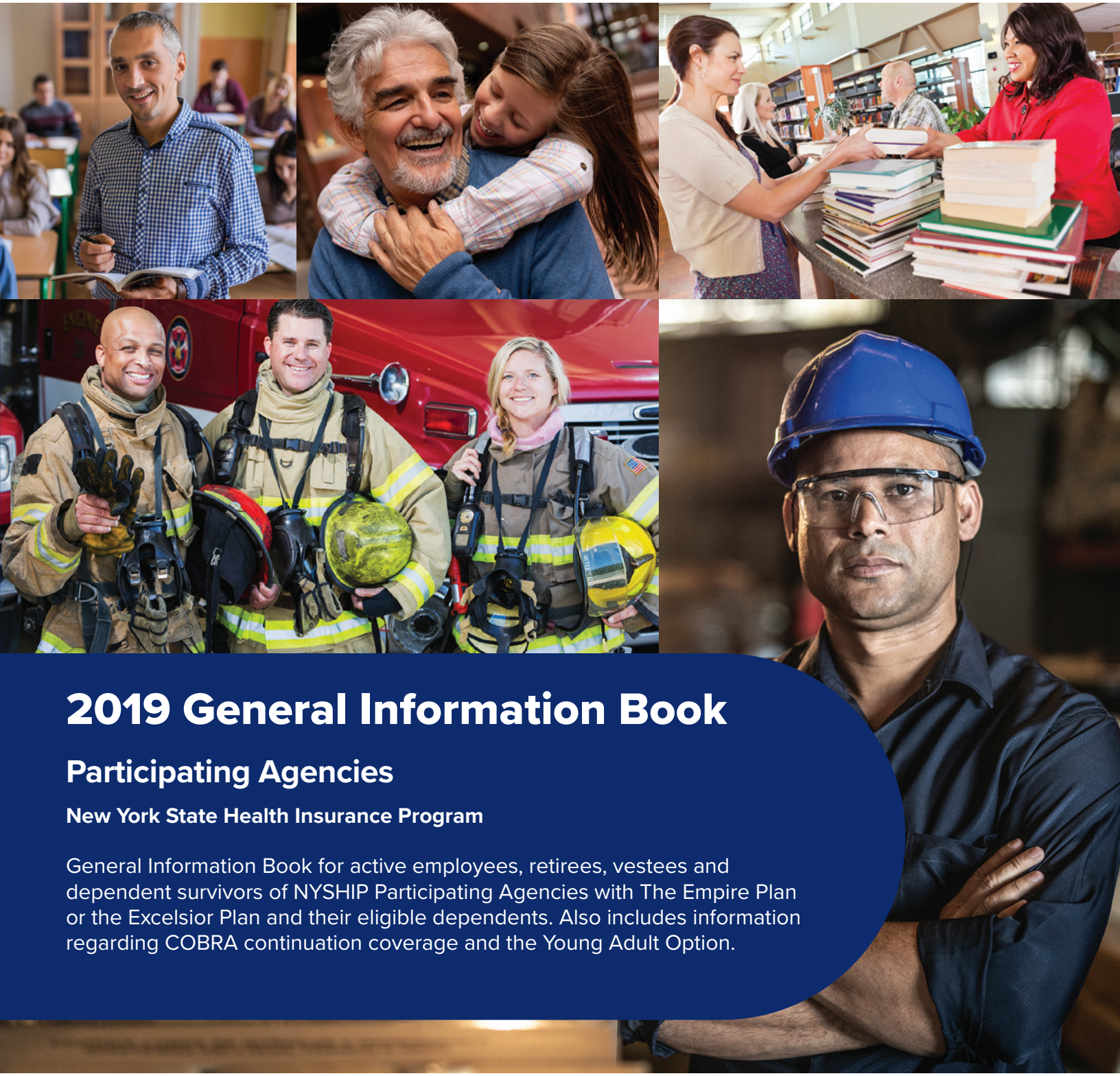
NEW YORK STATE

NYSHIP
New York State
Health Insurance Program



2019 General Information Book

Participating Agencies

New York State Health Insurance Program

General Information Book for active employees, retirees, vestees and dependent survivors of NYSHIP Participating Agencies with The Empire Plan or the Excelsior Plan 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/employee-benefits

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Introduction

This is the *New York State Health Insurance Program (NYSHIP) General Information Book* for individuals and their covered dependents enrolled in NYSHIP through a local government agency (Participating Agency) that elects to participate in NYSHIP. This book explains certain rights and responsibilities you have as an enrollee in NYSHIP. Receipt of this book does not guarantee you are eligible or enrolled for coverage.

This book provides general information about eligibility, enrollment and other NYSHIP requirements and rules that your employer must follow. For specific information that applies to you, speak to your Health Benefits Administrator (HBA). Your employer may establish criteria consistent with NYSHIP parameters, such as your share of the cost of NYSHIP coverage, how long you must work with the agency to be eligible for retiree coverage (if you are eligible) and when your benefits go into effect. This is not an inclusive list of criteria.

This book has two sections. The first section, beginning on page 3, applies to active employees. The second section, beginning on page 35, applies when you are no longer working for the employer that provides you with your NYSHIP coverage, such as when you are covered as a retiree, vestee or dependent survivor or covered as a dependent of an enrollee who is no longer an active employee. **Refer to the appropriate section of the book for information.**

NYSHIP is established under New York State Civil Service law. The New York State Department of Civil Service 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 your HBA has your most current address. Amendments and notification of changes can also be found on NYSHIP Online: www.cs.ny.gov/employee-benefits.

When You Need Assistance

Your HBA, usually located in your personnel office, is responsible for managing your enrollment record and providing you with information about your employer's rules and requirements regarding your NYSHIP eligibility and enrollment.

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

When You Must Contact Your HBA

To keep your enrollment up to date, you must notify your HBA in writing of the following situations:

Your mailing address or your home address changes. (If you or a covered dependent is Medicare primary and your mailing address is a P.O. Box, your HBA needs your current residential street address as well.)

Your phone number changes.

Your name changes.

You need to correct your enrollment record.

Your family unit changes (see *Dependent Eligibility*, page 5 [active], or page 39 [retiree] for details).

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

Your employment status is changing.

- You are planning to retire.
- You are going on leave without pay or Family and Medical Leave.
- You are leaving employment prior to retirement.
- You are affected by layoff.
- You are returning to work for the same Participating Agency 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 23 [active] or page 48 [retiree]).
- You or a covered dependent loses eligibility for primary Medicare benefits (see *Medicare and NYSHIP*, page 23 [active] or page 48 [retiree]).

Other reasons to contact your HBA:

- You need to order a replacement or additional NYSHIP benefit card.
- 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 27) or Young Adult Option coverage (see page 31).

Questions About Your Benefits

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. See *Contact Information*, page 67, for details.

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/employee-benefits. NYSHIP documents and informational materials are available on NYSHIP Online and you will also find links to Plan administrator websites, which include the most current lists of participating providers.

General Information Book

For Active Employees of Participating Agencies

Refer to this portion of the book for information if you are still actively employed by a NYSHIP Participating Agency, including if you are receiving NYSHIP benefits while you are on a leave of absence.

After you have retired or separated from service with a NYSHIP Participating Agency, refer to the second part of this book, pages 35-62, for information.

Employee Eligibility

Minimum eligibility requirements for coverage are established by New York State law. Participating Agency eligibility requirements may exceed NYSHIP minimum eligibility requirements, as described in this book. For information about your employer's specific eligibility requirements, contact your HBA.

When first eligible for coverage, you may be subject to a waiting period before coverage begins. If you do not enroll when first eligible, you will be subject to a late enrollment waiting period (see *When Coverage Begins*, page 9).

Eligibility Requirements for Coverage

NYSHIP requires you to meet all the following criteria to be eligible for coverage:

1. You are expected to work for at least three months.
2. You work a regular schedule of 20 hours or more per week **or**

   You are paid an annual salary at a rate of $2,000 or more per year **or**

   You meet **one** of the following criteria:

   - You are a local elected official.
   - You are a paid member of a public legislative body.
   - You are an elected member of a school board.
   - You are an unpaid board member of a public authority with at least six months' service as a board member.
   - You are a volunteer firefighter or ambulance worker.
   - The major source of your family's income comes from your public employment.
3. You are not already enrolled in NYSHIP as an employee.

In addition to NYSHIP's minimum eligibility requirements, your agency may require:

- A longer anticipated term of employment (however, your employer cannot require that your anticipated employment term be greater than six months).
- A regular schedule of more than 20 hours per week or
- A required minimum annual salary of more than $2,000 per year or
- Work week or annual salary eligibility requirements for local elected officials, paid members of public legislative bodies or elected members of school boards.

Employer discretion based on class or category of employee

- Your employer may determine which classes or categories of employees are eligible for NYSHIP coverage. For example, an agency may offer NYSHIP coverage to teachers, but not to teachers' aides. Eligibility may be established through collective bargaining agreements or extended administratively by your employer.
- Your employer may provide The Empire Plan to certain classes or categories of employees and the Excelsior Plan to other classes or categories of employees. No class or category of employee may be offered both The Empire Plan and the Excelsior Plan.

Dual Coverage in NYSHIP

NYSHIP prohibits dual coverage as the enrollee. If you are already enrolled in NYSHIP as an employee or retiree, you cannot enroll again through a different employer as an employee or retiree. You must choose the employer through which you wish to be enrolled.

Example: *Bob is a retiree of New York State. After retiring, he takes a benefits-eligible job at his local library, a NYSHIP Participating Agency. Bob is eligible to be enrolled in NYSHIP as a retiree of New York State or as an employee through the library. Bob cannot enroll as both, so he must choose the employer through which he would like coverage.*

Note: You may have dual NYSHIP coverage if you are covered as the enrollee and also as a dependent (see *Coverage: Individual or Family*, page 9).

Example: *Linda and her spouse, Bob, are both eligible for NYSHIP coverage as the result of their active employment. Linda may be covered by her employer under NYSHIP as the enrollee and also as Bob's NYSHIP dependent.*

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. To enroll your dependent who is eligible for NYSHIP but not yet enrolled, contact your HBA.

See *Proof of Eligibility* on page 7 for required proofs that must be submitted with the request to add a dependent to your coverage. For more information about when coverage will take effect, see page 9.

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 31 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, even if a court orders you to maintain coverage (you and/or your ex-spouse must provide a copy of the divorce decree to your HBA).

Your Domestic Partner

Ask your HBA if your employer offers coverage to domestic partners. If your employer does not offer coverage to domestic partners, your domestic partner is not eligible to be covered as your dependent under NYSHIP. Your domestic partner's child(ren) also may not be eligible unless eligible as "other" children (see page 8). **Eligibility and coverage rules for domestic partners or children of domestic partners in this book apply only if that coverage is offered by your employer.**

If your employer does offer coverage to domestic partners, you may cover your domestic partner as your dependent. For eligibility under NYSHIP, a domestic partnership is a partnership for which you and your partner can 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 decree 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.

To enroll a domestic partner, you must complete and return the forms *Application for Domestic Partner Benefits* (PS-427.1) and *Dependent Tax Affidavit for Domestic Partners* (PS-427.3) and submit the applicable proofs as outlined in *Instructions for Enrolling Domestic Partners* (PS-427). Before a new domestic partner may be enrolled, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage.

Under Internal Revenue Service (IRS) rules, the fair market value cost of coverage for a domestic partner may be taxable. This amount, referred to as imputed income, is considered by the IRS to be additional income for the enrollee. Check with your HBA 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.

Your Children

The following children are eligible for coverage until age 26:

- Your natural child.
- Your stepchild.
- Your domestic partner's child (if domestic partner coverage is offered by your employer).
- Your legally adopted child, including a child in a waiting period prior to finalization of adoption.
- Your "other" child.

Your "other" child

You may cover "other" children:

- Who are financially dependent on you.
- Who reside with you.
- For whom you have assumed legal responsibility in place of the parent.

The above requirements must have been met before the "other" child is age 19. You must file the form *Statement of Dependence* (PS-457), verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Your disabled child

You may cover your disabled child who is age 26 or older if the child:

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

Contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with disability) to begin the review process. To apply for coverage for your disabled child, you must submit the form *Statement of Disability* (PS-451) and provide medical documentation. You will be asked to complete the *Statement of Disability* form and provide medical documentation to certify the child's disability — at minimum — every seven years (frequency based on disabling condition). If a disabled dependent is also an "other" child, you will be required to resubmit the form *Statement of Dependence* (PS-457) 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 between the ages of 19 and 25. 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 actual 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 person who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for NYSHIP coverage as a dependent.

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed by your HBA without required proof of eligibility. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available. If documentation is not provided within 30 days of your application, you and/or your dependents may be subject to a late enrollment waiting period. Refer to *Employee Eligibility* (page 4) and *Dependent Eligibility* (page 5) for eligibility requirements.

Required Proofs

You must provide copies of the following proofs to your HBA:

You, the enrollee

- Birth certificate
- Social Security card
- Medicare card (if applicable)

Spouse*

- Birth certificate
- 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
- Completed forms in the *Domestic Partner Series* (PS-427), with appropriate proofs
- 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 disabled child over age 26*

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

"Other" children*

(For more information about who qualifies as an "other" child, please refer to *Your Children*, page 6.)

- Birth certificate
- Completed form *Statement of Dependence* (PS-457) 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 active 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 your HBA if no Social Security number is assigned.*

** *Not all employers offer coverage to domestic partners (see* Dependent Eligibility*, page 5). Contact your HBA for information.*

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 5.

If you and your spouse (or domestic partner, if your employer offers NYSHIP coverage for domestic partners) 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
- Two Family coverages, if both of your employers permit two Family coverages

Note: New York State does not permit two NYSHIP Family coverages. If your spouse (or domestic partner, if your employer offers NYSHIP coverage for domestic partners) enrolls in NYSHIP as an employee of New York State, only one of you may elect Family coverage. The other may only elect Individual coverage.

Enrollment

Enrollment Is Not Automatic

If you are eligible for NYSHIP, you will not be covered automatically. To apply for coverage, you must submit a completed and signed *PA Health Insurance Transaction Form* (PS-503) and required proofs of eligibility to your HBA.

When Coverage Begins

First date of eligibility

Your employer establishes your first date of eligibility for NYSHIP benefits (the date on which you can be covered under NYSHIP). Your first date of eligibility may be as early as the first day of employment, or up to a maximum of 90 days later. Ask your HBA what your first date of eligibility is.

Example 1: *The eligibility rule your employer has established is the first of the month following the employee's hire date. If you are hired on September 10, your first date of eligibility is October 1.*

Example 2: *After working in a part-time capacity (10 hours per week) for several years, your employer increases your hours to 37 hours per week, effective November 25, which makes you eligible to enroll in NYSHIP. The eligibility rule your employer has established is the first day of the third month after the date you became eligible for NYSHIP coverage. Your first date of eligibility is February 1.*

Effective date of coverage

Once your first date of eligibility has been established, your new coverage becomes effective according to when you apply. If you apply:

- **On or before the first date of eligibility**, your coverage will be effective on the first date of eligibility.
- **Within 30 days after the first date of eligibility**, your coverage will be effective on the first day of the month following the month in which you applied.
- **More than 30 days after the first day of eligibility**, your coverage will be effective on the first day of the third month following the month in which you applied.

Enrolling a Dependent

If your dependent is eligible for NYSHIP, but not enrolled, you must submit a completed and signed *PA Health Insurance Transaction Form* (PS-503) to your HBA to apply for coverage. Refer to *Proof of Eligibility*, page 7, for documentation that will be required upon enrollment.

If you choose to enroll in Family coverage when you enroll in coverage for yourself, the effective date of your dependent's coverage will be the same as the effective date of your coverage.

If you already have Family coverage and apply to cover a dependent who is not currently enrolled, the effective date of your dependent's coverage will depend upon your timeliness in applying (see *Effective date of coverage* above).

If you are changing from Individual to Family coverage to cover an eligible dependent, refer to *Changing from Individual to Family Coverage*, page 11.

Reenrolling dependents

Dependents who lose eligibility can again be covered under NYSHIP if eligibility is restored. For example, unmarried, disabled dependent children who lost eligibility because they were no longer disabled can again be covered under NYSHIP if the same disability that qualified them as disabled dependents while previously enrolled in NYSHIP again renders them incapable of self-support. Appropriate documentation will be required.

No Coverage During Waiting Period

Medical expenses incurred or services rendered during a waiting period (while you/your dependents are waiting for coverage to become effective) will not be covered.

Enrollment Considered Late if Previously Eligible

If you or your dependent(s) were previously eligible but not enrolled, 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 the other coverage terminates and you notify your HBA within 30 days of the date the other coverage terminated.

Exception: Dependents affected by National Medical Support Order

If a National Medical Support Order requires you to provide coverage to your previously eligible but not enrolled dependent(s), the late enrollment waiting period is waived and coverage for the dependent(s) will be effective on the date indicated on the National Medical Support Order. Contact your HBA 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 7).

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.

Canceling Enrollment

To cancel your enrollment in NYSHIP, contact your HBA.

If you die while your coverage is canceled, your dependents will have no rights to continue coverage as dependent survivors, under COBRA or through a direct-pay contract.

Canceling coverage for your enrolled dependent(s)

If your enrolled dependent is no longer eligible for NYSHIP coverage or you wish to cancel coverage for an enrolled dependent, contact your HBA. Your dependent may be eligible to continue coverage under COBRA (page 27), the Young Adult Option (page 31) or a direct-pay contract (page 32).

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 5), contact your HBA. Be prepared to provide the following:

- Your name, 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 7).

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 your HBA.)

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

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

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

- **On or before a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent was first eligible.
- **Within 30 days after a dependent's first date of eligibility**, there will be a waiting period. Family coverage will begin on the first day of the month following the month in which your request is made.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period will apply. Your Family coverage will become effective on the first day of the third month following the month in which you apply. If you apply on the first day of the month, that month is counted as part of the waiting period.

Covering newborns

Your newborn child is not automatically covered; you must contact your HBA to complete the appropriate forms. For additional documentation that may be required, refer to *Proof of Eligibility* on page 7.

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.

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 17, for information about when your dependents' coverage ends if you change from Family to Individual coverage, or contact your HBA. For information about continuing coverage for your dependents, see *COBRA: Continuation of Coverage* on page 27 and *Young Adult Option* on page 31, or contact your HBA.

Your Share of the Premium

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

Employees and Dependents

NYSHIP requirements establish a minimum contribution rate employers must make toward coverage for their employees. For Individual coverage, your employer must contribute a minimum of 50 percent of the premium. For Family coverage, your employer must contribute a minimum of 50 percent of your premium as the enrollee, plus 35 percent of the additional cost of dependent coverage, regardless of the number of dependents. Your employer may contribute more toward the premium. Ask your HBA what your employer's contribution rate will be for NYSHIP coverage.

Unpaid elected officials

If you are not barred by statute from receiving compensation, you may be eligible for employer contributions toward the cost of your NYSHIP coverage. Contact your HBA for information.

Dependent Survivors

If you are eligible for dependent survivor coverage, contact your HBA for information.

COBRA Enrollees

Your employer is not obligated to contribute to the cost of your COBRA premium, and, as a COBRA enrollee, you may be responsible for paying both the employer and employee shares of the premium, and may also be responsible for a two percent administrative fee. Refer to *COBRA: Continuation of Coverage* on page 27 for more information.

Young Adult Option Enrollees

There is no employer contribution toward the cost of coverage. Young Adult Option enrollees pay both the employer and employee shares of the premium. Refer to *Young Adult Option* coverage on page 31 for information.

Identification Cards

Upon enrollment in NYSHIP, you will receive one or more benefit cards (depending on whether you enroll in Individual or Family coverage). The cards will be sent to the address on your enrollment record. These cards include your name and the names of your covered dependents (refer to page 63 of the *Appendix* for an example of your benefit card). Use these cards as long as you remain enrolled in NYSHIP. There is no expiration date on your card. A separate card will be mailed to any dependent with a different address on your enrollment record.

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

Your card will look different depending on what plan you are eligible for and enrolled in through your NYSHIP Participating Agency (The Empire Plan or Excelsior Plan). See pages 63 and 64 of the *Appendix* for samples of each card.

- Empire Plan enrollees will receive a NYSHIP benefit card to be used for all services and supplies. Medicare-primary enrollees and dependents will be enrolled in Empire Plan Medicare Rx, and each covered person will receive a separate card for prescription drugs. Use this card whenever you fill a prescription (see *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees*, page 51, for information and page 63 of the *Appendix* for a sample card.)
- Excelsior Plan enrollees will receive an Excelsior Plan benefit card to be used for all services and supplies (see page 64 of the *Appendix* for a sample card). **Note:** Empire Plan Medicare Rx does not apply to Excelsior Plan enrollees or dependents.

Ordering a Card

Ask your HBA to order a NYSHIP 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 your HBA that the address on your enrollment record is correct.

Empire Plan enrollees: 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 67).

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact your HBA. Use of a benefit card when you are not eligible may constitute fraud. If you or your dependent uses the card when 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 your HBA immediately when you or your dependents are no longer eligible for NYSHIP coverage.

How Employment Status Changes May Affect Coverage

Contact your HBA for information about how changes in employment status can affect your health insurance coverage, the cost of your coverage and how you pay your premium.

Changes That May Affect Coverage

- **Leaves of absence, such as:**
  - Leave without pay
  - Leave under the Family and Medical Leave Act (FMLA)
  - Military leave
- Layoff
- Reduction in hours
- Termination of employment

Leaves of absence that may affect coverage

Leave without pay

If you are on an authorized leave without pay, you may be eligible to continue your health insurance coverage. In most cases, you will be responsible for both the employee and employer shares of the premium (full share).

Before going on leave without pay, talk with your HBA about continuing coverage.

You may be eligible for a waiver of your NYSHIP premium while on leave without pay due to total disability (see *Waiver of Premium*, page 15, for details).

Family and Medical Leave Act (FMLA)

Under FMLA, eligible employees are entitled to a maximum of 12 weeks of unpaid leave annually for specific family and medical reasons. You will only be responsible for the employee share of the premium during the 12-week FMLA leave.

You may be eligible for a waiver of your NYSHIP health insurance premium during the FMLA period (see *Waiver of Premium*, page 15, for details).

Military leave

You may be eligible to continue coverage for yourself and/or your covered dependents while you are on military leave, subject to applicable State and federal laws and executive orders. Consult your HBA for information on procedures and costs.

If you do not continue your coverage during military leave, you may reinstate coverage without any waiting period when you return to work. However, exclusions may apply if you have service-related medical problems or conditions.

Annual Obligation. While you are on military leave to meet your annual obligation as a member of the Reserves or a National Guard Unit, you pay only the employee share of the premium to continue Family coverage.

Leave for Active Duty. If you are a member of an Armed Forces Reserve or a National Guard Unit called to active duty by a declaration of the President of the United States or an Act of Congress, your dependents will be eligible for coverage if you had Family coverage for at least 30 days before your activation. See your HBA regarding cost of coverage.

Canceling coverage while on leave

You may cancel your health insurance coverage for the time you are on leave. Your coverage will end on the last day of the month during which the request to cancel your coverage occurred. You may enroll at a later date, usually subject to the late enrollment waiting period (see *First date of eligibility*, page 9).

When you may reenroll

Before you return to work

If you reinstate your coverage while on leave before you return to work, in most cases you will be subject to a late enrollment waiting period (see *First date of eligibility*, page 9). To request that your coverage be reinstated, contact your HBA.

When you return to work

You may reenroll in NYSHIP when you return to work from a leave, provided you still meet the eligibility requirements. Contact your HBA to reactivate your coverage.

Other Changes That Affect Coverage

Termination of employment

If your employment terminates and you are not eligible to continue coverage under the terms outlined in this book, your last day of coverage will be the last day of the month in which you were eligible for coverage as an active employee and for which coverage was paid. At the end of this runout, you will no longer have health insurance coverage through NYSHIP unless you are eligible for and elect coverage as a retiree (see page 36) or vestee (see page 17), or elect COBRA coverage (see page 27). You may also be eligible for a direct-pay contract (see page 32).

Cancellation for nonpayment of premium

If you do not make your premium payments, your last day of coverage will be the last day of the month for which coverage was paid.

Consider the Consequences

Canceling your coverage or letting it lapse by failing to pay the premium can result in serious consequences. You have no right to NYSHIP health coverage if you vest or retire while your coverage is canceled. Your dependents will have no rights to coverage under COBRA or as dependent survivors if your coverage is not in effect and you resign, vest, retire or die.

Waiver of Premium

You may be entitled to have your NYSHIP health insurance contribution waived for up to one year.

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

- You must be on authorized leave without pay or unpaid leave under FMLA. You are not eligible for a waiver if you are still receiving income through salary, leave accruals, Workers' Compensation or retirement allowance.
- You kept your coverage in effect while you were off the payroll by paying the required full cost of your health insurance premium while you were on leave without pay.

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 form *Application for Waiver of Premium* (PS-452) from your HBA. Once the application form has been completed, return it to the address indicated on the form.

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

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

Additional waiver of premium

If you received a waiver of premium for up to one year, you must return to work before being eligible for an additional waiver of premium. If you have not returned to work, you may not use accruals to return to the payroll 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 three consecutive months, 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 three or more consecutive months, you may apply for a new waiver of premium for an additional one-year period.

There is no lifetime limit to the number of waivers you may receive. The Employee Benefits Division will notify your employer 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.
- The agency that employs you no longer participates in NYSHIP.
- You are no longer an employee of the agency that provided your NYSHIP benefits.
- You vest your health insurance coverage rights.
- You separate from service or are terminated.
- You retire.
- You die.

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 27).

You, the Enrollee

Loss of eligibility

NYSHIP coverage will end on the last day of the month in which you lost eligibility. If your eligibility for coverage ends, contact your HBA. If you are on leave without pay, refer to *Canceling coverage while on leave*, page 15, for when coverage will end.

Suspending coverage

If you choose to suspend coverage while on a leave of absence, your coverage will end on the last day of the last month that you paid the NYSHIP premium.

Consequences

If you die while your coverage is canceled or suspended, your dependents will have no right to continue coverage as dependent survivors. If you cancel your enrollment while you are in vestee status, you will not be eligible to reenroll in NYSHIP as a vestee unless you have maintained continuous NYSHIP coverage elsewhere.

Dependent Loss of Eligibility

Contact your HBA as soon as your dependent no longer qualifies for coverage.

If you, the enrollee, have Family coverage and you lose eligibility, your dependents' coverage ends on the same date your coverage ends. For information about dependent coverage if you predecease your dependents, see *Dependent Survivor Coverage*, page 37.

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, for disabled children or "other" children). See page 6 for more information about dependent child eligibility.

Spouse

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

Domestic partner

Coverage for your domestic partner will end on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership* (PS-427.4) form to your HBA.

Vestee Coverage

Note: Not all Participating Agencies offer NYSHIP coverage in retirement. This section only applies if you will be eligible to continue NYSHIP coverage as a retiree.

If your employment with a Participating Agency ends before you are eligible for coverage as a retiree, and you meet the eligibility requirements listed below, you may protect your future eligibility for retiree coverage. To do so, you must maintain continuous NYSHIP coverage until you are eligible to collect a pension.

You may continue coverage as:

- An enrollee in vestee coverage with your former employer.
- A dependent of a NYSHIP enrollee.
- An enrollee of another agency that offers NYSHIP coverage. (**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 employer.)

Continuing NYSHIP Coverage as a Vestee with Your Former Employer

Eligibility

If your employment with a Participating Agency ends before you are eligible to collect a pension and you vest your retirement allowance, you are eligible to continue your NYSHIP coverage as a vestee if:

- You are a member of a class or category of employee for which your employer provides coverage in retirement.
- You have vested as a member of a retirement system administered by the State or one of its political subdivisions (such as a municipality).
- You have met your employer's minimum service requirement (see *Eligibility Requirements for NYSHIP Coverage* on page 19), but are not yet eligible to collect a pension at the time employment is terminated.
- You are within five years of retirement eligibility (if your agency has adopted this requirement).

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 retirement tier in effect at the time you last entered service.

Enrollment

If your employment with a Participating Agency ends, contact your HBA to learn more about vestee coverage. Failure to apply in a timely manner can result in a lapse in 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.

Continuing Coverage as a Dependent of NYSHIP Enrollee

If you maintain continuous coverage in NYSHIP as a dependent, 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 your HBA to begin coverage as an enrollee. 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.

Continuing Coverage Through Another NYSHIP Employer

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 a Participating Agency.

Canceling Enrollment

If you cancel your enrollment while you are in vestee status, you will not be eligible to reenroll in NYSHIP as a vestee or later on as a retiree unless you have maintained continuous NYSHIP coverage elsewhere or become newly eligible for NYSHIP coverage as an employee.

Eligibility to Continue Coverage When You Retire

Your employer may permit enrollees who meet certain eligibility requirements to continue NYSHIP coverage upon retirement; these requirements vary from employer to employer. **Contact your HBA for specific details about how this applies to you.** The information in this section may be used as a general guideline.

Employers that participate in NYSHIP are required to comply with the following rules:

- **Employers that elected to participate in NYSHIP before March 1, 1972:** If your employer elected to participate in NYSHIP before March 1, 1972, retiree coverage must be offered to individuals who were hired prior to April 1, 1977, and who meet eligibility requirements for retiree coverage.
- **Employers that elected to participate in NYSHIP on or after March 1, 1972:** If your employer elected to participate in NYSHIP on or after March 1, 1972, you must be a member of a class or category of employee for which your employer has elected — administratively or through collective bargaining — to provide coverage in retirement and you must meet the eligibility requirements for retiree coverage.
- **Employees most recently hired by their employer on or after April 1, 1977:** Employers may elect — administratively or through collective bargaining — to exclude employees from eligibility to continue coverage in retirement if the employee's most recent date of hire with the agency is on or after April 1, 1977. This exclusion from eligibility may apply to all employees or to one or more classes or categories of employees.

Eligibility Requirements for NYSHIP Coverage

The requirements to receive a pension are different from NYSHIP's requirements to continue coverage as a retiree.

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 your HBA. Read this eligibility information carefully.

To continue NYSHIP coverage as a retiree, you must meet the following eligibility requirements:

1. **Be in a class or category of employee that is eligible for coverage in retirement.**

   Your employer may or may not offer you NYSHIP coverage in retirement. Contact your HBA to find out if you are in a class or category of employee eligible to continue NYSHIP coverage in retirement.

2. **Complete your employer's minimum service requirement.**

   You must satisfy the service requirement of the employer from which you are retiring. NYSHIP requires at least five years of benefits-eligible service. The service does not need to be continuous.

   If you were most recently hired with your agency on or after April 1, 1975, your agency may elect — administratively or through collective bargaining — to establish a service requirement greater than five years. This requirement may apply to all employees or to one or more classes or categories of employees.

   School board members, unpaid board members: You must have a minimum of 20 years of service in your position to be eligible to continue NYSHIP coverage in retirement.

Credit for Service with Other Public Employers

Your employer may elect — administratively or through collective bargaining — to allow certain classes or categories of employees to count service with other public employers toward their minimum service requirement. If you are in a class or category of employee to which your employer has extended this provision, you must have a minimum of one year of qualifying service with the employer from which you are retiring to be eligible to continue NYSHIP coverage in retirement from that employer.

If you believe you have other qualifying service, check with your HBA about whether that service counts toward meeting the minimum service requirement.

3. 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 or any of New York State's political subdivisions.

If you are not a member of one of these retirement systems, or if you are enrolled in the State University of New York (SUNY) Optional Retirement Program (ORP) with a vendor such as Teachers Insurance and Annuity Association of America (TIAA), you must meet the age requirement of the NYSLRS retirement tier in effect at the time you last entered service.

Note: If you retire but delay collecting your 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."

4. Be enrolled in coverage through an employer that participates in NYSHIP.

You may satisfy this requirement by being enrolled at the time of retirement in:

- NYSHIP as an enrollee or dependent.
- An alternative health benefit option (including a buyout program) provided by your NYSHIP participating employer.

The following examples satisfy the requirement to be enrolled in a NYSHIP employer-sponsored option at the time of retirement:

Example 1: *Jill is enrolled in NYSHIP coverage offered by her employer, Local Housing Authority.*

Example 2: *Paul is covered as a dependent of his wife, Elizabeth. Both Paul and Elizabeth work for employers that offer NYSHIP coverage.*

Example 3: *William is enrolled in an HMO option offered by his employer. His employer also offers NYSHIP coverage.*

Example 4: *Linda selected a buyout option through her Participating Agency that offers NYSHIP 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, contact your HBA to discuss your options.

- **Ordinary disability retirement:** For an ordinary (not work-related) disability retirement granted by an approved retirement system, you must meet all requirements outlined in the preceding section.
- **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 your HBA, or you may continue coverage as a dependent of a NYSHIP enrollee.

Contact your HBA to request retiree coverage

To request retiree coverage after you receive a disability retirement award, contact your HBA 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 disability retirement effective date.

The date your retiree coverage begins will depend on the type of disability retirement you receive.

- If you receive an ordinary disability retirement, your retiree coverage will begin after you complete a three-month late enrollment waiting period, starting from the date you request to be reinstated.
- If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on the first day of the month following the date of your request.

Deadline for reinstating coverage

If retroactive retirement is granted after you discontinued your coverage, write to your HBA to reinstate coverage as soon as you receive the decision on your disability retirement. You must provide a copy of the award letter from the retirement system that includes your disability retirement date. You should apply within a year of the date on the letter granting your disability retirement. However, you will be responsible for paying any retroactive premiums you missed while your coverage was canceled (from the date your coverage terminated to the effective date of your retirement, had it been granted in a timely manner).

Denial of a disability retirement

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

Pre-Retirement Checklist

☐ Contact Your HBA

- ☐ Ask your HBA if your class or category of employment is eligible to continue NYSHIP coverage in retirement. If the answer is yes, ask about the minimum service requirements and read the retirement information in this book to learn more about what you will need to do before you retire.
- ☐ Meet the minimum service requirements for continuing benefits in retirement and, at the time you retire, make sure that you are enrolled in NYSHIP or other coverage offered by your employer (enrollment in an employer buy-out may also satisfy this requirement; contact your HBA). For health insurance, be especially careful to check any part-time service or service with another public employer that may count as qualifying service (if needed). Talk with your HBA if you have questions.
- ☐ Ask your HBA to verify that the information on your enrollment record (such as dates of birth, addresses and spelling of names) is accurate and up to date.
- ☐ Ask your HBA if you can apply the value of your unused sick leave accruals toward the cost of coverage in retirement, and, if eligible, what forms you need to complete.

☐ Contact Your Social Security Administration Office

- ☐ Enroll in Medicare Parts A and B when first eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 23). You will be reimbursed by your former employer for the Medicare Part B premium you pay, minus any late enrollment penalty.
- ☐ If you or a dependent is already age 65 or older, three months before you retire, call your Social Security Administration office to enroll in Medicare Parts A and B. **To avoid a drastic reduction in benefits, you must have Medicare Parts A and B in effect when your coverage as a retiree begins.** (Medicare becomes primary to NYSHIP on the first day of the month following your last day of coverage as an active employee.) When you contact Social Security, ask for a "special enrollment period" due to your change in employment status. It is your responsibility to ensure Medicare coverage is in effect at the time your active coverage ends.
- ☐ After you retire, when you or a dependent reaches age 65 and is newly eligible for Medicare, NYSHIP requires you to have Medicare Parts A and B in effect on the first day of the month you turn 65 or the first day of the previous month if your birthday falls on the first day of the month. Plan to sign up three months before turning 65.
- ☐ After you retire, if you or your dependent is eligible for Medicare for a reason other than age (i.e., disability, end-stage renal disease, ALS), Medicare Parts A and B will generally provide coverage that is primary to NYSHIP (see *Medicare and NYSHIP*, page 23).

☐ If You Are Moving When You Retire

- ☐ Before you retire, notify your HBA of any change to your address or phone number.
- ☐ After you retire, to report address or enrollment changes, contact your HBA.

Dependent Survivor Coverage

For information regarding dependent survivor eligibility and coverage, see *Dependent Survivor Coverage*, page 37, in the second part of this book for retirees, vestees and dependent survivors.

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare coverage 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*, page 29.

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 in specific situations 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 part of a comprehensive plan that provides hospital/medical coverage, or standalone plans that provide only prescription drug benefits.

** Medicare Parts A and B are also 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. **Medicare 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 an employee or retiree enrolled in NYSHIP coverage or when your enrolled dependent becomes eligible for Medicare that is primary to NYSHIP, 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 for other Medicare coverage may affect your NYSHIP coverage.

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 NYSHIP Is Primary

If you or a dependent becomes eligible for Medicare while you are an active employee (including a period of time when you are on a leave of absence but still maintain an employer-employee relationship), in most cases, NYSHIP will be the primary coverage for you and your covered dependents, regardless of age or disability.

While NYSHIP is primary, you or your dependent may:

- Enroll in Part A only, to be eligible for some secondary (supplemental) benefits from Medicare for hospital-related services. There is usually no premium for Medicare Part A.
- Delay enrollment in Medicare Part A or B until Medicare becomes primary. Check with the Social Security Administration regarding enrollment and possible late enrollment penalties.

When Medicare Becomes Primary to NYSHIP

While you are actively working, in most cases, NYSHIP is primary to Medicare. There are **two exceptions to this primacy rule**:

- **Domestic partners (if domestic partner coverage is offered by your employer):** Regardless of the enrollee's employment status, Medicare is primary for a domestic partner age 65 or older.
- **End-stage renal disease (ESRD):** If you or your dependent is eligible for Medicare due to ESRD, contact the Social Security Administration at the time of diagnosis. Medicare becomes primary to NYSHIP when Medicare's 30-month coordination period is completed.

When you no longer have NYSHIP coverage as the result of active employment (for example, when 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 become eligible for Medicare, Medicare will be primary (an exception applies during the ESRD 30-month coordination period).

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 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 will not cover any expenses incurred by you or your dependent(s) that would have been covered by Medicare, had Medicare been in effect.

If you or a dependent is required to pay a premium for Medicare Part A coverage, contact your HBA. 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.

If your domestic partner is eligible for Medicare due to age (if your employer offers domestic partner coverage) or you or your dependent becomes eligible for Medicare due to ESRD, special rules apply regarding when you must have Medicare Parts A and B in effect. See the rules below for domestic partners. Call your HBA if you or your dependent is diagnosed with ESRD.

Exception: Domestic partner eligible for Medicare due to age (65)

When to Apply:

Plan ahead. Three months before your domestic partner turns 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 your domestic partner turns 65 (or, if your domestic partner's birthday falls on the first of the month, in effect on the first day of the preceding month).

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.

How to Apply for Medicare Parts A and B

You can sign up for Medicare Parts A and B 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 your HBA.

Order of Payment

When an individual is eligible for Medicare, CMS rules determine which plan is primary.

Benefits are paid in the following order:*

1. Coverage as a result of active employment
2. Medicare
3. Retiree coverage

If you have questions about claims coordination with Medicare, contact the appropriate Empire Plan Program administrator (see *Contact Information*, page 67).

* ***Exceptions:*** *The benefit payment order differs for domestic partners eligible for Medicare because they are age 65 or older (if your employer offers domestic partner coverage) and certain enrollees or dependents eligible for Medicare due to ESRD.*

Order of Payment for Enrollees with NYSHIP, Medicare and Spouse/Domestic Partner Insurance*			
If Claim Is Incurred By:	Employment Status		Payment Order
	Enrollee	Spouse	
Enrollee	Active	Active	1. NYSHIP 2. Spouse/Domestic Partner Insurance 3. Medicare
Spouse/Domestic Partner**	Active	Active	1. Spouse/Domestic Partner Insurance 2. NYSHIP 3. Medicare
Enrollee or Spouse/Domestic Partner**	Active	Retired	1. NYSHIP 2. Medicare 3. Spouse/Domestic Partner Insurance
Enrollee or Spouse/Domestic Partner	Retired	Active	1. Spouse/Domestic Partner Insurance 2. Medicare 3. NYSHIP
Enrollee	Retired	Retired	1. Medicare 2. NYSHIP 3. Spouse/Domestic Partner Insurance
Spouse/Domestic Partner	Retired	Retired	1. Medicare 2. Spouse/Domestic Partner Insurance 3. NYSHIP

* *If eligibility for Medicare is the result of an ESRD diagnosis, the plan that was primary when Medicare eligibility commenced remains primary during the 30-month coordination period. At the completion of this coordination period, Medicare pays primary.*

** *If a domestic partner of an active NYSHIP enrollee is 65 or older, Medicare will pay before NYSHIP. This does not apply to domestic partners who become eligible for Medicare due to disability and are not yet age 65 or older. This is the only exception for domestic partners; all other order-of-payment rules for spouses apply to domestic partners.*

Order of payment examples

Example 1: *Sarah is employed by a Participating Agency and is covered under NYSHIP. She is over age 65 and is eligible for Medicare coverage, but because she is still working, if Sarah chooses to add Medicare Part A and B coverage, NYSHIP will still provide her primary coverage, and Medicare will pay secondary. When Sarah receives covered services, NYSHIP should receive claims first and Medicare second.*

Example 2: *Juliette is an active employee of Fieldtown School District, and her husband, Peter, is a retiree from the incorporated village of Clear Lake. Both agencies participate in NYSHIP. Juliette is eligible for Medicare because she is over age 65. She has Individual coverage through Fieldtown School District and is covered by Peter as a dependent on his retiree coverage. When Juliette goes to her doctor, claims are submitted to the NYSHIP coverage she has as an active employee first, then to Medicare and then to the retiree NYSHIP coverage she has as Peter's dependent last.*

Example 3: *John is over age 65 and is a retiree of a Participating Agency. John's wife, Alice, is still actively working with an employer that provides NYSHIP coverage. John is covered as a dependent on Alice's active coverage. When John receives covered services, claims are first submitted to Alice's active NYSHIP coverage, then to Medicare, then to John's retiree NYSHIP coverage last.*

Additional Information for Medicare-primary Enrollees and Dependents

If you or your dependent is Medicare primary due to ESRD or if your domestic partner is Medicare primary due to age, for additional information, refer to the following sections of *Medicare and NYSHIP* in the portion of this book dedicated to retirees:

- *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees*, page 51.
- *Medicare Costs, Payment and Reimbursement of Certain Premiums*, page 52.
- *Expenses Incurred Outside the United States*, page 54.
- *Provide Notice if Medicare Eligibility Ends*, page 55.

Questions

Call your HBA if you have questions about:

- NYSHIP requirements, including when you must enroll in Medicare.
- Premium reimbursement.
- Whether and how 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.

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, and the employer may also charge a two percent administrative fee. There is no employer contribution to the cost of coverage. See *Costs Under COBRA*, page 59.

Benefits Under COBRA

COBRA benefits are the same benefits offered to Participating Agency employees and their dependents enrolled in NYSHIP. You must elect 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 58). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee who is no longer covered through active employment, you have the right to COBRA coverage if your:

- Eligibility for NYSHIP coverage is lost as a result of a reduction in hours of employment or termination of employment.
- NYSHIP coverage is canceled while on leave under the Family and Medical Leave Act (FMLA) and you do not return to work.
- Employer provided you coverage under Preferred List provisions, and that coverage has been exhausted. (**Note:** You may be eligible to continue coverage as a retiree [page 36] or vestee [page 17].)

Dependents who are qualified beneficiaries

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

Spouse/domestic partner

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

- Divorce
- Termination of domestic partnership
- Termination or reduction in hours of enrollee's employment
- Death of the enrollee
- The COBRA enrollee's enrollment in 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
- Termination or reduction in hours of enrollee's employment
- Death of the enrollee
- The COBRA enrollee's enrollment in 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 12, 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 5, and *Coverage: Individual or Family*, page 9). 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, if you remarry, you will not be eligible to continue coverage under COBRA.
- If you were the domestic partner of a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, if you remarry or acquire a new domestic partner, you will not be eligible to continue coverage under COBRA (see *Dependent Survivor Coverage*, page 37).

Medicare and COBRA

When NYSHIP requires you or your covered dependent to enroll in Medicare, your NYSHIP COBRA coverage will be affected differently depending on which coverage you were enrolled in first. Read *When You Are Required to Have Medicare Parts A and B in Effect*, page 50, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you are required to enroll in Medicare, your NYSHIP COBRA coverage ends at the point when Medicare enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period*, page 59).
- 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, Medicare is your primary coverage.

Deadlines Apply

Once your employer is notified of a COBRA-qualifying event, an application for COBRA coverage will be mailed to the address on record. 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

When you experience an employment change that affects coverage (for example, termination or reduction in work hours), you must elect continuation coverage within **60 days** from the date of the COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation 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 the HBA 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 47)

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

If your HBA 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 may pay 100 percent of the premium for continuation coverage, and may be required to pay an additional two percent administrative fee. Your employer 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. Ask your HBA whether you will continue to receive subsequent payment reminders.

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 coverage may continue for the remainder of the 36 months.
- *Dependents who are not qualified beneficiaries:* COBRA 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 up to 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract (see page 32).

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.
- Your employer no longer participates in NYSHIP.

To Cancel COBRA

Notify your HBA if you want to cancel your COBRA coverage.

Conversion Rights After COBRA Coverage Ends

At the end of your COBRA coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan Medical/Surgical Program administrator (see *Contact Information*, page 67).

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

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a 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. Eligibility for COBRA 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).

Contact Information

If you have any questions about COBRA, please contact your HBA.

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 does not otherwise qualify as a dependent.

Eligibility

To enroll in NYSHIP under the Young Adult Option, the young adult must be:

- A child, adopted child, child of a domestic partner* or stepchild of a NYSHIP enrollee (including those enrolled under COBRA).
- Age 29 or younger.
- Unmarried.
- Not eligible for coverage through the young adult's own employer-sponsored health plan, provided that the health plan includes both hospital and medical benefits.
- Living, working or residing in the insurer's service area.
- Not covered under Medicare.

* *Children of a domestic partner are only eligible to enroll in the Young Adult Option if the employer extends eligibility for NYSHIP coverage to domestic partners.*

Eligibility for NYSHIP enrollment under the Young Adult Option ends when one of the following occurs:

- The young adult's parent is no longer a NYSHIP enrollee.
- The young adult no longer meets the eligibility requirements for the Young Adult Option as outlined above.
- The NYSHIP premium for the young adult is not paid in full 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 employer contribution toward the cost of the Young Adult Option. The young adult or parent of the young adult is required to pay the full cost of the premium for Individual coverage.

Coverage

A young adult will have the same NYSHIP coverage that is available to the parent.

Enrollment Rules

Either the young adult or the parent may enroll the young adult in the Young Adult Option. Contact your employer 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 within 60 days of newly qualifying. Examples of a 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, which is determined by the employer. Contact your employer for information about when this enrollment period will be and when 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 your HBA.

Direct-Pay Conversion Contracts

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

Eligibility

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

- Termination of employment.
- Loss of eligibility for coverage as 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 37).
- 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 due to age.

Deadlines Apply

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

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

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

No Notice for Certain Dependents

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

How to Request Direct-Pay Conversion Contracts

To request a direct-pay conversion policy, write to the Empire Plan Medical/Surgical Program administrator (see *Contact Information*, page 67).

General Information Book

For Retirees, Vestees and Dependent Survivors of Participating Agencies

Refer to this portion of the book for information after you have retired or separated from service with a NYSHIP Participating Agency.

If you are still actively employed by a NYSHIP Participating Agency, including if you are receiving NYSHIP benefits while you are on a leave of absence, refer to the first part of this book, pages 3-33, for information.

Retiree Coverage

Eligibility requirements for NYSHIP coverage as a retiree are outlined in the portion of this book for Active employees, in *Eligibility to Continue Coverage When You Retire*, page 19.

This part of the book applies to former employees who are already retired and have established eligibility to continue NYSHIP coverage as a retiree.

When You Retire

Your employer is responsible for determining and certifying your eligibility to continue coverage as a retiree. If your employer determines you are eligible, your employer may require you to pay a portion of the cost for your retiree coverage. The amount you pay to maintain your health coverage in retirement depends on a number of factors, including your:

- Contribution rate
- Health plan (The Empire Plan or Excelsior Plan)
- Type of coverage (Individual or Family coverage)
- Eligibility for Medicare coverage primary to NYSHIP for you and/or your covered dependents

You may also be entitled to use the value of your unused sick leave to offset the cost of NYSHIP coverage in retirement. Contact your HBA to find out if this provision is available to you, and if so, how it was applied.

Your employer is responsible for notifying you of the amount you must pay. In most cases, the cost of NYSHIP coverage will change annually when the premium changes.

How You Pay

As a retiree, your share of the premium for health insurance coverage, if any, is paid through deductions from your monthly retirement check or by making monthly payments directly to your former employer.

Suspending Enrollment

If you have other health insurance coverage and wish to discontinue your enrollment in NYSHIP, contact your HBA.

If you die while your coverage is not in effect, your dependents will have no rights to continue coverage as dependent survivors, under COBRA or through a direct-pay contract.

Canceling Coverage for Your Enrolled Dependent(s)

If your enrolled dependent is no longer eligible for NYSHIP coverage or you wish to cancel coverage for a covered dependent, contact your HBA. Your dependent may be eligible to continue coverage under COBRA (page 57), the Young Adult Option (page 60) or a direct-pay contract (page 61).

Reinstating Your Coverage as a Retiree

If you have established eligibility for retirement coverage and you suspend coverage, you may reinstate it at any time. To reinstate your coverage, submit a completed and signed *PA Health Insurance Transaction Form* (PS-503) to your HBA. If you are requesting coverage for your dependents, you must provide the required dependent proofs (see *Proof of Eligibility*, page 41, for a list of the required proofs that must be submitted with this request).

Under most circumstances, if you voluntarily suspend your coverage, you will be subject to a waiting period before your coverage becomes effective again. Ask for details about when coverage will become effective for you and any dependents you plan to enroll. Medical expenses incurred for services rendered during a waiting period (while you/your dependents are waiting for coverage to become effective) will not be covered.

Dependent* with Independent Eligibility for NYSHIP

If your covered dependent is an employee or former employee of a New York State agency, NYSHIP Participating Employer or NYSHIP Participating Agency and meets the eligibility requirements for NYSHIP coverage as an employee or retiree, that dependent maintains the right to reactivate NYSHIP as the enrollee at any time (if you predecease your dependent, that dependent may either continue in NYSHIP as a dependent survivor or enroll in NYSHIP as the enrollee).

** Rules for domestic partners in this book apply only if that coverage is offered by your former employer.*

Other Resources

- After you retire, your HBA will continue to assist you with coverage and enrollment. Be sure to write your HBA's name and phone number on the first line of the *Contact Information* section in the back of this book.
- To report certain enrollment changes or address changes, contact your HBA.
- Your *Empire Plan Certificate* and annual *At A Glance* booklet provide information about benefits and coverage.
- Visit NYSHIP Online, www.cs.ny.gov/employee-benefits, for current benefit information.
- *On the Road With The Empire Plan* is a handy guide to your Empire Plan benefits when traveling.
- Medicare is administered by the Social Security Administration. Call the Social Security Administration at 1-800-772-1213 to enroll in Medicare. For medical benefits and claims information, call 1-800-MEDICARE (1-800-633-4227) or visit the Medicare website, www.medicare.gov.
- The *Medicare & NYSHIP* booklet explains how NYSHIP and Medicare work together to provide health benefits.
- *Medicare and NYSHIP* on page 48 of this book provides details about NYSHIP coordination of benefits with Medicare. Continue to use this book as a reference for NYSHIP policies after you retire.

Vestee Coverage

For information about eligibility and special rules for continuing NYSHIP coverage as a vestee (when you leave employment with your Participating Agency before you are eligible for coverage as a retiree), see *Vestee Coverage* on page 17 of the portion of this book for active employees.

If you have continued coverage as a vestee, contact the HBA at your former employer to ensure that your enrollment is updated when you qualify for retiree coverage. For information about when you will be eligible to continue NYSHIP coverage as a retiree, refer to *Eligibility to Continue Coverage When You Retire* on page 19 of the portion of this book for active employees and contact your former employer with questions.

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 the HBA at the former agency 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 *COBRA: Continuation of Coverage* on page 57 for information about 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 NYSHIP dependents continue to use the health insurance benefit cards they already have under the enrollee's identification number.

Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends

After the extended benefits period ends, enrolled covered dependents may elect to continue NYSHIP coverage if they are eligible for dependent survivor coverage. Refer to *The Empire Plan Certificate for Participating Agencies* for benefit information.

Dependent survivors are eligible to continue NYSHIP coverage as individuals in their own right. Eligible dependent survivors may be enrolled in Individual coverage, Family coverage or a combination thereof.

Eligible Dependents

The following dependents covered at the time of the enrollee's death may be eligible for dependent survivor coverage:

- A spouse who has not remarried.
- A domestic partner who has not married or acquired a new domestic partner (if the former employer provides coverage for domestic partners).
- Dependent children who meet the eligibility requirements outlined on page 39 of *Dependent Eligibility*.

For dependents to be eligible for dependent survivor coverage, the enrollee must have completed at least 10 years of service, and the dependent must have been covered under NYSHIP as the enrollee's dependent at the time of death or be a newborn child of the enrollee born after the enrollee's death. If the enrollee's death was the result of a documented work-related illness or injury, the 10-year service requirement is waived. Contact the former employee's HBA for information.

A covered dependent who is not eligible for dependent survivor coverage may be eligible to continue NYSHIP coverage under COBRA (page 57) or may be eligible to convert to a direct-pay contract (page 61).

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

- **Do not make a timely election of dependent survivor coverage or**
- **Fail to make the required payments.**

They may not reenroll.

Cost of Dependent Survivor Coverage

Dependent survivors may be required to pay any amount up to the full premium. Check with the HBA from the former employer for contribution rates.

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. A new NYSHIP benefit card (with the dependent survivor's name) and benefit information will be mailed to the dependent survivor and enrolled dependents.

Dependent Survivor Eligible for NYSHIP as a Result of 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. Coverage as a current or former employee may be less expensive than coverage as a dependent survivor.

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

Loss of Eligibility for Dependent Survivor Coverage

A dependent who loses eligibility for dependent survivor coverage may be eligible to continue coverage in NYSHIP under COBRA (see page 57) or convert to a direct-pay contract (see page 61).

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 NYSHIP eligibility requirements (see page 40).
- Dependent survivor fails to make the required payments.

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 as dependents.

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 or vestee, you may add eligible dependents to your NYSHIP coverage at any time. To enroll your dependent who is eligible for NYSHIP but not yet enrolled, contact your HBA.

See *Proof of Eligibility* on page 41 for required proofs that must be submitted with the request to add a dependent to your coverage. For more information about when coverage will take effect, see page 44.

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 60 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, even if a court orders you to maintain coverage (your and/or your ex-spouse must provide a copy of the divorce decree to your HBA).

Your Domestic Partner

Ask your HBA if your former employer offers coverage to domestic partners. If your former employer does not offer coverage to domestic partners, your domestic partner is not eligible to be covered as your dependent under NYSHIP. Your domestic partner's child(ren) also may not be eligible unless eligible as "other" children (see page 6). **Eligibility and coverage rules for domestic partners or children of domestic partners in this book apply only if that coverage is offered by your former employer.**

If your former employer does offer coverage to domestic partners, you may cover your domestic partner as your dependent. For eligibility under NYSHIP, a domestic partnership is a partnership for which you and your partner can 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.

To enroll a domestic partner, you must complete and return the forms *Application for Domestic Partner Benefits* (PS-427.1) and *Dependent Tax Affidavit for Domestic Partners* (PS-427.3) and submit the applicable proofs as outlined in *Instructions for Enrolling Domestic Partners* (PS-427). Before a new domestic partner may be enrolled, you will be subject to a one-year waiting period from the termination date of your last domestic partner's coverage.

Under Internal Revenue Service (IRS) rules, the fair market value cost of coverage for a domestic partner may be taxable. This amount, referred to as imputed income, is considered by the IRS to be additional income for the enrollee. Check with your HBA 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.

Your Children

The following children are eligible for coverage until age 26:

- Your natural child.
- Your stepchild.
- Your domestic partner's child (if domestic partner coverage is offered by your former employer).
- Your legally adopted child, including a child in a waiting period prior to finalization of adoption.
- Your "other" child.

Your "other" child

You may cover "other" children:

- Who are financially dependent on you.
- Who reside with you.
- For whom you have assumed legal responsibility in place of the parent.

The above requirements must have been met before the "other" child is age 19. You must file the form *Statement of Dependence* (PS-457), verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Your disabled child

You may cover your disabled child who is age 26 or older if the child:

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

Contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with disability) to begin the review process. To apply for coverage for your disabled child, you must submit the form *Statement of Disability* (PS-451) and provide medical documentation. You will be asked to complete the *Statement of Disability* form and provide medical documentation to certify the child's disability — at minimum — every seven years (frequency based on disability condition). If a disabled dependent is also an "other" child, you will be required to resubmit the form *Statement of Dependence* (PS-457) 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 between the ages of 19 and 25. 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. By deducting the four years of military service from her actual 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 person who is in the armed forces of any country, including a student in an armed forces military academy of any country, be eligible for coverage as a dependent.

Proof of Eligibility

Your application to enroll or to add a dependent to your coverage will not be processed by your HBA without required proof of eligibility. If the required proofs are not immediately available, you should submit your application and advise your HBA that you will provide the required documentation as soon as it becomes available. 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 39) for eligibility requirements.

Required Proofs

You must provide the following proofs to your HBA:

Spouse*

- Birth certificate
- 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
- Completed forms in the *Domestic Partner Series* (PS-427), with appropriate proof
- 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 disabled child over age 26*

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

"Other" children*

(For more information about who qualifies as an "other" child, please refer to *Your Children*, page 40.)

- Birth certificate
- Completed form *Statement of Dependence* (PS-457) 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 active 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 your HBA if no Social Security number is assigned.*

** *Not all employers offer coverage to domestic partners (see* Dependent Eligibility*, page 39). Contact your HBA for information.*

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. If you do not enroll when first eligible, you will be subject to a late enrollment waiting period. Refer to *First date of eligibility* on page 44 for more information.

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 39.

If you and your spouse (or domestic partner, if your former employer offers NYSHIP coverage for domestic partners) 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
- Two Family coverages, if both of your employers permit two Family coverages

Note: New York State does not permit two NYSHIP Family coverages. If your spouse (or domestic partner, if your former employer offers NYSHIP coverage for domestic partners) enrolls in NYSHIP as an employee of New York State, only one of you may elect Family coverage. The other 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 39), contact your HBA. Be prepared to provide the following:

- Your name, 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 of any dependent eligible for Medicare.

Additional documentation will be required (see *Proof of Eligibility* on page 41).

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 your HBA.)

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

- You acquire a new dependent (for example, you marry or become a parent). **Note:** The time frame for covering newborns is different (see the following section, *Covering newborns*).
- Your dependent's other health insurance coverage ends.

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

- **On or before a dependent's first date of eligibility**, your Family coverage will be effective on the date the dependent was first eligible.
- **Within 30 days after a dependent's first date of eligibility**, there will be a waiting period. Family coverage will begin on the first day of the month following the month in which your request is made.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period will apply. Your Family coverage will become effective on the first day of the third month following the month in which you apply. If you apply on the first day of the month, that month is counted as part of the waiting period.

Covering newborns

Your newborn child is not automatically covered; you must contact your HBA to complete the appropriate forms. For additional documentation that may be required, refer to *Proof of Eligibility* on page 41.

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 your HBA. Your previously eligible dependent's coverage will begin based on the time frames outlined in *First date of eligibility*, in the section above.

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 47, for information about when your dependent's coverage ends if you change from Family to Individual coverage, or contact your HBA. For information about continuing coverage for your dependents, see *COBRA: Continuation of Coverage* on page 57 and *Young Adult Option* on page 60, or contact your HBA.

No Coverage During Waiting Period

Medical expenses incurred or services rendered during a waiting period (while your dependents are waiting for coverage to become effective) will not be covered.

Enrollment Considered Late if Previously Eligible

If you or your dependent(s) were previously eligible but not enrolled, 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 other coverage terminates. You still must enroll within 30 days of losing your other coverage to avoid a late enrollment waiting period.

Exception: Dependents affected by National Medical Support Order

If a National Medical Support Order requires you to provide coverage to your previously eligible but not enrolled dependent(s), the late enrollment waiting period is waived and coverage for the dependent(s) will be effective on the date indicated on the National Medical Support Order. Contact your HBA and provide all of 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 41).

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.

Canceling Enrollment

To cancel your enrollment in NYSHIP, contact your HBA.

If you die while your coverage is canceled, your dependents will have no rights to continue coverage as dependent survivors, under COBRA or through a direct-pay contract.

Canceling coverage for your enrolled dependent(s)

If your enrolled dependent is no longer eligible for NYSHIP coverage or you wish to cancel coverage for an enrolled dependent, contact your HBA. Your dependent may be eligible to continue coverage under COBRA (page 57), the Young Adult Option (page 60) or a direct-pay contract (page 61).

Reenrolling dependents

Dependents who lose eligibility can again be covered under NYSHIP if eligibility is restored. For example, unmarried, disabled dependent children who lost eligibility because they were no longer disabled can again be covered under NYSHIP if the same disability that qualified them as disabled dependents while previously enrolled in NYSHIP again renders them incapable of self-support. Appropriate documentation will be required.

Your Share of the Premium

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

What You Pay

After your former employer's contribution, you are responsible for paying the balance of your premium, if any, through deductions from your retirement check or by direct payments to your agency. Ask your HBA what your cost will be each year.

Retirees

Your agency must pay a portion of your health insurance coverage. For Individual coverage, your former employer must contribute a minimum of 50 percent of the premium. For Family coverage, your former employer must contribute a minimum of 50 percent of your premium as the enrollee, plus 35 percent of the additional cost of dependent coverage, regardless of the number of dependents.

Vestees and Young Adult Option Enrollees

Vestees and Young Adult Option enrollees pay both the employer and employee shares of the premium. There is no employer contribution toward the cost of coverage. Refer to *Vestee Coverage*, page 17, or *Young Adult Option Coverage*, page 60, for information.

Dependent Survivors

A Participating Agency is not required to contribute to the cost of dependent survivor coverage. Contact your HBA for the cost of coverage.

COBRA Enrollees

Your former employer is not obligated to contribute to the cost of your COBRA premium, and, as a COBRA enrollee, you may be responsible for paying both the employer and employee shares of the premium, and you may also be responsible for a two percent administrative fee. Refer to *COBRA: Continuation of Coverage* on page 57 for more information.

Identification Cards

Upon enrollment in NYSHIP, you received one or more benefit cards (depending on whether you enrolled in Individual or Family coverage). These cards include your name and the names of your covered dependents (refer to page 63 of the *Appendix* for an example of your benefit card). Use this card as long as you remain enrolled in NYSHIP. There is no expiration date on your card. A separate card will be mailed to any dependent with a different address on your enrollment record. You will not receive a new card when you retire.

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

Your card will look different depending on what plan you are eligible for and enrolled in through your NYSHIP Participating Agency (The Empire Plan or Excelsior Plan). See pages 63 and 64 of the *Appendix* for samples of each card.

- Empire Plan enrollees receive a NYSHIP benefit card to be used for all services and supplies. Medicare-primary enrollees and dependents will be enrolled in Empire Plan Medicare Rx, and each covered person receives a separate card for prescription drugs. Use this card whenever you fill a

prescription (see *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees*, page 51, for information and page 63 of the *Appendix* for a sample card.)

- Excelsior Plan enrollees receive an Excelsior Plan benefit card to be used for all services and supplies (see page 64 of the *Appendix* for a sample card). **Note:** Empire Plan Medicare Rx does not apply to Excelsior Plan enrollees or dependents.

Ordering a Card

Ask your HBA to order a new NYSHIP 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 your HBA that your address on your enrollment record is correct.

Empire Plan enrollees: 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 67).

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact your HBA. 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 behalf of your dependents.

You are responsible for notifying your HBA 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 57).

You, the Enrollee

Loss of eligibility

NYSHIP coverage will end on the last day of the month in which you lost eligibility. If your eligibility for coverage ends, contact your HBA.

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.

Consequences

If you die while your coverage is canceled or suspended, your dependents will have no right to continue coverage as dependent survivors. If you cancel your enrollment while you are in vestee status, you will not be eligible to reenroll in NYSHIP as a vestee unless you have maintained continuous NYSHIP coverage elsewhere.

Dependent Loss of Eligibility

Contact your HBA as soon as your dependent no longer qualifies for coverage.

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, disabled children or "other" children). See page 40 for more information about dependent child eligibility.

Spouse

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

Domestic partner

Coverage for your domestic partner will end on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership* (PS-427.4) form to your HBA.

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare coverage 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*, page 58.

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 in specific situations 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 part of a comprehensive plan that provides hospital/medical coverage, or standalone plans that provide 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. **Medicare 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 retiree, vestee or dependent survivor or when your enrolled dependent becomes eligible for Medicare that is primary to NYSHIP, 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 for 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 still in a waiting period for Medicare to go into effect, you will be responsible for hospital and medical expenses that Medicare would have covered if you had enrolled in a timely manner.

If you return to work for the same employer that provides your NYSHIP retiree coverage, be sure to read *Reemployment* on page 56.

When Medicare is primary for you and/or your covered dependents, The Empire Plan or Excelsior Plan will coordinate hospital, medical and mental health care and substance use care benefits with your traditional Medicare Parts A and B coverage. Empire Plan prescription drug coverage will be provided under Empire Plan Medicare Rx, a Medicare Part D plan with enhanced benefits. **Empire Plan enrollees:** refer to *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees*, page 51.

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 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 (if domestic partner coverage is offered by your former employer):** Regardless of the enrollee's employment status, Medicare is primary for a domestic partner age 65 or older.
- **End-stage renal disease (ESRD):** If you or your dependent is eligible for Medicare due to ESRD, contact the Social Security Administration at the time of diagnosis.

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 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 will not cover any expenses incurred by you or your dependent(s) that would have been covered by Medicare, had Medicare been in effect.

If you or a dependent is required to pay a premium for Medicare Part A coverage, contact your HBA. 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 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 you/your dependent turns 65 (or, if your birthday falls on the first of the month, in effect on the first day of the preceding month).

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. Be sure that Medicare is in effect beginning on 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 49), 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.

Once you have been determined to be eligible for Medicare due to ESRD, a 30-month coordination period applies. During this coordination period, NYSHIP remains the primary coverage (**Exception:** If you are already Medicare primary when the coordination period starts, Medicare continues to be primary). Upon completion of the coordination period, Medicare becomes primary.

How to Apply for Medicare Parts A and B

You can sign up for Medicare Parts A and B 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 your HBA.

Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan for Empire Plan Enrollees

This section does not apply to Excelsior Plan enrollees. Excelsior Plan prescription drug benefits are not affected by Medicare eligibility.

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. 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.

The Empire Plan Prescription Drug Program administrator 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 page 52. In most cases, you are not required to take any action, but contact your HBA immediately if:

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

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

Also contact your HBA if you or your dependent is:

- Receiving Extra Help.
- Confined in a skilled nursing facility.
- 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 plan at a time. If you enroll in another 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 — 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 63 of the *Appendix* for an example). Each card has a 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 material 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 46) 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.

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 50), 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 your HBA 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 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, your former employer will reimburse you for this amount. See *Medicare Part B IRMAA reimbursement* on page 53.

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.

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 50), your former employer will reimburse you the Medicare Part B premium and Medicare Part B IRMAA. You are not entitled to a reimbursement from your former employer 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 your HBA if either of the above circumstances applies to you.

Your former employer 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, your former employer will not reimburse the Medicare Part B premium or any IRMAA.

If you or your dependent is required to enroll in Medicare due to age or disability, contact your HBA to apply for Medicare Part B premium reimbursement.

Standard Medicare Part B premium reimbursement

Your former employer can reimburse you for the standard Medicare Part B premium at a schedule of their own choosing (monthly, quarterly or annually). Contact your HBA for information.

Medicare Part B IRMAA reimbursement

Contact your HBA to apply for Medicare Part B IRMAA reimbursement. You will be required to provide:

- A copy of the letter the Social Security Administration sent to notify you of the amount you are responsible for paying and
- 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).

Medicare Part D IRMAA

This section does not apply to Excelsior Plan enrollees. Excelsior Plan prescription drug benefits are not affected by Medicare eligibility.

The Empire Plan provides Medicare Part D coverage as a component of your health plan. Therefore, the standard Medicare Part D premium is a component of your total Empire Plan premium. However, you may be responsible for a Medicare Part D income-related monthly adjustment amount (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 coverage, including your dependents' coverage if you have Family coverage. Your former employer is not required to reimburse Medicare Part D IRMAA.

Your Claims When Medicare Is Primary

When Medicare and NYSHIP are your only coverage

Benefits are paid in the following order:

1. Medicare
2. NYSHIP (Empire Plan or Excelsior)

If you have questions about claims coordination with Medicare, contact the appropriate Empire Plan Program administrator (see *Contact Information*, page 67).

Example 1: *Juliette is an active employee of Fieldtown School District, and her husband, Peter, is a retiree from the incorporated village of Clear Lake. Both agencies participate in NYSHIP. Juliette is eligible for Medicare because she is over age 65. She has Individual coverage through Fieldtown School District and is covered by Peter as a dependent on his retiree coverage. When Juliette goes to her doctor, claims are submitted to the NYSHIP coverage she has as an active employee first, then to Medicare and then to the retiree NYSHIP coverage she has as Peter's dependent last.*

Example 2: *Carol is a retiree from Urban Central School District and has NYSHIP retiree coverage through her former employer. Carol's husband, Will, is a retiree of the city of Urban and also has retiree coverage through NYSHIP. Will has Family coverage and covers Carol as his dependent. In addition, Carol is eligible for Medicare because she receives SSDI benefits due to amyotrophic lateral sclerosis (ALS). When Carol is admitted into Urban Hospital, claims are submitted to Medicare first, then to the NYSHIP coverage she has as a retiree of Urban Central School District, then to the NYSHIP coverage she has as a dependent of Will through the city of Urban.*

When you have coverage in addition to Medicare and NYSHIP

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

If you or your spouse has group coverage as a retiree through another employer, refer to 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

For covered services received outside the United States, file claims directly with your NYSHIP plan (see *Contact Information*, page 67). For more information, refer to your *Empire Plan Certificate* and the publication *On the Road With The Empire Plan*.

Residing outside the United States

If you will be residing outside the United States, you must notify your HBA. In most cases, Medicare will not cover services received outside of the United States; however, NYSHIP will provide benefits for covered services received outside the United States. Refer to your plan *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, if you choose to enroll or remain enrolled in Medicare, your former agency will reimburse your Medicare Part B premium.

* ***Note:*** *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 50).*

If you return temporarily to the United States for medical treatment and you maintained enrollment in Medicare, Medicare will be primary. Contact your HBA for information on Medicare premium reimbursement. If you did not maintain enrollment in Medicare, contact your HBA.

For information about filing claims, refer to your *Empire Plan Certificate* and the publication *On The Road with The Empire Plan*.

Returning permanently to the United States

If you permanently move back to the United States and maintained Medicare Part B coverage, notify your HBA 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 your HBA.
- Contact your HBA when you return and provide your new address and a copy of your current Medicare card. Ask your former employer to resume reimbursement for Medicare Part B premium and IRMAA when you provide proof of Medicare Part B enrollment.

Provide Notice if Medicare Eligibility Ends

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

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 your HBA 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 returning to work in a benefits-eligible position with the employer that provides your NYSHIP retiree benefits, your status with NYSHIP and Medicare may be affected. Before you are reemployed, 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 43).

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 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 the HBAs at your former and potential new employer 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 NYSHIP 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 after you are employed. The employer you retired from will continue to be responsible for reimbursing your Medicare Part B premium.
- If you choose to enroll in NYSHIP as an 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 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, and the employer may also charge a two percent administrative fee. There is no employer contribution to the cost of coverage. See *Costs Under COBRA*, page 59.

Benefits Under COBRA

COBRA benefits are the same benefits offered to retirees and dependents enrolled in NYSHIP. You must elect 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 date is later (see *Deadlines Apply*, page 58). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee who is no longer covered through active employment, you have the right to COBRA coverage. **Note:** You may be eligible to continue coverage as a retiree (see page 36) or vestee (see page 17).

Dependents who are qualified beneficiaries

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

Spouse/domestic partner

The covered spouse or domestic partner of a NYSHIP enrollee has the right to COBRA coverage 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 enrollment in 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 enrollment in 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 44, 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 39, and *Coverage: Individual or Family*, page 43). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary (with the exception children born to or placed for adoption with the enrollee 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, if you remarry, you will not be eligible to continue coverage under COBRA.
- If you were the domestic partner of a NYSHIP enrollee and are now enrolled in NYSHIP as a dependent survivor, if you remarry or acquire a new domestic partner, you will not be eligible to continue coverage under COBRA (see *Dependent Survivor Coverage*, page 37).

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 *When You are Required to Have Medicare Parts A and B in Effect*, page 50, to learn about when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you are required to enroll in Medicare, your NYSHIP COBRA coverage ends at the point when Medicare enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period*, page 59).
- 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, Medicare is your primary coverage.

Deadlines Apply

60-day deadline to elect COBRA

You must elect continuation coverage within **60 days** from the date of the COBRA-qualifying event or 60 days from the date you are notified of your eligibility for continuation 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 the HBA 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 47)

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

If your HBA 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 may pay 100 percent of the premium for continuation coverage, and may be required to pay an additional two percent administrative fee. Your former agency 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 from 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. Ask your HBA whether you will continue to receive subsequent payment reminders.

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 coverage may continue for the remainder of the 36 months.
- *Dependents who are not qualified beneficiaries:* COBRA 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 up to 36 months from the original date of COBRA coverage or may be eligible to convert to a direct-pay contract (see page 61).

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.
- Your employer no longer participates in NYSHIP.

To Cancel COBRA

Notify your HBA if you want to cancel your COBRA coverage.

Conversion Rights After COBRA Coverage Ends

At the end of your COBRA coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan Medical/Surgical Program administrator (see *Contact Information*, page 67).

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

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums, and you can see what your premium, deductible and out-of-pocket costs will be before you enroll. Eligibility for COBRA 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).

Contact Information

If you have any questions about COBRA, please contact your HBA.

Young Adult Option

The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when such young adult does not otherwise qualify as a dependent.

Eligibility

To enroll in NYSHIP under the Young Adult Option, the young adult must be:

- A child, adopted child, child of a domestic partner* or stepchild of a NYSHIP enrollee (including those enrolled under COBRA).
- Age 29 or younger.
- Unmarried.
- Not eligible for coverage through the young adult's own employer-sponsored health plan, provided that the health plan includes both hospital and medical benefits.
- Living, working or residing in the insurer's service area.
- Not covered under Medicare.

* *Children of a domestic partner are only eligible to enroll in the Young Adult Option if the employer extends eligibility for NYSHIP coverage to domestic partners.*

Eligibility for NYSHIP enrollment under the Young Adult Option ends when one of the following occurs:

- The young adult's parent is no longer a NYSHIP enrollee.
- The young adult no longer meets the eligibility requirements for the Young Adult Option as outlined above.
- The NYSHIP premium for the young adult is not paid in full 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 employer contribution toward the cost of the Young Adult Option. The young adult or parent of the young adult is required to pay the full cost of the premium for Individual coverage.

Coverage

The young adult will have the same NYSHIP coverage that is available to the parent.

Enrollment Rules

Either the young adult or the parent may enroll the young adult in the Young Adult Option. Contact your former employer 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 within 60 days of newly qualifying. Examples of a 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, which is determined by the former employer. Contact your former employer 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 your HBA.

Direct-Pay Conversion Contracts

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

Eligibility

NYSHIP 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 a dependent.
- Death of the enrollee (when the dependent is not eligible to continue coverage as a dependent survivor, as outlined in *Dependent Survivor Coverage*, page 37).
- 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 due to age.

Deadlines Apply

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

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

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

No Notice for Certain Dependents

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

How to Request Direct-Pay Conversion Contracts

To request a direct-pay conversion policy, write to the Empire Plan Medical/Surgical Program administrator (see *Contact Information*, page 67).

Appendix

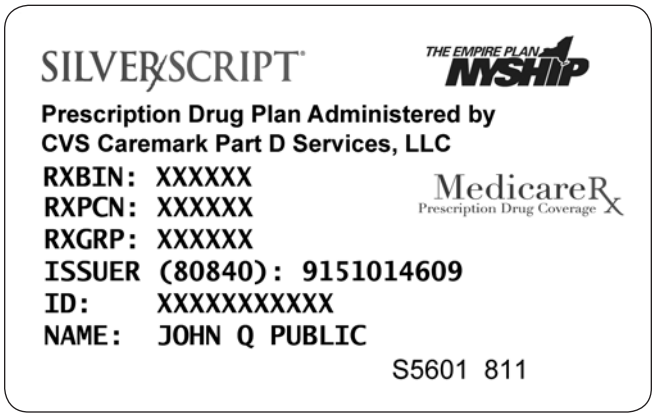
Empire Plan Cards

Empire Plan benefit card

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

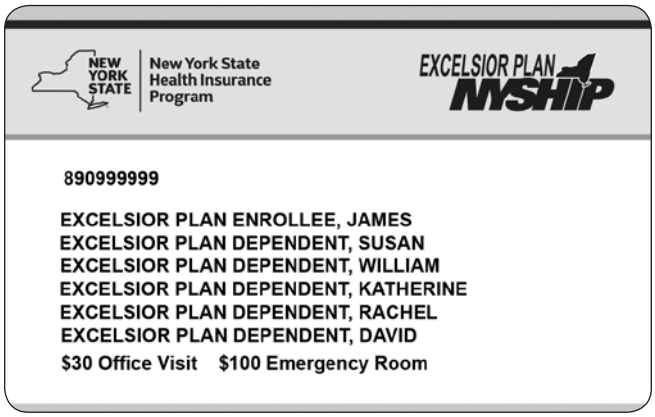
Empire Plan Medicare Rx card

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



Excelsior Plan benefit card

Present this card when you or your covered dependents receive services or supplies.



NEW YORK STATE OF OPPORTUNITY. | Department of Civil Service

EMPLOYEE BENEFITS DIVISION
PA HEALTH INSURANCE TRANSACTION FORM

PS-503 (1/16)

INSTRUCTIONS: READ AND COMPLETE BOTH SIDES/PAGES. PLEASE PRINT AND CHECK THE APPROPRIATE CHOICES.

EMPLOYEE INFORMATION *(All employees must complete)*

1. Last Name First Name MI | **2.** Social Security Number | **3.** Sex ☐ Male ☐ Female

4. Mailing Address (If PO Box, complete box 5) City State Zip

5. Home Address (If different from mailing address) City State Zip

6. Date of Birth | **7.** Telephone Numbers Primary ( ) Work ( ) | **8.** Work location and address

9. Marital Status ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated | Marital Status Date

10. Covered under Medicare? Self: ☐ Yes ☐ No If yes, provide Medicare ID Number: _____

Spouse/Domestic Partner or Dependent: ☐ Yes ☐ No name and Medicare ID Number: _____

11. DEPENDENT INFORMATION

Must be provided to enroll in family coverage *(use additional sheets if necessary)*

Check One: A (Add), D (Delete), C (Change), M (Medicare)
Date of Event: _____

Is enrollee or spouse reimbursed for Medicare by another agency? ☐ **Yes** ☐ **No**

↓	Last Name First Name MI	Relationship	Date of Birth	Sex	Address *(if different)*	Social Security Number
☐ A ☐ D ☐ C ☐ M						
☐ A ☐ D ☐ C ☐ M						
☐ A ☐ D ☐ C ☐ M						
☐ A ☐ D ☐ C ☐ M						

12. NEW OR NEWLY ELIGIBLE EMPLOYEES: CHOOSE ONE OF THE FOLLOWING OPTIONS (A OR B)

A. Enroll in New York State Health Insurance Plan (NYSHIP) Coverage: Choose options 1 or 2

1. **Individual Enrollment**	☐ Empire Plan	☐ Excelsior Plan
2. **Family Enrollment** *(Complete box 11)*	☐ Empire Plan	☐ Excelsior Plan

B. Decline New York State Health Insurance Plan (NYSHIP) Coverage ☐

13. TO CHANGE OR CANCEL COVERAGE CHOOSE FROM THE BOXES BELOW

A. Change Coverage: Qualifying Event: _____ Date of Event: _____

☐ **Change to FAMILY** *(Complete box 11)*

- ☐ Marriage
- ☐ Domestic Partner
- ☐ Newborn
- ☐ Request coverage for dependents not previously covered
- ☐ Previous coverage terminated *(proof required)*
- ☐ Dependent returned to full-time student status
- ☐ Other: _____

☐ **Change to INDIVIDUAL**

- ☐ Divorce
- ☐ Termination of Domestic Partnership *(Attach completed PS-425.4)*
- ☐ Only dependent ineligible due to age
- ☐ I voluntarily cancel coverage for my dependents
- ☐ Only dependent died
- ☐ Other: _____

B. Voluntarily Cancel Coverage: ☐ Qualifying Event: _____ Date of Event: _____

13. Continued	**TO CHANGE OR CANCEL COVERAGE CHOOSE FROM THE BOXES BELOW**
C. Change Retiree Payment Status	Change to: ☐ Pension Deduction (Rate: _____ / _____) ☐ Direct Payment to Agency
D. Correct Social Security Number	☐ Incorrect Social Security Number: _____

14.	**PREVIOUS COVERAGE INFORMATION**		
If you were previously covered under NYSHIP or another health insurance plan, please complete this section and attach proofs (i.e. insurance bill or letter stating former coverage).	Previous ID Number: _____	Date Coverage Terminated: _____	
	Enrollee's Name Under Which Previously Covered	Last Name	First Name MI

15.	**LEAVE WITHOUT PAY AND RETIREMENT STATUS**
LEAVE WITHOUT PAY	☐ I wish to continue coverage while I am on authorized leave. I understand that I will be billed and must pay for this coverage.
	☐ I do not wish to continue coverage while I am on authorized leave. I wish to resume my coverage upon return to the payroll.
RETIREMENT/ VESTEE STATUS	☐ I understand the requirements for continuing coverage as a retiree or vestee and wish to continue my coverage.
	☐ I understand the requirements for continuing coverage as a retiree or vestee and wish to defer my coverage.

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director of the Employee Benefits Division, NYS Department of Civil Service, Albany, NY 12239. For information concerning the Personal Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, **contact your Health Benefits Administrator**. If, after calling your Health Benefits Administrator, you need more information, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 4:00 p.m.

AUTHORIZATION

I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date and may forfeit the right to such coverage after leaving State service (vest, retirement, etc.). I am aware of how to obtain a current *Summary of Benefits and Coverage* for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. **I certify that the information I have supplied is true and correct. I hereby authorize deduction from my salary or retirement allowance of the amount required, if any, for the coverage indicated above.**

Employee Signature (Required): _____ **Date:** _____

AGENCY/EBD USE ONLY

Action/Reason	Date of Event	Hire Date	Date of 1st Eligibility	Percentage Working	Agency Code	Eligibility Lost Date	Retirement System

Retirement Tier	Registration #	Sick Leave Information # Hours	Sick Leave Information Hourly Rate of Pay	Date Entered on NYBEAS	Effective Date

HBA Signature (Required): _____ **Date:** _____

Contact Information

Health Benefits Administrator (fill in)

Name: _____ Phone Number: _____

Email: _____

Employee Benefits Division

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

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

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

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 Empire BlueCross BlueShield

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

TTY: 1-800-241-6894

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

PRESS OR SAY 3

Mental Health and Substance Abuse Program
Administered by Beacon Health Options

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

Other Agencies and Programs

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

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

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

Address Service Requested

Please do not send mail or correspondence to the return address above. See address information on page 67.

Important Health Insurance Information:
General Information Book for Active Employees and Retirees, Vestees and Dependent Survivors of Participating Agencies and their eligible dependents; also includes information regarding COBRA continuation coverage and the Young Adult Option

PA Active and Retiree/General Information Book – 2019

SAVE THIS BOOK

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

This book replaces your *2015 General Information Book*. Your *Certificate* will be mailed separately. Please keep this book with your Plan materials.

Updates to this book will be mailed to you and will also be posted on our website, https://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).