

— 2015 —
**GENERAL
INFORMATION
BOOK**

New York State Retirees

New York State Health Insurance Program

General Information Book for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees and their eligible dependents; also includes information regarding COBRA continuation coverage and the Young Adult Option.

New York State
Department of Civil Service
Employee Benefits Division
<https://www.cs.ny.gov>



NYSHIP
New York State
Health Insurance Program

TABLE OF CONTENTS

Introduction

| | |
|-----------------------------------|---|
| About This Book..... | 1 |
| Your NYSHIP Options and Cost..... | 1 |

When You Need Assistance

| | |
|---|---|
| NYSHIP Information Online | 2 |
| When You Should Contact the Employee Benefits Division | 2 |
| Tips for calling the Employee Benefits Division..... | 3 |
| Other Resources | 3 |

Retiree Coverage

| | |
|--|---|
| Eligibility Requirements..... | 4 |
| Disability Retirement | 5 |
| Maintain coverage while your disability retirement is being evaluated | 5 |
| When You Retire | 6 |
| How You Pay..... | 6 |
| Deductions from your pension..... | 7 |
| Bills from the Employee Benefits Division | 7 |
| Sick Leave Credit..... | 7 |
| Lifetime monthly credit | 7 |
| Make an election before retirement..... | 8 |
| Spouses who are both eligible for sick leave credit..... | 8 |
| Reinstating Your Coverage as a Retiree | 9 |
| After deferring coverage | 9 |
| After canceling coverage | 9 |
| After being covered as a dependent in NYSHIP | 9 |

Vestee Coverage

| | |
|---|----|
| Cost and Premium Payment | 10 |
| Sick Leave Credit Does Not Apply | 10 |
| Coverage Ends Permanently if You Do Not Maintain Continuous Coverage | 10 |
| Option Transfer for Vesteess..... | 10 |

Preferred List Coverage

| | |
|------------------------------------|----|
| Enrollment | 10 |
| Enrollment is automatic..... | 11 |
| Paying the Premium | 11 |
| Empire Plan waiver of premium..... | 11 |
| Retiring from Preferred List..... | 12 |

Dependent Survivor Coverage

| | |
|---|----|
| Extended Benefits Period at No Cost | 12 |
| Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends..... | 12 |
| Eligibility and cost | 13 |
| How You Pay..... | 14 |
| Benefit Cards for Dependent Survivors | 14 |

| | |
|--|----|
| Dependent Eligible for NYSHIP as a Result of Employment..... | 15 |
| Loss of Eligibility for Dependent Survivor Coverage | 15 |
| Dependent Eligibility | |
| Your Spouse | 15 |
| Your Domestic Partner | 16 |
| Your Children..... | 16 |
| Your “other” child | 16 |
| Your disabled child | 16 |
| Your child who is a full-time student with military service..... | 17 |
| Proof of Eligibility | |
| Required Proofs..... | 17 |
| You, the enrollee..... | 17 |
| Spouse | 17 |
| Domestic partner..... | 18 |
| Natural-born children, stepchildren and children of a domestic partner | 18 |
| Adopted children..... | 18 |
| Your disabled child over age 26..... | 18 |
| “Other” children..... | 18 |
| Your child who is a full-time student over age 26 with military service..... | 18 |
| Coverage: Individual or Family | |
| Individual Coverage | 19 |
| Family Coverage | 19 |
| When Your Dependent’s Coverage Begins | 19 |
| Covering Newborns | 19 |
| Changing Coverage | 20 |
| From Individual to Family..... | 20 |
| From Family to Individual..... | 20 |
| Enrollment Considered Late if Previously Eligible..... | 20 |
| Exception: Dependent(s) affected by a National Medical Support Order | 20 |
| Exception: Changes in CHIP or Medicaid eligibility | 20 |
| When Coverage Ends..... | 20 |
| Options Under NYSHIP | |
| The Plan Options | 21 |
| The Empire Plan or a NYSHIP HMO..... | 21 |
| Changing Plans..... | 21 |
| When you have a qualifying life event..... | 21 |
| Consider carefully | 22 |

| | |
|---|----|
| Identification Cards | |
| Empire Plan Enrollees..... | 22 |
| Your Empire Plan Medicare Rx card | 23 |
| Ordering a card..... | 23 |
| HMO Enrollees..... | 23 |
| Possession of a Card Does Not Guarantee Eligibility..... | 23 |
| Your Premium | |
| What You Pay | 23 |
| Contribution Rates..... | 24 |
| Rate information..... | 25 |
| Military Active Duty..... | 25 |
| Medicare and NYSHIP | |
| Medicare: A Federal Program..... | 26 |
| The Combination of Medicare and NYSHIP Protects You..... | 26 |
| Empire Plan | 27 |
| HMO enrollees..... | 27 |
| When Medicare Eligibility Begins | 27 |
| When Medicare Becomes Primary to NYSHIP | 27 |
| When You are Required to Have Medicare Parts A and B in Effect..... | 28 |
| When you are Medicare eligible due to age (65)..... | 28 |
| When you are Medicare eligible due to disability..... | 28 |
| How to Apply for Medicare Parts A and B..... | 29 |
| Enrollment in Additional Medicare Plans | 29 |
| Empire Plan Medicare Rx—A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees* | 30 |
| Prescription drug coverage for Medicare-primary Empire Plan enrollees and dependents..... | 30 |
| Other Medicare prescription drug plans..... | 30 |
| Empire Plan Medicare Rx ID card..... | 30 |
| Medicare Costs, Payment and Reimbursement of Certain Premiums..... | 31 |
| Medicare Part A..... | 31 |
| Medicare Part B premium | 31 |
| How you pay..... | 31 |
| Medicare Part B premium reimbursement..... | 31 |
| Medicare Part D | 32 |
| Your Claims When Medicare is Primary..... | 33 |
| When Medicare and NYSHIP are your only coverage..... | 33 |
| When you have coverage in addition to Medicare and NYSHIP..... | 33 |

| | |
|--|-----------|
| Expenses Incurred | |
| Outside the United States | 33 |
| Traveling outside the United States..... | 33 |
| Residing outside the United States..... | 33 |
| Returning permanently to the United States.... | 34 |
| Provide Notice if Medicare Eligibility Ends | 34 |
| You must refund Medicare premium reimbursement you were not eligible to receive..... | 34 |
| Questions | 34 |
| Reemployment | |
| With New York State, in a Benefits-Eligible Position | 34 |
| Effect on NYSHIP status: | |
| Choose Active or Retiree Coverage..... | 35 |
| Effect on Medicare status..... | 35 |
| Notification of reemployment..... | 35 |
| Employment With Another NYSHIP Employer | 35 |
| End Dates for Coverage | |
| You, the Enrollee | 36 |
| Loss of eligibility..... | 36 |
| Suspending retiree coverage..... | 36 |
| Consequences..... | 36 |
| Dependent Loss of Eligibility | 36 |
| Children..... | 36 |
| Former spouse..... | 36 |
| Former domestic partner..... | 36 |
| COBRA: Continuation of Coverage | |
| Federal and State Laws | 37 |
| Benefits Under COBRA | 37 |
| Eligibility | 37 |
| Enrollee..... | 37 |
| Dependents who are qualified beneficiaries..... | 37 |
| Dependents who are not qualified beneficiaries..... | 38 |
| Dependent survivors..... | 38 |
| Medicare and COBRA | 38 |
| Deadlines Apply | 38 |
| Notification of dependent's loss of eligibility.... | 39 |
| 60-day deadline to elect COBRA..... | 39 |
| Costs Under COBRA | 39 |
| 45-day grace period to submit initial payment | 39 |
| 30-day grace period..... | 39 |
| Continuation of Coverage Period | 39 |
| Survivors of COBRA enrollees..... | 39 |
| Choice of NYSHIP Plan Options | 40 |
| When You No Longer Qualify for COBRA Coverage | 40 |
| To Cancel COBRA | 40 |

| | |
|--|-----------|
| Conversion Rights After COBRA Coverage Ends | 40 |
| Other Coverage Options | 40 |
| Contact Information | 40 |
| Direct-Pay Conversion Contracts | |
| Empire Plan Conversion | 41 |
| Eligibility..... | 41 |
| Deadlines apply..... | 41 |
| No notice for certain dependents..... | 41 |
| How to request direct-pay conversion contracts..... | 41 |
| Young Adult Option | |
| Eligibility | 42 |
| Cost | 42 |
| Available Coverage | 42 |
| Enrollment Rules | 42 |
| When Young Adult Option Coverage Ends | 43 |
| Questions | 43 |
| Appendix | 44 |
| Contact Information | 61 |
| Index | 63 |

Introduction

This is the *New York State Health Insurance Program (NYSHIP) General Information Book* for former employees of the State of New York and their covered dependents, including retirees, vestees, dependent survivors and enrollees covered under Preferred List provisions for health insurance, as well as COBRA and Young Adult Option enrollees with their benefits. It includes information about eligibility, enrollment and other NYSHIP rules and provisions. Please review this information and share it with your family members.

About This Book

This book explains your rights and responsibilities as an enrollee in the New York State Health Insurance Program (NYSHIP). Be sure you are eligible; receipt of this book does not guarantee you are eligible or enrolled for coverage.

The New York State Health Insurance Program (NYSHIP) is established under New York State Civil Service Law. The Department of Civil Service (DCS) is responsible for administering NYSHIP and determines NYSHIP's administrative policies, practices and procedures. NYSHIP rules, requirements and benefits are established in accordance with applicable federal and state laws and regulations, as well as through negotiations with State employee unions and administratively for groups not subject to those negotiations. NYSHIP rules, requirements and benefits also may be affected by court decisions. Therefore, the information in this book is subject to change, and you will be notified of changes through mailings to your address of record. Please make sure that DCS has your most current address. Amendments and notification of changes also can be found on the Department's web site, www.cs.ny.gov.

Your NYSHIP Options and Cost

You may choose The Empire Plan or a NYSHIP HMO available in the area where you live or work. Refer to *Options Under NYSHIP* on page 21 and the *Choices* booklet (released annually) for information about your options under NYSHIP. You may choose Individual coverage for yourself only or Family coverage for yourself and your eligible dependents.

The enrollee's share of the premium varies for retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions, COBRA enrollees and Young Adult Option enrollees. Cost is also affected by the NYSHIP option you select (Empire Plan, HMO), your type of coverage (Individual, Family), the date you retire, your salary grade at retirement and any sick leave credit you may be eligible to apply to your monthly premium. New York State pays most of the premium for retirees, enrollees covered under Preferred List Provisions and a majority of dependent survivors. You are responsible for paying your portion, either through deductions from your monthly pension check or by making payments directly to the Employee Benefits Division. See *Your Premium*, page 23.

When You Need Assistance

The Employee Benefits Division serves as the Health Benefits Administrator for retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions, COBRA enrollees and Young Adult Option enrollees.

For information about your enrollment, eligibility, Medicare coordination or any other aspect of NYSHIP, contact the Employee Benefits Division, Monday through Friday, 9 a.m. to 4 p.m. Eastern time, at 518-457-5754 or 1-800-833-4344 or by writing to:

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

Empire Plan inquiries: For questions on specific benefits or claims, or to locate a provider, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the appropriate program.

HMO inquiries: For questions on specific benefits or HMO services, or to locate a provider, call your HMO.

You are responsible for letting the Employee Benefits Division know of any changes that may affect your NYSHIP coverage.

NYSHIP Information Online

You'll find the Employee Benefits Division homepage, NYSHIP Online, on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Retirees, then Health Benefits. Copies of NYSHIP documents and informational materials are available on NYSHIP Online. Empire Plan enrollees also will find links to Plan administrator web sites, which include the most current lists of providers.

When You Should Contact the Employee Benefits Division

The Employee Benefits Division and your retirement system are separate entities and do not share information. You must contact the Employee Benefits Division to update your health benefits information and contact your retirement system to update your record for retirement or pension purposes.

To keep your enrollment record up to date, you must notify the Employee Benefits Division in writing (with supporting documentation) in the following situations:

Your mailing address changes or your home address changes (If your mailing address is a P.O. Box, the Employee Benefits Division needs your residential street address as well.)

Your phone number changes

Your name changes

You need to correct your enrollment record

Your family unit changes (See *Dependent Eligibility*, page 15 for details)

- You want to add or remove a covered dependent or change your type of coverage (Individual/Family)
- Your covered dependent loses eligibility
- Your covered dependent child becomes disabled
- You get divorced
- You or a dependent dies (submit a copy of the death certificate)

Your status is changing

- You return to State service
- You or a covered dependent becomes eligible for Medicare benefits (See *Medicare and NYSHIP*, page 26)
- You or a covered dependent loses eligibility for Medicare
- You are awarded a disability retirement benefit from one of New York State's public retirement systems

Other reasons to contact the Employee Benefits Division

- To report certain enrollment changes, address changes or to change your health insurance option, go to MyNYSHIP Enrollee Self-Service at <https://www.cs.ny.gov/mynyship>, or write to:

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

Be sure to sign your request and include your name, address and your Social Security number or Empire Plan identification number.

- Empire Plan enrollees: Your employee benefit card is lost or damaged
HMO enrollees: Contact your HMO to order benefit cards
- You have questions about the amount of your premium or your bill for NYSHIP coverage
- You want to cancel or reinstate your coverage
- You want to change your NYSHIP option
- You have questions about COBRA (see *COBRA: Continuation of Coverage*, page 37)
- You have questions about your sick leave credit or the Dual Annuitant Sick Leave Credit option

Please reference the “Model Letter for Contacting the Employee Benefits Division” on page 60 of the Appendix when writing to the Employee Benefits Division.

Tips for calling the Employee Benefits Division

- Call the appropriate contact. For example, if your call is about Medicare eligibility, call Social Security (but call us about NYSHIP’s requirement that you enroll in Medicare). If your call is about your pension check, call your retirement system (but call us about the health insurance deduction or Medicare credit in your pension check). Important telephone numbers that you may need to call are listed in the back of this book.
- Call between 9 a.m. and 4 p.m. Eastern time.
- Have your health insurance identification number, Social Security number and all documents related to your question ready when you call.
- You may use the “Model Letter for Contacting the Employee Benefits Division” on page 60 of the *Appendix* to request changes to your NYSHIP coverage or to update the information in your NYSHIP record. Most changes to your enrollment record cannot be made over the telephone because we need your written authorization and signature.

Other Resources

- The Department of Civil Service web site, <https://www.cs.ny.gov>, has current benefit information. Click on Benefit Programs, then NYSHIP Online. You can also find the publications referenced below on the web site.
- *The Empire Plan Certificate for Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List Provisions* provides details on Empire Plan benefits and coordination with Medicare.
- *Welcome to EBD* helps you stay in touch with the Employee Benefits Division after you retire.
- *Retiree Health Insurance Choices* describes all NYSHIP options.
- *NYSHIP Rates and Information for New York State Retirees* lists the monthly premiums for NYSHIP health insurance coverage, which change annually.
- *On the Road with The Empire Plan* is a guide to your Empire Plan benefits when traveling.
- *Back to Work for New York State* helps you understand your health insurance status if you return to work for New York State.
- Medicare, which is administered by the Centers for Medicare and Medicaid Services (CMS), can be reached at 1-800-MEDICARE (1-800-633-4227), or at the Medicare web site at www.medicare.gov for medical benefits and claims information. Call Social Security at 1-800-772-1213 to enroll in Medicare, or for Medicare premium information.
- The *Medicare & NYSHIP* booklet and companion video explain how NYSHIP and Medicare work together to provide health benefits.

Retiree Coverage

Dental and Vision Coverage

The information in this book does not apply to the NYS Dental and Vision programs.

If you were covered through the NYS Dental and/or Vision program as an employee, coverage ends when you retire. You may continue the coverage under COBRA by paying the full cost plus a 2 percent administrative fee. You will receive information about continuing coverage under COBRA from the Employee Benefits Division. NYS retirees may also be eligible to purchase a direct-pay contract through the NYS Dental Program administrator at the time they retire, or when their COBRA coverage ends. (See *COBRA: Continuation of Coverage*, page 37.) Refer to your dental and vision plan material for additional information.

If you had coverage through a union Employee Benefit Fund, contact the union Employee Benefit Fund for information about continuing dental and/or vision coverage when you retire.

Eligibility Requirements

If eligible, your retiree coverage begins on the 29th day after the end of the last payroll period for which you were paid as an active employee. As a retiree, you may continue NYSHIP coverage for yourself and your eligible dependents if you meet the eligibility requirements in this section. The benefits may differ from those you received as an active employee.

The requirements of New York State's retirement systems to receive a pension are different from NYSHIP's requirements to continue coverage as a retiree.

You will not be eligible to continue NYSHIP coverage as a retiree if you do not meet the requirements outlined in this section and submit all required material to your Health Benefits Administrator. Read this eligibility information carefully.

To continue coverage as a New York State retiree, you must meet the following eligibility requirements:

1. Complete the minimum service requirement.

The minimum service requirement is based on the date you last entered State service:

- If you were **last hired on or after April 1, 1975**, you must have had at least ten years of benefits-eligible State service or at least ten years of combined qualifying service with the State and one or more Participating Employer or Participating Agency.*
- If you were **last hired before April 1, 1975**, you must have had at least five years of benefits-eligible State service or at least five years of combined qualifying service with the State and one or more Participating Employer or Participating Agency.*

Benefits-eligible service means a period of employment during which you were eligible for NYSHIP coverage at the employee share of the premium. At least one year of your qualifying service must be with New York State.

Coverage with other NYSHIP employers

If you were employed by another employer or agency that is eligible to participate in NYSHIP, check with the Employee Benefits Division to see whether your service qualifies toward meeting the minimum service requirement.

* *Participating Agencies and Participating Employers include New York State local governments/agencies (such as cities, towns, school districts, libraries, and fire districts) and quasi-public organizations, public authorities and public benefit corporations. New York City cannot participate in NYSHIP; therefore, service with New York City does not count toward the minimum service requirement for continuing NYSHIP coverage in retirement.*

2. Satisfy requirements for retiring as a member of a retirement system.

You must be qualified for retirement as a member of a retirement system administered by New York State (such as the New York State and Local Employees' Retirement System, the New York State Teachers' Retirement System, or the New York State and Local Police and Fire Retirement System) or any of New York State's political subdivisions.

If you are not a member of a retirement system administered by the State, or you are enrolled in the State University of New York (SUNY) Optional Retirement Program (ORP) with a vendor such as TIAA/CREF, you must satisfy one of the following conditions:

- you meet the age requirement of the NYS and Local Employees' Retirement System retirement tier in effect at the time you last entered service, or
- you are qualified to receive Social Security disability payments.

Note: If you retire but delay collecting your State pension, or delay receiving disbursements from the SUNY Optional Retirement Program, you may continue your NYSHIP coverage under retiree provisions, provided you meet the eligibility requirements listed previously. This is referred to as "constructive retirement" for health insurance purposes.

3. Be enrolled in NYSHIP.

You must be enrolled in NYSHIP as an active enrollee or a dependent at the time of your retirement. Enrollment in NYSHIP may be through The Empire Plan, a NYSHIP HMO or the Opt-out Program.

Note: The Opt-out Program is not available to retirees. You must elect another option, suspend coverage or defer coverage prior to retirement.

Disability Retirement

Whether your retirement is considered a service retirement or a disability retirement, you will have the same benefits and will be subject to the same policies. However, the requirements you must meet in order to be eligible for NYSHIP coverage in retirement may be different.

If you are applying for a disability retirement, be sure to contact your Health Benefits Administrator to discuss your options.

- **Ordinary disability retirement** – For an ordinary (not work-related) disability retirement granted by an approved retirement system, you must meet all requirements outlined in the preceding section, "Eligibility Requirements," page 4.
- **Work-related (accidental) disability retirement** – For a disability retirement resulting from a work-related illness or injury granted by an approved retirement system, the minimum service requirement is waived.

Maintain coverage while your disability retirement is being evaluated

To ensure continued eligibility for NYSHIP coverage after you retire, maintain NYSHIP coverage while you wait for the decision on your disability retirement.

If your disability retirement is not approved, and you did not maintain NYSHIP coverage (while on leave or in vestee or COBRA status), coverage for you and your dependents will end. **You will not be eligible to reenroll in NYSHIP.**

Retroactive retirement award

If a retroactive retirement is granted after your coverage was canceled and while you were waiting for the decision on your disability retirement, you may be eligible to reinstate your coverage if you act promptly.

- If your disability retirement is granted and the effective date is after your coverage was canceled, you may apply for coverage to be reinstated any time within a year of your disability retirement. You will be responsible for paying any retroactive premiums you missed while your coverage was canceled, up to the effective date of your disability retirement.

- If your disability retirement was granted and the effective date is on or before the date your coverage was canceled, you may apply for coverage to be reinstated at any time. However, notify the Employee Benefits Division of your disability retirement as soon as possible so that your record is updated.

To request that your coverage be reinstated, write to the Employee Benefits Division as soon as you receive the decision on your disability retirement. Provide a copy of the award letter from the retirement system that includes your disability retirement effective date (for an example of this letter, refer to page 56 of the *Appendix*).

The date your retiree coverage begins will depend on the type of disability retirement you receive.

- If you receive an ordinary disability retirement, your retiree coverage will begin after you complete a three-month late enrollment waiting period, starting from the date you request to be reinstated.
- If you receive a work-related disability retirement, you may choose to have your retiree coverage begin either:
 - on your retirement date, or
 - on the first day of the month following the date of your request

When You Retire

Once your agency reports your retirement to the Employee Benefits Division, your eligibility for retiree coverage is reviewed. If your eligibility has been certified by the Employee Benefits Division, you will receive a confirmation letter, commonly referred to as the *Dear Retiree* letter, which will include information about your health insurance premium payments. This letter will also include the monthly cost of your coverage in retirement for the option and coverage you are currently enrolled in (at the current rate for that option), and your monthly sick leave credit (if applicable, see “Sick Leave Credit” on page 7 of this section). **Keep this letter for future reference.** A sample *Dear Retiree* letter is available on page 48 of the *Appendix*.

If your share of the monthly premium will be deducted from your pension check, it may take several months for the Employee Benefits Division to receive the Retirement Number assigned to you by the Retirement System and begin taking monthly deductions.

During the time between receipt of your confirmation letter and when your pension is finalized, you may receive direct bills from the Employee Benefits Division. Be sure to pay these bills on time to avoid a potential lapse in coverage. In some cases, you will not receive a bill before the Employee Benefits Division receives your retirement number. If the Employee Benefits Division is not able to bill you for a period of time, your bill or pension deduction will include the current month’s premium plus retroactive premiums owed, not to exceed a deduction of \$750 each month until your premiums for prior periods are paid.

How You Pay

How you may pay your share of the retiree premium depends on your situation. Your payment options are:

- **Pension deductions:** Retirees receiving finalized pension payments from a New York State pension system (NYSLERS or NYSTRS) pay monthly premiums through pension deductions or by paying the Employee Benefits Division directly, unless a request is made to make payments directly to the Employee Benefits Division.
- **Direct payments to the Employee Benefits Division:** If you do not pay monthly premiums through pension deduction, you must make monthly premium payments directly to the Employee Benefits Division. Payment must be made by check or money order; electronic payments or credit cards are not accepted.

Deductions from your pension

“Notice of Change” document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes, including changes to your health insurance deduction, by a “Notice of Change” document, which you will receive annually or more frequently. A sample “Notice of Change” document from the New York State and Local Employees’ Retirement System is available on page 45 of the *Appendix*. If you receive your pension from another retirement program, your “Notice of Change” document will be different.

Retirement check

If you receive your pension by monthly checks mailed to your home, your check stubs will identify health insurance credits and deductions. You will not receive an annual statement. A sample pension check stub from the New York State and Local Employees’ Retirement System is available on page 46 of the *Appendix*. If you receive your pension from another retirement program, your pension check will be different.

Bills from the Employee Benefits Division

If you make direct payments to the Employee Benefits Division, your monthly bills will identify health insurance premiums, sick leave credit and Medicare reimbursement. A sample bill from the Employee Benefits Division is available on page 47 of the *Appendix*.

Sick Leave Credit

Note: This section does not apply to the following groups: Judges, Justices, certain M/C employees (contact your former employer for information), vestees, individuals who retired from vestee coverage or COBRA enrollees.

If you retire directly from the payroll, or retire while covered under Preferred List provisions for health insurance, you can use the value of your unused sick leave to offset the cost of NYSHIP coverage in retirement. This will not affect the value of your sick leave for pension purposes.

Lifetime monthly credit

Most employees may use a maximum of 200 working days of earned sick leave to calculate their sick leave credit. Employees represented by PBA and PIA may use a maximum of 165 working days of earned sick leave to calculate their sick leave credit.

When you retire, your unused sick leave is converted into a dollar amount by dividing the dollar value of your sick leave by your actuarial life expectancy in months. The result is a monthly credit that is applied to your NYSHIP premium. This amount cannot be combined with your spouse’s or domestic partner’s sick leave credit.

The amount of your monthly credit will usually remain the same throughout your lifetime. However, the balance of the premium that you pay may change when rates change. (**Note:** If you return to State employment in a benefits-eligible position, your sick leave credit may or may not be recalculated at the point you leave the payroll again.)

If the credit from your unused sick leave does not fully cover your share of the monthly premium, you must pay the balance. If the credit exceeds your share of the monthly premium, you will not receive the difference.

Determining the value of your sick leave credit

When you retire, your agency provides the Employee Benefits Division with the information necessary to calculate your sick leave credit, if any. The “Dear Retiree” letter from the Employee Benefits Division (see page 48 of the *Appendix* for a sample) will report this monthly sick leave credit amount. If you believe your sick leave credit amount is incorrect, contact your former Health Benefits Administrator.

To calculate the value of your sick leave credit, visit <https://www.cs.ny.gov>, select *Planning to Retire* then *Sick Leave Credit* and *Calculator*. Or, ask the Employee Benefits Division for a *Worksheet for Estimating Sick Leave Credit*.

Each year when the premium changes, you will receive a flyer with rates for the coming year and a reminder of the value of your sick leave credit.

Make an election before retirement

Before you retire, submit the form *Sick Leave Credit Election* (PS-405) to the Employee Benefits Division. On this form, you must choose the single annuitant sick leave credit option or the dual annuitant sick leave credit option. **You cannot change your election on or after your retirement date.**

- **Single annuitant option:** If you choose this option, 100 percent of the sick leave credit amount will be applied to your NYSHIP premium, and your sick leave credit ends when you die.
- **Dual annuitant option:** If you choose this option, 70 percent of the sick leave credit amount will be applied to your NYSHIP premium, and if you predecease your dependents, the sick leave credit amount will continue to be applied toward the cost of their NYSHIP premium if they enroll in dependent survivor coverage.
 - Confirm that your current dependent(s) will qualify for Dependent Survivor coverage before electing this option. Dual Annuitant sick leave credit is applied to the cost of Dependent Survivor coverage, if you predecease your eligible dependents. (See *Dependent Survivor Coverage*, page 12.)
 - You do not need to be enrolled in Family coverage at the time of your retirement to choose this option.

If you do not submit a completed *Sick Leave Credit Election* form (PS-405) before your retirement date, you will automatically receive the single annuitant option.

If you predecease your dependents, your sick leave credit election will not affect your dependents' eligibility to continue NYSHIP. (See *Dependent Survivor Coverage*, page 12.)

Spouses who are both eligible for sick leave credit

Prior to retirement, both you and your spouse need to document sick leave credit and choose an option

If you and your spouse are both eligible for NYSHIP coverage in retirement, you must each do the following:

- Submit the form *Sick Leave Credit Election* (PS-405) and choose either the single annuitant or dual annuitant option (even if one person is covered as a dependent).
- Ask your Health Benefits Administrator to complete the form *State Service Sick Leave Credit Preservation* (PS-410) prior to retirement. This form provides evidence of your service and sick leave credit.

Each of you maintains the right to your sick leave credits, and can choose the dual annuitant option or whether you are enrolled in one Family coverage or in two Individual coverages.

If you and your spouse have chosen a single Family coverage, only the enrollee's sick leave credit is applied to the cost of health coverage. You and your spouse or domestic partner cannot combine your sick leave credit amounts.

Reactivating individual enrollment

Monthly sick leave credit will be established for a dependent spouse when he/she reactivates his/her own coverage, provided the value of unused sick leave can be documented. When a dependent spouse applies for coverage in his or her own name, the completed form, *State Service Sick Leave Credit Preservation* (PS-410), or agency verification with a letter requesting coverage must be sent to the Employee Benefits Division. For information on reactivating enrollment in NYSHIP, contact the Employee Benefits Division.

Reinstating Your Coverage as a Retiree

If you have established eligibility for retirement coverage, and you deferred or canceled coverage, you may reinstate it at any time. To reinstate your coverage, submit a signed, written request to the Employee Benefits Division (see “Model Letter for Contacting the Employee Benefits Division”, page 60 of the Appendix).

After deferring coverage

If you have deferred the start of your retiree coverage, when you choose to reenroll in NYSHIP, you will not be subject to a waiting period before coverage begins. Coverage will begin on the first day of the month following the month in which you request enrollment. Your sick leave credit will be calculated at the time you reinstate coverage and applied to your monthly premium.

After canceling coverage

If you voluntarily canceled your coverage as a retiree, under most circumstances when you apply to reinstate coverage, you will be subject to a three-month late enrollment waiting period before coverage becomes effective. Your sick leave credit (if applicable) will be maintained on your record and will be applied to your monthly premium once you reactivate enrollment.

After being covered as a dependent in NYSHIP

If you have been covered as a dependent and you meet the eligibility requirements for continuing health insurance coverage in retirement (page 4), you maintain the right to establish or reactivate your own NYSHIP enrollment at any time. Contact the Employee Benefits Division to reinstate coverage and for the effective date of coverage.

Vestee Coverage

This section applies to enrollees who separated from service with New York State before becoming eligible to collect a pension and who enrolled in vestee coverage to protect their future eligibility for retiree coverage. A vestee must maintain continuous NYSHIP coverage until becoming eligible to collect a pension to be eligible for NYSHIP coverage as a retiree.

If your employment with the State ends before you are eligible to collect a pension and you vest your retirement allowance, you may continue your health insurance coverage while you are in vested status provided:

- you have vested as a member of a retirement system administered by the State or one of its political subdivisions, such as a municipality, and
- you have met the minimum service requirement to continue NYSHIP coverage as a retiree (see “Eligibility Requirements” on page 4 of *Retiree Coverage*), but are not yet eligible to collect a pension at the time employment is terminated.

If you are a vestee and you have NYSHIP coverage as a dependent, you may establish coverage as a vestee or retiree (when eligible) at any time as long as you have not allowed your NYSHIP coverage to lapse from the point you left the active payroll.

If you are a member of an Optional Retirement Program as a result of New York State employment, such as TIAA/CREF, you must maintain vestee coverage until you meet the age requirement of the Employees’ Retirement System retirement tier in effect at the time you last entered State service.

The requirement to maintain coverage in NYSHIP while a vestee can be met:

- as a State enrollee in vestee status
- as a dependent of a NYSHIP enrollee
- as an enrollee with a Participating Employer or Participating Agency that offers NYSHIP coverage

If your employment with the State ends, you should receive an application from the Employee Benefits Division to continue coverage as a vestee. Failure to apply within 60 days of the date on the application will result in loss of eligibility to continue coverage. If you do not receive an application, call the Employee Benefits Division.

Cost and Premium Payment

Enrollees in Vestee coverage are responsible for paying the full share of the premium and are billed on a monthly basis. NYSHIP coverage will end permanently for enrollees in vestee coverage who fail to pay the premium on time.

Sick Leave Credit Does Not Apply

Sick leave credits cannot be applied toward the cost of NYSHIP coverage either while you are continuing coverage as a vestee or after you become eligible for NYSHIP coverage as a retiree.

Coverage Ends Permanently if You Do Not Maintain Continuous Coverage Coverage for you and your dependents will end permanently if you:

- **did not establish vestee coverage within the designated timeframe**
- **are canceled for nonpayment of the premium**

Contact the Employee Benefits Division to begin coverage in your own name. Act promptly if a pending divorce or other change means you will be losing coverage as a dependent. It is your responsibility to ensure that your coverage is continuous.

Option Transfer for Vestees

If you are enrolled as a vestee, you may change options at any time, once during a 12-month period. Vestees are subject to the same rules for changing options that apply to retirees. (See *Options Under NYSHIP*, page 21.)

Preferred List Coverage

Enrollment

You may be eligible to continue NYSHIP coverage under Preferred List provisions for health insurance if you meet one of the following criteria:

1. Your name is on a New York State Department of Civil Service Preferred List for reemployment.
2. You are not eligible to have your name placed on a Preferred List for reemployment, but you:
 - are in the noncompetitive class with tenure under Section 75 of the Civil Service Law, *or*
 - were laid off because your position was abolished and your appointment was permanent and full-time. (You are not eligible if your appointment was a provisional or temporary appointment.)

OCA and Legislative employees: Contact your employer for information about eligibility for health coverage under Preferred List provisions.

You may continue coverage for up to one calendar year from the date your NYSHIP coverage in active employee status ends or until you are reemployed in a benefits-eligible position by a public or private employer, whichever occurs first.

If you are temporarily employed by the State or another employer and are eligible for health insurance, your Preferred List health insurance coverage ends. You may reinstate Preferred List coverage when your temporary job ends if the end date of your one year of Preferred List eligibility has not passed. Temporary employment does not extend your eligibility beyond one year from the date your coverage as a permanent or tenured employee ended. To protect your NYSHIP coverage, you must notify the Employee Benefits Division Preferred List Unit when you begin and end temporary employment.

When your year of coverage under Preferred List provision ends, you may be eligible to continue coverage as a retiree (page 4), as a vestee (page 9), temporarily under COBRA (page 37), or under a direct-pay conversion contract (page 41).

Enrollment is automatic

If the Employee Benefits Division receives notice from your agency that you have been laid off or displaced from your position and placed on a Preferred List, you will be eligible for and enrolled in Preferred List coverage. Your last day of coverage as an active employee will be the 28th day following the last day of the last payroll period for which coverage was paid.

If you do not make your payments on time, your coverage will be canceled. If you wish to reinstate coverage during your period of eligibility under Preferred List provisions, you will have a break in coverage and be subject to a three-month late enrollment waiting period before coverage is reinstated.

Paying the Premium

The Employee Benefits Division will notify you of the monthly premium and of the date your first payment is due. The Employee Benefits Division will continue to bill you monthly. Send payments to the Employee Benefits Division, as explained in the initial notice.

Empire Plan waiver of premium

If you are totally disabled and enrolled in The Empire Plan under Preferred List provisions, you may be entitled to have your health insurance contribution waived for up to one year. NYSHIP HMOs do not provide a waiver of premium.

You must meet all of the following requirements to qualify for a waiver of your premium:

1. You must have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of six biweekly payroll periods.
2. You are **NOT** eligible for a waiver if you are still receiving income through salary, sick leave accruals, Short-Term Disability Income Protection benefits or retirement allowance.
3. You must keep your coverage in effect by paying the employee share of the premium while you are covered under Preferred List provisions, until you are notified that the waiver has been granted. You will receive a refund for any overpayments of the premium.

A waiver of premium is not automatic; you must apply for it.

How to apply for a waiver of premium

To apply for a waiver of premium, obtain the form *Application for Waiver of Premium* (PS-452) from the Employee Benefits Division. Return the completed application to the address on the form.

You must apply during the period in which you meet the eligibility requirements for a waiver; you may not apply after you return to the payroll, vest or retire.

The Employee Benefits Division will notify you if your waiver has been granted.

Waiver ends

The waiver may continue for up to one year during your period of total disability, unless you:

- are no longer certified as totally disabled
- return to the payroll
- are not covered under Preferred List health insurance provisions
- are no longer a State employee
- vest your health insurance coverage rights
- retire (for health insurance purposes)
- die

Retiring from Preferred List

If you become eligible to retire during the time you are on a Preferred List for reemployment with New York State, you must be enrolled in NYSHIP to be eligible to continue NYSHIP coverage as a retiree. (See “Eligibility Requirements” in *Retiree Coverage*, page 4.)

If you are not eligible to retire when your year of coverage as a Preferred List enrollee ends, you may be able to protect your future eligibility for retiree coverage by maintaining continuous enrollment in NYSHIP as a vestee. (See *Vestee Coverage*, page 9.)

Dependent Survivor Coverage

Enrolled dependents may be eligible to continue NYSHIP coverage if the enrollee predeceases them. To be eligible for Dependent Survivor coverage, a dependent must have been covered by the enrollee as a dependent at the time of death.

For dependent survivors to ensure that they receive the benefits that they are entitled to, it is important to send a copy of the death certificate to the Employee Benefits Division as soon as possible after the enrollee’s death. Notification to a retirement system does not satisfy this requirement.

Note: Survivors of COBRA enrollees are not eligible for Dependent Survivor coverage. Refer to the section *COBRA: Continuation of Coverage* on page 37 for information on coverage options.

Extended Benefits Period at No Cost

Dependents covered at the time of the enrollee’s death will continue to receive coverage without charge for a period of three months beyond the last month for which the enrollee paid for NYSHIP coverage. This is referred to as the *extended benefits period*.

During the extended benefits period, enrolled Empire Plan dependents continue to use the health insurance benefit cards they already have under the enrollee’s identification number. Enrolled dependents of HMO enrollees may receive a new card; contact the HMO for more information.

Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends

After the extended benefits period ends, enrolled covered dependents may elect to continue NYSHIP coverage if they are eligible for Dependent Survivor coverage. If the enrollee chose the Dual Annuitant Sick Leave Credit option at retirement, that credit will continue to be applied to the surviving dependents’ premium.

The following dependents may be eligible for Dependent Survivor coverage:

- A spouse, who has not remarried.
- A domestic partner, who has not married or acquired a new domestic partner.
- Dependent children who meet the eligibility requirements. (See *Dependent Eligibility*, page 15.)

Only dependents covered by the enrollee at the time of death, or newborn children of the enrollee born after the enrollee's death, are eligible for Dependent Survivor coverage. Each dependent survivor is eligible to continue NYSHIP coverage in his or her own right. Eligible dependent survivors may be enrolled in Individual coverage, Family coverage or a combination thereof.

A dependent who is not eligible for Dependent Survivor coverage may be eligible to continue NYSHIP coverage under COBRA (page 37) or may be eligible to convert to a direct-pay contract (page 41).

NYSHIP coverage will end permanently for eligible dependent survivors if they:

- **Do not make a timely election of either Dependent Survivor coverage or COBRA coverage (see *COBRA: Continuation of Coverage*, page 37), or**
- **Fail to make the required payments**

They may not reenroll.

Eligibility and cost

The eligibility rules for Dependent Survivor coverage and the cost of coverage vary based on the enrollee's status, as follows.

The enrollee was a retiree who retired on or after April 1, 1979, with 10 or more years of service.

If, at the time of the enrollee's death, the enrollee was a retiree who retired on or after April 1, 1979, with one of the following:

- 10 or more years of NYSHIP benefits-eligible service with New York State, or
- 10 or more years of NYSHIP benefits-eligible service that is a combination of service with New York State and one or more agencies eligible to participate in NYSHIP

Enrolled dependents are eligible for Dependent Survivor coverage and will be responsible for 10 percent of the premium, if enrolled in Individual coverage, or 10 percent of the premium for Individual coverage plus 25 percent of the premium for dependent coverage, if enrolled in Family coverage. The State's dollar contribution for the nonprescription drug components of an HMO premium will not exceed its dollar contribution for the nonprescription drug components of The Empire Plan premium.

The enrollee was a retiree who retired before April 1, 1979, with 10 or more years of service.

If at the time of the enrollee's death, the enrollee was a retiree who retired before April 1, 1979, with one of the following:

- 10 or more years of NYSHIP benefits-eligible service with New York State, or
- 10 or more years of NYSHIP benefits-eligible service that is a combination of service with New York State and one or more agencies eligible to participate in NYSHIP

Enrolled dependents are eligible for Dependent Survivor coverage and may continue coverage by paying the full cost of The Empire Plan or HMO premium.

The enrollee was a vestee.

If, at the time of the enrollee's death, the enrollee was enrolled in NYSHIP coverage as a vestee, enrolled dependents are eligible for Dependent Survivor coverage and may continue coverage by paying the full cost of The Empire Plan or HMO premium.

The enrollee was covered under Preferred List provisions, was 10 years or less from retirement and the death was not the result of a work-related illness or injury.

If, at the time of the Preferred List enrollee's death, the enrollee was 10 years or less from retirement as a member of a retirement system administered by New York State or any of its political subdivisions* and had one of the following:

- A total of 10 years of NYSHIP benefits-eligible service with New York State, or
- A total of 10 years of NYSHIP benefits-eligible service that is a combination of service with New York State and one or more agencies eligible to participate in NYSHIP

* An enrollee in the SUNY Optional Retirement Program, with a vendor such as TIAA/CREF, must be within 10 years of meeting the age requirement of the New York State and Local Employees' Retirement System (NYSLERS) retirement tier in effect when the enrollee began State service.

Enrolled dependents are eligible for Dependent Survivor coverage and will be responsible for 10 percent of the premium, if enrolled in Individual coverage, or 10 percent of the premium for Individual coverage plus 25 percent of the premium for dependent coverage, if enrolled in Family coverage. The State's dollar contribution for the nonprescription drug components of an HMO premium will not exceed its dollar contribution for the nonprescription drug components of The Empire Plan premium.

The enrollee was covered under Preferred List provisions, was more than 10 years from retirement and death was not the result of a work-related illness or injury.

If, at the time of the enrollee's death, the enrollee was more than 10 years from retirement as a member of a retirement system administered by New York State or any of its political subdivisions* and had one of the following:

- A total of 10 years of NYSHIP benefits-eligible service with New York State, or
- A total of 10 years of NYSHIP benefits-eligible service that is a combination of service with New York State and one or more agencies eligible to participate in NYSHIP

* An enrollee the SUNY Optional Retirement Program, with a vendor such as TIAA/CREF, must be within 10 years of meeting the age requirement of the New York State and Local Employees' Retirement System (NYSLERS) retirement tier in effect when the enrollee began State service.

Enrolled dependents are eligible for Dependent Survivor coverage and may continue coverage by paying the full share of The Empire Plan or HMO premium.

The enrollee's death was the result of a work-related illness or injury.

Regardless of the enrollee's age at the time of death or length of service, enrolled dependents are eligible for Dependent Survivor coverage and the State will pay 100 percent of the cost of NYSHIP coverage, up to the full cost of The Empire Plan premium. Dependent survivors who enroll in a NYSHIP HMO with a premium higher than The Empire Plan premium will be responsible for the difference in cost.

How You Pay

Monthly premium payments must be made directly to the Employee Benefits Division. Payment must be made by check or money order; electronic payments or credit cards are not accepted.

Benefit Cards for Dependent Survivors

After the extended benefits period ends, the Employee Benefits Division will change the enrollment file to the primary dependent survivor's name and identification number. In most cases, this will be the spouse or domestic partner.

- Empire Plan enrollees: Dependent survivors will be mailed benefit information and a new Empire Plan benefit card with the dependent survivor's name.
- HMO enrollees: Check with the HMO regarding new cards.

Dependent survivors may change options at any time once during a 12-month period. (See *Options Under NYSHIP*, page 21.)

Dependent Eligible for NYSHIP as a Result of Employment

A dependent employed by or previously employed by New York State, a Participating Employer, or a Participating Agency may be eligible to reinstate coverage as an enrollee in NYSHIP. Coverage as an active employee or retiree may be less expensive than coverage as a dependent survivor.

Survivors who were previously employed by New York State or a Participating Employer should write to the Employee Benefits Division with details of relevant prior employment in order to determine if they are eligible to reinstate coverage as an enrollee. Survivors who were previously employed by a Participating Agency should write to the Participating Agency to ask about enrollment.

Loss of Eligibility for Dependent Survivor Coverage

If your dependents lose eligibility for Dependent Survivor coverage under the New York State Health Insurance Program, they may be eligible to continue their coverage in NYSHIP under COBRA (see page 37) or convert to a direct-pay contract (see page 41).

Eligibility for Dependent Survivor coverage ends permanently if a:

- spouse remarries
- domestic partner acquires a new domestic partner or marries
- dependent child no longer meets the NYSHIP eligibility requirements (see page 15)
- dependent survivor fails to make the required payments

If NYSHIP coverage as a dependent survivor is terminated for any reason, eligibility ends and the dependent is not eligible to reenroll.

If a surviving spouse or domestic partner loses eligibility or dies, your other eligible dependent children may continue their coverage as dependent survivors until they no longer meet the eligibility requirements as dependents.

Dependent Eligibility

You may cover your eligible dependents under NYSHIP by enrolling in Family coverage. The dependents meeting the requirements described in this section are eligible for NYSHIP coverage. As a retiree, vestee or enrollee covered under Preferred List provisions, you may add eligible dependents to your NYSHIP coverage at any time. Refer to *Coverage: Individual or Family* for information about effective dates.

If your dependent is eligible for NYSHIP but not enrolled, you must submit a written and signed request to the Employee Benefits Division. Refer to the “Model Letter for Contacting the Employee Benefits Division” on page 60 of the *Appendix* and *Proof of Eligibility* on page 17 for required proofs that must be submitted with the request to add a dependent to your coverage.

Note: Enrollees covered under the Young Adult Option are eligible for Individual coverage only; they may not cover their dependents. Refer to *Young Adult Option* on page 42 for information about eligibility under this option.

Your Spouse

You may cover your spouse, including a legally separated spouse, as your dependent. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.

Your Domestic Partner

You may cover your domestic partner as your dependent. For eligibility under NYSHIP, a domestic partnership is one in which you and your partner are able to certify that you:

- are both 18 years of age or older,
- have been in the partnership for at least six months,
- are both unmarried (copy of divorce decree or death certificate required, if applicable),
- are not related in a way that would bar marriage,
- have shared the same residence and have been financially interdependent for at least six months, and
- have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations.

Before a new domestic partner may be enrolled, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage. To enroll a domestic partner, you must complete and return the forms *Application for Domestic Partner Benefits* (PS-425.1) and *Dependent Tax Affidavit for Domestic Partners* (PS-425.3) and submit the applicable proofs as outlined in *Instructions for Enrolling Domestic Partners* (PS-425).

Under Internal Revenue Service (IRS) rules, the fair market value cost of coverage for a domestic partner may be taxable. This amount, referred to as imputed income, is considered by the IRS to be additional income for the enrollee. The Employee Benefits Division will report imputed income annually, and you will receive an IRS-1099-MISC. Check with the Employee Benefits Division for an approximation of the fair market value for domestic partner coverage and ask a tax consultant how enrolling a domestic partner will affect your taxes.

Your Children

You may cover your children as your dependents until age 26, including:

- Your natural child
- Your stepchild
- Your domestic partner's child
- Your legally adopted child, including a child in a waiting period prior to finalization of adoption
- Your "other" child

Your "other" child

You may cover "other" children who:

- are financially dependent on you
- reside with you
- are those for whom you have assumed legal responsibility in place of the parent

The above requirements must have been reached before age 19. You must file the form *Statement of Dependence* (PS-457), verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Your disabled child

You may cover your disabled child after turning age 26 if the child:

- is unmarried
- is incapable of self-support by reason of mental or physical disability
- acquired the disabling condition before he or she would otherwise have lost eligibility due to age

To apply for coverage for your disabled child, you must submit the form *Statement of Disability (PS-451)* and provide medical documentation. Contact the Employee Benefits Division prior to your child's 26th birthday (or 19th birthday for an "other child") to begin the review process.

Your child who is a full-time student with military service

For the purposes of eligibility for health insurance coverage as a dependent, you may deduct from your child's age up to four years for service in a branch of the U.S. Military between the ages of 19 and 25.

To be eligible, your dependent child must:

- return to school on a full-time basis,
- be unmarried, and
- not be eligible for other employer group coverage.

You must be able to provide written documentation from the U.S. Military showing the dates of service. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required for verification.

Example: *Rebecca is 27 years old and served in the military from ages 19 through 23, then enrolled in college after four years of military service. By deducting the four years of military service from her age, we arrive at an adjusted eligibility age of 23. As long as Rebecca remains a full-time student, she is entitled to be covered as a dependent until her adjusted eligibility age equals 26. In this example, Rebecca can be covered as a dependent for an additional three years, and when she reaches the adjusted age of 26, her actual age will be 30.*

In no event will any person who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for coverage.

Proof of Eligibility

Your application to enroll for coverage or to add a dependent to your coverage will not be processed without the required proof of eligibility. Refer to *Retiree Coverage* (page 4), *Vestee Coverage* (page 9), *Dependent Survivor Coverage* (page 12), *Preferred List Coverage* (page 10) and *Dependent Eligibility* (page 15) for eligibility requirements.

Required Proofs

Required proof of eligibility is as follows:

You, the enrollee

- birth certificate
- Social Security card*
- Medicare card (if applicable)

Spouse

- birth certificate
- Social Security card*
- marriage certificate (if the marriage took place more than one year prior to the request, proof of current joint ownership/joint financial obligation is also required)
- Medicare card (if applicable)

Domestic partner

- birth certificate
- Social Security card*
- Completed forms in the *Domestic Partner Series* (PS-425), with appropriate proof as required in the application
- Medicare card (if applicable)

Natural-born children, stepchildren and children of a domestic partner

- birth certificate
- Social Security card*
- Medicare card (if applicable)

Adopted children

- adoption papers (if adoption is pending, proof of pending adoption)
- birth certificate
- Social Security card*
- Medicare card (if applicable)

Your disabled child over age 26

- birth certificate
- Social Security card*
- Completed *Statement of Disability* (PS-451) form with appropriate documentation as required in the application
- Medicare card (if applicable)

“Other” children

- birth certificate
- Social Security card*
- Completed *Statement of Dependence* (PS-457) form with appropriate documentation as required in the application
- Medicare card (if applicable)

Your child who is a full-time student over age 26 with military service

- Written documentation from the U.S. Military, showing dates of service
- Proof of full-time student status from an accredited secondary or preparatory school, college or other educational institution
- birth certificate
- Social Security card*
- adoption papers (if applicable)
- Medicare card (if applicable)

Providing false or misleading information about eligibility for coverage or benefits is fraud.

* Contact the Employee Benefits Division if no Social Security number is assigned.

Coverage: Individual or Family

Two types of coverage are available to you under NYSHIP: Individual coverage for yourself only or Family coverage for yourself and any eligible dependents you choose to cover.

Note: *Young Adult Option enrollees are eligible for Individual coverage only.*

Individual Coverage

Individual coverage provides benefits for you only. It does not cover your dependents, even if they are eligible for coverage.

Family Coverage

Family coverage provides benefits for you and your eligible dependents who you elect to enroll. For more information on who can qualify as your dependent, see *Dependent Eligibility* on page 15.

If you and your spouse are both eligible for coverage under NYSHIP, you may elect one of the following:

- One Family coverage
- Two Individual coverages
- One Family coverage and one Individual coverage

Two Family coverages are not permitted.

When Your Dependent's Coverage Begins

The date your dependent's coverage begins will depend on your reason for adding the dependent to your coverage and your timeliness in applying. You can avoid a waiting period by applying promptly. If you apply:

- 7 days or less after the event, your dependent's coverage will be effective on the date the dependent(s) was first eligible.
- 8 to 30 days after the event, your dependent's coverage will become effective on the first day of the month following the date of your request. If you apply on the first day of a month, your coverage will be effective on the day you apply.
- more than 30 days after the event, there will be a longer waiting period. Your dependent's coverage will be effective on the first day of the third month following the month in which you apply.

Covering Newborns

Your child is not automatically covered; you must contact the Employee Benefits Division to complete the appropriate forms. For additional documentation that may be needed, refer to *Proof of Eligibility* on page 17.

If you want to change from Individual to Family coverage to cover a newborn child and you request this change within 30 days of the child's birth, the newborn's coverage will be effective on the child's date of birth.

If you are adopting a newborn, you must establish legal guardianship as of the date of birth or file a petition for adoption under Section 115(c) of the Domestic Relations Law no later than 30 days after the child's birth in order for the newborn's coverage to be effective on the day the child was born.

If you already have Family coverage, you must also remember to add your newborn child within 30 days or you may encounter claim payment delays.

Changing Coverage

From Individual to Family

If you are changing to Family coverage because you acquire a new dependent (for example, you marry), your new coverage will begin according to when you apply. (See the preceding section “When Your Dependent’s Coverage Begins.”) **Note:** The timeframe for covering newborns is different. (See, “Covering Newborns,” in the preceding section.)

If you are changing to Family coverage to add a dependent(s) who was previously eligible but not enrolled, Family coverage will begin on the first day of the third month following the month in which you apply.

If you wish to change from Individual to Family coverage (and your dependents meet the requirements in *Dependent Eligibility* on page 15), contact the Employee Benefits Division. Be prepared to provide the following:

- Your name, Social Security number, address and phone number
- The effective date you are requesting for Family coverage (see below for more information)
- Your dependents’ names, dates of birth and Social Security numbers
- A copy of the Medicare card, if your dependent(s) are eligible for Medicare

Additional documentation may be required. See *Proof of Eligibility* on page 17.

From Family to Individual

It is your responsibility to keep your enrollment record up to date. If you no longer have any eligible dependents, you must change from Family to Individual coverage by contacting the Employee Benefits Division in writing. You also may make this change if you no longer wish to cover your dependents, even if they are still eligible. Read the sections, *End Dates for Coverage* on page 36, *COBRA: Continuation of Coverage* on page 37 and *Young Adult Option* on page 42 or contact the Employee Benefits Division for more information.

Enrollment Considered Late if Previously Eligible

If you or your dependent(s) were previously eligible but not enrolled, coverage will begin on the first day of the third month following the month in which you apply.

Exception: Dependent(s) affected by a National Medical Support Order

If a National Medical Support Order requires you to provide coverage to a dependent(s) who was previously eligible but not enrolled, the late enrollment waiting period is waived and coverage for the dependent will be effective the date indicated on the National Medical Support Order.

Exception: Changes in CHIP or Medicaid eligibility

An employee or eligible dependent may enroll in NYSHIP if:

- coverage under a Medicaid plan or CHIP ends as a result of loss of eligibility, or
- an employee or dependent becomes eligible for employment assistance under Medicaid or CHIP.

NYSHIP coverage must be requested within 60 days of the date of the change to avoid a waiting period.

When Coverage Ends

Refer to the section, “Dependent Loss of Eligibility” in *End Dates for Coverage* on page 36 for information about when your dependent coverage ends if you change from Family to Individual coverage. For information about continuing coverage, see *COBRA: Continuation of Coverage* on page 37 and *Young Adult Option* on page 42. Contact the Employee Benefits Division if you have additional questions.

Options Under NYSHIP

The Plan Options

You may choose to enroll in one of the following options:

- The Empire Plan
- A Health Maintenance Organization (HMO) that has been approved for participation in NYSHIP in the geographic area where you live or work

You and your dependents will be enrolled in the same plan. You, the enrollee, will determine the plan for you and your covered dependents.

The Empire Plan or a NYSHIP HMO

The benefits provided by The Empire Plan and NYSHIP HMOs differ. For details about benefits provided by The Empire Plan and each NYSHIP HMO, refer to the *Choices* booklet, issued annually, usually in November or December. Be sure to choose the option that best meets your needs.

Regardless of whether you choose The Empire Plan or a NYSHIP HMO, your coverage provides you and your eligible dependents with all the following:

- Hospitalization and related expense coverage
- Medical/surgical care
- Mental health and substance abuse treatment
- Prescription drug coverage

NYSHIP HMO service areas

Each NYSHIP HMO has a specific geographic service area; to enroll in coverage through a NYSHIP HMO, you must live or work in the HMO's service area. To enroll in a Medicare Advantage HMO, you must live in the HMO's geographic service area. If you no longer meet the requirements of living or working in an HMO's service area, you must choose The Empire Plan or a different HMO that serves your area.

Changing Plans

You may change to any NYSHIP plan for which you are eligible for any reason once in a 12-month period.

There is no open enrollment period. If you and/or your dependents were previously eligible for NYSHIP coverage, but not enrolled, you must satisfy the late enrollment waiting period before coverage begins unless you experience a qualifying life event and make a timely request. (See the following section for examples of qualifying life events.)

Each year, usually in November or December, you will be mailed a document called *Choices*, which contains information about the health plan options available under NYSHIP. This document and other information is also available online at <https://www.cs.ny.gov>, under *Health Benefits and Option Transfer*. Contact the Employee Benefits Division to change your plan. If you change plans, the Employee Benefits Division will inform you of the date the new coverage will begin and the cost for that coverage.

When you have a qualifying life event

You are not required to wait 12 months from your last option change to make another change in your NYSHIP option if you experience one of the following qualifying life events:

- You are no longer eligible to continue coverage in your current HMO because you have moved permanently out of your HMO's service area or your job's location has changed and is no longer located in your HMO's service area. To keep NYSHIP coverage, you must choose The Empire Plan or a different HMO that serves your new area.

- You become eligible to enroll in an HMO that was not previously available to you because you have moved permanently or your job's location has changed. You may change to the HMO that you are newly eligible for, regardless of what option you were in before you moved or changed job locations.
- Your dependent moves permanently and is no longer in your HMO's service area. (**Note:** A student attending college outside your HMO's service area is not considered to have made a change in permanent residence.)
- You add a newly eligible dependent to your coverage in a timely manner. (See "When your family coverage begins" in *Coverage: Individual or Family* on page 19 for timeframes.) The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption or assumption of financial responsibility (see "Other child" in the section *Dependent Eligibility*, page 15).

The request to change options must be made in a timely manner, typically within 30 days, to ensure you have continued access to benefits.

If you change options after experiencing one of the qualifying life events in the preceding list, you must wait 12 months from that date before you will be eligible to change options without a qualifying event.

Examples of requests that will not be permitted if you have made an option change within the last 12 months include, but are not limited to, the following:

- Your doctor is no longer participating in your current plan's network, so you want to change to a plan with a network that your doctor is part of.
- Your current plan does not cover a procedure you need, so you want to change to a plan that does cover the procedure.
- You experience a change in your health and need to take new medications, so you want to change to an option with lower out-of-pocket prescription drug costs.
- Your financial situation changes, so you want to enroll in a less expensive option.
- Your child is attending college outside your HMO's service area, so you want to change to an option with a network in your child's area.

Consider carefully

Be sure you understand how your benefits will be affected by changing options. By changing options, you could be getting substantially different coverage.

Identification Cards

Empire Plan Enrollees

When you separate from State service, you will not be issued a new benefit card unless other changes to your coverage coincide with your change in status; you will continue to use the benefit card you used as an employee (refer to page 44 of the *Appendix* for a sample image of your Empire Plan benefit card). There is no expiration date on your card. Use this card as long as you remain enrolled in The Empire Plan. This card includes your name and the names of your covered dependents. A separate card will be mailed to any dependent with a different address on your enrollment record.

Present your NYSHIP Empire Plan card before you receive services, supplies or prescription drugs. (If you or your dependent is enrolled in Empire Plan Medicare Rx, use the Empire Plan Medicare Rx card provided for that person when filling prescriptions. See below.)

The nine-digit number on your card is your Empire Plan identification number.

Your Empire Plan Medicare Rx card

If you or a dependent is enrolled in Empire Plan Medicare Rx, each person enrolled in Empire Plan Medicare Rx will receive a separate card for prescription drugs. Use this card whenever filling a prescription. (See “Empire Plan Medicare Rx—A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees” in *Medicare and NYSHIP*, page 30.)

Ordering a card

Contact the Employee Benefits Division to order a NYSHIP Empire Plan benefit card if your card (or a dependent’s) is lost or damaged. Your new card will be sent to the address on your enrollment record. Please confirm that your address is correct. You can also order a new card at MyNYSHIP by going to <http://www.cs.ny.gov/mynyship>.

If you need to order an Empire Plan Medicare Rx card, call the Prescription Drug Program and follow the prompts for Empire Plan Medicare Rx (see *Contact Information*, page 61).

HMO Enrollees

Upon enrollment in a NYSHIP HMO, you will receive a NYSHIP HMO card. If you have any questions concerning your card, including how to order a new one, contact your HMO. If you or your dependent is Medicare primary, you may also receive a new benefit card and/or an additional prescription drug card.

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact the Employee Benefits Division. Use of a benefit card when you are not eligible may constitute fraud. If you or your dependent uses the card when you are not eligible for benefits, you will be billed for all claims paid on behalf of you or your dependents.

You are responsible for notifying the Employee Benefits Division immediately when you or your dependents are no longer eligible for NYSHIP coverage. You must submit this notice in writing with your signature. (See “Model Letter for Contacting the Employee Benefits Division” on page 60 of the Appendix.)

Your Premium

Note: Payment of your premium does not establish eligibility for benefits. You must satisfy NYSHIP eligibility requirements.

What You Pay

Most retirees pay a portion of their NYSHIP health insurance premium. The amount you pay to maintain your health coverage in retirement depends on a number of factors, including your:

- contribution rate (refer to the table beginning on page 24)
- NYSHIP plan
- type of coverage (Individual coverage or Family coverage)
- sick leave credit, if any

New York State contributes to the cost of coverage for Preferred List enrollees and certain Dependent Survivors (refer to the table on page 25).

The Employee Benefits Division will notify you of the monthly amount you must pay.

New York State does not contribute to the NYSHIP premium for the following groups:

- Vestees (refer to “Cost and Premium Payment” in *Vestee Coverage*, page 10)

- COBRA enrollees (refer to “Cost Under COBRA” in *COBRA: Continuation of Coverage*, page 39)
- Young Adult Option enrollees (refer to “Cost” in *Young Adult Option*, page 42)
- dependent survivors of vestees (refer to “Eligibility and Cost” in *Dependent Survivor Coverage*, page 13)
- dependent survivors of active employees who had 10 years of service but were not within 10 years of retirement eligibility at the time of death (refer to “Eligibility and Cost” in *Dependent Survivor Coverage*, page 14)
- dependent survivors of retirees who retired prior to April 1, 1979 (refer to “Eligibility and Cost” in *Dependent Survivor Coverage*, page 13)

Contribution Rates

Your share of the cost of your coverage as a retiree, vestee or dependent survivor is established by law.

The table below reflects contribution rates for Empire Plan enrollees. If you are enrolled in a NYSHIP HMO, your share of the cost may be different. If you are covered under a NYSHIP HMO and are entitled to a State contribution, the State’s dollar contribution for the hospital, medical and mental health and substance abuse components of your HMO premium will not exceed its dollar contribution for those components of The Empire Plan premium. For the prescription drug component of your HMO premium, the State pays the share noted in the table; the dollar amount is not limited by the cost of Empire Plan drug coverage.

The following table presents New York State’s share and the enrollee’s share of the cost of coverage for the various enrollee categories covered by this book.

| Retirement on or after 1/1/12 | | | | |
|-------------------------------|---------------------|----------------|--------------------|----------------|
| Pay Grade at retirement | Individual Coverage | | Dependent Coverage | |
| | State Share | Employee Share | State Share | Employee Share |
| Grade 9 and below* | 88% | 12% | 73% | 27% |
| Grade 10 and above* | 84% | 16% | 69% | 31% |

*Or salary equivalent, if no Grade is assigned

| Retirement 1/1/83 to 12/31/11 | | | | |
|-------------------------------|---------------------|----------------|--------------------|----------------|
| Pay Grade at retirement | Individual Coverage | | Dependent Coverage | |
| | State Share | Employee Share | State Share | Employee Share |
| All Grade Levels and Salaries | 88% | 12% | 73% | 27% |

| Retirement prior to 1/1/83 | | | | |
|-------------------------------|---------------------|----------------|--------------------|----------------|
| Pay Grade at retirement | Individual Coverage | | Dependent Coverage | |
| | State Share | Employee Share | State Share | Employee Share |
| All Grade Levels and Salaries | 100% | 0% | 75% | 25% |

| Vestees, Young Adult Option Enrollees and all Dependent Survivors not eligible for State contribution | | | | |
|--|----------------------------|----------------|---------------------------|----------------|
| Pay Grade at retirement | Individual Coverage | | Dependent Coverage | |
| | State Share | Employee Share | State Share | Employee Share |
| All Grade Levels and Salaries | 0% | 100% | 0% | 100% |

| Eligible Dependent Survivors of active employees who died on or after April 1, 1979 or of retirees who retired on or after April 1, 1979, and Preferred List Enrollees | | | | |
|---|----------------------------|----------------|---------------------------|----------------|
| Pay Grade at retirement | Individual Coverage | | Dependent Coverage | |
| | State Share | Employee Share | State Share | Employee Share |
| All Grade Levels and Salaries | 90% | 10% | 75% | 25% |

| Amended Dependent Survivors, Eligible survivors of active employees who died between April 1, 1975 and March 31, 1979 | | | | |
|---|--|--|--|--|
| Regardless of whether coverage is Individual or Family, all Dependent Survivors in this category pay 25% of the cost of dependent coverage. | | | | |

Rate information

Premium rates for The Empire Plan and NYSHIP HMOs are available on the Department of Civil Service web site at <https://www.cs.ny.gov> under *Health Benefits & Option Transfer*. Each year, usually in November or December, you will receive a flyer that lists the rates for each NYSHIP plan option for the upcoming Plan year. Contact the Employee Benefits Division if you have any questions about the cost of your health insurance.

Military Active Duty

If you are a retiree or are in Preferred List status and are a member of an Armed Forces Reserve or a National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress, and have been enrolled in NYSHIP with dependent coverage for at least 30 days with an employer contribution toward the cost of coverage, your dependents will be eligible for up to 12 months of Family coverage at no cost. To arrange for this benefit if you are going on active military duty, you or a family member must contact the Employee Benefits Division and provide documentation of the dates you were called to active duty.

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare is primary to NYSHIP. You must follow NYSHIP rules to ensure that your coverage is not reduced or canceled. Do not depend on Medicare, your provider, another employer or your health plan for information about NYSHIP, since they may not be familiar with NYSHIP's rules. A change in Medicare's rules could affect NYSHIP's requirements.

COBRA enrollees: There are special rules for COBRA enrollees. Read "Medicare and COBRA" in *COBRA: Continuation of Coverage* on page 38, to determine if information in this section will apply to you.

Medicare: A Federal Program

This section provides a brief overview of Medicare. Check www.medicare.gov for complete and current information about Medicare.

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

If you have questions about Medicare eligibility, enrollment or cost, contact Social Security at 1-800-772-1213, 24 hours a day, seven days a week. TTY users should call 1-800-325-0778. You may also check the web site, www.ssa.gov.

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

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

Medicare Part B* covers doctors' services, outpatient hospital services, durable medical equipment and some other services and supplies not covered by Part A, and certain prescription drugs in specific situations.

* Medicare Parts A and B are referred to as "original Medicare."

Medicare Advantage plans, formerly referred to as Medicare Part C, have a contract with CMS to provide Medicare Parts A and B, and often Medicare Part D prescription drug coverage, as part of a plan that provides comprehensive health coverage.

Medicare Part D is the Medicare prescription drug benefit. Medicare Part D plans can either be a part of a comprehensive plan that provides hospital/medical coverage, or standalone plans that provide only prescription drug benefits.

The Combination of Medicare and NYSHIP Protects You

When you become eligible for Medicare as a retiree, vestee, Preferred List enrollee or dependent survivor enrolled in NYSHIP coverage, or when your enrolled dependent becomes eligible for Medicare that is primary to your NYSHIP Empire Plan or HMO coverage, it is the combination of health benefits under Medicare and NYSHIP that provides the most complete coverage. To maximize your overall level of benefits, it is important to understand:

- NYSHIP's requirements for enrollment in Medicare Parts A and B,
- how Medicare and NYSHIP work together, and
- how enrolling for other Medicare coverage may affect your NYSHIP coverage.

NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to your Empire Plan or HMO coverage. **Primary means Medicare pays health insurance claims first, before NYSHIP.** NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when they are first eligible for primary Medicare coverage.

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

If you return to work for the same employer that provides your NYSHIP retiree coverage, be sure to read *Reemployment*, page 34.

Empire Plan

When Medicare is primary to The Empire Plan for you and/or your covered dependents, The Empire Plan will coordinate hospital, medical and mental health and substance abuse benefits with your traditional Medicare Parts A and B coverage. However, your prescription drug coverage will be provided under Empire Plan Medicare Rx, a Medicare Part D plan with enhanced benefits. Refer to “Empire Plan Medicare Rx—A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees” page 30 of this section.

HMO enrollees

When Medicare becomes primary for you and/or your covered dependents, most NYSHIP HMOs will automatically enroll you in the HMO’s Medicare Advantage Plan. This means your HMO will provide both your Medicare and NYSHIP benefits. Your HMO will provide you with information regarding benefit changes and identification cards.

If you are enrolled in an HMO that coordinates benefits with Medicare, your coverage will be provided through a combination of traditional Medicare Parts A and B and HMO coverage. Your HMO will provide you with information regarding any changes in your benefits or cards.

To find out whether you will be enrolled in a Medicare Advantage Plan or whether your HMO will coordinate with Medicare when Medicare becomes primary to NYSHIP, contact your HMO.

When Medicare Eligibility Begins

Medicare eligibility begins:

- at age 65, or
- regardless of age, after being entitled to Social Security Disability Insurance (SSDI) benefits for 24 months; or
- regardless of age, after completing Medicare’s waiting period of up to three months due to end-stage renal disease (ESRD); or
- when receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS).

When Medicare Becomes Primary to NYSHIP

Medicare becomes primary to NYSHIP when:

- you no longer have NYSHIP coverage as the result of active employment (for example, you are covered as a retiree, vestee, Preferred List enrollee or dependent survivor, or you are covered as the dependent of one of these enrollees) and
- you are eligible for Medicare.

There are **two exceptions to this primacy rule**:

- End-stage renal disease: If you or your dependent is eligible for Medicare due to end-stage renal disease, contact Medicare at the time of diagnosis. Medicare becomes primary to NYSHIP when Medicare’s 30-month coordination period is completed.
- Domestic partners: Regardless of the enrollee’s employment status, Medicare is primary for a domestic partner who is eligible for Medicare due to age (65 or older). A domestic partner who is Medicare eligible due to disability and is under age 65 will receive primary coverage through NYSHIP while the

enrollee is an active employee of New York State. Medicare becomes primary to NYSHIP once the enrollee retires or otherwise separates from State service.

When You are Required to Have Medicare Parts A and B in Effect

The rules in this section apply to you if you live in one of the 50 United States or Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa. If you reside outside the United States or its territories, refer to “Expenses Incurred Outside the United States,” page 33.

The responsibility is yours: To avoid a reduction in the combined overall benefits provided under NYSHIP and Medicare, you must make sure that you and each of your covered dependents is enrolled in Medicare Parts A and B **when first eligible for primary Medicare coverage**. If you fail to enroll timely, Medicare may impose a late enrollment premium surcharge and NYSHIP will not cover any expenses incurred by you or your dependent that would have been covered by Medicare, had Medicare been in effect.

If you or a dependent is required to pay a premium for Medicare Part A coverage, contact the Employee Benefits Division. NYSHIP may continue to provide primary coverage for inpatient hospital expenses and you may delay enrollment in Medicare Part A until you become eligible for Part A coverage at no cost. See “Medicare Part A” on page 31.

When you are Medicare eligible due to age (65)

When to Apply:

Plan ahead.
Three months
before you turn
age 65, contact
Social Security to
enroll in Medicare
Parts A and B.

Medicare Parts A and B must be in effect on the first day of the month in which you/your dependent reaches age 65 (or, if your birthday falls on the first of the month, in effect on the first day of the preceding month).

Note: Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B in effect when Medicare becomes primary to NYSHIP.

Note: *If you get married and your spouse is age 65 or older, your spouse must be enrolled in Medicare Parts A and B. Be sure that Medicare is in effect beginning the date of the marriage.*

When you are Medicare eligible due to disability

When to Apply:

Be sure that
Medicare is
in effect when
you are eligible for
Medicare-primary
coverage due to
disability. Contact
Social Security to
find out when this
date will be.

If you or a covered dependent becomes eligible for Medicare due to disability prior to age 65 (refer to “When Medicare eligibility begins” on page 27 of this section), you/your dependent must have Medicare Parts A and B coverage in effect on the first day of eligibility for Medicare coverage that is primary to NYSHIP. In most cases, this will be the first date of Medicare eligibility.

If you are already receiving Social Security benefits, you may automatically be enrolled in Medicare Parts A and B by the Social Security Administration. However, it is your responsibility to ensure that your Medicare coverage is in place when Medicare is primary to NYSHIP.

If you or your dependent is eligible for Medicare due to end-stage renal disease, Medicare Parts A and B must be in effect on the first day following the completion of the 30-month coordination period.

End-stage renal disease

Special rules apply to people who have been diagnosed with end-stage renal disease. Contact Social Security for Medicare information if you or your dependent is being treated for end-stage renal disease or if you expect to receive a kidney transplant.

Waiting period: A person diagnosed with end-stage renal disease must complete Medicare's 3-month waiting period before being eligible to enroll in Medicare. This waiting period may be waived by Medicare if the person:

- has enrolled in a self-dialysis training program within the 3-month waiting period, or
- receives a kidney transplant within the 3-month waiting period.

30-month coordination period: Once the 3-month waiting period has been completed or waived, a 30-month coordination period will begin. Medicare must be in effect on the first day following the completion of the 30-month coordination period to avoid penalty. Or, you or your dependent may choose to enroll in Medicare during the coordination period. You will not be reimbursed for any Medicare premiums or IRMAA during the coordination period, because NYSHIP does not require Medicare to be in effect until it is complete.

How to Apply for Medicare Parts A and B

Social Security may send you a Medicare card with an option to decline enrollment in Part B. **Do not decline.** If you declined Part B when Social Security offered it to you and Medicare is your primary coverage, enroll now and send a photocopy of your new card to the Employee Benefits Division.

You can sign up for Medicare Parts A and B by phone or by mail. Contact the Social Security Administration office at 1-800-772-1213. Or, you may visit your local Social Security Administration office. Information about applying for Medicare is also available at www.ssa.gov.

Enrollment in Additional Medicare Plans

Medicare allows enrollment in only one Medicare product at a time. Therefore, when Medicare is primary to NYSHIP enrolling in a Medicare Part D plan, a Medicare Advantage plan or another Medicare product in addition to your NYSHIP coverage may result in cancellation of your NYSHIP benefits or otherwise drastically reduce your benefits. This includes Medicare products that you or your covered dependents may be enrolled in through another employer (yours or your spouse's). This may occur because you or your dependent:

- is covered as a dependent in another plan
- has additional coverage through a previous employer
- enrolled in a standalone Medicare Plan

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 NYSHIP or the Employee Benefits Division.

Empire Plan Medicare Rx—A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees*

* If you receive prescription drug benefits through a union Employee Benefit Fund, this section does not apply to you.

Prescription drug coverage for Medicare-primary Empire Plan enrollees and dependents

When you and your enrolled dependents become Medicare primary, each of you is automatically enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug program designed especially for The Empire Plan. Enrollment in Empire Plan Medicare Rx is required in order for you to continue your coverage in The Empire Plan. You do not have the option to decline enrollment in Empire Plan Medicare Rx. Exceptions apply, see below.

You and your enrolled dependents will each begin to receive notices and publications about Empire Plan Medicare Rx as the Medicare eligibility date approaches. When you receive your information packet, you will be given the option to decline enrollment in Empire Plan Medicare Rx, as required by CMS. **If you decline Empire Plan Medicare Rx, you will cancel all Empire Plan coverage, including hospital, medical/surgical, mental health and substance abuse and prescription drug benefits.** If you are the enrollee, Empire Plan coverage for you and each of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.

The Employee Benefits Division will attempt to enroll you automatically in Empire Plan Medicare Rx. If you have other retiree coverage through a spouse, please refer to “Other Medicare prescription drug plans,” page 30. Although in most cases you are not required to take any action, contact the Employee Benefits Division immediately if:

- your automatic enrollment is rejected by CMS (for example, because you have no physical address on record), or
- if you are later disenrolled because you enroll in another Medicare Part D plan.

If your enrollment is rejected or if you are disenrolled, you will receive information from the Prescription Drug Program Administrator.

Also contact the Employee Benefits Division if you or your dependent is:

- receiving Extra Help,
- confined in a skilled nursing facility, or
- disabled and enrolled in an approved Medicare Special Needs Plan (SNP) or Medicaid.

Other Medicare prescription drug plans

Under Medicare rules, you can be enrolled in only one Medicare Part D plan at a time. If you enroll in another Medicare Part D plan after you are enrolled in Empire Plan Medicare Rx, Medicare will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage—including your hospital, medical/surgical, mental health and substance abuse services—will end. If you are the enrollee, Empire Plan coverage for you and each of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.

Empire Plan Medicare Rx ID card

Every Medicare-primary Empire Plan enrollee and every Medicare-primary dependent receives a separate, individualized prescription drug ID card (refer to page 44 of the *Appendix* for a sample). Each card provides a new unique ID number to be used at a network pharmacy when filling your prescription medications. You will receive this card and other Empire Plan Medicare Rx material from the Prescription Drug Program administrator.

Keep your Empire Plan benefit card(s) for other benefits

Continue to use your Empire Plan benefit card (see *Identification Cards*, page 22) for all other Empire Plan benefits including hospital services, medical/surgical services, mental health and substance abuse services and prescriptions covered under Medicare Part B. Enrollees and dependents who are not Medicare primary will continue to use their Empire Plan benefit card for prescriptions.

Medicare Costs, Payment and Reimbursement of Certain Premiums

When you are required to enroll in Medicare (as explained in “When You are Required to Have Medicare Parts A and B in Effect” on page 28 of this section), you will be subject to a premium for Medicare Part B, and, in some cases, you will also be responsible for other Medicare premiums. Each year, the Social Security Administration will send you a letter that explains what your cost for Medicare will be for the coming plan year.

Medicare Part A

For most people, there is no premium for Medicare Part A coverage.

If you or your dependent does not meet certain Social Security requirements, you may be required to pay a premium for Medicare Part A. In these cases, NYSHIP does not require enrollment in Medicare Part A. If you choose to enroll, NYSHIP will not reimburse you for the Medicare Part A premium. Be sure to call the Employee Benefits Division to confirm that you are not required to enroll; if you mistakenly decline enrollment in Medicare Part A, it could be very costly to you.

Medicare Part B premium

Standard Medicare Part B premium

The Standard Medicare Part B premium may change annually. You will be responsible for a Medicare Part B premium for your coverage and for any covered dependents enrolled in Medicare when Medicare is primary to NYSHIP. The amount of the Standard Medicare Part B premium is available on www.medicare.gov.

Medicare Part B IRMAA

In addition to the standard premium for Medicare Part B, Medicare enrollees with a higher Modified Adjusted Gross Income (MAGI) pay an additional Income-Related Monthly Adjustment Amount (IRMAA), a Medicare premium amount adjusted for their income, for Part B coverage. If you are required to pay a Medicare Part B IRMAA, that amount will be included in your Social Security annual award letter. If eligible, NYSHIP will reimburse you for this amount. See “Medicare Part B IRMAA reimbursement” in this section.

If you do not pay your Medicare Part B IRMAA, your Medicare Part B coverage will be canceled and your NYSHIP coverage will be drastically reduced.

How you pay

You will pay premiums for Medicare Part B in one of three ways:

- Deductions from your Social Security checks
- Deductions from your Railroad Retirement Board pension
- Direct payments to Social Security

Medicare Part B premium reimbursement

When you or your dependent is required to enroll in Medicare (as described in “When You are Required to Have Medicare Parts A and B in Effect” on page 28 of this section), NYSHIP will reimburse you the Medicare Part B premium and Medicare Part B IRMAA. You are not entitled to a reimbursement from NYSHIP if:

- you receive reimbursement from another source, or
- the premium is being paid on your behalf by another entity (such as Medicaid)

You are required to notify the Employee Benefits Division if either of the above circumstances applies to you.

NYSHIP will not reimburse any late enrollment penalties assessed by Medicare. If you choose to enroll in Medicare when you are eligible but not required to enroll, NYSHIP will not reimburse the Medicare Part B premium or any IRMAA.

If you or your dependent is over age 65 and required to enroll in Medicare, the standard Medicare Part B premium is reimbursed automatically. If you or your dependent is required to enroll in Medicare because of disability, contact the Employee Benefits Division to apply for reimbursement.

Standard Medicare Part B premium reimbursement

The Medicare Part B standard premium will be reimbursed in one of the following ways:

- *Credits applied to pension check:* If you receive a pension check, any reimbursement for Medicare Part B premium will be included in the check. If your pension is direct deposited, this amount will appear in the cell labeled “Medicare Credit,” under the heading “Health Insurance” on the *Notice of Change* document. If you receive a check, it will be shown as a Medicare credit on your retirement check stub. (See samples on pages 45 and 46 of the *Appendix*.)
- *Credits applied to monthly bills from the Employee Benefits Division:* If you make direct payments to the Employee Benefits Division, reimbursements will be credited toward your monthly NYSHIP premium payments. If your Medicare reimbursement exceeds your health insurance premium, the Office of the State Comptroller will issue you a quarterly refund for the difference.
- *Credits applied to beneficiary checks for dependent survivors:* Dependent survivors can request to receive reimbursement as a credit on the beneficiary checks from the New York State and Local Employees’ Retirement System or Teachers Retirement System. (Dependent survivors who make direct payments to the Employee Benefits Division will receive reimbursement as a credit toward monthly premiums or as a quarterly refund.)

Medicare Part B IRMAA reimbursement

Medicare Part B IRMAA is reimbursed annually; contact the Employee Benefits Division to apply. You will be required to provide:

- a copy of the letter the Social Security Administration sent to notify you of the amount you are responsible for paying, and
- proof of payment; for example, a copy of SSA-1099, which SSA will provide to you in January for payments made the prior year or copies of billing statements from CMS.

Refer to the letter “Reimbursement Notice of Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA),” mailed annually and available on page 50 of the *Appendix* and on <https://www.cs.ny.gov> under the *Medicare* link.

Medicare Part D

The Empire Plan and many NYSHIP HMO Medicare Advantage Plans provide Medicare Part D coverage as a component of your health plan. In these cases, the standard Medicare Part D premium is a component of your total health premium. However, you may be responsible for a Medicare Part D Income Related Monthly Adjustment Amount (IRMAA), a higher premium based on income. If you do not pay the Medicare Part D IRMAA, Medicare will cancel your Medicare Part D coverage, which will result in the cancellation of your NYSHIP Empire Plan or Medicare Advantage Plan coverage, including your dependents’ coverage if you have Family coverage. NYSHIP does not reimburse you for the Medicare Part D premium.

Your Claims When Medicare is Primary

When Medicare and NYSHIP are your only coverage

If you are enrolled in The Empire Plan or in a NYSHIP HMO that coordinates coverage with Medicare, benefits are paid in the following order:

1. Medicare
2. NYSHIP (Empire Plan or HMO)

If you have questions about claims coordination with Medicare, contact your health plan.

If you are enrolled in a NYSHIP HMO that offers a Medicare Advantage Plan, the HMO provides your Medicare benefits and there is no coordination of coverage between Medicare and NYSHIP.

When you have coverage in addition to Medicare and NYSHIP

If you and/or your dependent also has coverage as an active employee through an employer other than New York State, the active employee coverage through that plan pays before Medicare.

If you or your spouse has group coverage through a former employer other than New York State, reference the materials provided by each plan and contact your health plan for details regarding coordination of benefits.

Expenses Incurred Outside the United States

Medicare does not cover medical expenses incurred outside the United States.

Traveling outside the United States

Empire Plan enrollees

For covered services received outside the United States, file claims directly with The Empire Plan (see *Contact Information*, page 61). For more information, refer to your *Certificate of Coverage* and the publication *On The Road With The Empire Plan*.

HMO enrollees

Check with your HMO regarding coverage for services received outside the United States.

Residing outside the United States

If you reside outside the United States, The Empire Plan is your only available coverage through NYSHIP.

Because Medicare will not cover any expenses for services received outside the United States, NYSHIP does not require you to be enrolled in Medicare if your permanent residence is outside the United States. If you choose to enroll, NYSHIP will reimburse premiums only for the months in which you received services in the United States.

If you will be residing outside the United States, you must notify the Employee Benefits Division (in writing). NYSHIP will provide your primary coverage for services received outside the United States and any Medicare Part B premium reimbursement will end. If you are enrolled in a NYSHIP HMO and move outside the country, you are moving outside your HMO's service area and you must change to The Empire Plan to maintain NYSHIP coverage.

If you return temporarily to the United States for medical treatment and you maintained enrollment in Medicare, Medicare will be primary. Contact the Employee Benefits Division for information on Medicare premium reimbursement. If you did not maintain enrollment in Medicare, contact the Employee Benefits Division. For information about filing claims, refer to your *Empire Plan Certificate of Coverage* and the publication *On The Road with The Empire Plan*.

Returning permanently to the United States

If you permanently move back to the United States and maintained Medicare Part B coverage, notify the Employee Benefits Division of your new address, and Medicare Part B premium reimbursement will resume.

If you permanently move back to the United States and you did not maintain Medicare Part B coverage you should do the following:

- Contact Social Security for information about how and when you can establish Medicare coverage. If Medicare coverage will not be in effect at the time you return to the United States, contact the Employee Benefits Division.
- Contact the Employee Benefits Division when you return and provide your new address and a copy of your current Medicare card. Reimbursement for Medicare Part B premium and IRMAA will resume. You may also change from The Empire Plan to a NYSHIP HMO that serves the area where you live or work when you return to the country.

Provide Notice if Medicare Eligibility Ends

If Medicare eligibility ends for you or your dependent, you must notify the Employee Benefits Division in writing.

You must refund Medicare premium reimbursement you were not eligible to receive

If you receive reimbursement for Medicare Part B premiums or IRMAA for yourself or a dependent when you are not eligible or when the premiums are reimbursed by another source, you will be required to repay amounts that were incorrectly reimbursed.

Questions

Call the Employee Benefits Division if you have questions about:

- NYSHIP requirements, including when you must enroll in Medicare
- Premium reimbursement
- Whether enrolling in other coverage will affect your NYSHIP coverage
- Which plan is responsible for paying claims

Call the Social Security Administration if you have questions about:

- Your Medicare premium
- How to pay your Medicare premium
- How to enroll in Medicare
- Whether you qualify for Medicare

Reemployment

With New York State, in a Benefits-Eligible Position

If you are reemployed by New York State in a benefits-eligible position, your status in NYSHIP and Medicare may be affected. For additional information on how your NYSHIP and Medicare coverages will be affected, contact your agency Health Benefits Administrator and ask for the flyer *Back to Work for New York State* and a *General Information Book for Active Employees of New York State*.

Effect on NYSHIP status: Choose Active or Retiree Coverage

If you are reemployed by New York State in a benefits-eligible position, you may choose to be covered in NYSHIP as either an active employee or as a retiree. You must choose; you cannot be enrolled in both. To help make a decision, ask your agency Health Benefits Administrator for materials that apply to both employees and retirees.

Effect on Medicare status

Most enrollees and their spouses

During your period of reemployment in a benefits-eligible position, NYSHIP will provide primary coverage for you and/or your enrolled spouse eligible for Medicare due to age (Medicare will provide secondary coverage). Because NYSHIP provides primary coverage:

- You may each choose to either maintain enrollment in Medicare or to suspend Medicare Part B coverage.
- You will not be reimbursed by NYSHIP for Medicare Part B premiums or IRMAA. Your choice to enroll in active or retiree coverage and your choice to continue or suspend Medicare enrollment during the period of reemployment will have no effect on eligibility for Medicare Part B premium and IRMAA reimbursement.

If you or your spouse chose to suspend Medicare Part B coverage during your period of reemployment, you must contact Social Security to resume Medicare Part B coverage when you retire again, or otherwise separate from State service. Medicare will offer you a Special Enrollment Period due to the change in employment status. (Be sure to ask for one if it is not offered to you). It is your responsibility to ensure Medicare coverage is in effect at the time your active coverage ends—the first day of the month following the day you stopped working or left the payroll, whichever is later.

Enrollees and dependents who are Medicare primary due to end-stage renal disease or as a domestic partner

If you are reemployed by New York State in a benefits-eligible position, there is no change to the Medicare status for anyone who is Medicare primary due to end-stage renal disease or for a domestic partner eligible for Medicare due to age.

Notification of reemployment

You must notify the Employee Benefits Division if you are reemployed in a benefits-eligible position with New York State. If you choose to be covered as an employee, ask your agency Health Benefits Administrator what date your coverage will change from retiree to active, and provide that date to the Employee Benefits Division. This is the date that NYSHIP will resume providing coverage primary to Medicare under the circumstances described in the preceding section. The NYSHIP plan you are enrolled in will be notified of your reemployment to ensure that claims are paid appropriately.

Employment With Another NYSHIP Employer

If you are employed by an employer other than New York State that offers NYSHIP coverage, your Medicare status will not be affected unless you elect active coverage.

End Dates for Coverage

If you or your dependent is no longer eligible for NYSHIP coverage, in certain cases coverage may be continued under COBRA (see *COBRA: Continuation of Coverage*, page 37).

You, the Enrollee

Loss of eligibility

If you lose eligibility for NYSHIP coverage (for example, if your coverage is canceled because you failed to pay the premium or your year of Preferred List coverage ends), coverage will end on the last day of the month in which you lost eligibility. If you are enrolled in Family coverage and you lose eligibility, your dependents' coverage ends on the same date your coverage ends.

Suspending retiree coverage

If you choose to suspend your retiree coverage, your coverage will end on the last day of the last month that you paid the NYSHIP premium.

Consequences

If you die while your coverage is canceled or suspended, your dependents will have no right to continue coverage as dependent survivors.

If you are a vestee, refer to the section *Vestee Coverage* (page 9) for consequences of terminating coverage.

Dependent Loss of Eligibility

Contact the Employee Benefits Division as soon as your dependent no longer qualifies for coverage.

If you choose to change from Family to Individual coverage when your dependents are still eligible, coverage for your dependents will end on the last day of the month in which you request this change.

Children

Coverage for most dependent children ends on the last day of the month in which the child reaches age 26 (or adjusted age 26, for dependent children with qualifying military service). Coverage for your former spouse's children will end on the date of divorce, and coverage for your domestic partner's children will end on the effective date of the dissolution of domestic partnership. In certain cases, coverage ends when the child no longer meets specific eligibility requirements (refer to "Your disabled child" on page 16 and "Other children" on page 16 for special eligibility requirements). Your child up to age 30 may be eligible to enroll in NYSHIP coverage under the Young Adult Option (see *Young Adult Option*, page 42).

Dependents who lose eligibility and then reestablish dependent eligibility may reenroll. Unmarried, disabled dependent children who lost eligibility can be covered under NYSHIP if the same disability that qualified them as a disabled dependent again renders them incapable of self-support. Appropriate documentation will be required.

Former spouse

Coverage ends for your former spouse on the date that the judgment of divorce is entered (filed) with the clerk of the court.

Former domestic partner

Coverage ends for your former domestic partner on the effective date of the dissolution of the domestic partnership. (Submit the completed form *Termination of Domestic Partnership* [PS-425.4] to the Employee Benefits Division.)

COBRA: Continuation of Coverage

Federal and State Laws

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows enrollees and their families to continue their health coverage in certain instances when coverage would otherwise end. In addition to the federal COBRA law, the New York State continuation coverage law, or “mini-COBRA,” extends the continuation period. Together, the federal COBRA law and NYS “mini-COBRA” provide 36 months of continuation coverage. Both laws are collectively referred to as “COBRA” throughout this book.

COBRA enrollees pay the full cost of coverage, plus a 2 percent administrative fee. There is no employer contribution to the cost of coverage. See “Costs Under COBRA” later in this section.

Benefits Under COBRA

COBRA benefits are the same benefits offered to retirees and dependents enrolled in the New York State Health Insurance Program (NYSHIP). You must apply for COBRA within 60 days from the date of loss of eligibility. (See “Deadlines Apply,” page 41). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

A NYSHIP enrollee who is no longer covered through active employment has the right to COBRA coverage if:

- eligibility for NYSHIP is lost as a result of a reduction in hours of employment or termination of employment, for example, the one-year coverage allowed/provided under Preferred List provisions is exhausted. **Note:** Preferred List enrollees may be eligible to continue coverage as a retiree (page 4) or vestee (page 9).

Dependents who are qualified beneficiaries

Dependents who are qualified beneficiaries have an independent right to up to 36 months of COBRA continuation coverage (from the time of the enrollee’s initial COBRA-qualifying event), and may elect Individual coverage. To be considered a qualified beneficiary, a dependent must:

- have been covered at the time of the enrollee’s initial COBRA-qualifying event, or
- be a newborn or newly adopted child added to coverage within 30 days of birth or placement for adoption.

In no case will any period of continuation coverage be more than 36 months from the initial COBRA-qualifying event.

Spouse/domestic partner

The covered spouse or domestic partner of a NYSHIP enrollee has the right to COBRA as a qualified beneficiary if coverage under NYSHIP is lost as a result of:

- divorce
- termination of domestic partnership
- legal separation (legal separation does not automatically result in loss of NYSHIP coverage for the spouse)
- death of the enrollee
- the COBRA enrollee’s eligibility for Medicare

Dependent children

The covered dependent child of a NYSHIP enrollee has the right to COBRA as a qualified beneficiary if coverage under NYSHIP is lost as the result of:

- a child's loss of eligibility as a dependent under NYSHIP (e.g., due to age)
- parents' divorce or termination of domestic partnership
- parents' legal separation (legal separation does not automatically result in loss of NYSHIP coverage for a stepchild)
- death of the enrollee
- the COBRA enrollee's eligibility for Medicare

A COBRA enrollee's newborn child or a child placed for adoption with a COBRA enrollee is considered a qualified beneficiary if coverage for the child is requested within 30 days of the date of birth or adoption. (See "Covering Newborns," page 19, in *Coverage: Individual or Family* for enrollment rules.)

Dependents who are not qualified beneficiaries

An eligible dependent may be added to COBRA coverage at any time, in accordance with NYSHIP rules (see *Dependent Eligibility* on page 15 and *Coverage: Individual or Family* on page 19). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary (with the exception of a newborn or newly adopted child added within 30 days). Dependents who are not qualified beneficiaries may only maintain coverage for the remainder of the enrollee's eligibility for COBRA continuation coverage.

Dependent survivors

If a surviving spouse remarries, eligibility for Dependent Survivor coverage is lost. (See "Loss of Eligibility for Dependent Survivor Coverage" in *Dependent Survivor Coverage*, page 15.)

Medicare and COBRA

When NYSHIP requires you or your enrolled dependent to enroll in Medicare, your NYSHIP COBRA coverage will be affected differently depending on which coverage you were enrolled in first. Read the section "When You are Required to Have Medicare Parts A and B in Effect" in *Medicare and NYSHIP*, page 28, to be sure you know when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you are required to enroll in Medicare, your NYSHIP COBRA coverage ends at the point when Medicare enrollment is effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA coverage for the remainder of the 36 months of COBRA continuation coverage (see "Continuation of Coverage Period" on page 39 of this section). If you choose not to enroll in Medicare, your COBRA benefits will be drastically reduced (see "When You Are Required to have Medicare Parts A and B in Effect", on page 28 of the section *Medicare and NYSHIP*).
- If you are already covered under Medicare when you elect COBRA coverage, your Medicare coverage will pay first. When enrolled in COBRA, Medicare is your primary coverage. If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your NYSHIP coverage will be canceled or substantially reduced.

Deadlines Apply

Once notified of a COBRA-qualifying event, the Employee Benefits Division will mail an application for COBRA coverage. Be sure to read the application carefully. To continue coverage, the application must be completed and returned by the response date noted on the form.

Notification of dependent's loss of eligibility

To be eligible for COBRA continuation coverage, the enrollee or covered dependent must notify the Employee Benefits Division within 60 days from the date a covered dependent is no longer eligible for NYSHIP coverage, for reasons such as:

- a divorce
- termination of a domestic partnership
- a child's loss of eligibility as a dependent under NYSHIP (see *Dependent Eligibility*, page 15)

Other people acting on your behalf may provide written notice of a COBRA-qualifying event to the Employee Benefits Division.

If the Employee Benefits Division does not receive notice in writing within that 60-day period, the dependent will not be entitled to choose continuation coverage.

60-day deadline to elect COBRA

You must elect continuation coverage within **60 days** from the date you would lose coverage due to a COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation coverage, whichever is later.

Costs Under COBRA

COBRA enrollees pay 100 percent of the premium for continuation coverage, plus a 2 percent administrative fee. The Employee Benefits Division will bill you for the COBRA premiums.

45-day grace period to submit initial payment

COBRA enrollees will have an initial grace period of 45 days to pay the first premium, starting from the date continuation coverage is elected. Since the 45-day grace period applies to all premiums due for periods of coverage prior to the date of the election, several months' premiums could be due. Once you elect COBRA continuation coverage, you will receive monthly bills for coverage from the Employee Benefits Division.

30-day grace period

After the initial 45-day grace period, enrollees will have a 30-day grace period from the premium due date to pay subsequent premiums.

Payment is considered made on the date of the payment's postmark.

Continuation of Coverage Period

You and your eligible dependents may have the opportunity to continue coverage under COBRA for up to 36 months.

If you lose COBRA eligibility prior to the end of the 36-month continuation coverage period, the duration of your dependents' coverage is as follows:

- **Dependents who are qualified beneficiaries:** COBRA continuation coverage may continue for the remainder of the 36 months.
- **Dependents who are not qualified beneficiaries:** COBRA continuation coverage will end when your coverage ends.

Survivors of COBRA enrollees

If you die while you are a COBRA enrollee in NYSHIP, your enrolled dependents who are qualified beneficiaries will be eligible to continue COBRA coverage for up to 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract (see page 41).

Choice of NYSHIP Plan Options

When you continue NYSHIP coverage under COBRA, the NYSHIP plan option that provided coverage before you enrolled in COBRA will continue to provide coverage after you enroll in COBRA.

COBRA enrollees may change to a different NYSHIP plan option once during a 12-month period or after experiencing specific qualifying life events (such as moving out of an HMO service area).

Dependents who are qualified beneficiaries may also change to Individual coverage and change plans once during a 12-month period or after experiencing specific qualifying life events.

Refer to “Changing Plans” in *Options Under NYSHIP* on page 21 for information.

When You No Longer Qualify for COBRA Coverage

COBRA continuation coverage will end for the following reasons:

- The premium for your continuation coverage is not paid on time.
- The continuation period of up to 36 months ends.
- The enrollee or enrolled dependent becomes eligible for Medicare.
- New York State no longer provides group health care coverage to any of its employees.

To Cancel COBRA

Notify the Employee Benefits Division in writing if you want to voluntarily cancel your COBRA coverage. (See “Model Letter for Contacting the Employee Benefits Division” on page 60 of the *Appendix*.)

Conversion Rights After COBRA Coverage Ends

At the end of your COBRA continuation coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan’s Medical/Surgical Program administrator (see *Contact Information*, page 61) if you are enrolled in The Empire Plan, or with your HMO if you are enrolled in an HMO.

If you choose COBRA coverage, you must exhaust those benefits before converting to a direct-pay contract. If you choose COBRA coverage and fail to make the required payments or cancel coverage for any reason, you will not be eligible to convert to a direct-pay policy.

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums, and you can see what your premium, deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan).

Contact Information

If you have any questions about COBRA, please contact the Employee Benefits Division.

Direct-Pay Conversion Contracts

After NYSHIP coverage ends, or after eligibility for continuation coverage under COBRA ends, certain enrollees and their covered dependents are eligible for coverage through a direct-pay conversion contract. The benefits and the premium for direct-pay conversion contracts will be different from what you had under NYSHIP.

If you are enrolled in an HMO, refer to your HMO contract or contact your HMO for information about your eligibility for coverage after your NYSHIP coverage ends. Notification procedures and deadlines vary among HMOs.

The remainder of this section only applies to Empire Plan enrollees.

Empire Plan Conversion

The Empire Plan offers direct-pay conversion policies.

Eligibility

Empire Plan enrollees and/or covered dependents who lose eligibility for coverage for any of the following reasons may convert to a direct-pay contract:

- Loss of eligibility for coverage as a dependent.
- Death of the enrollee (when the dependent is not eligible to continue coverage as a dependent survivor, as explained in *Dependent Survivor Coverage*, page 12).
- Eligibility for COBRA continuation coverage ends.

A direct-pay conversion contract is not available to enrollees and/or covered dependents who:

- voluntarily cancel their coverage,
- had coverage canceled for failure to pay the NYSHIP premium,
- have existing coverage that would duplicate the conversion coverage, or
- are eligible for Medicare because of age.

Deadlines apply

You should receive written notice of any available conversion rights within 15 days after your coverage ends.

Your application for a direct-pay conversion policy and the first premium must be submitted within:

- 45 days from the date your coverage ends, if you receive the notice within 15 days after your coverage ends.
- 45 days from the date you receive the notice, if you receive written notice more than 15 days but less than 90 days after your coverage ends.
- 90 days from the date your coverage ends, if no notice of the right to convert is given.

No notice for certain dependents

Written notice of conversion privileges will not be sent to dependents who lose their status as eligible dependents. For a direct-pay conversion contract, these dependents must apply within 45 days of the date coverage terminated.

How to request direct-pay conversion contracts

To request a direct-pay conversion policy, write to the Empire Plan Medical/Surgical Program administrator. (See *Contact Information*, page 61.)

Young Adult Option

The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP.

Eligibility

To enroll in NYSHIP under the Young Adult Option, the young adult must be:

- a child, adopted child, child of a domestic partner or stepchild of a NYSHIP enrollee (including those enrolled under COBRA)
- age 29 or younger
- unmarried
- not eligible for coverage through the young adult's own employer-sponsored health plan, provided that the health plan includes both hospital and medical benefits
- living, working or residing in New York State or the plan's service area
- not covered under Medicare

Eligibility for NYSHIP enrollment under the Young Adult Option ends when one of the following occurs:

- The young adult's parent is no longer a NYSHIP enrollee.
- The young adult no longer meets the eligibility requirements for the Young Adult Option, as outlined above.
- The NYSHIP premium for the young adult is not paid in full within the 30-day grace period.

The young adult has no right to COBRA coverage when coverage under the Young Adult Option ends.

Cost

There will be no contribution by the State toward the cost of the Young Adult Option. The young adult or his or her parent is required to pay the full cost of the premium for Individual coverage for the NYSHIP option selected.

Available Coverage

A young adult may enroll in any NYSHIP health plan for which the young adult is eligible. The young adult is not required to enroll in the same coverage option as the parent.

Enrollment Rules

Either the young adult or his or her parent may enroll the young adult in the Young Adult Option, and either may elect to be billed for the young adult's NYSHIP premium.

A young adult can enroll in the Young Adult Option under the following circumstances:

• When NYSHIP coverage ends due to age

If the young adult no longer qualifies as a parent's NYSHIP dependent due to age, he or she can enroll in the Young Adult Option within 60 days of the date eligibility is lost. Coverage is retroactive to the date that the young adult lost coverage due to age. This is the only circumstance in which the Young Adult Option will be effective on a retroactive basis.

• During the Young Adult Option Open Enrollment Period

Coverage may be elected during the Young Adult Option annual 30-day Open Enrollment Period. Coverage will be effective no later than 30 days after NYSHIP receives written notice of the election and payment of the first month's premium.

- **When newly qualified due to a change in circumstances**

If the young adult has a change of circumstances that allows him or her to meet eligibility requirements for the Young Adult Option, he or she can enroll in the Young Adult Option within 60 days of the date of the change in eligibility. Examples of change of circumstances include a young adult's loss of employer coverage, change of young adult's residence into New York State or plan's service area, or the young adult's divorce.

When Young Adult Option Coverage Ends

Young Adult Option coverage ends on the last day of the month in which eligibility for coverage is lost or on the last day of the month in which voluntary cancellation is requested.

Questions

If you have any questions concerning eligibility, please contact the Employee Benefits Division.

Appendix

Empire Plan benefit card

Present this card whenever you or your covered dependents receive services or supplies. Medicare primary enrollees and dependents may have a separate card for prescription drugs.

THE EMPIRE PLAN
NYSHIP

123456789

JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE
MARY EMPIRE PLAN ENROLLEE



For enrollee services, precertification & provider relations, please call:

**1-877-7-NYSHIP
(1-877-769-7447)**

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.
Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.


 **Blue Cross Prefix: YLS**

Submit medical provider claims in accordance with your participating provider agreement.
UnitedHealthcare 

All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.
Administered by the New York State Department of Civil Service.


Empire Plan Medicare Rx card

Medicare-primary Empire Plan enrollees and dependents use this card to fill prescriptions.

SILVERSCRIPT 

**Prescription Drug Plan Administered by
CVS Caremark Part D Services, LLC**

RXBIN: XXXXXX
RXPCN: XXXXXX
RXGRP: XXXXXX
ISSUER (80840): 9151014609
ID: XXXXXXXXXXXX
NAME: JOHN Q PUBLIC

MedicareRx
Prescription Drug Coverage 

S5601 811

Submit Medicare Part D Paper Claims to:
Claims Form Processing
P.O. Box 52066
Phoenix, AZ 85072-2066

Empire Plan Medicare Rx Customer Care:
1-877-769-7447 and select option 4
24 hours a day, 7 days a week
TTY: 1-866-236-1069

Pharmacy Help Desk For Providers:
1-866-693-4620

EmpirePlanRxProgram.com



Claims administered by CVS Caremark Part D Services, LLC.

Notice of Change Document

If your NYSHIP premium is deducted from your NYSLERS pension, and you receive your pension by direct deposit, you will receive this document annually when premium rates change. You will also receive this document at any time there is a change to the credits or deductions listed on the document.

NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2014.

Registration #: YTD Federal Tax Withheld: \$0.00
 Retirement #:

The credits and deductions which make up your net retirement benefits are shown below for the last month and this month. Items which will change this month are indicated by an *.

| | <u>Last</u> <u>Month</u> | | <u>This</u> <u>Month</u> |
|--------------------------------------|-----------------------------|---|-----------------------------|
| A → <u>Benefits</u> | | | |
| Normal Allowance | \$2,955.53 | | \$2,955.53 |
| Cost of Living | \$15.00 | | \$15.00 |
| Supplemental Allowance | \$0.00 | | \$0.00 |
| Benefit Adjustments | \$14.50 | * | \$0.00 |
| Gross Benefit | \$2,985.03 | * | \$2,970.53 |
| <u>Miscellaneous Adjustments</u> | | | |
| Total Federal Withholding Tax | \$0.00 | | \$0.00 |
| Miscellaneous Deductions | \$0.00 | | \$0.00 |
| <u>Health Insurance</u> | | | |
| B → Health Ins. Deduction | \$364.47 | | \$372.25 |
| C → Medicare Credit | \$104.90 | | \$104.90 |
| D → Medicare Deduction | \$0.00 | | \$0.00 |
| Net Retirement Benefit Paid | \$2,725.46 | * | \$2,703.18 |

This difference is due to changes in your basic benefits. You should have already been advised regarding this matter.

I hope this information is helpful to you. If you have any questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany area.

- A** “Benefits” refers to your pension benefits, not your health insurance benefits.
- B** Your “Health Insurance Deduction” is the monthly amount you are responsible for paying, after any sick leave credit you may have is applied to the monthly premium for the option and coverage you have selected. The *Health Insurance Choices and Rates* packet, mailed to you each fall, includes the amount of your sick leave credit (if applicable).
- C** “Medicare credit” shows your monthly reimbursement for the standard Medicare Part B premium, if applicable.
- D** For most retirees, the Medicare premium is withheld from their Social Security check. This line only applies to retirees who do not have their Medicare premium withheld from their Social Security check.

Retirement Check

If your NYSHIP premium is deducted from monthly NYSLERS retirement checks mailed to your home, your retirement check will reflect the amount deducted for health insurance coverage and any Medicare credits.



NEW YORK STATE & LOCAL RETIREMENT SYSTEMS

Name:
Retirement #:

Check #
Date: April 30, 2014
Registration #:

| | | | | | |
|---------------------|-----------------------------|-----------------|--|--|------------------|
| NORMAL ALLOWANCE | C. O. L. A/ SUPPLEMENTAL | MEDICARE CREDIT | | | GROSS TOTAL |
| \$2,955.53 | \$15.00 | \$104.90 | | | \$3,075.43 |
| FEDERAL WITHHOLDING | INSURANCE PREMIUM | | | | TOTAL DEDUCTIONS |
| | \$372.25 | | | | \$372.25 |
| | | | | | CHECK AMOUNT |
| | | | | | \$2,703.18 |

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER.

If you have questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at 1-866-805-0990, or 518-474-7736 in the Albany, New York area.

You may also call this number to request a direct deposit enrollment form. With direct deposit, funds are deposited directly into your account, replacing the traditional "check in the mail." Direct deposit is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

Bill from the Employee Benefits Division

If you receive a monthly bill directly from the Employee Benefits Division for NYSHIP coverage, your bill will show the cost of your NYSHIP coverage, the period you are being billed for, the plan you are enrolled in, and the type of coverage you are enrolled in (Individual or Family).

0000115451R011000724598X

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
PO BOX 3799
NEW YORK, NY 10008-3799

Make your check or money order payable to:
NYS Employee Insurance Pending Account

DO NOT SEND CASH

PAYMENT DOES NOT ESTABLISH ELIGIBILITY FOR BENEFITS;
PAYOR MUST SATISFY ELIGIBILITY REQUIREMENTS

ENROLLEE, JANE
12 MAIN ST
ANYTOWN, NY 11111

| | |
|-----------------|-------------|
| Benefit Program | ROI |
| Due Date | 07/31/2014 |
| Amount Due | \$ 1,154.51 |

Amount Paid

DETACH HERE AND RETURN THIS PART WITH YOUR PAYMENT

--RETAIN THIS PART FOR YOUR RECORDS--

NEW YORK STATE DEPT. OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
EMPIRE STATE PLAZA CORE BUILDING 1, 2ND FLOOR
ALBANY, NY 12239
Outside Continental US/ALBANY 518-457-5754
Continental US 1-800-833-4344

Page 1 of 1

BILLING STATEMENT AS OF 07/03/2014
FOR PERIOD ENDING 08/31/2014
DUE DATE 07/31/2014

Name: ENROLLEE, JANE

Benefit Program: ROI

| Date | Activity Type | | Benefit Type | Plan Type | Benefit Plan | Coverage | Units | Amount |
|---|---------------|--------------|--------------|-----------|--------------|----------|-------|--------------------|
| Beginning Balance | | | | | | | | \$ 83.77 |
| A → 06/01/14 | CHRG | Prior Period | Retiree | Medical | EMPIRE | Family | 2 | 744.50 |
| B → 06/01/14 | SKLV | Prior Period | | Medical | EMPIRE | Family | 2 | 86.52CR |
| | 08/01/14 | ADMN | Retiree | Dental | PREFERRED | Family | 1 | 1.46 |
| | 08/01/14 | ADMN | Retiree | Vision | DAVIS | Family | 1 | 0.19 |
| C → 08/01/14 | CHRG | | Retiree | Medical | EMPIRE | Family | 1 | 372.25 |
| | 08/01/14 | CHRG | Retiree | Dental | PREFERRED | Family | 1 | 72.78 |
| | 08/01/14 | CHRG | Retiree | Vision | DAVIS | Family | 1 | 9.34 |
| D → 08/01/14 | SKLV | | | Medical | EMPIRE | Family | 1 | 43.26CR |
| TOTAL DUE FOR PERIOD ENDING 08/31/2014 | | | | | | | | \$ 1,154.51 |

A Charges accrued prior to this billing cycle (in this example, for June and July coverage)

B Sick leave credit accrued from prior billing cycle

C Charge for current coverage

D Sick leave credit for current coverage

Dear Retiree Letter

At the time of retirement, the Employee Benefits Division sends this letter explaining the current cost of coverage, the amount of your sick leave credit, and the method by which you will pay the NYSHIP premium as a retiree. Keep this letter for future reference.



Department of Civil Service

EMPLOYEE BENEFITS DIVISION

ANDREW M. CUOMO
Governor

JERRY BOONE
Commissioner

June 26, 2014

Mrs. Jane Enrollee
12 Main St.
Anytown, NY 11111

Retirement Registration #: 9999999
Retirement #: 0S9999999

Dear Mrs. Jane Enrollee

This letter confirms that you are enrolled in the **New York State Health Insurance Program (NYSHIP) as a Retiree with The Empire Plan Family coverage**. Your effective date of retiree coverage is May 29, 2014.

What You Pay Monthly for Your NYSHIP Coverage

Your current monthly premium for this coverage is \$312.27, which will be reduced by your monthly sick leave credit of \$5.18. You have selected the Single Annuitant sick leave option. If your sick leave credit is more than your monthly premium, you will NOT receive a credit for the difference. For additional sick leave information please refer to the NYSHIP General Information booklet.

How to Pay Your NYSHIP Premium

Prior to the finalization of your retirement pension calculation by your retirement system:

If the Retirement Number above is blank and you owe health insurance premiums, you will be billed monthly until your retirement system provides us with your retirement number. Your initial bill will include all premiums due from the effective date of your retiree coverage through the current coverage period. You will continue to receive monthly billing statements until your retirement pension calculation is finalized. NOTE: The New York State administered retirement systems will not deduct health insurance premiums from estimated pension checks.

If payment is not received timely, you may be cancelled for non-payment, which could result in health insurance claims problems and/or denial of services.

After your retirement pension is finalized or if your retirement number is indicated above:

The Employee Benefits Division (EBD) will automatically begin the pension deduction process once your information is received. The initial deduction may include retroactive premiums due. If that is the case, deductions will be taken in maximum increments of \$750 per month until such retroactive premiums are paid in full.

Medicare and NYSHIP

When Medicare first becomes primary you and your Medicare eligible dependent(s) must be enrolled in Medicare Part A and Part B. Failure to enroll will affect your NYSHIP benefits.

If you and/or your dependent(s) are eligible for coverage under Medicare, we will automatically reimburse you for the standard Medicare Part B premium, unless you are receiving Medicare reimbursement from another source, such as a former employer of you or your spouse. You must notify us of other reimbursement immediately as reimbursement from multiple sources is not allowed and you will be responsible for repaying any duplicate reimbursements.

Empire State Plaza, Agency Building 1, Albany, NY 12239 | www.cs.ny.gov

How You Will Receive Medicare Part B Reimbursement

Prior to the finalization of your retirement pension:

The reimbursement for the Medicare Part B standard premium for you and any Medicare eligible dependents will be applied to reduce your monthly premium payments. If your Medicare credit exceeds your health insurance premium, you will automatically receive the difference via a quarterly refund check issued by the Office of the State Comptroller.

After your retirement pension is finalized:

Medicare Part B reimbursement is credited to your pension check on a monthly basis. If the initial credit exceeds \$500.00, you will receive the maximum credit of \$500 in your pension check and any remaining credit will be received via a refund check issued by the Office of the State Comptroller. The following month's pension allowance will reflect your regular monthly Medicare Part B premium credit.

If you have questions or require additional information, please visit our website at www.cs.ny.gov, write to us at the above address or call the Retiree Unit at 518-457-5754 in the Albany area, or toll free at 1-800-833-4344. Representatives are available between the hours of 9:00 a.m. and 3:00 p.m. EST, Monday through Friday.

Sincerely,

Retiree Unit, Program Administration
Employee Benefits Division

IRMAA Letter

The IRMAA Letter explains how to receive reimbursement for the Medicare Part B IRMAA. All enrollees and dependents age 65 and over are sent this letter annually.



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALBANY, NEW YORK 12239
www.cs.ny.gov

JERRY BOONE
COMMISSIONER

Reimbursement of the 2014 Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA)

STOP!

DISREGARD this mailing IF you and/or your dependent paid ONLY the standard 2014 Medicare Part B premium of \$104.90 per month.

This letter includes information for New York State Health Insurance Plan (NYSHIP) enrollees and their covered dependents who are eligible for Medicare primary coverage and who pay a Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) that is higher than the standard Medicare Part B premium. NYSHIP automatically reimburses the standard Medicare Part B premium on a monthly or quarterly basis, but you must request IRMAA reimbursement and provide acceptable proofs of payment if you are subject to the higher IRMAA.

The following questions and answers explain who is eligible and, if you are eligible, how to apply for reimbursement.

Q: How do I know if I am eligible for this additional reimbursement of Medicare Part B premium?

A: The information in this letter applies ONLY to individuals covered under NYSHIP who paid 2014 Medicare Part B premiums that were more than the standard premium of \$104.90 per month due to their 2012 income level. IRMAA for 2014 is assessed by Medicare to individual income tax filers with Modified Adjusted Gross Income (MAGI) of more than \$85,000 per year and married income tax filers with MAGI of more than \$170,000 per year. If your 2012 MAGI was lower than these amounts, you are NOT eligible for IRMAA premium reimbursement and the information below does not apply to you.

If you and/or any of your Medicare primary enrolled dependents were subject to a higher Medicare Part B premium due to IRMAA in 2014, then you probably received a letter from the Social Security Administration (SSA) advising you of the IRMAA you were required to pay in November 2013. If you were new to Medicare in 2014, the SSA letter would have been sent to you prior to your first month of Medicare eligibility. Whether the higher amount was deducted from your monthly Social Security benefit check or you paid it directly to Medicare, you are eligible to be reimbursed by NYSHIP for any additional IRMAA premium paid for 2014 over the standard Medicare Part B premium of \$104.90, provided you do not receive Medicare reimbursement from another source.

IRMAA 10/2014

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Q: How do I apply for the reimbursement of 2014 Medicare Part B IRMAA for myself and/or my dependent(s) covered under NYSHIP?

A: To receive IRMAA reimbursement, you must provide:

1. A completed, signed application (see attached).
2. A copy of the SSA notice you and/or any of your Medicare primary enrolled dependents received dated November 2013 (or during 2014 if newly eligible for Medicare) that states your 2014 monthly Medicare premium includes IRMAA, and
3. Proof of payment of the Medicare premium. Acceptable proof of payment is a copy of the 2014 form SSA-1099 that you and/or your Medicare primary enrolled dependent received from SSA or proof of direct payments and billing statements for all premiums paid directly to CMS in 2014.

Q: I cannot locate my 2014 SSA notice regarding IRMAA. How do I get a copy?

A: If you need a replacement copy of your 2014 SSA notice, contact your local Social Security office. The location of your local office can be found in your telephone directory or at www.socialsecurity.gov/onlineservices. Note: If necessary, you can request a replacement copy of the Form SSA-1099 through this web site.

Q: Is there a deadline for applying for 2014 IRMAA reimbursement?

A: We encourage you to submit your request for NYSHIP reimbursement as soon as practicable, but the request must be received no later than December 31, 2017. Section 8 of the State Finance Law limits refunds to three years of retroactivity.

Q: How and when will I receive my reimbursement?

A: All reimbursements for IRMAA are issued as a refund check from the New York State Office of the State Comptroller. All IRMAA reimbursement checks, including those reimbursements for eligible dependents, are issued in the name of the NYSHIP enrollee, to the mailing address of record on your enrollment file. Due to the volume of requests for IRMAA reimbursement, you can expect the process to be complete within 90 - 120 days from receipt and acceptance of ALL REQUIRED IRMAA documents.

Q: My dependent receives Medicare Part B reimbursement from his/her former employer. How does this affect my reimbursement from NYSHIP?

A: You are not entitled to any amount that is reimbursed from another source. If you and/or your dependent receive Medicare reimbursement from another source, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (9 am - 4 pm Eastern time) for additional instructions or provide that information with your application materials.

Q: Can I be reimbursed for my Medicare Part D (drug coverage) IRMAA payments?

A: No, the Department has no legal authority to reimburse the Medicare Part D portion of the IRMAA assessment.

IRMAA 10/2014

NYSHIP Option Transfer Request

Submit this form to the Employee Benefits Division to request to change from one NYSHIP option to another.

Enrollee Name _____

Social Security Number (SSN) _____

Mailing Address _____

County _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (____) _____

Is this a new address? Yes No Date of New Address: _____

Residential Street Address (if different) _____

County _____ City or Post Office _____

State _____ ZIP Code _____

Medicare Yes No If Yes, Effective Dates: Part A _____ Part B _____

Dependent Medicare Yes No If Yes, Effective Dates: Part A _____ Part B _____

Are you or your dependent reimbursed from another source for Part B coverage? Yes No

If Yes, by whom? _____ Amount \$ _____

Effective _____, 1, 20_____, please change my health insurance option
(month) (year)

From: Current Option Code Number _____ Current Plan Name _____

To: New Option Code Number _____ New Plan Name _____

Date _____ Enrollee Signature (required) _____

If you have Family coverage, please complete the following for each dependent enrolled in Medicare (attach a separate sheet of paper if necessary):

Dependent Name _____ SSN _____

Medicare ID # (on his or her Medicare card) _____ Date _____

Dependent Signature (required) _____

Dependent Name _____ SSN _____

Medicare ID # (on his or her Medicare card) _____ Date _____

Dependent Signature (required) _____

I have no Medicare-eligible dependents

Please fill in this form and return it 60 days in advance or as early as possible prior to the effective date you are requesting to: NYS Department of Civil Service, Employee Benefits Division, Program Administration, Albany, New York 12239. Call us at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you have any questions about this form.

If you are enrolling in an HMO, is the HMO approved by NYSHIP to serve your county? Please check the NYSHIP Options by County guide.

USE THIS FORM FOR OPTION CHANGE ONLY

NYSHIP Medicare Advantage HMO Disenrollment Form

If you are enrolled in a NYSHIP HMO Medicare Advantage Plan, submit this form to the Employee Benefits Division along with the NYSHIP Option Transfer Request form to request to change from one option to another.

Effective _____, **please disenroll me from:**
Enter date here (must be the first of a month)

Option Code Number _____ Plan Name _____

Social Security Number _____

Member's Name _____
First Middle Last

Address _____

Telephone Number (_____) _____

Medicare Number (As it appears on your Medicare Card) _____

Date _____ Enrollee's Signature _____

Please provide the following required information for each enrolled dependent.

(Attach an additional 8½" x 11" sheet of paper, if necessary).

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

Dependent's Name _____

Dependent's Social Security Number _____

Dependent's Medicare Number (if applicable) _____

Dependent's Signature _____

Important: Complete and mail this form to the HMO you are leaving as early as possible prior to the effective date you are requesting. Termination of coverage with this HMO must be coordinated with your new option. You will not be able to receive coverage for medical care from your new option until after the effective date of disenrollment.

USE THIS FORM FOR OPTION CHANGE ONLY

2015 NYSHIP Options by County

Please use this listing to locate the available options for each county. You may enroll, or continue to be enrolled, in any NYSHIP-approved HMO that serves the area where you live or work.[†] You may not be enrolled in an HMO outside your area. **Note:** An updated listing is included in the *Health Insurance Choices and Rates* packet mailed annually to the homes of most retirees.

NOTE: The Empire Plan (001) provides worldwide coverage.

Albany: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Allegany: BCBS of Western New York* (067), Independent Health* (059)

Bronx: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Broome: CDPHP* (300), HMOBlue (072), MVP* (330)

Cattaraugus: BCBS of Western New York* (067), Independent Health* (059)

Cayuga: HMOBlue (072), MVP* (330)

Chautauqua: BCBS of Western New York* (067), Independent Health* (059)

Chemung: HMOBlue (072)

Chenango: CDPHP* (300), HMOBlue (160), MVP* (330)

Clinton: EBCBS HMO* (280), HMOBlue (160)

Columbia: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Cortland: HMOBlue (072), MVP* (330)

Delaware: CDPHP* (310), EBCBS HMO* (280), HIP (350), HMOBlue (160), MVP* (330)

Dutchess: CDPHP* (310), EBCBS HMO* (320), HIP (350), MVP* (340)

Erie: BCBS of Western New York* (067), Independent Health* (059)

Essex: CDPHP* (300), EBCBS HMO* (280), HMOBlue (160)

Franklin: HMOBlue (160), MVP (360)

Fulton: CDPHP* (063), EBCBS HMO* (280), HMOBlue (160), MVP* (060)

Genesee: BCBS of Western New York* (067), Independent Health* (059), MVP* (058)

Greene: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Hamilton: CDPHP* (300), MVP* (060)

Herkimer: CDPHP* (300), HMOBlue (160), MVP* (330)

Jefferson: HMOBlue (160), MVP* (330)

Kings: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Lewis: HMOBlue (160), MVP* (330)

Livingston: BlueChoice* (066), MVP* (058)

Madison: CDPHP* (300), HMOBlue (160), MVP* (330)

Monroe: BlueChoice* (066), MVP* (058)

[†] If Medicare primary, check with the plan.

*Medicare-primary NYSHIP HMO enrollees will be enrolled in this plan's Medicare Advantage Plan.

Montgomery: CDPHP* (063), EBCBS HMO* (280), HMOBlue (160), MVP* (060)

Nassau: Aetna* (210), EBCBS HMO* (290), HIP* (050)

New York: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Niagara: BCBS of Western New York* (067), Independent Health* (059)

Oneida: CDPHP* (300), HMOBlue (160), MVP* (330)

Onondaga: HMOBlue (072), MVP* (330)

Ontario: Blue Choice* (066), MVP* (058)

Orange: Aetna* (210), CDPHP* (310), EBCBS HMO* (320), HIP (350), MVP* (340)

Orleans: BCBS of Western New York* (067), Independent Health* (059), MVP* (058)

Oswego: HMOBlue (072), MVP* (330)

Otsego: CDPHP* (300), HMOBlue (160) MVP* (330)

Putnam: Aetna* (210), EBCBS HMO* (320), HIP (350), MVP* (340)

Queens: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Rensselaer: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Richmond: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Rockland: Aetna* (210), EBCBS HMO* (290), MVP* (340)

Saratoga: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Schenectady: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Schoharie: CDPHP* (063), EBCBS HMO* (280), MVP* (060)

Schuyler: HMOBlue (072)

Seneca: Blue Choice* (066), MVP* (058)

St. Lawrence: HMOBlue (160), MVP (360)

Steuben: HMOBlue (072), MVP* (058)

Suffolk: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Sullivan: Aetna* (210), EBCBS HMO* (320), HIP (350), MVP* (340)

Tioga: CDPHP* (300), HMOBlue (072), MVP* (330)

Tompkins: HMOBlue (072), MVP* (330)

Ulster: CDPHP* (310), EBCBS HMO* (320), HIP (350), MVP* (340)

Warren: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Washington: CDPHP* (063), EBCBS HMO* (280), HIP (220), MVP* (060)

Wayne: Blue Choice* (066), MVP* (058)

Westchester: Aetna* (210), EBCBS HMO* (290), HIP* (050)

Wyoming: BCBS of Western New York* (067), Independent Health* (059), MVP* (058)

Yates: Blue Choice* (066), MVP* (058)

New Jersey: Aetna* (210)

*Medicare-primary NYSHIP HMO enrollees will be enrolled in this plan's Medicare Advantage Plan.

Disability Award Letter

If you are awarded a disability retirement, the effective date of your retirement is listed in this letter. You must send a copy to the Employee Benefits Division.



Office of the New York State Comptroller
Thomas P. DiNapoli

New York State and Local Retirement System
Employee's Retirement System
Police and Fire Retirement System

110 State Street, Albany, New York 12244-0001
Phone: 1-866-805-0990 or 518-474-7736 Fax: 518-402-4433
Email: nyslrinfo@osc.state.ny.us Web: www.osc.ny.us/retire

John Q. Enrollee
1 Main Street
Anytown, NY 11111

March 26, 2015
In reply refer to
Reg. No.: 00000000
S.S. No.: XXXXX0000
Unit ID: Dsblty Calc
User ID: XX000

Dear Mr. Enrollee:

The effective date of your Article 15 Accidental disability benefit has been established as January 14, 2013.

We will be sending you an estimate of the amounts payable under the various options as soon as possible. At that time, you will be given the opportunity of changing your present option selection if you want to.

You selected the Single Life Allowance (Option 0). Under this option all payments will stop at your death.

Your date of birth has been verified as April 9, 1975.

The Retirement System does not administer health insurance programs. Prior to your retirement date, you should direct any health insurance questions you may have to your personnel office. After retirement, New York State employees should contact the NYS Department of Civil Service, Health Insurance Section, Alfred E. Smith State Office Building, Albany, NY 12239. All non-state employees, such as city, town, village or school district employees, should direct their health insurance questions to the personnel office of their former employers.


If you have a loan balance on the effective date of your retirement, part or all of the unpaid loan balance may constitute interest credited to your member contributions and therefore, be subject to Federal Income Tax for the year you retire.

Your first full retirement benefit payment will be retroactive to your date of retirement. In the meantime, while we are calculating your final retirement benefit, you may receive advance payments. These advance payments, which are partial amounts of what your final benefit will be, will be paid monthly in the form of a paper check and mailed to the address we have on file for you.

Retirement payments may be subject to Federal income tax withholding. According to Internal Revenue Service guidelines, we must base your Federal withholding on a status of married with three exemptions, unless you complete and return the enclosed W-4P form. Please review the tax-related information at the end of this letter.

Change of Address Form

If your address changes, you must complete this form and submit it to the Employee Benefits Division.

| | |
|--|--|
|  Department of Civil Service | EMPLOYEE BENEFITS DIVISION Change of Address NY RET GIB |
|--|--|

As you know, your Health Insurance information is important.

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

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

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

**Employee Benefits Division
NYS Department of Civil Service
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)


| |
|--|
| <p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> ENCLOSED <input type="checkbox"/> ALREADY ON FILE WITH EBD </p> |
|--|

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 | | |
|---------------------|------|----------|
| | DATE | INITIALS |

Authorization for Release of Protected Health Information Form

Submit this form to the Employee Benefits Division if you would like to give someone permission to speak with the Employee Benefits Division on your behalf regarding your health, enrollment and/or payment records.

| | |
|--|--|
|  Department of Civil Service | EMPLOYEE BENEFITS DIVISION New York State Health Insurance Program (NYSHIP) and New York Public Employee and Retiree Long Term Care Insurance Program (NYPERL) Authorization for Release of Health Information NY RET GIB |
|--|--|

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 <u>Released</u> |
| Name: _____ Identification #: _____ |
| Part B – Person(s) or Organization(s) Authorized to <u>Receive</u> Information |
| Please complete this section with the person(s) or organization(s) you are authorizing to <u>receive</u> information about the person named in Part A. |
| Name: _____ |
| Street Address: _____ |
| City, State, Zip: _____ |
| Name: _____ |
| Street Address: _____ |
| City, State, Zip: _____ |
| Possibility of Re-disclosure: It is possible that the person or organization you have named to receive this information may re-disclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996. |
| Part C – Information to be Released |
| The New York State Department of Civil Service - Employee Benefits Division (EBD) maintains information regarding eligibility for and enrollment in the New York State Health Insurance Program (NYSHIP) and the New York State Public Employee and Retiree Long Term Care Insurance Program (NYPERL). This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We <u>do not</u> 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) |
| _____ |
| _____ |
| _____ |



Department of Civil Service

EMPLOYEE BENEFITS DIVISION
New York State Health Insurance Program (NYSHIP) and New York Public Employee and Retiree Long Term Care Insurance Program (NYPERL)
Authorization for Release of Health Information

NY RET GIB

Part D - Purpose of Disclosure

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

- Per my request
To permit a family member or friend to act on my behalf
Other

Part E - Expiration of Authorization

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

- When I am no longer enrolled in the New York State Health Insurance Program (NYSHIP) or the New York State Public Employee and Retiree Long Term Care Program (NYPERL)
On / /
When the following event occurs:

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

Part F - Required Signature

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

Signature Date

Identification # Telephone #

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

- Parent or legal guardian of a child under the age of 18
Personal Representative (please attach documentation, i.e., Power of Attorney, Court Order, Health Care Proxy)

Mail this form to the following address:

NYS Department of Civil Service - Employee Benefits Division
Albany, NY 12239

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

Model Letter for Contacting the Employee Benefits Division

If you need to write to the Employee Benefits Division, be sure to include all of the information requested in this model letter.

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

(Please print) _____ Date _____

Enrollee Health Insurance Identification Number
(Social Security number [SSN] or Empire Plan identification number) _____

Name of Enrollee _____

Street _____

City _____ State _____ Zip _____

This is a new address. Please complete Form PS-850 (see page 57).

Telephone: Day _____ Night _____
(area code) (area code)

I am writing because:

Effective date requested for change _____

Signature _____

Name (please print) _____

Dependent Name _____ SSN _____

Medicare ID number (from Medicare card) _____ Date _____

Dependent Signature (required if Medicare-primary) _____

- I am enclosing a photocopy of my (or my dependent's) required documentation, including Medicare card (if applicable).
- I have no Medicare-eligible dependents.

Contact Information

Employee Benefits Division

Representatives are available Monday through Friday, 9 a.m. to 4 p.m. Eastern time at 518-457-5754 or 1-800-833-4344.

Empire Plan

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

PRESS ORSAY 1 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

PRESS ORSAY 2 Hospital Program: *Administered by 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

PRESS ORSAY 3 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

PRESS ORSAY 4 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

NYSHIP HMOs

NYSHIP HMO contact information, including phone numbers, TTY numbers, addresses and web sites are available in the Choices booklet and on the Department of Civil Service web site at <https://www.cs.ny.gov>.

Other Agencies and Programs

| | |
|---|---------------------------------|
| New York State and Local Employees' Retirement System | 518-474-7736 |
| TIAA/CREF | 518-786-5900 |
| Medicare – Social Security Administration..... | 1-800-MEDICARE (1-800-633-4227) |
| M/C Life | 518-473-3496 |

Index

- address change
 - notification of, 2, 52, 57, 60
 - P.O. Box, 2, 30
 - Medicare and, 30, 34, 53
- age
 - 65 and Medicare, 26, 27, 28, 32, 50
 - dependent loss of coverage due to age.
See coverage ends
- anniversary date, new State service, 4, 7
- annulment, 15, 36
- armed forces.
 - See military leave
- bills from the Employee Benefits Division, 6, 7, 10, 11, 32, 39, 42, 47, 48
- birth. See newborn
- cancelation of coverage, 3, 5, 6, 9, 10, 11, 26, 29, 30, 31, 32, 36, 38, 40, 41, 43, 48
- nonpayment of premium, 10, 11, 13, 15, 40, 41, 48
- change in circumstance.
 - See qualifying life events
- changing coverage, 2, 3, 10, 15, 21, 22, 25, 40, 42, 52, 53, 54, 55
 - once in a twelve-month period, 10, 15, 21, 22, 40
 - qualifying event and, 21, 22, 40
- children. See dependent eligibility
- COBRA, 1, 3, 4, 5, 7, 11, 12, 13, 15, 20, 23, 26, 36, 37, 38, 39, 40, 41, 42
 - canceling, 5, 6, 40, 41
 - contact information, 1, 3, 40, 61
 - cost, 1, 4, 7, 23, 39
 - coverage, length of, 4, 37, 38, 39, 40
 - coverage options, 2, 3, 21, 22, 40, 52, 53, 54, 55
 - deadlines, 37, 38, 39
 - dental, 4
 - eligibility, 1, 2, 4, 23, 37, 38, 39, 40, 41, 42
 - Medicare and, 26, 38, 40
 - qualified beneficiary, 37, 38
 - qualifying event, 4, 11, 13, 15, 20, 36, 37, 38, 39
 - rights after coverage ends, 4, 11, 13, 15, 20, 36, 37, 38, 39
 - survivors enrolled in, 12, 13, 37, 38
 - vision, 4
- contribution, 23, 24, 25. See also premium
 - COBRA, 39
 - dependent survivor, 12, 13, 14
 - rates, 1, 3, 4, 6, 7, 8, 10, 11, 13, 14, 16, 21, 23, 24, 25, 31, 37, 39, 42, 45, 46, 47, 48, 49
 - retiree, 5, 6, 7, 8, 23, 24, 45, 46, 47, 48, 49
 - employer, 23, 24, 25
 - Preferred List, 11, 25
 - vestee, 10, 23, 25
 - Young Adult Option, 24, 42
- cost. See premium
- coverage begins
 - after canceling, 5, 6, 9, 11
 - after deferring, 9
 - dependent, 16, 19
 - family, 19, 20
 - Medicare, 27
 - newborn, 19
- coverage ends, 10, 11, 23, 26, 29, 30, 31, 32, 36, 38, 40, 43, 48. See also COBRA
 - after canceling, 10, 11, 36, 48
 - after suspending, 5, 36
 - COBRA, 38, 39, 40
 - dependent, 2, 5, 10, 12, 13, 15, 20, 23, 29, 30, 36, 37, 38, 39, 40, 42, 43
 - dependent survivor, 12, 13, 14, 15, 16
 - divorce, 2, 10, 15, 36, 37, 39, 43
 - leave without pay, 5
 - Medicare and, 2, 23, 29, 30, 31, 32, 33, 34, 35
 - nonpayment of premium, 10, 11, 13, 15, 31, 32, 36, 40, 41, 48
 - Preferred List, 11
- coverage, family, 2, 8, 13, 14, 15, 19, 20, 22, 23, 24, 25, 32, 36, 37, 38, 47, 48, 52
- coverage, individual, 2, 8, 13, 14, 19, 20, 23, 24, 25, 36, 37, 40, 42, 47
- deadline to enroll in
 - COBRA, 38, 39
 - dependent survivor coverage, 12
 - family coverage, 19, 20
 - Medicare, 27, 28, 29, 30, 38, 48
- Dear Retiree* letter, 6, 7, 48
- death. See dependent survivor coverage
- deductions, 1, 6, 7, 31, 45, 48. See also premium
- dental coverage, 4

dependent eligibility, 1, 2, 4, 5, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 27, 28, 29, 34, 36, 37, 38, 39, 40, 41
 child, adopted, 16, 18, 19, 22, 37, 38, 42
 child, disabled dependent, 2, 16, 17, 18, 27, 28, 30, 32, 36
 child, natural, 16, 18, 36, 42
 child, newborn, 13, 19, 22, 37, 38
 child, domestic partner's, 16, 18, 22, 36, 38, 42
 child, other, 16, 18, 36
 child, over age 26 with military service, 17, 18, 36
 child, over age 26. See Young Adult Option
 child, stepchild, 16, 18, 38, 39, 42
 child, under age 26, 13, 15, 16, 18, 19, 36, 38, 42
 domestic partner, 13, 15, 16, 18, 22, 27, 36, 37, 39
 loss of, 15, 36, 37, 38, 39, 41, 42
 Medicare, and, 2, 17, 18, 20, 26, 27, 28, 29, 30, 35, 37, 40, 41, 42, 48, 52, 53
 proof of, 15, 16, 17, 18, 20, 52, 53, 60
 same-sex spouse, 8, 13, 15, 17, 19, 28, 29, 35, 36, 37, 38
 spouse, 8, 13, 15, 17, 19, 28, 29, 35, 36, 37, 38
 survivor. See dependent survivor when enrollee is called to military active duty, 25
 dependent moves permanently, 21, 33, 34, 52, 53
 dependent survivor coverage, 8, 12, 13, 14, 15, 23, 24, 25, 26, 27, 32, 36, 38, 41
 cost of, 12, 13, 14, 23, 24, 25
 eligibility for, 12, 13, 14
 identification cards, 14
 dependent with independent NYSHIP eligibility, 8, 9, 10, 13, 15, 19
 direct-pay contract, 4, 11, 13, 15, 39, 40, 41
 disability
 child with, 2, 16, 17, 18, 26, 27, 28, 30, 32, 36
 Medicare and, 26, 27, 28, 30, 32
 Preferred List coverage and, 11, 12
 retirement, 2, 5, 6, 56
 divorce, 2, 10, 15, 16, 36, 37, 38, 39, 43, 60
 domestic partner
 eligibility, 13, 15, 16, 18, 22, 36, 37, 39
 Medicare and, 27, 35
 relationship ends, 36, 37, 38, 39
 tax implications, 16
 Dual Annuitant Sick Leave Credit option, 3, 7, 8, 12
 eligibility, 1, 2, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 27, 28, 29, 31, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43
 COBRA. See COBRA
 dependents. See dependent eligibility
 dependent survivor coverage
 See dependent survivor coverage
 direct-pay contract, 4, 41
 retiree, 4, 5, 6, 9, 12, 35, 48, 49, 56
 Medicare, 1, 2, 3, 26, 27, 28, 29, 34, 37, 38, 41, 42, 48, 49, 52, 53, 60
 proof of, 15, 16, 17, 18
 Empire Plan, 2, 3, 11, 21, 22, 23, 24, 27, 30, 31, 32, 33, 41, 44, 54, 61
 Employee Benefits Division, 1, 2, 3
 employment
 after retirement, 34, 35
 with a NYSHIP employer other than NYS, 4, 10, 15, 35
 end-stage renal disease, 27, 29, 35
 enrollee, 1, 2, 4, 8, 9, 10, 12, 17, 21, 23, 27, 30, 35, 36, 37, 39, 41, 44, 47, 48, 49, 50, 51
 enrollment
 cancel, 3, 5, 6, 9, 10, 11, 26, 29, 30, 31, 32, 36, 38, 40, 41, 43
 changing coverage and, 2, 3, 4, 5, 6, 12, 19, 20, 21, 22, 35, 37, 38, 40, 41, 42, 48, 49, 52, 53, 60
 changing options and, 2, 3, 5, 10, 15, 21, 22, 40, 42, 52, 53, 54, 55
 COBRA, 3, 4, 11, 13, 15, 20, 36, 37, 38, 39, 42
 dependent, 2, 3, 5, 8, 9, 10, 12, 15, 17, 19, 20, 21, 22, 27, 30, 42, 60
 dependent survivor coverage, 8, 12, 13, 14
 direct-pay contract, 4, 11, 13, 15, 39, 40, 41
 Medicare, 21, 26, 27, 28, 29, 30, 33, 34, 35, 38, 44, 48, 49
 Preferred List, 10, 11
 vestee, 9, 10, 13
 retiree coverage, 4, 5, 6, 9, 12, 35, 48, 49, 56
 Young Adult Option, 20, 36, 42
 enrollment record, 2, 3, 20, 22, 23, 57
 family coverage, 2, 8, 13, 15, 19, 20, 22, 23, 24, 25, 32, 36
 forms, 8, 11, 16, 17, 18, 19, 36, 38, 52, 53, 57, 58, 59, 60
 Health Benefits Administrator, 1, 4, 5, 7, 8, 34, 35
 HMO, NYSHIP. See NYSHIP HMO

- identification cards, 3, 22, 23, 44
 - dependent survivors, 12, 14
 - Empire Plan, 3, 22, 23, 44
 - Empire Plan Medicare Rx, 22, 23, 30, 44
 - Medicare card, 17, 18, 20, 29, 34, 60
 - NYSHIP HMO, 3, 22, 23, 44
- individual coverage, 1, 8, 13, 19, 20, 23, 36, 37, 40, 42
- late enrollment
 - Medicare and, 28, 32
 - waiting period. *See* waiting period
- Medicare, 2, 3, 7, 23, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 38, 44, 45, 46, 48, 49, 50, 51, 53, 54, 55, 60, 62
 - address and, 2, 30, 34, 52, 53, 54, 55, 60
 - claims, 33
 - COBRA and, 38
 - contact information, 62
 - cost, 28, 29, 31, 32, 34, 48, 49
 - effect of retirement on coverage, 27
 - eligibility due to age, 26, 27, 28, 32
 - eligibility due to disability, 26, 27, 28, 30, 32
 - eligibility ends, 34
 - Empire Plan, Rx, 22, 23, 27, 30, 44
 - how to enroll, 29
 - multiple, plans, 29, 30
 - NYSHIP and, 3, 21, 23, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 38, 44, 48, 49, 50, 51
 - premium reimbursement, 7, 29, 31, 32, 33, 34, 35, 45, 46, 48, 49, 50, 51, 52
 - primary coverage, 23, 26, 27, 28, 29, 30, 31, 33, 35, 38, 44, 48, 49, 50, 51, 54, 55
 - reemployment and, 35
 - when to enroll, 26, 27, 28, 29, 34
- military service
 - active duty, 25
 - dependents over age 26
 - with military service, 17, 18, 36
- moving
 - address change, 2, 34, 57
 - changing options, 21, 22, 52, 53, 54, 55
 - updating enrollment record and, 1, 2, 3, 22, 23, 30, 51, 57
- name change, 2, 60
- new dependent
 - changing options, 19, 20, 22, 52, 53, 54, 55
 - deadline to enroll, 19, 20, 22
 - eligibility. *See* dependent eligibility
- newborn. *See* under coverage begins
- NYSHIP HMO, 5, 21, 23, 24, 25, 27, 32, 33, 34, 53, 54, 55, 62
- option change, 21, 22, 52, 53, 54, 55
 - changing options less than 12-months after last change, 21, 22
- options available, NYSHIP, 21, 22, 54, 55
- payment
 - direct bills, 3, 6, 7, 10, 11, 32, 39, 42, 47, 48
 - methods, 6, 7
 - pension deductions, 6, 7, 45, 46
- pension, 2, 3, 4, 5, 6, 7, 9, 31, 32, 45, 46
- Preferred List health insurance, 1, 7, 10, 11, 12, 14, 25, 26, 27, 36, 37
 - duration of coverage, 11, 37
 - payment for, 11, 25
 - retiring from, 7, 12
 - waiver of Empire Plan premium, 11, 12
- premium
 - COBRA, 4, 39
 - direct-pay contract, 41
 - dependent survivor coverage, 8, 12, 13, 14, 23, 24, 25
 - factors affecting, 23
 - Family coverage, 23, 24, 25
 - individual coverage, 23, 24, 25
 - late payment of, 6, 10, 11, 13, 15, 31, 36, 40, 41, 42, 48
 - Medicare, 28, 29, 31, 32, 34, 48, 49
 - nonpayment of, 10, 11, 13, 15, 40, 41, 48
 - payment methods, 6, 7
 - Preferred List coverage, 11, 25
 - reimbursement for Medicare, 7, 29, 31, 32, 33, 34, 35, 45, 46, 48, 49, 50, 51, 52
 - retroactive, 5, 6, 47
 - retiree coverage, 6, 7, 24
 - vestee coverage, 10, 25
- proof of eligibility, 17, 18,
- qualifying life events, 21, 22,
 - See also* option change
- reenrolling
 - a dependent, 19, 20, 36
 - changing coverage options and, 19, 20
 - in retiree coverage, 6, 35
- reemployment, 10, 27, 34, 35
- reinstating retiree coverage, 6, 35

- retirement
 - changing options and, 21, 22
 - continuing coverage in, 4, 5, 6
 - deferred coverage in, 5, 9
 - disability, 2, 5, 6, 56
 - Dual Annuitant Sick Leave Credit and.
 - See Dual Annuitant Sick Leave Credit option
 - eligibility, vestee status, 9, 10
 - eligibility, Preferred List status, 12
 - payment of premium in, 6, 7, 24, 31, 45, 46, 47
 - resources, 3
 - sick leave credit and. See sick leave credit system, 2, 3, 4, 5, 6, 7, 9, 12, 14, 32, 45, 46, 48, 56, 62
- return to work, 10, 27, 34, 35
- same-sex spouse. See dependent eligibility
- sick leave credit, 3, 6, 7, 8, 9, 10, 12, 23, 45, 48.
 - See *also* Dual Annuitant Sick Leave Credit option
- Social Security Office, 3, 26, 29, 34, 35, 51, 62
- spouse. See dependent eligibility
- student. See dependent eligibility
- suspend coverage, 5, 35, 36
- vestee coverage, 1, 3, 5, 7, 9, 10, 11, 12, 13, 15, 25, 26, 27, 36, 37
 - break in coverage as a, 10, 36
 - changing options and, 10, 21, 22
 - no sick leave credit for, 7, 10
 - retiring from, 9
- vision coverage, 4
- waiting period
 - dependent, newly eligible, 19
 - dependent, previously eligible, 10
 - family coverage, 19, 20
 - late enrollment, 6, 9, 11, 19, 20, 21
 - Medicare, 27, 29
 - new domestic partner, 16
 - prior to adoption of child, 16
 - reactivating canceled coverage, 6, 9, 20, 21
 - reactivating deferred coverage, 9
- Young Adult Option, 15, 19, 20, 25, 36, 42, 43
 - cost of, 25, 42
 - coverage options, 21, 42
 - eligibility for, 42

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

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General Information Book for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees and their eligible dependents; also includes information regarding COBRA continuation coverage and the Young Adult Option.

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