

June 2011

# Welcome to EBD

the **Employee Benefits Division**  
of the New York State Department of Civil Service

For New York State and Participating Employer  
Retirees, Vesteers, Dependent Survivors  
and enrollees covered under Preferred List  
provisions and for their enrolled dependents,  
COBRA enrollees with their benefits  
and Young Adult enrollees



*This booklet explains how and where  
to get the help you need with your  
coverage under the New York State  
Health Insurance Program (NYSHIP).*



# *How can we* **Help You?**

Welcome to the New York State Department of Civil Service Employee Benefits Division (EBD). At EBD, we are here to serve you and your family as your Health Benefits Administrator (HBA) in retirement. Whether you have specific questions about your health benefits or you simply need to update your enrollment record, we are here to help.

In fact, more than 224,000 retirees and their families rely on the Employee Benefits Division for help with their New York State Health Insurance Program (NYSHIP) coverage. This booklet explains how and where you can get information and assistance with your health insurance.

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## Calling Our Call Center

Our Employee Benefits Division (EBD) Call Center is staffed by courteous, knowledgeable representatives who are dedicated to answering your questions.

If you have questions about your health insurance enrollment record, eligibility or NYSHIP requirements, contact the EBD Call Center at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 3 p.m. Eastern time.

You will need your nine-digit Social Security number when you call. You will hear “Welcome to the New York State Employee Benefits Division help line...” and then you can enter this number at the prompt. See page 5 for information about authorizing someone else to call on your behalf about your health insurance records.

Here are some tips to help you get the information you need.

- We receive the highest volume of calls on Monday mornings. If you need to talk with an Employee Benefits representative, for fastest service, call after 1 p.m. on Monday or sometime later in the week.
- **Changes to your enrollment file require your signature and cannot be made with a phone call.** Use the form on page 13 of this booklet to change your address or go online to use MyNYSHIP (see page 2). Read Communicating with the Employee Benefits Division on the next page and Keeping Your Coverage Up to Date in your *NYSHIP General Information Book*.
- Have the enrollee's Social Security number and/or Empire Plan Identification (ID) number and all documents related to your question ready when you call.

- You may need information from a source other than EBD. If your call is about Empire Plan providers or claims, you may call the carriers toll free at 1-877-7-NYSHIP (1-877-769-7447). If your call is about NYSHIP Health Maintenance Organization (HMO) benefits, call your HMO directly at one of the numbers listed on page 9. If your call is about your pension check, call your retirement system. Important telephone numbers are listed on pages 6 to 8 of this booklet.

## NYSHIP in Another Language

The New York State Health Insurance Program (NYSHIP) offers Language Line Services (LLS), a confidential over-the-phone language translation service for enrollees who call the Employee Benefits Division.

If you understand another language better than English and would like answers to your health insurance questions in another language, you can call the Employee Benefits Division and use LLS. You can call or ask someone else acting on your behalf to call for you. However, if someone calls for you, this may require that you complete and submit a Health Insurance Portability and Accountability Act (HIPAA) release form. See page 5, Safeguarding Your Privacy.

Here's how LLS works:

1. Call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday, 9 a.m. to 3 p.m. Eastern time.
2. The EBD representative will call an interpreter to translate for you. In most cases, the interpreter is available within 30 seconds. A three-way conference call will begin for you, the EBD representative and the interpreter.
3. The interpreter translates for you and for the EBD representative. LLS interpreters are trained in over-the-phone translation skills and give accurate, objective translations. All calls are strictly confidential.

## Help for Those with Special Needs

If you are visually impaired, hearing impaired or need a special service to make health benefits information available to you, EBD can help. Large-print publications and audio CDs are available upon request for retirees with disabilities. Call or write to EBD to request these materials.

The New York State Department of Civil Service web site, <https://www.cs.state.ny.us>, meets accessibility standards for persons with disabilities. The text size and colors have been carefully selected for easy reading. Pages are compatible with computer screen reader software and browser tools that help people with disabilities.

## Communicating with the Employee Benefits Division

Most changes to your enrollment file must be made in writing and require your signature. You'll find a sample letter in your *NYSHIP General Information Book* (see *Keeping Your Coverage Up to Date*) and a model letter you can use on page 10 of this booklet to make an enrollment change or make a request. Use these samples as guides, or photocopy them to use more than once. **Be sure to sign and date your request.**

You can make certain changes to your enrollment file online via MyNYSHIP Enrollee Self-Service. MyNYSHIP is a secure portion of the Employee Benefits Division home page, NYSHIP Online, where you can log on to view your own personal enrollment record.

Once you register and receive an activation code, you will be able to perform certain transactions online such as submitting Option Transfer requests, updating your address and ordering identification cards if you are enrolled in The Empire Plan. This activation code is mailed to your home address for added protection of your personal information. You can access

MyNYSHIP from the NYSHIP Online web site at <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits. Or, you can go directly to <https://www.cs.state.ny.us/mynyship>.

You must notify the Employee Benefits Division when, for example:

- Your address changes. Use the Change of Address form on page 13 or go to MyNYSHIP.
- Your telephone number or name changes. Complete and send the sample letter to the Employee Benefits Division.
- You need to choose another plan because you no longer live or work in your NYSHIP HMO's service area. Use the model letter on page 10, or, if you have not changed your plan in the last 12 months, submit your request on MyNYSHIP.
- You need to correct your enrollment records because, for example, a name is misspelled or a birthdate is wrong. Include a copy of the appropriate birth certificate.
- You need to add or delete a dependent on your health insurance file. Use the model letter. Additional documentation may be required.
- You need to report a divorce or death. Include a copy of the divorce decree or death certificate.
- You need to request coverage for a disabled dependent child. Use the model letter.
- You or a covered dependent becomes eligible for Medicare benefits for any reason including disability or end-stage renal disease under age 65. Enclose a photocopy of your or your dependent's Medicare card showing enrollment in Parts A and B.
- Your enrolled domestic partner becomes eligible for Medicare. Include a copy of your domestic partner's Medicare card.
- You want to cancel your coverage. Include the reason and the date you want your coverage to end.



**Note:** When writing to the Employee Benefits Division, always include your name, address, and your Social Security number and/or Empire Plan ID number in your letter to ensure a prompt response. **Be sure to sign your letter or form.** Changes to your enrollment file cannot be made without your signature.

If you need to order new or replacement identification cards:

- Empire Plan enrollees: go to MyNYSHIP or call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands), Monday through Friday, 9 a.m. to 3 p.m. Eastern time. Your card will arrive within two to three weeks from your order date.
- Health Maintenance Organization (HMO) enrollees: contact your HMO directly.

## Retiree Benefits on the Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits. NYSHIP Online has *The Empire Plan At A Glance, Health Insurance Choices, Rates and Information for Retirees* and benefits summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to Empire Plan carrier web sites. These web sites include the most current list of providers, and the information is continually updated. You can search by location, specialty or name.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group in the colored bar at the top of the page.

Without enabling cookies, you will be required to select your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online includes the calendar of NYSHIP retiree health benefits meetings that the Employee Benefits Division conducts each fall in various locations throughout New York State. A representative is on hand at these meetings to explain NYSHIP benefits and answer your questions.

We will mail a retiree information meeting postcard to your home two to three weeks before a meeting is scheduled in your area. You don't need a reservation to attend; however, seating is on a first-come, first-served basis. All meeting sites are handicapped accessible. Go to <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits. To view the Calendar, select the Calendar button from the NYSHIP Online home page. Then, under Type of Event, scroll to Retiree Mtg. (NY Only). Choose the time period you would like to view and click on Go Search.

**All of our printed health benefits information is available on NYSHIP Online.**

## Visiting the Employee Benefits Division

You are welcome to meet with an Employee Benefits Division representative to discuss your health insurance benefits. Staff is generally available from 9 a.m. to 4 p.m. Monday through Friday for consultations. An appointment is preferred and can be requested by calling 518-457-5754 or 1-800-833-4344.

Please bring any documents that may assist us in addressing your questions and concerns.

The New York State Department of Civil Service is located in the Swan Street Building, Core 1, in Albany. You can ask for directions and parking instructions from the receptionist when you make your consultation appointment.

## Medicare 65<sup>th</sup> Birthday Reminder

If you are nearing age 65 and are retired, apply for Medicare three months ahead of your birthday. Failure to have Medicare Parts A and B in effect by the first day of the month in which you turn 65, or otherwise become eligible for Medicare due to disability or end-stage renal disease, will drastically reduce your health insurance coverage. If your birthday falls on the first of the month, Medicare Parts A and B must be in effect on the first day of the preceding month, if you become eligible due to age.

The New York State Health Insurance Program (NYSHIP) requires retirees, vestees, dependent survivors and enrollees covered under Preferred List provisions from New York State agencies and Participating Employers 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. You and your dependents must be enrolled when first eligible for primary Medicare coverage, even if also covered through another employer's group plan.

You will receive NYSHIP's Happy 65<sup>th</sup> Birthday mailing three months prior to your 65<sup>th</sup> birthday to remind you that you must be enrolled in Medicare Parts A and B and to notify you that your Part B premium reimbursement will begin automatically.

This mailing will include all of the information that you need to know about how NYSHIP and Medicare work together to provide retiree benefits – a letter with instructions on when and how to apply for Medicare, the publication *Medicare & NYSHIP*, which explains Medicare and NYSHIP for retirees and dependents, and a companion DVD, *Medicare & NYSHIP*, a lively discussion of the important components of Medicare and your NYSHIP benefits. If you require a VHS copy, please follow the directions contained within to request it.

Do not depend on Social Security, Medicare, an HMO or another employer for information on NYSHIP requirements. If you have questions, please read your NYSHIP materials, visit our web site at <https://www.cs.state.ny.us>, or call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 3 p.m. Eastern time.

*Participating Employer enrollees: Ask your agency HBA when your NYSHIP coverage becomes secondary to Medicare.*

## Check for NYSHIP Mailings

The Employee Benefits Division works to keep you informed. You are responsible for reading and keeping track of the information. We send you NYSHIP publications – *Empire Plan Reports* or *NYSHIP HMO Reports* – with important certificate amendments and NYSHIP changes, option transfer materials, and other special mailings and reports and your retiree benefit statement. We also send you information about Medicare and NYSHIP if it applies to you.

To promptly receive all NYSHIP mailings, make sure we have your current address. Read the publications and then keep them together in a safe place.

## Other Reminders

Watch the mail for your copy of our option transfer materials at the end of each year: *Health Insurance Choices* and *Rates and Information for Retirees*. *Health Insurance Choices* explains how to choose coverage under The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO). *Rates and Information for Retirees* is your only notice of the annual rate changes.

Keep your coverage up to date. Use the handy Model Letter in this booklet (see page 10) and in your *NYSHIP General Information Book*, or your last Benefit Statement correction form.

\* Medicare pays first for health insurance claims before claims are considered by NYSHIP.

## Questions and Answers

### **Q. Who will help me at the Employee Benefits Division?**

**A.** Each month, our well-qualified staff answers more than 6,000 phone calls and approximately 400 letters. The same staff explains benefits to enrollees at meetings throughout New York State and consults with visitors to the Division. And, each month, our staff manages approximately 500 new retirements and begins health insurance premium deductions for these retirees.

In addition, the Employee Benefits Division staff has many other duties. They process enrollment transactions, research enrollee cases and return enrollees' calls. They also keep up with changes in federal and New York State laws, rules and regulations that affect your health benefits.

### **Q. Who will help my dependent survivors if I die during retirement?**

**A.** The same Employee Benefits Division staff is available to assist your dependent survivors in the event of your death in retirement. Your dependent survivor must notify the Employee Benefits Division of your death and then the Division will send your dependent survivor information about continuing NYSHIP coverage.

Be sure that your dependents have access to your NYSHIP information and know how to contact the Division.

### **Q. What if I want or need someone else to contact the Employee Benefits Division on my behalf?**

**A.** Federal and State privacy rules limit our ability to share any information about your health insurance status or records without the proper authorization from you. If you want us to be able to discuss your health benefits

information with a third party such as a relative or friend, you should submit a signed authorization form to the Employee Benefits Division (see pages 11 and 12).

### **Q. How soon will I receive a refund if one is due to me?**

**A.** Refunds are processed only once each month. After we calculate a refund, it is processed with others through our internal accounting system, and then sent to the Office of the State Comptroller for review. This process can take from 6 to 10 weeks depending on when the transaction was processed and the volume of transactions.

## **Safeguarding Your Privacy**

The Employee Benefits Division safeguards your personal health information. The federal Health Insurance Portability and Accountability Act (HIPAA) requirements affect every aspect of the New York State Health Insurance Program.

When someone contacts us on your behalf, we will require additional information before releasing your personal health information to a third party. Generally, you must submit a signed authorization form (see pages 11 and 12), or other documentation for us to release information. Or, depending on the circumstances, we may ask for your verbal permission or other information.

If you have questions or concerns regarding your ability to get the information you need, please call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 3 p.m. Eastern time.

## **Important Contact Information for NYSHIP Retirees**

### **Employee Benefits Division**

518-457-5754

1-800-833-4344

(U.S., Canada, Puerto Rico, Virgin Islands)

New York State Department of Civil Service  
Alfred E. Smith State Office Building  
Albany, NY 12239

Call for information about NYSHIP enrollment, eligibility, premium payments and Medicare Part B reimbursement.

<https://www.cs.state.ny.us>

### **Social Security**

1-800-772-1213

TTY: 1-800-325-0778

Call to enroll in Medicare. Under NYSHIP rules, you/your dependents must be enrolled in Medicare Parts A and B as soon as you/your dependents become eligible for primary Medicare coverage.

[www.ssa.gov](http://www.ssa.gov)

### **Medicare**

1-800-MEDICARE (633-4227)

TTY: 1-877-486-2048

Call for Medicare benefits and claims information.

[www.medicare.gov](http://www.medicare.gov)

### **Retirement Systems**

Call about retirement checks and retirement system benefits.

#### **New York State and Local Employees' Retirement System**

518-474-7736

1-866-805-0990 (outside Albany)

[www.osc.state.ny.us](http://www.osc.state.ny.us)

#### **New York State Teachers' Retirement System**

1-800-782-0289 recorded information or

518-447-2666

1-800-356-3128

[www.nystrs.org](http://www.nystrs.org)

#### **New York State and Local Police and Fire Retirement System**

518-474-7736

1-866-805-0990

[www.osc.state.ny.us](http://www.osc.state.ny.us)

#### **TIAA-CREF**

1-800-842-2733

212-490-9000 (collect outside U.S.)

[www.tiaa-cref.org](http://www.tiaa-cref.org)



## The Empire Plan Programs and Carriers

For information on any Empire Plan benefit program, call toll free **1-877-7-NYSHIP (1-877-769-7447)**. This one number is your first step to Empire Plan information. Check the following list to know which program to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and press your selection at any time during the message. Press 1 for the Medical Program, press 2 for the Hospital Program, press 3 for the Mental Health and Substance Abuse Program, press 4 for the Prescription Drug Program and press 5 for The Empire Plan Nurseline<sub>SM</sub>. Follow the instructions and you'll automatically be connected to the appropriate program.

### The Hospital Program

*Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407, [www.empireblue.com](http://www.empireblue.com). Call for information regarding hospital and related services.*



#### **Benefits Management Program for Preadmission Certification**

You must call the Hospital Program before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).



#### **Centers of Excellence for Transplants Program**

You must call the Hospital Program before a hospital admission for the following transplant surgeries: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas. Call for information about Centers of Excellence.

### The Medical Program

*UnitedHealthcare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600, [www.myuhc.com](http://www.myuhc.com). Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.*

#### **Managed Physical Medicine Program (MPN)**

Call the Medical Program for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.



#### **Benefits Management Program Prospective Procedure Review of MRI, MRA, CT, PET scans and Nuclear Medicine tests**

You must call the Medical Program before having an elective (scheduled) procedure or Nuclear Medicine tests.



#### **Home Care Advocacy Program (HCAP)**

You must call the Medical Program to arrange for paid-in-full home care services, enteral formulas, diabetic shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call The Empire Plan for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



#### **Infertility Benefits**

You must call the Medical Program for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including in vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT),

*Continued on next page*

Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call the Medical Program for information about infertility benefits and Centers of Excellence.



### **Centers of Excellence for Cancer Program**

You must call the Medical Program to participate in The Empire Plan Centers of Excellence for Cancer Program.

## **The Mental Health and Substance Abuse Program**

*OptumHealth (administrator for UnitedHealthcare), Mailing Addresses: Claims/General Correspondence – OptumHealth Behavioral Solutions, P.O. Box 5190, Kingston, NY 12402-5190; Appeals – OptumHealth Behavioral Solutions, Attn: BH Appeals Dept., 900 Watervliet-Shaker Road, Suite 103, Albany, NY 12205-1002.*



You must call the Mental Health and Substance Abuse Program before beginning any nonemergency treatment for mental health or substance abuse, including alcoholism. You will receive the highest level of benefits by calling and following OptumHealth's recommendations. In a life-threatening situation, go to the emergency room. You must call within 48 hours, or as soon as reasonably possible, after an inpatient admission. The Mental Health and Substance Abuse Program's Clinical Referral Line is available 24 hours a day, 7 days a week.

## **The Prescription Drug Program**

*(administered by UnitedHealthcare/Medco).* Mail completed claim forms for prescriptions from retail pharmacies to: *The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY 40512.* Mail written appeals, grievances and general correspondence to *The Empire Plan Prescription Drug Program, P.O. Box 5900, Kingston, NY 12402-5900.* For additional information regarding The Empire Plan Prescription Drug Program including the most current list of prior authorization drugs, call The Empire Plan or go to <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits. Choose your group and then your plan. On the NYSHIP Online page, click on Find a Provider and scroll down to the Prescription Drug Program section.

## **The Empire Plan NurseLine<sup>SM</sup>**

Call for health information and support, 24 hours a day, seven days a week.

To listen to the Health Information Library, enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure.

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**Teletypewriter (TTY)** numbers for callers when using a TTY device because of a hearing or speech disability:

**The Hospital Program administered by Empire BlueCross BlueShield ....**TTY only: 1-800-241-6894

**The Medical Program administered by UnitedHealthcare.....**TTY only: 1-888-697-9054

**The Mental Health and Substance Abuse Program**

**administered by OptumHealth .....**TTY only: 1-800-855-2881

**The Empire Plan Prescription Drug Program administered by Medco .....**TTY only: 1-800-759-1089

## **Important Contact Information for NYSHIP Health Maintenance Organization (HMO) Enrollees**

If you are enrolled in a NYSHIP HMO, please refer to your HMO materials for current phone numbers and addresses. Or, see our web site, <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits. Under Using Your Benefits, choose Telephone Numbers, then Health Maintenance Organizations (HMOs) Member Services.

### **Aetna**

99 Park Avenue, New York, NY 10016  
Customer Service: 1-800-323-9930  
TTY: 1-800-654-5984  
[www.aetna.com](http://www.aetna.com)

### **Blue Choice**

165 Court Street  
Rochester, NY 14647  
Member Services: 585-454-4810  
or 1-800-462-0108  
TTY: 1-877-398-2282  
[www.excellusbcbs.com](http://www.excellusbcbs.com)

### **Capital District Physicians' Health Plan, Inc. (CDPHP)**

500 Patroon Creek Boulevard  
Albany, NY 12206-1057  
Member Services: 518-641-3700  
or 1-800-777-2273  
TTY: 1-877-261-1164  
[www.cdphp.com](http://www.cdphp.com)

### **Community Blue**

The HMO of BlueCross BlueShield  
of Western New York  
PO Box 80, Buffalo, NY 14240-0080  
For information, call the nearest Member  
Services Office:  
Buffalo: 716-887-8840 or 1-877-576-6440  
Olean: 716-376-6000 or 1-800-887-8130  
Jamestown: 716-484-1188  
or 1-800-944-2880  
TTY: 1-888-249-2583  
[www.bcbswny.com](http://www.bcbswny.com)

### **Empire BlueCross BlueShield HMO**

11 Corporate Woods Boulevard  
PO Box 11800, Albany, NY 12211-0800  
1-800-453-0113  
TTY: 1-800-241-6894  
[www.empireblue.com](http://www.empireblue.com)

### **GHI HMO**

789 Grant Avenue, Lake Katrine, NY 12449  
or  
PO Box 4181, Kingston, NY 12401  
1-877-244-4466  
TTY: 1-877-208-7920  
[www.ghi.com](http://www.ghi.com)

### **HIP Health Plan of New York**

55 Water Street, New York, NY 10041  
1-877-861-0175  
TTY: 1-888-447-4833  
[www.hipusa.com](http://www.hipusa.com)

### **HMO Blue**

Excellus BlueCross BlueShield,  
Central New York Region  
333 Butternut Drive, Syracuse, NY 13214-1803  
1-800-447-6269  
TTY: 1-877-398-2275  
[www.excellusbcbs.com](http://www.excellusbcbs.com)

Excellus BlueCross BlueShield, Utica Region  
12 Rhoads Drive, Utica, NY 13502  
1-800-722-7884  
TTY: 1-877-398-2275  
[www.excellusbcbs.com](http://www.excellusbcbs.com)

### **Independent Health**

511 Farber Lakes Drive, Buffalo, NY 14221  
Customer Service: 1-800-501-3439  
TTY: 716-631-3108  
[www.independenthealth.com](http://www.independenthealth.com)

### **MVP Health Care**

PO Box 2207, 625 State Street  
Schenectady, NY 12301-2207  
Customer Service: 1-800-209-3945  
TTY: 1-800-662-1220  
Rochester Region only: 1-800-665-7924  
[www.joinmvp.com](http://www.joinmvp.com)



## Model Letter for Contacting the Employee Benefits Division

Mail to:

State of New York Department of Civil Service  
Employee Benefits Division  
Alfred E. Smith State Office Building  
Albany, New York 12239

(Please print)

Date \_\_\_\_\_

Enrollee Health Insurance Identification Number

(Social Security number and/or Empire Plan identification number) \_\_\_\_\_

Name of Enrollee \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ This is a new address.

Please complete Form PS-850 (see page 13).

Telephone: Day \_\_\_\_\_

(area code)

Night \_\_\_\_\_

(area code)

I am writing because:

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Effective date of change \_\_\_\_\_

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

☐ I am enclosing a photocopy of my (or my dependent's) Medicare card (if applicable).



State of New York  
Department of Civil Service  
Alfred E. Smith State Office Bldg.  
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION  
New York State Health Insurance Program (NYSHIP) and New York Public  
Employee and Retiree Long Term Care Insurance Program (NYPERL)  
Authorization for Release of Health Information  
(w) EBD-543 (3/11L)

### AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

**NOTE:** The only persons who can complete and sign this form to authorize the disclosure of personal information are:

- The individual who is the subject of the information to be disclosed;
- A parent or legal guardian - only if the individual who is the subject of the information to be disclosed is a child under the age of 18; or
- A Personal Representative of the individual as designated through a Power of Attorney, Health Care Proxy, a court order, or other appropriate legal documentation.

#### Part A – Identify the Person Whose Information is to be Released

Name: \_\_\_\_\_ Identification #: \_\_\_\_\_

#### Part B – Person(s) or Organization(s) Authorized to Receive Information

Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Possibility of Re-disclosure:** It is possible that the person or organization you have named to receive this information may re-disclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.

#### Part C – Information to be Released

The New York State Department of Civil Service - Employee Benefits Division (EBD) maintains information regarding eligibility for and enrollment in the New York State Health Insurance Program (NYSHIP) and the New York State Public Employee and Retiree Long Term Care Insurance Program (NYPERL). This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We do not maintain claims information or medical records.

\_\_\_\_ I authorize the release of information maintained by EBD as described above.

\_\_\_\_ I authorize the release of information maintained by EBD as described above, with the following limitations:  
(Please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part D – Purpose of Disclosure

**You must check one of the following to indicate a purpose for this release of information:**

\_\_\_ Per my request

☐ To permit a family member or friend to act on my behalf

\_\_\_\_ Other \_\_\_\_\_

## Part E – Expiration of Authorization

This authorization will remain in effect for twelve (12) months from the date of your signature unless another date or event that will cause the authorization to expire is specified below:

When I am no longer enrolled in the New York State Health Insurance Program (NYSHIP) or the New York State Public Employee and Retiree Long Term Care Program (NYPERL)

On \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ When the following event occurs: \_\_\_\_\_

**Terms for Termination/Revocation:** You have the right to revoke this authorization at any time. However, your revocation will not affect any use or disclosure that we made in reliance upon your authorization before we learn of your revocation. You may revoke this authorization by writing to the NYSHIP/NYPERL Privacy Official at the address provided below.

### Part F – Required Signature

I authorize release of the above-specified information. I understand that I am not required to sign this form in order to receive or to be eligible to receive health care benefits (enrollment, treatment, or payment).

Signature

Date \_\_\_\_\_

Identification #

Telephone #

If the person signing this form is not the individual whose information is being disclosed, please indicate your relationship to that person:

Parent or legal guardian of a child under the age of 18

\_\_\_\_ Personal Representative (please attach documentation, i.e., Power of Attorney, Court Order, Health Care Proxy)

**Mail this form to the following address:**

**NYS Department of Civil Service – Employee Benefits Division**  
**Alfred E. Smith State Office Building**  
**Albany, NY 12239**

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

**Personal Privacy Protection Law Notification:** The information you provide on this form is requested for the principal purpose of authorizing the use and/or disclosure of protected health information pursuant to 45 CFR 164.508. Failure to provide the information may interfere with our ability to use or disclose protected health information necessary to administer NYSHIP and NYPERL. The information will be maintained by the Director of the Employee Benefits Division, Department of Civil Service, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information on the Personal Privacy Protection Law, call (518) 457-9375. If you have any questions regarding this form or your insurance coverage, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m. Monday through Friday.





New York State  
Department of Civil Service  
Alfred E. Smith State Office Building  
Albany, NY 12239

## EMPLOYEE BENEFITS DIVISION

### Change of Address

PS-850 (7/07)

### As you know, your Health Insurance information is important.

You may not receive information regarding your benefits if your address is not kept current on the New York State Health Insurance Program (NYSHIP) enrollment records.

**Note:** *Your enrollment record cannot be updated without your signature.*

Please complete the information below and return it to the following address.

Employee Benefits Division  
NYS Department of Civil Service  
Alfred E. Smith State Office Building  
Albany, NY 12239

If you have any questions, you may contact the Employee Benefits Division at 1-800-833-4344.

|   |              |                 |                                 |              |                       |
|---|--------------|-----------------|---------------------------------|--------------|-----------------------|
| <b>Health Insurance Identification No.</b>            |              |                 |                                 |              |                       |
| <b>Last Name</b>                                      |              |                 | <b>First Name</b>               |              | <b>Middle Initial</b> |
| <b>Old Address:</b>                                   |              |                 | <b>New Address:</b>             |              |                       |
| <b>Street Address</b>                                 |              |                 | <b>Street Address</b>           |              |                       |
| <b>City</b>   | <b>State</b> | <b>Zip Code</b> | <b>City</b>                     | <b>State</b> | <b>Zip Code</b>       |
| <b>Telephone Number (Include Area Code)</b><br>(    ) |              |                 | <b>Effective Date of Change</b> |              |                       |
| <b>Signature (Required):</b>                          |              |                 | <b>Date:</b>                    |              |                       |

*(If Power of Attorney – Please send copy)*

**Power of Attorney/Guardianship** – If you are acting on behalf of an enrollee, your “documents” must be on file with our office before any benefit changes, including mailing address, can be processed.

☐ ENCLOSED

☐ ALREADY ON FILE WITH EBD

**Personal Privacy Protection Law Notification** – The information you provide on this application is being requested in accordance with Article 11 of the Civil Service Law for the principal purpose of enabling the Department of Civil Service to process a request to change the address listed on your New York State Health Insurance Program enrollment record. The information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (c) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by your personnel office, and by the Employee Benefits Division, Department of Civil Service, Albany, New York 12239. For information concerning *only* the Personal Privacy Protection Law, call (518) 457-9375. For information relating to this form, please call 1-(800) 833-4344.

| FOR OFFICE USE ONLY |      |          |
|---------------------|------|----------|
|                     | DATE | INITIALS |

State of New York  
Department of Civil Service  
Employee Benefits Division  
P.O. Box 1068  
Schenectady, New York 12301-1068  
<https://www.cs.state.ny.us>

## SAVE THIS DOCUMENT



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

! Please do not send mail or  
correspondence to this return  
address. See page 10 for  
address information.

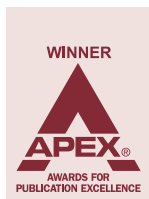
*Retiree Welcome to EBD – June 2011*

*Welcome to the Employee Benefits Division* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan or a NYSHIP-approved Health Maintenance Organization.

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 the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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### Department of Civil Service Awards for Excellence in Health Care Communications



24 APEX Awards ▪ 2 AVA Awards  
3 AXIEM Awards ▪ 18 The Communicator Awards  
2 eHealthcare Leadership Awards ▪ 3 Magnum Opus Awards  
26 Marcom Awards ▪ 5 Mature Media Print Awards  
14 National Health Information Awards ▪ 3 Nori Awards  
2 NYS Forum for IBM Best Practices Awards ▪ 3 Summit Awards  
5 Telly Awards ▪ 5 Videographer Awards  
1 Worldfest Houston Award ▪ 17 Hermes Awards  
4 WWW Mature Media Awards

