JANUARY 2009

For Employees of New York State Agencies Affected by Layoff:

Health Insurance Coverage and Related Benefits

This flyer explains how to continue health insurance and other benefits if you are laid off. Requirements and benefits may change. See your agency Health Benefits Administrator and read plan materials for a complete description of your rights and responsibilities.

Health Insurance

Coverage under Preferred List Provisions Following Layoff

If your name is placed on a New York State Department of Civil Service Preferred List for re-employment, you may continue your health insurance coverage under Preferred List provisions. You may continue coverage for up to one year from the date your health insurance in active employee status ends or until you are re-employed in a benefits-eligible position by a public or private employer, whichever occurs first.

If you are not eligible to have your name placed on a Preferred List for re-employment, you may continue health insurance coverage under Preferred List provisions if:

- You are in the noncompetitive class with tenure under Section 75 of the Civil Service Law

or

- Your appointment was permanent. (You are not eligible if your appointment was a provisional or temporary appointment.)

If you do not continue health insurance coverage under Preferred List or other provisions, your New York State Health Insurance Program (NYSHIP) coverage will end 28 days following the last day of the payroll period in which you received your last payroll deduction for health insurance. Ask your agency Health Benefits Administrator for further information.

Your Share of the Cost and How You Pay

You continue to pay only the employee share of the premium for health insurance coverage under Preferred List provisions.

If you are in The Empire Plan, the State pays 90 percent of the cost for Individual coverage. If you have Family coverage, the State also pays 75 percent of the additional cost for dependent coverage.

If you are enrolled in an HMO, the State's contribution will not exceed 100 percent of its dollar contribution toward the hospital/medical/mental health and substance abuse components of The Empire Plan premium.

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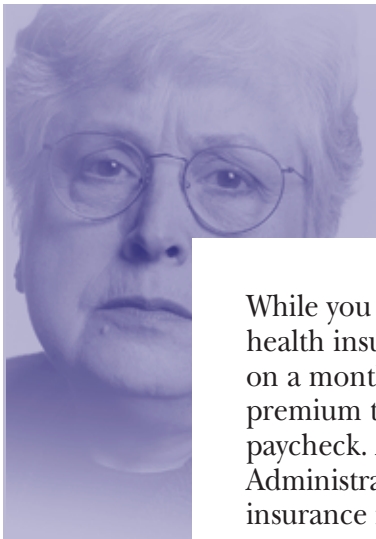


While you are in Preferred List status, your health insurance premium will be billed on a monthly basis instead of the biweekly premium that was deducted from your paycheck. Ask your agency Health Benefits Administrator for Preferred List health insurance monthly premium rates.

The New York State Department of Civil Service Employee Benefits Division will automatically bill you each month for your share of the premium. The first bill will be sent four to six weeks after your last day on the payroll and will include retroactive premiums. **Be prepared for this expense.**

Benefit Changes

Under Preferred List provisions, you receive the same benefits as unrepresented employees.

Empire Plan enrollees: Some benefits may differ from your coverage as an active employee, as shown in the chart on page 4.

HMO enrollees: If neither you nor any covered dependents are eligible for Medicare, there should be no changes in benefits.

If you or your covered dependents are enrolled in an HMO that offers a Medicare Advantage plan, there may be significant changes in coverage.

Your Identification Card

Empire Plan enrollees: If benefit changes require a new card, you will receive a new NYSHIP Empire Plan benefit card. Otherwise, continue to use your current NYSHIP Empire Plan benefit card. Your agency Health Benefits Administrator will update your enrollment to reflect any changes in your health insurance benefits and give you publications to explain any changes.

HMO enrollees: Check with your HMO if you are Medicare eligible.

Temporary Employment

If you are temporarily employed by the State or another employer and are eligible for health insurance, your Preferred List health insurance coverage ends. You may reinstate your coverage when your temporary job ends if the end date of your one year of eligibility has not passed.

Temporary employment does not extend your eligibility beyond the one year from the date your coverage as an employee ended. You must notify the Employee Benefits Division Preferred List Unit (see page 8) when you begin and end temporary employment to protect your health insurance coverage.

If Medicare Eligible, Medicare Is Primary

While you have NYSHIP coverage under Preferred List provisions, Medicare does not consider you an active employee. Therefore, Medicare becomes primary for you and your covered dependents eligible for Medicare because of age (65 or over) or disability. Different rules apply for Medicare primacy when your diagnosis is end-stage renal disease. Please see your agency Health Benefits Administrator for additional information.

NYSHIP will no longer be primary beginning the first day of the month following a "runout" of 28 days after the last day of the last payroll period for which you were paid. NYSHIP automatically becomes secondary to Medicare at that time, even if you or a dependent fail to enroll in Medicare.

If you or a dependent are eligible for Medicare, you must have Medicare Parts A and B in effect when first eligible for primary Medicare coverage, or there will be a drastic reduction in your health insurance coverage. The New York State Health Insurance Program will not provide any benefits for coverage available under Medicare. If you or a dependent is eligible for primary Medicare coverage because of age, disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS), but do not enroll, you will be responsible for the full cost of medical services that Medicare would have covered.

When you are eligible for primary coverage from Medicare for you and/or your dependent, the State will reimburse you for the usual cost of Medicare Part B ($96.40 a month in 2009; rates usually change yearly). Reimbursement is made as a credit that reduces your monthly NYSHIP bill. The State will also reimburse you for any Income-Related Medicare Adjustment Amount (IRMAA) you must pay. Reimbursement of

IRMAA is done annually upon your request after submission of required proofs.

You are not required to enroll in Medicare Part D for prescription drug coverage unless you are enrolled in a NYSHIP Medicare Advantage plan. If you choose to enroll in a Medicare Part D plan outside of NYSHIP, the State will not reimburse you for the Part D premium.

* A health insurance plan provides "primary" coverage when it is responsible for paying health benefits before any other group health insurance.

If You Are Not Eligible Under Preferred List Provisions or When Preferred List Coverage Ends

If you are not eligible for Preferred List health insurance coverage or if your year of coverage under Preferred List provisions ends, you may be eligible to continue coverage:

- as a retiree
- as a vestee
- temporarily under COBRA (federal continuation of coverage law) or
- under a direct-pay conversion contract

See your *NYSHIP General Information Book* for information on continuing health insurance in any of these categories. There are deadlines and other requirements.

Be sure to talk with your agency Health Benefits Administrator about continuing your health insurance.

If you still have questions, call the Employee Benefits Division at 518-457-5754 (Albany area), or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

If you will be leaving the payroll, plan for your health insurance payments.

If you leave the payroll, the Employee Benefits Division will bill you each month for your health insurance. Your first bill will cover a retroactive payment (beginning with the period your employment status changed) and an advance payment for the next month. Please be prepared for this larger than usual bill.

Continuing Health Insurance Coverage as a Retiree

If you will be laid off, but meet the requirements for continuing health insurance in retirement, you may continue NYSHIP coverage under retiree provisions rather than Preferred List provisions, even if you do not draw your pension. If you have sick leave credits, continuing your health insurance under retiree provisions will reduce your premium cost.

If you meet the requirements, you may choose health insurance coverage as a retiree at the time you are laid off or during the one-year period that you have health insurance under Preferred List provisions or at the time your Preferred List health insurance ends. However, time on a Preferred List does not count toward the service time required for continuing health insurance in retirement.

As a retiree, you will pay an amount equal to the employee share of the premium. However, retirees may convert the value of unused sick leave, up to 200 days (165 days for PBA and PIA), into a monthly credit. This credit is applied toward your health insurance premium.

There are three eligibility requirements to continue health insurance as a retiree:

- completion of a minimum service period
- eligibility for a pension from a New York State publicly administered retirement system
- enrollment in NYSHIP

For more details on these three requirements, you can request a copy of the *Planning for Retirement* booklet from your agency Health Benefits Administrator, or visit the NYSHIP Online web site at www.cs.state.ny.us. Click on Benefit Programs, then NYSHIP Online. Choose your group, if prompted, and then click on Planning to Retire?

Empire Plan Benefits Under Preferred List Provisions – January 1, 2009 (Amounts may change yearly.)

		CSEA	C-82[1]	DC-37	NYSCOPBA	PBA SUPER.	PBA TROOPERS	PIA	PEF	UUP	M/C
Basic Medical Annual Deductible*	**Active**	$225	$363	$281	$363	$363	$363	$363	$363	$363	$363
	Pref List	$363	$363	$363	$363	$363	$363	$363	$363	$363	$363
Basic Medical Coinsurance Maximum*	**Active**	$500*	$1,345	$600**	$1,345	$800	$800	$800	$1,000	$1,000	$1,000
	Pref List	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Basic Medical Routine Health Exams	**Active**	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	Pref List	no	no	no	no	no	no	no	no	no	no
Participating Provider Copayment	**Active**	$12[2]	$15/18	$18[3]	$18	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
	Pref List	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
Managed Physical Network Copayment	**Active**	$12[2]	$15/18	$18[3]	$18	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
	Pref List	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
Hospital Outpatient Copayment/ Emergency Room Copayment	**Active**	$30/50	$35/50/ $35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60
	Pref List	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60	$35/60
Mental Health/ Substance Abuse Treatment Copayment	**Active**	$12[2]	$15/18	$18[3]	$18	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
	Pref List	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]	$18[3]
Prescription Drug Copayment	**Active**	***	***	***	***	***	***	***	***	***	***
	Pref List	***	***	***	***	***	***	***	***	***	***

* Each program's deductible, coinsurance and maximum coinsurance amount is separate and not combined with any other deductible, coinsurance or maximum coinsurance amount.

** The coinsurance maximum expense is reduced to $300 for calendar year 2009 for employees in (or equated to) salary grade 6 or below on January 1, 2009. Newly eligible employees who meet these requirements become eligible for the reduced coinsurance maximum on the later of January 1, 2009 or the date their coverage begins.

*** Prescription Drug Copayment is based on whether the drug is generic, preferred brand-name, non-preferred brand-name, the supply dispensed, and whether the prescription is filled at a retail or the mail service pharmacy. See your *Empire Plan Report* and *Empire Plan Certificate*. Mandatory generic substitution. For a brand-name drug with a generic equivalent, you pay the copayment plus the difference in cost between the brand and generic drug. Prior authorization is required for certain drugs.

[1] Where two amounts appear, they represent C-82 Represented/C-82 Contract Affected, respectively. [2] $15 effective 7/1/09 [3] $20 effective 7/1/09

This chart highlights some benefit differences. There are other differences. For a complete description of benefits and an explanation of terms used in this flyer, read your *Empire Plan Certificate* and *Empire Plan Reports* or ask your agency Health Benefits Administrator. If you are enrolled in an HMO, ask your HMO about changes in your coverage when you leave the payroll.

Your Other Benefits

Dental, Vision and COBRA Coverage

To continue dental and vision coverage:

- **CSEA, UUP and DC-37:** If you receive these benefits through a union Employee Benefit Fund, you may be eligible to continue dental and vision coverage temporarily under COBRA. Contact your union Employee Benefit Fund for information.
- **M/C, PEF, Council 82, ALESU, NYSCOPBA, PBA and PIA:** If you are enrolled in NYSHIP, you will automatically receive information on continuing State dental and vision coverage temporarily under COBRA. If you are not enrolled in NYSHIP, but you receive dental and vision benefits through the State and want to continue coverage, you must write to the Employee Benefits Division for a COBRA application. Send your name, your identification number, address, telephone number with area code and reason for requesting the application to:

  COBRA Unit
  Employee Benefits Division
  State of New York
  Department of Civil Service
  Albany, NY 12239

  In 2009, the COBRA monthly premium rate for State dental coverage is $28.89 for Individual coverage or $75.72 for Family coverage. The COBRA monthly rate for State vision care coverage is $3.66 for Individual coverage or $9.81 for Family coverage. The vision rates do not apply to certain groups of Council 82 and ALESU. Rates may change yearly.

COBRA deadlines: You must request continuation coverage under COBRA no later than 60 days after your coverage would otherwise end or within 60 days from the date you are notified of your eligibility for continuation of coverage, whichever is later.

If you do not continue coverage under COBRA, your dental and vision coverage will end 28 days after the last day of the payroll period in which your last day on the payroll occurs.

You are no longer eligible for COBRA coverage when you become entitled to Medicare benefits during the COBRA continuation period.

To Continue Dental Coverage If You Retire

Regardless of your negotiating unit, if you retire, you may choose retiree dental coverage through the Group Health Inc. (GHI) Preferred Dental Plan. Within 15 days after your coverage ends, you should receive written notice of conversion rights from GHI. You must apply for conversion coverage within 45 days of this notice. If you do not receive notice of your conversion rights, contact GHI. You will have 90 days from the date your coverage ends to apply for conversion coverage.

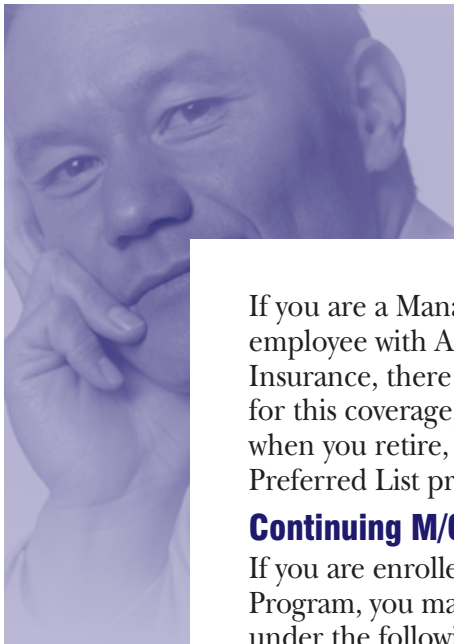
Income Protection Plan (M/C, DC-37 and Legislature)

Your coverage under the Income Protection Plan ends when you are laid off, retire or vest. Coverage ends on your last day on the payroll as an active employee.

Group Life Insurance and Accident and Sickness Insurance

If your position is assigned to a negotiating unit that provides Life/Accident and Sickness Insurance through a union Employee Benefit Fund and you have coverage under that program, contact your union Employee Benefit Fund for information about your rights to continue that insurance after you are separated from State service.

Your Other Benefits continued on page 6



If you are a Management/Confidential employee with Accident and Sickness Insurance, there are no conversion privileges for this coverage, and you may not continue it when you retire, vest or are covered under Preferred List provisions.

Continuing M/C Life Insurance Coverage

If you are enrolled in the M/C Life Insurance Program, you may continue Program coverage under the following provisions:

- If you transfer, either temporarily or permanently, to a position not designated Management/Confidential, you will be permitted to continue life insurance coverage under the M/C Program for up to six months to provide time to obtain other coverage.

  To continue your M/C Life Insurance for up to 13 biweekly payroll periods after the date of transfer, you must make your request in writing to the Employee Benefits Division. Premiums will be deducted from your payroll check.
- If you retire, or if you are eligible to retire as a member of a New York State retirement system, and are an enrollee in the group life insurance program for Management/Confidential employees, you may choose to continue in the program or convert to a direct-pay policy. If you choose to remain in the program, you may continue both personal and dependent life insurance in retirement subject to the age-related life insurance reductions or you may choose to convert to a standard direct-pay policy with the carrier.
- If you are not a member of a retirement system administered by New York State, but you meet the age and service requirements of the Employees' Retirement System tier in effect at the time you would have joined when you were first employed, you can be considered a retiree for life insurance purposes.

  If you meet the requirements to continue M/C Life Insurance as a retiree, your benefits will automatically continue unless you request in writing that your benefits be canceled. Ask your agency Health Benefits Administrator for a PS-932, Transition to Retirement Form, and indicate on the form whether you want to continue your benefits, convert to an individual policy or cancel your life insurance benefits. You will pay your premium directly to the Employee Benefits Division or through pension deductions if you choose to continue your coverage under this Plan.

  If you choose to convert to an individual policy, you must obtain a Conversion of Group Life Benefits to an Individual Policy form from your agency Health Benefits Administrator. You must call the insurance carrier at the telephone number on the form to discuss conversion. If you convert to an individual policy, payments would be made directly to the insurance carrier.

When coverage ends: If you are no longer eligible to continue participation in the M/C Life Insurance Program, your life insurance will terminate on the last day of the coverage period for which a contribution was made. At that time, you may be eligible to convert to a standard direct-pay policy with the carrier. See your agency Health Benefits Administrator for conversion information.

Long Term Care Insurance

If you purchased long term care insurance through NYPERL, the New York State Public Employee and Retiree Long Term Care Insurance Plan, your long term care insurance will continue without interruption and without any change in benefits as long as you pay your premium and have not exhausted your lifetime benefit amount. If you pay your long term care premium through payroll deduction, you will need to change your method of payment. If you have questions, contact the NYPERL insurer toll free at 1-866-474-5824.

Questions and Answers

Q: My job is being abolished. It is not a job that falls under the Civil Service Law or negotiated agreements related to layoffs and Preferred List rights. Am I eligible to continue my health insurance?

A: If your appointment to your position was a **permanent** appointment, you are eligible to continue health insurance under Preferred List provisions. If your appointment was a **temporary** appointment, you are not eligible to continue under Preferred List provisions. Be sure to discuss your eligibility with your agency Health Benefits Administrator.

Q: I am in a job that falls under Civil Service Law and negotiated agreements related to layoffs and Preferred List. I'm provisional in the job and will not be eligible to be on a Civil Service Preferred List. Am I eligible for health insurance under Preferred List provisions?

A: You are not eligible for health insurance under Preferred List provisions. Ask your agency Health Benefits Administrator if you are eligible under retiree or vestee provisions. If not, ask about COBRA provisions and direct-pay conversion contracts.

Q: When will my health insurance coverage as an active employee end? Will there be a gap in coverage before my coverage under Preferred List Provisions begins?

A: If you are laid off, you will not have a gap in your health insurance coverage. Your health insurance in active employee status ends 28 days after the last day of the payroll period in which your last day on the payroll occurs. Your coverage under Preferred List provisions will begin on the 29th day.

Q: I may retire during the year that I have health insurance under Preferred List provisions. May I use the value of my unused sick leave to reduce the cost of my retiree health insurance?

A: Yes, if you retire from Preferred List status, you may use the value of your sick leave credit to reduce The Empire Plan or NYSHIP HMO premium.

You may use the value of your sick leave credit whether you retire at the time you are laid off, during the year of your Preferred List coverage or at the end of your coverage under Preferred List provisions. When you leave the payroll, ask your agency to complete form PS-410 listing your sick leave accruals, negotiating unit and salary. Keep this form in a safe place. When you are ready to retire, you will need the PS-410.

You may not use the value of your sick leave credit to reduce the cost of your health insurance while you are covered under Preferred List provisions or under vestee provisions or in COBRA status.

Q: I am eligible for health insurance under Preferred List provisions. May I change coverage during this period? May I change options?

A: You may change coverage—you may add or remove dependents from your coverage or change to Individual or Family coverage. You may change options (plans) once at any time during a 12-month period. In general, you may change options more than once in a 12-month period only if you move, and then only under certain circumstances described in your *NYSHIP General Information Book* (for example, if you no longer live or work in your HMO's NYSHIP service area).

More Information

for Employees of New York State Agencies Affected by Layoff

Talk with Your Agency Health Benefits Administrator

- Ask if you are eligible to continue health insurance in one of the following five ways:
  - under Preferred List provisions
  - as a retiree
  - as a vestee
  - under COBRA (federal continuation of coverage law) or
  - by converting to a direct-pay policy

  Also, ask about continuing related benefits, such as dental and vision care.
- If you are changing to another negotiating unit because of layoffs, ask if your health insurance and other benefits will change. Ask for a copy of the *NYSHIP General Information Book* for your new negotiating unit. If you are enrolled in The Empire Plan, be sure to ask for an Empire Plan Certificate of Insurance for your new negotiating unit. Also ask for all materials updating those publications for your new negotiating unit. Read these materials carefully.
- Get answers to any questions you still have after reading this flyer.

If You Have More Questions, Call the Employee Benefits Division

Please call the Employee Benefits Division Preferred List Unit at **518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)** between 9 a.m. and 3 p.m. Eastern time weekdays. Once you have health insurance coverage under Preferred List provisions, or as a retiree, vestee or COBRA enrollee, the Employee Benefits Division serves as your personnel office.

Visit our web site at www.cs.state.ny.us. The Department of Civil Service web site has NYSHIP publications and information on your health insurance and other benefits. Go to www.cs.state.ny.us.

For Group-Specific Questions

CSEA

Employee Benefit Fund (dental, vision)
1-800-323-2732.....nationwide
518-782-1500.....Albany area
www.cseaebf.org

Pearl Carroll & Associates
(Accident and sickness, home, auto and renters insurance)
1-800-366-7315.....nationwide

Group Life Insurance
1-800-342-4146.....nationwide
518-257-1000.....Albany area

DC-37

Health and Security Plan (dental, vision)
212-815-1234
www.dc37.net

Council 82, NYSCOPBA, PEF, PBA and PIA

GHI Dental 1-800-947-0101

EyeMed Vision Care
1-877-226-1412.....nationwide

M/C

Pearl Carroll & Associates
(home, auto, renters)
1-800-833-4657.....nationwide

GHI Dental 1-800-947-0101

EyeMed Vision Care
1-877-226-1412.....nationwide

UUP

Benefit Trust Fund
1-800-887-3863.....nationwide
www.uupinfo.org

CIGNA Dental.....1-800-481-1213
www.cigna.com

EyeMed Vision Care
1-877-226-1412.....nationwide

PEF

Group Life Insurance
518-785-1900, Extension 243

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 your agency Health Benefits Administrator. Preferred List and COBRA enrollees may call 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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