



Student Employee Health Plan



NYSHIP SEHP Report

May 2015 • SEHP

New York State Health Insurance Program (NYSHIP) for Graduate Student Employees enrolled in the Student Employee Health Plan (SEHP) and their enrolled Dependents, COBRA Enrollees with their SEHP benefits and Young Adult Option Enrollees

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What's New

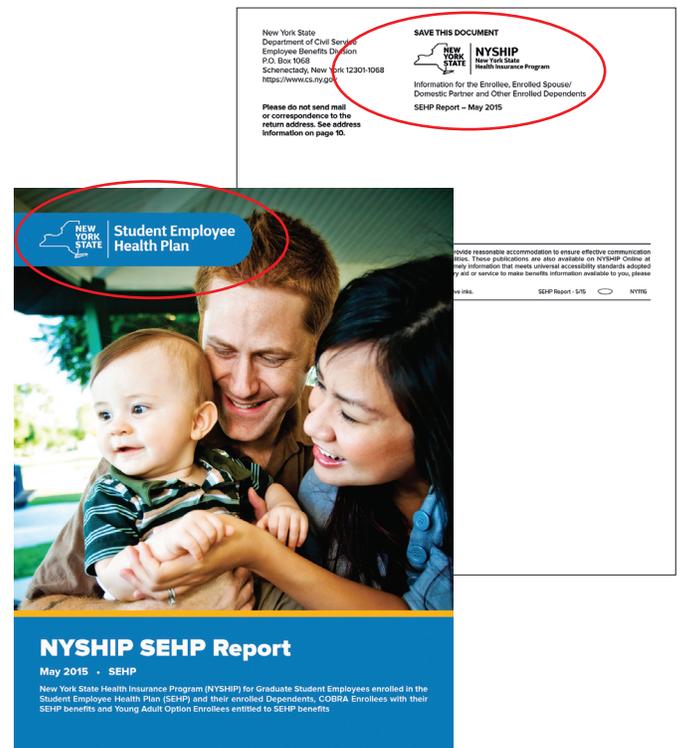
This *Report* details the changes to your benefits and coverage under the New York State Health Insurance Program's (NYSHIP) Student Employee Health Plan (SEHP) for 2015. See the October 2014 *NYSHIP SEHP Special Report* for additional 2015 benefit changes.

This *Report* includes information about:

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New Look, New Logo

Notice something different? NYSHIP and SEHP have new logos. As part of New York State's new branding initiative, this *NYSHIP SEHP Report* and future NYSHIP publications will feature new NYSHIP and SEHP logos and designs. Although the look of the publications has changed, they will continue to have important information about your NYSHIP coverage and SEHP benefits. Be sure to keep these publications for your reference.



NYSHIP Changes

Medicare Coverage for Same-Sex Spouses

The U.S. Department of Health and Human Services has adopted a policy treating all legal marriages* consistently. This affects Medicare coverage for same-sex spouses of NYSHIP enrollees who have coverage as the result of active employment.

Effective January 1, 2015, NYSHIP is the primary coverage for Medicare-eligible** same-sex spouses who are dependents of active employees. This means that SEHP will pay for services first, before Medicare. Dependent spouses who are affected by this change should notify their health care providers that claims incurred on or after January 1, 2015, must be submitted to SEHP before Medicare.

Medicare Part B Enrollment

Since Medicare is no longer primary to NYSHIP, enrollment in Medicare Part B is not required by NYSHIP and NYSHIP will no longer reimburse the Medicare Part B premium. Medicare-eligible** dependent spouses may choose to stay enrolled in Medicare; however, enrollees will not be reimbursed for the cost of the Medicare Part B premium.

A Medicare-eligible** spouse also has the option to suspend Medicare Part B coverage and later reenroll for Part B coverage to be effective when your employer-sponsored group health coverage ends. Medicare will offer a Special Enrollment Period due to the change in the enrollee's employment status, but the Medicare-eligible** dependent must contact the Social Security Administration (SSA) prior to the change in order to reenroll in Medicare Part B without a waiting period and possible penalty. Call the SSA at 1-800-772-1213 for more information.

*Legal marriage is defined as any marriage legally entered into in a U.S. jurisdiction that recognizes the marriage – including one of the 50 states, the District of Columbia, or a U.S. territory – or a foreign country that would also be recognized by a U.S. jurisdiction.

**If you are Medicare eligible due to end-stage renal disease, different rules apply. For more information, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.



Pre-Tax Contribution Program

The Pre-Tax Contribution Program (PTCP) allows you to pay your health insurance premium with pre-tax dollars, which may lower your tax liability.

To participate in PTCP, you must affirmatively elect to do so when enrolling for SEHP coverage. If you elect not to participate in PTCP, your health insurance premium will be deducted from your wages on a post-tax basis.

Each year, you will continue with the same pre-tax or post-tax election unless you change your election during the annual PTCP Election Period from November 1-30. You must complete the *Health Insurance Transaction Form (PS-404g)* at that time to change your selection.

Changing Your Deduction During the Plan Year

When you are enrolled in PTCP, you may change the amount of your pre-tax deduction during the plan year only after a qualifying event (see your agency HBA for a list of PTCP qualifying events). The request must be made within 30 days of the qualifying event or you will not be able to change your deduction until the next plan year.

Delays may be costly. For example, if you switch from Individual to Family coverage more than 30 days after a qualifying event, the family portion of your NYSHIP premium will be taken on a post-tax basis for the remainder of the plan year. If you have any questions about PTCP, see your agency HBA.

SEHP Changes

Plan Changes

Appeals Process

As a result of the Patient Protection and Affordable Care Act and New York State law, certain appeals deadlines and rules have recently changed. The following information provides a summary of these changes and includes details on how to file an appeal.

Filing an Appeal

You or another person acting on your behalf may submit an appeal to the Plan when a claim is denied or you do not receive precertification for certain services. You must submit the appeal by phone or in writing to the appropriate program administrator. See *Where to Submit Appeals* for addresses and phone numbers.

A written acknowledgment of your appeal will be sent to you within 15 days after it is received. A qualified individual who was not involved in the decision being appealed will be appointed to decide your appeal. There are two levels of appeal:

Level 1 Appeals

A request for review must be made within **180 days** after the claim payment date or the date of the notification of denial of benefits. You may submit an appeal by phone or in writing. You should state the reason why you believe the claim determination or precertification improperly reduced or denied your benefits.

Level 2 Appeals

If the original determination of benefits is upheld by the Level 1 review, you may request a Level 2 review. This request must be made in writing or by phone within **60 days** after you receive notice of the Level 1 appeal determination. When requesting the Level 2 review, you should state the reasons you believe the benefit reduction or denial was improperly upheld and include any information requested by the Plan along with any additional data, questions or necessary comments.

External Appeals

Under certain circumstances, you have a right to an external appeal of a denial of coverage. If coverage is denied on the basis that the service is not medically necessary or is an experimental or investigational treatment, you have **four months** from receipt of the Final Notice of Adverse Determination to file a written request for an external appeal with the New York State Department of Financial Services (DFS).

Where to Submit Appeals

Medical/Surgical Program:

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 1

Hospital Program:

Empire BlueCross BlueShield
New York State Service Center
Medical Management Appeals Department
Mail Drop R 60 P.O. Box 11825
Albany, NY 12211

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 2

Mental Health and Substance Abuse Program:

ValueOptions
Appeals Department
P.O. Box 1800
Latham, NY 12110

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 3

Prescription Drug Program:

CVS/caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084

Call: 1-877-7-NYSHIP (1-877-769-7447)
and press or say 4

To request an external appeal application, call DFS at 1-800-400-8882. If you satisfy the criteria for an external appeal, DFS will forward the request to a certified External Appeal Agent, an independent entity certified to conduct such appeals.

New Patient Protections

The 2014-15 New York State budget included the *Emergency Medical Services and Surprise Bills* law. The law provides additional protections for patients who receive services from nonparticipating (non-network) providers. The following provisions of this law are effective for services provided **on or after March 31, 2015**.

Emergency Services

The law includes new provisions for services provided in an emergency room:

- Enrollees receiving treatment in the emergency room from the attending physician shall not incur costs greater than the applicable in-network copayments. This benefit was previously available to enrollees.
- Evaluation and management services provided by nonparticipating specialty physicians will no longer be subject to a deductible. However, other services provided by nonparticipating specialty physicians, such as emergency surgery, will be subject to a deductible until January 1, 2016. Such services provided on and after that date will not be subject to a deductible.
- Enrollees are no longer responsible for charges above reasonable and customary amounts for emergency services. For emergency surgery provided in New York State, physicians may not bill enrollees for these charges, as they have the right to file an appeal with an Independent Dispute Resolution Entity certified by the New York State Department of Financial Services (DFS) if they disagree with the Plan's payment of benefits. For emergency services provided outside of New York State, enrollees may be billed for charges above reasonable and customary amounts. If you receive such a bill, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program. If the service for which you have been billed qualifies as an emergency service, the Plan will pay these charges on your behalf.

Surprise Bills

Another provision of the law protects patients from being responsible for paying the full charge for surprise bills. This provision, which generally only applies to services provided within New York State, applies when patients are treated by nonparticipating providers without their knowledge:

- Enrollees can complete an *Assignment of Benefits* form to notify the Plan and provider that they have received a surprise bill. The form outlines the situations that qualify as a surprise bill. To request the form, contact DFS or call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.
- Expenses that qualify as a surprise bill will be considered by the Plan at the in-network benefit level, subject to applicable copayments.
- Nonparticipating physicians who issue a surprise bill will only be able to collect the applicable in-network copayment from enrollees.

Utilization Review Disclosures

Notifications or authorizations obtained through the Benefits Management Program for precertification and prospective procedure reviews will include the following information when the service provider is identified:

- Whether the provider is a participating (in-network) or nonparticipating (non-network) provider
- The enrollee's out-of-pocket expenses such as copayment, deductible and/or coinsurance amounts
- If the provider is nonparticipating, the letter will include an estimate of what the Plan will pay
- An explanation of how to determine the usual and customary allowance

Additional provisions of the law will be **effective January 1, 2016**. Future *SEHP Reports* will provide more detail on the other provisions. If you have any questions, please call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Covered Providers

In 2014, a provision of the Patient Protection and Affordable Care Act expanded SEHP benefits to cover any provider who is licensed by the State to perform covered services. Medical professionals are licensed at the state level; the types of providers that are licensed and the medical services they are permitted to perform under the scope of their licenses vary from state to state.

As a result of this change, benefits for covered services are available from providers that were not previously covered under the Plan. It is important to note that this provision does not require the Plan to include additional types of providers in its network or cover additional services. Covered services must be medically necessary and consistent with the diagnosis of the condition.

Non-network benefits will apply for covered services received from a non-network provider, subject to coinsurance and deductible.

To confirm if a provider and service are covered, call the Plan at 1-877-7-NYSHIP (1-877-769-7447) and choose the appropriate program before seeking services.

Non-network Chiropractic and Physical Therapy Deductible

Effective January 1, 2015, there is a combined \$100 deductible per covered individual for non-network physical therapy (including hospital based physical therapy) and chiropractic treatment. This deductible is separate from the combined \$100 annual deductible for non-network expenses under the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs.

Note: Non-network benefits also apply to covered services received from a network provider after the 15th chiropractic visit per year and the 60th physical therapy visit per diagnosis. See your 2015 SEHP *At A Glance* for more details.

Gender Dysphoria

Effective December 11, 2014, SEHP provides benefits for the treatment of gender dysphoria. Covered services must be medically necessary, and are subject to copayment, 15-visit per person limits in a network setting, deductible and coinsurance. Contact the appropriate program administrator for questions regarding coverage.

Mental Health and Substance Abuse Program

Expanded Benefits

Effective January 1, 2015, SEHP's Mental Health and Substance Abuse Program benefits include expanded coverage for inpatient facilities and substance abuse treatment.

Inpatient Facilities

The following mental health or substance abuse treatment is covered in an approved general acute hospital, psychiatric hospital or clinic:

- inpatient hospitalization
- partial hospitalization
- intensive outpatient
- day treatment programs
- 23-hour extended crisis beds
- 72-hour crisis beds
- residential treatment centers
- approved group home
- halfway house

There is a \$200 copayment per person per admission. If you receive services at a network facility, the Plan pays 100 percent of the allowable amount after you pay the copayment. If you receive services at a non-network facility, the Plan pays 80 percent of the allowable amount after you pay the copayment. A new copayment is required if admission occurs more than 90 days after the previous admission.

Outpatient Treatment

Office visits and other outpatient services such as outpatient substance abuse rehabilitation programs, psychological testing/evaluation, electroconvulsive therapy and Applied Behavior Analysis (ABA) services may be subject to a \$10 copayment and a 15-visit per person annual limit for network benefits.

For visit 16 and beyond, non-network coverage applies. Services are subject to the combined \$100 annual deductible per covered individual. The Plan pays 80 percent of the allowable amount for covered services after you pay the deductible.

No Annual Maximum for Applied Behavior Analysis Services

The Mental Health and Substance Abuse Program covers Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder. **Effective January 1, 2015**, there is no annual maximum for ABA services. You must call the Plan before receiving services. Call toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the Mental Health and Substance Abuse Program.

Prescription Drug Program

Preventive Breast Cancer Medications

Effective January 1, 2015, the Prescription Drug Program will cover the drugs Tamoxifen and Raloxifene with no copayment for breast cancer prevention.

Several clinical trials have shown that these medications can decrease the chances of developing breast cancer in women who have an increased risk of developing the disease. Tamoxifen has been approved for use in women age 35 years and older, and Raloxifene has been approved for use in postmenopausal women.

The U.S. Preventive Services Task Force recommends that health care providers talk to their patients who are at increased risk for breast cancer about taking risk-reducing medications like Tamoxifen and Raloxifene. See your health care provider for more information.

Medical Exception Process for Excluded Drugs

Certain brand-name and generic drugs are excluded from The Empire Plan Flexible Formulary if they have no clinical advantage over other covered medications in the same therapeutic class. **Effective September 1, 2014**, the Prescription Drug Program implemented a medical exception process for non-formulary drugs that are excluded from coverage.

To request a medical exception, you and your physician must first evaluate whether covered drugs on the Flexible Formulary are appropriate alternatives for your treatment. After an appropriate trial of formulary alternatives, your physician may submit a letter of medical necessity to CVS/caremark that details the formulary alternative trials and any other clinical documentation supporting medical necessity. The physician can fax the exception request to CVS/caremark at 1-888-487-9257.

If an exception request is approved, the Level 1 copay will apply for generic drugs and the Level 3 copay (and ancillary charge, if applicable) will apply for brand-name drugs.

If the exception request is denied, the enrollee has additional appeal rights, which will be outlined in the denial letter. A complete list of excluded drugs is available at the end of the Flexible Formulary drug list.

Please note: Drugs that are only FDA approved for cosmetic indications are excluded from the Plan and are not eligible for a medical exception.

Rx Copayments

You have the following copayments for drugs purchased from a participating pharmacy, the Mail Service Pharmacy or Specialty Pharmacy.

Up to a 30-day supply from a Participating Pharmacy, Mail Service Pharmacy or Specialty Pharmacy

Level 1 Drugs or for most Generic Drugs.....	\$5
Level 2, Preferred Drugs or Compound Drugs.....	\$25
Level 3 or Non-preferred Drugs.....	\$45

31- to 90-day supply through the Mail Service Pharmacy or Specialty Pharmacy

Level 1 Drugs or for Most Generic Drugs....	\$5
Level 2, Preferred Drugs or Compound Drugs.....	\$50
Level 3 or Non-preferred Drugs.....	\$90

Note: At certain SUNY Campus Student Health Centers, SUNY SEHP enrollees and/or their enrolled dependents are able to fill prescriptions for a \$7 copayment for up to a 30-day supply. See your Health Benefits Administrator for more information. (Note: This benefit does not apply to CUNY SEHP enrollees.)

Certain covered drugs do not require a copayment:

- oral chemotherapy drugs, when prescribed for the treatment of cancer
- generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Tamoxifen and Raloxifene, when prescribed for the treatment of breast cancer

Reminders

NYSHIP Dependent Eligibility Verification Project

In State fiscal year 2015/2016, the New York State Department of Civil Service will conduct an audit of all dependents who have health insurance coverage through the New York State Health Insurance Program (NYSHIP).

If you have Family coverage, you will receive a packet of information in the mail about the audit. It will include a list of your dependents who are currently enrolled in NYSHIP, along with an eligibility worksheet and a list of required documents you must provide.

The Department of Civil Service is doing a competitive procurement to contract with a vendor to perform these services. In the fall of 2015, the Department will notify you which vendor will conduct the audit.

You may be required to supply documentation for certain dependents, such as spouses and children. **Do not submit documents now. Please wait for the packet containing specific instructions.**

If required, you must provide the requested documentation to ensure that your enrolled dependents continue to be covered under NYSHIP.

Ineligible or unverified dependents will have their coverage terminated, and you may be liable for any NYSHIP expenses paid on their behalf.

The Department will be offering an amnesty period as part of the project, whereby enrollees may voluntarily remove ineligible dependents from coverage. Enrollees will not be liable for any NYSHIP expenses paid on behalf of dependents terminated during the amnesty period.

Watch your mail for the packet of information. It will include more details and specific instructions on the NYSHIP Dependent Eligibility Verification Project.



Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Security Breach at Anthem, Inc.

Anthem, Inc., the parent organization for Empire BlueCross BlueShield (the administrator for the Hospital Program), reported an extensive security breach of their member data on February 5, 2015. Names, dates of birth, member IDs/Social Security numbers, addresses, phone numbers, email addresses and employment information of current and former members were affected.

Identity Protection Services

Anthem is working with AllClear ID, a leading and trusted identity protection provider, to offer 24 months of identity theft repair to potentially affected current and former members dating back to 2004. This service is automatically available with no enrollment required.

If a problem arises, simply call 1-877-263-7995 and a dedicated investigator will do the work to recover financial losses, restore your credit and make sure your identity is returned to its proper condition. Call centers are open Monday through Saturday from 9 a.m. to 9 p.m. Eastern time.

For additional protection, and at no cost, you may also enroll in the AllClear PRO service at any time during the 24-month coverage period. This service includes credit monitoring and an identity theft insurance policy. Please enroll at <https://anthem.allclearid.com>. Those without internet access or who prefer assistance via telephone can call 1-877-263-7995.

Watch Your Mail

Anthem has individually notified affected current and former members by U.S. Postal Service mail. The letter includes the same information about how to enroll in free credit monitoring and identity protection services.

Fraud Prevention Tips

You should be aware of scam email campaigns targeting current and former Anthem members. These scams, designed to capture personal information, appear as if they are from Anthem. The emails include a “click here” link for credit monitoring. These emails **are not** from Anthem.

- **DO NOT** reply to the email or reach out to the senders in any way.
- **DO NOT** supply any information on the web site that may open, if you have clicked on a link in the email.
- **DO NOT** open any attachments that arrive with the email.

Phone scams have also been reported. Anthem **is not** calling members regarding the cyber attack. If someone contacts you regarding the cyber attack, **do not** give them your credit card information or Social Security number over the phone.

Anthem recommends that potentially impacted members review account statements and monitor free credit reports for potential fraud and identity theft. You can report suspected incidents to local law enforcement, the Federal Trade Commission, or the New York State Attorney General.

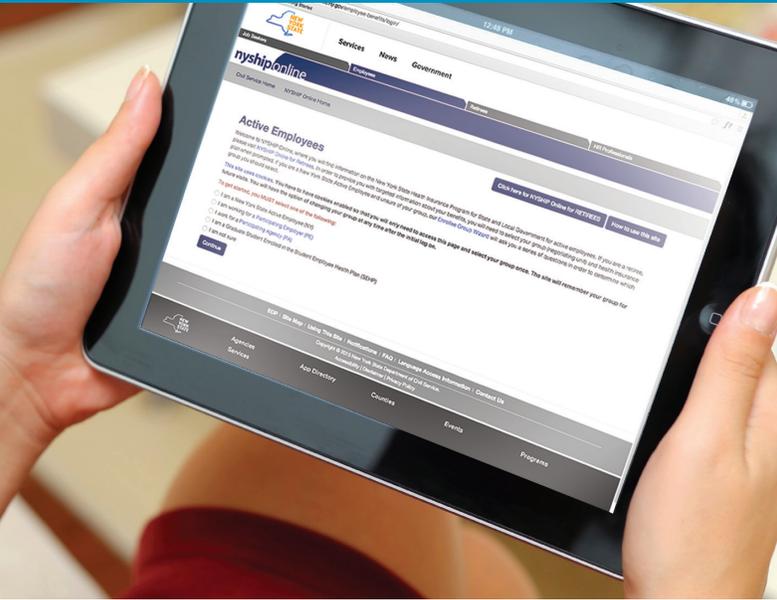
For additional information regarding your protections, please visit <https://anthem.allclearid.com> or call 1-877-263-7995.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage* (SBC) is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage.

To view the SBC for SEHP, visit <https://www.cs.ny.gov/sbc/sehp>. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program to request a copy.

NYSHIP Online Resources



New Web Address for NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at the new web address, <https://www.cs.ny.gov/employee-benefits>. Choose your group (SEHP) to get to the NYSHIP Online homepage. You can bookmark this page to bypass the login screen. If you previously bookmarked NYSHIP Online, please update to the new address.

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

What's New? – This tab is regularly updated and has 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 – This tab provides helpful benefits-related information including the *Empire Plan Flexible Formulary* and *SEHP At A Glance* benefit guide.

Other Benefits – Dental and Vision benefits information is available under the Other Benefits tab.

Using Your Benefits – This tab includes a variety of useful resources, including a copayment reference list, a library of current publications, the Flexible Formulary and other drug lists, contact numbers and an online directory of HBAs.

Forms – This useful tab is your resource for benefit related forms including enrollment, out-of-network claims and the pharmacy mail service order form.

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

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, order a replacement SEHP Benefit Card and check your enrollment information.

The *NYSHIP SEHP Report* is published by the Employee Benefits Division of the New York State 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.



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)
<https://www.cs.ny.gov>

Contact Information

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

<p>PRESS OR SAY 1</p>	<p>Medical/Surgical Program: Administered by UnitedHealthcare Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 www.myuhc.com</p>
<p>PRESS OR SAY 2</p>	<p>Hospital Program: Administered by Empire BlueCross BlueShield Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 www.empireblue.com</p>
<p>PRESS OR SAY 3</p>	<p>Mental Health and Substance Abuse Program: Administered by ValueOptions Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1800, Latham, NY 12110 www.achievesolutions.net/empireplan</p>
<p>PRESS OR SAY 4</p>	<p>Prescription Drug Program: Administered by CVS/caremark Representatives are available 24 hours a day, seven days a week. TTY: 1-800-863-5488 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 www.empireplanrxprogram.com</p>
<p>PRESS OR SAY 5</p>	<p>Empire Plan NurseLineSM: Administered by UnitedHealthcare Registered nurses are available 24 hours a day, seven days a week to answer health-related questions. To access the Health Information Library, enter PIN number 335.</p>
	<p>Dental Program: Administered by EmblemHealth 1-800-947-0101 www.emblemhealth.com/nyship/</p>
	<p>Vision Program: Administered by Davis Vision 1-888-588-4823 www.davisvision.com</p>

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://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

SEHP Report – May 2015

**Please do not send mail
or correspondence to the
return address. See address
information on page 10.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at <https://www.cs.ny.gov/employee-benefits>. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator.

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

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