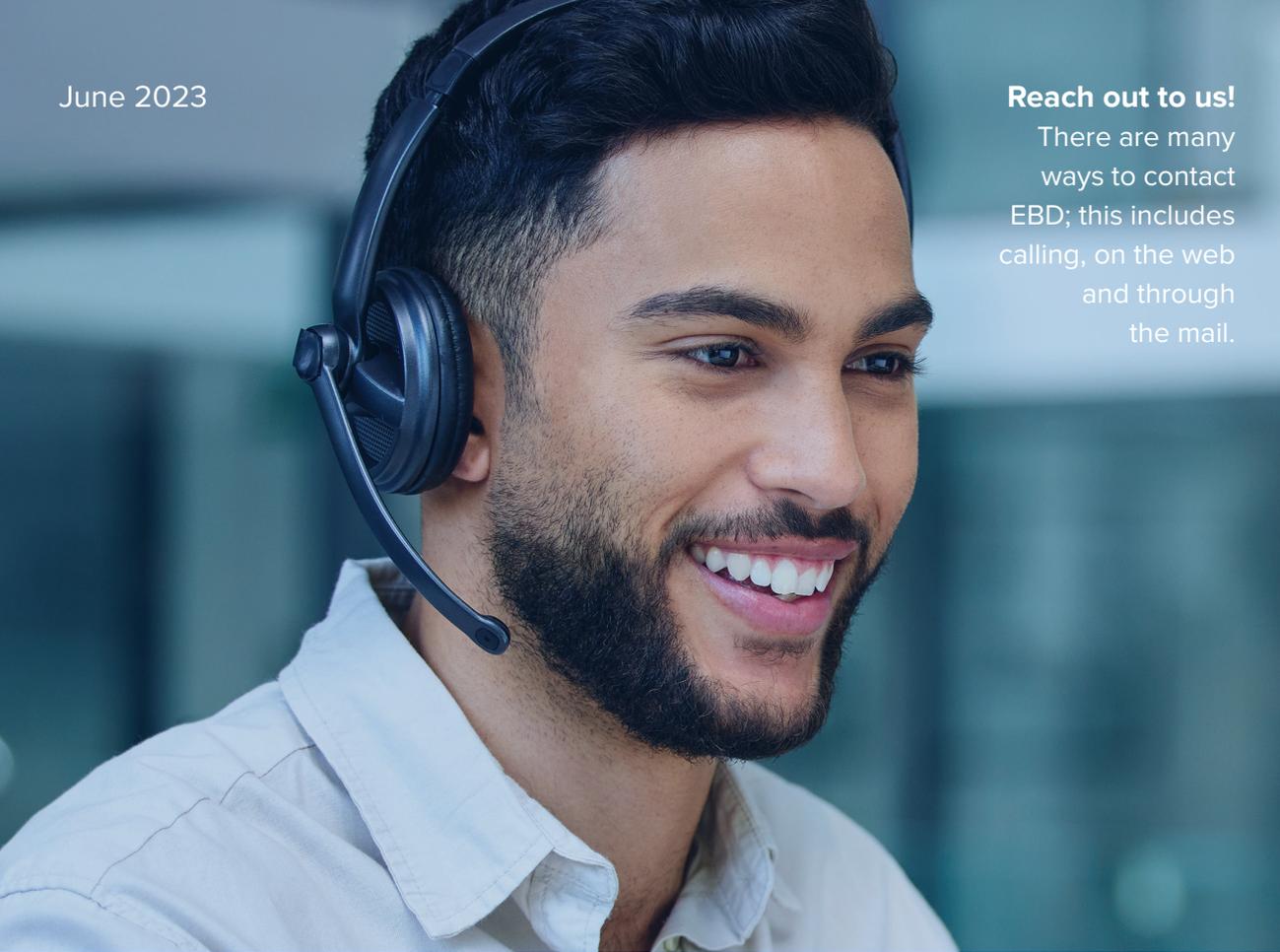


June 2023



Reach out to us!

There are many ways to contact EBD; this includes calling, on the web and through the mail.



Welcome to the
**EMPLOYEE
BENEFITS
DIVISION**



NYSHIP
New York State
Health Insurance Program

EBD

For Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List provisions of the State of New York and Participating Employers, their enrolled Dependents, COBRA Enrollees with their NYSHIP 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)



Call EBD at
518.457.5754
or
1.800.833.4344

How can we help you?

Welcome to the Employee Benefits Division (EBD). When your health insurance coverage continues at the end of active service, EBD becomes your Health Benefits Administrator (HBA) for you and your covered dependents. As your HBA, we can help answer your specific questions about eligibility, enrollment and coverage under the New York State Health Insurance Program (NYSHIP).

- 1 Contacting Our Call Center
- 2 NYSHIP in Another Language; Help for Those with Special Needs
- 3 Keep Your Enrollment Record Up to Date; When to Notify EBD; Employee Benefits Division Consultations
- 4 Retiree Benefits on the Web
- 5 Accessing NYSHIP Online
- 6 Medicare and NYSHIP
- 7 Check for NYSHIP Mailings; Other Reminders
- 8 Questions and Answers
- 9 Important Contact Information for NYSHIP Retirees
- 10–11 Empire Plan Programs and Administrators
- 12 NYSHIP Health Maintenance Organizations (HMOs)
- 13–14 Health Insurance Transaction Form
- 15–16 HIPAA Authorization Form
- 17 Change of Address Form
- 18 Protecting Your Privacy

Contacting Our Call Center

Once you retire, getting the information you need is only a phone call away.

If you have questions about your health insurance enrollment record, eligibility or NYSHIP requirements, contact the Employee Benefits Division (EBD) Call Center at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday, from 9 a.m. to 4 p.m. Eastern time.

Here are some features of the system:

- Request a callback and keep your place in the queue between 9 a.m. and 2 p.m. Eastern time
- Self-service for general information and answers to common questions
- Available in English or Spanish
- Available in other languages (see NYSHIP in Another Language, page 2)
- Someone else can call on your behalf if authorized (see page 15)

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

- Call the appropriate contact. For example, if you are calling about Medicare eligibility, call Social Security (but call EBD about NYSHIP's requirement that you enroll in Medicare). If you are calling about your pension check, call your retirement system (but call EBD about the health insurance deduction or Medicare credit to your pension check). Important telephone numbers are listed on pages 9–12 of this booklet.
- Have your health insurance ID number and all documents related to your question ready when you call.
- While most changes to your enrollment record require your signature, you can change your address over the phone. You can also go to MyNYSHIP (see page 3) or use the form on page 17.
- EBD and your retirement system are separate entities and do not share information. You must contact EBD to update your health benefits information and contact your retirement system to update your record for retirement or pension purposes.

For more information, read *Keep Your Enrollment Record Up to Date* on page 3 and *When You Must Contact EBD* in your *General Information Book*.

If you need to order new or replacement identification cards:

EMPIRE PLAN ENROLLEES

Go to MyNYSHIP or call EBD (see above).
Your card will arrive within two to three weeks from your order date.

EMPIRE PLAN MEDICARE RX ENROLLEES

Call 1-877-7-NYSHIP (1-877-769-7447).
Press or say 4 on the main menu to order a prescription drug card only.

HEALTH MAINTENANCE ORGANIZATION (HMO) ENROLLEES

Contact your HMO directly (see page 12).



NYSHIP in Another Language

NYSHIP offers Language Link interpretation services, a confidential phone-based 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 Language Link. 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 15).

Here's how Language Link works:

1. Call EBD at 518-457-5754 or 1-800-833-4344 and tell the representative which language you need translated.
2. In most cases, an 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. Language Link 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 or need a special service to make health benefits information available to you, EBD can help. Large-print publications are available upon request for retirees with a disability. Call or write to EBD to request these materials.

The New York State Department of Civil Service website, www.cs.ny.gov, meets accessibility standards for people with a disability. 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 a disability.

Keep Your Enrollment Record Up to Date

Notify EBD when you or your dependents have life changes that affect your enrollment record. Most requests to change your enrollment record must be **written, signed and dated**. To aid in written requests, commonly used forms are provided on pages 13–17 of this booklet. All other forms and a fillable model letter are available on NYSHIP Online.

Address changes and Option Transfer requests can be submitted on MyNYSHIP. MyNYSHIP is a secure part of NYSHIP Online where you can view your personal enrollment record and make certain changes to your enrollment file. You can access MyNYSHIP at www.cs.ny.gov/mynyship using a personal NY.gov ID.

When to Notify EBD

- Your address changes. Call EBD, go to MyNYSHIP or use the Change of Address form on page 17.
- Your telephone number or name changes. Call EBD or use the model letter on NYSHIP Online, located under the Resources tab.
- You need to choose another plan because you no longer live or work in your NYSHIP HMO's service area. You may submit your request on MyNYSHIP or use the model letter on NYSHIP Online.
- You need to correct your enrollment record due to an inadvertent error such as a misspelled name or incorrect birthdate. Include a copy of the appropriate supporting documentation.
- You need to add or delete a dependent on your health enrollment record. Use Form PS-404R, *NYSHIP Health Insurance Transaction Form*, on page 13. 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.

Note: When writing to EBD, always include your full 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.

- 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 dependent child with a disability. You and your child's attending physician must complete Form PS-451, *NYSHIP Statement of Disability for Dependents*, and return it to the appropriate plan administrator for an eligibility determination (see page 5, Accessing NYSHIP Online: Forms).

Employee Benefits Division Consultations

You may schedule a consultation with staff from 9 a.m. to 3 p.m., Monday through Friday. To make an appointment, call 518-457-5754 or 1-800-833-4344.

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

EBD is located in Core 1 of the South Swan Street building at the Empire State Plaza. Directions to EBD are available on NYSHIP Online. On the NYSHIP Online homepage, navigate to About Us in the page footer and scroll to Location. Or, you can ask for directions and parking information when you make your consultation appointment.

Retiree Benefits on the Web

To learn more about your benefits, go to NYSHIP Online at www.cs.ny.gov and select Retirees and then Health Benefits. Choose NY or PE and then Empire Plan or HMO Enrollee to access the NYSHIP Online homepage.

All of our printed health publications, including *At A Glance*, *Health Insurance Choices* and *Rates and Information for Retirees*, are available on NYSHIP Online. Additionally, you can find timely announcements under Current Topics and What's New.

You'll also find links to Empire Plan administrator websites where you can search The Empire Plan's most current list of participating providers by location, specialty or name.

The screenshot shows the NYSHIP Online website interface. At the top, there is a teal navigation bar with the text "Department of Civil Service" on the left and several menu items: "Online Services", "Job Seekers", "State Employees", "Retirees", "HR Professionals", and "About Us". Below this is a green breadcrumb bar that reads "Retiree (Your Group) • Your Plan" on the left and "Change Your Group" and "Search" on the right. The main content area is divided into two sections. On the left is a sidebar with the "nyshiponline" logo (Employee Benefits Division, Department of Civil Service) and a list of menu items: "Current Topics", "What's New", "Health Benefits & Option Transfer", "Dental & Vision Benefits", "Medicare", "Using Your Benefits", "Forms", "Find a Provider", "Calendar", "Resources", and "MyNYSHIP - Enrollee Self-Service". On the right is a large photograph of an older man and woman looking at a laptop together. At the bottom of the page is a light gray footer bar with links: "Civil Service Home", "Site Map", "HIPAA Privacy Information", "About Us", "Awards", "Tech Help", "Notices", and "Copyright/Disclaimer".

Accessing NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at www.cs.ny.gov. Select Retirees, then click on Health Benefits and then your group and plan, if prompted. Here are some tips for navigating the information available on NYSHIP Online:

Current Topics – In this tab, you will find links to your current *Summary of Benefits and Coverage (SBC)*, as well as to timely retiree health benefit issues.

What's New – This section has the most recent benefits news and updates. 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 – Click here to find health insurance rates, the Plan Comparison tool, the current *Choices* publication and links to your *General Information Book*, *Empire Plan Certificate*, *Empire Plan Advanced Flexible Formulary* and the *At A Glance* benefit guide.

Medicare – This section includes information on how Medicare eligibility will affect your NYSHIP coverage. You can download important documents and forms, watch the “Medicare & NYSHIP” video and access the companion *Medicare & NYSHIP for NY and PE Retirees* booklet.

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

Forms – Click here to access benefit-related forms including enrollment and transaction forms, Empire Plan out-of-network claim forms and mail service pharmacy order forms.

Find a Provider – Access the most up-to-date listings of Empire Plan providers, network pharmacies and services.

Calendar – Use the Calendar tab to find information on upcoming events throughout the year.

Resources – Click here to access EBD support material including Participating Provider Directory county listings for large states and a fillable model letter for contacting EBD.

MyNYSHIP – The MyNYSHIP portal provides secure online access to your personal enrollment record and allows you to make certain changes to your enrollment file using a personal NY.gov ID.



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 & Medicaid Services (CMS).

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.

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 you or your dependent is also covered through another employer's group plan. Regardless of the enrollee's employment status, there are two exceptions to this primacy rule: 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.



Apply for Medicare three months ahead of your 65th 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 or terminate 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 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 the information 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*, 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.

If you are enrolled in a NYSHIP HMO when Medicare becomes primary to NYSHIP, the HMO will automatically enroll you in their Medicare Advantage plan that includes Medicare Part D prescription drug coverage. You will receive information regarding any benefit changes directly from the HMO.

Please keep in mind that enrolling in a non-NYSHIP Medicare Advantage plan, another Medicare Part D plan or other Medicare product in addition to your NYSHIP coverage will result in the automatic cancellation of your NYSHIP coverage. This includes Medicare products in which you and/or your covered dependents may be enrolled through another employer (yours or your spouse's). Be sure you

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

understand how enrolling for additional Medicare coverage will affect your overall benefits. If you have questions, contact EBD.

For more information on Empire Plan Medicare Rx, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 on the main menu, 24 hours a day, seven days a week. Or, visit NYSHIP Online and select Find a Provider. Scroll down and click on the Empire Plan Prescription Drug Program website and then 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 NYSHIP Online or call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, from 9 a.m. to 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 dependents. We send you NYSHIP publications — *Empire Plan Reports* or *NYSHIP HMO Reports* — with important information about NYSHIP benefit changes, legislation that may affect your benefits and general plan and legal reminders. Option Transfer information is sent to retiree homes in late fall when rates for the following year are available. You will also receive information about Medicare and NYSHIP if it applies to you.

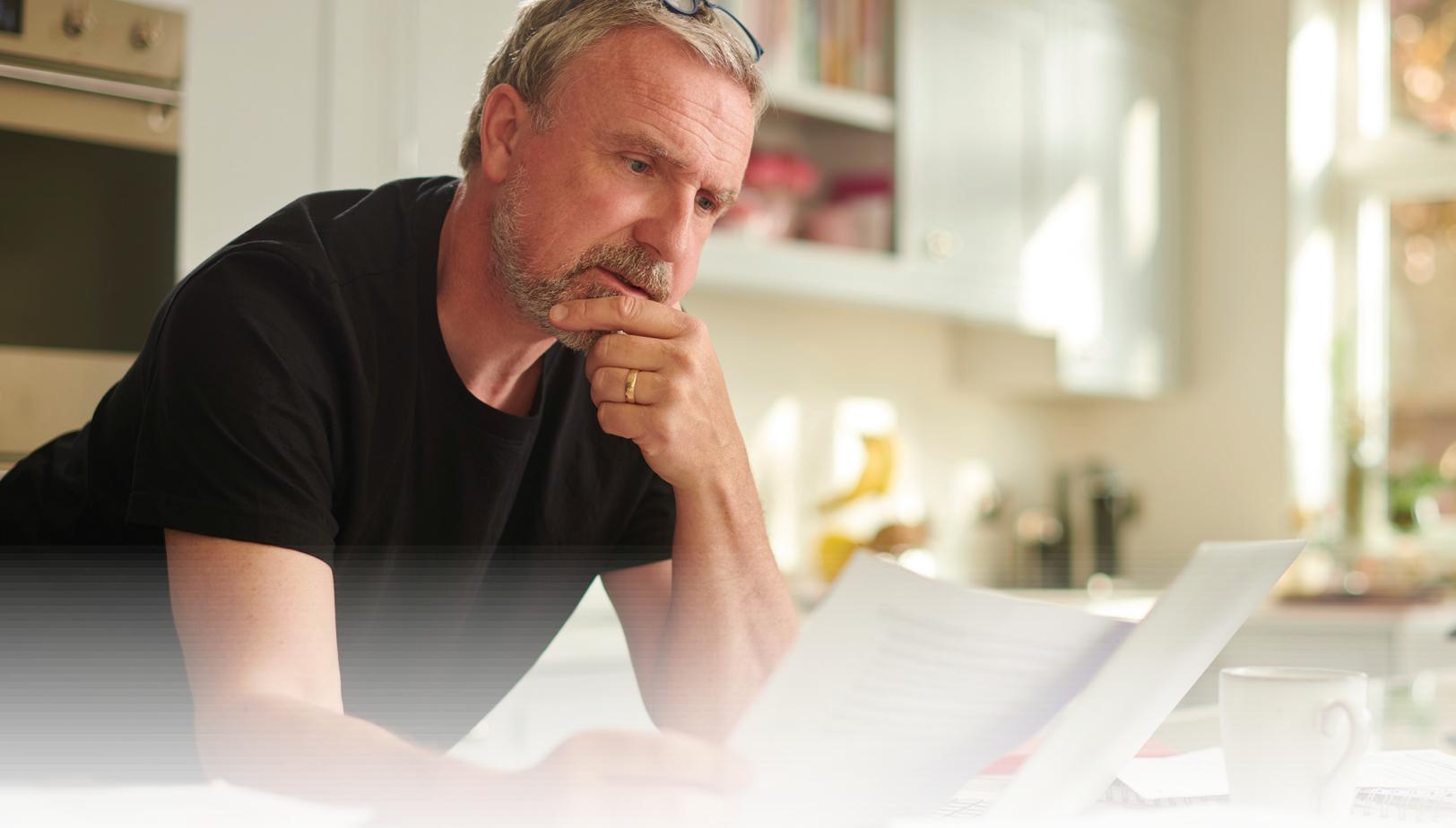
To promptly receive all NYSHIP mailings and required notices, make sure EBD has your current address. NYSHIP can accept a post office box as a general mailing address for NYSHIP materials, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx or a Medicare Advantage HMO plan. The publications we send you contain useful information, so please read them and keep them for future reference.



Other Reminders

Watch the mail for your copy of our Option Transfer materials toward 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.

Keep your coverage up to date. Use the handy model letter on NYSHIP Online under the Resources tab to contact EBD about 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 4,000 letters. They also handle approximately 700 new retirements each month and begin health insurance premium deductions for these retirees.

Q. Can I ask someone else to contact EBD 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 15 and 16).

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. They can also provide benefit information and tell you how to access managed care services, if necessary.

Q. When will I receive my Medicare Part B premium reimbursement if one is due to me?

A. If you receive a pension check, any reimbursement for Medicare Part B will be added to your pension check. If you make direct payments to EBD, reimbursements will be credited toward your monthly NYSHIP premium payments. If your Medicare reimbursement is more than your premium, you will receive a quarterly refund check from the Office of the State Comptroller.

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

A. The same EBD staff is available to assist your dependent survivors in the event of your death. Once your family notifies EBD of your death, EBD will send them information about how to continue NYSHIP coverage.

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

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

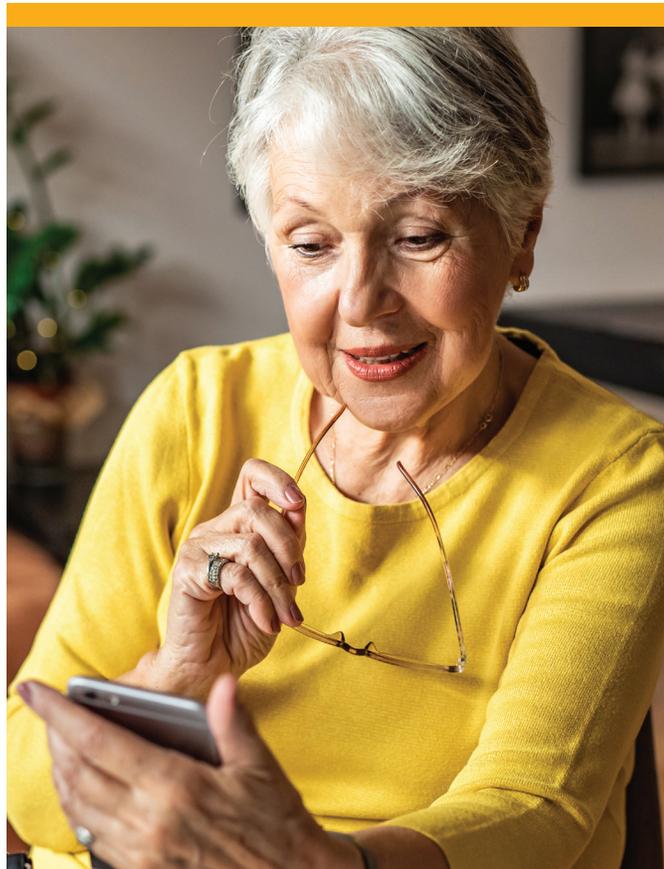
Empire Plan Medicare Rx

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.

www.ssa.gov

Medicare

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

www.medicare.gov

Empire Plan Administrators

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

See pages 10 and 11 for additional information.

NYSHIP Health Maintenance Organizations (HMOs)

See page 12 for a complete list.

Retirement Systems

Call about retirement checks and retirement system benefits.

New York State and Local Retirement System (NYSLRS)

518-474-7736

1-866-805-0990 (outside Albany)

This system comprises the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS).

www.osc.state.ny.us/retirement

New York State Teachers' Retirement System (NYSTRS)

1-800-782-0289 recorded information or

518-447-2666

1-800-356-3128

www.nystrs.org

The Teachers Insurance and Annuity Association of America (TIAA)

1-800-842-2733

www.tiaa.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.

PRESS
OR SAY
1

Medical/Surgical Program

Administered by UnitedHealthcare, 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 (MPMP)

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



YOU MUST CALL

Benefits Management Program

If The Empire Plan is primary for you or your covered dependents, you must call the Medical/Surgical Program for Prospective Procedure Review before having a scheduled (non-emergency) magnetic resonance imaging (MRI), computerized tomography (CT) scan, positron emission tomography (PET) scan or nuclear medicine test, unless you are having the test as an inpatient in a hospital (see your *Empire Plan Certificate*).



YOU MUST CALL

Home Care Advocacy Program (HCAP)

You must call to arrange for paid-in-full home care services, enteral formulas, diabetic shoes, insulin pumps 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 for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.



YOU MUST CALL

Center of Excellence for Cancer Program

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

PRESS
OR SAY
2

Hospital Program

Administered by Empire BlueCross, 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.



YOU MUST CALL

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 scheduled hospital admission, within 48 hours (or as soon as reasonably possible) after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities). Preadmission certification is not required for maternity admissions, however, you must call when admitted due to pregnancy complications or for any reason other than the delivery of your baby.



YOU MUST CALL

Center of Excellence for Transplants Program

You must call 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. This requirement applies whether or not you choose to participate in the Center of Excellence for Transplants Program.

PRESS
OR SAY
3

Mental Health and Substance Use Program

Administered by Carelton Behavioral Health Inc., P.O. Box 1850, Hicksville, NY 11802-1850.

To ensure the highest level of benefits, call before seeking services from a covered mental health or substance use provider, including treatment for alcoholism. Some services require precertification to confirm medical necessity before starting treatment.

Choose option 3 on the MHSU Program menu to reach the Clinical Referral Line, which is available 24 hours a day, every day of the year. If there are no network providers in your area, you have guaranteed access to network level benefits if you call the Clinical Referral Line to arrange your care with an appropriate provider.

In an emergency, go to the nearest emergency department. You or your designee should call the MHSU Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

 **YOU MUST CALL**

Center of Excellence for Substance Use Disorder

If The Empire Plan is primary for you or your covered dependents, you must call the Mental Health and Substance Use Program to participate in The Empire Plan Center of Excellence for Substance Use Disorder Program, which offers paid-in-full, high-quality treatment services to you and your covered dependents at Hazelden Betty Ford locations throughout the United States.

PRESS
OR SAY
4

Prescription Drug Program

Administered by CVS Caremark, P.O. Box 6590, Lee’s Summit, MO 64064-6590. Prescription Drug Claims: CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Medicare Rx Claims: CVS Caremark, Paper Claims Department, P.O. Box 52066, Phoenix, AZ 85072-2066.

For the most current list of prior authorization drugs, call the Program or go to NYSHIP Online (see page 5, Accessing NYSHIP: Using Your Benefits). From the Using Your Benefits page, select Empire Plan Formulary Drug Lists and then Prior Authorization Drug List. If you are a Medicare-primary enrollee, go to www.empireplanrxprogram.com and select SilverScript for information about Empire Plan Medicare Rx.

PRESS
OR SAY
5

Empire Plan NurseLineSM

Administered by UnitedHealthcare. Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

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	711
Medical/Surgical Program	1-888-697-9054
Mental Health and Substance Use Program	1-855-643-1476
Empire Plan Prescription Drug Program	711
Empire Plan Medicare Rx	711

NYSHIP Health Maintenance Organizations (HMOs)

Blue Choice

165 Court Street, Rochester, NY 14647
Plan-primary Members: 1-800-499-1275
Medicare-primary Members: 1-877-883-9577
TTY: 1-800-662-1220
www.excellusbcbcs.com

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

500 Patroon Creek Boulevard
Albany, NY 12206-1057
Plan-primary Members:
1-800-777-2273 or 518-641-3700
Medicare-primary Members:
1-888-248-6522 or 518-641-3950
TTY: 711
www.cdphp.com/stateemployees
www.cdphp.com/statemedicareretirees

EmblemHealth

55 Water Street, New York, NY 10041
Plan-primary Members: 1-800-447-8255
Medicare-primary Members: 1-877-344-7364
TTY: 1-888-447-4833
www.emblemhealth.com

Highmark Blue Cross Blue Shield of Western New York

P.O. Box 80, Buffalo, NY 14240-0080
Plan-primary Members: 1-844-639-2441
Medicare-primary Members: 1-800-329-2792
TTY: 711
www.highmark.com/member/nyship-bcbswny

Highmark Blue Shield of Northeastern New York

P.O. Box 15013, Albany, NY 12212
Plan-primary Members: 1-844-639-2440
Medicare-primary Members: 1-800-329-2792
TTY: 711
www.highmark.com/member/nyship-blueshieldnyny

HMO Blue – Central New York Region

333 Butternut Drive, Syracuse, NY 13214-1803
Plan-primary members: 1-800-499-1275
Medicare-primary Members: 1-877-883-9577
TTY: 1-800-662-1220
www.excellusbcbcs.com

HMO Blue – Utica Region

12 Rhoads Drive, Utica, NY 13502
Plan-primary Members: 1-800-499-1275
Medicare-primary Members: 1-877-883-9577
TTY: 1-800-662-1220
www.excellusbcbcs.com

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221
Plan-primary Members: 1-800-501-3439
Medicare-primary Members: 1-800-665-1502
TTY: 716-631-3108
www.independenthealth.com

MVP Health Care

P.O. Box 2207, 625 State Street
Schenectady, NY 12301-2207
Plan-primary Members:
1-888-MVP-MBRS (1-888-687-6277)
Medicare-primary Members: 1-800-209-3945
TTY: 1-800-662-1220
www.mvphealthcare.com



**Department of
Civil Service**

EMPLOYEE BENEFITS DIVISION
NYSHIP Health Insurance Transaction Form
for NY/PE Retirees, Vestees, Preferred List and Dependent Survivors

PS-404R (1/2023)

INSTRUCTIONS: READ AND COMPLETE BOTH PAGES. PLEASE PRINT, CHECK THE APPROPRIATE CHOICES AND SIGN/DATE THE DOCUMENT.

ENROLLEE INFORMATION

1. Last Name		First Name	MI	2. Social Security Number		3. Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	
4. Permanent Address Street			City	State	Zip		
5. Mailing Address (If different) Street			City	State	Zip		
6. Date of Birth		7. Telephone Numbers Home ()		Cell ()			
8. Personal Email Address							
9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						Marital Status Date	
10. Covered under Medicare?		<input type="checkbox"/> Self		Medicare ID Number: _____		Date: _____	
		<input type="checkbox"/> Dependent		Medicare ID Number: _____		Date: _____	
		Dependent Name: _____					
11. Is any of this information new? <input type="checkbox"/> Yes <input type="checkbox"/> No Box Number(s): _____ Effective Date of Change: _____							

12. ENROLL IN COVERAGE

A. Individual Enrollment	<input type="checkbox"/> Empire Plan or <input type="checkbox"/> HMO Code: <input type="text"/> HMO Name: _____
B. Family Enrollment <i>(Complete box 13)</i>	<input type="checkbox"/> Empire Plan or <input type="checkbox"/> HMO Code: <input type="text"/> HMO Name: _____

13. DEPENDENT INFORMATION

Must be provided when choosing to enroll in family coverage (use additional sheets if necessary)

Check One: A (Add), D (Delete) or C (Change)

Date of Event: _____

	Last Name	First Name	MI	Relationship	Date of Birth	Gender	Address (if different)	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C						<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X		
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C						<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X		
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C						<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X		

14. CHANGE OR CANCEL EXISTING COVERAGE

A. Change Coverage		Date of Event: _____	
<input type="checkbox"/> Change to FAMILY <i>(Complete box 13)</i>		<input type="checkbox"/> Change to INDIVIDUAL	
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Termination of domestic partnership <i>(Attach Completed PS-425.4)</i>		
<input type="checkbox"/> Newborn	<input type="checkbox"/> I voluntarily cancel coverage for my dependents		
<input type="checkbox"/> Request coverage for dependents not previously covered	<input type="checkbox"/> Only dependent died		
<input type="checkbox"/> Previous coverage terminated <i>(proof required)</i>	<input type="checkbox"/> Only dependent ineligible due to age		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
B. Voluntarily Cancel Coverage	<input type="checkbox"/> Medical (10)	<input type="checkbox"/> Dental (11)	<input type="checkbox"/> Vision (14) Request Date: _____
C. Change NYSHIP Option	<input type="checkbox"/> Empire Plan or <input type="checkbox"/> HMO Code: <input type="text"/> HMO Name _____		

Proof required when adding a dependent is as follows:		
Spouse	Domestic Partner	Child
1. Copy of Birth Certificate	1. Copy of Birth Certificate	1. Copy of Birth Certificate
2. Social Security Number (copy of Medicare Card if applicable)	2. Social Security Number (copy of Medicare Card if applicable)	3. Social Security Number (copy of Medicare Card if applicable)
3. Copy of Marriage Certificate (if the marriage took place more than one year ago — see #4 below)	4. Completed PS-425 Domestic Partner application and acceptable proof as defined in the application.	2. For children over 26, approved PS-451 Statement of Disability Form.
4. For marriages that took place more than one year ago, proof of current joint ownership/joint financial obligation is required (i.e.: prior year's tax return). If tax document is not provided, a current bank statement, mortgage statement or homeowner's policy may be provided.		3. For Relationship of 'Other' Child, a completed PS-457 Statement of Dependence is required along with acceptable proof as defined in the PS-457.

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This 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 the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344.

AUTHORIZATION

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c, I hereby authorize the NYS Department of Civil Service (DCS) to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for insurance premiums payable on behalf of DCS. Authorization is given to make any future adjustment deductions and/or changes DCS certifies to NYSLRS as necessary in the amount of such insurance premiums. I understand that DCS is my agent and all requests to begin, modify, or revoke deductions must be submitted to DCS. This authorization shall remain in effect until revoked by me by written notice to DCS or until otherwise revoked pursuant to law.

I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date. I am aware of how to obtain a current Summary of Benefits and Coverage for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims.

I certify that the information I have supplied is true and correct. I hereby authorize deduction from my retirement allowance of the amount required, if any, for the coverage indicated above.

Enrollee Signature (Required): _____ **Date:** _____



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NOTE: Please visit NYSHIP Online for instructions regarding the completion of this form. 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 (who is currently enrolled on the same NYSHIP plan as the individual) - 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: _____ Empire Plan ID Number or last four digits of SSN: _____

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: _____

Telephone: _____ Email: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

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. 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. This form only allows for the release of information and does not allow the person named in Part B to make any changes to the enrollee's NYSHIP account unless they have independent authority to do so.

[] 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 boxes to indicate a purpose for this release of information:

Per my request

Other: _____

Part E – Expiration of Authorization

This authorization will remain in effect until I am no longer enrolled in the NYSHIP unless another date or event is specified below.

On the following date: _____

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 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

Empire Plan ID Number or last four digits of SSN

Telephone Number

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 (applicable only when the parent or legal guardian is currently enrolled on the same NYSHIP plan as the child).

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
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. This information will be used in accordance with Section 96 (1)(a) of the Personal Privacy Protection Law. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.



Department of Civil Service

EMPLOYEE BENEFITS DIVISION

NYSHIP Change of Address

PS-850 (6/2020L)

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.

Please complete the information below and return it to the Employee Benefits Division (EBD). If you have any questions, you may contact the Employee Benefits Division at 1-800-833-4344

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

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

Form with fields: Last Name, First Name, MI, Last four digits of SSN, Telephone Number, Effective Date of Change

ADDRESS INFORMATION section with fields for Previous Address, New Residential Address, and New Mailing Address

Personal Privacy Protection Law Notification - The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law...

Power of Attorney/Guardianship - If you are acting on behalf of an enrollee, legal documentation granting you personal representative authority must be on file with our office before any benefit changes...

Signature and Date fields

FOR OFFICE USE ONLY section with DATE and INITIALS fields

New York State
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

Welcome to EBD – June 2023

**Please do not send
mail or correspondence
to this return address.**

● **See address below.**

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 NYSHIP Online at www.cs.ny.gov/retirees. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency websites. 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/June 2023 AL2001

Protecting Your Privacy

EBD preserves your protected health information. The federal Health Insurance Portability and Accountability Act (HIPAA) requirements affect every aspect of NYSHIP.

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 15 and 16) 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.

Welcome to EBD is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers NYSHIP. NYSHIP provides your health insurance benefits through The Empire Plan or a NYSHIP-approved HMO.



NYSHIP
New York State
Health Insurance Program

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

518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.ny.gov