's license, which is required for entry to the building. In addition, bring any documents that may assist us in addressing your questions and concerns.

The *NYSHIP Health Maintenance Organizations Report* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through a NYSHIP-approved Health Maintenance Organization.



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