Medicare & NYSHIP's

Excelsior and Empire Plans

Important Health Insurance Information for Retirees, Vestees, Dependent Survivors, Preferred List Enrollees (if your agency offers Preferred List coverage) and their Enrolled Dependents covered by The Empire Plan or The Excelsior Plan under the New York State Health Insurance Program (NYSHIP) through Participating Agencies

NYSHIP
New York State Health Insurance Program

State of New York Department of Civil Service, Employee Benefits Division

Medicare and the New York State Health Insurance Program

Note to Excelsior Plan Enrollees:

This booklet applies to NYSHIP's two options for Participating Agencies: The Empire Plan and The Excelsior Plan (an Empire Plan option). References to The Empire Plan apply to your Plan as well.

When you are no longer an active employee and become eligible for Medicare, it is the combination of your health benefits under the New York State Health Insurance Program (NYSHIP) and Medicare that provides you with the most complete coverage. To avoid a reduction in your overall level of benefits, it is important to understand how NYSHIP and Medicare work together as well as NYSHIP's requirements for enrollment in Medicare. Please read the following information about Medicare and NYSHIP carefully.

The New York State Health Insurance Program

The New York State Health Insurance Program (NYSHIP) provides your health insurance benefits through The Empire Plan or The Excelsior Plan. As a retiree, your rights under NYSHIP, for the most part, remain the same as when you were an active employee. For example, you may change between individual and family coverage and add/delete dependents, as permitted under NYSHIP rules.

Under NYSHIP, The Empire Plan coordinates benefits with Medicare. Therefore, NYSHIP requires retirees, vestees, dependent survivors and Preferred List enrollees to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary* to NYSHIP.

NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage.

According to NYSHIP rules, your Participating Agency reimburses the Medicare Part B premium for you and your Medicare eligible dependents when Medicare becomes primary to your NYSHIP coverage. (See page 7 for details.)

This report has important health insurance information about Medicare and NYSHIP. Do not depend on Social Security, Medicare, an HMO or another employer for information on NYSHIP requirements.

Ask your agency Health Benefits Administrator when The Empire Plan will no longer be your primary coverage. And, ask about Medicare premium reimbursement. Some practices vary from agency to agency.

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

Medicare

Medicare is the federal health insurance program for people age 65 and older, disabled and receiving Social Security Disability Insurance (SSDI) for 24 months, with end-stage renal disease or with amyotrophic lateral sclerosis (ALS). It is administered by the Centers for Medicare & Medicaid Services (CMS).

As soon as you, as a NYSHIP retiree, vestee, dependent survivor or Preferred List enrollee, become eligible for Medicare coverage that pays primary to The Empire Plan, your Empire Plan coverage becomes secondary to Medicare Parts A and B. The Empire Plan coordinates benefits with Medicare and will not pay for any hospital and medical expenses that Medicare would cover.

The same rule applies to each dependent (spouse/domestic partner, if your agency offers domestic partner coverage, or child) covered under your Empire Plan policy. As soon as your dependent is eligible for primary Medicare coverage, The Empire Plan will not pay for any expenses for the dependent that Medicare would have covered.

Therefore, you and each of your covered dependents must have Medicare Parts A and B in effect by the first day of the month in which each of you reaches age 65 (or, if the birthday falls on the first of the month, in effect on the first day of the preceding month) or before reaching age 65 if Medicare-primary eligible because of disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS).

Note: The requirement to enroll in Medicare Part A and Part B applies if you live in one of the 50 United States or Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa.

Since The Empire Plan becomes secondary to Medicare Parts A and B as soon as you are eligible for primary Medicare coverage, if you fail to enroll in Medicare or are still in a waiting period for Medicare to go into effect, you will be responsible for hospital and medical expenses that Medicare would have covered if you had enrolled on a timely basis.

The responsibility is yours: To avoid a reduction in your benefits, you must make sure that you and each of your dependents are covered under Medicare Parts A and B when first eligible, **even if you also have coverage through another employer's group plan.**

Eligibility for Medicare

You and your dependents are eligible for primary Medicare when you:

- are age 65 or older, or
- regardless of age, have been receiving Social Security Disability Insurance (SSDI) benefits for 24 months, or
- regardless of age, have end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant) and have completed Medicare's waiting period of up to 3 months and 30-month coordination period, or
- have amyotrophic lateral sclerosis (ALS) and are receiving Social Security Disability Insurance (SSDI) benefits

You and your dependents each must enroll in Medicare Parts A and B as soon as each of you becomes eligible for any of these reasons. (Unlike NYSHIP, Medicare does not offer family coverage.) When you are eligible, Medicare becomes primary to NYSHIP for you; NYSHIP remains primary for your dependents until they are eligible for Medicare.

Medicare Parts A and B Coverage

Together, Parts A and B are known as the original Medicare plan, which is a fee-for-service plan. NYSHIP requires you and your dependents to enroll in Parts A and B.

Medicare Part A covers inpatient care in a hospital or skilled nursing facility, hospice care and home health care.

Medicare Part B covers doctors' services, outpatient hospital services, durable medical equipment and some other services and supplies not covered by Part A.

Medicare Part C

Medicare Part C, or Medicare Advantage, offers managed care options through local HMO plans and some private fee-for-service options. A Medicare Advantage plan replaces your original Medicare Parts A and B benefits and provides Medicare Part D prescription drug benefits. (See page 3.)

If you or your dependent joins a Medicare Advantage plan, your Empire Plan benefits will be greatly reduced. You may have very few or no benefits except the benefits available through the Medicare Advantage plan.

Be sure you understand how enrolling in a Medicare Advantage plan will affect your Empire Plan benefits.

Eligibility for Medicare (cont.)

Medicare Part D

Medicare Part D is the Medicare prescription drug benefit. If you enroll in Medicare Part D, your prescription drug benefits under NYSHIP may be reduced.

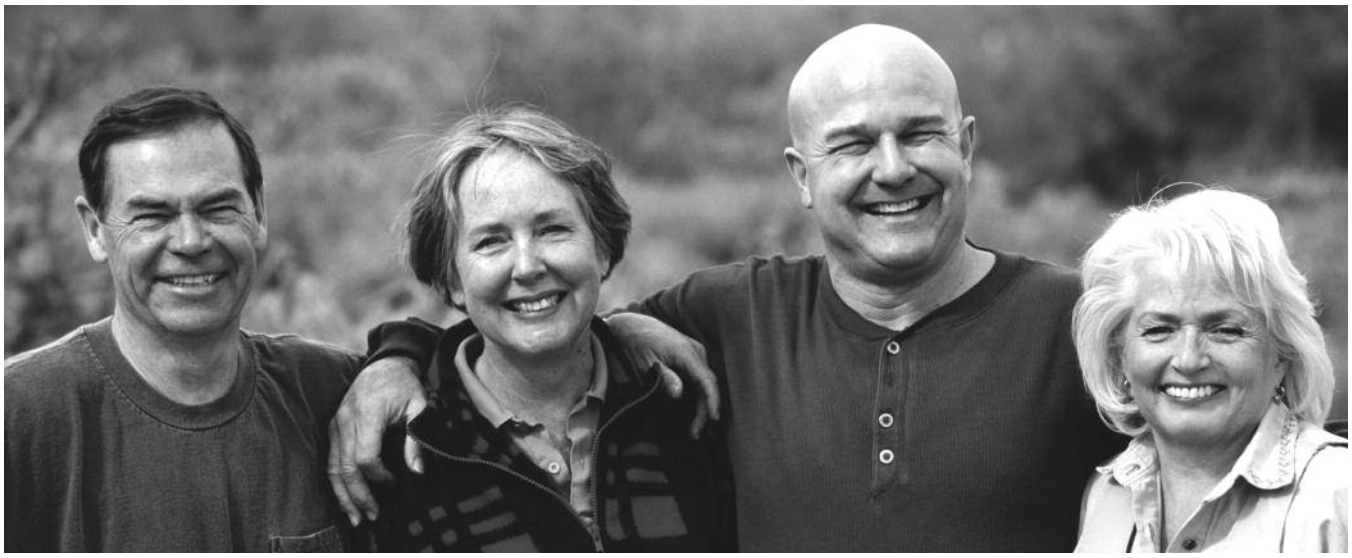
NYSHIP provides prescription drug benefits to you and your dependents under The Empire Plan. If you do enroll in a Medicare Part D plan, your former employer is not required to reimburse you for the Medicare Part D premium. And, your drug coverage under The Empire Plan may be reduced.

If you are Medicare-primary and enrolled in both The Empire Plan and a Medicare D plan, you will not be able to use your Empire Plan coverage to receive benefits at the pharmacy. You must use your Medicare drug coverage first. To receive secondary drug coverage, you must submit a claim to The Empire Plan Prescription Drug Program along with documentation of the amount covered by Medicare.

If you are eligible for the extra help from the Medicare Part D Low Income Subsidy, or if you are interested in additional drug coverage offered by a Medicare Part D plan, be sure you understand how joining a Medicare prescription drug plan will change your NYSHIP coverage before enrolling. If you do enroll in Medicare Part D, you will not be reimbursed for the Medicare Part D premium.

If you are eligible for both Medicare and Medicaid, you may be required to enroll in Medicare Part D to keep your Medicaid benefits.

Contact your agency Health Benefits Administrator if you have questions about Medicare Part D.
If you are approved for the Low Income Subsidy under Medicare Part D, ask your agency Health Benefits Administrator for information about dropping your Empire Plan drug coverage and reducing your Empire Plan premium. If you have questions about the extra help or how to apply, call Social Security at 1-800-772-1213 or visit www.ssa.gov.



Why do I need Medicare Parts A and B when I already have Empire Plan health insurance coverage?

It's the combination of coverages under Medicare Parts A and B and The Empire Plan that protects you.

If you are in The Empire Plan, The Empire Plan becomes secondary (pays after Medicare). The Empire Plan covers much of the Medicare Part A and Part B deductible and coinsurance amounts and some other medical expenses Medicare does not cover. Also, Empire Plan benefits are available worldwide while Medicare does not pay for medical services outside the United States.

So I should stay in The Empire Plan after enrolling in Medicare?

Yes, you should stay in The Empire Plan. If you drop out of The Empire Plan, you won't have secondary coverage. NYSHIP will no longer require your Participating Agency to reimburse you or your dependents for the monthly premium for Medicare Part B, a cost that usually increases annually. If you decide to reenroll in The Empire Plan, you may have a waiting period. (Ask your agency Health Benefits Administrator.) And, if you die while not enrolled in The Empire Plan, your dependents will not have the right to reenroll in The Empire Plan as dependent survivors.

I am in a coordination period due to end-stage renal disease (ESRD). Is The Empire Plan or Medicare my primary insurer during this time?

The Empire Plan provides your primary health insurance coverage during Medicare's coordination period unless you were Medicare-primary when diagnosed with end-stage renal disease. At the end of the coordination period, Medicare becomes the primary insurer and The Empire Plan the secondary coverage.

If I return to work, will NYSHIP or Medicare be my primary insurer?

After retiring, if you return to work for your former employer in a benefits-eligible position, NYSHIP is primary for you as an active employee and, in most cases, for your Medicare-eligible dependents. There are exceptions, for example, if you have a domestic partner age 65 or over or if Medicare is primary because of end-stage renal disease. You will not be reimbursed for the cost of Medicare Part B while NYSHIP is primary because you are working. You may choose to suspend Medicare Part B coverage during this period.

Ask your agency Health Benefits Administrator how your reemployment will affect NYSHIP coordination with Medicare.

Medicare Enrollment

When you need Medicare Parts A and B

If under age 65 at retirement and not otherwise eligible for Medicare: After you retire or otherwise terminate your employment, Medicare Parts A and B coverage must be in effect on the first day of the month in which you/your dependent turns age 65. Or, if the birthday falls on the first of the month, Medicare must be in effect on the first day of the preceding month.

Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B in effect on the first day of the month in which you are eligible for Medicare coverage that is primary to The Empire Plan.

Social Security may automatically mail a Medicare card to you about three months before you become eligible for Medicare. It will show both Part A coverage and Part B coverage, with an option to decline Part B. **Do not decline! Be sure to enroll in Part B.** If you do not receive a card, call Social Security.

If under age 65 and disabled: If you or your dependent becomes Medicare eligible before age 65 because of disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS), Medicare must be in effect as soon as you or your dependent is eligible for Medicare coverage that is primary to The Empire Plan.

If you or your dependent is under age 65 and eligible for Medicare because of end-stage renal disease, contact Medicare at the time of diagnosis. Be sure you have Medicare in effect as soon as you complete Medicare's 30-month coordination period.

If under age 65 and receiving Social Security benefits: If you or your dependent is already receiving Social Security Retirement benefits or Social Security Disability Insurance benefits before age 65, Social Security may automatically mail a Medicare card to you about three months before you become eligible for Medicare. It will show both Part A coverage and Part B coverage, with an option to decline Part B. **Do not decline! Be sure to enroll in Part B.** If you do not receive a card, call Social Security.

If over age 65 at retirement: When you retire from active service or otherwise terminate your employment, if you or your dependent is already age 65 or over, or Medicare eligible because of disability, **The Empire Plan will no longer be the primary insurer beginning the first day of the month after your employer group coverage ends.** The Empire Plan becomes secondary to Medicare at that time, even if you fail to enroll. Ask your agency Health Benefits Administrator when your employer group coverage ends.

If you or your dependent is over age 65 when you retire or otherwise terminate your employment, apply for Medicare Part A and Part B three months before leaving the payroll (or as far ahead of your retirement date as possible). Explain to Social Security that you did not sign up for Medicare Part B at age 65 because you still have primary coverage through your employer group plan with New York State. You will not be charged Medicare's late enrollment penalty.

How to apply for Medicare: Visit your local Social Security office or call Social Security at 1-800-772-1213.

Information about applying for Medicare is also available on the web at www.ssa.gov. Medicare accepts applications online under certain circumstances. Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778 for TTY Only.

General Enrollment Period

If you do not enroll in Medicare Parts A and B when you are first eligible, you must enroll during the next annual general enrollment period between January 1 and March 31. Your coverage will begin the following July 1. You will pay more for Medicare as a penalty for late enrollment.

Your benefits will be drastically reduced until you have Medicare in effect. The Empire Plan will not pay Medicare's share of your expenses, even if you use an Empire Plan participating provider.

I'm 62 and retired. My spouse is going to be 65 soon. What do we have to do?

Since you are no longer actively employed, Medicare becomes primary to The Empire Plan for your spouse at age 65, while The Empire Plan remains primary for you until you reach age 65 or otherwise become eligible for Medicare. Social Security should automatically mail a Medicare card to each of you about three months before your 65th birthday(s) if you are receiving Social Security benefits at that time. Do not decline Medicare Part B. If you do not receive a card, call Social Security. (See page 11 for contact information.) Your Participating Agency will reimburse you for your and your spouse's Medicare Part B premium.

What if I and/or my spouse also have coverage through an employer other than my Participating Agency?

Group coverage you may have as an **active** employee (not as a retiree) is primary to Medicare. To avoid a reduction in your Empire Plan benefits, even if you also have coverage through another employer's group plan, you or your dependent must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP. If you or your spouse is actively employed, the other employer's plan pays first, Medicare second, and The Empire Plan third.

What if I'm retired and my dependent is an "active employee"?

If your spouse/domestic partner is actively employed and is enrolled in NYSHIP as your dependent, your spouse/domestic partner has your "retiree" coverage in NYSHIP and must be enrolled in Medicare Parts A and B when first eligible. Medicare will pay primary to NYSHIP, and you will be eligible to receive reimbursement for the Medicare Part B premium on his or her behalf, unless reimbursement is received from another source.

If your dependent is employed by a non-NYSHIP employer and covered under that employer's plan, the employer pays first, Medicare second, and The Empire Plan third.

What if I am receiving Workers' Compensation benefits?

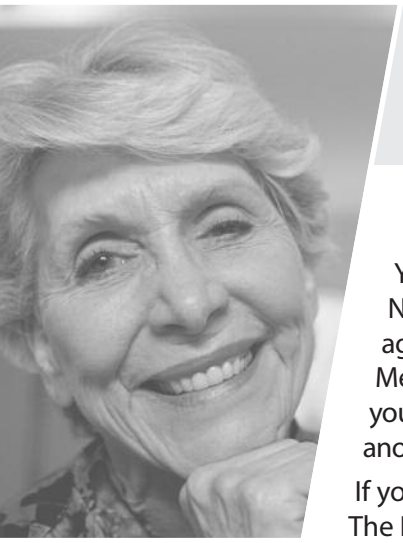
If eligible, you and your dependent must be enrolled in Medicare Parts A and B if you are receiving Workers' Compensation benefits and are no longer on the payroll as an active employee.

How about coverage under COBRA?

If you are continuing coverage in NYSHIP under COBRA, contact your agency Health Benefits Administrator for information when you become eligible for Medicare. Special rules apply.

I am an active employee with a domestic partner who is enrolled in NYSHIP as my dependent and who is turning 65. Are the Medicare rules different for domestic partners?

Yes, because Medicare is a federal program that does not recognize domestic partnerships. Medicare becomes primary for your domestic partner at age 65 even though you are still working. Therefore, your domestic partner must have Medicare Parts A and B in place when first eligible for Medicare, regardless of whether you are in active or non-active status.



Medicare Part B Reimbursement

You pay for Medicare Part B, but NYSHIP rules require your agency to reimburse you for the Medicare Part B premium, unless you receive reimbursement from another source.

If you have family coverage under The Empire Plan, your agency also must reimburse you for the Part B premium for any dependent eligible to receive primary coverage from Medicare, provided the dependent is not reimbursed by another source.

You are not eligible for the Medicare Part B premium reimbursement when The Empire Plan is primary.

Social Security deducts the Medicare Part B premium, which usually changes annually, from your monthly Social Security check. If you are not receiving a Social Security check, you pay the Medicare Part B premium directly to Social Security. Medicare reimbursement practices vary from agency to agency. Ask the agency Health Benefits Administrator how the agency handles reimbursement.

In addition to reimbursing you for the cost of Medicare Part B, your Empire Plan premium (if any) will be lower when you become covered under Medicare.

If you live permanently outside the United States or outside Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa, you are not required to enroll in Medicare Part B and are not entitled to Medicare Part B premium reimbursement, since Medicare does not cover services outside of the United States.

Medicare Part B premium for Medicare enrollees with a Modified Adjusted Gross Income (MAGI) below a certain amount pay a base Medicare premium amount set by the federal government annually. Medicare enrollees with a higher MAGI pay the base Medicare premium amount plus an additional Medicare premium amount adjusted for their income. If you are required to pay an additional Medicare premium amount adjusted for your income, your Participating Agency will reimburse you for it if you are eligible and apply for it. Contact your agency Health Benefits Administrator for information about reimbursement of your Medicare Part B premium, including the income-adjusted premium amount.

Should I apply for reimbursement?

You and your enrolled dependent are entitled to reimbursement of the Medicare Part B premium when you are eligible for primary Medicare coverage. Your former Participating Agency may require a photocopy of your or your dependent's Medicare card before beginning the reimbursement. Ask your agency Health Benefits Administrator how your agency handles Medicare Part B reimbursement.

What about Medicare Part A?

There is usually no cost for Medicare Part A. If there is a charge for your Medicare Part A coverage because you did not meet the Social Security eligibility requirements, you may keep The Empire Plan as your primary coverage for Medicare Part A expenses and you do not need to enroll in Medicare Part A. However, you still must enroll in Medicare Part B. If you receive a statement from Social Security confirming your ineligibility for Medicare Part A at no cost, please send a copy to your agency Health Benefits Administrator.

Claims Coordination

Order of payment

When you or your dependent becomes eligible for primary Medicare coverage, claims are paid in the following order:

1. Medicare pays first (primary)
2. The Empire Plan pays second (secondary)

Note: If you and/or your dependent also have other coverage as an active employee, that plan pays first, Medicare second, and NYSHIP third.

If Medicare denies your claim because your Medicare coverage is not yet in effect, you are responsible for those expenses.

Medicare Advantage Plans

As a retiree, if you or your dependent enrolls in a Medicare Advantage plan in addition to your Empire Plan coverage, The Empire Plan will not provide benefits for any services available through your Medicare Advantage plan or services that would have been covered by your Medicare Advantage plan if you had complied with the Medicare Advantage plan's requirements for coverage. Covered medical expenses under The Empire Plan are limited to expenses not covered under your Medicare Advantage plan.

If your Medicare Advantage plan has a point-of-service option that provides partial coverage for services you receive outside the Medicare Advantage plan, covered medical expenses under The Empire Plan are limited to the difference between the Medicare Advantage plan's payment and the amount of covered expenses under The Empire Plan.

If you receive services out of the country where Medicare does not provide any coverage, The Empire Plan will pay as primary.

Medicare and The Empire Plan

Providers (such as hospitals, doctors and laboratories) who accept Medicare are required by federal law to submit claims to Medicare for Medicare-primary patients. After Medicare processes the claim, The Empire Plan considers the balance for secondary (supplemental) coverage.

For hospital inpatient expenses, the hospital will file claims first with Medicare and then with The Empire Plan (Empire BlueCross BlueShield). You should not be billed for any charges covered under either program. For hospital outpatient expenses, you are responsible only for The Empire Plan hospital outpatient copayment, if any, in addition to any separate bills for doctor's services. (See medical/surgical benefits below.) When a hospital does not submit claims directly to Empire BlueCross BlueShield after receiving primary payment from Medicare, it is your responsibility to submit the claim.

For medical/surgical or mental health/substance abuse expenses, you generally have no claims to file if you are enrolled in The Empire Plan's **Medicare Crossover** program. (See below.) Medicare Crossover is the process by which Medicare, as primary insurance carrier, automatically forwards Medicare Part B medical claims to a secondary carrier for processing. UnitedHealthcare (for The Empire Plan medical/surgical expenses) or OptumHealth as administrator for UnitedHealthcare (for The Empire Plan mental health/substance abuse expenses) will send you an Explanation of Benefits that will show you what Medicare paid, what The Empire Plan paid, and the amount you are responsible for paying. If the provider participates in Medicare and The Empire Plan, you are responsible only for up to your copayment, if any.

Retirees, vestees and dependent survivors who become Medicare eligible at age 65: You are automatically enrolled in The Empire Plan's Medicare Crossover in the state where you reside unless you decline by contacting UnitedHealthcare at 1-877-7-NYSHIP (1-877-769-7447).

Dependents age 65 and over are automatically enrolled in Medicare Crossover. If you or your dependent becomes Medicare-primary before age 65 because of disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS), you are automatically enrolled in Medicare Crossover if The Empire Plan is your secondary coverage.

If you are a Medicare-primary Empire Plan enrollee or dependent, you are automatically enrolled in the Medicare Crossover program,

Claims Coordination (cont.)

but you may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your Health Insurance Claim (HIC) number assigned by Medicare and your secondary carrier information. You will know you are enrolled when Medicare has sent your claim to The Empire Plan and you receive an Explanation of Medicare Benefits (EOMB) that states your claim has been forwarded to your secondary carrier. If the EOMB does not state that your claim was forwarded to your secondary carrier, you or your provider will have to submit a claim to The Empire Plan. If you are a Medicare-primary Empire Plan enrollee or dependent and are having problems with your claims, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare.

If Medicare is your primary coverage but your secondary coverage is from a source other than The Empire Plan, sign up for Medicare Crossover with your secondary plan, not with The Empire Plan. Notify UnitedHealthcare not to enroll you in The Empire Plan's Medicare Crossover. It is your responsibility to submit claims to The Empire Plan for processing as your third coverage.

Will The Empire Plan send me an Explanation of Benefits?

You should receive an Explanation of Benefits (EOB) showing that both Medicare and The Empire Plan processed the claim. If you do not receive this EOB, submit a claim to The Empire Plan carrier for secondary payment. Be sure to include supporting bills, receipts and Medicare's Summary Notice.

Please see your *NYSHIP General Information Book and Empire Plan Certificate* for details on how to file claims, including deadlines.

How can I be sure Medicare sent my claim to The Empire Plan for payment?

Medicare will send you an Explanation of Medicare Benefits (EOMB) that will note whether or not your claim was sent to The Empire Plan. If the EOMB does not have this note, submit your claim along with a copy of your EOMB to UnitedHealthcare (for medical/surgical services) or to OptumHealth (for mental health/substance abuse services).

Do I have to file a claim with The Empire Plan if I receive services that Medicare does not cover?

If you receive services from a provider who does not participate in The Empire Plan, and these services are covered under The Empire Plan but not under Medicare, it is your responsibility to file a claim with the appropriate Empire Plan carrier for Basic Medical or non-network benefits.

You do not have to file a claim if you receive services from a provider who participates in The Empire Plan.

What if I incur medical expenses outside the United States?

Medicare does not cover medical expenses for services outside the United States (except Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas and American Samoa). NYSHIP pays as your primary insurer. If you are in The Empire Plan and will be traveling temporarily outside the United States, file claims directly with The Empire Plan carriers.

If you will be residing permanently outside the United States, you must notify the agency Health Benefits Administrator in writing. Your agency will discontinue your Medicare Part B reimbursement.

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What if I use a provider who has opted-out of Medicare?

If you are eligible for Medicare-primary coverage and you receive covered services from a provider who has elected to opt-out of Medicare, or whose services are otherwise not covered due to failure to follow applicable Medicare program guidelines, The Empire Plan will estimate the Medicare benefit that would have been paid and subtract that amount from the allowable expenses under the Plan.

Write if Medicare status changes

If Medicare eligibility ends for you or your dependent (because, for example, you move outside the United States or your dependent dies), you must write to your agency Health Benefits Administrator. You must also notify your agency of a divorce. If you receive reimbursement for the Medicare Part B premium for yourself and/or dependent when not eligible, your agency has the right to require that you return the amounts that were paid incorrectly. If you move back to the United States temporarily for medical care, ask your agency Health Benefits Administrator about resuming your Medicare premium reimbursement temporarily.

If you have questions

If you have questions about Medicare and NYSHIP or if you need a NYSHIP publication mentioned in this booklet, please contact the agency Health Benefits Administrator at your former employing agency. You may also check the New York State Department of Civil Service web site at https://www.cs.state.ny.us.

Information in this flyer is provided to help you have the most complete health insurance coverage possible. Care has been taken to ensure accuracy. However, the certificate of insurance from The Empire Plan carriers with amendments are the controlling documents for benefits available under NYSHIP.

If you have questions about Medicare eligibility or enrollment, contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. Or check the web site, www.ssa.gov.

For Medicare benefits, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Medicare's web site, www.medicare.gov, also has 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). 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.

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