

April 2016

Welcome to EBD



NYSHIP
New York State
Health Insurance Program



For New York State and Participating Employer Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions and for their enrolled dependents, COBRA enrollees with their benefits and Young Adult Option 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 NYSHIP Health Benefits Administrator (HBA) when your coverage continues after the end of active service. 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 benefits.



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Contacting Our Call Center

Our Employee Benefits Division (EBD) Call Center staff is courteous, knowledgeable and 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 4 p.m. Eastern time.

You will need your nine-digit Social Security number when you call. When you hear “Welcome to the New York State Employee Benefits Division Help Line...” you will be given a choice of two options. Choose the correct option and be prepared to enter your Social Security 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.

- Have the enrollee’s Social Security number and all documents related to your question ready when you call.
- **Most changes to your enrollment record require your signature.** However, address changes can be made over the phone. You can also 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 When You Should Contact the Employee Benefits Division in your *NYSHIP General Information Book*.
- You may need information from a source other than EBD. If your call is about Empire Plan providers, benefits or claims, you may call the program

administrators 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 (see page 9). If your call is about your pension check, call your retirement system. Important telephone numbers are listed on pages 6 to 9 of this booklet.

NYSHIP in Another Language

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

If you understand another language better than English and would like answers to your health benefits questions in another language, you can call EBD 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 14, Protecting Your Privacy.

Here’s how LLS works:

1. Call EBD (see phone numbers listed below) and identify the language you need translated.
2. Ask the EBD representative to 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.

If you need to order new or replacement identification cards:

Empire Plan enrollees:	Empire Plan	Health Maintenance
<p>Go to MyNYSHIP or call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands), Monday through Friday, 9 a.m. to 4 p.m. Eastern time. Your card will arrive within two to three weeks from your order date.</p>	<p>Medicare Rx enrollees: Call 1-877-7-NYSHIP (1-877-769-7447) Press or say 4 on the main menu, 24 hours a day, seven days a week (TTY: 711) to order a prescription drug card only. You can continue to use your Empire Plan ID card for all other benefits.</p>	<p>Organization (HMO) enrollees: Contact your HMO directly (see page 9).</p>

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, www.cs.ny.gov, 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 will find a model letter you can use on page 10 of this booklet to make an enrollment change or request information. Use this sample as a guide, or photocopy it 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 EBD homepage, 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, if you are enrolled in The Empire Plan, ordering identification cards. 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 www.cs.ny.gov/mynyship.

For example, you must notify EBD when:

- Your address changes. Call EBD, go to MyNYSHIP or use the Change of Address form on page 13.
 - Your telephone number or name changes. Use the model letter on page 10.
 - You need to choose another plan because you no longer live or work in your NYSHIP HMO's service area. If you have not changed your plan in the last 12 months, you may submit your request on MyNYSHIP or use the model letter on page 10.
- You need to correct your enrollment record because, for example, a name is misspelled or a birthdate is wrong. Include a copy of the appropriate supporting documentation.
 - You need to add or delete a dependent on your health enrollment record. 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 or a covered dependent (including your domestic partner) becomes eligible for Medicare benefits for any reason including disability or end-stage renal disease. Enclose a photocopy of your own or your dependent's Medicare card showing enrollment in Parts A and B.
 - You want to cancel your coverage. Include the reason and the date you want your coverage to end.
 - You need to request coverage for a disabled dependent child. You and your child's attending physician must complete Form PS-451, Statement of Disability, and return it to the appropriate plan administrator for an eligibility determination (see page 3, Accessing NYSHIP Online: Forms).

Note: When writing to the Employee Benefits Division, always include your name, address, and the last four digits of your Social Security number in your letter to ensure a prompt response. **Be sure to sign your letter or form.** Most changes to your enrollment file cannot be made without your signature.

Retiree Benefits on the Web

NYSHIP Online has *The Empire Plan At A Glance, Health Insurance Choices, Rates and Information for Retirees* and benefit summaries for The Empire Plan and NYSHIP HMOs. All of our printed health benefits information is available on NYSHIP Online, plus timely announcements on Current Topics and What's New?

You'll also find links to Empire Plan administrator web sites and the most current list of Empire Plan participating providers. This information is continually updated and you can search by location, specialty or name.

Accessing NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at www.cs.ny.gov/retirees. Select Health Benefits and choose your group and plan to get to the NYSHIP Online homepage. You can bookmark this page to bypass the login screen.

Here are some tips for navigating the major tabs on the left side of the page.

Current Topics – In this tab, you will find live links to the most timely retiree health benefits information available.

What's New? – This tab is regularly updated with the most current information. After clicking on the What's New tab, scroll to view a date order listing of information or use the dropdown box to navigate section topics.

Health Benefits & Option Transfer – For everything you need to know about Option Transfer, click on this tab and choose Rates and Health Plan Choices. You will find health insurance rates, the online Plan Comparison and your current *Choices* publication. Other links under this tab provide helpful benefits-related information including your *NYSHIP General Information Book, Empire Plan Certificate, Empire Plan Flexible Formulary* and *Empire Plan At A Glance* benefit guide.

Medicare – Click on the Medicare tab for information on how Medicare eligibility will affect your NYSHIP coverage. You can download important documents and forms as well as order the *Medicare & NYSHIP for NY and PE Retirees* booklet with companion DVD.

Using Your Benefits – This tab includes a variety of useful resources including contact numbers, a library of current publications, a copayment reference list, the Flexible Formulary and other drug lists (for Empire Plan enrollees only).

Forms – This useful tab is your resource for benefit-related forms including enrollment and transaction

forms and Empire Plan out-of-network claims and mail service pharmacy order forms.

Find a Provider – To access the most up-to-date listings of Empire Plan providers, pharmacies and services, click on the Find a Provider tab and scroll to the appropriate program.

Calendar – Use the Calendar tab to find information on upcoming New York State retiree health benefits meetings throughout the year.

MyNYSHIP – The MyNYSHIP portal provides secure online access to your personal enrollment record. It requires a Civil Service ID and password to safeguard your personal information, so you will need to create an account to start the MyNYSHIP registration process. As a registered user, you can update your address online, change your option, order a replacement Empire Plan Benefit Card and check your enrollment information.

Visiting the Employee Benefits Division

You are welcome to meet with an EBD representative to discuss your health insurance benefits. Staff is generally available for consultations from 9 a.m. to 4 p.m. Monday through Friday. 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. Directions to EBD are available on NYSHIP Online. Select About Us and scroll down to Location. Or, you can ask for directions and parking information when you make your consultation appointment.

Medicare and NYSHIP

Medicare is the federal health insurance program for people age 65 and older and for those under age 65 with certain disabilities. It is administered by the Social Security Administration and the Centers for Medicare and Medicaid Services (CMS).

The New York State Health Insurance Program (NYSHIP) requires retirees, vestees, dependent survivors and enrollees covered under Preferred List and COBRA 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.

* Medicare pays first for health insurance claims before claims are considered by 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. Domestic partners of Active enrollees must also enroll when turning age 65. There are two exceptions to this primacy rule. Regardless of the enrollee's employment status: 1) When Medicare eligibility is due to end-stage renal disease, NYSHIP remains primary during the 30-month coordination period; and 2) Medicare is primary for a domestic partner who is age 65 or older.

If you are nearing age 65, 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 primary Medicare coverage 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.

You will receive NYSHIP's Happy 65th Birthday mailing four months prior to your 65th 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 for retirees and dependents – a letter with instructions on when and how to apply for Medicare

and the booklet *Medicare & NYSHIP* with a companion DVD, which explains Medicare enrollment and NYSHIP rules.

Medicare-primary enrollees and dependents enrolled in The Empire Plan have prescription drug coverage under Empire Plan Medicare Rx, a Medicare Part D Prescription Drug Plan with expanded coverage designed especially for NYSHIP. If you or any of your dependents are Medicare-primary and enrolled in The Empire Plan, you will be automatically enrolled in Empire Plan Medicare Rx.

Your NYSHIP HMO may automatically move you to the Medicare Advantage plan with the HMO. When Medicare becomes primary to NYSHIP, most NYSHIP HMOs will automatically enroll you in a Medicare Advantage plan that includes Medicare Part D prescription drug coverage. You will receive information regarding any benefit changes directly from the HMO.

Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Medicare Part D plan, a Medicare Advantage plan, or other Medicare product in addition to your NYSHIP coverage may drastically reduce your benefits overall or may result in cancellation of your NYSHIP coverage. This includes Medicare products that you or your covered dependents may be enrolled in through another employer (yours or your spouse's). Be sure you understand how enrolling for additional Medicare coverage will affect your overall benefits.

If you have questions about how your NYSHIP benefits may be affected by enrolling in another plan, contact the Employee Benefits Division.

For more information on Empire Plan Medicare Rx, please call 1-877-7-NYSHIP (1-877-769-7447), press or say 4 on the main menu, 24 hours a day, seven days a week. Or, visit the New York State Department of Civil Service web site at www.cs.ny.gov/retirees. Select Health Benefits, and choose your group and plan to get to the NYSHIP Online homepage. Select Find a Provider from the NYSHIP Online homepage, scroll to Prescription Drug Program and then click on Empire Plan Prescription Drug Program Web Site for the link to SilverScript.

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 www.cs.ny.gov/retirees, or call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 4 p.m. Eastern time.

Check for NYSHIP Mailings

EBD works to keep you informed. You are responsible for reading and keeping track of the information that applies to you and your dependent(s). We send you NYSHIP publications – *Empire Plan Reports* or *NYSHIP HMO Reports* – with important information about certificate amendments and NYSHIP changes and option transfer materials. Even though retirees can change their health insurance plan (option) once in a 12-month period, option transfer information is sent to retiree homes in late fall when rates are available for the following year. We also send you information about Medicare and NYSHIP if it applies to you.

To promptly receive all NYSHIP mailings and required notices, make sure we have your current address. NYSHIP can accept a post office box as a general mailing address for NYSHIP materials, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx or a Medicare Advantage HMO plan. Read the publications and then keep them together in a safe place for future reference.

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 HMO. *Rates and Information for Retirees* is your only notice of the annual rate changes. We traditionally send these materials in late fall.

Keep your coverage up to date. Use the handy Model Letter in this booklet (see page 10) and in your *NYSHIP General Information Book* to contact EBD with any changes to your enrollment status.



Questions and Answers

Q. Who will help me at the Employee Benefits Division (EBD)?

A. Each month, our well-qualified staff answers more than 6,000 phone calls and approximately 400 letters. The same staff 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.

Q. Can I ask 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. If you want us to discuss your health benefits information with a third party, such as a relative or friend, you must submit a signed authorization form to EBD (see pages 11 and 12).

Q. How do I check the status of a health insurance claim or ask questions about my personal health benefits?

A. You need to call The Empire Plan or your NYSHIP HMO to check the status of a claim. Your Plan administrator can also provide benefits information and tell you how to access managed care services if necessary.

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.

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. 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.

Important Contact Information for NYSHIP Retirees

Employee Benefits Division

518-457-5754

1-800-833-4344

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

Monday through Friday, 9 a.m to 4 p.m Eastern time

New York State Department of Civil Service

Employee Benefits Division

Albany, NY 12239

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

www.cs.ny.gov

Empire Plan Medicare Rx

1-877-769-7447, Press or say 4 on the main menu and then select the Medicare Rx Program.

TTY: 711

Call for information about your Empire Plan prescription drug coverage if you/your dependent is Medicare-primary.

www.empireplanrxprogram.silverscript.com

Social Security

1-800-772-1213

TTY: 1-800-325-0778

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

www.ssa.gov

Medicare

1-800-MEDICARE (633-4227)

TTY: 1-877-486-2048

Call for Medicare benefits and claims information.

www.medicare.gov

Empire Plan Administrators

Toll free: 1-877-7-NYSHIP (1-877-769-7447)

NYSHIP Health Maintenance Organizations (HMOs)

See page 9 for a complete list.

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

New York State Teachers' Retirement System

1-800-782-0289 recorded information or

518-447-2666

1-800-356-3128

www.nystrs.org

New York State and Local Police and Fire Retirement System

518-474-7736

1-866-805-0990 (outside Albany)

www.osc.state.ny.us

TIAA-CREF

1-800-842-2733

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

www.tiaa-cref.org



Empire Plan Programs and Administrators

For information on any Empire Plan benefit program, call toll free **1-877-7-NYSHIP (1-877-769-7447)**. Check the following list to know which program to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and make your selection at any time during the message.

PRESS
OR SAY

1

Medical/Surgical Program

Administered by UnitedHealthcare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600. 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 for 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), 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.

Center of Excellence for Cancer Program

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

PRESS
OR SAY

2

Hospital Program

Administered by Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Call for information regarding hospital and related services.

Benefits Management Program for Preadmission Certification

If The Empire Plan is primary for you or your covered dependents, 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).

Center 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.

PRESS
OR SAY
3

Mental Health and Substance Abuse Program

Administered by Beacon Health Options, Inc., Mailing Address: Claims/General Correspondence and Appeals – Beacon Health Options, Inc., P.O. Box 1800, Latham, NY 12110.

Call the Mental Health and Substance Abuse Program before seeking certain services from a mental health or substance abuse provider, including treatment for alcoholism. You will receive the highest level of benefits when you follow the Program requirements for network coverage. In a life-threatening situation, go to the nearest hospital emergency department. You must call the Program within 48 hours, or as soon as reasonably possible, after an emergency admission. The Mental Health and Substance Abuse Program’s Clinical Referral Line is available 24 hours a day, 7 days a week.

PRESS
OR SAY
4

Prescription Drug Program

Administered by CVS/caremark, Mailing Addresses: Claims – Empire Plan Prescription Drug Program, c/o CVS/caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Grievances, prior authorization documentation and general correspondence – CVS/caremark, Customer Care Correspondence, P.O. Box 6590, Lee’s Summit, MO 64064-6590.

Empire Plan Medicare Rx (for Medicare-primary enrollees/dependents only): Grievances, claims and general correspondence – SilverScript Insurance Company, P.O. Box 52067, Phoenix, AZ 85072-2067. Appeals and Coverage Decisions – SilverScript Insurance Company, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000.

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 www.cs.ny.gov/retirees. Click on Health Benefits, then choose your group and plan. On the NYSHIP Online homepage, click on Find a Provider and scroll down to the Prescription Drug Program section.

PRESS
OR SAY
5

Empire Plan NurseLineSM

Call for health information and support, 24 hours a day, seven days a week. Press or say 1 for a Nurse or 2 for the Library. To listen to the Health Information Library, say one or two words about the information you are looking for or enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure.

Teletypewriter (TTY) numbers — If you are using a TTY device because of a hearing or speech disability, call the New York Relay Service at 711 or dial any of these toll-free numbers.

Hospital Program	1-800-241-6894
Medical/Surgical Program	1-888-697-9054
Mental Health and Substance Abuse Program	1-855-643-1476
Empire Plan Prescription Drug Program	1-800-863-5488
Empire Plan Medicare Rx	711

NYSHIP Health Maintenance Organizations (HMOs)

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, www.cs.ny.gov/retirees. Click on Retirees, then Health Benefits. Under Choosing Your Benefits, select Telephone Numbers.

Blue Choice

165 Court Street, Rochester, NY 14647

Member Services: 585-454-4810
or 1-800-462-0108

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-421-1220

www.excellusbcbcs.com

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

Senior Blue HMO members: 1-800-329-2792

TTY: 1-877-834-6918

www.bcbswny.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

Medicare Advantage plan members:

1-888-248-6522 or 1-518-641-3950

TTY: 1-877-261-1164

www.cdphp.com

Empire BlueCross BlueShield HMO

11 Corporate Woods Boulevard
PO Box 11800, Albany, NY 12211-0800

Medicare Advantage HMO: 1-800-564-9053

Medicare Advantage pre-enrollment:

1-866-205-6551

TTY: 711

www.empireblue.com

HIP Health Plan of New York

55 Water Street, New York, NY 10041

1-877-344-7364

TTY: 1-888-447-4833

www.emblemhealth.com

HMO Blue

Excellus BlueCross BlueShield

Central New York Region

333 Butternut Drive, Syracuse, NY 13214-1803

1-800-447-6269

TTY: 1-800-662-1220

www.excellusbcbcs.com

Excellus BlueCross BlueShield

Utica Region

12 Rhoads Drive, Utica, NY 13502

1-800-722-7884

TTY: 1-800-662-1220

www.excellusbcbcs.com

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

Customer Service: 1-800-501-3439

TTY: 716-631-3108

www.independenthealth.com

MVP Health Care

PO Box 2207, 625 State Street
Schenectady, NY 12301-2207

Customer Service: 1-888-687-6277

Medicare-eligible only (Rochester Region only):

1-800-209-3945

TTY: 1-800-662-1220

www.mvphealthcare.com

Model Letter for Contacting the Employee Benefits Division

Mail to: NYS Department of Civil Service
Employee Benefits Division
Program Administration Unit
Empire State Plaza, Core Building 1
Albany, NY 12239

(Please print)

Last four digits of Social Security number XXX-XX- _____

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:

Effective date requested for change _____

Signature _____ Date _____

Name (please print) _____

Dependent Name* _____

Last four digits of Social Security number XXX-XX- _____

Medicare ID number (from Medicare card) _____ Date _____

Dependent Signature (required if Medicare-primary) _____ Date _____

I am enclosing a photocopy of my (or my dependent's) required documentation, including Medicare card (if applicable).

I have no Medicare-eligible dependents.

* Attach an additional sheet if necessary.



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:
Possibility of Redisdisclosure: It is possible that the person or organization you have named to receive this information may redisclose 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 - Person(s) or Organization(s) Authorized to Receive Information

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
Program Administration Unit
Empire State Plaza, Core Building 1
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 4:00 p.m. Monday through Friday.



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.

**NYS Department of Civil Service
Employee Benefits Division
Program Administration Unit
Empire State Plaza, Core Building 1
Albany, NY 12239**

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

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

(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), (e) 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		

State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov

SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

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 – April 2016

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 (HMO).

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (www.cs.ny.gov). 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).

This publication was printed using recycled paper and environmentally sensitive inks.

Welcome to EBD/April 2016



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Protecting Your Privacy

EBD preserves your protected 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 protected health information to a third party. You must submit a signed HIPAA release form (see pages 11 and 12) for EBD to release information. Or, depending on the circumstances, we may ask for your verbal permission during a phone call.

If you have questions or concerns regarding your ability to get the information you need, please call EBD.