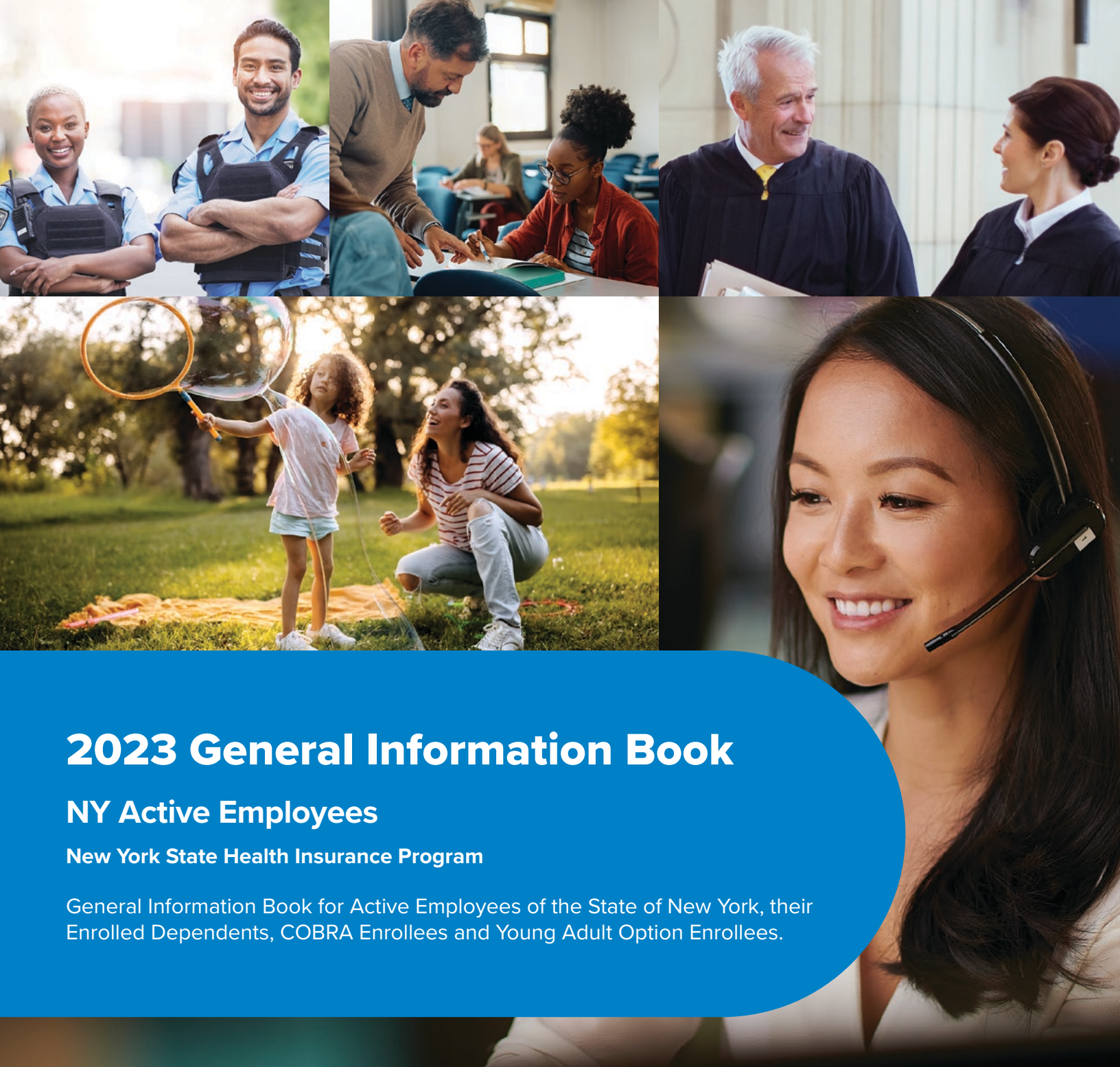




NYSHIP
New York State
Health Insurance Program



2023 General Information Book

NY Active Employees

New York State Health Insurance Program

General Information Book for Active Employees of the State of New York, their Enrolled Dependents, COBRA Enrollees and Young Adult Option Enrollees.

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Introduction

This is the *New York State Health Insurance Program (NYSHIP) General Information Book* for employees of New York State and their covered dependents. This book explains certain rights and responsibilities you have as an enrollee in NYSHIP. Receipt of this book does not guarantee you are eligible for or enrolled in coverage.

This book provides general information about eligibility, enrollment and other NYSHIP rules. Special rules apply to continuation coverage under COBRA and the Young Adult Option. For specific information regarding COBRA coverage, see page 42. For information about the Young Adult Option, see page 46.

NYSHIP is established under New York State Civil Service Law. The New York State 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, as well as through negotiations with State employee unions and extended 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 as it appears on your NYSHIP record. Please make sure that your Health Benefits Administrator (HBA) or the Employee Benefits Division (EBD) has your most current address. Amendments and notification of changes also can be found on NYSHIP Online: www.cs.ny.gov/employee-benefits.

When You Need Assistance

Your HBA, usually located in your personnel office or the New York State Business Services Center, is responsible for managing your enrollment record and providing you with information about your employer's rules and requirements regarding your NYSHIP eligibility and enrollment. COBRA and Young Adult Option enrollees should contact EBD for assistance or to update their enrollment record (see *Contact Information*, page 51).

You are responsible for letting your HBA know of any changes that may affect your NYSHIP coverage.

When You Must Contact Your HBA

To keep your enrollment up to date, you must notify your HBA in writing in the following situations:

Your Contact Information Changes.

- Your mailing address or your home address has changed. (If you or a covered dependent is Medicare primary and your mailing address is a P.O. Box, your HBA needs your current residential address as well.)
- Your phone number has changed.
- Your personal email address has changed.

The Personal Information Changes for Yourself or a Covered Dependent.

- Name changes for you or a dependent.
- Changes to gender for you or a dependent.

You Need to Update Information on Your Enrollment Record.

- For example: Your birth date or Social Security Number are listed incorrectly

Your family unit changes. (See *Dependent Eligibility*, page 6, and *First date of eligibility*, page 13, for details.)

- You want to add an eligible dependent 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 (a copy of the divorce decree must be submitted)
- The enrollee or a dependent dies (a copy of the death certificate must be submitted)

Your employment status is changing.

- You are planning to retire
- You are going on leave without pay or Family and Medical Leave
- You are leaving employment prior to retirement
- You are affected by a layoff
- You are returning to work for the same employer that provides your NYSHIP benefits as a retiree
- You are awarded a disability retirement benefit

Your Medicare status is changing.

- You or a covered dependent becomes eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 36).
- You or a covered dependent loses eligibility for primary Medicare benefits (see *Medicare and NYSHIP*, page 36).

Other reasons to contact your HBA:

- You need to order a replacement or additional Empire Plan card. (HMO enrollees must contact their 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 have questions about the Pre-Tax Contribution Program (see *Pre-Tax Contribution Program [PTCP]*, page 16).
- You have questions about Consolidated Omnibus Reconciliation Act (COBRA) continuation of coverage (see page 42) or Young Adult Option coverage (see page 46).

Questions About Your Benefits

Empire Plan inquiries: For questions about 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. See *Contact Information*, page 51, for details.

Health Maintenance Organization (HMO) inquiries: For questions about specific benefits or HMO services or to locate a provider, call your HMO.

Benefits on the Web

You will find NYSHIP Online, the NYSHIP homepage, on the New York State Department of Civil Service website at www.cs.ny.gov/employee-benefits. NYSHIP documents and informational materials are available on NYSHIP Online, and Empire Plan enrollees will find links to Plan administrator websites, which include the most current directories of participating providers.

You may also use NYSHIP Online to register for and access MyNYSHIP, where you can review or make certain updates to your enrollment record and make option changes online.

Your Options Under NYSHIP

To enroll in NYSHIP, you will need to choose one of the following options:

- The Empire Plan,
- An HMO that has been approved for participation in NYSHIP in the geographic area where you live or work or
- The Opt-out Program.

For details about The Empire Plan, NYSHIP HMOs and the Opt-out Program, refer to the *Health Insurance Choices* booklet, issued annually, usually in October or November. You can find *Choices* on NYSHIP Online (www.cs.ny.gov/employee-benefits) or you may obtain a copy from your HBA, usually located in your personnel office or the New York State Business Services Center. You can also find NYSHIP updates and detailed Empire Plan information on NYSHIP Online. For additional information about HMO benefits, contact the individual HMOs.

The Empire Plan or a NYSHIP HMO

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

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

HMOs approved for participation in NYSHIP are not available in all geographic areas. To enroll or continue enrollment in a NYSHIP HMO, you must live or work in that HMO's NYSHIP-approved service area. If you no longer meet the requirement of living or working in that NYSHIP HMO's service area, you will have to change options. The benefits provided by The Empire Plan and the HMOs differ. Be sure to choose the option that best meets your needs.

You and your dependents will have the same option. You, the enrollee, will determine the option for you and your covered dependents.

The Opt-out Program

The Opt-out Program offers incentive payments to eligible New York State employees who opt out of NYSHIP health benefits. The program is available to eligible employees who have other employer-sponsored health insurance (see *The Opt-out Program*, page 14, for details).

Annual Option Transfer Period

During the annual Option Transfer Period, usually in November or December, you may change your NYSHIP option to any NYSHIP option for which you are eligible for any reason.

Each year, you will be notified of the Option Transfer Period dates through a mailing to your home. Check deadlines and carefully read the information you receive.

To change options during the Option Transfer Period, see your HBA or use MyNYSHIP. Check the NYSHIP *Rates* flyer mailed to your home for the exact date when your new coverage will begin.

NYSHIP does not offer an open enrollment period. If you and/or your dependents are eligible for NYSHIP coverage but are not enrolled, see page 10 for information regarding enrollment and when a late enrollment period applies (see *First date of eligibility*, page 13, for more details about late enrollment periods).

Qualifying Life Events: Changing Your NYSHIP Option Outside the Option Transfer Period

Note: The events outlined on this page allow you to elect a change in your plan option. These qualifying life events may differ from the changes that you are permitted to make to your health insurance deduction if you are enrolled in the Pre-Tax Contribution Program (PTCP) on page 16.

You may change options outside the designated Option Transfer Period only if:

- You are no longer eligible to continue coverage in your current HMO because you move permanently out of your current HMO's service area or your job's location changes and is no longer located in your current HMO's service area. To keep NYSHIP coverage, you must choose The Empire Plan or a different HMO that serves your new area.
- You move permanently or your job's location changes and you want to change to an HMO that was not available where you previously lived or worked. You may change to the newly available HMO regardless of the option you had before you moved.
- 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 a change in permanent residence.)
- You add a newly-eligible dependent to your coverage in a timely manner (see page 13 for time frames). The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption or if your child meets the "other" child eligibility criteria (see page 7).
- You return to the State payroll after military leave.
- You return to the State payroll after a break in State service, if you were ineligible to continue enrollment during the break.
- You return to the State payroll after going on leave without pay and an Option Transfer Period occurred while you were on leave. You may select any option when you reenroll.
- You are assigned a new State service anniversary date following a break in service.
- You retire or vest your health insurance. **Note:** Retirement is not a qualifying event to enroll in coverage. You must be enrolled in NYSHIP prior to your retirement date.

To change your option when you retire or vest coverage, see your HBA before you leave the payroll.

All requests to change options must be made in a timely manner, no later than 30 days after your qualifying life event, to ensure you have continued access to benefits.

Examples of requests that do not qualify for a change outside of the Option Transfer Period include, but are not limited to:

- Your doctor no longer participates in your current plan's network, so you want to change to a plan with a network that includes your doctor.
- 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.

Employee Eligibility

To be eligible for NYSHIP coverage, you must be appointed or elected to a position in State service and fulfill the specific eligibility requirements for your employee group.

When newly eligible, you will be subject to a 28-day waiting period before coverage begins.

If you do not enroll when newly eligible, you will be subject to a late enrollment waiting period (see *Enrollment*, page 10).

Employees Working Half Time or More*

To be eligible for NYSHIP coverage, you must meet all the following requirements:

- You must be appointed/elected to a position in State service.
- You must be working at least half time on a regular schedule.
- You are expected to work at least six continuous biweekly payroll periods. (**Note:** This requirement does not apply to paid, elected officials or members of the New York State Legislature.)
- You must be on the payroll at the time you are enrolled. (If you begin work, then take an unpaid leave of absence, you will not be eligible for NYSHIP coverage until you return to the payroll and complete a total of 28 days on the payroll, including days worked before your leave began.)
- You must not already be enrolled as an employee in NYSHIP. You may already be enrolled in NYSHIP as a dependent.

Employees Working Less Than Half Time*

To be eligible for NYSHIP coverage, if you do not work at least half time on a regularly scheduled basis, you must meet one of the following requirements:

- You are a paid, elected official.
- You are a paid member of the New York State Legislature.
- You are represented by UUP and elect to pay the full premium cost.

* *Special eligibility rules apply to employees represented by UUP. See your HBA for this information.*

Seasonal Employees

To be eligible for NYSHIP coverage, you are expected to work at least six months and meet all the requirements outlined in the preceding section *Employees Working Half Time or More*.

CSEA, PEF and DC-37

If you are a CSEA seasonal employee who is off the payroll for less than six months or a PEF or DC-37 seasonal employee who is off the payroll for less than three months, you are eligible for health insurance when you return to work. Coverage will begin on the first day of the second payroll period after the payroll period in which you return to work.

Once you become eligible for health insurance coverage, you may continue coverage for the period you are off the payroll by paying the full cost (see *Seasonal layoff*, page 23).

Other groups

If you are an unrepresented employee or are an employee represented by a group other than CSEA, PEF or DC-37, contact your HBA to find out if you are eligible to continue coverage between seasons.

Dual Coverage in NYSHIP

NYSHIP prohibits dual coverage as the enrollee. If you are already enrolled in NYSHIP as an employee or retiree, you cannot enroll again through a different employer as an employee or retiree. You must choose the employer through which you wish to be enrolled.

Example: Bob is a retiree of New York State. After retiring, he takes a benefits-eligible job at a NYSHIP Participating Employer. Bob is eligible to be enrolled in NYSHIP as a retiree of New York State or as an employee through his position with the Participating Employer. Bob cannot enroll as both, so he must choose the employer through which he would like coverage.

Note: You can have dual NYSHIP coverage if you are covered as the enrollee and also as a dependent (see *Coverage: Individual or Family*, page 10). However, New York State does not permit two Family coverages. If either one or both spouses/domestic partners are enrolled as employees of New York State, or if one spouse/domestic partner is enrolled as an employee of New York State and the other is enrolled as an employee of a Participating Agency (PA) or a Participating Employer (PE), only one spouse/domestic partner may elect Family coverage. The other spouse/domestic partner may elect only Individual coverage. (This also applies to the Opt-out Program; an enrollee may not have Family coverage while their spouse/domestic partner opts out of Family coverage.)

Example: Both Bob and his spouse, Linda, are eligible for NYSHIP as the result of their active employment. Bob works for New York State Employer A and Linda works for New York State Employer B. Bob may be covered by his employer (New York State Employer A) as an enrollee and also as Linda's NYSHIP dependent (by New York State Employer B). Under these circumstances, Linda may not also be covered as Bob's dependent.

Example: Bob and his spouse, Linda, are eligible for NYSHIP as the result of their active employment. Bob is an employee of New York State. Linda works for a Participating Employer. Linda enrolls for Family coverage, with Bob as her dependent. Bob enrolls in the Opt-out Program, but may only opt out as an individual, because two Family coverages are not allowed under NYSHIP.

Dependent Eligibility

You may cover your eligible dependents under NYSHIP by enrolling in Family coverage or adding eligible dependents to existing Family coverage. Dependents who meet the requirements described in this section are eligible for NYSHIP coverage. To enroll your dependent who is eligible for NYSHIP but not yet enrolled, contact your HBA.

See *Proof of Eligibility* on page 8 for required proofs that must be submitted with the request to add a dependent to your coverage. For information about when your dependents' coverage will take effect, see page 11.

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 46 for information about eligibility under this option.

Your Spouse

Your spouse, including a legally-separated spouse, is eligible for NYSHIP coverage. 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 (you and/or your ex-spouse must provide a copy of the divorce decree to your HBA).

Your Domestic Partner

You may cover your domestic partner as your dependent. For eligibility under NYSHIP, you and your domestic partner must 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 decrees required, if applicable)
- Are not related in a way that would bar marriage in New York State

- Have shared the same residence and have been financially interdependent for at least six months
- Have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations
- Have not had a different domestic partner or have not enrolled as another enrollee's domestic partner in the last year

To enroll a domestic partner, you must complete and return the *NYSHIP Domestic Partner Enrollment Application* (PS-425) form and submit the applicable proofs as outlined in the application to your HBA. If you have covered a previous domestic partner on your policy, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage before a new domestic partner may be enrolled.

Under Internal Revenue Service (IRS) rules, the fair market value cost of your domestic partner's coverage, referred to as imputed income, is considered to be a taxable fringe benefit. The imputed income will increase your taxable gross income for federal and state income taxes, as well as Social Security and Medicare payroll taxes. Check with your HBA to find out how imputed income is reported and for an approximation of the fair market value for domestic partner coverage. You may also ask a tax consultant how enrolling a domestic partner will affect your taxes.

Imputed income amounts should be resolved within the appropriate tax year and will be reflected on the enrollee's W-2. Therefore, enrollees who have retroactive updates to their domestic partnership may experience a larger credit or deduction in their payroll checks at the end of the year.

Your Children

The following children are eligible for coverage until age 26:*

- 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

* Effective 1/1/24, coverage until age 26 will also apply to dental and vision coverage.

Your "other" child

You may cover "other" children:

- Who are financially dependent on you
- Who reside with you

The above requirements must be reached before the "other" child is age 19. "Other" children may be covered through age 26 if they continue to meet the eligibility requirements listed above. You must file the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form, verify eligibility and provide documentation upon enrollment and every two years thereafter.

Your child with a disability

You may cover a child with a disability who is age 26 or older if the child:

- Is unmarried
- Is incapable of self-sustaining support by reason of mental or physical disability
- Acquired the disabling condition before they would otherwise have lost eligibility due to age

Contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process. To apply for coverage for your child with a disability, you must submit the

NYSHIP *Statement of Disability for Dependents* (PS-451) form to the Plan administrator and provide medical documentation. You will be asked to complete the *NYSHIP Statement of Disability for Dependents* (PS-451) form and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If such dependent is also an "other" child, you will be required to resubmit the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form every two years (at minimum).

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 for time served prior to age 26. To be eligible, your dependent child must:

- Be enrolled in school on a full-time basis,
- Be unmarried and
- Not be eligible for other employer group coverage.

You must be able to provide your HBA with 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. After deducting the four years of military service from her true age, her adjusted eligibility age is 23 (even though Rebecca is actually 27). 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 eligibility 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 NYSHIP coverage.

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed by your HBA without required proof of eligibility. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available. Please note that if documentation is not provided within 30 days of your application, you and/or your dependents may be subject to a late enrollment period. Refer to *Employee Eligibility* (page 5) and *Dependent Eligibility* (page 6) for eligibility requirements.

Required Proofs

You must provide copies of the following proofs to your HBA:

You, the enrollee

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Social Security card
- Medicare card (if applicable)

Spouse*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Marriage certificate

- Proof of current joint ownership/joint financial obligation (if the marriage took place more than one year prior to the request for coverage)
- Medicare card (if applicable)

Domestic partner*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Completed *NYSHIP Domestic Partner Enrollment Application* (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
- Medicare card (if applicable)

Adopted children*

- Adoption papers (if adoption is pending, proof of pending adoption)
- Birth certificate
- Medicare card (if applicable)

Your child with a disability who is over age 26*

- Birth certificate
- Completed *NYSHIP Statement of Disability for Dependents* (PS-451) form with appropriate documentation as required in the application
- Medicare card (if applicable)

“Other” children*

(For more information about who qualifies as an “other” child, please refer to the section Your Children in Dependent Eligibility, page 7.)

- Birth certificate
- Completed *NYSHIP Statement of Dependence for “Other” Children* (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*

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

*** Provide the Social Security Numbers of all dependents when enrolling them for coverage. Contact your HBA if no Social Security Number is assigned.**

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

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 only eligible for Individual coverage.

Individual Coverage

Individual coverage provides benefits for you only. It does not cover your dependents, even if they are eligible for coverage. If you do not enroll when newly eligible, you may be subject to a late enrollment waiting period. Refer to *First date of eligibility* on page 13 for more information.

Family Coverage

Family coverage provides benefits for you and any eligible dependents you elect to enroll. For more information on who can qualify as your dependent, see *Dependent Eligibility*, page 6.

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

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

Note: New York State does not permit two NYSHIP Family coverages. If either one spouse/domestic partner or both spouses/domestic partners are enrolled as employees of New York State, or if one spouse/domestic partner is enrolled as an employee of New York State and the other is enrolled as an employee of a Participating Agency (PA) or a Participating Employer (PE), only one spouse/domestic partner may elect Family coverage. The other spouse/domestic partner may only elect Individual coverage. (This also applies to the Opt-out Program; an enrollee may not have Family coverage while their spouse/domestic partner opts out of Family coverage.)

Enrollment

Enrollment Is Not Automatic

If you are eligible for NYSHIP, you will not be covered automatically. To enroll in coverage, you must submit a completed and signed *Health Insurance Transaction Form (PS-404)* and required proofs of eligibility to your HBA.

When Coverage Begins

If you elect to enroll in NYSHIP coverage when newly eligible, coverage will begin after the completion of a 28-day waiting period*.

If you do not enroll in NYSHIP during this 28-day waiting period*, you may be subject to a late enrollment waiting period (see *First date of eligibility*, page 13, for details). You also will need to submit required proofs of eligibility to your HBA. If you choose a NYSHIP HMO, the HMO may require you to file an additional form. If you do not apply when newly eligible for coverage, you will be considered a late enrollee and may be subject to a late enrollment period before coverage is effective.

* If you were newly-hired or otherwise became newly eligible for NYSHIP coverage prior to October 1, 2023, see your HBA for the waiting period that applies to you.

Loss of Other Coverage

If you are enrolling in coverage due to the loss of other employer-sponsored group health insurance coverage, you may enroll without a waiting period.

Your coverage will be based upon the date you apply. If you apply:

- **30 days or less after your loss of coverage**, your coverage will be effective on the date you were first eligible.
- **More than 30 days after your loss of coverage**, a late enrollment period will apply.

Enrolling a Dependent

If your dependent is eligible for NYSHIP, but not enrolled, you must submit a completed and signed *Health Insurance Transaction Form (PS-404)* to your HBA to enroll them in coverage. Refer to *Proof of Eligibility*, page 8, for documentation that will be required upon enrollment.

If you choose to enroll in Family coverage when you enroll in coverage for yourself, the effective date of your dependents' coverage will be the same as the effective date of your coverage.

If you already have Family coverage and apply to cover a dependent who is not currently enrolled, the effective date of your dependent's coverage will depend upon your timeliness in applying (see page 13 for time frames).

If you are changing from Individual to Family coverage to cover an eligible dependent, refer to *Changing from Individual to Family Coverage*, page 12.

Reenrolling a dependent

A dependent who loses eligibility can be covered under NYSHIP if eligibility is restored. For instance, an unmarried, dependent child with a disability who lost eligibility because they no longer had the disability can again be covered under NYSHIP if the same disability that qualified them as a dependent while previously enrolled in NYSHIP again renders them incapable of self-sustaining support. Appropriate documentation will be required.

No Coverage During Waiting Period

Medical expenses incurred or services rendered during a waiting period (while you/your dependents are waiting for coverage to become effective) will not be covered.

Late Enrollment Waiting Period

If you do not enroll in NYSHIP coverage when newly eligible or if your NYSHIP coverage is canceled and you are eligible and want to reenroll, a late enrollment waiting period of five biweekly pay periods will apply before your coverage begins unless your other employer-sponsored group health insurance coverage ends (see *First date of eligibility*, page 13, for more information about late enrollment waiting periods).

A late enrollment waiting period also may apply if you do not add a newly eligible dependent in a timely manner or if you want to add a previously eligible dependent to your coverage (see *First date of eligibility*, page 13, for more information).

A late enrollment waiting period will be waived if your other coverage terminates. You still must enroll within 30 days of losing your other coverage to avoid a late enrollment waiting period.

A late enrollment waiting period will not apply when adding previously eligible dependents if:

- the request coincides with the addition of a newly eligible dependent; and
- the request is made timely (within 30 days of a qualifying event)

For example, when adding your newborn child to coverage, you may also add your spouse, domestic partner and/or any other eligible dependent child(ren) to coverage at the same time without a late enrollment waiting period.

Exception: Dependents affected by National Medical Support Order

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

- A copy of the court order
- Supporting documents showing that the dependent child is covered by the order
- Supporting documents showing that the dependent child is eligible for coverage under NYSHIP eligibility rules (see *Proof of Eligibility*, page 8)

Exception: Changes in Children's Health Insurance Program (CHIP) or Medicaid eligibility

An employee or eligible dependent has special rights to 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.

Canceling Enrollment

To cancel your enrollment in NYSHIP, contact your HBA.

If you die while your coverage is canceled, your dependents will have no rights to continue coverage as dependent survivors, under COBRA or through a direct-pay contract.

Canceling coverage for your enrolled dependent(s)

If your enrolled dependent is no longer eligible for NYSHIP coverage or you wish to cancel coverage for an enrolled dependent, contact your HBA. Your dependent may be eligible to continue coverage under COBRA (page 42), the Young Adult Option (page 46) or a direct-pay contract (page 47).

Changing Coverage

Changes in Enrollment and Pre-Tax Contribution Programs

Enrollment in a pre-tax contribution program limits changes to your pre-tax health insurance deduction for the current plan year (see page 16 for more information about the Pre-Tax Contribution Program). If you are considering changing your type of coverage, contact your HBA regarding possible restrictions to changes in your health insurance premium deduction.

Changing from Individual to Family Coverage

If you wish to change from Individual to Family coverage (and your dependent meets the requirements listed in *Dependent Eligibility*, page 6), contact your HBA. Be prepared to provide the following:

- Your name, date of birth, Social Security number, address and phone number
- The effective date and reason you are requesting the change (see the following for more information)
- Your dependent's name, date of birth and Social Security Number
- A copy of the Medicare card for any dependent eligible for Medicare

Additional documentation will be required (see *Proof of Eligibility* on page 8).

First date of eligibility

The first date of eligibility for a dependent is the date on which an event took place that qualified the individual for dependent coverage (for example, the date of marriage or a newborn's date of birth).

The date your dependent's coverage begins will depend on your reason for changing coverage and your timeliness in applying. You can avoid a late enrollment waiting period by applying promptly, even if you are unable to provide the required proofs at that time. (**Note:** Proofs are due 30 days from the date the application is received by your HBA.)

You may change from Individual to Family coverage without the imposition of a late enrollment penalty as a result of one of the following events:

- You acquire a new dependent (for example, you marry or become a parent). **Note:** The time frame for covering newborns is different (see the following section, *Covering newborns*).
- Your dependent's other health insurance coverage ends.
- You return to the payroll after military leave, and you want to cover dependents acquired during your leave.

Your dependents' coverage will begin based upon the date you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent(s) was first eligible.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment period will apply.
- Your Family coverage will become effective on the first day of the fifth payroll period following the payroll period in which you apply. If you apply on the first day of a payroll period, that payroll period is counted as the first payroll period of the late enrollment period.
- If you are changing to Family coverage to add a dependent who was previously eligible but not enrolled, Family coverage will begin on the first day of the fifth payroll period following the payroll period in which you apply.
- If you are changing to Family coverage to add a newly-acquired dependent as well as a previously eligible dependent(s), the previously eligible dependent's coverage will begin on the first day of the fifth payroll period following the payroll period in which you apply.

Covering newborns

Your newborn child is not automatically covered; you must contact your HBA within 30 days of the child's birth to complete the appropriate forms, even if all proofs are not yet available. Refer to *Proof of Eligibility* on page 8 to learn about additional documentation that may be required. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available.

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

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 coverage to be effective on the day the child was born.

Adding a Previously Eligible Dependent to Existing Family Coverage

To add a previously eligible but not yet enrolled dependent to your existing Family coverage, contact your HBA. Your previously eligible dependent's coverage will begin based on the time frames outlined in *First date of eligibility* on page 13.

Changing from Family to Individual Coverage

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. You also may be able to make this change if you no longer wish to cover your dependents, even if they are still eligible. **Note:** Participation in the Pre-Tax Contribution Program may affect your ability to change from Family to Individual coverage (see page 17 for more information).

Refer to the section *End Dates for Coverage*, page 25, for information about when your dependent's coverage ends if you change from Family to Individual coverage, or contact your HBA. For information about continuing coverage, see *COBRA: Continuation of Coverage* on page 42 and *Young Adult Option* on page 46, or contact your HBA.

The Opt-Out Program

The Opt-out Program allows eligible New York State employees who have other employer-sponsored group health insurance to opt out of their NYSHIP benefits in exchange for an incentive payment.

Eligibility

To enroll in the Opt-out Program, all of the following eligibility criteria must be met:

- You must be represented by a negotiating unit that is eligible for the Opt-out Program. Check with your HBA to confirm eligibility.
- You must be eligible to enroll for NYSHIP coverage as an employee of the State with an employer contribution to your cost of coverage.
- You must be covered by other employer-sponsored group health insurance through other employment of your own or as a dependent under a plan belonging to your spouse, domestic partner or parent through their employment.
 - a. An employee will not be eligible to enroll in the Opt-out Program if the other coverage available is NYSHIP coverage provided by New York State to an employee or retiree. However, NYSHIP coverage through another employer, such as a municipality, school district or public benefit corporation, qualifies as other coverage for the purpose of Opt-out Program eligibility (see your HBA for details).
 - b. You must attest that you will be covered by other employer-sponsored group health insurance, beginning no later than the date your enrollment in the Opt-out Program will start.
- You must be newly eligible for NYSHIP coverage *or* you must have been continuously enrolled in a NYSHIP option (to which the State contributes) beginning no later than April 1 of the preceding plan year and continuing through the end of that plan year. NYSHIP options are:
 - a. The Empire Plan
 - b. A NYSHIP HMO
 - c. The Opt-out Program

If you were newly eligible for NYSHIP coverage after April 1 in the preceding plan year and enrolled in The Empire Plan, a NYSHIP HMO or the Opt-out Program, you must have been continuously enrolled in a NYSHIP option from your first date of eligibility through the end of that plan year. You will be considered newly eligible for NYSHIP coverage if you:

- Are newly hired by the State in a benefits-eligible position or
- Have a change in your employment status with the State that results in you becoming newly eligible for NYSHIP benefits.

Enrollment

If you meet all the eligibility criteria, you must submit completed *Health Insurance Transaction* (PS-404) and *NYSHIP Opt-out Attestation* (PS-409) forms to your HBA to enroll in the Opt-out Program.

Newly-eligible employees

New State employees and newly-eligible State employees must enroll in the Opt-out Program before the end of the NYSHIP waiting period (see *When Coverage Begins* on page 10).

Current NYSHIP enrollees

Current NYSHIP enrollees who are eligible for the Opt-out Program may enroll only during the annual Option Transfer Period.

Annual reenrollment is not required

It is no longer necessary to reenroll in the Opt-out Program each year. No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program for the next plan year.

Incentive Payments

Your incentive payment will depend on whether you opt out of Individual or Family coverage. **Note:** If you are eligible for the Opt-out Program because you have NYSHIP coverage through another employer, you are not eligible for the Family incentive payment, even if you have eligible dependents. You are eligible only for the Individual payment.

Refer to the *Health Insurance Choices* booklet issued annually for the incentive amounts each year. Incentive payments will be prorated and applied to each biweekly paycheck, and the payments will be treated as taxable income. If you are receiving the Opt-out incentive for Family coverage and your last dependent loses NYSHIP eligibility, you will only be eligible for the Individual payment from that date forward.

If you are not eligible for NYSHIP coverage with an employer contribution to your cost for coverage (see *How Employment Status Changes May Affect Coverage*, page 20) for any length of time while you are enrolled in the Opt-out Program, you will not be eligible to receive incentive payments for that period.

Reenrollment in a NYSHIP Health Plan

If you are already enrolled in the Opt-out Program, you may reenroll in NYSHIP health coverage during the annual Option Transfer Period for the next plan year. You also may change from the Opt-out Program to another NYSHIP option outside the Option Transfer Period if you experience a qualifying event, such as a change in family status or loss of coverage. You must request this change within 30 days of the qualifying event. Mid-year enrollment in the Opt-out Program is not permitted, unless you are newly eligible.

Retiring While You Are Enrolled in the Opt-out Program

Enrollment in the Opt-out Program is considered NYSHIP enrollment for the purposes of establishing eligibility for NYSHIP coverage in retirement. Retirees are not eligible to participate in the Opt-out Program; incentive payments will end when you stop receiving a paycheck. Refer to *Eligibility to Continue Coverage When You Retire* on page 28 for information about options available at retirement.

Pre-Tax Contribution Program (PTCP)

If you enroll in PTCP, the allowable employee share of your NYSHIP premium will be deducted from your wages before taxes are withheld. Therefore, participation in this program may lower your taxes.

Eligibility for PTCP

You are eligible to participate in PTCP if:

- You are an active State employee,
- You receive regular paychecks and
- Your premium is deducted from your paycheck.

Note: You are not eligible to participate if you are billed for your health insurance directly instead of paying by payroll deduction (for example, if you are on leave without pay). COBRA enrollees and Young Adult Option enrollees are not eligible for PTCP.

Tax Savings

When you enroll in PTCP, your premium is subtracted from your taxable income. Therefore, you pay income-based taxes on a lower income. Income-based taxes include federal income taxes, Social Security taxes and most State and local income taxes.

Note: Not every state or locality allows you to reduce your state or local taxable income by the amount of your health coverage premium. Contact your tax advisor regarding how to participate in PTCP.

Electing PTCP

You must decide whether you want to enroll in PTCP when you are newly eligible and you enroll in NYSHIP. To enroll in NYSHIP, you must complete the *Health Insurance Transaction Form (PS-404)*, which includes a line for you to select either “Pre-Tax Status” or “After-Tax Status.” **You must make an election to complete your enrollment.**

13.	ELECT OR DECLINE COVERAGE
A. Choose a Pre-Tax election	
1. <input type="checkbox"/> Elect Pre-Tax Status for Premium deduction 2. <input type="checkbox"/> Elect After-Tax Status for Premium deduction	
You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period	

Once you have made a PTCP election, it can be changed only during the annual Pre-Tax Contribution Program Election Period (which coincides with the annual Option Transfer Period). You must complete a new *Health Insurance Transaction Form (PS-404)* at this time to change your selection.

16.	ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW		
Change NYSHIP Option	Change to: <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code <input type="text"/> HMO Name: _____		
Elect Opt-out (NYS Medical only)	<input type="checkbox"/> Individual Opt-out <input type="checkbox"/> Family Opt-out If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.		
Change Pre-Tax Status	Change to: <input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax Submit during the PTCP Election Period		

Each year, you will continue with the same pre-tax election unless you change your selection during the Pre-Tax Contribution Program Election Period. You do not need to reenroll in PTCP each year.

Changes Permitted Only After Certain Events

Under Internal Revenue Service (IRS) rules, if you are enrolled in PTCP, you may change your health insurance deduction during the tax year only after one of the following PTCP qualifying events:

- Change in marital status
- Change in number of dependents
- Change in your (or your dependent's) employment status that affects eligibility for health benefits
- Change in your dependent's status that affects eligibility for health benefits
- Change in your (or your dependent's) place of residence or worksite that affects eligibility for health benefits
- Significant change in health benefits and/or premium under NYSHIP
- Significant change in health benefits and/or premium under your (or your dependent's) other employer's plan
- COBRA events
- Judgment, decree or order to provide health benefits
- Medicare or Medicaid eligibility
- Leaves of absence
- HIPAA special enrollment rights

The pre-tax qualifying event must affect eligibility for health benefits, and a request for a change in pre-tax health insurance deductions due to a pre-tax qualifying event must be consistent with the event and made within 30 days of the event (or within the waiting period if newly eligible). Delays may be expensive.

Arbitrary Changes Not Permitted During the Year

During the plan year, IRS regulations only permit you to change the amount of your pre-tax health benefit deduction if you have experienced a pre-tax qualifying event. If no pre-tax qualifying event has occurred, you must wait until the next annual PTCP Election Period to change your pre-tax deduction for the next plan year.

During the next PTCP election period, which coincides with the annual Option Transfer Period, if you are enrolled in PTCP, you can make the following changes:

- Change your PTCP election
- Change from Family to Individual coverage while your dependents are still eligible, when there is no qualifying event
- Change from Individual to Family coverage without a qualifying event (late enrollment provisions will apply)
- Voluntarily cancel your coverage when there is no qualifying event

You may also newly elect to participate in PTCP for the following plan year.

Your Share of the Premium

Payment of premium does not establish eligibility for NYSHIP benefits. You must also meet NYSHIP eligibility requirements.

As an active employee, New York State pays a portion of your NYSHIP premium. You pay your share through deductions from your biweekly paycheck. If you are off the payroll, see *How Employment Status Changes May Affect Coverage*, page 20, for more information on your NYSHIP premium.

Enrollees receiving pay on the “lag” biweekly schedule have health insurance premiums deducted for their share of the premium for the coming pay period. Therefore, the pay they receive is lagged, but the health insurance deduction is not. Enrollees receiving pay on the “current” and “triple lag” payroll should consult their HBA regarding when their health insurance premiums will be deducted.

If you are covered under a NYSHIP HMO, the State’s dollar contribution for the hospital, medical/surgical and mental health and substance use care 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 following table; the dollar amount is not limited by the cost of Empire Plan drug coverage.

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

- Enrollees on Leave Without Pay (see *Leave without pay* in *How Employment Status Changes May Affect Coverage*, page 21)
- Employees who are eligible for coverage by paying the full cost of the premium in accordance with negotiated agreements
- Vestees (see *Vestee Coverage*, page 26)
- COBRA enrollees
- Young Adult Option enrollees

Contribution Rates

The State’s share and your share of the cost of coverage depend on your bargaining unit, as follows:

Council 82, CSEA, DC-37, NYSCOPBA, PBANYS, PBA, PEF, PIA, UCS, M/C; Legislature				
	Individual Coverage		Dependent Coverage	
Pay Grade	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

UUP				
	Individual Coverage		Dependent Coverage	
Pay Grade	State Share	Employee Share	State Share	Employee Share
Less than \$49,403 annually [†]	88%	12%	73%	27%
\$49,403 or more annually [†]	84%	16%	69%	31%

[†] Effective July 1, 2023. Check with your HBA for the current amount, as reflected in the terms of the collective bargaining agreement.

What Your Paycheck Shows

Your paycheck stub identifies your negotiating unit, department and the amount of your biweekly deductions for health insurance.

If you elect the Pre-Tax Contribution Program (PTCP), your health insurance deduction will be listed on your pay stub under the heading “Before-Tax Deductions” (see page 16 for more information on PTCP). If you do not elect PTCP, your health insurance deduction will be listed on your pay stub under the heading “After-Tax Deductions.” If you elect PTCP and cover a non-federally qualified dependent, your individual coverage deduction will be listed under “Before-Tax Deductions” and your additional dependent coverage deduction will be listed under “After-Tax Deductions.” Contact your HBA if you have any questions regarding your health insurance deductions.

Note: If you are covering a non-federally qualified domestic partner and you are enrolled in PTCP, the cost of individual coverage will be deducted from your paycheck before taxes are withheld and the cost of the dependent coverage will be deducted on an after-tax basis (after employment taxes have been withheld). This is regardless of whether you are also covering federally qualified dependents (such as children). Should the non-federally qualified domestic partner be removed from coverage, the entire premium will be taken before taxes are withheld.

Productivity Enhancement Program (PEP)

PEP is a benefit-related program that affects the premium you pay for coverage. Eligible full- and part-time employees may exchange previously accrued annual and/or personal leave in return for a credit to be applied toward the employee share of the NYSHIP premium. The credit is reflected in your biweekly paycheck as a reduction of your health insurance premium for the duration of the plan year. Contact your HBA for more information on eligibility and program requirements.

Identification Cards

Empire Plan Enrollees

Upon enrollment in The Empire Plan, you will receive one or more Empire Plan cards (depending on whether you enroll in Individual or Family coverage). The cards will be sent to the address on your enrollment record. These cards include your name and the names of your covered dependents (refer to page 49 of the *Appendix* for an example of your benefit card). There is no expiration date on your card; however, cards may be reissued annually or as necessary. A separate card will be mailed to any dependent with a different address on your enrollment record.

Present your Empire Plan card before you receive services, supplies or prescription drugs.

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 with a unique identification number for prescription drugs. Use this card whenever filling a prescription (see page 49 of the *Appendix* for an example of this card).

Ordering a card

Ask your HBA or visit MyNYSHIP to order an Empire Plan benefit card if your or a dependent’s card is lost or damaged. Your replacement card will be sent to the address on your enrollment record. At the time you request a replacement card, please confirm with your HBA that the address on your enrollment record is correct.

If you need to reorder an Empire Plan Medicare Rx card, call the Prescription Drug Program and follow the prompts for Empire Plan Medicare Rx (see *Contact Information*, page 51).

HMO Enrollees

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

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 your HBA. Use of a benefit card when you are not eligible may constitute fraud. If you or a dependent uses the card when you are not eligible for benefits, you will be billed for all claims paid incorrectly on your behalf or on behalf of your dependents.

You are responsible for notifying your HBA immediately when you or your dependents are no longer eligible for NYSHIP coverage.

How Employment Status Changes May Affect Coverage

Changes in your payroll status may affect your enrollment. Contact your HBA for information about how changes in employment status can affect your health insurance coverage, the cost of your coverage and how you pay your premium.

Note: If you are still receiving a paycheck by charging accruals, your health insurance coverage is not affected.

Changes that Do Not Affect Coverage

- Voluntary Reduction in Work Schedule Program (VRWS) participation
- Reduction in hours if you are still working half time or more of a regular work schedule

Leaves of 28 days or less

If you are off the payroll for 28 days or less and have not requested that your coverage be suspended or canceled, your share of the premium will automatically be deducted from your paycheck when you return to work. Your coverage will not be affected but, depending on your type of leave, your cost for coverage may be. Check with your HBA prior to your last day on the payroll.

If you do not want coverage while you are off the payroll, you must suspend or cancel your coverage before your last day on the payroll.

Changes that May Affect Coverage

- Leaves of absence, such as:
 - Leave without pay
 - Leave under the Family and Medical Leave Act (FMLA)
 - Disciplinary suspension
 - Workers' Compensation leave
 - Military leave
 - Short- or long-term disability
- Reduction in hours to less than half time
- Termination of employment
- Layoff

Leaves of absence that may affect coverage

Leave without pay

If you are on authorized leave without pay, you may continue your health insurance coverage. In most cases, you will be responsible for both the employee and employer shares of the premium (full share).

Your medical coverage while on leave is automatic.

You may be eligible for a waiver of your Empire Plan premium while on leave without pay due to total disability (see *Waiver of Premium*, page 24, for details).

Family and Medical Leave Act (FMLA)

Under FMLA, eligible workers are entitled to a maximum of 12 weeks of unpaid leave annually for specific family and medical reasons. You will only be responsible for the employee share of the premium during the 12-week FMLA leave. (**Note:** FMLA does not apply to M/C employees of the Legislature.)

You have the right to apply for a waiver of your Empire Plan health insurance premium during the FMLA period (see *Waiver of Premium*, page 24, for details).

Disciplinary suspension

Disciplinary suspension provisions for represented employees are determined in accordance with each group's current contract with New York State.

CSEA, Council 82, DC-37, NYSCOPBA, PBANYS, PEF, UCS, UUP:

If you are placed on disciplinary suspension without pay, prior to a determination, you may continue your NYSHIP coverage at the employee share of the premium.

PBA and PIA:

If you are placed on disciplinary suspension without pay, prior to a determination, you may continue your NYSHIP coverage by paying both the employee and employer shares of the premium (full share).

Workers' Compensation leave

If you are absent from work because of an accepted work-related injury, illness or occupational condition, you are eligible to continue your health insurance coverage at the employee share of the premium for up to 12 months per injury, illness or occupational condition (or up to 24 months per accepted assault case if you are an employee of the Executive Branch in one of the following groups: CSEA, Council 82, DC-37, NYSCOPBA, PBANYS, PEF or M/C). Employees represented by UUP or PBA or employed by the Unified Court System (UCS) should contact their HBA.

You will be responsible for the employee share of the premium while you are on Workers'

Compensation leave. Employees who are on an approved Workers' Compensation leave will receive an informational letter from EBD regarding the billing and payment of premiums. Groups eligible to defer their premiums will also receive a deferral form. The deferral of premiums is not automatic; you must sign and return this form to EBD within 30 days of the date of the letter. To ensure the eligibility of your deferral of premiums, it is recommended that you notify EBD if you do not receive confirmation of your deferral form within 30 days of your submission. When returning to the payroll, your approved deferred premiums will be taken from your paycheck in increments of up to \$100 until your accumulated balance of your Workers' Compensation leave is satisfied. However, if you are removed from the payroll again for any type of leave, or separate from State service, all prior unpaid premiums will be due immediately.

Controverted Work-Related Injuries. If you are removed from the payroll because of a controverted work-related injury, illness or occupational condition (an injury, illness or condition that is not yet accepted by the claims administrator as work related), you may continue your health insurance coverage by paying both the employer and the employee share of the premium (full share). You also have the right to apply for a health insurance waiver of premium (see *Waiver of Premium*, page 24, for details).

If the controverted work-related injury is later accepted, your status will be changed to "Workers' Compensation leave" effective the date of the injury and your waiver of premium will be reversed.

You will be responsible for the enrollee share of the premium for that time period.

Military leave

You may be eligible to continue coverage for your covered dependents while you are on military leave, subject to applicable State and federal laws and executive orders or negotiated agreements. Consult your HBA for information on procedures and costs.

If you do not continue your coverage during military leave, you may reinstate coverage without any waiting period when you return to work. You will be responsible for the enrollee share of the premium upon reactivation. Exclusions may apply if you have service-related medical problems or conditions.

Annual Obligation. While you are on military leave to meet your annual obligation as a member of the Reserves or a National Guard unit, you pay only the employee share of the premium to continue Family coverage.

Leave for Active Duty. If you 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, your dependents will be eligible to continue coverage if you had Family coverage for at least 30 days before your activation. You may be entitled to continue coverage for your dependents at no cost.

Income Protection Program

Short-Term Disability. If you are represented by DC-37 or are an M/C employee enrolled in the Income Protection Plan and you are on short-term disability, you will be required to pay only the employee share of the health insurance premium. NYSHIP coverage while you are on short-term disability may continue for up to 13 pay periods. Contact your HBA to make arrangements.

Long-Term Disability. If you are represented by DC-37 or are an M/C employee or an employee of the Legislature receiving long-term disability benefits, you will be required to pay both the employee and employer shares of the health insurance premium, but you may qualify for a waiver of premium for up to one year of disability while you remain in leave status (see *Waiver of Premium*, page 24, for details).

Canceling coverage while on leave

You may cancel your health insurance coverage for the time you are on leave. Your coverage will end on the last day of the pay period in which your request to cancel coverage was signed. You may reenroll at a later date, usually subject to the late enrollment waiting period (see *First date of eligibility*, page 13).

When you may reenroll

Before you return to work

If you reinstate your coverage while on leave before you return to work, in most cases you will be subject to a late enrollment waiting period (see *First date of eligibility*, page 13). To request that your coverage be reinstated, write to:

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

When you return to work

You may reenroll in NYSHIP when you return to work from a leave, provided you still meet the eligibility requirements. Contact your HBA to reactivate your coverage. In most cases, your effective date will be the first day of the second payroll period following the payroll period in which you return to work.

Other Changes that Affect Coverage

Change in hours worked

If you experience a change in hours, your eligibility for coverage may be affected. See your HBA if you experience a change in hours.

Reduction in hours

If your hours are reduced to less than half time, you are no longer eligible for NYSHIP coverage as an active employee. Your coverage will end 28 days after the last day of the last payroll period during which you worked at least half time. Exceptions may apply; see your HBA. You may be eligible for coverage through COBRA (see page 42). Enrollees represented by UUP, see your HBA.

Increase in hours

If your hours are increased to half time or more after coverage had been terminated because of a reduction in your hours, contact your HBA to reenroll in NYSHIP coverage. You will not be subject to a waiting period if you choose to reenroll and continue to meet eligibility requirements.

Seasonal layoff

If you are laid off between seasons, you may be eligible to continue your coverage.

If you are represented by CSEA, you may continue coverage between seasons at full share if you are off the payroll for less than six months, are expected to return to the payroll and are eligible for NYSHIP coverage.

If you are represented by PEF or DC-37, you may continue coverage between seasons at full share if you are off the payroll for less than three months, are expected to return to the payroll and are eligible for NYSHIP coverage.

Employees in other groups, contact your HBA to find out if you are eligible to continue coverage between seasons.

Termination of employment

If your employment terminates and you are not eligible to continue coverage under the terms outlined in the preceding sections, your coverage will end 28 days after the last day of the last payroll period during which you were paid, provided your health insurance deductions were up to date. If your health insurance deductions are not current when your employment terminates, your coverage will end sooner. At the end of this runout, you will no longer have health insurance coverage through NYSHIP unless you are eligible to retire (see page 28), vest coverage (see page 26), elect COBRA coverage (see page 42) or elect a direct-pay contract (see page 47).

Cancellation for nonpayment of premium

If you do not make your premium payments, your coverage will cease as of the end of the last pay period in which your deductions and/or payments were owed. Therefore, if premiums were in arrears prior to leaving the payroll, all deductions and/or direct payments made to EBD will be applied to a previous unpaid pay period.

Consider the Consequences

Canceling your coverage or letting it lapse by failing to pay the premium can result in serious consequences. You have no right to NYSHIP health coverage if you vest or retire while your coverage is canceled. Your dependents will have no rights to coverage under COBRA or as dependent survivors if your coverage is not in effect and you resign, vest, retire or die.

Eligibility for Preferred List Status

If your name is on a New York State Department of Civil Service Preferred List for reemployment, you may continue your health insurance coverage under Preferred List provisions. If you are not eligible to have your name placed on a New York State Department of Civil Service Preferred List for reemployment, you may continue health insurance coverage under Preferred List provisions if:

- You are in the noncompetitive class with tenure under Section 75 of the Civil Service Law or
- Your appointment was permanent (you are not eligible if your appointment was a provisional or temporary appointment).

You may continue coverage for up to one calendar year from the date your health insurance 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 an employee ended. To protect your health insurance 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 provisions ends, you may be eligible to continue coverage as a retiree (see page 28), vestee (see page 26), temporarily under COBRA (see page 42) or under a direct-pay conversion contract (see page 47).

Enrollment is automatic

If EBD receives notice from your agency that you have been laid off or displaced from your position and have been placed on a Preferred List, you will be eligible for and enrolled in Preferred List coverage. EBD will bill you monthly.

Waiver of Premium

You may be entitled to have your Empire Plan health insurance contribution waived for up to one year. The Empire Plan allows for a waiver of premium under certain circumstances. NYSHIP HMOs do not provide a waiver of premium.

To qualify for a waiver of your Empire Plan premium, you must meet **all four** of the following requirements:

1. You are currently enrolled in The Empire Plan;
2. You have been totally disabled as a result of illness or injury;
3. You are on authorized Leave Without Pay, unpaid Family and Medical Leave or covered under Preferred List or UUP retrenchment provisions.

For District Council 37, M/C and Legislature: If you receive Long-Term Disability payments from the New York State Income Protection Plan or Legislative Long-Term Disability Protection Plan, and you pay the full cost of your premium, you are eligible to apply for a waiver;

and

4. You do not owe any outstanding premium for coverage prior to the unpaid leave.

You are NOT eligible for the waiver if you are still receiving income through salary, leave accruals (including leave donations), Short-Term Disability Income Protection Plan benefits, Workers' Compensation, Paid Family Leave or retirement allowance.

Waiver is not automatic

A waiver of premium is not automatic. You must apply for it, and you must continue to pay your health insurance premiums until you are notified that the waiver has been granted. If your waiver of premium is approved, you will receive a refund for any overpayments of the premium made after the date your waiver begins.

How to apply for a waiver of premium

To apply for a waiver of premium, obtain the *Application for Waiver of Empire Plan Premium* (PS-452) form from your HBA. 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.

EBD will notify you if your waiver has been granted.

Additional waiver of premium

If you have received a waiver of premium for up to one year, you must return to work before being eligible for an additional waiver of premium. If you have not returned to work, you may not use accruals to return to the payroll to qualify for an additional waiver.

If you return to work after receiving a waiver of premium and are subsequently certified as totally disabled due to the same disability, the following rules apply:

- If you return to work for less than six consecutive biweekly payroll periods, you may resume coverage under the previous waiver for the remainder of the original one-year period (including the time back to work).
- If you return to work for six or more consecutive biweekly payroll periods, you may apply for a new waiver of premium up to an additional one-year period.

There is no lifetime limit to the number of waivers you may receive. EBD will notify you if an additional 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
- You return to the payroll
- You are no longer in a status of leave without pay or FMLA leave
- You are no longer a State employee
- You are no longer covered under Preferred List health insurance provisions
- You vest your health insurance coverage rights
- You separate from service or are terminated
- You retire
- You die

End Dates For Coverage

Note: If you or your dependent is no longer eligible for NYSHIP coverage and the request is made in a timely manner, in certain cases, coverage may be continued under COBRA (see page 42).

You, the Enrollee

Loss of eligibility

NYSHIP coverage will end 28 days after the last day of the last payroll period for which you were paid. If your eligibility for coverage ends, contact your HBA. If you are on leave without pay, refer to *Canceling coverage while on leave*, page 22, for when coverage will end.

Suspending coverage

If you choose to suspend coverage while on a leave of absence, your last day of coverage will be 28 days after the last day of the last payroll period for which you were paid, provided your health insurance deductions were up to date.

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 cancel your enrollment while you are in vestee status, you will not be eligible to reenroll in NYSHIP as a vestee unless you have maintained continuous NYSHIP coverage elsewhere.

Dependent Loss of Eligibility

Contact your HBA as soon as your dependent no longer qualifies for coverage. If you fail to inform your HBA of dependent eligibility changes, you will be responsible for repaying all health insurance claims for ineligible dependents as early as the date the dependent became ineligible. Knowingly withholding information regarding ineligibility of dependents can constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

If you, the enrollee, have Family coverage and you lose eligibility, your dependents' coverage ends on the same date your coverage ends. For information about dependent coverage if you predecease your dependents, see *Dependent Survivor Coverage*, page 34.

If your dependent loses eligibility, coverage will end as follows:

Children

Coverage for your dependent children will end on the last day of the month in which the maximum age is reached (for dependents who lose eligibility due to age) or on the date the dependent otherwise loses eligibility for coverage (for example, for children who have a disability or "other" children).

Spouse

Coverage for your spouse will end on the effective date of the divorce (date filed by the court).

Domestic partner

Coverage for your domestic partner will end on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership for NYSHIP* (PS-425.4) form to your HBA.

Vestee Coverage

If your State employment ends before you are eligible for coverage as a retiree, and you meet the eligibility requirements listed below, you may protect your future eligibility for State retiree coverage. To do so, you must maintain continuous NYSHIP coverage until you are eligible to collect a pension.

You may continue coverage as:

- An enrollee in vestee coverage with your former employer.
- A dependent of a NYSHIP enrollee.
- An enrollee with an employer other than New York State that offers NYSHIP coverage, such as a local government or quasi-State agency. (**Note:** If you attain eligibility for NYSHIP coverage in retirement through a new employer, you will lose your right to your NYSHIP retirement benefits through your previous employment with New York State.)

Continuing NYSHIP Coverage as a Vestee

Eligibility

If your employment with the State ends before you are eligible to collect a pension and you vest your retirement allowance, you are eligible to continue your NYSHIP coverage as a vestee if 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
- Met the minimum service requirement but are not yet eligible to collect a pension at the time employment is terminated (see *Eligibility to Continue Coverage When You Retire*, page 28).

If you are a member of the State University of New York Optional Retirement Program with a vendor such as Teachers Insurance and Annuity Association of America (TIAA) and you maintain your eligibility for disbursements upon reaching retirement age, you will 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.

Enrollment

If your employment with the State ends, you should receive an application from EBD to continue coverage as a vestee. If you do not receive an application within 60 days of your termination date, call EBD. Failure to apply in a timely manner can result in a lapse of coverage and a loss of eligibility to continue coverage.

Cost

If you choose to continue your coverage as an enrollee in vestee coverage, there is no employer contribution to the cost of coverage; you are responsible for paying the full cost of your NYSHIP coverage until you become eligible for coverage as a retiree. Contact your HBA regarding payment and billing information.

If your coverage is canceled for nonpayment of premium, you may lose your right to continue coverage as a retiree.

Sick leave credit does not apply

Sick leave credits cannot be applied toward health insurance premium costs either while you are in vested status or after retiring from vested status.

Continuing Your NYSHIP Coverage as a Dependent of a NYSHIP Enrollee

If you maintain continuous coverage in NYSHIP, you may reestablish enrollment in your own vestee coverage or retiree coverage (when eligible) as long as you have not allowed your coverage in NYSHIP to lapse. Contact EBD 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. (**Note:** If you attain eligibility for NYSHIP coverage in retirement through a new employer, you will lose your right to your NYSHIP retirement benefits through your previous employment with New York State.)

Option Transfer for Vesteas

If you are enrolled as a vestee, you may change options at any time once during a 12-month period. You may change your health insurance more than once in a 12-month period if you add a new dependent to your coverage or move (under certain conditions). Vesteas and retirees are subject to the same rules for changing options (refer to the *General Information Book for Retirees, Vesteas, Dependent Survivors and Enrollees Covered under Preferred List Provisions of New York State* for more information).

Canceling Enrollment

If your NYSHIP vestee coverage is canceled prior to your retirement eligibility, you will not be eligible to reenroll in NYSHIP as a vestee or later on as a State retiree unless you have maintained continuous NYSHIP coverage elsewhere or become newly eligible for NYSHIP coverage as a State employee.

Eligibility to Continue Coverage When You Retire

You and your dependents are eligible to continue NYSHIP coverage upon your retirement if you meet all the requirements outlined in this section. Read this information carefully. **You will not be eligible to continue NYSHIP coverage as a retiree if you do not meet the eligibility requirements outlined in this section and submit all required materials.**

Note: The Retirement System's requirements to receive a pension are different from NYSHIP's requirements to continue NYSHIP coverage as a retiree.

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 10 years of benefits-eligible State service or at least 10 years of combined 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 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 with an employer contribution to your cost for coverage. At least one year of your qualifying service must be with New York State.

** Participating Agencies and Participating Employers include New York State local governments/agencies (such as school districts, libraries, fire districts and parks) and quasi-public organizations, public authorities and public benefit corporations. Under Civil Service law, 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.*

Coverage with Other NYSHIP Employers

If you worked for another employer or agency that is eligible to participate in NYSHIP, ask your HBA whether your service counts toward meeting the minimum service requirement.

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 Retirement System (NYSLRS), which comprises the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS), or the New York State Teachers' 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 any of New York State's political subdivisions (or you are enrolled in an optional retirement program such as Teachers Insurance and Annuity Association of America [TIAA]), you must satisfy one of the following conditions:

- You must meet the age requirement of the NYSLRS retirement tier in effect at the time you last entered service
- You must be qualified to receive Social Security disability payments

Note: If you retire but delay collecting your State pension or delay receiving disbursements from an optional retirement program, you may continue your NYSHIP coverage under retiree provisions, provided you meet the eligibility requirements listed above. This is referred to as "constructive retirement."

3. Be enrolled in NYSHIP.

You must be enrolled in NYSHIP as an 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. Your health insurance premiums, whether paid through payroll deduction or directly while on a leave of absence, including deferred premiums while on Workers' Compensation Leave, must be paid in full. You will receive a final billing notice for any unpaid premiums shortly after your retirement. You will be ineligible to continue coverage into retirement if you have any unpaid balances.

Note: If you are enrolled in the Opt-out Program, you are not eligible to continue this program when you retire. You must elect another option or defer coverage (see *Deferred Health Insurance Coverage* on page 32 of this section).

Dental and Vision Coverage

If you were covered through the NYS Dental Plan and/or Vision Program as an employee, that coverage ends when you retire. You will receive a COBRA application from EBD and may be eligible to continue coverage under COBRA by paying the full cost. You may also be eligible to purchase a direct-pay contract through the New York State Dental Plan administrator at the time you retire or when your COBRA coverage ends. You will be contacted by the NYS Dental Plan administrator. Refer to your dental and vision plan materials for additional information.

If you were provided dental and/or vision benefits through a union Employee Benefit Fund, contact that fund regarding continuation of dental/vision coverage.

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 if you are eligible to continue coverage as a retiree. However, the requirements you must meet to be eligible for NYSHIP coverage in retirement are different.

If you are applying for a disability retirement, be sure to contact your HBA 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.
- **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 decided

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

Until you receive a decision, you may continue coverage as an enrollee on leave without pay or as a vestee by paying your monthly NYSHIP premium directly to EBD or you may continue coverage as a dependent of a NYSHIP enrollee.

Denial of a 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 enroll in NYSHIP as a retiree.**

Disability retirement award

To request retiree coverage after you receive a disability award, contact EBD 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.

Deadline for reinstating coverage

If retroactive retirement is granted after you discontinued your coverage, write to EBD to reinstate coverage as soon as you receive the decision on your disability retirement. You must provide a copy of the award letter from the retirement system that includes the type of disability retirement (regular or work-related) and your disability retirement effective date.

You will need to apply for reinstatement within one year from the date on the letter from your retirement system granting your disability retirement if your cancellation date of coverage was prior to your retirement effective date. However, you will be responsible for paying any retroactive premiums you missed while your coverage was canceled (from the date your coverage terminated to the effective date of your retirement, had it been granted in a timely manner).

What You Pay

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

- Contribution rate
- Health insurance option
- Type of coverage (Individual or Family coverage)
- Sick leave credit, if any

EBD will notify you of the monthly amount you must pay.

How You Pay

When you retire, you will pay your share of the monthly health insurance premium through deductions from your pension or by making payments directly to EBD.

When you terminate your employment, you will receive a letter from EBD providing you with information about continuing coverage as a retiree. EBD will then review for eligibility and once confirmed you will be billed for coverage from the date your retiree health benefits went into effect through the current billing period. If you elected to have your premiums deducted from your pension, it may take several months before deductions begin. Any outstanding retroactive premiums still owed will be recouped in deduction increments of up to \$999, if applicable.

Sick leave credit

If you retire directly from the payroll or retire while covered under Preferred List provisions for health insurance and earn sick leave (judges, justices and certain M/Cs do not earn sick leave), you may be entitled to use the value of your unused sick leave to reduce the cost of NYSHIP health coverage in retirement. This will not affect the value of your sick leave for pension purposes.

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 NYS PIA may use a maximum of 165 working days of earned sick leave to calculate their sick leave credit.

When you retire, your agency provides EBD with the information necessary to calculate your sick leave credit, if any. The “Dear Retiree” letter from EBD will report this monthly sick leave credit. If you believe this credit is incorrect, contact your HBA. This letter also will include the monthly cost of your coverage in retirement for the option in which you are currently enrolled (at the current rate for that option).

Keep this letter for future reference.

To estimate the value of your sick leave credit, use the online Sick Leave Credit Calculator. Go to www.cs.ny.gov/employee-benefits and choose your group and plan. From the NYSHIP Online homepage, click on Planning to Retire. Scroll down and select the Sick Leave Credit Calculator link. Or, ask your HBA for a *Worksheet for Estimating Sick Leave Credit*.

Lifetime monthly 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.

Before you retire, submit the *NYSHIP Sick Leave Credit Option Election* (PS-405) form to your HBA. You must choose whether you want to use 100 percent of your sick leave credit or the Dual Annuitant Sick Leave Credit option. You cannot change your election after you retire (read more on the Dual Annuitant Sick Leave Credit option in the following section).

If you do not complete this form before your retirement, 100 percent of your sick leave credit will be applied to your premium. If you predecease your dependents, they will not have any sick leave credit to offset the cost of their NYSHIP premium.

The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you pay may change when premium rates change.

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.

When sick leave credit ends

Your monthly sick leave credit ends when you die, unless you choose the Dual Annuitant Sick Leave Credit option.

The Dual Annuitant Sick Leave Credit option

Prior to your retirement, you may elect the Dual Annuitant Sick Leave Credit option. This election will allow your dependent survivors to continue to use your monthly sick leave credit toward their NYSHIP premium after you die. To enroll, you must choose this option before your last day on the payroll.

If you choose the Dual Annuitant Sick Leave Credit option, you will use 70 percent of your sick leave credit for your premium for as long as you live. This 70 percent monthly credit will continue to be applied to the NYSHIP premium for your eligible dependents who outlive you. If your dependents die before you, you will retain the 70 percent sick leave credit. Regardless of whether or not you choose the Dual Annuitant Sick Leave Credit option, your surviving dependents will be eligible to continue coverage after your death if they meet the NYSHIP eligibility requirements outlined in *Dependent Survivor Coverage* on page 34.

You must elect the Dual Annuitant Sick Leave Credit option prior to retirement. Contact your HBA to complete the *NYSHIP Sick Leave Credit Option Election* (PS-405) form. You may choose this option whether you have Individual or Family coverage.

Your election cannot be changed on or after your retirement date.

Spouses who are both eligible for sick leave credit

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

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

- Submit the *NYSHIP Sick Leave Credit Option Election* (PS-405) form and choose either the single annuitant or dual annuitant option (even if one person is covered as a dependent).
- Ask your HBA to complete the *NYSHIP Sick Leave Credit Preservation* (PS-410) form 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 you can choose the Dual Annuitant Sick Leave Credit option 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 they reactivate their own coverage, provided the value of unused sick leave can be documented. When a dependent spouse applies for coverage in their own name, the completed *NYSHIP Sick Leave Credit Preservation (PS-410)* form or agency verification with a letter requesting coverage must be sent to EBD. For information on reactivating enrollment in NYSHIP, contact EBD.

Deferred Health Insurance Coverage

When you retire, you may delay your enrollment in retiree health insurance coverage and the use of your sick leave credits indefinitely if you have other employer-sponsored group coverage. To defer your coverage, you must contact your HBA and fill out the *NYSHIP Health Insurance Deferral Election (PS-406.2)* form.

If you choose to defer, you must do it before your last day on the payroll.

If you defer the start of your retiree coverage, your monthly sick leave credit may be higher because when it is calculated, it will be based on your age at the time you enroll. You may start your deferred retiree health insurance coverage at any time without a waiting period.

To document the value of your sick leave credit, ask your HBA to complete the *NYSHIP Sick Leave Credit Preservation (PS-410)* form at retirement. This form provides evidence of State service and sick leave credit.

If you had Family coverage at the time you deferred and you predecease your dependents, they may be eligible to enroll as dependent survivors. They must write to EBD to request reenrollment in NYSHIP within 90 days of the date of your death. Eligibility requirements for your spouse and eligible dependents to reenroll in NYSHIP are the same as if you had continued your coverage in retirement.

If you choose the Dual Annuitant Sick Leave Credit option at the time of retirement and die while in deferred status, your eligible surviving dependents will retain the 70 percent sick leave credit. The amount will be calculated based on your age at the time of death.

Contact your HBA if you have questions about deferring your coverage.

If you are covered as a dependent of another NYSHIP enrollee at the time you retire and you elect to defer the start of your own retiree coverage, complete the *NYSHIP Sick Leave Credit Preservation (PS-410)* form.

Reenrolling as a Retiree

Under most circumstances, you will be subject to a waiting period before your coverage becomes effective again. However, if you are reenrolling in NYSHIP as a retiree because you will lose other coverage, please provide documentation of the date your other coverage will end. If you request NYSHIP coverage within 30 days of the loss of the other coverage, you may reenroll as a retiree effective the day after your other coverage terminates. Any sick leave credits will be maintained on your record and will be applied to your monthly premium once you reactivate enrollment.

Other Resources

- Talk to your HBA. After you retire, EBD will serve as your HBA. To speak to a representative, call 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) on regular business days between 9 a.m. and 4 p.m., Eastern time. Be prepared to give your Social Security Number and date of birth.
- Check NYSHIP Online, www.cs.ny.gov/employee-benefits, for current benefit information.

- *The Empire Plan Certificate for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees* provides details about Empire Plan coverage and coordination of benefits with Medicare.
- The *Planning for Retirement* video is available online.
- *Welcome to EBD* helps you stay in touch with EBD after you retire.
- *Retiree Health Insurance Choices* describes all NYSHIP health insurance options.
- *NYSHIP Rates and Information for New York State Retirees* lists the monthly premiums for NYSHIP health insurance coverage.
- *On the Road With The Empire Plan* is a handy guide to your Empire Plan benefits while traveling.
- *Back to Work for New York State* explains health insurance status for State retirees who return to work for New York State.
- Medicare can be reached at 1-800-MEDICARE (1-800-633-4227) or visit the Medicare website, www.medicare.gov. Call Social Security at 1-800-772-1213 to enroll in Medicare.
- The *Medicare & NYSHIP* booklet and online companion video explain how NYSHIP and Medicare work together to provide health benefits.

Pre-Retirement Checklist

☐ Contact Your HBA

- ☐ Make sure you meet the minimum service requirements for continuing benefits in retirement and, that at the time you retire, you are enrolled in NYSHIP or other coverage offered by your employer. For health insurance, be especially careful to check any part-time service or service with another public employer that may count as qualifying service (if needed). Talk with your HBA if you have questions.
- ☐ Ask your HBA to verify that the information on your enrollment record (such as dates of birth, addresses and spelling of names) is accurate and up to date.
- ☐ Ask your HBA if you can apply the value of your unused sick leave credit toward the cost of coverage in retirement and, if eligible, what forms you need to complete.
- ☐ After you retire, EBD will serve as your HBA. To speak to a representative, call 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) on regular business days between 9 a.m. and 4 p.m., Eastern time.

☐ Contact Your Social Security Administration Office

- ☐ Enroll in Medicare Parts A and B when first eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 36). You will be reimbursed for the Medicare Part B premium you pay, minus any late enrollment penalty.
- ☐ If you or a dependent is eligible for Medicare at the time of your retirement, call your Social Security Administration office three months before you retire to enroll in Medicare Parts A and B. **To avoid a drastic reduction in benefits, you must have Medicare Parts A and B in effect when your coverage as a retiree begins.** (Medicare becomes primary to NYSHIP on the first day of the month following your last day of coverage as an active employee.) When you contact Social Security, ask for a “special enrollment period” due to your change in employment status. It is your responsibility to ensure Medicare coverage is in effect at the time your active coverage ends.
- ☐ After you retire, when you or a dependent reaches age 65 and is newly eligible for Medicare, NYSHIP requires you to have Medicare Parts A and B in effect on the first day of the month in which you reach 65 or the first day of the previous month if your birthday falls on the first day of the month. Plan to sign up three months before turning 65.

- ☐ After you retire, if you or your dependent is eligible for Medicare for a reason other than age (i.e., disability, end-stage renal disease, ALS), Medicare Parts A and B will generally provide coverage that is primary to NYSHIP (see *Medicare and NYSHIP*, page 36).

☐ If You Are Moving When You Retire

- ☐ Before you retire, notify your HBA of any change to your address or phone number.
- ☐ After you retire, to report address or enrollment changes or to make changes to your health insurance option, contact EBD or go to MyNYSHIP Enrollee Self-Service at www.cs.ny.gov/mynyship.

Dependent Survivor Coverage

Enrolled dependents may be eligible to continue NYSHIP coverage if the enrollee predeceases them.

See the following for dependent survivor eligibility rules. To ensure that dependent survivors receive the benefits to which they are entitled, it is important to send a copy of the enrollee's death certificate to EBD as soon as possible. Notification to a retirement system does not satisfy this requirement.

Note: Survivors of COBRA enrollees are not eligible for the extended benefits period (see the following) or dependent survivor coverage. Refer to the *COBRA: Continuation of Coverage* section starting on page 42 for information on coverage options.

Extended Benefits Period at No Cost

Eligible dependents covered at the time of the enrollee's death will continue to receive coverage without charge for five biweekly payroll periods (or three months if paying on a monthly basis) 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 your 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. Benefits will change to the same coverage provided to New York State retirees. Refer to *The Empire Plan Certificate for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees* for benefit information.

Eligible Dependents

The following dependents may be eligible for dependent survivor coverage as explained in this section:

- 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 outlined in the *Dependent Eligibility* section on page 6

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

A covered dependent who is not eligible for dependent survivor coverage may be eligible to continue NYSHIP coverage under COBRA (see page 42) or may be eligible to convert to a direct-pay conversion contract (see page 47).

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

- **Do not make a timely election of dependent survivor coverage**
- **Fail to make required payments**
- **Remarry**
- **Voluntarily cancel enrollment**

They may not reenroll.

Eligibility and Cost Vary

Dependent survivors may be required to pay any amount up to the full premium.

Eligibility and cost of dependent survivor coverage are based on the following circumstances:

The employee was 10 years or less from retirement, and death was not the result of a work-related illness or injury.

At the time of the 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
- A total of 10 years of NYSHIP benefits-eligible service that is a combination of service with New York State and any of its political subdivisions

An enrollee in an optional retirement program such as Teachers Insurance and Annuity Association of America (TIAA) must be within 10 years of meeting the age requirement in a New York State-administered retirement system, based on the tier in effect when the employee was hired.

Enrolled dependent survivors will be responsible for 10 percent of the premium for Individual coverage and an additional 25 percent of the premium for dependent coverage. The State's dollar contribution for the non-prescription drug components of an HMO premium will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

The employee was more than 10 years from retirement, and death was not the result of a work-related illness or injury.

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
- A total of 10 years of NYSHIP benefits-eligible service that is a combination of service with New York State and any of its political subdivisions

An enrollee in an optional retirement program such as Teachers Insurance and Annuity Association of America (TIAA) must be within 10 years of meeting the age requirement in a New York State-administered retirement system, based on the tier in effect when the employee was hired.

Enrolled dependent survivors will be responsible for the full share of The Empire Plan or HMO premium.

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

The New York State Workers' Compensation Board will determine if an enrollee's death was directly caused by an accident sustained in the performance of their job. Dependent survivors will need to provide a copy of the letter they received from the retirement system confirming the accidental death to EBD.

The State will pay 100 percent of the cost of NYSHIP coverage, up to the full cost of The Empire Plan premium, for enrolled dependents as long as they remain eligible, regardless of the enrollee's age at the time of death or length of service. 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.

Dual Annuitant Sick Leave Credit option

If the enrollee chooses the Dual Annuitant Sick Leave Credit option at retirement, that credit will continue to be applied to the surviving dependents' premium.

Benefit Cards

After the extended benefits period ends, the primary dependent survivor becomes the enrollee. 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 survivor's and enrolled dependents' names.
- **NYSHIP HMO enrollees:** Check with the HMO regarding benefits and new cards.

Dependent Survivor Eligible for NYSHIP as a Result of Employment

A surviving 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.

Survivors who were previously employed by New York State or a Participating Employer should write to EBD with details of relevant prior employment to determine if they are eligible to reinstate coverage as enrollees. Survivors who were previously employed by a Participating Agency should write to the Participating Agency to ask about reenrollment.

Loss of Eligibility for Dependent Survivor Coverage

If a dependent loses eligibility for dependent survivor coverage, they may be eligible to continue coverage in NYSHIP under COBRA (see page 42) or to convert to a direct-pay contract (see page 47).

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 eligibility requirements (see page 6)
- Dependent survivor fails to make the required payments
- Dependent survivor voluntarily cancels

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, eligible dependent children may continue their coverage as dependent survivors until they no longer meet the eligibility requirements as dependents.

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, as 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* on page 43 to determine if information in this section will apply to you.

Medicare: A Federal Program

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

Medicare is the federal health insurance program administered by the Centers for Medicare & 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, visit www.ssa.gov or contact Social Security, the entity responsible for Medicare enrollment, at 1-800-772-1213, 24 hours a day, seven days a week. TTY users should call 1-800-325-0778.

For questions about Medicare benefits, visit www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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, certain prescription drugs, durable medical equipment and some other services and supplies not covered by Part A.

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 a standalone plan that provides only prescription drug benefits.

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

Medicare and NYSHIP Together Provide Maximum Benefits

NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP. **Medicare 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.

When you become eligible for Medicare-primary coverage as an employee or retiree enrolled in NYSHIP coverage or when your enrolled dependent becomes eligible for Medicare that is primary to NYSHIP, the combination of health benefits under Medicare and NYSHIP 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
- How enrolling for other Medicare coverage may affect your NYSHIP coverage

When Medicare Eligibility Begins

You are eligible for Medicare:

- At age 65
- Regardless of age, after receiving Social Security Disability Insurance (SSDI) benefits for 24 months
- Regardless of age, after completing Medicare's waiting period of up to three months due to end-stage renal disease (ESRD)
- When receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS)

When NYSHIP Is Primary

If you or a dependent becomes eligible for Medicare while you are an active employee (including a period of time when you are on a leave of absence but still maintain an employer-employee relationship), in most cases, NYSHIP will be the primary coverage for you and your covered dependents, regardless of age or disability.

While NYSHIP is primary, you or your dependent may:

- Enroll in Part A only, to be eligible for some secondary (supplemental) benefits from Medicare for hospital-related services. There is usually no premium for Medicare Part A.
- Delay enrollment in Medicare Part A or B until Medicare becomes primary. Check with the Social Security Administration regarding enrollment and possible late enrollment penalties.

When Medicare Is Primary to NYSHIP

While you are actively working, in most cases, NYSHIP is primary to Medicare. There are **two exceptions to this primacy rule**:

- **Domestic partners:** Regardless of the enrollee's employment status, Medicare is primary for a domestic partner age 65 and older.
- **End-stage renal disease (ESRD):** If you or your dependent is eligible for Medicare due to ESRD, contact Medicare at the time of diagnosis. Medicare becomes primary to NYSHIP when Medicare's 30-month coordination period is completed. Employees and dependents enrolled in an HMO will have their coverage changed to the HMO's Medicare-primary plan, which may have a different level of benefits and/or different network of participating providers.

When you no longer have NYSHIP coverage as the result of active employment (for example, when 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 become eligible for Medicare, Medicare will be primary (unless you or your dependent is still within the ESRD 30-month coordination period).

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

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 in a timely manner, Medicare may impose a late enrollment premium surcharge and NYSHIP will not cover any expenses incurred by you or your dependent(s) 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 EBD. NYSHIP may continue to provide primary coverage for inpatient hospital and other Part A expenses, and you may delay enrollment in Medicare Part A until you become eligible for Part A coverage at no cost.

If your domestic partner is eligible for Medicare due to age or you or your dependent becomes eligible for Medicare due to ESRD, special rules apply regarding when you must have Medicare Parts A and B in effect. See the rules on the next page for domestic partners. Call your HBA if you or your dependent is diagnosed with ESRD.

Domestic partner eligible for Medicare due to age (65)

When to Apply:

Plan ahead. Three months before your domestic partner turns age 65, contact the Social Security Administration to enroll in Medicare Parts A and B.

Medicare Parts A and B must be in effect on the first day of the month your domestic partner reaches age 65 (or, if your domestic partner's 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.

When you or your dependent is eligible for Medicare due to ESRD

When to Apply:

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.

Contact the Social Security Administration for Medicare information if you or your dependent is being treated for ESRD or expects to receive a kidney transplant.

Three-month waiting period: A person diagnosed with ESRD must complete Medicare's three-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 three-month waiting period or
- Receives a kidney transplant within the three-month waiting period.

30-month coordination period: Once the three-month waiting period has been completed or waived, a 30-month coordination period will begin. During this 30-month coordination period, NYSHIP pays primary to Medicare, regardless of the employment status of the enrollee. To avoid a penalty, Medicare must be in effect on the first day following the completion of the 30-month coordination period. 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 income-related monthly adjustment amount (IRMAA) during the coordination period because NYSHIP does not require Medicare to be in effect until the coordination period is complete and Medicare becomes primary to NYSHIP.

How to Apply for Medicare Parts A and B

You can sign up for Medicare Parts A and B online, 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 on the web at www.ssa.gov.

Once you or your dependent is enrolled in Medicare, contact your HBA and provide a copy of the Medicare ID card.

Order of Payment

When an individual is eligible for Medicare, CMS rules determine which plan is primary.

Benefits are paid in the following order:*

1. Coverage as a result of active employment
2. Medicare
3. Retiree coverage

If you have questions about claims coordination with Medicare, contact the appropriate Empire Plan Program administrator (see *Contact Information*, page 51) or your HMO, if enrolled in an HMO.

* **Exceptions:** The benefit payment order differs for domestic partners eligible for Medicare because they are age 65 or older and enrollees or dependents eligible for Medicare due to ESRD.

Order of Payment For Enrollees With NYSHIP, Medicare and Spouse/Domestic Partner Insurance*			
If Claim Is Incurred By:	Employment Status		Payment Order
	Enrollee	Spouse	
Enrollee	Active	Active	1. NYSHIP 2. Spouse/Domestic Partner Insurance 3. Medicare
Spouse/Domestic Partner**	Active	Active	1. Spouse/Domestic Partner Insurance 2. NYSHIP 3. Medicare
Enrollee or Spouse/Domestic Partner**	Active	Retired	1. NYSHIP 2. Medicare 3. Spouse/Domestic Partner Insurance
Enrollee or Spouse/Domestic Partner	Retired	Active	1. Spouse/Domestic Partner Insurance 2. Medicare 3. NYSHIP
Enrollee	Retired	Retired	1. Medicare 2. NYSHIP 3. Spouse/Domestic Partner Insurance
Spouse/Domestic Partner	Retired	Retired	1. Medicare 2. Spouse/Domestic Partner Insurance 3. NYSHIP

* If eligibility for Medicare is the result of an ESRD diagnosis, the plan that was primary when Medicare eligibility commenced remains primary during the 30-month coordination period. At the completion of this coordination period, Medicare pays primary.

** If a domestic partner of an active NYSHIP enrollee is 65 or older, Medicare will pay before NYSHIP. This does not apply to domestic partners who become eligible for Medicare due to disability and are not yet age 65 or older. This is the only exception for domestic partners; all other order-of-payment rules for spouses apply to domestic partners.

Order of payment examples

Example 1: Sarah is employed by a New York State employer and is covered under NYSHIP. She is over age 65 and is eligible for Medicare coverage, but because she is still working, if Sarah chooses to add Medicare Part A or B coverage, NYSHIP will still provide her primary coverage, and Medicare will pay secondary. When Sarah receives covered services, NYSHIP should receive claims first and Medicare second.

Example 2: Juliette is an active employee of a New York State employer, and her spouse, Peter, is a retiree from another employer that provides NYSHIP coverage. Both agencies participate in NYSHIP. Juliette is eligible for Medicare because she is over age 65. She has Individual coverage through her employer and is covered by Peter as a dependent on his retiree coverage. When Juliette goes to her doctor, claims are submitted to the NYSHIP coverage she has as an active employee first, then to Medicare and then to the retiree NYSHIP coverage she has as Peter's dependent last.

Example 3: Will is over age 65 and is a retiree of a New York State employer. Will's spouse, Jane, is still actively working with an employer that provides NYSHIP coverage. Will is covered as a dependent on Jane's active coverage. When Will receives covered services, claims are first submitted to Jane's active NYSHIP coverage, then to Medicare, then to Will's retiree NYSHIP coverage last.

Empire Plan Medicare Rx

If you are enrolled in The Empire Plan and you are considered Medicare Primary (Medicare pays first before NYSHIP), you will be enrolled in Empire Plan Medicare Rx, a Medicare Part D plan with expanded prescription drug coverage. **If you decline enrollment in Empire Plan Medicare Rx, you and your dependents will have no coverage under The Empire Plan.** Refer to your *Empire Plan Certificate of Coverage* for information about Empire Plan Medicare Rx coverage.

When You Retire or Leave State Service

When you are no longer an active State employee (retirees, vestees, dependent survivors, Preferred List enrollees and their dependents), refer to the *General Information Book for Retirees, Vestees, Dependent Survivors and Enrollees Covered under Preferred List Provisions of New York State*. You may also reference the publications *Planning for Retirement* and *Medicare & NYSHIP*.

Reemployment

If you return to active State employment in a benefits-eligible position (for example, from retirement) and are eligible for NYSHIP coverage as an active employee, NYSHIP again provides primary coverage for you, your spouse and other enrolled dependents. **Exception:** Medicare is primary for an active employee's domestic partner age 65 or older and during the 30-month coordination period for enrollees or dependents eligible for Medicare due to ESRD.

When to contact your HBA

Upon reemployment, contact your HBA to notify The Empire Plan or your HMO of your reemployment. If you return to work after retiring, also contact EBD. Be sure to find out when your NYSHIP plan will resume providing coverage that is primary to Medicare.

Medicare Premium Reimbursement

When Medicare is primary to NYSHIP for you or a dependent (as described in *When Medicare Is Primary to NYSHIP* on page 38), NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment). 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 must notify EBD if either of these scenarios apply.

Once you are retired, if you or your dependent is required to enroll in Medicare, the standard Medicare Part B premium is reimbursed automatically.

If you live outside the United States or its territories and maintain Medicare coverage, you will be entitled to Medicare Part B reimbursement, unless you are receiving reimbursement from another source or the premium is being paid on your behalf by another entity (such as Medicaid).

If you or a dependent is subject to IRMAA for Medicare Part B, you are entitled to reimbursement, unless one of the previously listed scenarios apply. NYSHIP does not reimburse the Medicare Part D IRMAA.

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 New York State “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 up to a two percent administrative fee. There is no employer contribution to the cost of coverage (see *Costs under COBRA*, page 44).

Benefits Under COBRA

COBRA benefits are the same benefits offered to employees and dependents enrolled in NYSHIP. You must apply for COBRA 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 of coverage, whichever is later (see *Deadlines Apply*, page 44).

Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee who is no longer covered through active employment, you have the right to COBRA coverage if your:

- Eligibility for NYSHIP is lost as a result of a reduction in hours of employment or a voluntary or involuntary termination of employment.
- NYSHIP coverage is canceled while on leave under the Family and Medical Leave Act (FMLA) and you do not return to work.
- Employer provided you coverage under Preferred List provisions and that coverage has been exhausted.
Note: You may be eligible to continue coverage as a retiree (page 28) or vestee (page 26).

Dependents who are qualified beneficiaries

Dependents who are qualified beneficiaries have an independent right to up to 36 months of COBRA coverage (from the date coverage is lost due to their 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 last 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 coverage as a qualified beneficiary if coverage under NYSHIP is lost as a result of:

- Divorce
- Termination of domestic partnership
- Termination or reduction in hours of enrollee's employment
- 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:

- The child's loss of eligibility as a dependent under NYSHIP (e.g., due to age)
- Parents' divorce or termination of domestic partnership
- Termination or reduction in hours of enrollee's employment
- 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 (see *Covering newborns*, page 13, 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*, page 6, and *Coverage: Individual or Family*, page 10). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary (with the exception of children born to or placed for adoption with the employee during a period of COBRA coverage and added within 30 days. The COBRA 36-month period for such a child is measured from the same date as for other qualified beneficiaries with respect to the same qualifying event and not from the date of birth or adoption). 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 you were married to a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, if you remarry, you will not be eligible to continue coverage under COBRA.
- If you were the domestic partner of a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, if you remarry or acquire a new domestic partner, you will not be eligible to continue coverage under COBRA (see *Dependent Survivor Coverage*, page 34).

Medicare and COBRA

When NYSHIP requires you or your covered 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*, page 38, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you become Medicare-primary, your NYSHIP COBRA coverage ends at the point when Medicare enrollment becomes 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 45).

- If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your NYSHIP coverage will be canceled or substantially reduced.
- 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.

Choice of Option

An enrollee or dependent who continues coverage under COBRA will continue to be covered under the same option. COBRA enrollees may change to a different option during the annual Option Transfer Period (see *Your Options Under NYSHIP*, page 3) or when moving under the circumstances described in *Qualifying Life Events: Changing Your NYSHIP Option Outside the Option Transfer Period*, page 4. Dependents of a COBRA enrollee who are qualified beneficiaries may also change to Individual coverage during the annual Option Transfer Period.

Deadlines Apply

Once your employer is notified of a COBRA-qualifying event, an application for COBRA coverage will be mailed to the address on record. Be sure to read the application carefully. To continue coverage, the application must be completed and returned by the response date provided on the notice.

60-day deadline to elect COBRA

When you experience an employment change that affects coverage (for example, termination or reduction in work hours), you must elect continuation coverage within **60 days** from the date of the COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation coverage, whichever is later.

Notification of dependent's loss of eligibility

To be eligible for COBRA coverage, the enrollee or covered dependent must notify the HBA 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 Loss of Eligibility*, page 26)

Other people acting on your behalf may provide written notice of a COBRA-qualifying event to your HBA.

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

Costs Under COBRA

COBRA enrollees pay 100 percent of the premium for continuation coverage plus up to a two percent administrative fee. EBD 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 with the date continuation coverage is elected. Because 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 and outstanding. Once you elect COBRA coverage, you will receive a bill.

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, the enrollee, 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 conversion contract (see page 47).

Note: Survivors of COBRA enrollees are not eligible for the extended benefits period or dependent survivor coverage.

When You No Longer Qualify for COBRA Coverage

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 enrolls in Medicare

To Cancel COBRA

Notify EBD if you want to cancel your COBRA coverage.

Conversion Rights after COBRA Coverage Ends

At the end of your COBRA coverage period (if you were an Empire Plan enrollee), 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 51).

If you choose COBRA coverage, you must exhaust those benefits before converting to a direct-pay conversion 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.

If you were enrolled in a NYSHIP HMO, contact that HMO for more information.

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 learn what your premium, deductibles and out-of-pocket costs will be before you enroll. Eligibility for COBRA does not limit your eligibility for Health Insurance Marketplace coverage or 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, but are not currently enrolled, please contact your HBA. If you are enrolled in COBRA, contact EBD.

Young Adult Option

The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when the young adult does not otherwise qualify as a dependent.

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 the insurer'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 by the due date or 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 is no employer contribution toward the cost of the Young Adult Option. The young adult or their parent is required to pay the full cost of premium for Individual coverage.

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 their parent may enroll the young adult in the Young Adult Option. Contact EBD for more information about how to pay for this coverage.

A young adult can enroll in the Young Adult Option at one of the following times:

When NYSHIP coverage ends due to age

- If the young adult no longer qualifies as a parent's NYSHIP dependent due to age, they 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.

When newly qualified due to a change in circumstances

- If a change of circumstances allows the young adult to meet eligibility requirements for the Young Adult Option, they can enroll in the Young Adult Option within 60 days of newly qualifying. Examples of a change of circumstances include a young adult's loss of employer coverage or the young adult's divorce.

During the Young Adult Option Open Enrollment Period

- Coverage may be elected during the Young Adult Option annual 30-day open enrollment period. Contact EBD for information about when this enrollment period will be and when your coverage will be effective.

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 enrollee's HBA or EBD.

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 differ from what you had under NYSHIP.

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:

- Termination of employment
- 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 34)
- Eligibility for COBRA continuation coverage ends, except when the loss of eligibility is the result of becoming Medicare-eligible due to age

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
- Are eligible for Medicare because of age

If you were enrolled in a NYSHIP HMO, contact that HMO for more information.

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 51).

If you were enrolled in a NYSHIP HMO, contact that HMO for more information.


Appendix

Empire Plan Cards

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.

Individual Coverage

**Department of Civil Service**
The Empire Plan

123456789

JEANNIE EMPIRE PLAN ENROLLEE

In-network Out-of-Pocket Limits: Drug: \$XXXX, Non-Drug: \$XXXX
Non-network Combined Deductible: \$XXXX
Non-network Combined Coinsurance Max: \$XXXX
Physical Medicine Program Deductible: \$XXX

For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP
(1-877-769-7447)
For details on your health benefits, visit
www.cs.ny.gov/employee-benefits

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 Plan. Hospital and related services provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

 **Blue Cross Prefix: YLS**

 Group# 030500    Bin# 004336

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.
In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service

Family Coverage

**Department of Civil Service**
The Empire Plan

123456789





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

In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family)
Non-network Combined Deductible: \$XXXX (Enrollee; Spouse/Partner; all Children combined)
Non-network Combined Coinsurance Max: \$XXXX (Enrollee; Spouse/Partner; all Children combined)
Physical Medicine Program Deductible: \$XXX (Enrollee; Spouse/Partner; all Children combined)

For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP
(1-877-769-7447)
For details on your health benefits, visit
www.cs.ny.gov/employee-benefits

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 Plan. Hospital and related services provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

 **Blue Cross Prefix: YLS**


 Group# 030500    Bin# 004336

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.
In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

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®  **Department of Civil Service**
The Empire Plan

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

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER: (80840): 9151014609
ID: GXC000001
NAME: JOHN01 Q SAMPLE01



S5601 811

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

Customer Care:
1-877-769-7447 and
select option 4
24 hours a day, 7 days a week
TTY: 711

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

empireplanrxprogram.com

 **Department of Civil Service**
The Empire Plan

Claims administered
by CVS Caremark Part D
Services, LLC

Forms Available Online and From Your HBA

Contact your HBA or visit NYSHIP Online (www.cs.ny.gov/employee-benefits) for the following forms and instructions:

- PS-404 *NYS Health Insurance Transaction Form*
- PS-405 *NYSHIP Sick Leave Credit Option Election Form*
- PS-406.2 *NYSHIP Health Insurance Deferral Election Form*
- PS-409 *NYSHIP Opt-out Attestation Form*
- PS-410 *NYSHIP Sick Leave Credit Preservation Form*
- PS-425 *NYSHIP Domestic Partner Enrollment Application*
 - PS-425.3 *Dependent Tax Affidavit for Domestic Partner Enrollment in NYSHIP*
 - PS-425.4 *Termination of Domestic Partnership for NYSHIP*
- PS-431 *Medical, Dental, Vision and/or M/C Life Insurance for Employees on Leave Without Pay*
- PS-451 *NYSHIP Statement of Disability for Dependents*
- PS-452 *Application for Waiver of Empire Plan Premium*
- PS-457 *NYSHIP Statement of Dependence for “Other” Children*
- PS-850 *NYSHIP Change of Address Form*
- EBD-543 *NYSHIP Authorization for Release of Protected Health Information*
- *Request for Coverage Under The Young Adult Option*

Contact Information

Health Benefits Administrator (fill in)

Name: _____ Phone Number: _____

Email: _____

Business Services Center

518-457-4272

BSC Benefits Administration
1220 Washington Avenue
Building 5, Floor 4
Albany, NY 12226-1900

Employee Benefits Division

518-457-5754 or 1-800-833-4344

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

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

Empire Plan

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

**PRESS
OR SAY 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
OR SAY 2**

Hospital Program

Administered by Anthem Blue Cross

Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time.

TTY: 711

New York State Service Center
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

**PRESS
OR SAY 3**

Mental Health and Substance Use Program

Administered by Carelon Behavioral Health

Representatives are available 24 hours a day, seven days a week.

TTY: 1-855-643-1476

P.O. Box 1850
Hicksville, NY 11802

PRESS OR SAY 4 Prescription Drug Program
Administered by CVS Caremark

Representatives are available 24 hours a day, seven days a week.

TTY: 711

Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590

Direct-Pay Conversion Contracts

Offered by UnitedHealthcare

Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 to reach 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

NYSHIP HMOs

NYSHIP HMO contact information, including phone numbers, TTY numbers, addresses and websites are available in the *Health Insurance Choices* booklet and on the Department of Civil Service website at www.cs.ny.gov.

Other Programs

Income Protection Plan.....	1-800-300-4296 ext. 2555
M/C Life Insurance.....	518-473-3496
Workers' Compensation Accident Reporting System (ARS) Call Center.....	1-888-800-0029
Health Care Spending Account Information.....	1-800-358-7202
Dental Program, administered by EmblemHealth.....	1-800-947-0101
Vision Program, administered by Davis Vision.....	1-888-588-4823

Employee Benefit Funds

CSEA.....	518-782-1500 or 1-800-323-2732
DC-37	212-815-1234
UCS.....	Contact your HBA
UUP	1-800-877-3863

Other Agencies

NYS and Local Retirement System.....	518-474-7736
New York State Teachers' Retirement System.....	1-800-348-7298
Teachers Insurance and Annuity Association of America (TIAA)	518-786-5900
Medicare.....	1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048
Social Security Administration.....	1-800-772-1213 TTY: 1-800-325-0778

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

Important Health Insurance Information:

General Information Book for active employees of the State of New York, their enrolled dependents, COBRA enrollees and Young Adult Option enrollees

NY Active Employee General Information Book – 2023

Please do not send mail or correspondence to the return address above. See address information on page 51.

**SAVE
THIS
BOOK**

Important information about the New York State Health Insurance Program (NYSHIP)

This book replaces your previous *NYSHIP General Information Book*.

Updates to this book will be mailed to you and will also be posted on our website, www.cs.ny.gov/employee-benefits. Keep all updates with this book.



NYSHIP
New York State
Health Insurance Program

Reasonable accommodation: It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).