

# NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

JANUARY 2010

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

## Young Adult Option Coverage

As the result of a change in NYS Insurance Law, effective January 1, 2010, unmarried Young Adults through age 29 are eligible for NYSHIP health insurance coverage under the "Young Adult Option."

The Young Adult Option does not change NYSHIP's maximum age criteria for dependent coverage available to enrollees, but allows the adult child of an enrollee who meets the established criteria to purchase individual health insurance coverage through NYSHIP when the Young Adult does not otherwise qualify as a NYSHIP dependent. Either the Young Adult or his/her parent may enroll the Young Adult in the Young Adult Option, and either may elect to be billed for the NYSHIP premium. The cost of the Young Adult Option is the Full Share Individual premium. Refer to the Amendment on page 2 for eligibility criteria and other additional details.

A Young Adult is entitled to the same health insurance coverage as his/her parent provided the Young Adult lives, works or resides in New York State or the insurer's service area. Additionally, NYSHIP will permit a Young Adult to enroll in any other NYSHIP option for which the Young Adult otherwise qualifies for enrollment under NYSHIP rules. This means that a Young Adult may:

- Enroll in The Empire Plan regardless of the parent's option;

- Enroll in the same HMO as the parent if the Young Adult lives, works or resides in the HMO's service area or in New York State; or
- Enroll in a NYSHIP HMO that the parent is not enrolled in if the Young Adult lives or works within the HMO service area.

There is an initial open enrollment period for the Young Adult Option throughout 2010. Beginning in 2011 there will be a 30-day annual open enrollment period. Additionally, a Young Adult may enroll when NYSHIP eligibility is lost due to age or when a Young Adult is newly eligible because of a change in circumstances, such as loss of employer-sponsored health benefits.

The Young Adult Option application, rates and FAQs are available on the Department's web site at: <https://www.cs.state.ny.us/youngadultoptionnype/index.cfm>. Or you may contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 for additional information and to enroll.

## New York State: Supplemental Continuation of Coverage

Effective January 1, 2010, The Empire Plan adopted New York State legislation to allow enrollees who have exhausted their federal Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage to extend NYSHIP coverage for an additional 18 months under the state's continuation of coverage law.

Under the new legislation, if you lose COBRA coverage because you have

reached the end of your 18 or 29 month continuation period, you may request additional coverage under the New York State Insurance Law that will extend coverage until the earlier of:

- 36 months (combined length of COBRA and New York State coverage);
- The end of the period in which premiums were last paid;
- The date the enrollee becomes entitled to Medicare benefits; or
- The date New York State no longer provides group health care coverage to any of its enrollees.

Enrollees will have 60 days from the later of the end of their COBRA continuation period or receipt of notice of eligibility to apply in writing for the New York State Continuation of Coverage. The cost of coverage continuation will be the full premium cost for individual coverage plus a two percent administrative fee.

Keep this Report with your August 1, 2001 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 2010**

## **Changes to NYSHIP General Information Book**

### **NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)**

*Add the following as the second paragraph of "Your Spouse" under "Your Dependents" in the "Who is Eligible" section on page 4 of your NYSHIP General Information Book.*

#### **Your Spouse**

In addition, persons who are party to a same sex marriage validly entered into in a Jurisdiction where same sex marriage is permitted are eligible for spousal benefits.

*Substitute the following for the paragraph entitled "Note on Tax Implications:" under "Or your domestic partner" in the "Who is Eligible" section on page 4 of your NYSHIP General Information Book.*

#### **Domestic Partner**

Note on Tax Implications: Under the Internal Revenue Service (IRS) rules, the fair market value of health insurance benefits is treated as income for tax purposes. Ask your tax consultant how enrolling your domestic partner will affect your taxes.

*Substitute the following for "Medical leave for students age 19 or over" under "3. Your child age 19 years or over who is a full-time student" in the "Who is Eligible" section on page 6 of your NYSHIP General Information Book.*

#### **Medical leave for students age 19 or over**

If your dependent child is granted a medical leave by the school or changes from full-time to part-time status due to serious injury or illness, health insurance coverage will continue for a maximum of one year from the month in which the student status changes, plus any time before the start of the next regular semester. You must provide written documentation from the school and/or doctor.

*Substitute the following for the first sentence of the first paragraph of "5. Disabled dependents" under "Your dependents" on page 6 of your NYSHIP General Information Book.*

#### **Disabled Dependents**

Your unmarried dependent children age 19 or over who are incapable of self sustaining employment because of mental illness, developmental disability, mental retardation as defined in the mental hygiene law or physical handicap who became incapacitated before the age at which dependent coverage would otherwise be terminated are eligible.

Add the following immediately after “Proof of eligibility” on page 7 of your NYSHIP General Information Book.

### **Young Adult Option**

#### **Cost**

The Young Adult Option allows the Young Adult child of a NYSHIP enrollee to purchase individual health insurance coverage through NYSHIP when the Young Adult does not otherwise qualify as a dependent under NYSHIP. The Young Adult or his/her parent must pay a separate premium for the Young Adult Option. There will be no employer contribution by the State toward the cost of the Young Adult Option. The Young Adult or his/her parent are required to pay the full cost of premium for individual coverage for the NYSHIP option selected for coverage.

#### **Eligibility**

In order for a Young Adult to be eligible to enroll in NYSHIP under the Young Adult Option, the Young Adult must:

1. be a child, adopted child, or step-child of a NYSHIP enrollee (including those enrolled under COBRA);
2. be age 29 or younger;
3. be unmarried;
4. not be insured by or eligible for coverage through the young adult’s own employer-sponsored health plan, whether insured or self-funded, provided that the health plan includes both hospital and medical benefits;
5. live, work or reside in New York State or the insurer’s service area; and
6. not be covered under Medicare.

Eligibility for NYSHIP enrollment under the Young Adult Option ends when one of the following occurs:

1. the Young Adult voluntarily terminates coverage;
2. the Young Adult’s parent is no longer enrolled in NYSHIP;
3. the Young Adult no longer meets the eligibility requirements for the Young Adult Option as outlined above;
4. the NYSHIP premium for the Young Adult is not paid in full within the 30-day grace period.

Termination of coverage under the Young Adult Option does not cause a “qualifying event;” therefore, the Young Adult has no right to federal COBRA coverage or State continuation coverage when the Young Adult coverage ends.

#### **Available Coverage**

A Young Adult is entitled to the same health insurance coverage as his/her parent provided the Young Adult lives, works or resides in New York State or the insurer’s service area. Additionally, NYSHIP will permit a Young Adult to enroll in any other NYSHIP option for which the Young Adult otherwise qualifies for enrollment under NYSHIP rules. A Young Adult may:

1. Enroll in The Empire Plan regardless of the parent’s option;
2. Enroll in the same HMO as the parent if the Young Adult lives, works or resides in the HMO’s service area or in New York State; or
3. Enroll in a NYSHIP HMO that the parent is not enrolled in if the Young Adult lives, works or resides within the HMO service area.

## Enrollment Rules

Either the Young Adult or his/her parent may enroll the Young Adult in the Young Adult Option, and either may elect to be billed for the Young Adult's NYSHIP premium.

A Young Adult has the following opportunities to be enrolled in the Young Adult Option:

**1. When the Young Adult Would Otherwise Lose Coverage Due to Age**

Coverage may be elected within 60 days of the date that the Young Adult otherwise would lose eligibility for coverage, as his/her parent's dependent, due to age. Coverage is retroactive to the date that the Young Adult lost coverage due to age. This is the only circumstance in which the Young Adult Option will be effective on a retroactive basis.

**2. During the Young Adult Option Open Enrollment Period**

Coverage may be elected by an eligible Young Adult at any time during calendar year 2010. Beginning in 2011 coverage may be elected during the Young Adult Option annual 30-day open enrollment period. Coverage will be effective no later than 30 days after NYSHIP receives written notice of the election and payment of the first month premium.

**3. When the Young Adult is Newly Qualified Due to a Change in Circumstances**

Coverage may be elected within 60 days of the date that the Young Adult newly meets the eligibility requirements for the Young Adult Option, such as loses coverage through his/her employer; moves his/her residence into New York State; or gets divorced. It is possible for a Young Adult to elect coverage under this option on multiple occasions due to changes in the Young Adult's eligibility over time. Coverage will be effective prospectively, no later than 30 days after NYSHIP receives written notice of the election and payment of the first monthly premium.

*Add the following after "Exceptions for new dependents" in the "Coverage: Individual or Family" section on page 9 of your NYSHIP General Information Book.*

### Exception: CHIP and Medicaid

**Exception for Children's Health Insurance Program (CHIP) and Medicaid**

If you or your dependent(s) are otherwise eligible to enroll in NYSHIP and you lose Eligibility under CHIP or Medicaid or you become eligible for premium assistance from the State under its CHIP or Medicaid program, you have special rights to enroll in NYSHIP. If you request enrollment for yourself and/or your dependent(s) within 60 days after the loss of eligibility under CHIP or Medicaid or the date you are determined to be eligible for premium assistance, you are not subject to a waiting period and your NYSHIP coverage may begin on the effective date of that event.

*Substitute the following for the "COBRA: Continuation of Coverage" section on page 23 of your NYSHIP General Information Book.*

### COBRA: Continuation of Coverage

**COBRA: Continuation coverage: important benefit**

This section explains your rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a federal continuation of coverage law for you and your covered dependents. The law requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health care coverage called "continuation coverage" at group rates in certain instances where coverage under the program would otherwise end. The health care benefits you may

continue are the same benefits you receive as an active employee enrolled in the New York State Health Insurance Program (NYSHIP). There is also no change in benefits when your dependent enrolls in COBRA.

This section summarizes your rights and obligations under the continuation coverage provisions of the law. If your spouse or domestic partner is also covered under NYSHIP, your spouse or domestic partner should take the time to read this carefully.

### **Who is eligible?**

If you have canceled your NYSHIP enrollment while on leave under the Family and Medical Leave Act, and do not return to work, you may choose COBRA coverage. Enrollees who are entitled to receive Medicare benefits may enroll for COBRA coverage following a COBRA-qualifying event. Note: "Entitled to receive Medicare benefits" means that the person could submit claims to Medicare and receive reimbursement, not just being eligible to enroll by virtue of being over 65, for instance, or being in a Medicare waiting period.

### **You**

If you are an active employee enrolled in NYSHIP, you have a right to choose this continuation coverage if you lose your group health care coverage because of a reduction in your hours of employment or the termination of employment.

### **Your spouse/domestic partner**

The spouse or domestic partner of an active employee covered by NYSHIP has the right to choose continuation coverage if the spouse's or partner's coverage under NYSHIP is lost for any of the following reasons:

1. The death of the employee;
2. Termination of the employee's employment;
3. Reduction in employee's hours of employment;
4. Divorce or legal separation, or termination of domestic partnership (Spouse does not automatically lose coverage in NYSHIP if legally separated from employee. However, if legally separated and the employee chooses to discontinue the spouse's dependent coverage under NYSHIP, the spouse is eligible to continue coverage under COBRA);
5. Employee is a COBRA enrollee and becomes entitled to receive Medicare benefits.

### **Dependent children**

A dependent child of an employee covered by NYSHIP has the right to continuation coverage if coverage under NYSHIP is lost for any of the following reasons:

1. The dependent ceases to be an eligible "dependent child" under NYSHIP;
2. The termination of a parent's employment;
3. A reduction in hours of a parent's employment with New York State;
4. Parents' divorce or legal separation. (Note: Under NYSHIP, a dependent child does not automatically lose coverage because of parents' legal separation);
5. A parent who is a COBRA enrollee becomes entitled to receive Medicare benefits; or
6. The death of a parent.

### **Choice of option and coverage**

An employee, spouse/domestic partner or dependent child who continues coverage under COBRA will continue in the same option in which the employee was enrolled. A COBRA enrollee may change to a different option during the annual Option Transfer Period or when moving under the circumstances described in “*Changing options outside the Option Transfer Period*” on page 2. When two or more persons (enrollee, spouse/domestic partner, children) covered under the same Family contract seek COBRA coverage as a result of the same qualifying event, they must continue Family coverage; they may not elect Individual COBRA coverages, unless both spouses/domestic partners are State employees, until the next Option Transfer Period. During the Option Transfer Period, each COBRA beneficiary may elect to change to Individual coverage in a different plan from that of the family unit.

### **Proof of insurability**

You do not have to show that you are insurable to choose continuation coverage.

### **60-day deadline to apply in writing for COBRA**

Under COBRA, *the employee or a family member is responsible* for informing the Employee Benefits Division of the New York State Department of Civil Service of a divorce or termination of a domestic partnership, of the Social Security determination that a qualified beneficiary was disabled at the time of the employee’s termination or reduction in hours, or of a child’s losing eligible dependent status under NYSHIP, **within 60 days** from the date coverage ends. Other people acting on your behalf may provide written notice to the Employee Benefits Division of a COBRA-qualifying event.

**If the Employee Benefits Division does not receive notice in writing within that 60-day period, regardless of the reason, the enrollee or dependent will not be entitled to choose continuation coverage.** *Your Participating Employer is responsible for notifying the Employee Benefits Division of a reduction in your hours or termination of your employment.*

When you or your agency Health Benefits Administrator notifies the Employee Benefits Division of an event that entitles you to COBRA coverage, the Division will, in turn, notify you, the employee, that you have the right to choose continuation coverage. If the Division indicates that you do have the right, you must then inform the Employee Benefits Division that you want continuation coverage within 60 days from the date you would lose coverage because of a qualifying event or 60 days from the date you are notified of your eligibility for continuation of coverage, whichever is later.

**A dependent (spouse/domestic partner or child) who loses NYSHIP coverage and wishes to continue coverage as a COBRA enrollee must send a written request to the Employee Benefits Division within 60 days from the date coverage would otherwise end.**

If you or your eligible dependent, or someone else acting on your behalf, does not choose continuation coverage, NYSHIP insurance coverage will end.

If you choose continuation coverage, New York State is required to offer you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members.

## **How long you may keep COBRA coverage**

You, the employee, will have the opportunity to maintain continuation coverage for 18 months. However, the continuation coverage period will be extended to 29 months for you and your enrolled dependents if you or a dependent is disabled (under Social Security Act provisions defining disabilities). If you are disabled under Social Security at the time of COBRA election, you must notify the Employee Benefits Division within the first 60 days of COBRA coverage in order to qualify for the 11-month extension for the disabled. If you become disabled under Social Security during COBRA continuation, you must notify the Employee Benefits Division within 60 days of the date of the notice of disability and prior to the end of the 18-month COBRA continuation period in order to qualify for the 11-month extension period.

If, during your 18- or 29-month continuation coverage period, another event takes place that would entitle a dependent spouse or child to his or her own continuation coverage, the continuation coverage may be extended for the spouse or child. However, in no case will any period of continuation coverage be more than 36 months from the original COBRA qualifying event.

Dependents who were covered at the time of your initial qualifying event, and newborns or newly adopted children added to your COBRA continuation coverage within 30 days of birth or final adoption during your period of COBRA coverage, are considered qualified beneficiaries with their own rights to continue COBRA coverage for up to 36 months in the event of a second qualifying event. Other dependents added to your COBRA coverage, such as a newly acquired spouse or child who returns to school full-time, do not have continuation rights apart from yours.

An enrolled spouse/domestic partner and dependent children who lose NYSHIP eligibility due to a COBRA qualifying event have the opportunity to maintain COBRA continuation coverage for up to 36 months.

## **Medicare and COBRA**

The coverage you have first, COBRA or Medicare, affects your eligibility for coverage.

- If you are already covered under Medicare when you apply for COBRA: You may continue NYSHIP coverage under COBRA.
- If you are already covered under COBRA when you become eligible for Medicare: If you enroll in Medicare, your NYSHIP coverage under COBRA ends as soon as your Medicare coverage becomes effective.

If you are not enrolled in Medicare when you are first eligible, your eligibility for NYSHIP coverage under COBRA continues until your COBRA continuation period runs out or you do become covered under Medicare, but you will be responsible for Medicare's share of your bills. Under New York State law, HMOs and The Empire Plan carriers do not pay for any medical expenses that would have been paid by Medicare whether or not you are actually enrolled in Medicare. This means that large portions of your medical expenses may not be paid by either Medicare or your NYSHIP plan. In addition, under Medicare late enrollment rules, if you do not enroll in Parts A and B when first eligible, when you do enroll you may have a waiting period for Medicare to begin and the cost of your Medicare monthly premiums will be higher when you do enroll. If you do not join Medicare and you keep your NYSHIP coverage under COBRA, you will be reimbursed for the base cost of the Medicare Part B premium when Medicare automatically becomes primary to NYSHIP at 65.

## **When you no longer qualify for COBRA coverage**

Continuation coverage may be cut short for any one of the following reasons:

1. If New York State no longer provides group health care coverage for any enrollees of its Participating Employers; or
2. If the premium for your continuation coverage is not paid on time; or
3. The continuation period of 18 months, 29 months or 36 months ends; or
4. If you become eligible for Medicare after enrolling in COBRA, your COBRA coverage ends when you become entitled to receive Medicare benefits. (In this case, your covered dependents may continue COBRA coverage for up to 18 months (or 29 months if entitled to the 11-month disability extension) from their original COBRA qualifying event.)

## **Costs under COBRA**

COBRA enrollees pay 100 percent of the premium for continuation coverage plus a two percent administrative fee. (If your coverage continues beyond 18 months due to a determination of disability under the Social Security Act, the administrative fee may increase to 50 percent for the 19<sup>th</sup> through the 29<sup>th</sup> month.) The Employee Benefits Division will send the COBRA enrollee monthly bills for the COBRA premium. COBRA enrollees will have an initial grace period of 45 days starting with the date they choose continuation coverage to pay any premium; and after that initial 45-day grace period, they will have a grace period of at least 30 days to pay any subsequent premiums. Payment is considered made on the date of the postmark.

## **To cancel COBRA**

Notify the Employee Benefits Division in writing if you want to cancel your COBRA coverage.

## **Conversion rights after COBRA coverage ends**

At the end of the 18-month, 29-month or three-year continuation coverage period, you will be allowed to convert to direct-pay conversion contracts with The Empire Plan's hospital and/or medical carrier if you are enrolled in The Empire Plan, or with your HMO if you are an HMO enrollee.

If you choose COBRA coverage, you must exhaust those benefits before converting to a direct-pay conversion contract. If you choose COBRA coverage and fail to make the required payments or cancel coverage for any reason, you will not be eligible to convert to an individual policy.

## **Whom to contact**

If you have any questions about COBRA, please contact your agency Health Benefits Administrator.

## **New York State: Extended continuation of coverage**

**Effective July 1, 2009.** If you lose COBRA coverage because you have reached the end of your 18 or 29 month continuation period, you are eligible for a supplemental continuation of coverage from the State of New York. This extended coverage will continue until the earlier of 36 months (combined length of COBRA and New York State continuation coverage) or until you no longer qualify for COBRA coverage (other than 18 or 29 month limits) as stated in the "*When you no longer qualify for COBRA coverage*" section under "*COBRA: Continuation of Coverage*" above. The enrollee will pay the full premium cost plus a 2 percent administrative fee for this coverage continuation.

## Medicare Reimbursement

*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 26 of your NYSHIP General Information Book.*

### **Medicare premium reimbursement**

If you or your dependent is Medicare primary, the State or your Participating Employer 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 or your Participating Employer.

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 the prevailing standard 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 IRMAA reimbursement, above the standard Medicare Part B premium, 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.

# Reminders

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## Dependent Verification

In the November 2008 NYSHIP Health Maintenance Report and through information you received from Budco Health Service Solutions (Budco), we notified enrollees with family coverage that they were required to submit documentation of eligibility for each of their dependents (covered under NYSHIP) to Budco, the vendor contracted to perform the Dependent Eligibility Verification Project. If you received a letter from Budco stating that your dependent is ineligible because you did not respond to their request for documentation, or because you submitted incomplete documentation, your dependent was removed from coverage retroactively to February 1, 2009.

To reinstate coverage for any eligible dependents removed from coverage, you must provide proof of eligibility directly to the Department of Civil Service. If you have questions, please visit the Department of Civil Service web site at [www.cs.state.ny.us/nyshipeligibilityproject/](http://www.cs.state.ny.us/nyshipeligibilityproject/) or call 1-800-409-9059 Monday through Friday 8:00 a.m. to 5:00 p.m. Eastern Time. The toll free telephone number will be available through June 30, 2010.

## Medicare Part B Premium Reimbursement

For most enrollees eligible for Medicare, the base cost for the Medicare Part B premium is \$96.40 per month the same as it was in 2009. However, if you and/or your covered dependent are new to Medicare in 2010 or if your Part B premium is not deducted from your Social Security check(s) the standard Part B premium for 2010 will be \$110.50 per month.

If you or your dependent is Medicare primary, NYSHIP automatically reimburses you for the base cost of the Part B premium unless you receive reimbursement from another source. Due to programming constraints, NYSHIP cannot automatically reimburse you for a premium amount other than the standard premium of \$96.40. Therefore, if you or your dependent pays a higher premium, you will need to apply for reimbursement of any amount over \$96.40. (Note: NYSHIP will not reimburse any penalty charged for late enrollment in Medicare, nor will it duplicate Medicare reimbursement received from another employer.) If your Medicare B premium is \$110.50 per month, send a copy of the letter you received from the Social Security Administration or a copy of your Medicare Premium Payment bill to the Department of Civil Service and you will receive a quarterly reimbursement check for \$42.30.

## 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 Medicare Part B premium (\$96.40) for 2009, you are eligible to be reimbursed for this additional premium by NYSHIP. Note: If your 2007 adjusted gross income was less than or equal to \$85,000 (\$170,000 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, check the Department of Civil Service web site at <https://www.cs.state.ny.us>. Choose Benefit Programs on the home page, then NYSHIP Online and select your group, if prompted. The IRMAA letter was mailed to Medicare Part B reimbursement-eligible enrollees in January 2010 and will be 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.

*Continued on next page*

Reminders, continued

## Medicare General Enrollment

If you or your dependent is eligible for primary Medicare coverage because of end-stage renal disease 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, 2010. 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.



## The 2010 Census

The census is a count of everyone living in the United States. This includes people of all ages, races, ethnic groups, both citizens and non-citizens. Census questionnaires will be mailed in March 2010.

**It's Easy** - The questionnaire contains only a few simple questions and takes just a few minutes to answer and return, postage free, by mail.

**Safe** - The Census Bureau protects information that identifies respondents and their households for 72 years.

**And Important** - It determines the annual distribution of \$300 billion of government funding for critical community services and generates thousands of jobs across the country. Participation ensures New Yorkers get their fair share of government funding, census jobs and Congressional seats.

## 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.

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



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SAVE THIS DOCUMENT



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

**CHANGE SERVICE REQUESTED**

*PE HMO Report – January 2010*

**Please do not send mail or  
correspondence to the return  
address. See page 11 for  
address information.**

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 (<https://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. New York State and Participating Employer Retirees and 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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