2014 GENERAL INFORMATION BOOK

NY Active Employees

New York State Health Insurance Program

General Information Book for Active Employees of the State of New York and their eligible dependents; also includes information regarding COBRA continuation coverage and the Young Adult Option.

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

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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. It includes information about eligibility, enrollment and other NYSHIP rules and provisions. Please review this information and share it with your family members.

Special rules apply to continuation coverage under COBRA and the Young Adult Option. For specific information regarding COBRA coverage, see *COBRA: Continuation of Coverage*, page 27. For information about the Young Adult Option, see *Young Adult Option*, page 42.

About This Book

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

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

Your NYSHIP Options

NYSHIP offers health benefits through The Empire Plan and several HMOs. NYSHIP also includes an Opt-out Program. Refer to *Your Options Under NYSHIP*, page 7, and the *Choices* booklet (released annually) for information about coverage options available to you under NYSHIP. You may choose Individual coverage for yourself only or Family coverage for yourself and your eligible dependents.

Enrollment in NYSHIP is not automatic. You must submit a completed *Health Insurance Transaction Form* (PS-404) with your agency Health Benefits Administrator to:

- enroll in a NYSHIP health plan;
- enroll in the Opt-out Program; or
- waive enrollment.

Enrollment deadlines apply.

Your cost of coverage is based on the NYSHIP option you select (Empire Plan, HMO), your type of coverage (Individual, Family), and your contribution rate. For most enrollees, New York State pays most of the premium. You are responsible for paying your share of the premium by either payroll deductions or bills sent directly to you. (See *Your Premium*, page 16.)

If You Need Assistance

For information on your enrollment or eligibility:

Active employees: Contact your agency Health Benefits Administrator, usually located in your Personnel Office or the Business Services Center.

COBRA and Young Adult Option enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344, or write to:

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

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

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

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

When You Should Contact Your Agency Health Benefits Administrator*

To keep your enrollment up to date, you must notify your agency Health Benefits Administrator* of the following:

Your home address changes

Your phone number changes

Your name changes

Your family unit changes (see *Eligibility Requirements,* page 3 for details)

- You want to add or remove a dependent
- Your dependent loses eligibility
- Your dependent becomes disabled
- Your dependent dies

Your employment status is changing (see *How Employment Status Changes May Affect Coverage,* page 19 for details)

- You are planning to retire
- You are going on leave without pay or Family and Medical Leave
- You are leaving State service prior to retirement
- You are affected by a layoff
- You return to State service

Other reasons to contact your agency Health Benefits Administrator*

- Empire Plan enrollees: your employee benefit card is lost or damaged
  HMO enrollees: contact your HMO about cards
- You become disabled and want to apply for a waiver of premium for Empire Plan coverage
- You want to cancel your coverage
- You have questions about NYSHIP eligibility
- You want to change your type of coverage (Family/Individual)
- You want to change or cancel your NYSHIP option
- You or a covered dependent will become eligible for Medicare benefits *(*see *Medicare and NYSHIP,* page 39)
- You have questions about the Pre-Tax Contribution Program (see *Pre-Tax Contribution Program [PTCP],* page 14)

**COBRA and Young Adult Option enrollees must notify the Employee Benefits Division.*

ELIGIBILITY REQUIREMENTS

You, the Employee

To be eligible for coverage, you must be appointed or elected to a position in State service and fulfill the specific eligibility requirements for your employee group. When first eligible, you will be subject to a 42- or 56-day waiting period before coverage begins. If you do not enroll when first eligible, you will be subject to a late enrollment waiting period. See *Enrollment for Coverage,* page 13.

Employees working half time or more*

To be eligible for NYSHIP coverage, you must meet all of 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 enroll.
- You must not already be enrolled as an employee in NYSHIP. You can already be enrolled in NYSHIP as a dependent.

*Employees represented by UUP, special eligibility rules apply to you. See your agency Health Benefits Administrator for this information.

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 CSEA or UUP and elect to pay the full premium cost.

*Employees represented by UUP, special eligibility rules apply to you. See your agency Health Benefits Administrator for this information.

Seasonal employees

CSEA and PEF

To be eligible for NYSHIP coverage, you are expected to work at least six months and meet all of the requirements outlined in the preceding section "Employees working half time or more".

If you are a CSEA employee who is off the payroll for less than six months, or a PEF 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.

Other groups

Employees represented by groups other than CSEA or PEF, contact your agency Health Benefits Administrator to find out if you are eligible to continue coverage between seasons.

Your Dependents

The following dependents are eligible for NYSHIP coverage:

Your spouse

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

Your domestic partner

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

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

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

Under Internal Revenue Service (IRS) rules, the fair market value cost of coverage for a domestic partner may be taxable. The fair market value of domestic partner coverage is the full share cost of Individual coverage, less the employee's share of the premium for dependent coverage. This amount, referred to as imputed income, is considered by the IRS to be additional income for the enrollee.

Each payroll period, NYSHIP will report imputed income, for tax purposes only, to the New York State Office of the State Comptroller. Withholding taxes will be calculated and withheld based upon the adjusted income amount. Check with your agency Health Benefits Administrator for an approximation of the fair market value for domestic partner coverage and ask a tax consultant how enrolling a domestic partner will affect your taxes.

Your children

Your child is eligible until age 26. An eligible child may be any of the following:

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

Your disabled child

Your disabled child may be eligible for coverage after turning age 26. To be eligible, the child must meet all of the following requirements:

- Be unmarried
- Be incapable of self-support by reason of mental or physical disability
- Be incapacitated before the age at which dependent coverage would otherwise be terminated

To apply for coverage for your disabled child, you must submit the form *Statement of Disability* (PS-451), and provide medical documentation. Contact your agency Health Benefits Administrator prior to your child's 26th birthday.

Your "other child"

A child that does not meet the criteria listed above also may be eligible for NYSHIP coverage. Other children who are eligible:

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

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

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

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

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

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

For example, a 27-year-old who was in the military between the ages of 19 and 23 started college after four years of military service. By deducting the four years of military service from his/her age, we arrive at an adjusted eligibility age of 23. As long as full-time student status is maintained, this dependent would be entitled to three additional years of dependent coverage, until the adjusted eligibility age equals 26.

> In no event will any person who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for coverage. (Enrolled dependents may be eligible for coverage; refer to the section "Military Leave" in *How Employment Status Changes May Affect Coverage,* page 21.)

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed without required proof of eligibility. Required proof of eligibility is as follows:

You, the enrollee

- birth certificate
- Social Security card*

Spouse

- birth certificate
- Social Security card*

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

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

Natural-born children, stepchildren and children of a domestic partner
- birth certificate
- Social Security card*

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

Your disabled child over age 26
- birth certificate
- Social Security card*
- Completed form *Statement of Disability* (PS-451) with appropriate documentation

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

Your child who is a full-time student with military service
- Written documentation from the U.S. Military
- Written documentation from the educational institution where your child with military service is attending as a student

**Contact your agency Health Benefits Administrator if no Social Security number is assigned.*

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

When Coverage Ends After Loss of Eligibility

You, the enrollee

If you have been actively employed, and your eligibility ends, your last day of coverage will be the 28th day after the payroll period for which you were last eligible. See your agency Health Benefits Administrator for the date your coverage will end. If you are on leave without pay, refer to the section "Suspending or Canceling Coverage" in *How Employment Status Changes May Affect Coverage* on page 24 for when coverage will end.

Your dependents

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 them, see *Dependent Survivor Coverage,* page 25.

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

- *Dependent children:* 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 they otherwise lose eligibility for coverage (for example, for disabled children or "other children").
- *Spouse:* On the effective date of the divorce (date filed by the court).
- *Domestic partner:* On the effective date of the dissolution of the domestic partnership. (Submit a completed form *Termination of Domestic Partnership* [PS-425.4] to your agency Health Benefits Administrator.)

Contact your agency Health Benefits Administrator as soon as your dependent no longer qualifies for coverage.

After eligibility ends

If you or your dependent is no longer eligible for NYSHIP coverage, coverage may be continued under COBRA in certain cases (see *COBRA: Continuation of Coverage* on page 27). Your child age 26 through 29 may be eligible to continue coverage under the Young Adult Option (see *Young Adult Option* on page 42).

Reenrolling a dependent

Dependents who lose eligibility, then reestablish eligibility can reenroll.

Disabled dependents: Unmarried disabled dependents who have a relapse of the disability that qualified them as a disabled dependent and which again renders them incapable of self-support may reenter NYSHIP.

COBRA enrollees: A dependent child who becomes disabled during COBRA status is not eligible to reenroll in NYSHIP as a disabled dependent under a parent's policy.

Dependent survivors: A dependent survivor who loses eligibility due to marriage may only reenter NYSHIP if the marriage is annulled.

Pre-Tax Contribution Program

If coverage ends for you or a dependent, and you are enrolled in the Pre-Tax Contribution Program, you may not change your pre-tax health insurance deduction mid-tax year unless you experience a pre-tax qualifying event. (See "Changes Permitted Only After Certain Events" in *Pre-Tax Contribution Program [PTCP]*, page 15.)

YOUR OPTIONS UNDER NYSHIP

NYSHIP offers the following options:

- The Empire Plan
- A Health Maintenance Organization (HMO) that has been approved for participation in NYSHIP in the geographic area where you live or work
- The Opt-out Program *(PBA and PIA are not eligible for the Opt-out Program)*

For details about The Empire Plan, NYSHIP HMOs and the Opt-out Program, refer to the *Choices* booklet, issued annually, usually in November or December.

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
- Mental health and substance abuse treatment
- Prescription drug coverage

HMOs approved for participation in NYSHIP are not available in all areas. 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 their option.

The Opt-out Program *(Does not apply to PBA and PIA)*

You may be eligible for an incentive payment to opt out of NYSHIP coverage if you have other employer-sponsored coverage. For more information, see *The Opt-out Program,* page 11.

Annual Option Transfer Period

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

> This is not an open enrollment period. If you and/or your dependents were previously eligible for NYSHIP coverage, but not enrolled, you must satisfy the late enrollment waiting period before coverage begins, unless you experience a qualifying life event and make a timely request. (See the following section for examples of qualifying life events.)

Each year you will be notified of the Option Transfer Period dates through your agency Health Benefits Administrator or a mailing to your home. Check deadlines and read the information you receive.

To change options during the Option Transfer Period, see your agency Health Benefits Administrator. Check the *Rate Flyer* mailed to your home for the exact date your new coverage will begin.

Qualifying Life Events: Changing options outside the Option Transfer Period

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

- 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 new HMO regardless of what option you were in 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 "When your Family coverage begins" in *Types of Coverage* on page 10 for time frames). The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption.
- 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.

All requests to change options must be made in a timely manner, typically within 30 days, to ensure you have continued access to benefits. (If you are returning from leave without pay, you have 28 days.)

To change your option when you retire or vest coverage, see your agency Health Benefits Administrator before you leave the payroll.

Examples of requests that do not qualify for a change outside of the Option Transfer Period:

- Your doctor no longer participates and you want to change to another option.
- You want to change options so that a provider or procedure will be covered.
- You want to change options to one with lower out-of-pocket prescription drug costs.
- You want to enroll in a less expensive option.
- Your dependent is attending college outside your HMO's service area.

There may be other instances where your request to change options will be denied.

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.

TYPES OF COVERAGE

Two types of coverage are available to you under NYSHIP:

Individual Coverage

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

Family Coverage

Family coverage provides benefits for you and your eligible dependents whom you elect to enroll. For more information on who can qualify as your dependent, see *Eligibility Requirements,* page 3.

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

- one Family coverage
- two Individual coverages
- one Family coverage and one Individual coverage

Two Family coverages are not permitted.

Changes in enrollment and the Pre-Tax Contribution Program (PTCP)

Enrollment in the Pre-Tax Contribution Program (PTCP) limits changes to your pre-tax health insurance deduction for the current plan year. If you are considering a mid-year change to your type of coverage, please review *Pre-Tax Contribution Program (PTCP)*, page 14.

Changing Coverage

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 make this change at any time that you no longer wish to cover your dependents, even if they are still eligible. Read the sections "When Coverage Ends After Loss of Eligibility" in *Eligibility Requirements*, page 6, *COBRA: Continuation of Coverage*, page 27 and *Young Adult Option*, page 42 or contact your agency Health Benefits Administrator.

However, if you are enrolled in the Pre-Tax Contribution Program (PTCP), you may not change your pre-tax election to Individual coverage unless you meet certain IRS requirements. If you do not meet these IRS requirements, your health insurance deduction will remain the same until you change your pre-tax election during the next Option Transfer Period. (See "Changes Permitted Only After Certain Events" and "Arbitrary Changes Not Permitted During the Year" in the section *Pre-Tax Contribution Program [PTCP]*, page 16.)

Changing from Individual to Family coverage

If you qualify for a change from Individual to Family coverage and you want Family coverage, contact your agency Health Benefits Administrator (additional documentation may be required, see the section "Proof of Eligibility" in *Eligibility* on page 5). Be prepared to provide the following:

- Your name, Social Security number, address and phone number
- The effective date you are requesting for Family coverage
- Your spouse's and children's names, dates of birth and Social Security numbers
- A copy of the Medicare card, if your spouse and/or children are eligible for Medicare

When your Family coverage begins

The date your Family coverage begins will depend on your reason for changing coverage and your timeliness in applying. You can avoid a waiting period by applying promptly.

You may change from Individual to Family coverage as a result of one of the following events:

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

Your new coverage will begin according to when you apply. If you apply:

- 7 days or less after the event, your Family coverage will be effective on the date the dependent(s) was first eligible.
- 8-30 days after the event, your Family coverage will become effective on the first day of the next payroll period. If you apply on the first day of a payroll period, your coverage will be effective on the day you apply.
- More than 30 days after the event, there will be a longer waiting period. Your Family coverage will become effective on the first day of the fifth payroll period following the payroll period in which you apply.

An employee or eligible dependent may enroll in NYSHIP if:

- Coverage under a Medicaid plan or Children's Health Insurance Program (CHIP) ends as a result of loss of eligibility.
- 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.

Covering newborns

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 new coverage will be effective on the child's date of birth.

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

If you have Family coverage, you must also remember to add your newborn child within 30 days or you may encounter claim payment delays. Your child is not automatically covered. You must contact your agency Health Benefits Administrator to complete the appropriate forms. For additional documentation that may be needed, refer to the section "Proof of Eligibility" in *Eligibility Requirements*, page 5.

Enrollment considered late if previously eligible

- If you were previously eligible but not enrolled, Individual coverage will begin on the first day of the fifth payroll period following the payroll period in which you apply.
- If you and your dependents were 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.

When coverage ends

Refer to the section "When Coverage Ends After Loss of Eligibility" in *Eligibility Requirements* on page 6 for information about when your dependents' coverage ends if you change from Family to Individual coverage, or contact your agency Health Benefits Administrator. For information about continuing coverage, see *COBRA: Continuation of Coverage* on page 27 and *Young Adult Option* on page 42, or contact your agency Health Benefits Administrator.

THE OPT-OUT PROGRAM

The Opt-out Program offers incentive payments to eligible New York State employees who opt out of NYSHIP health benefits.

Eligibility

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

1. You must be unrepresented or represented by a union that has a contract in effect with New York State extending the Opt-out Program to its members.
2. You must be eligible to enroll for NYSHIP coverage as an employee of the State by paying only the employee share of the premium.
3. 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 his/her 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. (See your agency Health Benefits Administrator 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 begins.

4. 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:
   - The Empire Plan
   - A NYSHIP HMO
   - The Opt-out Program

   If you were newly eligible for NYSHIP coverage in the preceding plan year, 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 eligible for NYSHIP benefits or newly eligible to enroll in the Opt-out Program.

Enrollment

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

Current NYSHIP enrollees

Current NYSHIP enrollees may enroll only during the annual Option Transfer Period.

Newly eligible employees

New State employees must enroll prior to the end of the NYSHIP waiting period (see "When Coverage Begins for New Employees" in *Enrollment for Coverage* on page 13). Employees who are newly eligible to participate in the Opt-out Program must elect the Opt-out Program within 30 days of the date they became eligible.

Annual reenrollment is required

Enrollment in the Opt-out Program is not automatic. If you wish to continue enrollment in the Opt-out Program, you must reenroll annually during the Option Transfer Period, by submitting completed forms *Health Insurance Transaction* (PS-404) and *Opt-out Attestation* (PS-409). Opt-out incentive payments will end after the last paycheck of the plan year if the required documents are not submitted timely.

Incentive Payments

Your incentive payment will depend on whether you opt out of Individual coverage or Family coverage. Refer to the *Choices* booklet, issued annually, for the incentive amounts each year. Incentive payments will be prorated and applied to each biweekly paycheck, and are treated as taxable income. If you receive incentive payments based on Family coverage, you will only be eligible for the incentive payment for opting out of Individual coverage, beginning the date your last eligible dependent loses NYSHIP eligibility.

If you are not eligible for NYSHIP coverage at the employee share of the premium (see *How Employment Status Changes May Affect Coverage,* page 19) 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

An enrollee in the Opt-out Program may enroll in NYSHIP 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 your other coverage ends. You must request this change within 30 days of the loss of other coverage. 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

When you retire, 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 *Continuing Coverage When You Retire* on page 33 for information about options available at retirement.

ENROLLMENT FOR COVERAGE

Enrollment is Not Automatic

If you are eligible for NYSHIP and you decide you want to be covered, you must sign up for coverage, whether you select The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) (see *Your Options Under NYSHIP,* page 7). You will not be covered automatically. At the time you enroll, you must also decide whether you want to participate in the Pre-Tax Contribution Program (see *Pre-Tax Contribution Program [PTCP]*, page 14). You may also elect the Opt-out Program, if you are eligible (see *The Opt-out Program* on page 11).

You must apply

To enroll for coverage, you must submit a completed *Health Insurance Transaction Form* (PS-404) to your agency Health Benefits Administrator. If you choose a NYSHIP HMO, the HMO may require you to file an additional form for New York State employees.

When Coverage Begins for New Employees

If you are eligible and enroll in NYSHIP, coverage will begin after the completion of one of the following waiting periods:

Group	Waiting Period
Council 82, CSEA, DC-37, PIA, UCS, UUP*	42 days
NYSCOPBA, PBA, PBA-NYS, PEF, M/C; Legislature	56 days

** UUP: The 42-day waiting period for otherwise eligible newly hired academic employees will begin on the actual day of professional obligation, but not earlier than August 15th.*

You will be considered a late enrollee if you do not enroll within the waiting period listed in the preceding table, unless you experience one of the changes listed in "Qualifying Life Events: Changing options outside the Option Transfer Period" in the section *Your Options Under NYSHIP*, page 8.

Late enrollees have a longer waiting period. Coverage for late enrollees begins on the first day of the fifth payroll period after they apply for coverage. If you enroll in the middle of a payroll period, your waiting period will include the payroll period during which you enrolled, plus four more complete payroll periods. The waiting period also applies for late enrollments during the annual Option Transfer Period.

Note: Services rendered or expenses incurred during this waiting period will not be covered.

Newly Eligible Employees

Newly eligible employees have the same 42- or 56-day waiting period as new employees. "Newly eligible employees" are employees who were not eligible for coverage under NYSHIP when they were hired, but became eligible later. For example, their work schedule increased from 30 percent to 50 percent. If you are a newly eligible employee and you enroll within 42 or 56 days from the day you became eligible, your coverage will begin on your 43rd or 57th day of eligible employment.

Reenrolling a Dependent

Dependents who lose eligibility may be eligible to reenter NYSHIP if they restore eligibility. Unmarried, disabled dependents may also reenter NYSHIP if they have a relapse of the same disability that qualified them as disabled dependents while they were in NYSHIP and again renders them incapable of self-support.

(COBRA enrollees: A dependent child who becomes disabled during COBRA status is not eligible to reenroll in NYSHIP as a disabled dependent under a parent's coverage.)

Appropriate documentation is required.

How to Cancel Enrollment

To cancel your enrollment in NYSHIP, see your agency Health Benefits Administrator.

Note: If you are enrolled in the Pre-Tax Contribution Program, you may not change your health insurance deduction during the plan year unless you experience a pre-tax qualifying event. (See "Changes Permitted Only After Certain Events" in *Pre-Tax Contribution Program [PTCP]*, page 15.)

PRE-TAX CONTRIBUTION PROGRAM (PTCP)

If you enroll in the Pre-Tax Contribution Program (PTCP), the 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 the PTCP

You are eligible to participate in the PTCP if:

- you are an active State employee, and
- 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 the PTCP.

Tax Savings

When you enroll in the 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 on how to participate in the PTCP.

Electing the Pre-Tax Contribution Program

You must decide whether you want to enroll in the PTCP when 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" or "Post-Tax". **If you fail to make an election when you first enroll, you will not be enrolled in the PTCP.**

10.	ENTER REQUEST(S) BELOW		
A. ☐ Request Enrollment- **Individual**	Medical *(10)* *(Select Empire Plan, HMO or opt out)* ☐Empire Plan ☐ HMO Code ☐ Name _________ ☐OPT OUT If choosing opt out, you must also complete the PS409 Opt-out Attestation Form	☐ Dental *(11)*	☐ Vision *(14)*
B. ☐ Request Enrollment- **Family** (Complete G)	Medical *(10)* *(Select Empire Plan or HMO)* ☐Empire Plan ☐ HMO Code ☐ Name _________ ☐ OPT OUT If choosing opt out, you must also complete the PS409 Opt-out Attestation Form	☐ Dental *(11)*	☐ Vision *(14)*
C. ☐ Elect Pre-Tax Status for Premium deduction?	D. ☐ Elect Post-Tax Status for Premium deduction?	Initial here to indicate that you have read the Pre-Tax Contribution memorandum. _____	

Once you have made an election, it can be changed only during the annual Pre-Tax Contribution Program Election Period (November 1-30). You must complete a new *Health Insurance Transaction Form* (PS-404) at this time to change your selection.

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 the PTCP each year.

NYS Department of Civil Service
Albany, NY 12239

Health Insurance Transaction Form
Page 2 - PS-404 (5/14)

10. ***Continued.***	ENTER REQUEST(S) BELOW	
H. ☐ Change NYSHIP Option	Change to: ☐ Empire Plan ☐ HMO Code ☐ HMO Name _______ Opt-Out ☐	
I. Change Pre-Tax Status	Change to: ☐ Pre-Tax ☐ Post-Tax	Processed only by the Employee Benefits Division during the Pre-Tax Contribution Election Period (November)

Changes Permitted Only After Certain Events

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

- Change in employee's marital status
- Change in employee's number of dependents
- Change in employment status of employee, spouse or dependent that affects eligibility
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change in place of residence or worksite of the employee, spouse or dependent
- Change in coverage under other employer's plan
- COBRA events
- Judgment, decree or order
- Change in 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.

Note: A change in coverage is treated differently from a change in your pre-tax deduction. For example, if your only covered dependent became ineligible for coverage in June and notice of this pre-tax qualifying event was not provided to your agency Health Benefits Administrator until August (not within 30 days), the dependent's coverage will be terminated retroactively to when eligibility for benefits ended in June. Deductions will be changed to Individual on a current basis and no refund will be issued.

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 Option Transfer Period to change your coverage for the next plan year.

As a result, enrollees who are enrolled in the PTCP are not permitted to make the following changes during the plan year:

- You may not change from Family to Individual coverage while your dependents are still eligible for coverage.
- You may not voluntarily cancel your coverage while you are still eligible for coverage.
- You may not enroll in the PTCP if you are a late enrollee for health insurance coverage (see *Enrollment for Coverage* on page 13). You must enroll as post-tax.
- You may not change your PTCP enrollment from Individual to Family if you are a late enrollee for Family coverage (see "Enrollment considered late if previously eligible" in the section *Types of Coverage* on page 11). The dependent portion of the premium will be taken as post-tax.
- You may not change your pre-tax election.

These limitations apply only to changes made during the plan year when there is no pre-tax qualifying event.

YOUR PREMIUM

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* on page 19 for more information on your NYSHIP premium. **Note:** Payment of your premium does not establish eligibility for benefits. You must satisfy NYSHIP eligibility requirements.

If you are covered under a NYSHIP HMO, the State's dollar contribution for the hospital, medical and mental health and substance abuse components of your HMO premium will not exceed its dollar contribution for those components of The Empire Plan premium. For the prescription drug component of your HMO premium, the State pays the share noted in the 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 20)
- Employees who are eligible for coverage by paying the full cost of premium in accordance with negotiated agreements
- Vestees (See "Continuing Health Insurance as a Vestee" in *Leaving State Service Prior to Retirement,* page 32)
- 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, PBA-NYS, PEF, 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 $40,137 annually†	88%	12%	73%	27%
$40,137 or more annually†	84%	16%	69%	31%

† Check with your agency Health Benefits Administrator for the current amount, as reflected in the terms of the collective bargaining agreement.

PBA Supervisors, PBA Troopers, PIA*				
	Individual Coverage		**Dependent Coverage**	
Pay Grade	**State Share**	**Employee Share**	**State Share**	**Employee Share**
All Grade Levels and Salaries	90%	10%	75%	25%

** Subject to change upon negotiation.*

What Your Paycheck Shows

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

Thomas P. DiNapoli
State Comptroller

	Total Gross	Fed Taxable Gross
Current	1,332.00	1,160.66
YTD	15,984.00	13,927.92

Advice# 49622795
Advice Date 06/04/2014
Pay Start Date 05/22/2014
Pay End Date 06/04/2014
Negotiating Unit 06
Retirement System ERS
Net Pay 966.32
Department ID 08000
NYS EMPLID XXXXXXXXX
Pay Rate 47,952.00

EARNINGS	Current Hrs/Days	Current Earnings	YTD Hrs/Days	YTD Earnings
Regular Pay Salary Employee	75	1,332.00	900	15,984.00

TAX DATA	Federal	State	NYC	Yonkers
Marital Status	M	M		
Allowances	2	2		
Addl. Amt.				

TAXES	Current	YTD
Fed Withholding	53.18	638.16
Medicare	19.31	231.72
Social Securtiy	82.58	990.96
NY Withholding	38.07	456.84

BEFORE TAX DEDUCTIONS	Current	YTD
Regular Before Tax Health	171.34	2,056.08

AFTER TAX DEDUCTIONS	Current	YTD
ERS Retirement After Tax	39.96	479.52

Ask your agency Health Benefits Administrator for the premium rates for The Empire Plan and HMOs. Rates effective at the beginning of the plan year are announced during the annual Option Transfer Period. Prior to the Option Transfer Period each year, you will receive a flyer that lists rates for every NYSHIP option for the upcoming plan year.

If you elect the Pre-Tax Contribution Program (PTCP) (page 14), your health insurance deduction will be under the heading "Before Tax Deductions" on your pay stub. If you do not elect coverage under the PTCP, your health insurance deduction will be under the heading "After Tax Deductions." Check this information from time to time. Contact your agency Health Benefits Administrator if you have any questions regarding your health insurance deductions.

Productivity Enhancement Program (PEP)

The Productivity Enhancement Program (PEP) is a benefit-related program that affects your cost of 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 will be included in your biweekly paychecks and divided evenly during the plan year. This program is a provision of negotiated agreements for employees represented by CSEA, DC-37, PEF, UUP, UCS nonjudicial employees, M/C employees and for SUNY M/C-NU 13 (not applicable to SUNY contract colleges – Alfred and Cornell). Contact your agency Health Benefits Administrator for information.

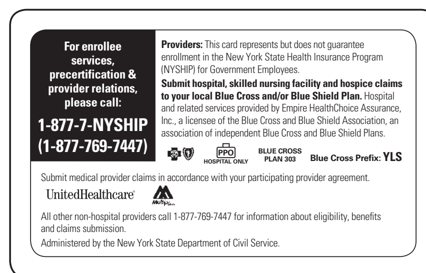
IDENTIFICATION CARDS

Empire Plan Enrollees

Upon enrollment in The Empire Plan, you will receive a NYSHIP Empire Plan card. Your card will include your name and the names of your covered dependents. However, dependents with different addresses will receive a separate card. There is no effective date or expiration date on your card. Use this card as long as you are enrolled in The Empire Plan.

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

Sample NYSHIP Empire Plan card



The nine digit number on your card is your alternate identification number, to be used in lieu of your Social Security number.

Ordering a card

Ask your agency Health Benefits Administrator to order a card if your card (or a dependent's) is lost or damaged. Your new card will be sent to the address on your enrollment record. Please confirm that your address is correct. You can also order a new card on MyNYSHIP. Go to http://www.cs.ny.gov/mynyship.

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 agency Health Benefits Administrator. Use of an Empire Plan card when you are not eligible may constitute fraud. If you or your dependent uses the card when no longer eligible for benefits, you will be billed for all expenses you or your dependents incur after eligibility ends.

You are responsible for notifying your agency Health Benefits Administrator immediately when you or your dependents are no longer eligible for NYSHIP coverage.

Your Empire Plan Medicare Rx card

If you or a dependent is Medicare primary, the Medicare-primary enrollee or dependent will receive a separate card for prescription drugs. Use this card whenever you fill a prescription. (See "Empire Plan Medicare Rx" in *Medicare and NYSHIP,* page 41.)

HMO Enrollees

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

You are responsible for notifying your agency Health Benefits Administrator immediately when you or your dependents are no longer eligible for NYSHIP coverage.

HOW EMPLOYMENT STATUS CHANGES MAY AFFECT COVERAGE

If you are still receiving a paycheck by charging accruals, you are not on leave and your health insurance coverage is not affected.

Contact your agency Health Benefits Administrator if you have any questions about how a change in your employment status may affect your health insurance coverage.

Leaves of absence that may affect coverage

- Leave without pay
- Family and medical leave
- Disciplinary suspension
- Workers' compensation
- Military leave
- Short-Term Disability (Income Protection Program)
- Long-Term Disability (Income Protection Program)

Other changes that may affect coverage

- Layoff
- Seasonal layoff
- Reduction in hours to less than 50 percent
- Termination of employment

Changes that do not affect coverage

- Leave with pay
- Voluntary Reduction in Work Schedule Program (VRWS) participation
- Reduction in hours if you are still working 50 percent or more of a regular work schedule

Leaves of Absence that May Affect Coverage

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 your cost for coverage may be.

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.

Leaves of more than 28 days

Coverage does not continue automatically when you go on leave for more than 28 days. Before going on any leave without pay, you must choose to have your coverage continue during the leave period or cancel coverage during the leave period. You must also choose whether you want to resume coverage after you return to the payroll.

Leave without pay

If you are on leave without pay, you may continue your health insurance coverage. You will be responsible for the employee and employer shares of the premium (full share). There will be no contribution to the cost of your health insurance coverage from New York State.

If you are enrolled in The Empire Plan, you may be eligible for a waiver of the premium while on leave without pay. (See the "Empire Plan Waiver of Premium" section on page 23 for details.)

Family and Medical Leave Act (FMLA)

Under the Family and Medical Leave Act (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 family and medical leave. (M/C employees of the Legislature: FMLA does not apply.)

If your employment terminates following the FMLA leave period, you will be required to repay the employer contribution to the premium.

You have the right to apply for a waiver of your health insurance premium during the FMLA period. (See the "Empire Plan Waiver of Premium" section on page 23 for details.)

If you had a qualifying life event (see "Qualifying Life Events: Changing options outside the Option Transfer Period" in *Your Options Under NYSHIP*, page 8) for health insurance under the Family and Medical Leave Act while you were on leave and your coverage was canceled, you may reactivate your coverage. You will be responsible for the employee share of the premium for the duration of the FMLA period. You must have had coverage in effect while in active status immediately prior to the leave. Coverage will begin at the start of the FMLA period, and you must pay for coverage based upon that starting date. When you reactivate coverage, whether during the FMLA leave or upon return to work, you will not be subject to a late enrollment waiting period.

Disciplinary suspension

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

CSEA, Council 82, DC-37, NYSCOPBA, PBA-NYS, 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's 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, PBA-NYS, PEF or M/C)*. Employees represented by UUP or employed by the Unified Court System (UCS) should contact their agency Health Benefits Administrator.

You will be responsible for the employee share of the premium while you are on Workers' Compensation Leave. See your agency Health Benefits Administrator for information about premium payment options and to find out whether you are eligible to defer payments.

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's and the employee's share of the premium (full share). You also have the right to apply for a health insurance waiver of premium (see "Empire Plan Waiver of Premium" on page 23 for details).

Military leave

Your coverage while on leave for more than 28 days is not automatic. Before going on military leave (or any leave without pay), you must arrange for coverage through your agency Health Benefits Administrator.

If you do not continue your coverage during military leave, you may reinstate coverage without any waiting period when you return to work. However, 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 for coverage for up to 12 months at no cost to you. You must have had Family coverage for at least 30 days before your activation. If active duty continues beyond 12 months, you must pay both the employer and employee shares of the premium to continue Family coverage.

Income Protection Program

Short-term disability

If you are represented by DC-37, or are an M/C employee or an employee of the Legislature enrolled in the Income Protection Plan and you are on short-term disability, you will be required to pay only the employee's

share of the health insurance premium. NYSHIP coverage while you are on short-term disability may continue for up to thirteen pay periods. Contact your agency Health Benefits Administrator 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 may qualify for a waiver of premium for up to one year of disability (see "Empire Plan Waiver of Premium" on page 23 of this section for details).

Other Changes that Affect Coverage

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 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. You must notify the Employee Benefits Division Preferred List Unit when you begin and end temporary employment to protect your health insurance coverage.

When your year of coverage under Preferred List provision ends, you may be eligible to continue coverage as a retiree (see page 33), vestee (see page 32), temporarily under COBRA (see page 27), or under a direct-pay conversion contract (see page 31).

Enrollment is automatic

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

The Employee Benefits Division will bill you monthly. If you do not make premium payments on time, the last day of coverage will be the 28th day after the last payroll period in which coverage was paid.

Seasonal layoff

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

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

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

Employees in other groups, contact your agency Health Benefits Administrator to find out if you are eligible to continue coverage between seasons.

Reduction in hours

If you experience a reduction in hours to less than half-time, you are no longer eligible for health insurance coverage through NYSHIP 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. You may be eligible for coverage through COBRA (see page 27).

If your hours are subsequently increased after coverage had been terminated because of a reduction in your hours, contact your agency Health Benefits Administrator to reenroll in NYSHIP coverage. You will not be subject to a waiting period if you choose to reenroll and continue to meet the eligibility requirements.

Certain employees may be eligible to continue coverage in NYSHIP at enrollee share, even after a reduction in hours to less than half time. Contact your agency Health Benefits Administrator for details.

Employees represented by UUP, see your agency Health Benefits Administrator.

Termination of employment

If your employment terminates and you are not eligible to continue coverage under the terms outlined in the preceding sections, your last day of coverage will be the 28th day after the payroll period during which you were last eligible. At the end of this runout, you will no longer have health insurance coverage through NYSHIP unless you are eligible to retire (see page 33), vest coverage (see page 32), elect COBRA coverage (see page 27), or elect a direct-pay contract (see page 31).

Paying the Premium While You are Off the Payroll

The Employee Benefits Division will notify you of the biweekly payment premium (monthly for Preferred List status) and the due date for your first payment. You must send subsequent payments to the Employee Benefits Division, as explained in the notice.

If you do not make your payments on time, your coverage will be canceled and you will not be offered conversion privileges. If you wish to have coverage reinstated while you are on leave, you will have a break in coverage and you will be subject to late enrollment provisions.

Empire Plan Waiver of Premium

In certain situations, you may be entitled to have your health insurance contribution waived for up to one year. The Empire Plan provides a waiver of premium. However, NYSHIP HMOs do not provide a waiver of premium.

To qualify for a waiver of your premium, you must have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of six biweekly payroll periods and meet the following additional criteria:

- You must be on authorized leave without pay, unpaid Family and Medical Leave or covered under Preferred List provisions. You are not eligible for a waiver if you are still receiving income through salary, sick leave accruals, Short-Term Disability Income Protection Plan benefits or retirement allowance.
- You kept your coverage in effect while you were off the payroll by paying the required full cost of your health insurance premium (your contribution and the State's contribution) if you are on leave without pay, or by paying the employee share if you are covered under Family and Medical Leave or Preferred List provisions.

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. You will receive a refund for any overpayments of the premium.

How to apply for a waiver of premium

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

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

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

Additional waiver of premium

If you 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 in order 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 for an additional one-year period.

There is no lifetime limit to the number of waivers you may receive. The Employee Benefits Division 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
- return to the payroll
- are no longer in a status of leave without pay or Family and Medical Leave
- are no longer a State employee
- are not covered under Preferred List health insurance provisions
- vest your health insurance coverage rights
- retire
- die

Suspending or Canceling Coverage

You may suspend or cancel your health insurance coverage for the time you are on leave without pay, Family and Medical Leave or disciplinary suspension. Your last day of coverage will be the 28th day after the last payroll period in which coverage was paid. Make arrangements with your agency Health Benefits Administrator before your last day of work.

Cancellation for nonpayment of premium

If you do not make premium payments, your last day of coverage will be the 28th day after the last payroll period in which coverage was paid.

Consider the consequences

Suspending or canceling your coverage or letting it lapse by failing to pay the premium can result in serious consequences. 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.

When You May Reenroll

Before you return to work

If you reinstate your coverage before you return to work, you will be subject to the late enrollment provision (see *Enrollment for Coverage,* page 13). To request for your coverage to be reinstated, write to:

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

When you return to work

You may reenroll in NYSHIP when you return to work, provided you still meet the eligibility requirements. Contact your agency Health Benefits Administrator to reactivate your coverage.

DEPENDENT SURVIVOR COVERAGE

Your enrolled survivors may be eligible to continue NYSHIP coverage if you predecease them.

Upon the enrollee's death, send a copy of the death certificate to the Employee Benefits Division. Notification to a retirement system does not satisfy this requirement. Once this information is received by the Employee Benefits Division, your eligible dependents will continue coverage under an extended benefits period (see below). If the Employee Benefits Division determines that your covered dependents are eligible for dependent survivor coverage, they will receive an application to enroll. Otherwise, they will receive an application to continue coverage under COBRA. They may be eligible for a direct-pay contract.

Survivors of COBRA enrollees, please see "Survivors of COBRA enrollees" in *COBRA: Continuation of Coverage* on page 30.

Extended Benefits Period at No Cost

If your death occurs while on the State payroll, your eligible dependents will continue to receive coverage without charge for five biweekly payroll periods beyond the payroll period in which your last health insurance deduction was taken. This is referred to as the *extended benefits period.* To be eligible for dependent survivor coverage, the dependent(s) must have been covered by the enrollee in NYSHIP at the time of death.

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

After the Extended Benefits Period Ends

After the extended benefits period ends, your enrolled dependents may elect to continue NYSHIP coverage if they are eligible for dependent survivor coverage. If they are not eligible for dependent survivor coverage they may be eligible to continue their coverage in NYSHIP under COBRA (page 27) or convert to a direct-pay contract (page 31).

NYSHIP coverage will end permanently for eligible dependents if they do not elect dependent survivor coverage timely, or if they do not elect COBRA coverage (see *COBRA: Continuation of Coverage,* page 27).

Eligibility and Cost for Dependent Survivor Coverage

To be eligible for dependent survivor coverage, your dependent must have been covered in NYSHIP as a dependent at the time of the enrollee's death.

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 on page 4 of the section *Eligibility for Coverage*

Each dependent survivor is eligible to continue NYSHIP coverage in his or her own right by electing either Individual coverage, Family coverage or a combination thereof.

Dual Annuitant Sick Leave Credit

If you predecease your dependents and had chosen the Dual Annuitant Sick Leave Credit option at the time you retired, that credit will continue to be applied to your surviving dependents' premium.

Eligibility and the 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 an agency eligible to participate in NYSHIP.

An enrollee in an optional retirement program such as Teachers Insurance and Annuity Association of America/College Retirement Equities Fund (TIAA/CREF) must be within 10 years of meeting the age requirement in a New York State-administered retirement system.

Enrolled dependent survivors will be responsible for either 10 percent of the premium for Individual coverage or 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 an agency eligible to participate in NYSHIP.

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 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.

Loss of eligibility for dependent survivor coverage

If your dependents lose eligibility for dependent survivor coverage under the New York State Health Insurance Program, they may be eligible to continue their coverage in NYSHIP under COBRA (see page 27) or convert to a direct-pay contract (see page 31). Survivors of COBRA enrollees, please see "Survivors of COBRA enrollees" *in COBRA: Continuation of Coverage* on page 30.

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 4)
- dependent fails to make the required payments

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

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

Coverage

Cards and benefits

After the extended benefits period ends, if your dependent(s) elect dependent survivor coverage, the Employee Benefits Division will change the enrollment file to the survivor's own name and identification number.

Dependent survivors enrolled in The Empire Plan

Benefits will change to the same coverage provided to New York State retirees; refer to the *Certificate of Coverage for Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List Provisions* for benefit information. A new Empire Plan benefit card will be issued under the survivor's name and identification number.

Dependent survivors enrolled in a NYSHIP HMO

Check with the HMO regarding benefits and new cards.

Option changes for dependents

Dependent survivors may change options at any time once during a twelve-month period.

COBRA: CONTINUATION OF COVERAGE

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

COBRA benefits are the same benefits offered to active employees and dependents enrolled in NYSHIP. You must apply for COBRA within 60 days from the date of loss of eligibility. (See "Deadlines Apply", page 29). Documentation of the COBRA-qualifying event may be required.

Qualified Beneficiaries

Enrollees and each covered dependent who experiences a COBRA-qualifying event as described in the following section "Eligibility" are considered qualified beneficiaries and have an independent right to COBRA continuation coverage.

Eligibility

Enrollee

An employee enrolled in NYSHIP has the right to COBRA coverage if:

- eligibility for NYSHIP is lost as a result of a reduction in hours of employment or termination of employment
- NYSHIP coverage is canceled while on Family and Medical Leave Act (FMLA) and the enrollee does not return to work

Spouse/domestic partner

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

- termination or reduction in hours of enrollee's employment
- divorce
- termination of domestic partnership
- legal separation (legal separation does not automatically result in loss of NYSHIP coverage for the spouse)
- death of the enrollee

Dependent children

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

- a child's loss of eligibility as a dependent under NYSHIP
- termination or reduction in hours of enrollee's employment
- parents' divorce or termination of domestic partnership
- parents' legal separation (legal separation does not automatically result in loss of NYSHIP coverage for a step-child)
- death of the enrollee

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. (For enrollment rules, see "Covering Newborns" in *Types of Coverage,* page 11).

Dependents who are not Qualified Beneficiaries

An eligible dependent may be added to COBRA coverage at any time, in accordance with NYSHIP rules (see "Your Dependents" in *Eligibility Requirements*, page 3 and "Changing Coverage" in *Types of Coverage*, page 10), but is not considered a qualified beneficiary and may only maintain coverage for the remainder of the enrollee's eligibility for COBRA continuation coverage.

Medicare and COBRA

If you are already covered under Medicare when you apply for COBRA, you may continue NYSHIP coverage under COBRA.

If you are already covered under COBRA when your Medicare coverage takes effect, your NYSHIP coverage ends when your Medicare coverage becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP coverage for the remainder of the 36 months of COBRA continuation coverage.

If you do not enroll in Medicare when first eligible, your NYSHIP coverage may be substantially reduced or canceled. (See *Medicare and NYSHIP,* page 39.)

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 7) or when moving under the circumstances described in "Qualifying Life Events: Changing options outside the Option Transfer Period" in *Your Options Under NYSHIP*, page 8. Dependents of a COBRA enrollee who are qualified beneficiaries may also change to Individual coverage during the annual Option Transfer Period.

Deadlines Apply

Your employing agency is responsible for notifying the Employee Benefits Division of a reduction in your hours or termination of your employment. A COBRA application will be sent to the address on the enrollment record. Be sure to read the application carefully. To maintain eligibility, you must complete and return the election form by the response date noted on the form.

Notification of dependent's loss of eligibility

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

- a divorce
- termination of domestic partnership
- a child's loss of eligibility as a dependent under NYSHIP (see "Your Dependents" on page 3 of the section *Eligibility Requirements*)

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

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

60-day deadline to elect COBRA

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

Costs under COBRA

COBRA enrollees pay 100 percent of the premium for continuation coverage, plus a 2 percent administrative fee. The Employee Benefits Division will send the COBRA enrollee monthly bills 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. Since the 45-day grace period applies to all premiums due for periods of coverage prior to the date of the election, several months' premiums could be due and outstanding.

30-day grace period

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

Continuation of Coverage Period

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

If you lose COBRA eligibility prior to the end of the 36-month continuation coverage period, coverage may be continued for covered dependents who are qualified beneficiaries (see "Qualified Beneficiaries" on page 28 of this section). However, in no case will any period of continuation coverage be more than 36 months from the initial COBRA-qualifying event.

The following dependents are eligible to continue COBRA coverage for up to 36 months:

- dependents who were covered at the time of your initial COBRA-qualifying event
- newborns or newly adopted children who are added to your coverage within 30 days of birth or placement for adoption

A dependent who is added during a period of COBRA continuation coverage (with the exception of a newborn or newly adopted child added within 30 days) is not considered a qualified beneficiary. These dependents lose coverage when the enrollee's COBRA coverage ends.

Survivors of COBRA enrollees

If you die while you are a COBRA enrollee in NYSHIP, your enrolled dependents who are qualified beneficiaries will be eligible to continue COBRA coverage for up to 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract (see page 31).

When You No Longer Qualify for COBRA Coverage

Continuation coverage will end for the following reasons:

- If the premium for your continuation coverage is not paid on time.
- The continuation period of up to 36 months ends.
- If you become eligible for Medicare after enrolling in COBRA.
- If New York State no longer provides group health care coverage to any of its employees.

To Cancel COBRA

Notify the Employee Benefits Division in writing if you want to cancel your COBRA coverage.

Conversion Rights After COBRA Coverage Ends

At the end of your COBRA continuation coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan's Medical/Surgical Program administrator (see *Contact Information,* page 44) if you are enrolled in The Empire Plan, or with your HMO if you are enrolled in an HMO.

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

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles and out-of-pocket costs will be

before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Contact Information

If you have any questions about COBRA, but are not currently enrolled, please contact your agency Health Benefits Administrator. If you are enrolled in COBRA, contact the Employee Benefits Division.

DIRECT-PAY CONVERSION CONTRACTS

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

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

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

Empire Plan Conversion

The Empire Plan offers direct-pay conversion policies.

Eligibility

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

- Termination of employment (including resignation)
- Loss of eligibility for coverage as an employee or dependent
- Death of the employee (when the dependent is not eligible as outlined in *Dependent Survivor Coverage*, page 25)
- COBRA continuation eligibility ends

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

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

Deadlines Apply

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

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

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

No notice for certain dependents

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

How to request direct-pay conversion contracts

To request a direct-pay conversion policy, write to The Empire Plan Medical/Surgical Program administrator. Contact information is available on page 44.

LEAVING STATE SERVICE PRIOR TO RETIREMENT

If you leave State employment before you are eligible for coverage as a retiree, you may protect your future eligibility for retiree coverage. To do so, you must vest (protect) those rights and maintain continuous NYSHIP coverage until you are eligible to collect a pension.

You may continue coverage:

- As a vestee
- As a dependent of a NYSHIP enrollee
- As an enrollee in another agency that offers NYSHIP coverage

Continuing Health Insurance as a Vestee

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

- you have vested as a member of a retirement system administered by the State or one of its political subdivisions, such as a municipality; and
- you have met the minimum service requirement (see "Eligibility for Retiree Coverage" on page 33 in *Continuing Coverage When You Retire*), but are not yet eligible to collect a pension at the time employment is terminated.

If you are a member of the Optional Retirement Program as a result of New York State employment, such as Teachers Insurance and Annuity Association of America/College Retirement Equities Fund (TIAA/CREF), 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.

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

Cost

If you choose to continue your coverage as a vestee, you are responsible for paying the full share of the premium. You will be billed on a monthly basis.

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.

Coverage Ends Permanently if You Do Not Maintain Continuous Coverage

Coverage for you and your dependents will end permanently if you:

- **do not enroll within the designated time frame**
- **are canceled for non-payment of the premium**

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

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

Option Transfer for vestees

If you are enrolled as a vestee, you may change options at any time once during a twelve-month period. Vestees are subject to the same rules for changing options that apply to retirees. (Refer to the *General Information Book for Retirees, Vestees, Dependent Survivors and Enrollees Covered under Preferred List Provisions of New York State* for information.)

CONTINUING COVERAGE WHEN YOU RETIRE

Eligibility for Retiree Coverage

You and your eligible dependents are eligible to continue NYSHIP coverage upon your retirement if you meet all of 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 requirements outlined in this section and submit all required material.**

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 ten years of benefits-eligible State service or at least ten 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 at the employee share of the premium. At least one year of your qualifying service must be with New York State.

Coverage with other NYSHIP Employers

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

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

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

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

If you are not a member of a retirement system administered by the State, (or you are enrolled in an optional retirement program such as Teachers Insurance and Annuity Association of America/College Retirement Equities Fund [TIAA/CREF]) you must satisfy one of the following conditions:

- You meet the age requirement of the NYS and Local Employees' Retirement System retirement tier in effect at the time you last entered service.
- You are 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.

Note: If you are enrolled in the Opt-out Program, you are not eligible to continue in this program when you retire. You must elect another option or defer coverage. (See "Deferred Health Insurance Coverage" on page 36 of this section.)

Disability Retirement

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

Ordinary disability retirement

For an ordinary (not work-related) disability retirement granted by an approved retirement system, you must meet all requirements outlined in the preceding section "Eligibility for Retiree Coverage".

Work-related disability retirement

For a disability retirement resulting from a work-related illness or injury granted by an approved retirement system, you must meet all requirements outlined in the preceding section "Eligibility for Retiree Coverage", except for the minimum service requirement, which is waived.

Maintain coverage while your disability retirement is being decided

To be eligible for NYSHIP coverage after you retire, you must maintain your NYSHIP coverage while you wait for the decision on your disability retirement. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee status, coverage for you and your dependents will end. If your disability retirement is not approved, you will not be eligible to reenroll in NYSHIP.

Deadline for reinstating coverage: If a retroactive retirement is granted after you discontinued your coverage, write to the Employee Benefits Division 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 your disability retirement date. You may apply for coverage to be reinstated any time within a year of the date on the letter granting your disability retirement. 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 on a timely basis).

- If you receive an ordinary disability retirement, the effective date of your retiree coverage will follow a three-month late enrollment waiting period based on the date of your application.
- If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on a current basis.

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 a number of factors, including your:

- contribution rate
- health insurance option
- type of coverage (Individual coverage or Family coverage)
- sick leave credit, if any
- eligibility for Medicare for you and/or your covered dependents

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

How You Pay

When you retire, you will pay your share of the health insurance premium through deductions from your monthly retirement check or by making monthly payments directly to the Employee Benefits Division.

If you elect to have your share of the monthly premium deducted from your pension check, it may take several months for the Employee Benefits Division to receive the Retirement Number assigned to you by the Retirement System, and begin taking monthly deductions. Once your eligibility for retiree benefits has been confirmed by the Employee Benefits Division, you will be billed directly each month for your share of the premium until deductions from your pension check begin. Your coverage will remain in effect until your eligibility for retiree benefits has been confirmed, but during that time you may not receive communication from the Employee Benefits Division.

Sick Leave Credits

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

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

When you retire, your agency provides the Employee Benefits Division with the information necessary to calculate your sick leave credit, if any. The "Dear Retiree" letter from the Employee Benefits Division will report this monthly sick leave credit. If you believe this credit is incorrect, contact your agency Health Benefits Administrator. This letter will also include the monthly cost of your coverage in retirement, for the option you are currently enrolled in (at the current rate for that option). ***Keep this letter for future reference.***

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

This credit cannot be applied to a COBRA premium and cannot be combined with your spouse's or domestic partner's 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 form *Sick Leave Credit Election* (PS-405) to your agency Health Benefits Administrator; 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.

To estimate the value of your sick leave credit, use the online Sick Leave Credit Calculator. Go to www.cs.ny.gov/ebd and click on *Planning to Retire*. Scroll down and select the *Sick Leave Credit and Calculator* link.

When sick leave credit ends

Your monthly sick leave credit ends when you die, unless you chose 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. Confirm that your dependent will qualify for coverage as a dependent survivor before electing this option. (See *Dependent Survivor Coverage* on page 25.)

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 25.)

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

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

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 agency Health Benefits Administrator and fill out form *Request to Defer Retiree Health Benefits* (PS-406.2).

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 agency Health Benefits Administrator to complete the form *State Service Sick Leave Credit Preservation* (PS-410) 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 the Employee Benefits Division 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 Dual Annuitant Sick Leave Credit 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 agency Health Benefits Administrator 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, be sure to read the preceding section, "Deferred Health Insurance Coverage" and complete the form *State Service Sick Leave Credit Preservation* (PS-410).

Reenrolling as a retiree

Under most circumstances, you will be subject to a waiting period before your coverage becomes effective again. 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 agency Health Benefits Administrator. After you retire, the Employee Benefits Division will serve as your Health Benefits Administrator. To speak to a representative, call 518-457-5754 or 1-800-833-4344 (U.S., 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.
- The Department of Civil Service web site, https://www.cs.ny.gov, has current benefit information. Click on Benefit Programs, then NYSHIP Online.
- The *Empire Plan Certificate for Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List Provisions* provides details on NYSHIP and coordination of benefits with Medicare.
- The *Planning for Retirement* video is available from your agency Health Benefits Administrator.
- *Welcome to EBD* helps you stay in touch with the Employee Benefits Division after you retire.
- *Retiree Health Insurance Choices* describes all NYSHIP options.
- *NYSHIP Rates and Information for New York State Retirees* lists the monthly premiums for NYSHIP health insurance coverage.
- *On the Road with The Empire Plan* is a handy guide to your Empire Plan benefits when traveling.

- *Back to Work for New York State* is for State retirees who return to work for New York State and want to understand their health insurance status.
- Medicare, which is administered by the Social Security Administration, can be reached at 1-800-MEDICARE (1-800-633-4227), or at the Medicare web site at www.medicare.gov for medical benefits and claims information. Call Social Security at 1-800-772-1213 to enroll in Medicare.
- The *Medicare & NYSHIP* booklet and companion video explain how NYSHIP and Medicare work together to provide health benefits.

Pre-Retirement Checklist:

Contact your agency Health Benefits Administrator

Make sure you meet the minimum service requirements for continuing benefits in retirement. For health insurance, be especially sure to check any part-time or local government service that may count as qualifying service if you need it. Talk with your agency Health Benefits Administrator if you have questions.

- Ask your agency Health Benefits Administrator to explain the benefits you will have as a retiree, especially if there are any differences from your employee coverage.
- Make sure the information on your enrollment record, such as dates of birth, spelling of names, and addresses, is accurate and up to date.
- Discuss the Dual Annuitant Sick Leave Credit option if you have accrued sick leave.
- Be sure to discuss deferred health insurance coverage as an alternative to cancellation. If you meet the requirements but do not want to continue your health insurance in retirement, notify your agency Health Benefits Administrator.
- Ask for the latest publications about health insurance and other benefits information available to retirees.
- Ask if there is a pre-retirement seminar you can attend.

Contact your Social Security Administration office

If you or a dependent is already age 65 or over, 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 you retire. (Medicare becomes primary to NYSHIP on the first day of the month following a "runout" period of 28 days after the last day of the last payroll period for which you were paid.)

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.

Regardless of age, if you or your dependent is eligible for Medicare when you retire, Medicare Parts A and B provide coverage that is primary to NYSHIP (See the following section *Medicare and NYSHIP*.)

You must enroll in Medicare Parts A and B when first eligible for primary Medicare benefits. You will be reimbursed monthly for the premium you pay.

If you are moving when you retire

- Before you retire, notify your agency Health Benefits Administrator of any address or phone number change. Check with your agency Health Benefits Administrator to see if you need to change your health insurance option. You can also make certain enrollment changes, address changes or change your health insurance option by going to MyNYSHIP Employee Self-Service at https://www.cs.ny.gov/mynyship, a secure portion of the Employee Benefits Division's homepage, NYSHIP Online.

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

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

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

Note: If you or your dependents are Medicare-eligible, Medicare requires your residential street address to be on your enrollment file. NYSHIP can accept a post office box as a general mailing address for NYSHIP material, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx or a Medicare Advantage HMO.

MEDICARE AND NYSHIP

NYSHIP requires you to enroll in Medicare under certain circumstances. These requirements are not the same as Social Security or Medicare requirements. Do not depend on Social Security, Medicare, your health plan or health care provider for information on NYSHIP requirements. After you read this section and have questions about NYSHIP requirements for enrolling in Medicare, contact your agency Health Benefits Administrator.

Note to COBRA enrollees: Requirements differ. Please read "Medicare and COBRA" on page 28.

NYSHIP is primary for most active State employees. A health insurance plan provides "primary coverage" when it is responsible for paying health benefits before another group health insurance is liable for payment. Be sure you understand which plan provides your primary coverage.

Medicare: A Federal Program

Medicare is a federal health insurance program for people who:

- are age 65 or older; or
- regardless of age, have been receiving Social Security Disability Insurance (SSDI) benefits for 24 months; or
- regardless of age, have completed Medicare's waiting period of up to three months due to end-stage renal disease; or
- are receiving Social Security Disability Insurance (SSDI) benefits due to amyotrophic lateral sclerosis (ALS).

Medicare is directed by the federal Centers for Medicare & Medicaid Services (CMS). The Social Security Administration office take applications for Medicare and provide information about the program.

Medicare Part A is inpatient hospital insurance.

Medicare Part B is outpatient hospital and medical insurance.

Medicare Part C or Medicare Advantage plans, which offer comprehensive coverage including hospital and medical coverage and often Medicare Part D prescription drug coverage. Medicare Advantage plans replace Medicare Parts A and B.

Medicare Part D is the Medicare prescription drug benefit.

When NYSHIP is Primary

When an individual is eligible for Medicare, CMS rules determine which plan is primary. In most cases, NYSHIP (Empire Plan or HMO) will be the primary coverage for you, your enrolled spouse and other covered dependents while you are an active employee, regardless of age or disability.

If you or a dependent becomes eligible for Medicare while you are an active employee, NYSHIP will remain 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 B until Medicare becomes primary. Check with Social Security regarding enrollment and possible late enrollment penalties that may be assessed.

Exceptions: When Medicare is Primary

Domestic partner

Under Medicare Secondary Payer provisions, Medicare is primary for the domestic partner, age 65 or older, of an active employee.

Same-sex spouse

For claims incurred prior to January 1, 2015, under Medicare Secondary Payer provisions, Medicare is primary for the same-sex spouse, age 65 or older, of an active employee.

Effective January 1, 2015, Social Security's definition of "spouse" will be expanded to include a same-sex spouse for the purpose of determining Medicare primacy. Therefore, beginning January 1, 2015, an active employee's same-sex spouse, age 65 or older, will be subject to the rules outlined in the preceding section "When NYSHIP is Primary", and will not be considered Medicare-primary.

End-stage renal disease

An active employee, or the dependent of an active employee, with end-stage renal disease becomes eligible for primary Medicare coverage after meeting Medicare requirements. If you are being treated for end-stage renal disease or are receiving a kidney transplant, contact the Social Security Administration regarding how your eligibility for Medicare will be affected.

Waiting Period

Medicare imposes a three-month waiting period after a patient is diagnosed with end-stage renal disease.

The initial three-month waiting period may be waived by Medicare if the patient:

- has enrolled in a self-dialysis training program within the first three months of the diagnosis, or
- receives a kidney transplant within the first three months of being hospitalized for the transplant.

Coordination Period

Once the three-month waiting period has been completed, a 30-month coordination period must be satisfied before Medicare is primary.

To avoid a reduction in benefits, Medicare Parts A and B must be in effect upon completion of this coordination period. During the coordination period, NYSHIP continues to provide primary coverage, and enrollment in Parts A and B is optional.

Contact your agency Health Benefits Administrator

Notify your agency Health Benefits Administrator if you or your dependent is diagnosed with end-stage renal disease. Notify your agency Health Benefits Administrator if Medicare coverage for end-stage renal disease ends. NYSHIP will again provide primary coverage for an active employee or the dependent of an active employee.

When to Enroll in Medicare

You must have Medicare Parts A and B in effect when you or your dependent becomes eligible for primary coverage through Medicare. You or your dependent will be eligible for primary Medicare coverage if:

- you are diagnosed with end-stage renal disease, after completion of the 30-month coordination period
- your domestic partner is age 65 or older
- your same-sex spouse is age 65 or older (only prior to January 1, 2015, see preceding section)

How to enroll

You can sign up for Medicare by telephone and mail. Contact the Social Security Administration office at 1-800-772-1213 and ask for a Teleclaim appointment. 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.

Empire Plan Medicare Rx

If you are enrolled in The Empire Plan, and you are eligible for Medicare, 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.

Empire Plan Medicare Rx ID card

Every Medicare-primary Empire Plan enrollee and every Medicare primary dependent enrolled in Empire Plan Medicare Rx receives a separate, individualized prescription drug ID card. Each card provides a new unique ID number to be used at a Network Pharmacy when filling your prescription medications.

Use your Empire Plan benefit card for all other Empire Plan benefits including hospital services, medical/surgical services, mental health and substance abuse services and prescriptions covered under Medicare Part B. Enrollees and dependents who are not Medicare-primary will continue to use their NYSHIP benefit card for prescriptions.

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*.

If you are planning to retire or otherwise leave State service, and you or your spouse is eligible for Medicare, contact your Social Security office three months before active employment ends to enroll in Medicare Parts A and B. If you are 65 or older when you retire or leave State service, NYSHIP will no longer be your primary insurer beginning the first day of the month following a "runout" of 28 days after the last day of the last payroll period for which you were paid. Be sure you have Medicare in effect at that time.

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. Medicare is primary, however, for an active employee's domestic partner age 65 or over (unless the domestic partner is disabled). For claims incurred prior to January 1, 2015 only, Medicare will be primary for an active employee's same-sex spouse age 65 or over (unless the same-sex spouse is disabled).

When to contact your agency Health Benefits Administrator

Upon reemployment, contact your agency Health Benefits Administrator to notify The Empire Plan or your HMO of your reemployment. If you return to work after retiring, also contact the Employee Benefits Division. Be sure to find out your effective date for your NYSHIP plan to resume providing coverage that is primary to Medicare.

Medicare Premium Reimbursement

If you or your dependent is Medicare primary, the State will reimburse you for the cost of Medicare Part B monthly premiums, unless you are receiving reimbursement from another source.

You must take a photocopy of your or your dependent's Medicare identification card to your agency Health Benefits Administrator. If you are not on the payroll, contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344.

Loss of eligibility for Medicare premium reimbursement

If you or a dependent loses eligibility for Medicare premium reimbursement, you must contact your agency Health Benefits Administrator or the Employee Benefits Division (if you are not on the payroll). You will be liable for premiums that are incorrectly reimbursed.

YOUNG ADULT OPTION

The Young Adult Option allows the young adult child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when this 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 New York State or 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 within the 30-day grace period.

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

Cost

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

Available Coverage

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

Enrollment Rules

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

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

- **NYSHIP coverage ends due to age**

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

- **During the Young Adult Option Open Enrollment Period**

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

- **Newly qualified due to a change in circumstances**

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

When Young Adult Option Coverage Ends

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

Questions

If you have any questions concerning eligibility, please contact the parent's agency Health Benefits Administrator or the Employee Benefits Division.

CONTACT INFORMATION

Agency Health Benefits Administrator *(fill in)*

Name:____________________

Phone Number: ____________________

Email: ____________________

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

Other Programs

Income Protection Program .... 1-800-300-4296 ext. 2555

M/C Life 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, administered by EmblemHealth 1-800-947-0101

Vision, 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 agency Health Benefits Administrator

UUP 1-800-887-3863

Other Agencies

NYS and Local Retirement System 518-474-7736

TIAA/CREF 518-786-5900

Medicare – Social Security Administration 1-800-MEDICARE (1-800-633-4227)

Direct-Pay Conversion Contracts

Offered by UnitedHealthcare

Call The Empire Plan toll free 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

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 BlueCross BlueShield

Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.
TTY: 1-800-241-6894

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

PRESS OR SAY 3 **Mental Health and Substance Abuse Program:**
Administered by ValueOptions

Representatives are available 24 hours a day, seven days a week.
TTY: 1-855-643-1476

P.O. Box 1800
Latham, NY 12110

PRESS OR SAY 4 **Prescription Drug Program:**
Administered by CVS Caremark

Representatives are available 24 hours a day, seven days a week.
TTY: 1-800-863-5488

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

NYSHIP HMOs

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

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