NEW YORK STATE

NYSHIP
New York State
Health Insurance Program





2024 General Information Book

New York State Retirees

New York State Health Insurance Program

General Information Book for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees 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 • www.cs.ny.gov

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Introduction

This is the *New York State Health Insurance Program (NYSHIP) General Information Book* for former employees of New York State, including retirees and vestees, their covered dependents, dependent survivors and enrollees covered under the Preferred List provisions, COBRA or the Young Adult Option. This book explains your rights and responsibilities as an enrollee in NYSHIP. Receipt of this book does not guarantee you are eligible for or enrolled in coverage.

This book provides general information about eligibility, enrollment and other NYSHIP rules. Special rules apply to continuation coverage under COBRA and the Young Adult Option. For specific information regarding COBRA coverage, see page 36. For information about the Young Adult Option, see page 39.

NYSHIP is established under New York State Civil Service Law. The New York State 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, as well as through negotiations with State employee unions and extended administratively for groups not subject to those negotiations. NYSHIP rules, requirements and benefits also may be affected by court decisions.

Therefore, the information in this book is subject to change, and you will be notified of changes through mailings to your address as it appears on your NYSHIP record. Please make sure that the Employee Benefits Division (EBD) has your most current address. Amendments and notification of changes can also be found on NYSHIP Online. Visit www.cs.ny.gov and select Retirees and Health Benefits. Then select the group from which you retired and your plan type, if prompted.

When You Need Assistance

The Employee Benefits Division (EBD) serves as the Health Benefits Administrator (HBA) for retirees, vestees, dependent survivors, enrollees covered under Preferred List provisions, COBRA enrollees and Young Adult Option enrollees. For information about your enrollment, eligibility, Medicare coordination or any other aspect of NYSHIP, contact EBD, Monday through Friday, 9 a.m. to 4 p.m., Eastern time, at 518-457-5754 or 1-800-833-4344.

Empire Plan inquiries: For questions about 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.

Health Maintenance Organization (HMO) inquiries: For questions about specific benefits or NYSHIP HMO services or to locate a provider, call your NYSHIP HMO.

When You Must Contact EBD

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.

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

To keep your enrollment up to date, you must notify EBD in writing (with supporting documentation) in the following situations:

Your contact information changes.

- Your mailing address or home address changes. (If you or a covered dependent is Medicare primary and your mailing address is a P.O. Box, EBD will need your residential street address as well.)
- Your phone number changes.
- Your personal email changes.

Your personal information or a covered dependent's personal information changes.

- Name changes for you or a dependent
- Changes to gender for you or a dependent

You need to update information on your enrollment record.

- For example: Your birth date or Social Security Number are listed incorrectly

Your family unit changes. (See *Dependent Eligibility*, page 16, and *First Date of Eligibility*, page 20, for details.)

- You want to add an eligible dependent, remove a covered dependent or change your type of coverage (Individual/Family)
- Your covered dependent loses eligibility
- Your covered dependent child becomes disabled
- You get divorced (a copy of the divorce decree must be submitted)
- The enrollee or a dependent dies (a copy of the death certificate must be submitted)

Your employment status is changing.

- You are returning to work for the same employer that provides your NYSHIP benefits as a retiree
- You are awarded a disability retirement benefit

Your Medicare status is changing.

- You or a covered dependent becomes eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 26)
- You or a covered dependent loses eligibility for primary Medicare benefits (see *Medicare and NYSHIP*, page 26)

Other reasons to contact EBD:

- You need to order a replacement or an additional Empire Plan card. (HMO enrollees must contact their HMO to order benefit cards.)
- You have questions about the amount of your premium or your bill for NYSHIP coverage.
- You want to cancel or reinstate your coverage.
- You have questions about Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of coverage (see page 36) or Young Adult Option coverage (see page 39).
- You have questions about your sick leave credit or the Dual Annuitant Sick Leave Credit option.

For any of the reasons listed above, write to:

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

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

You may use the *Model Letter for Contacting the Employee Benefits Division* on page 43 or use the fillable PDF letter under Resources on NYSHIP Online to request changes to your NYSHIP option, enrollment or address. Most changes to your enrollment record cannot be made over the telephone because EBD needs your written authorization and signature. However, certain enrollment transactions and address changes can be made online through MyNYSHIP enrollee self service at www.cs.ny.gov/mynyship.

Tips for calling EBD

- Call the appropriate contact. For example, if your call is about Medicare eligibility, call the Social Security Administration (but call EBD about NYSHIP's requirement that you enroll in Medicare). If your call is 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 that you may need to call are listed under *Contact Information* on page 45.
- Call between 9 a.m. and 4 p.m., Eastern time.
- Have your health insurance identification number, Social Security number and all documents related to your question ready when you call.

Benefits on the Web

You will find NYSHIP Online, the NYSHIP homepage, on the New York State Department of Civil Service website at www.cs.ny.gov and select Retirees and Health Benefits. Select the group from which you retired and your plan type, if prompted. NYSHIP documents and informational materials are available on NYSHIP Online, and Empire Plan enrollees will find links to Plan administrator websites, which include the most current directories of participating providers.

You may also use NYSHIP Online to register for and access MyNYSHIP, where you can review or make certain updates to your enrollment record and make option changes online.

Other Resources

- *The Empire Plan Certificate for Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List Provisions* provides details about Empire Plan benefits and coordination with Medicare.
- *Welcome to EBD* helps you stay in touch with EBD after you retire.
- Retiree *Health Insurance Choices* describes all NYSHIP health insurance options.
- *NYSHIP Rates and Information for New York State Retirees* lists the monthly premiums for NYSHIP health insurance coverage, which change annually.
- *On the Road with The Empire Plan* is a guide to your Empire Plan benefits when traveling.
- *Back to Work for New York State* explains your health insurance status if you return to work for New York State.
- Medicare, which is administered by the Centers for Medicare and Medicaid Services (CMS), can be reached for medical benefits and claims information at 1-800-MEDICARE (1-800-633-4227) or online at www.medicare.gov. Call the Social Security Administration at 1-800-772-1213 to enroll in Medicare or to ask for Medicare premium information.
- The *Medicare & NYSHIP* booklet explains how NYSHIP and Medicare work together to provide health benefits.
- *Disability Retirement and Your NYSHIP Coverage* explains the requirements for continued NYSHIP coverage if you are certified with a disability.

Your Options Under NYSHIP

NYSHIP offers the following options:

- The Empire Plan
- An HMO that has been approved for participation in NYSHIP in the geographic area where you live or work

For details about The Empire Plan and NYSHIP HMOs, refer to the *Health Insurance Choices* booklet, issued annually, usually in October or November. You can also find *Health Insurance Choices* on NYSHIP Online. If you do not receive a *Health Insurance Choices* booklet by mail in the fall, you may obtain one by contacting EBD. For additional information about HMO benefits, contact the individual HMOs.

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 coverage
- Mental health and substance use treatment coverage
- Prescription drug coverage

HMOs approved for participation in NYSHIP are not available in all geographic areas. To enroll or continue enrollment in a NYSHIP HMO, you must live or work in the HMO's NYSHIP-approved service area. If you no longer meet the requirement of living or working in that NYSHIP HMO's service area, you will have to change options. 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 the option for yourself and your covered dependents.

Changing Options

Once in a 12-month period, you may change to any NYSHIP option for which you are eligible for any reason.

> NYSHIP does not offer an open enrollment period. If you and/or your dependents are eligible for NYSHIP coverage in retirement but are not enrolled, see pages 20 and 21 for information regarding first dates of eligibility and when a late enrollment waiting period applies.

Qualifying Life Events: Changing Your NYSHIP Option More Than Once During a 12-Month Period

You may change options more than once during a 12-month period only if:

- You are no longer eligible to continue coverage in your current HMO because 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 newly available HMO regardless of the option you had 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 page 21 for time frames). The dependent may be acquired through marriage, domestic partnership, birth, adoption or placement for adoption or if your dependent meets "other" child eligibility criteria (see page 17).
- You retire or vest your health insurance.

All requests to change options must be made in a timely manner, no later than 30 days after your qualifying life event, to ensure you have continued access to benefits.

Examples of requests that will not be granted if you have made an option change within the last 12 months include, but are not limited to:

- Your doctor no longer participates in your current plan's network, so you want to change to a plan with a network that includes your doctor.
- Your current plan does not cover a procedure you need, so you want to change to a plan that does cover the procedure.
- You experience a change in your health and need to take new medications, so you want to change to an option with lower out-of-pocket prescription drug costs.
- Your financial situation changes, so you want to enroll in a less expensive option.
- Your child is attending college outside your HMO's service area, so you want to change to an option with a network in your child's area.

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 and cost.

Retiree Coverage

Eligibility Requirements

As a retiree, you may continue NYSHIP coverage for yourself and your eligible dependents if you meet the eligibility requirements outlined in this section at the time you separate from service. The benefits you receive as a retiree may differ from those you received as an active employee. If you are eligible, your retiree coverage begins on the 29th day after the end of the last payroll period for which you were paid as an active employee.

Note: Your retirement system's requirements to receive a pension are different from NYSHIP's requirements to continue NYSHIP coverage as a retiree.

Read this eligibility 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 materials.**

To continue coverage as a New York State retiree, you must meet the following three eligibility requirements at the time you separate from service:

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 10 years of benefits-eligible State service or at least 10 years of combined qualifying 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 qualifying 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.

* *Participating Agencies and Participating Employers include New York State local governments/agencies (such as cities, towns, school districts, libraries, fire districts and parks) and quasi-public organizations, public authorities and public benefit corporations. Under Civil Service Law, 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.*

Coverage with Other NYSHIP Employers

If you worked for another employer or agency that is eligible to participate in NYSHIP, ask EBD whether your service counts toward meeting the minimum service requirement. Proof of prior service may be required.

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 Retirement System (NYSLRS), which comprises the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS), or the New York State Teachers' Retirement System (NYSTRS) or any of New York State's political subdivisions.

If you are not a member of a retirement system administered by the State or any of New York State's political subdivisions (or you are enrolled in an optional retirement program such as the Teachers Insurance and Annuity Association of America [TIAA]), you must satisfy one of the following conditions:

- You must meet the age requirement of the NYSLRS retirement tier in effect at the time you last entered service
- You must be 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 active enrollee or a dependent at the time you separate from service. Enrollment in NYSHIP may be through The Empire Plan, a NYSHIP HMO or the Opt-out Program. Your health insurance premiums, whether paid through payroll deduction or directly while on a leave of absence, including deferred premiums while on Workers' Compensation Leave, must be paid in full. You will receive a final billing notice for any unpaid premiums shortly after your retirement. You will be ineligible to continue coverage into retirement if you have any unpaid balances.

Note: The Opt-out Program is not available to retirees. You must elect another option, suspend coverage or defer coverage prior to retirement.

Dental and Vision Coverage

If you were covered through the NYS Dental Program and/or Vision Program as an employee, that coverage ends when you retire. You will receive a COBRA application from EBD and may be eligible to continue coverage under COBRA by paying the full cost (employee and employer shares of premium), plus up to a two percent administrative fee. You may also be eligible to purchase a direct-pay dental plan for NYS retirees at the time you retire or when your COBRA coverage ends. You should automatically receive an enrollment form and summary of benefits after you retire.

If you were provided dental and/or vision benefits through an employee benefit fund, contact that fund regarding continuation of dental/vision coverage.

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 if you are eligible to continue coverage as a retiree. However, the requirements you must meet to be eligible for NYSHIP coverage in retirement are different.

If you are applying for a disability retirement, be sure to contact your HBA to discuss your options.

- **Ordinary disability retirement:** If you have been granted an ordinary (not work-related) disability by an approved retirement system, this satisfies the eligibility requirement. You must also meet the service time and enrollment requirements to be eligible to continue coverage as a retiree.
- **Work-related (accidental) disability retirement:** For a disability retirement resulting from a work-related illness or injury granted by an approved retirement system, the minimum service requirement is waived.

Maintain coverage while your disability retirement is being decided

To ensure continued eligibility for NYSHIP coverage after you retire, maintain NYSHIP coverage while you wait for the decision on your disability retirement.

Until you receive a decision, you may continue coverage as an enrollee on leave without pay or as a vestee by paying your monthly NYSHIP premium directly to EBD, or you may continue coverage as a dependent of a NYSHIP enrollee.

Disability retirement award

To request retiree coverage after you receive a disability award, contact EBD as soon as you receive the decision on your disability retirement. Provide a copy of the award letter from the retirement system that includes your type of disability retirement and effective date.

Upon approval of your disability retirement, you will be given the option to enroll in retiree coverage retroactive to the date of retirement or effective the first day of the month following submission of your award letter.

Deadline for reinstating coverage

If retroactive retirement is granted after you discontinued your coverage, write to EBD 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 the type of disability retirement (ordinary or work-related) and your disability retirement effective date. You will need to apply for reinstatement within one year from the date on the letter from your retirement system granting your disability retirement if your cancellation date of coverage was prior to your retirement effective date. 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 in a timely manner).

Denial of a disability retirement

If your disability retirement is not approved and you did not maintain NYSHIP coverage (for example, while on leave or in vestee or COBRA status), coverage for you and your dependents will end. **You will not be eligible to reenroll in NYSHIP.**

What You Pay

Once your agency reports your retirement to EBD, your eligibility for retiree coverage is reviewed. It can take some time for EBD to finalize retiree benefits and your coverage will remain active during this time. If your eligibility has been certified by EBD, you will receive a confirmation letter (known as the Retiree Health Insurance Qualification Letter or “Dear Retiree” letter), which will include information about your health insurance premium payments. This letter will also include the monthly cost of your coverage in retirement for the option and coverage you are currently enrolled in (at the current rate for that option) and your monthly sick leave credit, if applicable (see *Sick Leave Credit* on page 8). **Keep this letter for future reference.**

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 or Family coverage)
- Sick leave credit, if any

EBD will notify you of the monthly amount you must pay.

How You Pay

When you retire, you will pay your share of the monthly health insurance premium through deductions from your pension or by making payments directly to EBD.

When you terminate your employment, you will receive a letter from EBD providing you with information about continuing coverage as a retiree. EBD will then review for eligibility and once confirmed you will be billed for coverage from the date your retiree health benefits went into effect through the current billing period. If you receive a bill for health insurance premiums at any time, please pay that bill to avoid a cancellation for non-payment. Do not wait for deductions from your pension to begin. If you elected to have your premiums deducted from your pension, it may take several months before deductions begin. Any outstanding retroactive premiums still owed will be recouped in deduction increments of up to $999, if applicable.

Deductions from your pension

"Notice of Change" document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes, including changes to your health insurance deduction, by a "Notice of Change" document, which you will receive any time there is a change to your net pension amount.

Retirement check

If you receive your pension through monthly checks mailed to your home, your check stubs will identify health insurance deductions and Medicare Part B premium reimbursement credits. You will not receive an annual statement.

Bills from EBD

If you make direct payments to EBD, your monthly bills will identify health insurance premiums, sick leave credit and Medicare reimbursement.

Sick leave credit

Note: This section does not apply to vestees, individuals who retired from vestee coverage or COBRA enrollees.

If you retire directly from the payroll or retire while covered under Preferred List provisions for health insurance and earn sick leave (judges, justices and certain M/C employees do not earn sick leave), you may be entitled to use the value of your unused sick leave to reduce the cost of NYSHIP health 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 NYS 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 EBD with the information necessary to calculate your sick leave credit, if any. The "Dear Retiree" letter from EBD will report this monthly sick leave credit. If you believe this credit is incorrect, contact your HBA. This letter will also include the monthly cost of your

coverage in retirement for the option in which you are currently enrolled (at the current rate for that option). **Keep this letter for future reference.**

To estimate the value of your sick leave credit, use the online Sick Leave Credit Calculator. Go to www.cs.ny.gov/employee-benefits and choose your group and plan. From the NYSHIP Online homepage, click on Planning to Retire. Scroll down and select the Sick Leave Credit Calculator link. Or, ask your HBA for a *Worksheet for Estimating Sick Leave Credit*.

Lifetime monthly credit

When you retire, if you are eligible for sick leave credit, 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. This amount cannot be combined with your spouse's or domestic partner's sick leave credit.

Before you retire, submit the *NYSHIP Sick Leave Credit Option Election* (PS-405) form to your HBA. You must choose either the Single Annuitant or the Dual Annuitant Sick Leave Credit option. **You cannot change your election after you retire** (read more about the Dual Annuitant Sick Leave Credit option in the following section).

If you do not complete this form before your retirement, you will default to the Single Annuitant Sick Leave Credit option, which means 100 percent of your sick leave credit will be applied to your premium. If you predecease your dependents, they may still be eligible for NYSHIP coverage as dependent survivors, but they will not be able to use the 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. Each year when the premium changes, you will receive a flyer with rates for the coming year and a reminder of the value of your sick leave credit.

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.

The Dual Annuitant Sick Leave Credit option

Prior to your retirement, if you are eligible for sick leave credit, 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.

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 sick leave 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 14.

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

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

- Confirm that your current dependent(s) will qualify for dependent survivor coverage before electing this option. Dual Annuitant Sick Leave Credit is applied to the cost of dependent survivor coverage if you predecease your eligible dependents. (See *Dependent Survivor Coverage*, page 14.)
- You do not need to be enrolled in Family coverage at the time of your retirement to choose the Dual Annuitant Sick Leave Credit option.

Spouses who are both eligible for sick leave credit

Prior to retirement, both you and your spouse need to document sick leave credit and choose an option.

If you and your spouse are both eligible for NYSHIP coverage in retirement and are both eligible for sick leave credit, you must each do the following:

- Submit the *NYSHIP Sick Leave Credit Option Election* (PS-405) form and choose either the single annuitant or dual annuitant option (even if one person is covered as a dependent).
- Ask your HBA to complete the *NYSHIP Sick Leave Credit Preservation* (PS-410) form prior to retirement. This form provides evidence of your service and sick leave credit.

Each of you maintains the right to your sick leave credits and can choose the Dual Annuitant Sick Leave option whether you are enrolled in one Family coverage or in two Individual coverages. If you and your spouse have chosen a single Family coverage, only the enrollee's sick leave credit is applied to the cost of health coverage. You and your spouse or domestic partner cannot combine your sick leave credit amounts.

Reactivating Individual enrollment. Monthly sick leave credit will be established for a dependent spouse when they reactivate their own coverage, provided the value of unused sick leave can be documented. When a dependent spouse applies for coverage in their own name, the completed *NYSHIP Sick Leave Credit Preservation* (PS-410) form or agency verification with a letter requesting coverage must be sent to EBD. For information on reactivating enrollment in NYSHIP, contact EBD.

Reinstating Your Coverage as a Retiree

If you have established eligibility for retirement coverage, and you deferred or canceled coverage, you may reinstate it at any time. To reinstate your coverage, submit a signed, written request to EBD (see *Model Letter for Contacting the Employee Benefits Division*, page 43).

After deferring coverage

If you have deferred the start of your retiree coverage, when you choose to reenroll in NYSHIP, you will not be subject to a late enrollment waiting period before coverage begins. Coverage will begin on the first day of the month following the month in which you request enrollment. Your sick leave credit will be calculated at the time you reinstate coverage and applied to your monthly premium.

After canceling coverage

If you voluntarily canceled your coverage as a retiree, under most circumstances when you apply to reinstate coverage, you will be subject to a three-month late enrollment waiting period before coverage becomes effective. Your sick leave credit (if applicable) will be maintained on your record and will be applied to your monthly premium once you reactivate enrollment.

After being covered as a dependent in NYSHIP

If you have been covered as a dependent and you meet the eligibility requirements for continuing health insurance coverage in retirement (see page 5), you maintain the right to establish or reactivate your own NYSHIP enrollment at any time. Contact EBD to reinstate coverage and for the effective date of coverage.

Vestee Coverage

This section applies to enrollees who separated from service with New York State before becoming eligible to collect a pension and who enrolled in vestee coverage to protect their future eligibility for State retiree coverage. A vestee must maintain continuous NYSHIP coverage until becoming eligible to collect a pension to be eligible for NYSHIP coverage as a retiree.

You may continue coverage as:

- An enrollee in vestee coverage with your former employer.
- A dependent of a NYSHIP enrollee.
- An enrollee with an employer other than New York State that offers NYSHIP coverage, such as a school district, local government or quasi-State agency. (**Note:** If you attain eligibility for NYSHIP coverage in retirement through a new employer, you will lose your right to your NYSHIP benefits through your previous employment with New York State.)

Continuing NYSHIP Coverage 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 are eligible to continue your health insurance coverage as a vestee if 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
- Met the minimum service requirement to continue NYSHIP coverage as a retiree (see *Eligibility Requirements* on page 5), but are not yet eligible to collect a pension at the time employment is terminated.

If you are a member of the State University of New York Optional Retirement Program with a vendor such as Teachers Insurance and Annuity Association of America (TIAA) and you maintain your eligibility for disbursements upon reaching retirement age, you will maintain vestee coverage until you meet the age requirement of the Employees' Retirement System tier in effect at the time you last entered State service.

Enrollment

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

Cost

If you choose to continue your coverage as an enrollee in vestee coverage, there is no employer contribution to the cost of coverage; you are responsible for paying the full cost of your NYSHIP coverage until you become eligible for coverage as a retiree. Contact your HBA regarding payment and billing information.

If your coverage is canceled for nonpayment of premium, you may lose your right to continue coverage as a retiree.

Unused sick time does not apply

Unused sick time will not be converted into a sick leave credit to be applied toward health insurance premium costs either while you are in vested status or after retiring from vested status.

Continuing Your NYSHIP Coverage as a Dependent of a NYSHIP Enrollee

If you maintain continuous coverage in NYSHIP as a dependent or attain eligibility for retiree coverage through another employer, you may reestablish enrollment in vestee coverage or retiree coverage (when eligible) as long as you have not allowed your coverage as a dependent to lapse. Contact EBD 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. (**Note:** If you attain eligibility for NYSHIP coverage in retirement through a new employer, you will lose your right to your NYSHIP retirement benefits through your previous employment with New York State.)

Canceling Enrollment

If your NYSHIP vestee coverage is canceled prior to your retirement eligibility, you will not be eligible to reenroll in NYSHIP as a vestee or later on as a State retiree unless you have maintained continuous NYSHIP coverage elsewhere or become newly eligible for NYSHIP coverage as a State employee.

Preferred List Coverage

Enrollment

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 New York State Department of Civil Service 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).

Office of Court Administration (OCA) and Legislative employees: Contact your employer for information about eligibility for health coverage under Preferred List provisions.

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 a permanent or tenured employee ended. To protect your health insurance coverage, you must notify the EBD Preferred List Unit when you begin and end temporary employment.

When your year of coverage under Preferred List provisions ends, you may be eligible to continue coverage as a retiree (see page 5), as a vestee (see page 10), temporarily under COBRA (see page 36) or under a direct-pay conversion contract (see page 41).

Enrollment is automatic

If EBD 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.

EBD will bill you monthly.

Waiver of Premium for Preferred List Enrollees

You may be entitled to have your Empire Plan health insurance contribution waived for up to one year. The Empire Plan allows for a waiver of premium under certain circumstances. However, NYSHIP HMOs do not provide a waiver of premium.

To qualify for a waiver of your Empire Plan premium, you must meet ***all four*** of the following requirements:

1. You are currently enrolled in The Empire Plan;
2. You have been totally disabled as a result of illness or injury;
3. You are on authorized Leave Without Pay, unpaid Family and Medical Leave (FMLA) or covered under Preferred List or UUP retrenchment provisions;

   For District Council 37, M/C and Legislature: If you receive long-term disability payments from the New York State Income Protection Plan or Legislative Long-Term Disability Protection Plan, and you pay the full cost of your premium, you are eligible to apply for a waiver; and
4. You do not owe any outstanding premium for coverage prior to the unpaid leave.

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. If your waiver of premium is approved, you will receive a refund for any overpayments of the premium made after the date you applied for the waiver.

How to apply for a waiver of premium

To apply for a waiver of premium, obtain the *Application for Waiver of Empire Plan Premium* (PS-452) form from EBD. 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.

EBD will notify you if your waiver has been granted.

Additional waiver of premium

If you have 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. EBD 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
- You return to the payroll
- You are no longer in a status of leave without pay or FMLA leave
- You are no longer a State employee
- You are no longer covered under Preferred List health insurance provisions
- You vest your health insurance coverage rights
- You separate from service or are terminated
- You retire
- You die

Retiring from Preferred List

If you become eligible to retire during the time you are on a Preferred List for reemployment with New York State, you must be enrolled in NYSHIP to be eligible to continue NYSHIP coverage as a retiree (see *Eligibility Requirements* in *Retiree Coverage*, page 5).

If you are not eligible to retire when your year of coverage as a Preferred List enrollee ends, you may be able to protect your future eligibility for retiree coverage by maintaining continuous enrollment in NYSHIP as a vestee (see *Vestee Coverage*, page 10).

Dependent Survivor Coverage

Enrolled dependents may be eligible to continue NYSHIP coverage if the enrollee predeceases them.

See the following for dependent survivor eligibility rules. To ensure that dependent survivors receive the benefits to which they are entitled, it is important to send a copy of the enrollee's death certificate to EBD as soon as possible. Notification to a retirement system does not necessarily satisfy this requirement.

Note: Survivors of COBRA enrollees are not eligible for the extended benefits period (see the following) or dependent survivor coverage. Refer to the *COBRA: Continuation of Coverage* section starting on page 36 for information on coverage options.

Extended Benefits Period at No Cost

Eligible dependents covered at the time of the enrollee's death will continue to receive coverage without charge for three months beyond the last month for which the enrollee paid for NYSHIP coverage. This is referred to as the *extended benefits period*.

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

Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends

After the extended benefits period ends, enrolled covered dependents may continue NYSHIP coverage if they are eligible for dependent survivor coverage. Benefits will be the same as the coverage provided to New York State retirees. Refer to *The Empire Plan Certificate for New York State Retirees, Vestees, Dependent Survivors and Preferred List Enrollees* for benefit information, or contact the HMO directly.

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 pages 17 and 18 of the *Dependent Eligibility* section

Only dependents covered by the enrollee at the time of death or newborn children of the enrollee born after the enrollee's death may be eligible for dependent survivor coverage. Each dependent survivor is eligible to continue NYSHIP coverage in their own right. Eligible dependent survivors may be enrolled in Individual coverage, Family coverage or a combination thereof.

A covered dependent who is not eligible for dependent survivor coverage may be eligible to continue NYSHIP coverage under COBRA (page 36) or may be eligible to convert to a direct-pay contract (page 41).

NYSHIP coverage will end permanently for eligible dependent survivors if they:

- **Remarry**
- **Voluntarily cancel enrollment**
- **Fail to make required payments**

They may not reenroll.

Eligibility and Cost Vary

Dependent survivors may be required to pay any amount up to the full premium.

Eligibility and cost of dependent survivor coverage are based on the following circumstances:

The enrollee was a retiree who retired on or after April 1, 1979, with 10 or more years of benefits-eligible service.

At the time of the enrollee's death, the enrollee was a retiree who retired on or after April 1, 1979, with one of the following:

- A total of 10 or more years of benefits-eligible service with New York State
- A total of 10 or more years of benefits-eligible service that is a combination of service with New York State and one or more New York State public employers
- Received an accidental disability retirement or performance of duty disability retirement, regardless of the number of years of service

Enrolled dependent survivors will be responsible for 10 percent of the premium for Individual coverage and, if enrolled in Family coverage, an additional 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 enrollee was a retiree who retired before April 1, 1979, with 10 or more years of benefits-eligible service.

At the time of the enrollee's death, the enrollee was a retiree who retired before April 1, 1979, with one of the following:

- A total of 10 or more years of NYSHIP benefits-eligible service with New York State
- A total of 10 or more years of NYSHIP benefits-eligible service that is a combination of service with New York State and one or more agencies eligible to participate in NYSHIP
- Received an accidental disability retirement or performance of duty disability retirement, regardless of the number of years of service

Enrolled dependent survivors will be responsible for the full share of The Empire Plan or HMO premium.

The enrollee was a vestee.

At the time of death, the enrollee was enrolled in NYSHIP coverage as a vestee.

Enrolled dependent survivors will be responsible for the full share of The Empire Plan or HMO premium.

Dependent survivors may change options at any time once during a 12-month period (see *Your Options Under NYSHIP*, page 4).

Dual Annuitant Sick Leave Credit option

If the enrollee chose the Dual Annuitant Sick Leave Credit option at retirement, that credit will continue to be applied to the surviving dependents' premium.

Benefit Cards

After the extended benefits period ends, the primary dependent survivor becomes the enrollee. In most cases, this will be the spouse or domestic partner.

- **Empire Plan enrollees:** Dependent survivors will be mailed benefit information and a new Empire Plan benefit card with the survivor's and enrolled dependents' names and a new Empire Plan ID number.
- **NYSHIP HMO enrollees:** Check with the HMO regarding benefits and new cards.

Dependent Survivors Eligible for NYSHIP through their Own Employment

A surviving dependent employed by or previously employed by New York State, a Participating Employer or a Participating Agency may be eligible to reinstate coverage as an enrollee in NYSHIP.

Survivors who were previously employed by New York State or a Participating Employer should write to EBD with details of relevant prior employment to determine if they are eligible to reinstate coverage as enrollees. Survivors who were previously employed by a Participating Agency should write to the Participating Agency to ask about reenrollment.

Loss of Eligibility for Dependent Survivor Coverage

If a dependent loses eligibility for dependent survivor coverage, they may be eligible to continue coverage in NYSHIP under COBRA (see page 36) or convert to a direct-pay contract (see page 41).

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 pages 17 and 18)
- Dependent survivor fails to make the required payments
- Dependent survivor voluntarily cancels

If NYSHIP coverage as a dependent survivor is terminated for any reason, eligibility ends and the dependent is not eligible to reenroll. If a surviving spouse or domestic partner loses eligibility or dies, eligible dependent children may continue their coverage as dependent survivors until they no longer meet the eligibility requirements.

Dependent Eligibility

You may cover your eligible dependents under NYSHIP by enrolling in Family coverage or adding eligible dependents to existing Family coverage. Dependents who meet the requirements described in this section are eligible for NYSHIP coverage. As a retiree, vestee or enrollee covered under Preferred List provisions, you may add eligible dependents to your NYSHIP coverage at any time (late enrollment rules apply). To enroll your dependent who is eligible but not yet enrolled, you must submit a written and signed request to EBD. Refer to the *Model Letter for Contacting the Employee Benefits Division* on page 43.

See *Proof of Eligibility* on page 18 for required proofs that must be submitted with the request to add a dependent to your coverage. For information about when coverage will take effect, see pages 20 and 21.

Note: Enrollees covered under the Young Adult Option are eligible for Individual coverage only; they may not cover their dependents. Refer to *Young Adult Option* on page 39 for information about eligibility under this option.

Your Spouse

Your spouse, including a legally separated spouse, is eligible for NYSHIP coverage. If you are divorced or your marriage has been annulled, your former spouse is not eligible as of the date the divorce or annulment is filed in the county clerk's office, even if a court orders you to maintain coverage (you and/or your ex-spouse must provide a copy of the divorce or annulment decree to EBD).

Your Domestic Partner

You may cover your domestic partner as your dependent. For eligibility under NYSHIP, you and your domestic partner must certify that you:

- Are both 18 years of age or older

- Have been in the partnership for at least six months
- Are both unmarried (copy of divorce decrees or death certificate required, if applicable)
- Are not related in a way that would bar marriage in New York State
- 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
- Have not had a different domestic partner or have not enrolled as another enrollee's domestic partner in the last year

To enroll a domestic partner, you must complete and return the *NYSHIP Domestic Partner Enrollment Application* (PS-425) form and submit the applicable proofs as outlined on the application to EBD. If you have covered a previous domestic partner on your policy, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage before a new domestic partner may be enrolled.

Under Internal Revenue Service (IRS) rules, the fair market value cost of your domestic partner's coverage, referred to as imputed income, is considered to be a taxable fringe benefit. The imputed income will increase your taxable gross income for federal and State income taxes, as well as Social Security and Medicare payroll taxes. Check with EBD to find out how imputed income is reported and for an approximation of the fair market value for domestic partner coverage. You may also ask a tax consultant how enrolling a domestic partner will affect your taxes.

Imputed income amounts should be resolved within the appropriate tax year and will be reflected on the enrollee's W-2. Therefore, enrollees who have retroactive updates to their domestic partnership may experience a larger credit or deduction in their payroll checks at the end of the year.

Your Children

The following children are eligible for coverage until age 26:*

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

* *Effective 1/1/24, coverage until age 26 also applies to dental and vision coverage.*

Your "other" child

You may cover "other" children:

- Who are financially dependent on you
- Who reside with you

The above requirements must be reached before the "other" child is age 19. "Other" children may be covered through age 26 if they continue to meet the eligibility requirements listed above. You must file the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form, verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Your child with a disability

You may cover a child with a disability who is age 26 or older if the child:

- Is unmarried
- Is incapable of self-sustaining support by reason of mental or physical disability
- Acquired the disabling condition before they would otherwise have lost eligibility due to age

Contact EBD prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process to ensure continuous coverage. To apply for coverage for your child with a disability, you must submit the *NYSHIP Statement of Disability for Dependents* (PS-451) form to the Plan administrator and provide medical documentation. You will be asked to complete the *NYSHIP Statement of Disability for Dependents* (PS-451) form and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If such dependent is also an "other" child, you will be required to submit the *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form every two years (at minimum).

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 for time served prior to age 26. To be eligible, your dependent child must:

- Be enrolled in 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 showing the dates of service. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required for verification.

Example: *Rebecca is 27 years old and served in the military from ages 19 through 23, then enrolled in college after four years of military service. After deducting the four years of military service from her true age, her adjusted eligibility age is 23 (even though Rebecca is actually 27). As long as Rebecca remains a full-time student, she is entitled to be covered as a dependent until her adjusted eligibility age equals 26. In this example, Rebecca can be covered as a dependent for an additional three years, and when she reaches the adjusted age of 26, her actual age will be 30.*

> In no event will any dependent who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for NYSHIP coverage.

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed by EBD without required proof of eligibility. If the required proofs are not immediately available, you should submit your application and advise EBD that you will provide the requested documentation as soon as it becomes available. Please note that if documentation is not provided within 30 days of your application, your dependents may be subject to a late enrollment waiting period. Refer to *Dependent Eligibility* (page 16) for eligibility requirements.

Required Proofs

You must provide copies of the following proofs to EBD:

Spouse*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Marriage certificate
- Proof of current joint ownership/joint financial obligation (if the marriage took place more than one year prior to the request for coverage)
- Medicare card (if applicable)

Domestic partner*

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Completed *NYSHIP Domestic Partner Enrollment Application* (PS-425) form, with appropriate proofs as required in the application
- Medicare card (if applicable)

Natural-born children, stepchildren and children of a domestic partner*

- Birth certificate
- Medicare card (if applicable)

Adopted children*

- Adoption papers (if adoption is pending, proof of pending adoption)
- Birth certificate
- Medicare card (if applicable)

Your child with a disability who is over age 26*

- Birth certificate
- Adoption papers (if applicable)
- Completed *NYSHIP Statement of Disability for Dependents* (PS-451) form with appropriate documentation as required in the application
- Medicare card (if applicable)

"Other" children*

- Birth certificate
- Completed *NYSHIP Statement of Dependence for "Other" Children* (PS-457) form with appropriate documentation as required in the application
- Medicare card (if applicable)

Your child who is a full-time student over age 26 with military service*

- Birth certificate
- Adoption papers (if applicable)
- Medicare card (if applicable)
- Written documentation from the U.S. Military showing dates of service
- Proof of full-time student status from an accredited secondary or preparatory school, college or other educational institution

* ***Provide the Social Security numbers of dependents when enrolling them for coverage****. Contact EBD if no Social Security number is assigned.*

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

Coverage: Individual or Family

Two types of coverage are available to you under NYSHIP: Individual coverage for yourself only or Family coverage for yourself and any eligible dependents you choose to cover.

Note: Young Adult Option enrollees are only eligible for Individual coverage.

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 any eligible dependents you elect to enroll. For more information on who can qualify as your dependent, see *Dependent Eligibility*, page 16.

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

- One Family coverage
- Two Individual coverages
- One Family coverage and one Individual coverage

Note: New York State does not permit two NYSHIP Family coverages. If either one spouse/domestic partner or both spouses/domestic partners are enrolled as employees of New York State, or if one spouse/domestic partner is enrolled as an employee of New York State and the other is enrolled as an employee of a Participating Agency (PA) or a Participating Employer (PE), only one spouse/domestic partner may elect Family coverage. The other spouse/domestic partner may only elect Individual coverage.

Changing Coverage

Changing from Individual to Family Coverage

If you wish to change from Individual to Family coverage (and your dependent meets the requirements listed in *Dependent Eligibility*, page 16), send your written request to EBD. Be prepared to provide the following:

- Your name, date of birth, Social Security number, address and phone number
- The effective date and reason you are requesting the change (see the following for more information)
- Your dependent's name, date of birth and Social Security number
- A copy of the Medicare card for any dependent eligible for Medicare

Additional documentation may be required (see *Proof of Eligibility* on page 18).

First date of eligibility

The first date of eligibility for a dependent is the date on which an event took place that qualified the individual for dependent coverage (for example, the date of marriage or a newborn's date of birth).

The date your dependent's coverage begins will depend on your reason for changing coverage and your timeliness in applying. You can avoid a late enrollment waiting period by applying promptly, even if you are unable to provide the required proofs at that time. (**Note:** Proofs are due 30 days from the date the application is received by EBD.) For example, John wants to add his eligible dependent spouse, Susan, who did not experience a qualifying event. On May 12, John submits his request to add Susan with all the necessary proofs provided. Susan's coverage will begin on August 1 with the three-month late enrollment penalty applying to May, June and July.

You may change from Individual to Family coverage without the imposition of a late enrollment penalty as a result of one of the following events:

- You acquire a new dependent (for example, you marry or become a parent). See the following section, *Covering newborns*.
- Your dependent's other health insurance coverage ends.

Your dependents' coverage will begin based upon the date you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent(s) was first eligible
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period will apply

If you are changing to Family coverage to add a dependent who was previously eligible but not enrolled, Family coverage will begin on the first day of the third month in which you apply.

If you are changing to Family coverage to add a newly acquired dependent as well as a previously eligible dependent(s), and you request coverage within 30 days of the newly acquired dependent's first date of eligibility, the waiting period is waived for both dependents.

Covering newborns

Your newborn child is not automatically covered; you must contact EBD to complete the appropriate forms. For additional documentation that may be needed, refer to *Proof of Eligibility* on page 18. If the required proofs are not immediately available, you should submit your application and advise EBD that you will provide the required documentation as soon as it becomes available.

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

If you already have Family coverage, you must also remember to add your newborn child within 30 days or you may encounter claim payment delays.

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 the day the child was born.

Adding a Previously Eligible Dependent to Existing Family Coverage

To add a previously eligible but not yet enrolled dependent to your existing Family coverage, contact EBD. Your previously eligible dependent's coverage will begin based on the time frames outlined in *First date of eligibility* on page 20.

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 be able to make this change if you no longer wish to cover your dependents, even if they are still eligible.

Refer to the section *End Dates for Coverage*, page 25, for information about when your dependents' coverage ends if you change from Family to Individual coverage, or contact EBD. For information about continuing coverage for your dependents, see *COBRA: Continuation of Coverage* on page 36 and *Young Adult Option* on page 39, or contact EBD.

Enrollment Considered Late if Previously Eligible

If you or your dependent(s) were previously eligible but not enrolled, you will be subject to a late enrollment waiting period, meaning coverage will begin on the first day of the third month following the month in which you apply.

A late enrollment waiting period will be waived if your or your dependent's other coverage terminates.

You still must enroll within 30 days of losing your other coverage to avoid a late enrollment waiting period.

A late enrollment waiting period will not apply when adding previously eligible dependents if:

- The request coincides with the addition of a newly eligible dependent; and
- The request is made timely (within 30 days of a qualifying event)

For example, when adding your newborn child to coverage, you may also add your spouse, domestic partner and/or any other eligible dependent child(ren) to coverage at the same time without a late enrollment waiting period.

Exception: Dependent(s) affected by a National Medical Support Order

If a National Medical Support Order requires you to provide coverage for your previously eligible but not enrolled dependent(s), the late enrollment waiting period is waived and coverage for your dependent(s) will be effective on the date indicated on the National Medical Support Order. Contact EBD and provide all the following:

- A copy of the court order
- Supporting documents showing that the dependent child is covered by the order
- Supporting documents showing that the dependent child is eligible for coverage under NYSHIP eligibility rules (see *Proof of Eligibility*, page 18)

Exception: Changes in Children's Health Insurance Program (CHIP) or Medicaid eligibility

An employee or eligible dependent has special rights to enroll in NYSHIP if:

- Coverage under a Medicaid plan or CHIP ends as a result of loss of eligibility or
- 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 to avoid a waiting period.

When Coverage Ends

Refer to the section *Dependent Loss of Eligibility* in *End Dates for Coverage* on page 25 for information about when your dependent coverage ends if you change from Family to Individual coverage. For information about continuing coverage, see *COBRA: Continuation of Coverage* on page 36 and *Young Adult Option* on page 39. Contact EBD if you have additional questions.

Your Share of the Premium

Payment of premium does not establish eligibility for NYSHIP benefits. You must also meet NYSHIP eligibility requirements.

What You Pay

Most 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 (refer to the tables on pages 23 and 24)
- NYSHIP plan
- Type of coverage (Individual coverage or Family coverage)
- Sick leave credit, if any

New York State contributes to the cost of coverage for Preferred List enrollees and certain dependent survivors (refer to the tables below and on page 24). EBD will notify you of the monthly amount you must pay.

New York State does not contribute to the NYSHIP premium for the following groups:

- Vestees (refer to *Cost* in *Vestee Coverage*, page 11)
- COBRA enrollees (refer to *Costs Under COBRA* in *COBRA: Continuation of Coverage*, page 38)
- Young Adult Option enrollees (refer to *Cost* in *Young Adult Option*, page 40)
- Dependent survivors of vestees (refer to *Eligibility and Cost Vary* in *Dependent Survivor Coverage*, page 15)
- Dependent survivors of active employees who had 10 years of service but were not within 10 years of retirement eligibility at the time of death (refer to *Eligibility and Cost Vary* in *Dependent Survivor Coverage*, page 15)
- Dependent survivors of retirees who retired prior to April 1, 1979 (refer to *Eligibility and Cost Vary* in *Dependent Survivor Coverage*, page 15)

Contribution Rates

Your share of the cost of your coverage as a retiree, vestee or dependent survivor is established by Civil Service Law. The following table reflects contribution rates for Empire Plan enrollees. If you are enrolled in a NYSHIP HMO, your share of the cost may be different. If you are covered under a NYSHIP HMO and are entitled to a State contribution, the State's dollar contribution for the hospital, medical/surgical and mental health care and substance use care 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 table; the dollar amount is not limited by the cost of Empire Plan drug coverage.

The following table presents New York State's share and the enrollee's share of the cost of coverage for the enrollee categories covered by this book.

Retirement on or after 1/1/12*				
Pay Grade at Retirement	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
Grade 9 and below†	88%	12%	73%	27%
Grade 10 and above†	84%	16%	69%	31%

** Table also applies to Preferred List enrollees.*

† Or salary equivalent, if no Grade is assigned.

Retirement 1/1/83 to 12/31/11				
Pay Grade at Retirement	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
All Grade Levels and Salaries	88%	12%	73%	27%

Retirement prior to 1/1/83				
Pay Grade at Retirement	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
All Grade Levels and Salaries	100%	0%	75%	25%

Vestees, Young Adult Option enrollees and all dependent survivors not eligible for State contribution				
Pay Grade at Retirement	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
All Grade Levels and Salaries	0%	100%	0%	100%

Eligible dependent survivors of active employees who died on or after April 1, 1979, or eligible dependent survivors of retirees who retired on or after April 1, 1979				
Pay Grade at Retirement	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
All Grade Levels and Salaries	90%	10%	75%	25%

Amended Dependent Survivors, eligible survivors of active employees who died between April 1, 1975, and March 31, 1979
Regardless of whether coverage is Individual or Family, all Dependent Survivors in this category pay 25% of the cost of dependent coverage.

Rate Information

Premium rates for The Empire Plan and NYSHIP HMOs are available on the New York State Department of Civil Service website at www.cs.ny.gov/employee-benefits under Health Benefits & Option Transfer. Each year, usually in November or December, you will receive a flyer that lists the rates for each NYSHIP plan option for the upcoming plan year. Contact EBD if you have any questions about the cost of your health insurance.

Military Active Duty

If you are a retiree or are in Preferred List status and 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, and have been enrolled in NYSHIP with Family coverage for at least 30 days with an employer contribution toward the cost of coverage, your dependents will be eligible for coverage. You may be entitled to continue coverage for your dependents at no cost. To arrange for this benefit if you are going on active military duty, you or a family member must contact EBD and provide documentation of the dates you were called to active duty.

Identification Cards

Empire Plan Enrollees

When you separate from State service, you will not be issued a new benefit card unless other changes to your coverage coincide with your change in status, such as adding or removing a dependent; you will continue to use the benefit card you used as an employee (refer to page 42 for a sample image of your Empire Plan benefit card). There is no expiration date on your card; however, cards may be reissued annually or as necessary. This card includes your name and the names of your covered dependents. A separate card will be mailed to any dependent with a different address on your enrollment record.

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

Your Empire Plan Medicare Rx card

If you or a dependent is enrolled in Empire Plan Medicare Rx, each person enrolled in Empire Plan Medicare Rx will receive a separate card (for prescription drugs) with a unique identification number. Use this card whenever filling a prescription (see page 42 for an example of this card).

Ordering a card

Contact EBD to order a new Empire Plan benefit card if your or a dependent's card is lost or damaged. Your replacement card will be sent to the address on your enrollment record. At the time you request a replacement card, please confirm with EBD that the address on your enrollment record is correct. You may also order a new card at MyNYSHIP by going to www.cs.ny.gov/mynyship.

If you need to order an Empire Plan Medicare Rx card, call the Prescription Drug Program and follow the prompts for Empire Plan Medicare Rx (see *Contact Information*, page 46).

HMO Enrollees

Upon enrollment in a NYSHIP HMO, you will receive a NYSHIP HMO card. If you or your dependent becomes Medicare primary, you will be enrolled in the HMO Medicare Advantage Plan and you or your dependent will receive a new card. You may also receive an additional prescription drug card. If you have any questions concerning your card, including how to order a new one, contact your HMO.

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 EBD. Use of a benefit card when you are not eligible may constitute fraud. If you or your dependent uses the card when you are not eligible for benefits, you will be billed for all claims paid incorrectly on your behalf or on behalf of your dependents.

You are responsible for notifying EBD immediately when you or your dependents are no longer eligible for NYSHIP coverage.

End Dates for Coverage

Note: If you or your dependent is no longer eligible for NYSHIP coverage and the request is made in a timely manner, in certain cases, coverage may be continued under COBRA (see page 36).

You, the Enrollee

Suspending retiree coverage

If you choose to suspend your retiree coverage, your coverage will end on the last day of the last month that you paid the NYSHIP premium, or the date of your request, provided your health insurance deductions were up-to-date.

Consequences

If you die while your coverage is canceled or suspended, your dependents will have no right to continue coverage as dependent survivors. If your NYSHIP vestee coverage is canceled prior to your retirement eligibility, you will not be able to reinstate your NYSHIP vestee coverage and you will not be eligible for NYSHIP retiree coverage.

Dependent Loss of Eligibility

Contact EBD as soon as your dependent no longer qualifies for coverage. If you fail to inform EBD of dependent eligibility changes, you will be responsible for repaying all health insurance claims for ineligible dependents as early as the date the dependent became ineligible. Knowingly withholding

information regarding ineligibility of dependents can constitute fraud and may be turned over to the appropriate enforcement agencies for investigation.

If you choose to change from Family to Individual coverage when your dependents are still eligible, coverage for your dependents will end on the last day of the month in which you request this change.

Children

Coverage for your dependent children will end 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 the dependent otherwise loses eligibility for coverage (for example, children who have a disability or "other" children). See pages 17 and 18 for more information about dependent child eligibility.

Spouse

Coverage for your former spouse will end on the effective date of the divorce (date filed by the court).

Domestic partner

Coverage for your former domestic partner will end on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership for NYSHIP* (PS-425.4) form to EBD.

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare is primary to NYSHIP. You must follow NYSHIP rules to ensure that your coverage is not reduced or canceled. Do not depend on Medicare, your provider, another employer or your health plan for information about NYSHIP, as they may not be familiar with NYSHIP's rules. A change in Medicare's rules could affect NYSHIP's requirements.

COBRA enrollees: There are special rules for COBRA enrollees. Read *Medicare and COBRA* on page 37.

Medicare: A Federal Program

This section provides a brief overview of Medicare. Visit www.medicare.gov for complete and current information about Medicare.

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

If you have questions about Medicare eligibility, enrollment or cost, visit www.ssa.gov or contact the Social Security Administration, the entity responsible for Medicare enrollment, at 1-800-772-1213, 24 hours a day, seven days a week. TTY users should call 1-800-325-0778.

For questions about Medicare benefits, visit www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Part A* covers inpatient care in a hospital or skilled nursing facility, hospice care and home health care.

Medicare Part B* covers doctors' services, outpatient hospital services, durable medical equipment, certain prescription drugs and some other services and supplies not covered by Part A.

Medicare Advantage Plans, formerly referred to as **Medicare Part C**, have a contract with CMS to provide Medicare Parts A and B and, often, Medicare Part D prescription drug coverage, as part of a plan that provides comprehensive health coverage.

Medicare Part D is the Medicare prescription drug benefit. Medicare Part D plans can either be a part of a comprehensive plan that provides hospital/medical coverage or a standalone plan that provides only prescription drug benefits.

** Medicare Parts A and B are referred to as "original Medicare."*

Medicare and NYSHIP Together Provide Maximum Benefits

NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP. **Primary means Medicare pays health insurance claims first, before NYSHIP.**

NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when they are first eligible for primary Medicare coverage.

When you become eligible for Medicare-primary coverage as a NYSHIP retiree, vestee, Preferred List enrollee or dependent survivor, or when your enrolled dependent becomes eligible for Medicare that is primary to your NYSHIP Empire Plan or HMO coverage, the combination of health benefits under Medicare and NYSHIP provides the most complete coverage. To maximize your overall level of benefits, it is important to understand:

- NYSHIP's requirements for enrollment in Medicare Parts A and B
- How Medicare and NYSHIP work together
- How enrolling in other Medicare coverage may affect your NYSHIP coverage

NYSHIP becomes secondary to Medicare Parts A and B as soon as you are eligible for primary Medicare coverage. If you fail to enroll in Medicare or are in a waiting period for Medicare to go into effect, your NYSHIP coverage may be canceled or you may have a reduction in your benefits.

If you return to work for the same employer that provides your NYSHIP retiree coverage, be sure to read *Reemployment*, page 35.

Empire Plan enrollees

When Medicare is primary to The Empire Plan for you and/or your covered dependents, The Empire Plan will coordinate hospital, medical/surgical and mental health care and substance use care benefits with your traditional Medicare Parts A and B coverage. Your prescription drug coverage will be provided under Empire Plan Medicare Rx, a Medicare Part D plan with enhanced benefits. Refer to *Empire Plan Medicare Rx — A Medicare Part D Prescription Drug Plan* on page 30.

HMO enrollees

When Medicare becomes primary for you and/or your covered dependents, your NYSHIP HMO will automatically enroll you and your covered dependents in the HMO's Medicare Advantage Plan. This means your HMO will provide both your Medicare and NYSHIP benefits. Your HMO will provide you with information regarding benefit changes and identification cards.

When Medicare Eligibility Begins

Medicare eligibility begins:

- At age 65
- Regardless of age, after being entitled to Social Security Disability Insurance (SSDI) benefits for 24 months
- Regardless of age, after completing Medicare's waiting period of up to three months due to end-stage renal disease (ESRD)
- When receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS)

When Medicare Becomes Primary to NYSHIP

Medicare becomes primary to NYSHIP when:

- You no longer have NYSHIP coverage as the result of active employment (for example, you are covered as a retiree, vestee, Preferred List enrollee or dependent survivor, or you are covered as the dependent of one of these enrollees) and
- You are eligible for Medicare.

There are **two exceptions to this primacy rule**:

- **Domestic partners:** Regardless of the enrollee's employment status, Medicare is primary for a domestic partner age 65 and older.
- **End-stage renal disease (ESRD):** If you or your dependent is eligible for Medicare due to ESRD, contact Medicare at the time of diagnosis. Medicare becomes primary to NYSHIP when Medicare's 30-month coordination period is completed. Enrollees and dependents enrolled in an HMO will have their coverage changed to the HMO's Medicare Advantage Plan, which may have a different level of benefits and/or different network of participating providers.

When You Are Required to Have Medicare Parts A and B in Effect

The responsibility is yours: To avoid a reduction in the combined overall benefits or termination of benefits provided under NYSHIP and Medicare, you must make sure that you and each of your covered dependents is enrolled in Medicare Parts A and B **when first eligible for primary Medicare coverage**. If you fail to enroll in a timely manner, Medicare may impose a late enrollment premium surcharge and NYSHIP coverage for you or your dependents may be canceled or you may experience a reduction in coverage.

If you or a dependent is required to pay a premium for Medicare Part A coverage, contact EBD. NYSHIP may continue to provide primary coverage for inpatient hospital expenses and you may delay enrollment in Medicare Part A until you become eligible for Part A coverage at no cost.

When you are Medicare eligible due to age (65)

When to apply: Plan ahead. Three months before you turn age 65, contact the Social Security Administration to enroll in Medicare Parts A and B.	Medicare Parts A and B must be in effect on the first day of the month in which you/your dependent reaches age 65 (or, if your birthday falls on the first of the month, in effect on the first day of the preceding month). **Note:** Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B in effect when Medicare becomes primary to NYSHIP.

Note: If you get married and your spouse is age 65 or older, your spouse must be enrolled in Medicare Parts A and B to be added to your NYSHIP coverage. Be sure that Medicare is in effect by the date of the marriage.

When you are Medicare eligible due to disability

When to apply:

Be sure that Medicare is in effect when you are eligible for Medicare-primary coverage due to disability. Contact the Social Security Administration to find out when this date will be.

If you or a covered dependent becomes eligible for Medicare due to disability prior to age 65 (refer to *When Medicare Eligibility Begins* on page 27), you/your dependent must have Medicare Parts A and B coverage in effect on the first day of eligibility for Medicare coverage that is primary to NYSHIP. In most cases, this will be the first date of Medicare eligibility.

If you are already receiving Social Security benefits, you may automatically be enrolled in Medicare Parts A and B by the Social Security Administration. However, it is your responsibility to ensure that your Medicare coverage is in place when Medicare is primary to NYSHIP.

If you or your dependent is eligible for Medicare due to ESRD, Medicare Parts A and B must be in effect on the first day following the completion of the 30-month coordination period.

End-stage renal disease (ESRD)

Special rules apply to people who have been diagnosed with ESRD. Contact the Social Security Administration for Medicare information if you or your dependent is being treated for ESRD or if you expect to receive a kidney transplant.

Three-month waiting period: A person diagnosed with ESRD must complete Medicare's three-month waiting period before being eligible to enroll in Medicare. This waiting period may be waived by Medicare if the person:

- Has enrolled in a self-dialysis training program within the three-month waiting period or
- Receives a kidney transplant within the three-month waiting period.

30-month coordination period: Once the three-month waiting period has been completed or waived, a 30-month coordination period will begin. In most cases during this 30-month coordination period, NYSHIP pays primary to Medicare, regardless of the employment status of the enrollee. However, contact EBD if you or your dependent are diagnosed with ESRD. To avoid a penalty, Medicare must be in effect on the first day following the completion of the 30-month coordination period. Or, you or your dependent may choose to enroll in Medicare during the coordination period. You will not be reimbursed for any Medicare premiums or income-related monthly adjustment amount (IRMAA) during the coordination period because NYSHIP does not require Medicare to be in effect until the coordination period is complete and Medicare becomes primary to NYSHIP.

How to Apply for Medicare Parts A and B

You can sign up for Medicare Parts A and B online, by phone or by mail. Contact the Social Security Administration office at 1-800-772-1213. Or, you may visit your local Social Security Administration office. Information about applying for Medicare is also available at www.ssa.gov.

The Social Security Administration may send you a Medicare card with an option to decline enrollment in Part B. **Do not decline.** If you declined Part B when the Social Security Administration offered it to you and Medicare is your primary coverage, enroll now and send a photocopy of your new card to EBD.

Enrollment in Additional Medicare Plans

Medicare allows enrollment in only one Medicare product at a time. When Medicare is primary to NYSHIP, enrolling in a non-NYSHIP Medicare Part D plan, a non-NYSHIP Medicare Advantage Plan or another Medicare product in addition to your NYSHIP coverage may result in cancellation of your NYSHIP benefits. This includes Medicare products that you or your covered dependents may be enrolled in through another employer (yours or your spouse's). This may occur because you or your dependent:

- Is covered as a dependent in another plan
- Has additional coverage through a previous employer
- Enrolled in a standalone Medicare plan

Be sure you understand how enrolling for additional Medicare coverage will affect your overall benefits. If you have questions about how your NYSHIP benefits may be affected by enrolling in another plan, contact EBD.

Empire Plan Medicare Rx — A Medicare Part D Prescription Drug Plan

Prescription drug coverage for Medicare-primary Empire Plan enrollees and dependents

When you and your enrolled dependents become Medicare primary, each of you is automatically enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug program designed especially for The Empire Plan. Enrollment in Empire Plan Medicare Rx is required in order for you to continue your coverage in The Empire Plan. You do not have the option to decline enrollment in Empire Plan Medicare Rx, however, exceptions apply. See below.

You and your enrolled dependents will each begin to receive notices and publications about Empire Plan Medicare Rx as the Medicare eligibility date approaches. When you receive your information packet, you will be given the option to decline enrollment in Empire Plan Medicare Rx, as required by the Centers for Medicare & Medicaid Services (CMS). **If you decline Empire Plan Medicare Rx, you will cancel all Empire Plan coverage, including hospital, medical/surgical, mental health care and substance use care and prescription drug benefits.** If you are the enrollee, Empire Plan coverage for you and each of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.

EBD will attempt to enroll you automatically in Empire Plan Medicare Rx. If you have other retiree coverage through a spouse, please refer to *Other Medicare prescription drug plans* on the following page. In most cases, you are not required to take any action, but contact EBD immediately if:

- Your automatic enrollment is rejected by CMS (for example, because you have no physical address on record) or
- You are later disenrolled because you enroll in another Medicare Part D plan or another Medicare product.

If your enrollment is rejected or if you are disenrolled, you will receive information from the Prescription Drug Program administrator.

Also contact EBD if you or your dependent is:

- Receiving Extra Help for your Empire Plan Medicare Rx benefit,

- Confined in a skilled nursing facility or
- Disabled and enrolled in an approved Medicare Special Needs Plan (SNP) or Medicaid.

Other Medicare prescription drug plans

Under Medicare rules, you can be enrolled in only one Medicare Part D plan at a time. If you enroll in another non-NYSHIP Medicare Part D plan after you are enrolled in Empire Plan Medicare Rx, Medicare will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage — including your hospital, medical/surgical, mental health care and substance use care services — will end. If you are the enrollee, Empire Plan coverage for you and each of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.

Empire Plan Medicare Rx ID card

Every Medicare-primary Empire Plan enrollee and every Medicare-primary dependent receives a separate, individualized prescription drug ID card (refer to page 42 for an example). Each card provides a new unique ID number to be used at a network pharmacy when filling your prescription medications. You will receive this card and other Empire Plan Medicare Rx materials from the Prescription Drug Program administrator.

Keep your Empire Plan benefit card(s) for other benefits

Continue to use your Empire Plan benefit card (see *Identification Cards*, page 24) for all other Empire Plan benefits including hospital services, medical/surgical services, mental health care and substance use care services and prescriptions covered under Medicare Part B. Enrollees and dependents who are not Medicare primary will continue to use their Empire Plan benefit card for prescriptions.

HMO Enrollees

Upon enrollment in a NYSHIP HMO, you will receive a NYSHIP HMO card. If you or your dependent become Medicare primary, you or your dependent will be enrolled in your NYSHIP HMO's Medicare Advantage Plan and may receive a new card. If you do not enroll in both Parts A and B when first eligible for Medicare primary coverage, your NYSHIP HMO coverage will be canceled, including your dependents' coverage if you have Family coverage.

Medicare Costs, Payment and Reimbursement of Certain Premiums

When you are required to enroll in Medicare (as explained in *When You are Required to Have Medicare Parts A and B in Effect* on page 28), you will be subject to a premium for Medicare Part B, and, in some cases, you will also be responsible for other Medicare premiums. Each year, the Social Security Administration will send you a letter that explains what your cost for Medicare will be for the coming plan year.

Medicare Part A premium

For most people, there is no premium for Medicare Part A coverage.

If you or your dependent does not meet certain Social Security requirements, you may be required to pay a premium for Medicare Part A. In these cases, NYSHIP does not require enrollment in Medicare Part A. If you choose to enroll, NYSHIP will not reimburse you for the Medicare Part A premium. Be sure to call EBD to confirm that you are not required to enroll. If you mistakenly decline enrollment in Medicare Part A, it could be very costly to you.

Medicare Part B premium

Standard Medicare Part B premium

The standard Medicare Part B premium may change annually. You will be responsible for a Medicare Part B premium for your coverage and for any covered dependents enrolled in Medicare when Medicare is primary to NYSHIP. The amount of the standard Medicare Part B premium is available on www.medicare.gov.

Medicare Part B IRMAA

In addition to the standard premium for Medicare Part B, Medicare enrollees with a higher Modified Adjusted Gross Income (MAGI) pay an additional income-related monthly adjustment amount (IRMAA), a Medicare premium amount adjusted for their income, for Part B coverage. If you are required to pay a Medicare Part B IRMAA, that amount will be included in your Social Security annual award letter. If eligible, NYSHIP will reimburse you for this amount. See *Medicare Part B IRMAA reimbursement* on page 33.

If you do not pay your Medicare Part B IRMAA, your Medicare Part B coverage will be canceled and your NYSHIP coverage will be drastically reduced or canceled.

How you pay

You will pay premiums for Medicare Part B in one of three ways:

- Deductions from your Social Security checks
- Deductions from your Railroad Retirement Board pension
- Direct payments to the Social Security Administration

Medicare Part B premium reimbursement

When you or your dependent is required to enroll in Medicare (as described in *When You are Required to Have Medicare Parts A and B in Effect* on page 28), NYSHIP will reimburse you the Medicare Part B premium. You are not entitled to a reimbursement from NYSHIP if:

- You receive reimbursement from another source or
- The premium is being paid on your behalf by another entity (such as Medicaid)

You are required to notify EBD if either of the above circumstances applies to you.

NYSHIP will not reimburse any late enrollment penalties assessed by Medicare. If you choose to enroll in Medicare when you are eligible but not required to enroll, NYSHIP will not reimburse the Medicare Part B premium or any IRMAA.

If you or your dependent is required to enroll in Medicare, the standard Medicare Part B premium is usually reimbursed automatically. However, if after enrolling in Medicare, you have not received reimbursement for your or your dependent's Medicare Part B premium, contact EBD to apply for reimbursement.

If you live outside the United States or its territories and maintain Medicare coverage, you will be entitled to Medicare Part B reimbursement, unless you are receiving reimbursement from another source or the premium is being paid on your behalf by another entity (such as Medicaid).

Standard Medicare Part B premium reimbursement

The Medicare Part B standard premium will be reimbursed in one of the following ways:

- *Credits applied to pension check:* If you receive a pension check, the standard Medicare Part B premium will be included in the check. If your pension is direct deposited, this amount will appear in the cell labeled "Medicare Credit," under the heading "Health Insurance" on the Notice of Change document. If you receive a check, it will be shown as a Medicare credit on your retirement check stub.
- *Credits applied to monthly bills from EBD:* If you make direct payments to EBD, reimbursements will be credited toward your monthly NYSHIP premium payments. If your Medicare reimbursement exceeds your health insurance premium, the Office of the State Comptroller will issue you a quarterly refund for the difference. Quarterly refund checks are issued the last Thursday of February, May, August and November.
- *Credits applied to beneficiary checks for dependent survivors:* Dependent survivors can request to receive reimbursement as a credit on the beneficiary checks from the New York State and Local Retirement System or Teachers' Retirement System. (Dependent survivors who make direct payments to EBD will receive reimbursement as a credit toward monthly premiums or as a quarterly refund.)

Medicare Part B IRMAA reimbursement

Medicare Part B IRMAA is reimbursed annually and is not automatic; contact EBD to apply. You will be required to provide:

- Proof of payment (for example, a copy of SSA-1099, which the Social Security Administration will provide to you in January for payments made the prior year, or copies of billing statements from the Centers for Medicare & Medicaid Services)

Refer to the *Medicare Part B Income Related Monthly Adjustment Amount (IRMAA) Reimbursement Notice* posted to www.cs.ny.gov (select Retirees and Health Benefits, then the group from which you retired and your plan type, if prompted, then the Medicare link). Applications for reimbursement must be received within three years of the tax filing deadline.

Medicare Part D

The Empire Plan and NYSHIP HMO Medicare Advantage Plans provide Medicare Part D coverage as a component of your health plan. In these cases, the standard Medicare Part D premium is a component of your total health premium. However, you may be responsible for a Medicare Part D IRMAA, a higher premium based on income. If you do not pay the Medicare Part D IRMAA, Medicare will cancel your Medicare Part D coverage, which will result in the cancellation of your NYSHIP Empire Plan or NYSHIP HMO Medicare Advantage Plan coverage, including your dependents' coverage if you have Family coverage. NYSHIP does not reimburse you for the Medicare Part D premium, including Part D IRMAA.

Your Claims When Medicare Is Primary

When Medicare and NYSHIP are your only coverage

If you are Medicare primary and are enrolled in The Empire Plan, benefits are paid in the following order:

1. Medicare
2. Empire Plan

If you have questions about claims coordination with Medicare, contact the appropriate Empire Plan program administrator (see *Contact Information*, page 45).

If you are Medicare primary and are enrolled in a NYSHIP HMO Medicare Advantage Plan, the HMO provides your Medicare benefits and there is no coordination of coverage between Medicare and NYSHIP.

When you have coverage in addition to Medicare and NYSHIP

If you and/or your dependent also has coverage as an active employee through an employer other than New York State, the active employee coverage through that plan pays before Medicare.

If you or your spouse has group coverage through a former employer other than New York State, reference the materials provided by each plan and contact your health plan for details regarding coordination of benefits.

Expenses Incurred Outside the United States

Medicare does not cover medical expenses incurred outside the United States.

Traveling outside the United States

Empire Plan enrollees

For covered services received outside the United States, file claims directly with The Empire Plan (see *Contact Information*, page 45). For more information, refer to your *Empire Plan Certificate* and the publication *On the Road with The Empire Plan*.

HMO enrollees

Check with your HMO regarding coverage for services received outside the United States.

Residing outside the United States

If you reside outside the United States, The Empire Plan is your only available coverage through NYSHIP. If you will be residing outside the United States, you must notify EBD. In most cases, Medicare will not cover services received outside the United States. Refer to your *Empire Plan Certificate* for information about covered services and coordination of benefits.

If your permanent residence is outside the United States, enrollment in Medicare is not required by NYSHIP.* However, you should still enroll in and maintain both Medicare Parts A and B. NYSHIP will reimburse your Medicare Part B premium, provided you remain enrolled in Medicare Part B, are not receiving reimbursement from another source or the premium is being paid on your behalf by another entity (such as Medicaid).

If you return temporarily to the United States for medical treatment and you maintained enrollment in Medicare, Medicare will be primary. Contact EBD for information on Medicare premium reimbursement. If you did not maintain enrollment in Medicare, contact EBD. For information about filing claims, refer to your *Empire Plan Certificate* and the publication *On the Road with The Empire Plan*.

* *If you do not enroll or choose to disenroll from Medicare while residing outside the United States, you will be assessed a late enrollment penalty by the Social Security Administration if you enroll in Medicare at a later date (refer to* When You Are Required to Have Medicare Parts A and B in Effect*, page 28)*.

Returning permanently to the United States

If you permanently move back to the United States and maintained Medicare Part B coverage, notify EBD of your new address.

If you permanently move back to the United States and you did not maintain Medicare Part B coverage, you should do the following:

- Contact the Social Security Administration for information about how and when you can establish Medicare coverage. If Medicare coverage will not be in effect at the time you return to the United States, contact EBD.
- Contact EBD when you return and provide your new address and a copy of your current Medicare card. Ask EBD to resume reimbursement for Medicare Part B premiums when you provide proof of Medicare Part B enrollment. If you are subject to an income-related monthly adjustment amount (IRMAA) for your Medicare Part B premium, you will receive information regarding how to apply for this extra reimbursement after the end of each year.

Provide Notice if Medicare Eligibility Ends

If Medicare eligibility ends for you or your dependent, you must notify EBD.

You must refund Medicare premium reimbursement you were not eligible to receive

If you receive reimbursement for Medicare Part B premiums or IRMAA for yourself or a dependent when you are not eligible or when the premiums are reimbursed by another source, you will be required to repay amounts that were incorrectly reimbursed.

Questions

Call EBD if you have questions about:

- NYSHIP requirements, including when you must enroll in Medicare
- Premium reimbursement
- Whether enrolling in other coverage will affect your NYSHIP coverage
- Which plan is responsible for paying claims

Call the Social Security Administration if you have questions about:

- Your Medicare premium

- How to pay your Medicare premium
- How to enroll in Medicare
- Whether you qualify for Medicare

Reemployment

Please review the three reemployment situations described below and refer to the scenario that best describes you and your intended reemployment situation.

With the Employer You Retired From

If you are reemployed by New York State in a benefits-eligible position, your status in NYSHIP and Medicare may be affected. For additional information on how your NYSHIP and Medicare coverages will be affected, contact your HBA and ask for the flyer *Back to Work for New York State* and a *General Information Book for Active Employees of New York State*. Talk to your HBA about the following:

Choosing active or retiree coverage: If you are eligible for NYSHIP as both an active employee and as a retiree, you must choose one; you may not have coverage as both an active employee and as a retiree (see *Coverage: Individual or Family*, page 20). If you choose active coverage, you **cannot** use sick leave credit to offset your monthly premium.

Medicare: If you are reemployed by the employer that provides your retiree benefits, NYSHIP will provide coverage primary to Medicare during the time that you are working in a benefits-eligible position with that employer. If you were Medicare primary prior to reemployment, this change may affect your premium and coverage. You will not receive Medicare reimbursement, including any reimbursement for IRMAA, while working in a benefits-eligible position. This applies regardless of whether you continue enrollment as a retiree or enroll in active employee coverage.

With Another Employer that Participates in NYSHIP

If you are eligible for NYSHIP as a retiree and are hired in a benefits-eligible position with another employer that participates in NYSHIP, talk to EBD and the HBA at the potential new employer before accepting employment. Ask EBD and the HBA about the following:

Choosing active or retiree coverage: If you are eligible for NYSHIP through both your potential new employer and as a retiree, you must choose one to provide your NYSHIP coverage; you cannot enroll through both. The cost of coverage may be different with each employer.

Medicare: Whether you choose to enroll in coverage as an employee or continue coverage as a retiree will affect your Medicare status.

- If you choose to maintain your NYSHIP retiree coverage, Medicare will continue to be primary to NYSHIP while you are employed. You and any eligible dependents will continue to be reimbursed for Medicare Part B.
- If you choose to enroll in NYSHIP as an active employee, NYSHIP will be your primary coverage while you are working in a benefits-eligible position with that employer. If you were Medicare primary prior to reemployment, this change may affect your premium and coverage, and you will no longer receive any Medicare reimbursement.

With a Non-NYSHIP Employer

If you are eligible for NYSHIP as a retiree and subsequently are hired in a benefits-eligible position with another employer that does not participate in NYSHIP, you can choose to remain covered as a NYSHIP retiree. Your NYSHIP Medicare status will not change. If you wish to enroll for coverage with the non-NYSHIP employer and maintain your NYSHIP retiree coverage, your coverage through active employment will be primary to Medicare.

COBRA: Continuation of Coverage

Federal and State Laws

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows enrollees and their families to continue their health coverage in certain instances when their 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 enrollees pay the full cost of coverage, plus up to a two percent administrative fee. There is no employer contribution to the cost of coverage. See *Costs Under COBRA*, page 38.

Benefits Under COBRA

COBRA benefits are the same benefits offered to retirees and their dependents enrolled in NYSHIP. You must apply for COBRA coverage within 60 days from the date you would lose coverage due to a COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation of coverage, whichever is later (see *Deadlines Apply*, page 38). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee who is no longer eligible through active employment, you have the right to COBRA coverage. If you are a Preferred List enrollee and the one year of coverage allowed/provided under Preferred List provisions is exhausted, you have the right to COBRA coverage. **Note:** You may be eligible to continue coverage as a retiree (see page 5) or vestee (see page 10).

Dependents who are qualified beneficiaries

To be considered a qualified beneficiary, a dependent must:

- Have been covered at the time of the enrollee's initial COBRA-qualifying event or
- Be a newborn or newly adopted child added to coverage within 30 days of birth or placement for adoption.

In no case will any period of continuation coverage last more than 36 months from the initial COBRA-qualifying event.

Dependents who are qualified beneficiaries have an independent right to up to 36 months of COBRA continuation coverage (from the date coverage is lost due to their initial COBRA-qualifying event) and may elect Individual coverage.

Spouse/domestic partner

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

- Divorce
- Termination of domestic partnership
- Death of the enrollee
- The COBRA enrollee's eligibility for Medicare

Dependent children

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

- The child's loss of eligibility as a dependent under NYSHIP (e.g., due to age)
- Parents' divorce or termination of domestic partnership
- Death of the enrollee
- The COBRA enrollee's eligibility for Medicare

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 (see *Covering newborns*, page 21, for enrollment rules).

Dependents who are not qualified beneficiaries

An eligible dependent may be added to COBRA coverage at any time, in accordance with NYSHIP rules (see *Dependent Eligibility*, page 16, and *Coverage: Individual or Family*, page 20). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary (with the exception of children born to or placed for adoption with the employee during a period of COBRA coverage and added within 30 days. The COBRA 36-month period for such a child is measured from the same date as for other qualified beneficiaries with respect to the same qualifying event and not from the date of birth or adoption). Dependents who are not qualified beneficiaries may only maintain coverage for the remainder of the enrollee's eligibility for COBRA continuation coverage.

Dependent survivors

- If you were married to a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, you will not be eligible to continue coverage under COBRA if you remarry.
- If you were the domestic partner of a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, you will not be eligible to continue coverage under COBRA if you remarry or acquire a new domestic partner (see *Dependent Survivor Coverage*, page 14).

Medicare and COBRA

When NYSHIP requires you or your enrolled dependent to enroll in Medicare, your NYSHIP COBRA coverage will be affected differently depending on which coverage you were enrolled in first. Read the section *When You are Required to Have Medicare Parts A and B in Effect*, page 28, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you become Medicare-primary, your NYSHIP COBRA medical coverage ends at the point when Medicare enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA medical coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period* on page 38). Medicare eligibility does not affect NYSHIP COBRA dental and vision coverage.
- If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your NYSHIP coverage will be canceled or substantially reduced.
- If you are already covered under Medicare when you elect COBRA coverage, your Medicare coverage will pay first. When enrolled in COBRA coverage, Medicare is your primary coverage.

Choice of Option

An enrollee or dependent who continues coverage under COBRA will continue to be covered under the same NYSHIP plan option. COBRA enrollees may change to a different option during the annual Option Transfer Period (see *Your Options Under NYSHIP*, page 4) or when moving under the circumstances described in *Qualifying Life Events: Changing Your NYSHIP Option More Than Once During a 12-Month Period*, page 4. Dependents of a COBRA enrollee who are qualified beneficiaries may also change to Individual coverage when first enrolling in COBRA or during the annual Option Transfer Period.

Deadlines Apply

Once notified of a COBRA-qualifying event, EBD will mail an application for COBRA coverage. Be sure to read the application carefully. To continue coverage, the application must be completed and returned by the response date provided on the notice.

60-day deadline to elect COBRA

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

Notification of dependent's loss of eligibility

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

- A divorce
- Termination of a domestic partnership
- A child's loss of eligibility as a dependent under NYSHIP (see *Dependent Loss of Eligibility*, page 25)

Other people acting on your behalf may provide written notice of a COBRA-qualifying event to EBD.

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

Costs Under COBRA

COBRA enrollees pay 100 percent of the premium for continuation coverage, plus up to a two percent administrative fee. EBD will bill you 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. Because 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. Once you elect COBRA continuation coverage, you will receive a bill.

30-day grace period

After the initial 45-day grace period, enrollees will have a 30-day grace period from the premium due date to pay subsequent premiums. Payment is considered made on the date of the payment's postmark.

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, the enrollee, lose COBRA eligibility prior to the end of the 36-month continuation coverage period, the duration of your dependents' coverage is as follows:

- *Dependents who are qualified beneficiaries:* COBRA continuation coverage may continue for the remainder of the 36 months.
- *Dependents who are not qualified beneficiaries:* COBRA continuation coverage will end when your 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 the remainder of the 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract when the 36-month period ends (see page 41).

Note: Survivors of COBRA enrollees are not eligible for the extended benefits period or dependent survivor coverage.

When You No Longer Qualify for COBRA Coverage

COBRA continuation coverage will end for the following reasons:

- The premium for your continuation coverage is not paid on time
- The continuation period of up to 36 months ends
- The enrollee or enrolled dependent enrolls in Medicare (applies to COBRA medical only)

To Cancel COBRA

Send a written and signed request to EBD if you want to cancel your COBRA coverage (see *Model Letter for Contacting the Employee Benefits Division* on page 43).

Conversion Rights after COBRA Coverage Ends

At the end of your COBRA continuation coverage period (if you were an Empire Plan enrollee), 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 45).

If you choose COBRA coverage, you must exhaust those benefits before converting to a direct-pay conversion 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.

If you were enrolled in a NYSHIP HMO, contact that HMO for more information.

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 tax credit that lowers your monthly premiums, and you can learn what your premium, deductibles and out-of-pocket costs will be before you enroll. COBRA eligibility does not limit your eligibility for Health Insurance Marketplace coverage or 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). If you are Medicare eligible, contact CMS for information about enrolling in a Medicare Advantage Plan.

Contact Information

If you have any questions about COBRA, contact EBD.

Young Adult Option

The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when the young adult loses eligibility as a dependent child.

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 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 on page 39
- The NYSHIP premium for the young adult is not paid in full by the due date or 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 is no contribution by the State toward the cost of the Young Adult Option. The young adult or their parent is required to pay the full cost of the premium for Individual coverage.

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 their parent may enroll the young adult in the Young Adult Option. Contact EBD for more information about how to pay for this coverage.

A young adult can enroll in the Young Adult Option at one of the following times:

- **When NYSHIP coverage ends due to age**

  If the young adult no longer qualifies as a parent's NYSHIP dependent due to age, they 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.

- **When newly qualified due to a change in circumstances**

  If a change of circumstances allows the young adult to meet eligibility requirements for the Young Adult Option, they 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 or the young adult's divorce.

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

  Coverage may be elected during the Young Adult Option annual 30-day Open Enrollment Period. Contact EBD for information about when this enrollment period will be and when your coverage will be effective.

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 or on the last day of the month in which voluntary cancellation is requested.

Questions

If you have any questions concerning eligibility, please contact EBD.

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 differ from what you had under NYSHIP.

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:

- Loss of eligibility for coverage as an employee or a dependent
- Death of the enrollee (when the dependent is not eligible to continue coverage as a dependent survivor, as explained in *Dependent Survivor Coverage*, page 14)
- Eligibility for COBRA continuation coverage ends, except when the loss of eligibility is the result of becoming Medicare-eligible due to age

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
- Are eligible for Medicare because of age

If you were enrolled in a NYSHIP HMO, contact that HMO for more information.

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 (see *Contact Information*, page 45).

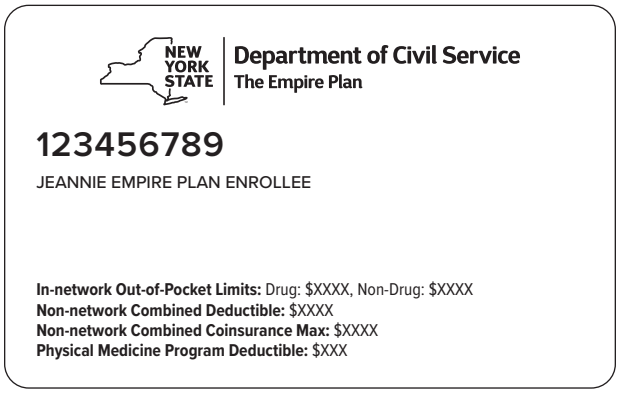
If you were enrolled in a NYSHIP HMO, contact that HMO for more information.

Appendix

Empire Plan benefit card

Present this card whenever you or your covered dependents receive services or supplies. Medicare-primary enrollees and dependents may have a separate card for prescription drugs.

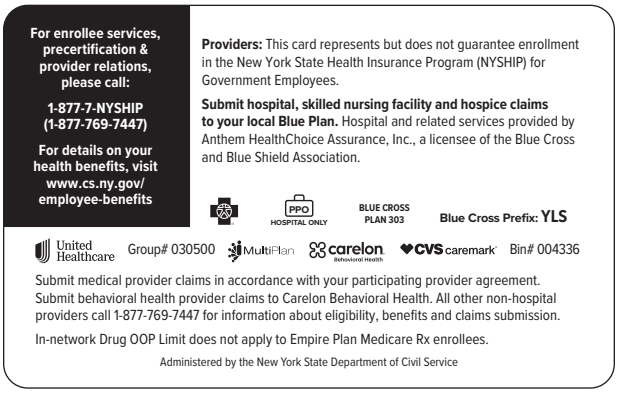
Individual Coverage


NEW YORK STATE | Department of Civil Service
The Empire Plan

123456789

JEANNIE EMPIRE PLAN ENROLLEE

In-network Out-of-Pocket Limits: Drug: $XXXX, Non-Drug: $XXXX
Non-network Combined Deductible: $XXXX
Non-network Combined Coinsurance Max: $XXXX
Physical Medicine Program Deductible: $XXX


For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP (1-877-769-7447)
For details on your health benefits, visit www.cs.ny.gov/employee-benefits

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan. Hospital and related services provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

PPO HOSPITAL ONLY | BLUE CROSS PLAN 303 | **Blue Cross Prefix: YLS**

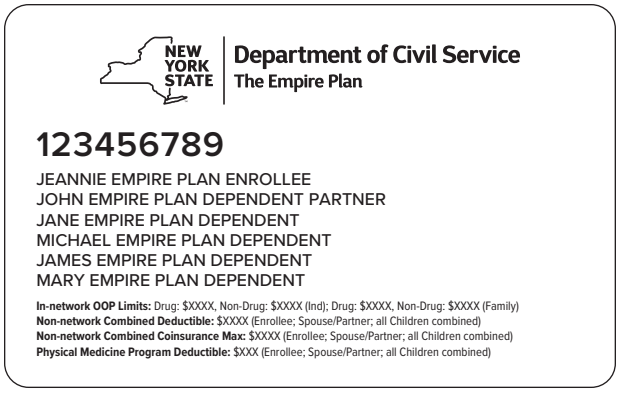
United Healthcare | Group# 030500 | MultiPlan | carelon Behavioral Health | CVS caremark | Bin# 004336

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service

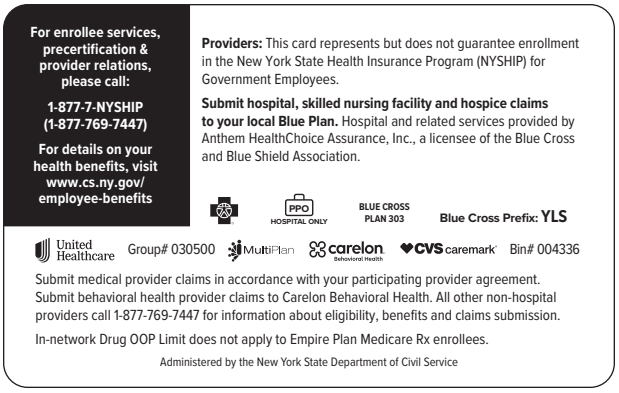
Family Coverage


NEW YORK STATE | Department of Civil Service
The Empire Plan

123456789

JEANNIE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN DEPENDENT PARTNER
JANE EMPIRE PLAN DEPENDENT
MICHAEL EMPIRE PLAN DEPENDENT
JAMES EMPIRE PLAN DEPENDENT
MARY EMPIRE PLAN DEPENDENT

In-network OOP Limits: Drug: $XXXX, Non-Drug: $XXXX (Ind); Drug: $XXXX, Non-Drug: $XXXX (Family)
Non-network Combined Deductible: $XXXX (Enrollee; Spouse/Partner; all Children combined)
Non-network Combined Coinsurance Max: $XXXX (Enrollee; Spouse/Partner; all Children combined)
Physical Medicine Program Deductible: $XXX (Enrollee; Spouse/Partner; all Children combined)


For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP (1-877-769-7447)
For details on your health benefits, visit www.cs.ny.gov/employee-benefits

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan. Hospital and related services provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

PPO HOSPITAL ONLY | BLUE CROSS PLAN 303 | **Blue Cross Prefix: YLS**

United Healthcare | Group# 030500 | MultiPlan | carelon Behavioral Health | CVS caremark | Bin# 004336

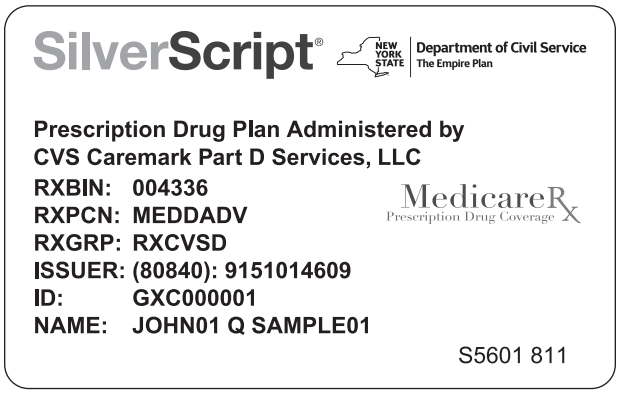
Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service

Empire Plan Medicare Rx card

Medicare-primary Empire Plan enrollees and dependents use this card to fill prescriptions.


SilverScript® | NEW YORK STATE | Department of Civil Service
The Empire Plan

Prescription Drug Plan Administered by CVS Caremark Part D Services, LLC
RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER: (80840): 9151014609
ID: GXC000001
NAME: JOHN01 Q SAMPLE01

MedicareRx Prescription Drug Coverage

S5601 811


Submit Medicare Part D
Paper Claims to:
CVS Caremark
P.O. Box 52066
Phoenix, AZ 85072-2066

empireplanrxprogram.com

NEW YORK STATE | Department of Civil Service
The Empire Plan

Customer Care:
1-877-769-7447 and
select option 4
24 hours a day, 7 days a week
TTY: 711

Pharmacy Help Desk For Providers:
1-866-693-4620

Claims administered by CVS Caremark Part D Services, LLC

Model Letter for Contacting the Employee Benefits Division

If you need to write to the Employee Benefits Division, be sure to include all of the information requested in this model letter.

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

Fax to: (518) 485-5590

(Please print)

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

Date of Birth _____

Name of Enrollee _____

Street _____

City _____ State _____ Zip _____

❑ This is a new address. Please complete and return Form PS-850 along with this letter.

Telephone Home _____ Cell _____
(Area code) (Area code)

Email _____

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.*

Forms Available Online and from EBD

Contact EBD or visit NYSHIP Online (www.cs.ny.gov) for the following forms and instructions:

- PS-404 *NYSHIP Health Insurance Transaction Form*
- PS-405 *NYSHIP Sick Leave Credit Option Election Form*
- PS-406.2 *NYSHIP Health Insurance Deferral Election Form*
- PS-410 *NYSHIP Sick Leave Credit Preservation Form*
- PS-425 *NYSHIP Domestic Partner Enrollment Application*
  - PS-425.3 *Dependent Tax Affidavit for Domestic Partner Enrollment in NYSHIP*
  - PS-425.4 *Termination of Domestic Partnership for NYSHIP*
- PS-431 *Medical, Dental, Vision and/or M/C Life Insurance for Employees on Leave Without Pay*
- PS-451 *NYSHIP Statement of Disability for Dependents*
- PS-452 *Application for Waiver of Empire Plan Premium*
- PS-457 *NYSHIP Statement of Dependence for "Other" Children*
- PS-850 *NYSHIP Change of Address Form*
- EBD-543 *NYSHIP Authorization for Release of Protected Health Information*
- *Request for Coverage Under the Young Adult Option*

Contact Information

Employee Benefits Division

518-457-5754 or 1-800-833-4344

PRESS 1 If you are calling to change an address or name or to obtain a replacement card.

PRESS 2 If you are calling about your retiree/vestee health insurance coverage or enrollment.

PRESS 3 If you have questions about Medicare.

PRESS 4 For questions about a refund you received or expect to receive.

PRESS 5 If you are calling about continuation coverage, such as COBRA, or are looking to obtain coverage.

PRESS 6 For questions about dependent survivor coverage or to report the death of an enrollee or dependent.

PRESS 7 If you are on a leave of absence.

PRESS 8 If you are calling about the Management Confidential Life Insurance Program or Income Protection Plan.

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

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 Anthem Blue Cross

Representatives are available Monday through Friday, 8 a.m. to 5 p.m., Eastern time.

TTY: 711

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 Use Program

Administered by Carelon Behavioral Health

Representatives are available 24 hours a day, seven days a week.

TTY: 1-855-643-1476

P.O. Box 1850
Hicksville, NY 11802

PRESS OR SAY 4 Prescription Drug Program

Administered by CVS Caremark

Representatives are available 24 hours a day, seven days a week.

TTY: 711

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

Direct-Pay Conversion Contracts

Offered by UnitedHealthcare

Call The Empire Plan 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

NYSHIP HMOs

NYSHIP HMO contact information, including phone numbers, TTY numbers, addresses and websites, is available in the *Health Insurance Choices* booklet and at www.cs.ny.gov. Select Retirees and then Health Benefits. Choose NY and HMO Enrollee, and from the NYSHIP Online homepage, select Using Your Benefits and then Telephone Numbers.

Other Agencies and Programs

New York State and Local Retirement System 518-474-7736

New York State Teachers' Retirement System 1-800-348-7298

Teachers Insurance and Annuity Association of America (TIAA) 518-786-5900

Medicare 1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Social Security Administration 1-800-772-1213
TTY: 1-800-325-0778

M/C Life Insurance 518-473-3496

Index

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

Please do not send mail or correspondence to the return address above. See address information on page 45.

Important Health Insurance Information:
General Information Book for New York State Retirees, Vestees, Dependent Survivors and Preferred List enrollees and their eligible dependents. Also includes information regarding COBRA continuation coverage and the Young Adult Option.

NY Retiree General Information Book – 2024

SAVE THIS BOOK

Important information about the New York State Health Insurance Program (NYSHIP)

This book replaces your previous ***NYSHIP General Information Book***.

Updates to this book will be mailed to you and will also be posted on our website, www.cs.ny.gov.
Keep all updates with this book.

NEW YORK STATE | NYSHIP New York State Health Insurance Program

Reasonable accommodation: It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. 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).