

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

JANUARY 2009
(REVISED)

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR NEW YORK STATE POLICE SUPERVISORS
REPRESENTED BY PBA
And for their enrolled Dependents
and for COBRA Enrollees with their NYSHIP Benefits

**This is an updated version of the
NYSHIP Health Maintenance Organizations
Report you recently received.
Please destroy the previous copy.**

NYSHIP Changes

Leaving School Before Graduation

Beginning January 1, 2009, an enrolled, full-time student dependent age 19 or older who completes a semester will continue to be covered under NYSHIP until the last day of the third month following the month in which the dependent completes the semester unless the dependent otherwise loses NYSHIP eligibility. For example, if the dependent child completes the Spring semester in May, the last day of coverage would be August 31. However, if the dependent reaches age 25 before August 31, coverage ends on the dependent's birthday. This coverage extension applies to each semester the dependent child completes, including the semester in which the requirements for graduation are completed. A semester is considered to be completed if the student attends classes through the last required date of attendance for the semester, even if a passing grade is not achieved for coursework.

If a dependent student age 19 or older leaves school prior to the successful completion of a semester and proof of attendance during the semester is provided, coverage ends on the last day of the month in which the dependent attended school or the end of the third month following the month that the last semester was completed, whichever is later. If the required proof is not provided, coverage will end on the first day of the incomplete semester or three months after the previously completed semester, whichever is later.

Generally a dependent child over the age of 19 must be a full-time student at an accredited secondary or preparatory school, college or other educational institution to be eligible for NYSHIP coverage. Refer to your *General Information Book* for additional eligibility information for dependent children who are disabled, on medical leave or have military service.

Dependent Eligibility Verification Project

In 2009, the New York State Health Insurance Program (NYSHIP) will conduct an audit of all dependents that have health care coverage through NYSHIP. If you have family coverage you will receive a packet that will include a list of your dependents who are currently enrolled for health care coverage, along with an eligibility worksheet and a list of required documents you must provide. You must provide the dependent documentation even if you have previously done so. **Do not submit documents now – wait for the packet that will be sent in 2009.**

You must provide the required documentation to ensure that your enrolled dependents continue to be covered under NYSHIP. **Ineligible or unverified dependents will be dropped from coverage.**

The Department of Civil Service is contracting with Budco, a dependent verification specialty company, to conduct the Dependent Eligibility Verification Project.

Reimbursement of the Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) for Medicare-Primary Enrollees

Medicare law requires some people to pay a higher premium for their Medicare Part B coverage based on their income. If you and/or any of your enrolled dependents are Medicare-primary and received a letter from the Social Security Administration (SSA) requiring the payment of an income-related monthly adjustment amount (IRMAA) in addition to the standard 2008 Medicare Part B premium (\$96.40), you are eligible to be reimbursed for this additional premium by NYSHIP. **Note: If your 2006 adjusted gross income was less than or equal to \$82,000 (\$164,000 if you filed taxes as married filing jointly) you are NOT eligible for any additional reimbursement this year.**

To claim the additional IRMAA reimbursement, eligible enrollees are required to apply for and document the amount paid in excess of the standard premium. For information on how to apply, a list of the documents required or questions on IRMAA, you may check the Department of Civil Service web site at www.cs.state.ny.us. Choose Benefit Programs on the home page, then NYSHIP Online and select your group, if prompted. The IRMAA letter, which

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was mailed to Medicare Part B reimbursement-eligible enrollees in October, is available under What's New on the NYSHIP Online home page.

Or call the Employee Benefits Division at 518-457-5754 (if you are located in the 518 area code) or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

Keep this Report with your April 1, 2003 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 2009

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Effective January 1, 2009, add the following as the first three bullets of the first paragraph under "3. Your child age 19 (or 21 if enrolled in The Empire Plan) or over who is a full-time student" and delete the following paragraphs: the fourth paragraph under "3. Your child age 19 or over who is a full-time student" and the paragraphs entitled Spring student enrolled for fall, "Spring student, enrolled for fall, but does not attend in fall", "Spring student, not enrolled for fall", "Spring student seeking fall admission" and "Withdrawing from school" under "C. Your child age 19 or over who is a full-time student" in the "Eligibility" section on pages 5 and 6 of the General Information Book.

Leaving school before graduation

- The end of the third month following the month in which the dependent completes a semester.
- The end of the month in which attendance at school ends if the semester is not completed and proof of the last day of attendance for the semester is provided or the end of the third month following the month that the last semester was completed, whichever is later.
- The starting date of the semester if the semester is not completed and no proof of attendance is provided or the end of the third month following the month that the last semester was completed, whichever is later.

Substitute the following for the second paragraph under "When your Family coverage begins" in the "Coverage Individual or Family" section on page 9 of your NYSHIP General Information Book as amended in the September 2005 Amendments.

When your Family coverage begins

If you and a spouse or domestic partner each have individual coverage in NYSHIP and you change to one Family coverage, there is no waiting period.

Substitute the following for "Another money-saving program" in the "Costs, Pre-Tax Program and What Your Paycheck Stub Shows" section on page 14 of your NYSHIP General Information Book.

Health Care Spending Account

Ask your agency Health Benefits Administrator for information on the **Health Care Spending Account**, a flex spending benefit that allows you to set aside pre-tax dollars to pay for medically necessary health related expenses that are not reimbursed by your health insurance or any other benefit plan. For more information and annual enrollment deadlines you can go to www.flexspend.state.ny.us.

Substitute the following for “Medicare premium reimbursement” and “Reimbursement for dependents not automatic” in the “Medicare: When you must enroll and coordinating with NYSHIP” section on page 33 of your NYSHIP General Information Book.

Medicare Reimbursement

Medicare premium reimbursement

If you or your dependent is Medicare primary, The State will reimburse you for the usual (base) cost of “original” Medicare Part B monthly premiums unless you are receiving reimbursement from another source.

The Medicare Income-Related Monthly Adjustment Amount (IRMAA) is a Federal law that requires some people to pay a higher premium for their Medicare Part B coverage based on their income. If you are required to pay an income-related monthly adjustment amount in addition to the standard Medicare Part B premium, you are eligible to be reimbursed for this additional premium by NYSHIP.

Retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions, COBRA enrollees and covered spouses/domestic partners who become Medicare primary at age 65 are automatically reimbursed for Medicare Part B premium. Enrollees and covered dependents who become Medicare primary before age 65 because of disability or end stage renal disease must apply for reimbursement. You must take a photocopy of your dependent’s Medicare identification card to your agency Health Benefits Administrator. Be sure to include your name and identification number on the photocopy. If you are not an active employee, contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344.

To claim the additional IRMAA reimbursement, eligible enrollees are required to apply for and document the amount paid in excess of the standard Medicare Part B premium.

For information on how to apply, a list of documents required or questions on IRMAA, you may call the Employee Benefits Division at 457-5754 (if you are located in the 518 area code) or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

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SAVE THIS DOCUMENT



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

PBA-S HMO Report – January 2009 (Revised)

CHANGE SERVICE REQUESTED

**Please do not send mail or
correspondence to the
return address listed above.
See address below.**

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).

This Report was printed using recycled paper and environmentally sensitive inks.

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NYSHIP Reminders

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 Department of Civil Service, 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?

The NYSHIP Health Maintenance Organization Report is published by the Employee Benefits Division of the State of New York Department of Civil Service.



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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.