

JANUARY 2017

For Employees of New York State Executive Branch 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 Health Benefits Administrator (HBA) and consult your plan materials for a complete description of your rights and responsibilities.



New York State Department of Civil Service, Employee Benefits Division

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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 reemployment, 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 reemployed in a benefits-eligible position by a New York State Health Insurance Program (NYSHIP) employer, whichever occurs first.

If you are not eligible to have your name placed on a Preferred List for reemployment, you may continue health insurance coverage under Preferred List provisions if you fall into one of the following categories:

- You are in the noncompetitive class with tenure under Section 75 of the Civil Service Law.
- Your appointment was permanent. (You are not eligible if your appointment was a provisional or temporary appointment or you are an exempt class employee separated from State service.)

If you do not continue health insurance coverage under Preferred List or other provisions, your NYSHIP coverage will end 28 days following the last day of the last payroll period for which you were paid. Ask your HBA for further information.

Your Share of the Cost and How You Pay

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

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 HBA 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 retirees.

Empire Plan enrollees: Some benefits may differ from your coverage as an active employee, as shown in the chart on pages 6-7.

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 Medicare-eligible and enrolled in The Empire Plan, your prescription drug benefit will change. If you are enrolled in an HMO that offers a Medicare Advantage plan, there may be significant changes in coverage.

Your Identification Card

Empire Plan enrollees: You will continue to use your current NYSHIP Empire Plan Benefit Card. If you or your covered dependents are Medicare-eligible, an Empire Plan Medicare Rx card for the prescription drug program will also be sent upon enrollment. Your HBA 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 become rehired for a temporary appointment by the State or another NYSHIP employer and are eligible for health insurance, your Preferred List health insurance coverage ends. You may reinstate Preferred List 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 one year from the date your coverage as an employee ended. You must notify the Employee Benefits Division Preferred List Unit (see page 11) when you begin and end temporary employment to protect your health insurance coverage.

If Medicare-eligible, Medicare Is Primary

Under Preferred List provisions, Medicare becomes primary for you and your covered dependents eligible for Medicare because of age (65 or over) or disability. A health insurance plan provides “primary” coverage when it is responsible for paying health benefits before any other group health insurance. Different rules apply for Medicare primacy when the diagnosis is end-stage renal disease or you are covering a domestic partner. If you or your dependent are Medicare-eligible, refer to the *Medicare & NYSHIP* booklet and see your HBA 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. Generally, 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. NYSHIP will not provide any benefits for coverage available under Medicare. If you (or a dependent) are 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 hospital and medical expenses that Medicare would have covered if you had enrolled on a timely basis.

When you are eligible for primary coverage from Medicare for you and/or your dependent, the State will reimburse you for the standard Medicare Part B premium. Reimbursement is made as a credit that reduces your monthly NYSHIP bill. If you are enrolled in The Empire Plan or a NYSHIP Medicare Advantage plan, your prescription drug coverage will be provided through a Medicare Part D prescription drug plan. Enrolling in a Medicare Part D plan outside of NYSHIP will result in the termination of your NYSHIP coverage under The Empire Plan and most HMOs.

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

You may be eligible to continue coverage:

- As a retiree
- As a vestee
- Temporarily under COBRA and State continuation of coverage laws
- Under a direct-pay conversion contract

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

Be sure to talk with your HBA about continuing your health insurance.

If you still have questions, call the Employee Benefits Division at 518-457-5754, 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 may include 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 credit, you may be eligible to use your sick leave to offset your premium as a retiree.

If you meet the requirements, you may choose health insurance coverage as a retiree at the time you are laid off or anytime during the one-year period that you have health insurance under Preferred List provisions or when 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.

The amount you must contribute toward the cost of your health insurance coverage as a retiree will be based upon your salary grade (or equivalent) at the time of retirement. 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 at least 10 years of State service
- Eligibility for a pension from a New York State publicly administered retirement system
- Enrollment in NYSHIP

If your coverage is canceled while you are on a Preferred List, in most cases, you will be subject to a three-month waiting period before your coverage becomes effective. Regardless of your coverage status, your eligibility for Preferred List coverage will not be extended past the one year from the date your health insurance in active employment status ends. **Note:** Your coverage must be in effect at the time of your retirement to be eligible to continue health insurance coverage as a retiree.

For more details on these three requirements, you can request a copy of the *Planning for Retirement* booklet from your HBA, or visit the NYSHIP Online web site at www.cs.ny.gov. From the homepage, click on Benefit Programs and follow the prompts to access NYSHIP Online. Then click on Planning to Retire?



Your Other Benefits

Dental and Vision

To continue dental and vision coverage under COBRA:

- **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, APSU, NYSCOPBA, PBA and PIA:** If you receive dental and vision benefits through the State, you will automatically be sent information on continuing coverage temporarily under COBRA.

The following are the 2017 COBRA monthly premium rates for State dental and vision coverage.

	COBRA Individual Monthly Rate	COBRA Family Monthly Rate
Dental Premium	\$27.76	\$73.26
Vision Premium	\$3.45	\$8.91
Vision Premium (NYSCOPBA, APSU and Council 82)	\$6.72	\$12.19

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 last payroll period for which you were paid.

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

Continuing Dental Coverage If You Retire

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

Empire Plan Benefits Under Preferred List Provisions —

This chart highlights some benefit differences. Benefits are subject to change as state employee unions settle their contracts with New York State. 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 HBA. If you are enrolled in an HMO, ask your HMO about changes in your coverage when you leave the payroll.

	Preferred List Benefit
Basic Medical Annual Deductible	The combined annual deductible is \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.
Basic Medical Coinsurance Maximum	The combined annual coinsurance maximum is \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.
Basic Medical Routine Health Exams	Not covered.
Participating Provider Copayment	Preventive routine health exams are paid in full. Office visits, including office surgery, may be subject to a single \$20 copayment per visit. A single, separate \$20 copayment may apply to laboratory services, radiology services and/or certain immunizations provided during the office visit.
Managed Physical Network (MPN) Copayment	Each office visit to an MPN provider is subject to a \$20 copayment. Related radiology and diagnostic laboratory services billed by the MPN provider are subject to a separate \$20 copayment. No more than two copayments per visit will be assessed.
Hospital Outpatient Copayment	Outpatient surgery is subject to a \$60 copayment. You pay one \$40 copayment per visit for diagnostic radiology, diagnostic laboratory tests and/or administration of Desferal for Cooley's Anemia.
Emergency Room Copayment	You pay one \$70 copayment per visit to an Emergency Department, including use of the facility for emergency care, services of the attending physician, services of providers who administer or interpret laboratory tests and electrocardiogram services.
Mental Health/Substance Abuse Treatment Copayment	Office visits and other outpatient services, such as outpatient substance abuse rehabilitation programs, psychological testing/evaluation, electroconvulsive therapy and Applied Behavior Analysis (ABA) services, may be subject to a \$20 copayment per visit.
Prescription Drug Copayment	Prescription Drug Copayment is based on whether the drug is Level 1, 2 or 3; the supply dispensed; and whether the prescription is filled at a retail, mail service or specialty pharmacy. See your <i>Empire Plan Report</i> and <i>Empire Plan Certificate</i> . 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. Quantity limits apply and prior authorization is required for certain drugs. Certain drugs do not require a copayment when prescribed for cancer treatment or prevention of breast cancer.

January 1, 2017

Difference for Active Enrollee Benefit

For enrollees represented by CSEA, DC-37, M/C; Legislature, NYSCOPBA, PEF, UCS or UUP in titles equated to salary grade level six or below (or a full-time salary of less than \$35,705 for UUP employees), each deductible amount will be reduced to \$500 per calendar year.

For enrollees represented by CSEA, DC-37, M/C; Legislature, NYSCOPBA, PEF, UCS or UUP in titles equated to salary grade level six or below (or a full-time salary of less than \$35,705 for UUP employees), each coinsurance maximum will be reduced to \$1,500 per calendar year.

For enrollees represented by CSEA, DC-37, M/C; Legislature, PBA, PIA, UCS or UUP, routine health exams are covered for active employees age 50 or older and for an active employee's spouse/domestic partner age 50 or older. This benefit is not subject to deductible or coinsurance. For enrollees represented by APSU, C-82 or NYSCOPBA, the benefit begins at age 40.

None

None

The outpatient surgery copayment is reduced to \$40 and the copayment per visit for diagnostic radiology, diagnostic laboratory tests and/or administration of Desferal for Cooley's Anemia is reduced to \$30 for the enrollees represented by CSEA or UCS.

This copayment is reduced to \$60 for the enrollees represented by CSEA or UCS.

None

None

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

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.

Flex Spending Account

The Flex Spending Account (FSA) offers two benefits: the Health Care Spending Account (HCSAccount) and Dependent Care Advantage Account (DCAAccount). If you are enrolled in the HCSAccount and leave the payroll due to termination of employment, your eligibility will be terminated once you stop contributing to your account. You will still be able to submit claims for expenses that occur on or before your last paycheck deduction, but any health care expenses that occur after your contributions stop will not be reimbursed. If you are eligible to elect COBRA to continue your coverage, contact your FSA administrator for more information.

If you are enrolled in the DCAAccount and leave State service, you retain your account through the end of the plan year. This means that although you cannot make any additional contributions to your account, you have until December 31 of the plan year to incur eligible expenses, and until March 31 of the following year to file a reimbursement request. Contact the program at flexspend.ny.gov if you have any questions.

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.

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 HBA for Form PS-932, *M/C Life Insurance Transition to Retirement Notice*, 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 Form G-685NY, *Notice of Group Life Insurance Conversion Privilege*, from your HBA. 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 HBA 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 have questions, contact the NYPERL insurer toll free at 1-866-474-5824.



Questions and Answers

Questions About Layoffs and Benefits

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: You are eligible 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 or you are an exempt class employee separated from State service. Be sure to discuss your eligibility with your HBA.

Q: I am in a job that falls under Civil Service Law and negotiated agreements related to layoffs and Preferred List rights. 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 HBA 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 last payroll period for which you were paid. Your coverage under Preferred List provisions will begin on the 29th day.

Q: Do I need to fill out a form to enroll in Preferred List coverage?

A: No, you are automatically enrolled. Talk with your HBA to confirm your Preferred List status.

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, *State Service Sick Leave Credit Preservation for New York State Health Insurance Program*, 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 in accordance with NYSHIP rules. 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

Talk with Your HBA

- 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)
 - 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. If so, ask for any publications for your new negotiating unit. Read these materials carefully.
- Get answers to any questions you still have after reading this flyer.

More Questions?

Please call the Employee Benefits Division Preferred List Unit at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) between 9 a.m. and 4 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.ny.gov. The Department of Civil Service web site has NYSHIP publications and information on your health insurance and other benefits.





For Group-specific Questions	
CSEA	Employee Benefit Fund (dental, vision) 518-782-1500 • 1-800-323-2732 • www.cseaebf.org
	Pearl Carroll & Associates (group life, home and auto insurance) 518-640-8100 • 1-800-366-7315 • cseainsurance.com
Council 82, NYSOPBA, PBA and PIA	GHI/EmblemHealth Dental 1-800-947-0101 • www.emblemhealth.com
	Davis Vision 1-888-588-4823 • www.davisvision.com
DC-37	Health and Security Plan (dental, vision) 212-815-1234 • www.dc37.net
M/C	Liberty Mutual Insurance (home and auto insurance) 1-800-225-8281 • www.libertymutual.com
	GHI/EmblemHealth Dental 1-800-947-0101 • www.emblemhealth.com
	Davis Vision 1-888-588-4823 • www.davisvision.com
PEF	Group Life Insurance 518-785-1900, Extension 243 • www.buymbp.com/financial-insurance/group-term-life
	GHI/EmblemHealth Dental 1-800-947-0101 • www.emblemhealth.com
	Davis Vision 1-888-588-4823 • www.davisvision.com
UUP	Benefit Trust Fund 1-800-887-3863 • www.uupinfo.org
	Delta Dental 1-800-471-7093 • www.deltadentalins.com/uup
	Davis Vision 1-800-999-5431 • www.davisvision.com

It is the policy of the New York State 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 NYSHIP Online at www.cs.ny.gov. Visit 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 Health Benefits Administrator. Preferred List and COBRA enrollees: Contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

