

NYSHIP

HEALTH MAINTENANCE ORGANIZATIONS

REPORT

NOVEMBER 2008

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
FOR NEW YORK STATE AND PARTICIPATING EMPLOYER
RETIREES, VESTEES, DEPENDENT SURVIVORS
And ENROLLEES covered under PREFERRED LIST PROVISIONS
And for their enrolled Dependents
and for COBRA Enrollees with their NYSHIP Benefits

NYSHIP Changes

Leaving School Before Graduation

Beginning July 1, 2008, an enrolled, full-time student dependent age 19 or older who completes a semester will continue to be covered under NYSHIP until the last day of the third month following the month in which the dependent completes the semester unless the dependent otherwise loses NYSHIP eligibility. For example, if the dependent child completes the Spring semester in May, the last day of coverage would be August 31. However, if the dependent reaches age 25 before August 31, coverage ends on the dependent's birthday. This coverage extension applies to each semester the dependent child completes, including the semester in which the requirements for graduation are completed. A semester is considered to be completed if the student attends classes through the last required date of attendance for the semester, even if a passing grade is not achieved for coursework.

If a dependent student age 19 or older leaves school prior to the successful completion of a semester and proof of attendance during the semester is provided, coverage ends on the last day of the month in which the dependent attended school or the end of the third month following the month that the last semester was completed, whichever is later. If the required proof is not provided, coverage will end on the first day of the incomplete semester or three months after the previously completed semester, whichever is later.

Generally a dependent child over the age of 19 must be a full-time student at an accredited secondary or preparatory school, college or other educational institution to be eligible for NYSHIP coverage. Refer to your *General Information Book* for additional eligibility information for dependent children who are disabled, on medical leave or have military service.

Dependent Eligibility Verification Project

In 2009, the New York State Health Insurance Program (NYSHIP) will conduct an audit of all dependents that have health care coverage through NYSHIP. If you have family coverage you will receive a packet that will include a list of your dependents who are currently enrolled for health care coverage, along with an eligibility worksheet and a complete list of required documents you must provide. You must provide the dependent documentation even if you have previously done so. **Do not submit documents now – wait for the packet that will be sent in 2009.**

You must provide the required documentation to ensure that your enrolled dependents continue to be covered under NYSHIP. **Ineligible or unverified dependents will be dropped from coverage.**

The Department of Civil Service is contracting with Budco, a dependent verification specialty company, to conduct the Dependent Eligibility Verification Project.

Reimbursement of the Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) for Medicare-Primary Enrollees

Medicare law requires some people to pay a higher premium for their Medicare Part B coverage based on their income. If you and/or any of your enrolled dependents are Medicare-primary and received a letter from the Social Security Administration (SSA) requiring the payment of an income-related monthly adjustment amount (IRMAA) in addition to the standard 2008 Medicare Part B premium (\$96.40), you are eligible to be reimbursed for this additional premium by NYSHIP. **Note: If your 2006 adjusted gross income was less than \$85,000 (\$170,000 if you filed taxes as married filing jointly) you are NOT eligible for any additional reimbursement this year.**

To claim the additional IRMAA reimbursement, eligible enrollees are required to apply for and document the amount paid in excess of the standard premium. For information on how to apply, a list of the documents required or questions on IRMAA, you may check the Department of Civil Service web site at www.cs.state.ny.us. Choose Benefit Programs on the home page, then NYSHIP Online and select your group, if prompted. The IRMAA letter, which was mailed to Medicare Part B reimbursement-eligible enrollees in October, is available under What's New on the NYSHIP Online home page. Or call the Employee Benefits Division at 518-457-5754 (if you are located in the 518 area code) or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

Keep this Report with your May 1, 2004 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.

November 2008

Changes to NYSHIP General Information Book

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)

Effective July 1, 2008, add the following as the first three bullets of the first paragraph under “3. Your child age 19 or over who is a full-time student” and delete the following paragraphs: the fourth paragraph under “3. Your child age 19 or over who is a full-time student” and the paragraphs entitled Spring student enrolled for fall, “Spring student, enrolled for fall, but does not attend in fall”, “Spring student, not enrolled for fall”, “Spring student seeking fall admission” and “Withdrawing from school” under “C. Your child age 19 or over who is a full-time student” in the “Eligibility” section on pages 8 and 9 of the General Information Book.

Leaving school before graduation

- The end of the third month following the month in which the dependent completes a semester.
- The end of the month in which attendance at school ends if the semester is not completed and proof of the last day of attendance for the semester is provided or the end of the third month following the month that the last semester was completed, whichever is later.
- The starting date of the semester if the semester is not completed and no proof of attendance is provided or the end of the third month following the month that the last semester was completed, whichever is later.

Substitute the following for the second paragraph under “When your Family coverage begins” in the “Coverage Individual or Family” section on page 14 of your NYSHIP General Information Book as amended in the September 2005 Amendments.

When your Family coverage begins

If you and a spouse or domestic partner each have individual coverage in NYSHIP and you change to one Family coverage, there is no waiting period.

Substitute the following for the third paragraph under the box in “Medicare premium reimbursement” in the “Medicare: You Must Enroll: Coordinating with NYSHIP” section on page 31 of your NYSHIP General Information Book.

Medicare Reimbursement

Medicare premium reimbursement

If you or your dependent is Medicare primary, The State will reimburse you for the usual (base) cost of “original” Medicare Part B monthly premiums unless you are receiving reimbursement from another source.

The Medicare Income-Related Monthly Adjustment Amount (IRMAA) law requires some people to pay a higher premium for their Medicare Part B coverage based on their income. If you are required to pay an income-related monthly adjustment amount in addition to the standard Medicare Part B premium, you are eligible to be reimbursed for this additional premium by NYSHIP.

Retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions and COBRA enrollees who become Medicare primary at age 65 are automatically reimbursed for Medicare Part B premium. Domestic partners and enrollees who become Medicare primary before age 65 because of disability or end stage renal disease must apply for reimbursement. To claim the additional IRMAA reimbursement, eligible enrollees are required to apply for and document the amount paid in excess of the standard Medicare Part B premium.

For information on how to apply, a list of documents required or questions on IRMAA, you may call the Employee Benefits Division at 457-5754 (if you are located in the 518 area code) or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

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SAVE THIS DOCUMENT



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

CHANGE SERVICE REQUESTED

Retiree HMO Report – November 2008

**Please do not send mail or
correspondence to the
return address listed above.
See address below.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on 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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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.

MyNYSHIP Enrollee Self-Service

You can make certain changes to your enrollment file online via MyNYSHIP Enrollee Self-Service. MyNYSHIP is a secure portion of the Department of Civil Service web site, where retirees can log on to view their own personal enrollment record.

Once you register and receive an activation code, you will be able to perform certain transactions online such as updating your address and submitting Option Transfer requests. This activation code is mailed to your home address for added protection of your personal information. You can access MyNYSHIP from the NYSHIP Online section of the Department of Civil Service web site at www.cs.state.ny.us. Click on Retirees, then Health Benefits and follow the prompts to NYSHIP Online. Or, you can go directly to www.cs.state.ny.us/mynyship.

The NYSHIP Health Maintenance Organization Report is published by the Employee Benefits Division of the State of New York Department of Civil Service.



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