

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

MARCH 2007

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS
And for their enrolled Dependents
and for COBRA Enrollees with their NYSHIP Benefits

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

By law, insurers must:

- Cover inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary
- Cover breast reconstruction following mastectomy, including surgery of the other breast to produce a symmetrical appearance
- Cover treatment for complications of mastectomy, including lymphedemas
- Cover prostheses related to breast reconstruction
- Notify enrollees of this coverage through plan documents

Contact your HMO if you have questions about these benefits.

NYSHIP Reminders

Fraud and Your NYSHIP Coverage

Health insurance fraud is costly and illegal.

The Employee Benefits Division will investigate any cases of suspected fraud and/or abuse of NYSHIP benefits.

Report lost or stolen benefit cards. Notify your agency Health Benefits Administrator whenever your or your dependents' eligibility changes. Your *NYSHIP General Information Book* has information on your responsibilities under NYSHIP.

Protect Your NYSHIP Benefits

1. Never sign blank insurance claim forms.
2. Ask your medical providers in advance what they will charge. Be sure you understand what you will be expected to pay out of pocket.

3. Carefully review your insurer's explanation of benefits statement (EOB). Call your insurer and provider if you have questions.
4. Do not do business with door-to-door or telephone salespeople who tell you their service or medical equipment is free.
5. Give your insurance/Medicare identification number only to those who have provided you with medical services.
6. Keep accurate records of all health care appointments.

If you are aware of health insurance fraud, contact your Health Maintenance Organization (HMO).

SAVE THIS REPORT

In This Report

- 1 NYSHIP Reminders
- 2 Changes to NYSHIP General Information Book
- 3 NYSHIP Online

Keep this Report with your September 1, 2001 New York State Health Insurance Program (NYSHIP) General Information Book. Where this document differs from your Book and later Changes/Clarifications included in NYSHIP Health Maintenance Organizations Reports, this is the controlling document.

January 2007

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM

Add the following as the fifth bullet under “Changing options outside the Option Transfer Period” in the “Your Options Under NYSHIP” section on page 3 of your NYSHIP General Information Book.

Changing options

- You add a new dependent to your coverage. The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption.

Substitute the following for “Exception for court order” in the “Coverage: Individual or Family” section on page 9 of your NYSHIP General Information Book.

Exception for court order

If you are subject to a court order mandating that dependent children be enrolled immediately in employer health insurance, the late enrollment waiting period will be waived for your eligible dependent children covered by the court order. You must provide a copy of the court order and any supporting documents needed to show that the dependent children are covered by the order and eligible for coverage under NYSHIP eligibility rules. You must contact your agency Health Benefits Administrator for this benefit.

NYSHIP Online www.cs.state.ny.us

NYSHIP Online has been redesigned to provide you with more targeted information about your NYSHIP benefits. Visit the New York State Department of Civil Service web site at www.cs.state.ny.us and click on Benefit Programs, then NYSHIP Online. If the group at the top of the page is not Participating Employer, be sure to choose Change Your Group.

If you don't have access to the internet, your local library may offer computers for your use.

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State of New York
Department of Civil Service
Employee Benefits Division
Albany, New York 12239
www.cs.state.ny.us

CHANGE SERVICE
REQUESTED

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Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

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It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (www.cs.state.ny.us). Click on Benefit Programs, then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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