For New York State and Participating Employer Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions and for their enrolled dependents; also includes information regarding COBRA continuation coverage and Young Adult Option enrollees.

This booklet explains how and where to get the help you need with your coverage under the New York State Health Insurance Program (NYSHIP).
Welcome to the New York State Department of Civil Service Employee Benefits Division (EBD). At EBD, we are here to serve you and your family as your NYSHIP Health Benefits Administrator (HBA) when your coverage continues after the end of active service. Whether you have specific questions about your health benefits or you simply need to update your enrollment record, we are here to help.

More than 224,000 retirees and their families rely on the Employee Benefits Division for help with their NYSHIP coverage. This booklet explains how and where you can get information and assistance with your health benefits.

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Contacting Our Call Center

Our Employee Benefits Division (EBD) Call Center staff is courteous, knowledgeable and dedicated to answering your questions.

If you have questions about your health insurance enrollment record, eligibility or NYSHIP requirements, contact the EBD Call Center at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 4 p.m. Eastern time.

You will hear “Welcome to the New York State Employee Benefits Division help line...” and then you will be given a choice of English or Spanish. Choose a language, follow the prompts and select the correct option to help with your needs.

Here are some features of the system:

- Between 9 a.m. and 2 p.m. Eastern time, you can request a call back while keeping your place in the call queue.
- It includes self-service functionality, including general information and answers to common questions.

You will not be required to enter your Social Security Number. For information about authorizing someone else to call about your health insurance records on your behalf, see page 5.

Here are some tips to help you get the information you need.

- Have all documents related to your question ready when you call.
- Most changes to your enrollment record require your signature. However, address changes can be made over the phone. You can also use the form on page 13 of this booklet to change your address or go online to use MyNYSHIP (see page 2). Read Communicating with the Employee Benefits Division on the next page and When You Should Contact the Employee Benefits Division in your NYSHIP General Information Book.

- If your call is about your pension check, call your retirement system. Important telephone numbers are listed on pages 6–9 of this booklet.

NYSHIP in Another Language

NYSHIP offers Language Line Solutions (LLS), a confidential over-the-phone language translation service for enrollees who call EBD.

If you understand another language better than English and would like answers to your health benefits questions in another language, you can call EBD and use LLS. You can call or ask someone else acting on your behalf to call for you. However, if someone calls for you, this may require that you complete and submit a Health Insurance Portability and Accountability Act (HIPAA) release form. See page 14, Protecting Your Privacy.

Here’s how LLS works:

1. Call EBD (see phone numbers listed below) and identify the language you need translated.
2. Ask the EBD representative to call an interpreter to translate for you. In most cases, the interpreter is available within 30 seconds. A three-way conference call will begin for you, the EBD representative and the interpreter.
3. The interpreter translates for you and for the EBD representative. LLS interpreters are trained in over-the-phone translation skills and give accurate, objective translations. All calls are strictly confidential.

If you need to order new or replacement identification cards:

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<td>Go to MyNYSHIP or call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands), Monday through Friday, 9 a.m. to 4 p.m. Eastern time. Your card will arrive within two to three weeks from your order date.</td>
<td>Call 1-877-7-NYSHIP (1-877-769-7447) Press or say 4 on the main menu, 24 hours a day, seven days a week (TTY: 711) to order a prescription drug card only. You can continue to use your Empire Plan ID card for all other benefits.</td>
<td>Contact your HMO directly (see page 9).</td>
</tr>
</tbody>
</table>
Communicating with the Employee Benefits Division

Most changes to your enrollment file must be made in writing and require your signature. You will find a model letter you can use on page 10 of this booklet to make an enrollment change or request information. Use this sample as a guide, or photocopy it to use more than once. Be sure to sign and date your request.

MyNYSHIP is a secure portion of the EBD homepage, NYSHIP Online, where you can log on to view your own personal enrollment record. You can make certain changes to your enrollment file online via MyNYSHIP Enrollee Self-Service.

Once you register and receive an activation code, you will be able to perform certain transactions online, such as submitting Option Transfer requests, updating your address and, if you are enrolled in The Empire Plan, ordering identification cards. This activation code is mailed to your home address for added protection of your personal information. You can access MyNYSHIP from the NYSHIP Online website at www.cs.ny.gov/mynyship.

For example, you must notify EBD when:

- Your address changes. Call EBD, go to MyNYSHIP or use the Change of Address form on page 13.
- Your telephone number or name changes. Use the model letter on page 10.
- You need to choose another plan because you no longer live or work in your NYSHIP HMO’s service area. If you have not changed your plan in the last 12 months, you may submit your request on MyNYSHIP or use the model letter on page 10.
- You need to correct your enrollment record because, for example, a name is misspelled or a birthdate is wrong. Include a copy of the appropriate supporting documentation.
- You need to add or delete a dependent on your health enrollment record. Use the model letter. Additional documentation may be required.
- You need to report a divorce or death. Include a copy of the divorce decree or death certificate.
- You or a covered dependent (including your domestic partner) becomes eligible for Medicare benefits for any reason including disability or end-stage renal disease. Enclose a photocopy of your own or your dependent’s Medicare card showing enrollment in Parts A and B.
- You want to cancel your coverage. Include the reason and the date you want your coverage to end.
- You need to request coverage for a disabled dependent child. You and your child’s attending physician must complete Form PS-451, Statement of Disability, and return it to the appropriate plan administrator for an eligibility determination (see page 3, Accessing NYSHIP Online: Forms).

Note: When writing to EBD, always include your full name, address, and the last four digits of your Social Security number in your letter to ensure a prompt response. Be sure to sign your letter or form. Most changes to your enrollment file cannot be made without your signature.
Retiree Benefits on the Web

All of our printed health publications, including Empire Plan At A Glance, Health Insurance Choices, and Rates and Information for Retirees, are available on NYSHIP Online. Additionally, you can find timely announcements under Current Topics and What’s New?

You’ll also find links to Empire Plan administrator websites and the most current list of Empire Plan participating providers. This information is continually updated and you can search by location, specialty or name.

Accessing NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at www.cs.ny.gov. Select Benefit Programs, then NYSHIP Online. Next, choose your group and plan, if prompted. You can bookmark this page to bypass the login screen.

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

Current Topics – In this tab, you will find links to timely retiree health benefit issues.

What’s New? – This tab is regularly updated with the most current information. After clicking on the What’s New tab, scroll to view a date order listing of information or use the dropdown box to navigate section topics.

Health Benefits & Option Transfer – For everything you need to know about Option Transfer, click on this tab and choose Rates and Health Plan Choices. You will find health insurance rates, the online Plan Comparison and your current Choices publication. Other links under this tab provide helpful benefits-related information including your NYSHIP General Information Book, Empire Plan Certificate, Empire Plan Flexible Formulary and Empire Plan At A Glance benefit guide.

Medicare – Click on the Medicare tab for information on how Medicare eligibility will affect your NYSHIP coverage. You can download important documents and forms as well as order the Medicare & NYSHIP for NY and PE Retirees booklet with companion DVD.

Using Your Benefits – This tab includes a variety of useful resources including contact numbers, a library of current publications, a copayment reference list, the Flexible Formulary and other drug lists (for Empire Plan enrollees only).

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

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

Calendar – Use the Calendar tab to find information on upcoming New York State retiree health benefits meetings throughout the year.

MyNYSHIP – The MyNYSHIP portal provides secure online access to your personal enrollment record. It requires a Civil Service ID and password to safeguard your personal information, so you will need to create an account to start the MyNYSHIP registration process. As a registered user, you can update your address online, change your option, order a replacement Empire Plan Benefit Card and check your enrollment information.

Visiting the Employee Benefits Division

You are welcome to meet with an EBD representative to discuss your health insurance benefits. Staff is generally available for consultations from 9 a.m. to 4 p.m. Monday through Friday. To make an appointment, call 518-457-5754 or 1-800-833-4344.

Please bring any documents that may assist us in addressing your questions and concerns.

The New York State Department of Civil Service is located in the Swan Street Building, Core 1, in Albany. Directions to EBD are available on NYSHIP Online. Select About Us and scroll down to Location. Or, you can ask for directions and parking information when you make your consultation appointment.

Medicare and NYSHIP

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

NYSHIP requires retirees, vestees, dependent survivors and enrollees covered under Preferred List and COBRA provisions from New York State agencies and Participating Employers to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary* to NYSHIP.

* Medicare pays first for health insurance claims before claims are considered by NYSHIP.
NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage. You and your dependents must be enrolled when first eligible for primary Medicare coverage, even if also covered through another employer’s group plan. Domestic partners of Active enrollees must also enroll when turning age 65. There are two exceptions to this primacy rule. Regardless of the enrollee’s employment status: 1) When Medicare eligibility is due to end-stage renal disease, NYSHIP remains primary during the 30-month coordination period; and 2) Medicare is primary for a domestic partner who is age 65 or older.

Apply for Medicare three months ahead of your 65th birthday. Failure to have Medicare Parts A and B in effect by the first day of the month in which you turn 65, or otherwise become eligible for primary Medicare coverage due to disability or end-stage renal disease, will drastically reduce your health insurance coverage. If your birthday falls on the first of the month, Medicare Parts A and B must be in effect on the first day of the preceding month if you become eligible due to age.

You will receive NYSHIP’s Happy 65th Birthday mailing four months prior to your 65th birthday to remind you that you must be enrolled in Medicare Parts A and B and to notify you that your Part B premium reimbursement will begin automatically.

This mailing will include all of the information that you need to know about how NYSHIP and Medicare work together for retirees and dependents: a letter with instructions on when and how to apply for Medicare and the booklet Medicare & NYSHIP with a companion DVD, which explains Medicare enrollment and NYSHIP rules.

Medicare-primary enrollees and dependents enrolled in The Empire Plan have prescription drug coverage under Empire Plan Medicare Rx, a Medicare Part D Prescription Drug Plan with expanded coverage designed especially for NYSHIP. If you or any of your dependents are Medicare-primary and enrolled in The Empire Plan, you will be automatically enrolled in Empire Plan Medicare Rx.

When Medicare becomes primary to NYSHIP, most NYSHIP HMOs will automatically enroll you in a Medicare Advantage plan that includes Medicare Part D prescription drug coverage. You will receive information regarding any benefit changes directly from the HMO.

Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Medicare Part D plan, a Medicare Advantage plan, or other Medicare product in addition to your NYSHIP coverage may drastically reduce your benefits overall or may result in cancellation of your NYSHIP coverage. This includes Medicare products that you or your covered dependents may be enrolled in through another employer (yours or your spouse’s). Be sure you understand how enrolling for additional Medicare coverage will affect your overall benefits.

If you have questions about how your NYSHIP benefits may be affected by enrolling in another plan, contact EBD.

For more information on Empire Plan Medicare Rx, please call 1-877-7-NYSHIP (1-877-769-7447), press or say 4 on the main menu, 24 hours a day, seven days a week. Or, visit the New York State Department of Civil Service website at www.cs.ny.gov. Select Benefit Programs, then NYSHIP Online. Next, choose your group and plan, if prompted. Select Find a Provider from the NYSHIP Online homepage, scroll to Prescription Drug Program and then click on Empire Plan Prescription Drug Program Website for the link to SilverScript.

Do not depend on Social Security, Medicare, an HMO or another employer for information on NYSHIP requirements. If you have questions, please read your NYSHIP materials, visit our website at www.cs.ny.gov/retirees, or call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands) Monday through Friday, between 9 a.m. and 4 p.m. Eastern time.
Check for NYSHIP Mailings

EBD works to keep you informed. You are responsible for reading and keeping track of the information that applies to you and your dependent(s). We send you NYSHIP publications – Empire Plan Reports or NYSHIP HMO Reports – with important information about Certificate amendments, NYSHIP changes and Option Transfer materials. Even though retirees can change their health insurance plan (option) once in a 12-month period, Option Transfer information is sent to retiree homes in late fall when rates are available for the following year. We also send you information about Medicare and NYSHIP if it applies to you.

To promptly receive all NYSHIP mailings and required notices, make sure we have your current address. NYSHIP can accept a post office box as a general mailing address for NYSHIP materials, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx or a Medicare Advantage HMO plan. Read the publications and then keep them together in a safe place for future reference.

Other Reminders

Watch the mail for your copy of our Option Transfer materials at the end of each year: Health Insurance Choices and Rates and Information for Retirees. Health Insurance Choices explains how to choose coverage under The Empire Plan or a NYSHIP-approved HMO. Rates and Information for Retirees is your only notice of the annual rate changes. We traditionally send these materials in late fall.

Keep your coverage up to date. Use the handy Model Letter in this booklet (see page 10) and in your NYSHIP General Information Book to contact EBD with any changes to your enrollment status.

Questions and Answers

Q. Who will help me at the Employee Benefits Division (EBD)?
A. Each month, our well-qualified staff answers more than 6,000 phone calls and approximately 400 letters. The same staff consults with visitors to EBD. And, each month, our staff manages approximately 500 new retirements and begins health insurance premium deductions for these retirees.

Q. Can I ask someone else to contact EBD on my behalf?
A. Federal and State privacy rules limit our ability to share any information about your health insurance status or records without the proper authorization. If you want us to discuss your health benefits information with a third party, such as a relative or friend, you must submit a signed authorization form to EBD (see pages 11 and 12).

Q. How do I check the status of a health insurance claim or ask questions about my personal health benefits?
A. You need to call The Empire Plan or your NYSHIP HMO to check the status of a claim. Your program administrator can also provide benefits information and tell you how to access managed care services if necessary.

Q. How soon will I receive a refund if one is due to me?
A. Refunds are processed only once each month. After we calculate a refund, it is processed with others through our internal accounting system and then sent to the Office of the State Comptroller for review. This process can take from 6 to 10 weeks depending on when the transaction was processed and the volume of transactions.

Q. Who will help my dependent survivors if I die during retirement?
A. The same EBD staff is available to assist your dependent survivors in the event of your death. Your dependent survivor must notify EBD of your death and then the Division will send your dependent survivor information about continuing NYSHIP coverage.

Be sure that your dependents have access to your NYSHIP information and know how to contact the Division.
Important Contact Information for NYSHIP Retirees

Employee Benefits Division
518-457-5754
1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
Monday through Friday, 9 a.m. to 4 p.m. Eastern time
New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239
Call for information about NYSHIP enrollment, eligibility, premium payments and Medicare Part B reimbursement.
www.cs.ny.gov

Empire Plan Medicare Rx
1-877-769-7447, Press or say 4 on the main menu and then select the Medicare Rx Program.
TTY: 711
Call for information about your Empire Plan prescription drug coverage if you/your dependent is Medicare-primary.
www.empireplanrxprogram.silverscript.com

Social Security
1-800-772-1213
TTY: 1-800-325-0778
Call to enroll in Medicare. Under NYSHIP rules, you/your dependent(s) must be enrolled in Medicare Parts A and B as soon as you/your dependent(s) become eligible for primary Medicare coverage.
www.ssa.gov

Medicare
1-800-MEDICARE (633-4227)
TTY: 1-877-486-2048
Call for Medicare benefits and claims information.
www.medicare.gov

Empire Plan Administrators
Toll free: 1-877-7-NYSHIP (1-877-769-7447)

NYSHIP Health Maintenance Organizations (HMOs)
See page 9 for a complete list.

Retirement Systems
Call about retirement checks and retirement system benefits.

New York State and Local Employees’ Retirement System (NYSLRS)
This system comprises the Employees’ Retirement System (ERS) and the Police and Fire Retirement System (PFRS).
518-474-7736
1-866-805-0990 (outside Albany)
www.osc.state.ny.us

New York State Teachers’ Retirement System
1-800-782-0289 recorded information or
518-447-2666
1-800-356-3128
www.nystrs.org

Police and Fire Retirement System (PFRS)
518-474-7736
1-866-805-0990 (outside Albany)
www.osc.state.ny.us

TIAA-CREF
1-800-842-2733
212-490-9000 (collect outside U.S.)
www.tiaa-cref.org
Empire Plan Programs and Administrators

For information on any Empire Plan benefit program, call toll free 1-877-7-NYSHIP (1-877-769-7447). Check the following list to know which program to select. When you call 1-877-7-NYSHIP, listen carefully to your choices and make your selection at any time during the message.

**Medical/Surgical Program**
Administered by UnitedHealthcare Insurance Company of New York, P.O. Box 1600, Kingston, NY 12402-1600. Call for information on benefits under Participating Provider, Basic Medical Provider Discount and Basic Medical Programs, predetermination of benefits, claims and participating providers.

**Managed Physical Medicine Program (MPN)**
Call the Medical Program for information on benefits and to find MPN network providers for chiropractic treatment and physical therapy. If you do not use MPN network providers, you will receive a significantly lower level of benefits.

**Benefits Management Program for Prospective Procedure Review of MRI, MRA, CT, PET scans and Nuclear Medicine tests**
You must call the Medical Program before having a scheduled (non-emergency) procedure or Nuclear Medicine tests.

**Home Care Advocacy Program (HCAP)**
You must call the Medical Program to arrange for paid-in-full home care services, enteral formulas, diabetic shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call The Empire Plan for HCAP approval of an external mastectomy prosthesis costing $1,000 or more.

**Infertility Benefits**
You must call the Medical Program for prior authorization for the following Qualified Procedures, regardless of provider: Assisted Reproductive Technology (ART) procedures including in vitro fertilization and embryo placement, Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI) for the treatment of male infertility, assisted hatching and microsurgical sperm aspiration and extraction procedures; sperm, egg and/or inseminated egg procurement and processing and banking of sperm and inseminated eggs. Call the Medical Program for information about infertility benefits and Centers of Excellence.

**Center of Excellence for Cancer Program**
You must call the Medical Program to participate in The Empire Plan Center of Excellence for Cancer Program.

**Hospital Program**
Administered by Empire BlueCross BlueShield, New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407. Call for information regarding hospital and related services.

**Benefits Management Program for Preadmission Certification**
If The Empire Plan is primary for you or your covered dependents, you must call the Hospital Program before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).

**Center of Excellence for Transplants Program**
You must call the Hospital Program before a hospital admission for the following transplant surgeries: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas. Call for information about Centers of Excellence.
Mental Health and Substance Abuse Program
Administered by Beacon Health Options, Inc., Mailing Address: Claims/General Correspondence and Appeals – Beacon Health Options, Inc., P.O. Box 1800, Latham, NY 12110.

Call the Mental Health and Substance Abuse Program before seeking certain services from a mental health or substance abuse provider, including treatment for alcoholism. The Clinical Referral Line is available 24 hours a day, every day of the year. You will receive the highest level of benefits when you follow the Program requirements for network coverage. You have guaranteed access to network benefits if you contact the Mental Health and Substance Abuse Program before you receive services. In an emergency, go to the nearest hospital emergency department. You or your designee should call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

Prescription Drug Program
Administered by CVS Caremark, Mailing Addresses: Claims – Empire Plan Prescription Drug Program, c/o CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Grievances, prior authorization documentation and general correspondence – CVS/caremark, Customer Care Correspondence, P.O. Box 6590, Lee’s Summit, MO 64064-6590.


For additional information regarding The Empire Plan Prescription Drug Program, including the most current list of prior authorization drugs, call The Empire Plan or go to www.cs.ny.gov. Select Benefit Programs, then NYSHIP Online. Next, choose your group and plan, if prompted. On the NYSHIP Online homepage, click on Find a Provider and scroll down to the Prescription Drug Program section.

Empire Plan NurseLine℠
The Empire Plan NurseLine℠ provides access to health information. Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

Teletypewriter (TTY) numbers — If you are using a TTY device because of a hearing or speech disability, call the New York Relay Service at 711 or dial any of these toll-free numbers.

Hospital Program ................................................................................................................................. 1-800-241-6894
Medical/Surgical Program ..................................................................................................................... 1-888-697-9054
Mental Health and Substance Abuse Program ..................................................................................... 1-855-643-1476
Empire Plan Prescription Drug Program .............................................................................................. 711
Empire Plan Medicare Rx ...................................................................................................................... 711
NYSHIP Health Maintenance Organizations (HMOs)
If you are enrolled in a NYSHIP HMO, please refer to your HMO materials for current phone numbers and addresses. Or, see our website, www.cs.ny.gov/retirees. Click on Retirees, then Health Benefits. Under Choosing Your Benefits, select Telephone Numbers.

Blue Choice
165 Court Street, Rochester, NY 14647
Member Services: 1-800-499-1275
Medicare Blue Choice: 1-877-883-9577
TTY: 1-800-421-1220
www.excellusbcbs.com

BlueChoice BlueShield of Western New York
PO Box 80, Buffalo, NY 14240-0080
Member Services: 716-887-8840 or 1-877-576-6440
Medicare Advantage/Senior Blue HMO members:
1-800-329-2792
TTY: 711
www.bcbswny.com

Capital District Physicians’ Health Plan, Inc. (CDPHP)
500 Patroon Creek Boulevard
Albany, NY 12206-1057
Member Services: 518-641-3700 or 1-800-777-2273
Medicare Advantage plan members:
1-888-248-6522 or 1-518-641-3950
TTY: 1-877-261-1164
www.cdphp.com

Empire BlueCross BlueShield HMO
11 Corporate Woods Boulevard
P.O. Box 11800, Albany, NY 12211-0800
1-800-453-0113
Medicare Advantage: 1-800-564-9053
TTY: 1-800-241-6894 or 711
www.empireblue.com

HIP Health Plan of New York
55 Water Street, New York, NY 10041
1-800-447-8255
Medicare Advantage: 1-877-344-7364
TTY: 1-884-447-4833
www.emblemhealth.com

HMO Blue - Central New York Region
333 Butternut Drive, Syracuse, NY 13214-1803
1-800-499-1275
Medicare Advantage: 1-877-883-9577
TTY: 1-800-662-1220
www.excellusbcbs.com

HMO Blue - Utica Region
12 Rhoads Drive, Utica, NY 13502
1-800-499-1275
Medicare Advantage: 1-877-883-9577
TTY: 1-800-662-1220
www.excellusbcbs.com

Independent Health
511 Farber Lakes Drive, Buffalo, NY 14221
Customer Service: 1-800-501-3439
TTY: 716-631-3108
www.independenthealth.com

MVP Health Care
PO Box 2207, 625 State Street
Schenectady, NY 12301-2207
1-888-MVP-MBRS (1-888-687-6277)
Medicare Advantages: 1-800-209-3945
TTY: 1-800-662-1220
www.mvphealthcare.com
Model Letter for Contacting the Employee Benefits Division

Mail to:  NYS Department of Civil Service
          Employee Benefits Division
          Program Administration Unit
          Empire State Plaza, Core Building 1
          Albany, NY 12239

(Please print)

Last four digits of Social Security number XXX-XX-______  ______  ______  ______

Name of Enrollee  ________________________________________________________________

Street  _______________________________________________________________________

City  _________________________________________________________________________  State  _________________  Zip  ________________

❑ This is a new address. Please complete Form PS-850 (see page 13).

Telephone:  Day  ____________________________  Night  ______________________________

(area code)  (area code)

I am writing because:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Effective date requested for change  ____________________________

Signature  ________________________________________________________________ Date  _____________

Name (please print)  ____________________________________________________________

Dependent Name*  ___________________________________________________________

Last four digits of Social Security number XXX-XX-______  ______  ______  ______

Medicare ID number (from Medicare card)  ______________________________________ Date  _____________

Dependent Signature (required if Medicare-primary)  ______________________________ Date  _____________

❑ I am enclosing a photocopy of my (or my dependent’s) required documentation,
  including Medicare card (if applicable).

❑ I have no Medicare-eligible dependents.

* Attach an additional sheet if necessary.
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NOTE: The only persons who can complete and sign this form to authorize the disclosure of personal information are:

- The individual who is the subject of the information to be disclosed;
- A parent or legal guardian - only if the individual who is the subject of the information to be disclosed is a child under the age of 18; or
- A personal representative of the individual as designated through a Power of Attorney, Health Care Proxy, a court order, or other appropriate legal documentation.

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<thead>
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<th>Part A – Identify the Person Whose Information is to be Released</th>
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<tbody>
<tr>
<td>Name: ____________________________ Identification #: ____________</td>
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<thead>
<tr>
<th>Part B – Person(s) or Organization(s) Authorized to Receive Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.</td>
</tr>
<tr>
<td>Name: ____________________________ Street Address: ____________________</td>
</tr>
<tr>
<td>City, State, Zip: ____________________________ Telephone: ____________ E-mail: ____________________</td>
</tr>
<tr>
<td>Name: ____________________________ Street Address: ____________________</td>
</tr>
<tr>
<td>City, State, Zip: ____________________________ Telephone: ____________ E-mail: ____________________</td>
</tr>
</tbody>
</table>

Possibility of Redisclosure: It is possible that the person or organization you have named to receive this information may redisclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.

<table>
<thead>
<tr>
<th>Part C – Information to be Released</th>
</tr>
</thead>
<tbody>
<tr>
<td>The New York State Department of Civil Service - Employee Benefits Division (EBD) maintains information regarding eligibility for and enrollment in the New York State Health Insurance Program. This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We do not maintain claims information or medical records.</td>
</tr>
</tbody>
</table>

- [ ] I authorize the release of information maintained by EBD as described above.
- [ ] I authorize the release of information maintained by EBD as described above with the following limitations:

(Please describe)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### Part D – Purpose of Disclosure

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

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

### Part E – Expiration of Authorization

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

- [ ] When I am no longer enrolled in the New York State Health Insurance Program (NYSHIP)
- [ ] On (Date): ________________
- [ ] When the following event occurs: ________________

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

### Part F – Required Signature

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identification #</th>
<th>Telephone #</th>
</tr>
</thead>
</table>

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

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

Mail this form to the following address:

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

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

**Personal Privacy Protection Law Notification:** The information you provide on this form is requested for the principal purpose of authorizing the use and/or disclosure of protected health information pursuant to 45 CFR 164.508. Failure to provide the information may interfere with our ability to use or disclose protected health information necessary to administer NYSHIP. The information will be maintained by the Director of the Employee Benefits Division (in the capacity as the HIPAA Privacy Official), Department of Civil Service, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. If you have any questions regarding this form or your insurance coverage, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday.
As you know, your Health Insurance information is important.

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

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

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

<table>
<thead>
<tr>
<th>NYS Department of Civil Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Division</td>
</tr>
<tr>
<td>Program Administration Unit</td>
</tr>
<tr>
<td>Empire State Plaza, Core Building 1</td>
</tr>
<tr>
<td>Albany, NY 12239</td>
</tr>
</tbody>
</table>

If you have any questions, you may contact the Employee Benefits Division at 1-800-833-4344.

<table>
<thead>
<tr>
<th>Health Insurance Identification No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Old Address:</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone Number (Include Area Code)</td>
</tr>
<tr>
<td>()</td>
</tr>
<tr>
<td>Signature (Required):</td>
</tr>
</tbody>
</table>

(If Power of Attorney – Please send copy)

**Power of Attorney/Guardianship** – If you are acting on behalf of an enrollee, your “documents” must be on file with our office before any benefit changes, including mailing address, can be processed.

- [ ] ENCLOSED
- [ ] ALREADY ON FILE WITH EBD

**Personal Privacy Protection Law Notification** – The information you provide on this application is being requested in accordance with Article 11 of the Civil Service Law for the principal purpose of enabling the Department of Civil Service to process a request to change the address listed on your New York State Health Insurance Program enrollment record. The information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by your personnel office, and by the Employee Benefits Division, Department of Civil Service, Albany, New York 12239. For information concerning only the Personal Privacy Protection Law, call (518) 473-2624. For information relating to this form, please call 1-(800) 833-4344.

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>DATE</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

Welcome to EBD/August 2017 13
Protecting Your Privacy

EBD preserves your protected health information. The federal Health Insurance Portability and Accountability Act (HIPAA) requirements affect every aspect of NYSHIP.

When someone contacts us on your behalf, we will require additional information before releasing your protected health information to a third party. You must submit a signed HIPAA release form (see pages 11 and 12) for EBD to release information. Or, depending on the circumstances, we may ask for your verbal permission during a phone call.

If you have questions or concerns regarding your ability to get the information you need, please call EBD.