

March 2019

Welcome to EBD



NYSHIP
New York State
Health Insurance Program



For Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List provisions of the State of New York and Participating Employers, their enrolled Dependents, COBRA Enrollees with their NYSHIP benefits and Young Adult Option Enrollees

This booklet explains how and where to get the help you need with your coverage under the New York State Health Insurance Program (NYSHIP)



How can we help you?

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

More than 278,000 retirees and their families rely on EBD for help with their NYSHIP coverage. This booklet explains how and where you can get information and assistance with your health benefits.



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Contacting Our Call Center

Once you retire, getting the information you need is only a phone call away.

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

When prompted, choose either English or Spanish and select the option that meets your needs.

Here are some features of the system:

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

You will not be required to enter your Social Security Number. For information about authorizing someone else to call about your health insurance records on your behalf, see page 14.

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

- Call the appropriate contact. For example, if you are calling about Medicare eligibility, call Social Security (but call EBD about NYSHIP's requirement that you enroll in Medicare). If you are calling about your pension check, call your retirement system (but call EBD about the health insurance deduction or Medicare credit in your pension check). Important telephone numbers are listed on pages 6-9 of this booklet.
- Have your health insurance ID number and all documents related to your question ready when you call.

- While most changes to your enrollment record require your signature, you can change your address over the phone. You can also go to MyNYSHIP (see page 2) or use the form on page 13.
- EBD and your retirement system are separate entities and do not share information. You must contact EBD to update your health benefits information and contact your retirement system to update your record for retirement or pension purposes.

For more information, read Keep Your Enrollment Record Up to Date on the next page and When you Must Contact EBD in your *General Information Book*.

NYSHIP in Another Language

NYSHIP offers Language Link Interpretation Services, a confidential phone-based translation service for enrollees who call EBD.

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

Here's how Language Link works:

1. Call EBD at 518-457-5754 or 1-800-833-4344 and tell the representative which language you need translated.
2. In most cases, an interpreter is available within 30 seconds. A three-way conference call will begin for you, the EBD representative and the interpreter.
3. The interpreter translates for you and for the EBD representative. Language Link interpreters are trained in over-the-phone translation skills and give accurate, objective translations. All calls are strictly confidential.

If you need to order new or replacement identification cards:

<p>Empire Plan enrollees: Go to MyNYSHIP or call EBD (see above). Your card will arrive within two to three weeks from your order date.</p>	<p>Empire Plan Medicare Rx enrollees: Call 1-877-7-NYSHIP (1-877-769-7447). Press or say 4 on the main menu to order a prescription drug card only.</p>	<p>Health Maintenance Organization (HMO) enrollees: Contact your HMO directly (see page 9).</p>
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Help for Those with Special Needs

If you are blind, deaf or need a special service to make health benefits information available to you, EBD can help. Large-print publications and audio files are available upon request for retirees with a disability. Call or write to EBD to request these materials.

The New York State Department of Civil Service website, www.cs.ny.gov, meets accessibility standards for people with a disability. The text size and colors have been carefully selected for easy reading. Pages are compatible with computer screen reader software and browser tools that help people with a disability.

Keep Your Enrollment Record Up to Date

Most requests to change your enrollment file must be made in writing and require your signature. A model letter is available on page 10 of this booklet; use this sample as a guide or photocopy it to use more than once. **Be sure to sign and date your request.**

MyNYSHIP is a secure portion of NYSHIP Online where you can view your personal enrollment record and make certain changes to your enrollment file.

Once you register you will be able to perform certain transactions online, such as submitting Option Transfer requests, updating your address and, if you are enrolled in The Empire Plan, ordering identification cards. You can access MyNYSHIP at www.cs.ny.gov/mynyship.

When to Notify EBD

- Your address changes. Call EBD, go to MyNYSHIP or use the Change of Address form on page 13.
- Your telephone number or name changes. Use the model letter on page 10.
- You need to choose another plan because you no longer live or work in your NYSHIP HMO's service area. You may submit your request on MyNYSHIP or use the model letter on page 10.
- You need to correct your enrollment record due to an inadvertent error such as a misspelled name or incorrect birthdate. Include a copy of the appropriate supporting documentation.
- You need to add or delete a dependent on your health enrollment record. Use the model letter. Additional documentation may be required.
- You need to report a divorce or death. Include a copy of the divorce decree or death certificate.

- You or a covered dependent (including your domestic partner) becomes eligible for Medicare benefits for any reason, including disability or end-stage renal disease. Enclose a photocopy of your own or your dependent's Medicare card showing enrollment in Parts A and B.
- You want to cancel your coverage. Include the reason and the date you want your coverage to end.
- You need to request coverage for a dependent child with a disability. You and your child's attending physician must complete Form PS-451, *Statement of Disability*, and return it to the appropriate plan administrator for an eligibility determination (see page 3, Accessing NYSHIP Online: Forms).

Retiree Benefits on the Web

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

You'll also find links to Empire Plan administrator websites where you can search the Empire Plan's most current list of participating providers by location, specialty or name.

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

Accessing NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at www.cs.ny.gov/retirees. Select Health Benefits and then your group and plan, if prompted.

Here are some tips for navigating the information available on NYSHIP Online:

Current Topics – In this tab, you will find links to your current *Summary of Benefits and Coverage (SBC)*, as well as to timely retiree health benefit issues.

What's New? – This section has the most recent benefits news and updates. After clicking on the What's New tab, scroll to view a date order listing of information or use the dropdown box to navigate section topics.

Health Benefits & Option Transfer – Click here to find health insurance rates, the Plan Comparison tool, the current *Choices* publication and links to your *General Information Book*, *Empire Plan Certificate*, *Empire Plan Flexible Formulary* and the *At A Glance* benefit guide.

Medicare – This section includes information on how Medicare eligibility will affect your NYSHIP coverage. You can download important documents and forms, as well as order the *Medicare & NYSHIP for NY and PE Retirees* booklet.

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

Forms – Click here to access benefit-related forms including enrollment and transaction forms, Empire Plan out-of-network claim forms and mail service pharmacy order forms.

Find a Provider – Access the most up-to-date listings of Empire Plan providers, network pharmacies and services.

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

MyNYSHIP – The MyNYSHIP portal provides secure online access to your personal enrollment record and allows you to make certain changes to your enrollment file.

Visiting the Employee Benefits Division

You are welcome to meet with an EBD representative in person to discuss your health insurance benefits. You may schedule a consultation with staff from 9 a.m. to 4 p.m., Monday through Friday. To make an appointment, call 518-457-5754 or 1-800-833-4344. Walk-in consultations are welcome Monday through Friday from 9 a.m. to 3 p.m., as time permits.

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

EBD is located in Core 1 of the South Swan Street building at the Empire State Plaza. Directions to EBD are available on NYSHIP Online. Select About Us and scroll down to Location. Or, you can ask for directions and parking information when you make your consultation appointment.

Medicare and NYSHIP

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

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

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

* Medicare pays first for health insurance claims before claims are considered by NYSHIP.



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

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

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

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

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

Please keep in mind that enrolling in a non-NYSHIP Medicare Advantage plan, another Medicare Part D plan or other Medicare product in addition to your NYSHIP coverage will result in the automatic cancellation of your NYSHIP coverage. This includes Medicare products in which you and/or your covered dependents may be enrolled through another employer (yours or your spouse's). Be sure you understand how enrolling for additional Medicare coverage will affect your overall benefits. If you have questions, contact EBD.

For more information on Empire Plan Medicare Rx, call 1-877-7-NYSHIP (1-877-769-7447), press or say 4 on the main menu, 24 hours a day, seven days a week. Or, visit NYSHIP Online at www.cs.ny.gov/retirees and select Health Benefits and then your group and plan, if prompted. Next, select Find a Provider, scroll down and click on the Empire Plan Prescription Drug Program website and then the link to SilverScript.

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

Check for NYSHIP Mailings

EBD works to keep you informed. You are responsible for reading and keeping track of the information that applies to you and your dependents. We send you NYSHIP publications — *Empire Plan Reports* or *NYSHIP HMO Reports* — with important information about NYSHIP benefit changes, legislation that may affect your benefits and general plan and legal reminders. Option Transfer information is sent to retiree homes in late fall when rates for the following year are available. You will also receive information about Medicare and NYSHIP if it applies to you.

To promptly receive all NYSHIP mailings and required notices, make sure EBD has your current address. NYSHIP can accept a post office box as a general mailing address for NYSHIP materials, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx or a Medicare Advantage HMO plan. The publications we send you contain useful information, so please read them and keep them for future reference.

Other Reminders

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

Keep your coverage up to date. Use the handy Model Letter in this booklet (see page 10) or the letter in the Appendix section of your *General Information Book* to contact EBD about any changes to your enrollment status.

Questions and Answers

Q. Who will help me at the Employee Benefits Division (EBD)?

A. Each month, our well-qualified staff answers more than 9,000 phone calls, approximately 4,000 letters and 20 consults with visitors to EBD. They also handle approximately 700 new retirements each month and begin health insurance premium deductions for these retirees.

Q. Can I ask someone else to contact EBD on my behalf?

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

Q. How do I check the status of a health insurance claim or ask questions about my personal health benefits?

A. You need to call The Empire Plan or your NYSHIP HMO to check the status of a claim. Your program administrator can also provide benefits information and tell you how to access managed care services, if necessary.

Q. When will I receive my Medicare Part B premium reimbursement if one is due to me?

A. If you receive a pension check, any reimbursement for Medicare Part B will be added to your pension check. If you make direct payments to the Employee Benefits Division, reimbursements will be credited toward your monthly NYSHIP premium payments. If your Medicare reimbursement is more than your premium, you will receive a quarterly refund check from the Office of the State Comptroller.

Q. Who will help my dependent survivors if I die during retirement?

A. The same EBD staff is available to assist your dependent survivors in the event of your death. Once your family notifies EBD of your death, EBD will send them information about how to continue NYSHIP coverage.

Be sure that your dependents have access to your NYSHIP information and know how to contact EBD.



Important Contact Information for NYSHIP Retirees

Employee Benefits Division

518-457-5754

1-800-833-4344

(U.S., Canada, Puerto Rico, Virgin Islands)

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

New York State Department of Civil Service

Employee Benefits Division

Albany, NY 12239

Call for information about NYSHIP enrollment, eligibility, premium payments and Medicare Part B reimbursement.

www.cs.ny.gov/retirees

Empire Plan Medicare Rx

1-877-769-7447, press or say 4 on the main menu and then select the Medicare Rx Program.

TTY: 711

Call for information about your Empire Plan prescription drug coverage if you/your dependent is Medicare-primary.

www.empireplanrxprogram.silverscript.com

Social Security

1-800-772-1213

TTY: 1-800-325-0778

Call to enroll in Medicare.

www.ssa.gov

Medicare

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

www.medicare.gov

Empire Plan Administrators

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

See page 7 for additional information.

NYSHIP Health Maintenance Organizations (HMOs)

See page 9 for a complete list.

Retirement Systems

Call about retirement checks and retirement system benefits.

New York State and Local Employees' Retirement System (NYSLRS)

This system comprises the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS).

518-474-7736

1-866-805-0990 (outside Albany)

www.osc.state.ny.us/retire

New York State Teachers' Retirement System

1-800-782-0289 recorded information or

518-447-2666

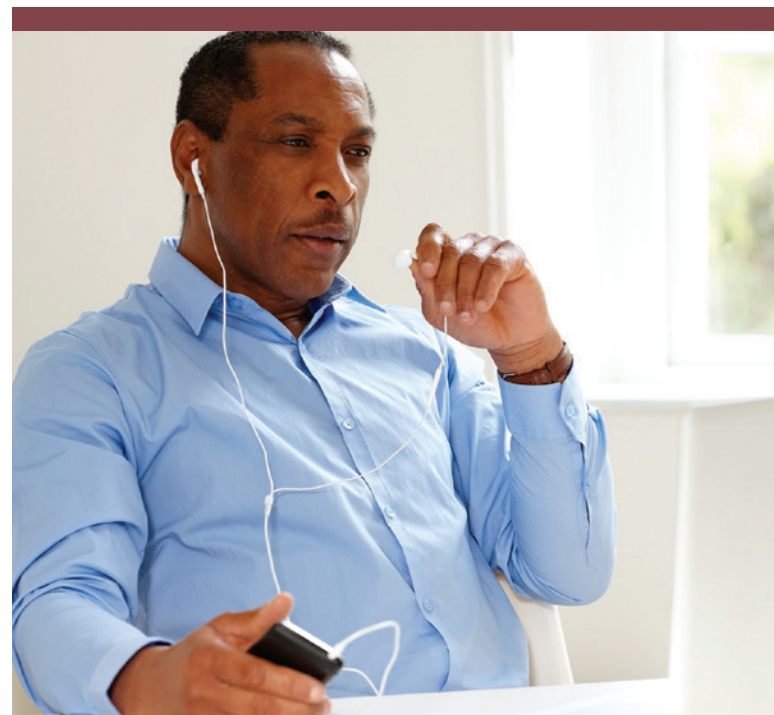
1-800-356-3128

www.nystrs.org

The Teachers Insurance and Annuity Association of America (TIAA)

1-800-842-2733

www.tiaa.org



Empire Plan Programs and Administrators






For information on any Empire Plan benefit program, call toll free **1-877-7-NYSHIP (1-877-769-7447)**. Check the following list to know which program to select.

PRESS
OR SAY

1

Medical/Surgical Program

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



-  **Managed Physical Medicine Program** (administered by Managed Physical Network, Inc. [MPN])
You must call the Medical/Surgical Program to arrange for network benefits prior to receiving chiropractic treatment, physical therapy and occupational therapy when there are no network providers in your area. If you do not use MPN network providers, or do not call to arrange for benefits when there is no network provider in your area, you will receive a significantly lower level of benefits.
-  **Benefits Management Program for Prospective Procedure Review of MRI, MRA, CT, PET scans and nuclear medicine tests**
You must call the Medical/Surgical Program before having a scheduled (non-emergency) procedure or nuclear medicine tests.
-  **Home Care Advocacy Program (HCAP)**
You must call the Medical/Surgical Program to arrange for paid-in-full home care services, enteral formulas, diabetic supplies and shoes and/or durable medical equipment/supplies. If you do not follow HCAP requirements, you will receive a significantly lower level of benefits. You must also call The Empire Plan for HCAP approval of an external mastectomy prosthesis costing \$1,000 or more.
-  **Infertility Benefits**
You must call the Medical/Surgical Program for prior authorization for the following qualified procedures, regardless of provider: Assisted reproductive technology (ART) procedures, including in vitro fertilization and embryo placement; gamete intra-fallopian transfer (GIFT); zygote intra-fallopian transfer (ZIFT); intracytoplasmic sperm injection (ICSI) for the treatment of male infertility; assisted hatching; microsurgical sperm aspiration and extraction procedures; and sperm, egg and/or inseminated egg procurement and processing, including banking of sperm and inseminated eggs. You can also call the Medical/Surgical Program for information about infertility benefits and Centers of Excellence.
-  **Center of Excellence for Cancer Program**
You must call the Medical/Surgical Program to participate in The Empire Plan Center of Excellence for Cancer Program.

PRESS
OR SAY

2

Hospital Program

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

-  **Benefits Management Program for Preadmission Certification**
If The Empire Plan is primary for you or your covered dependents, you must call the Hospital Program before a maternity or scheduled hospital admission, within 48 hours after an emergency or urgent hospital admission and before admission or transfer to a skilled nursing facility (includes rehabilitation facilities).
-  **Center of Excellence for Transplants Program**
You must call the Hospital Program before a hospital admission for the following transplant surgeries: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas. Call for information about Centers of Excellence.

**PRESS
OR SAY
3**

Mental Health and Substance Abuse Program

Administered by Beacon Health Options, Inc. Claims/general correspondence: P.O. Box 1850, Hicksville, NY 11802. Appeals: Beacon Health Options Appeals Department, P.O. Box 1851, Hicksville, NY 11802.

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

**PRESS
OR SAY
4**

Prescription Drug Program

Administered by CVS Caremark. Claims: Empire Plan Prescription Drug Program, c/o CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. General correspondence, prior authorization, grievances: CVS Caremark Customer Care Correspondence, P.O. Box 6590, Lee’s Summit, MO 64064-6590. Appeals and coverage decisions: Prescription Claim Appeals, MC 109, P.O. Box 52084, Phoenix, AZ 85072-2084.

Empire Plan Medicare Rx (for Medicare-primary enrollees/dependents only). Grievances and general correspondence: SilverScript Insurance Company, P.O. Box 6590, Lee’s Summit, MO 64064-6590. Appeals and coverage decisions: SilverScript Insurance Company, MC 109, P.O. Box 52000, Phoenix, AZ 85072-2000.

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

**PRESS
OR SAY
5**

Empire Plan NurseLineSM

Administered by UnitedHealthcare. Registered nurses are available 24 hours a day, seven days a week to answer health-related questions.

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

Hospital Program	1-800-241-6894
Medical/Surgical Program	1-888-697-9054
Mental Health and Substance Abuse Program	1-855-643-1476
Empire Plan Prescription Drug Program	711
Empire Plan Medicare Rx	711

NYSHIP Health Maintenance Organizations (HMOs)

Blue Choice

165 Court Street, Rochester, NY 14647

Blue Choice: 1-800-499-1275

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-421-1220

www.excellusbcbcs.com

BlueCross BlueShield of Western New York

PO Box 80, Buffalo, NY 14240-0080

716-887-8840 or 1-877-576-6440

Senior Blue HMO members: 1-800-329-2792

TTY: 711

www.bcbswny.com/NYSHIP

Capital District Physicians' Health Plan, Inc. (CDPHP)

500 Patroon Creek Boulevard
Albany, NY 12206-1057

Member Services: 518-641-3700 or 1-800-777-2273

Medicare Advantage Plan:

1-888-248-6522 or 1-518-641-3950

TTY: 711

www.cdphp.com

Empire BlueCross BlueShield HMO

11 Corporate Woods Boulevard

P.O. Box 11800, Albany, NY 12211-0800

1-800-453-0113

Medicare Advantage: 1-800-564-9053

TTY: 1-800-241-6894 or 711

www.empireblue.com

HIP Health Plan of New York

EmblemHealth, 55 Water Street, New York, NY 10041

Customer Service: 1-800-447-8255

Medicare Advantage: 1-877-344-7364

TTY: 1-888-447-4833

www.emblemhealth.com

HMO Blue – Central New York Region

333 Butternut Drive, Syracuse, NY 13214-1803

1-800-499-1275

Medicare HMOBlue: 1-877-883-9577

TTY: 1-800-421-1220

www.excellusbcbcs.com

HMO Blue – Utica Region

12 Rhoads Drive, Utica, NY 13502

HMOBlue Customer Service: 1-800-499-1275

TTY: 1-800-421-1220

www.excellusbcbcs.com

Independent Health

511 Farber Lakes Drive, Buffalo, NY 14221

Member Services: 1-800-501-3439

TTY: 716-631-3108

www.independenthealth.com

MVP Health Care

PO Box 2207, 625 State Street

Schenectady, NY 12301-2207

1-888-MVP-MBRS (1-888-687-6277)

Medicare Advantage: 1-800-209-3945

TTY: 1-800-662-1220

www.mvphealthcare.com

Model Letter for Contacting the Employee Benefits Division

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

(Please print)

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

Name of Enrollee _____

Street _____

City _____ State _____ Zip _____

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

Telephone: Day _____ (area code) _____ Night _____ (area code) _____

I am writing because:

Effective date requested for change _____

Signature _____ Date _____

Name (please print) _____

Dependent Name* _____

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

Medicare ID number (from Medicare card) _____ Date _____

Dependent Signature (required if Medicare-primary) _____ Date _____

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

I have no Medicare-eligible dependents.

* Attach an additional sheet if necessary.



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

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

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

Part A - Identify the Person Whose Information is to be Released

Name: Identification #:

Part B - Person(s) or Organization(s) Authorized to Receive Information

Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.

Name:

Street Address:

City, State, Zip:

Telephone: E-mail:

Name:

Street Address:

City, State, Zip:

Telephone: E-mail:

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

Part C - Information to be Released

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

- I authorize the release of information maintained by EBD as described above.
I authorize the release of information maintained by EBD as described above with the following limitations: (Please describe)

Four horizontal lines for describing limitations.



Part D - Purpose of Disclosure

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

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

Part E - Expiration of Authorization

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

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

Terms for Termination/Revocation: You have the right to revoke this authorization at any time. However, your revocation will not affect any use or disclosure that we made in reliance upon your authorization before we learn of your revocation.

Part F - Required Signature

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

Signature

Date

Identification #

Telephone #

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

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

Mail this form to the following address:

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

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Personal Privacy Protection Law Notification: The information you provide on this form is requested for the principal purpose of authorizing the use and/or disclosure of protected health information pursuant to 45 CFR 164.508.



As you know, your Health Insurance information is important.

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

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

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

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

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

Health Insurance Identification No.					
Last Name		First Name			Middle Initial
Old Address:			New Address:		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number (Include Area Code) ()			Effective Date of Change		
Signature (Required):				Date:	

(If Power of Attorney – Please send copy)

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

ENCLOSED

ALREADY ON FILE WITH EBD

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

FOR OFFICE USE ONLY		
	DATE	INITIALS

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

SAVE THIS DOCUMENT



NYSHIP
New York State
Health Insurance Program

Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents
Retiree Welcome to EBD – March 2019

Address Service Requested

**Please do not send
mail or correspondence
to this return address.**

- See address below.

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/retirees. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Welcome to EBD/March 2019



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Protecting Your Privacy

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

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

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

Welcome to EBD is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers NYSHIP. NYSHIP provides your health insurance benefits through The Empire Plan or a NYSHIP-approved HMO.



NYSHIP
New York State
Health Insurance Program

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

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