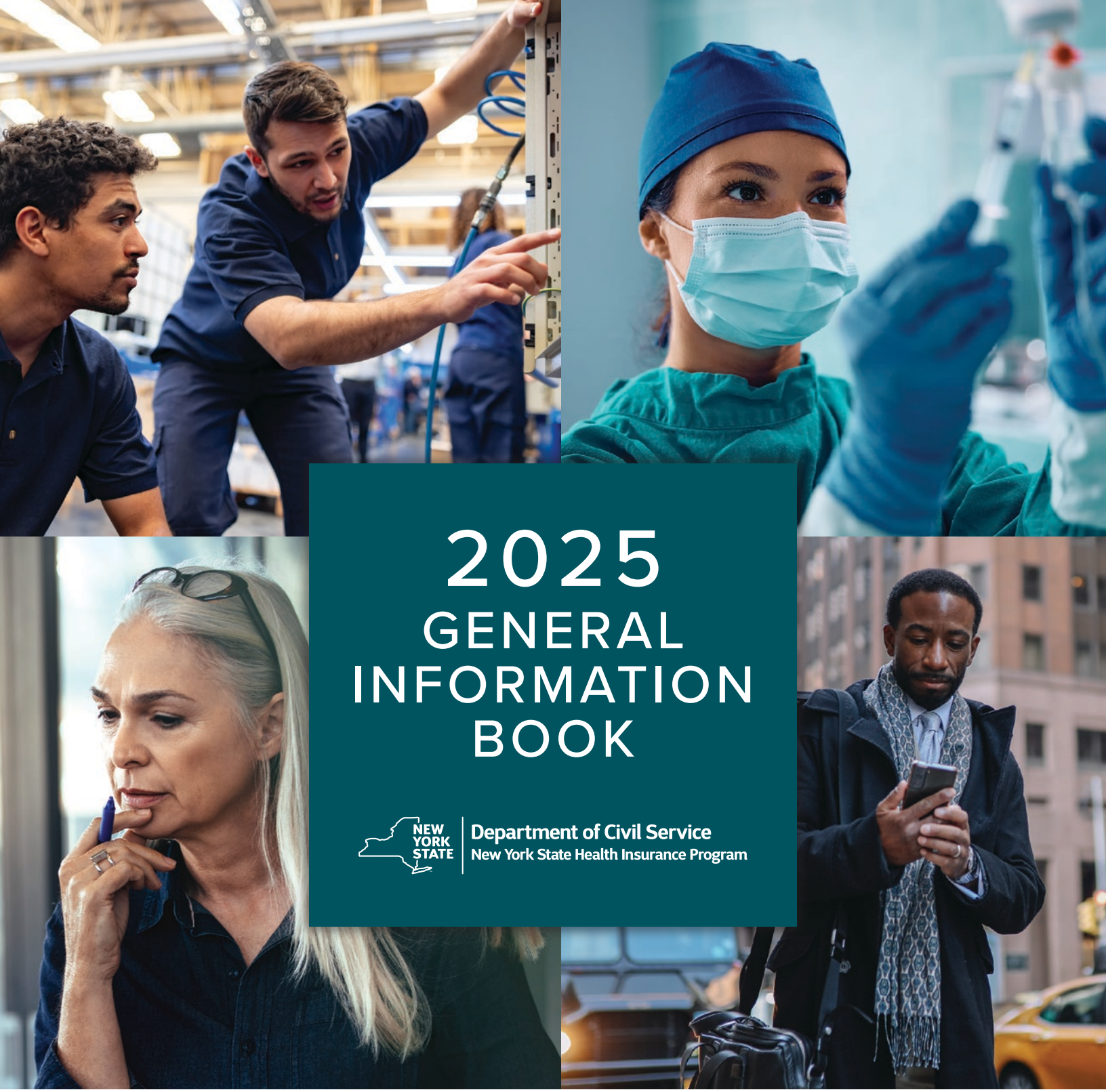


2025 GENERAL INFORMATION BOOK

NEW YORK STATE

Department of Civil Service
New York State Health Insurance Program

Participating Employers

New York State Health Insurance Program

General Information Book for Employees, Retirees, Vestees and Dependent Survivors enrolled in NYSHIP through Participating Employers, their enrolled Dependents, Preferred List and COBRA Enrollees and Young Adult Option Enrollees with their NYSHIP benefits.

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 NYSHIP Participating Employer (PE). This book explains certain rights and responsibilities you have as an enrollee in NYSHIP. Receipt of this book does not guarantee you are eligible for or enrolled in coverage.

This book provides general information about eligibility, enrollment and other NYSHIP rules and provisions that your employer must follow. For specific information that applies to you, speak to your Health Benefits Administrator (HBA) if you are an active employee, or the Employee Benefits Division (EBD) if you are a retiree, vestee, dependent survivor or enrolled in Preferred List status, COBRA or Young Adult Option. 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 employer 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 43, 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, dependent survivor, dependent of an enrollee who is no longer an active employee or as an enrollee in Preferred List status, which applies only to former employees who have been laid off.

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. NYSHIP provisions negotiated with State employee unions may be administratively extended to Participating Employers. NYSHIP rules, requirements and benefits also may be affected by court decisions.

The information in this book is subject to change and you will be notified of changes through mailings to the address on your NYSHIP record. Please make sure that your HBA or EBD has your most current address. Notification of changes can also be found on the NYSHIP website www.cs.ny.gov/employee-benefits.

When You Need Assistance

When you are an active employee, 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 in the following situations:

Your contact information changes.

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

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

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

You need to update information on your enrollment record.

- For example, your birth date or Social Security Number are listed incorrectly

Your family unit changes (see *Dependent Eligibility*, page 7 [active] or page 51 [retiree] for details).

- You want to add an eligible dependent, remove a covered dependent or change your type of coverage: Individual or Family
- Your covered dependent loses eligibility
- You get divorced; a copy of the divorce decree must be submitted
- You 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 Employer that provides your NYSHIP benefits as a retiree
- You are awarded a disability retirement benefit

Your Medicare status is changing.

- You or a covered dependent becomes eligible for primary Medicare benefits (see *Medicare and NYSHIP*, page 32 [active] or page 60 [retiree])
- You or a covered dependent loses eligibility for primary Medicare benefits (see *Medicare and NYSHIP*, page 32 [active] or page 60 [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 NYSHIP coverage premium or bill
- You want to cancel or reinstate your coverage
- You have questions about *COBRA: Continuation of Coverage* (see page 36) or *Young Adult Option* coverage (see page 40)

Questions About Your Benefits

Empire Plan inquiries: For questions on specific benefits or claims, or to locate a provider, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the appropriate program. See *Contact Information*, page 81, for details.

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

Benefits on the Web

You'll find the NYSHIP website 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 the NYSHIP website, along with links to Empire Plan administrator websites and online participating provider directories.

General Information Book

For Active Employees of Participating Employers

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

If you have retired or separated from service with a NYSHIP Participating Employer, or are a dependent survivor, refer to pages 43–74 of this book for information.

Your Options Under NYSHIP

To enroll in NYSHIP, you must choose one of the following options:

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

Your Participating Employer may elect to offer only The Empire Plan or it may also offer NYSHIP HMOs and health plans outside of NYSHIP. Contact your HBA for information about available health plan options.

For details about The Empire Plan and NYSHIP HMOs, refer to the *Health Insurance Choices* booklet issued annually. You may obtain a copy of *Health Insurance Choices* from your HBA, usually located in your personnel office or on the NYSHIP website.

The Empire Plan or a NYSHIP HMO

Regardless of whether you choose The Empire Plan or a NYSHIP HMO, your coverage provides you and your eligible dependents with all of the following:

- Hospitalization and related expense coverage
- Medical/surgical care coverage
- Mental health and substance use treatment coverage
- Prescription drug coverage*

HMOs approved for participation in NYSHIP are not available in all geographic areas. To enroll or continue enrollment in a NYSHIP HMO, you must live or work in that HMO's NYSHIP-approved service area. If you no longer meet the requirements of living or working in that NYSHIP HMO's service area, you must change options.

** Not all Participating Employers provide prescription drug coverage.*

Annual Option Transfer Period

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

> The annual Option Transfer Period is not an open enrollment period. If you and/or your dependents were previously eligible for NYSHIP coverage and did not enroll when it was first offered but decided to enroll later, you may be subject to a late enrollment waiting period before coverage begins.

Each year, you are notified of the Option Transfer Period dates through a mailing to your home. Check deadlines and carefully read the information you receive. You may also receive Option Transfer information from your agency.

To change options during the Option Transfer Period, contact your HBA. If you change options, your HBA will inform you of the date the new coverage begins and its cost.

Qualifying Life Events: Changing Your NYSHIP Option Outside the Option Transfer Period

If your Participating Employer offers both The Empire Plan and NYSHIP HMOs, you may change options outside the designated Option Transfer Period only if:

- You are no longer eligible to continue coverage in your current HMO because you move permanently out of your current HMO's service area or your job's location changes and is no longer located in your current HMO's service area. To keep NYSHIP coverage, you must choose a different NYSHIP HMO that serves your new area or The Empire Plan.
- You move permanently or your job's location changes and you want to change to an HMO that was not available where you previously lived or worked. You may change to the new HMO regardless of your option selection before you moved.
- Your dependent moves permanently and is no longer in your HMO's service area. **A student attending college outside your HMO's service area is not considered a change in permanent residence.**
- You add a newly eligible dependent to your coverage in a timely manner (see page 14 for time frames). The dependent may be acquired through marriage, domestic partnership, birth, adoption, placement for adoption or if your child meets the "other" child eligibility criteria (see page 8).
- You return to your employer's payroll after military leave.
- You return to your employer's payroll after a break in service, if you were ineligible to continue enrollment during the break.
- You return to your employer's payroll after going on leave without pay and an Option Transfer Period occurred while you were on leave. You may select any option when you reenroll.
- You retire or vest your health insurance.

To change your option when you retire or vest coverage, contact your HBA before you leave the payroll.

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

Examples of requests that do not qualify for a change outside of the Option Transfer Period include, but are not limited to:

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

Employee Eligibility

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

When newly eligible for coverage, you may be subject to a waiting period before coverage begins. If you do not enroll when newly eligible, you may be subject to a late enrollment waiting period (see *When Coverage Begins*, page 11).

To be eligible for NYSHIP coverage, you must meet the following requirements:

- You must be appointed/elected to a benefits-eligible position with a NYSHIP Participating Employer.
- You must be on the payroll at the time you enroll. If you begin work, then take an unpaid leave of absence, you are ineligible until you return to the payroll and complete any waiting period established by your employer, including days worked before your leave began.

In addition, employers may adopt or expand on certain requirements, as shown in the table below.

Eligibility Requirements for Coverage

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

1. You are expected to work at least three months. **This requirement does not apply to paid elected officials.**
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 unpaid board member of a public authority with at least six months' service as a board member
   - Your public employment provides the major source of your family's income
3. You are not already enrolled in NYSHIP as the result of your current or former employment.

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

- A longer anticipated term of employment up to a maximum of six months, ***or***
- 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, a Participating Employer may offer NYSHIP coverage to active employees, but not retirees. Eligibility may be established through collective bargaining agreements or administratively by your employer.

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. You must choose which employer you wish to be enrolled through.

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

You may have dual NYSHIP coverage if you are covered as the enrollee and also as a dependent (see *Coverage: Individual or Family*, page 11).

Example: *Linda and her spouse, Bob, are both eligible for NYSHIP as the result of their active employment. Linda works for Public Authority A and Bob works for Public Authority B. Linda may be covered by her employer under NYSHIP as the enrollee and also as a dependent on Bob's NYSHIP policy.*

Dependent Eligibility

You may cover your eligible dependents under NYSHIP by adding them to your existing Family coverage or enrolling in this option if you don't currently have it. 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 enrolled, contact your HBA.

See *Proof of Eligibility* on page 9 for required proofs that must be submitted with the request to add a dependent to your coverage. For information about when coverage takes effect, see page 11.

Enrollees covered under the Young Adult Option are eligible for Individual coverage only; they may not cover any dependents. Refer to *Young Adult Option* on page 40 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 ineligible as of the date the divorce or annulment is filed in the county clerk's office, even if a court orders you to provide coverage. You and/or your ex-spouse must provide a copy of the divorce or annulment decree to your HBA.

Your Domestic Partner

Ask your HBA if your employer offers coverage to domestic partners. If not, your domestic partner is ineligible for coverage as your dependent under NYSHIP. Your domestic partner's child(ren) also may be ineligible, 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, they may be covered as your dependent. For eligibility under NYSHIP, a domestic partnership is one in which you and your partner are able to certify that you:

- Are both 18 years of age or older
- Have been in the partnership for at least six months
- Are both unmarried; copy of divorce decrees or death certificate(s) 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 to share responsibility for each other's welfare and financial obligations, which you expect to last indefinitely
- Have not had a different domestic partner or have not enrolled as another enrollee's domestic partner in the last year

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

Under Internal Revenue Service (IRS) rules, the fair market value cost of your domestic partner's coverage, referred to as imputed income, is considered a taxable fringe benefit. The imputed income increases your taxable gross income for federal and state income taxes, as well as Social Security and Medicare payroll taxes. 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 affects your taxes.

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

Your Children

The following children are eligible for coverage until age 26:

- Your natural child
- Your stepchild
- Your domestic partner's child, 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

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

Your child with a disability

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

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

Contact your HBA prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process. To apply for coverage for your child with a disability, you must submit the *NYSHIP Statement of Disability for Dependents Form* (PS-451) to the Plan administrator and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If this dependent is also an "other" child, you are required to resubmit the *NYSHIP Statement of Dependence for "Other" Children Form* (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 prior to age 26. As a result, your dependent may be eligible to continue their NYSHIP coverage past age 26. To be eligible, your dependent child must:

- Be enrolled in school on a full-time basis,
- Be unmarried, and
- Not be eligible for other employer group coverage.

You must provide your HBA with 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 is required for verification.

Example: *Rebecca is 27 years old and served in the military from ages 19 through 23, then enrolled in college. After deducting the four years of military service from her true age, her adjusted eligibility age is 23 even though Rebecca is actually 27. As long as Rebecca remains a full-time student, she is entitled to coverage 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 eligibility age of 26, her actual age will be 30.*

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

Proof of Eligibility

Your application to enroll or 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, 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 6) and *Dependent Eligibility* (page 7) for eligibility requirements.

Required Proofs

You must provide the following proofs to your HBA:

You, the enrollee

- Birth certificate or government-issued photo identification (ID), including a driver's license or passport
- Social Security card
- Medicare card, if applicable

Spouse*

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

Domestic partner*,**

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

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

- Birth certificate
- Medicare card, if applicable

Adopted children*

- Adoption papers or proof of pending adoption
- Birth certificate
- Medicare card, if applicable

Your child with a disability who is over age 26*

- Birth certificate
- Completed *NYSHIP Statement of Disability for Dependents Form* (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 the section *Your Children*, page 8.)

- Birth certificate
- Completed *NYSHIP Statement of Dependence for "Other" Children Form* (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 7). Contact your HBA for information.*

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.

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 may be subject to a late enrollment waiting period. Refer to *First date of eligibility* below for more information.

Family Coverage

Family coverage provides benefits for you and any eligible dependents you elect to enroll. For more information on who qualifies as your dependent, see *Dependent Eligibility*, page 7.

If you and your spouse (or domestic partner, if your employer offers NYSHIP coverage for domestic partners) are both eligible for coverage under NYSHIP, you may elect one of the following:

- One Family coverage
- Two Individual coverages
- One Family coverage and one Individual coverage
- Two Family coverages, if both of your employers permit two Family coverages

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 are not covered automatically. To enroll in coverage, you must submit a completed and signed *Health Insurance Transaction Form* (PS-404) and required proofs of eligibility to your HBA.

To have coverage in effect on your first date of eligibility for coverage (see below), submit the form before that date and proofs of eligibility to your HBA. If you choose a NYSHIP HMO, the HMO may require you to file an additional form. If you do not apply when first eligible for coverage, you will be considered a late enrollee and subject to a waiting period before coverage is effective (see below).

When Coverage Begins

First date of eligibility

Your employer establishes the date on which you can be covered under NYSHIP. Your first date of coverage may be as early as the first day of employment, or up to a maximum of six months later. Ask your HBA for your first date of eligibility.

Example 1: *Your employer has established a rule stating that the date an employee's coverage becomes effective is the first of the month following the employee's hire date. If you are hired on September 10, your first date of coverage 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. Your employer has established a rule stating the date an employee's coverage becomes effective is the first day of the third month after the date an employee becomes eligible for NYSHIP coverage. Your first date of coverage is February 1.*

Effective date of coverage

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

- **30 days or less after the first date of eligibility**, your coverage is effective the date you were first eligible
- **More than 30 days after the first date of eligibility**, your coverage is effective 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 *NYSHIP Health Insurance Transaction Form* (PS-404) to your HBA to enroll them in coverage. Refer to *Proof of Eligibility*, page 9, for documentation 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 is the same as 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 depends 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 13.

Reenrolling dependents

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

No Coverage During Waiting Period

Medical expenses incurred or services rendered while you or your dependents wait for coverage to become effective will not be covered.

Enrollment Considered Late if Previously Eligible

If you or your dependent were previously eligible but not enrolled, coverage begins the first day of the third month following the month in which you apply. This is known as the late enrollment waiting period.

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

- The request is made within 30 days of a qualifying event permitting the addition of a newly eligible dependent
- Your other coverage terminates and you enroll within 30 days

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

Exception: 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 your dependent(s) is effective 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 the dependent child is covered by the order
- Supporting documents showing the dependent child is eligible for coverage under NYSHIP eligibility rules (see *Proof of Eligibility*, page 9)

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 late enrollment waiting period.

Canceling Enrollment

To cancel your enrollment in NYSHIP, contact your HBA.

If you die while your coverage is canceled, your dependents 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 36), the Young Adult Option (page 40) or a direct-pay contract (page 42).

Changing Coverage

Changes in enrollment and a pre-tax contribution program

Enrollment in a pre-tax contribution program limits changes to your pre-tax health insurance deduction for the current plan year. If your employer offers a pre-tax contribution program and you are considering changing your type of coverage, contact your HBA regarding possible restrictions to changes in your health insurance premium deduction.

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

- Your name, date of birth, Social Security number, address and phone number
- The effective date and reason you are requesting the change (see the following for more information)

- Your dependent's name, date of birth and Social Security number
- A copy of the Medicare card for any dependent eligible for Medicare

Additional documentation may be required (see *Proof of Eligibility*, page 9).

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, e.g., the date of marriage or a newborn's date of birth.

The date your dependent's coverage begins depends 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. **Proofs are due 30 days from the date the application is received by your HBA.**

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

- You acquire a new dependent, e.g., you marry or become a parent. **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 want to cover dependents acquired during your leave.
- You are adding a previously eligible dependent at the same time as a newly eligible dependent or a previously eligible dependent who experienced a qualifying event.

Your dependents' coverage begins according to when you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage is effective the date the dependent was first eligible.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period applies. Your Family coverage becomes effective the first day of the third month following the month in which you apply. If you apply the first day of the month, that month is counted as the first month of the waiting period.

Covering newborns

Your newborn child is not automatically covered; you must contact your HBA within 30 days of the child's birth to complete and submit a health insurance transaction form, even if all proofs are not yet available. For additional documentation that may be required, refer to *Proof of Eligibility* on page 9. If the required proofs are not immediately available, submit your application and advise your HBA you will provide the required documentation as soon as it becomes available.

If you want to change from Individual to Family coverage to cover a newborn child and you make this request within 30 days of the child's birth, the newborn's coverage is effective on the child's date of birth.

If you already have Family coverage, you must add your newborn child within 30 days or you may encounter 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 for the coverage to be effective 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 begins based on the time frames outlined in *First date of eligibility* 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 may 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 20, 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, see *COBRA: Continuation of Coverage* on page 36 and *Young Adult Option* on page 40, or contact your HBA.

Your Share of the Premium

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

Employees and Dependents

New York State Civil Service Law establishes 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. The cost of dependent coverage is the difference between the Family and Individual premiums. For NYSHIP HMO coverage, your employer must contribute the same dollar amount they would have paid if you were enrolled in The Empire Plan, but not to exceed the cost of the NYSHIP HMO plan. Your employer may contribute more toward the premium. Ask your HBA what your contribution rate is 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

Participating Employers are only required to contribute to the cost of dependent survivor coverage in certain situations. Refer to *Dependent Survivor Coverage* on page 30 and contact your HBA for information.

COBRA Enrollees

Your employer is not obligated to contribute toward 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. Refer to *COBRA: Continuation of Coverage*, page 36, for 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*, page 40, for information.

Identification Cards

Empire Plan Enrollees

Upon enrollment in The Empire Plan, you will receive one or more Empire Plan 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 76 of the *Appendix* for an example of your benefits card). Although there is no expiration date on your card, it may be reissued annually or as necessary. Separate cards will be mailed to dependents with a different address on your enrollment record.

Present your NYSHIP Empire Plan card before you receive services, supplies or prescription drugs. The nine-digit number on your card is your Empire Plan identification number.

Your Empire Plan Medicare Rx card

If you or a dependent is enrolled in Empire Plan Medicare Rx, each enrollee will receive a separate card for prescription drugs. Use this card when filling a prescription (see *Empire Plan Medicare Rx card*, page 76).

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. Please confirm with your HBA that the address on your enrollment record is correct.

To reorder an Empire Plan Medicare Rx card, call the Prescription Drug Program and follow the prompts for Empire Plan Medicare Rx (see *Contact Information*, page 81).

HMO Enrollees

Upon enrollment in a NYSHIP HMO, you will receive a NYSHIP HMO card. If you or your dependent becomes Medicare primary, you or your dependent may receive a new benefit card and/or a prescription drug card. To learn how to order a new card or for any other card-related questions, contact your HMO.

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact your HBA. Use of a benefit card when you are ineligible may constitute fraud. If you or your dependent uses the card when ineligible for benefits, you will be billed for all claims paid incorrectly on behalf of yourself or 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 your 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
  - Workers' Compensation 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 are responsible for both the employee and employer shares of the premium (full share).

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

If you are enrolled in The Empire Plan, you may be eligible for a waiver of your Empire Plan premium while on leave without pay due to total disability (see *Waiver of Premium*, page 19, 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 are only responsible for the employee share of the premium during the 12-week FMLA leave.

You may have the right to apply for a waiver of your Empire Plan health insurance premium during the FMLA period (see *Waiver of Premium*, page 19, 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 are eligible for coverage if you had Family coverage for at least 30 days before your activation. Contact your HBA regarding cost of coverage.

Workers' Compensation leave

If you are absent from work because of an accepted work-related injury, illness or occupational condition, you may be eligible to continue your health insurance coverage at the employee share of the premium for up to 12 months per injury, illness or occupational condition.

Canceling coverage while on leave

You may cancel your health insurance coverage for the time you are on leave. Your coverage ends the last day of the month in which your request to cancel your coverage was signed. You may reenroll at a later date, usually subject to the late enrollment waiting period (see *First date of eligibility*, page 11). Contact your HBA for more information.

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 are subject to a late enrollment waiting period (see *First date of eligibility*, page 11). To request the reinstatement of your coverage, 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

Change in hours worked

If you experience a change in hours, your eligibility for coverage may be affected. Contact your HBA if you experience a change in hours.

- **Reduction in hours:** If your hours are reduced and you are no longer eligible for NYSHIP coverage, your coverage ends on the last day of the month for which coverage was paid. You may be eligible for coverage through COBRA (see page 36).
- **Increase in hours:** If your hours are increased after coverage had been terminated because of a reduction in your hours, contact your HBA to reenroll in NYSHIP coverage.

Termination of employment

If your employment terminates and you are ineligible to continue coverage under the terms outlined in the preceding sections, contact your HBA for the date your coverage will end. When your coverage ends, you will no longer have health insurance coverage through NYSHIP unless you are eligible and elect coverage as a retiree (page 23) or vestee (page 21) or elect COBRA coverage (page 36). You may also be eligible for a direct-pay contract (page 42).

Cancellation for nonpayment of premium

If you do not make your premium payments, your last day of coverage is 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 rights to NYSHIP health coverage if you vest or retire while your coverage is canceled. Your dependents 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.

Eligibility for Preferred List status

You may be eligible to continue coverage for up to one year from the time your employment is terminated if your employer offers Preferred List coverage. You may be required to pay the full cost of coverage, and additional requirements may apply. Contact your HBA for information. As an enrollee with Preferred List status, the second part of this book applies to you (see pages 43–74).

If you are entitled to continue coverage under Preferred List status, you may do so for up to one calendar year from the date your health insurance in active employee status ends or until you are reemployed in a benefits-eligible position by a public or private employer, whichever occurs first.

If you are temporarily employed and eligible for health insurance, your Preferred List health insurance coverage ends. You may reinstate Preferred List coverage when your temporary job ends if the end date of your one year of Preferred List eligibility has not passed. Temporary employment does not extend your eligibility beyond one year from the date your coverage as an employee ended. To protect your health insurance coverage, you must notify the EBD Preferred List Unit when you begin and end temporary employment.

When your year of Preferred List coverage ends, you may be eligible to continue coverage as a retiree (page 23), vestee (page 21), temporarily under COBRA (page 36) or under a direct-pay conversion contract (page 42).

Enrollment is automatic

If EBD receives notice from your employer that you have been laid off or displaced from your position and placed on a Preferred List, you will be eligible for and enrolled in Preferred List coverage if your employer offers it. EBD will bill you monthly.

Waiver of Premium

You may be entitled to have your NYSHIP health insurance contribution waived for up to one year under certain circumstances. To qualify for a waiver of your plan premium, you must meet **all four** of the following requirements:

1. You are currently enrolled in The Empire Plan;
2. You have been totally disabled as a result of illness or injury;
3. You are on authorized Leave Without Pay, **unpaid** Family and Medical Leave or covered under Preferred List retrenchment provisions; and
4. You do not owe any outstanding premium for coverage prior to the unpaid leave.

You are ineligible for the waiver if you are still receiving income through salary, leave accruals, Short-Term Disability Income Protection Plan benefits, Workers' Compensation, Paid Family Leave or retirement allowance.

Waiver is not automatic

A waiver of premium is not automatic. You must apply for it, and you must continue to pay your health insurance premiums until you are notified that the waiver has been granted. You will receive a refund for any overpayments of the premium made after the date you applied for the waiver.

How to apply for a waiver of premium

To apply for a waiver of premium, obtain the *Application for Waiver of Empire Plan Premium* (PS-452) from your HBA or access it on the NYSHIP website. Return the completed application to the address on the form.

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

EBD will notify you if your waiver has been granted.

Additional waiver of premium

If you have received a waiver of premium for up to one year, you must return to work before being eligible for an additional waiver of premium. If you have not returned to work, you may not use accruals to return to the payroll 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 months, you may resume coverage under the previous waiver for the remainder of the original one-year period, including the time back at 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. EBD 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 on 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 are not covered under Preferred List health insurance provisions
- You vest your health insurance coverage rights
- You separate from service or are terminated
- You retire
- You die

End Dates for Coverage

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

You, the Enrollee

Loss of eligibility

NYSHIP coverage ends the last day of the month if your employment ends on or before the 15th day of that month. Coverage ends the last day of the following month if your employment ends after the 15th day of the month. If your eligibility ends, contact your HBA.

Suspending coverage

If you choose to suspend coverage while on a leave of absence, your coverage ends the last day of the last month for which you paid the NYSHIP premium.

Consequences

If you die while your coverage is canceled or suspended, your dependents have no right to continue coverage as dependent survivors. If you cancel your enrollment while you are in vestee status, you are not 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 choose to change from Family to Individual coverage when your dependents are still eligible, coverage for your dependents ends the last day of the month in which you request this change.

Children

Coverage for your dependent children ends the last day of the month in which the maximum age is reached (for dependent children who lose eligibility due to age) or the date the dependent otherwise loses eligibility for coverage, e.g., children with a disability or "other" children. See page 8 for more information about dependent child eligibility.

Spouse

Coverage for your spouse ends on the effective date of the divorce filed by the court.

Domestic partner

Coverage for your domestic partner ends on the effective date of the dissolution of the domestic partnership. Submit a completed *Termination of Domestic Partnership for NYSHIP Form* (PS-425.4) to your HBA.

Vestee Coverage

If your employment with a Participating Employer ends before you are eligible for coverage as a retiree, you are a member of a class or category of employee for which your employing agency provides coverage in retirement and you meet the eligibility requirements 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 in another agency that offers NYSHIP coverage

If you attain eligibility for NYSHIP coverage in retirement through a new employer, you 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 Employer 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
- Have vested as a member of a retirement system administered by the State or one of its political subdivisions, such as a municipality

- Have met your employer's minimum service requirement (see *Eligibility Requirements for Coverage*, page 6) but are not yet eligible to collect a pension at the time employment is terminated
- 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 (ERS) retirement tier in effect at the time you last entered service.

Employees who are members of certain retirement systems, such as the New York State Local Police & Fire Retirement System, are eligible to retire after a specific number of years of service, regardless of age.

Enrollment

If your employment with a Participating Employer ends, contact your HBA to learn more about vestee coverage. Failure to apply in a timely manner can result in a lapse of coverage resulting in a loss of eligibility to continue coverage as a vestee or retiree.

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.

Sick leave credit does not apply

Sick leave credits cannot be applied toward health insurance premium costs either while you are in vested status or after retiring from vested status.

Continuing Coverage as a Dependent of a 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 your coverage as a dependent has not lapsed. Contact your HBA to begin coverage as an enrollee. Act promptly if a pending divorce or other change means you will lose 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 lose your right to your NYSHIP retirement benefits through your previous employment with a Participating Employer.

Canceling Enrollment

If your NYSHIP vestee coverage is canceled prior to your retirement eligibility, you cannot reinstate your NYSHIP vestee coverage and are not eligible for NYSHIP retiree coverage.

Eligibility to Continue Coverage When You Retire

Your employer may permit enrollees who meet certain eligibility requirements to continue NYSHIP coverage in 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.

If you receive prescription drug coverage through a union Employee Benefit Fund, you may continue to receive this coverage after you retire. Contact the union Employee Benefit Fund for information on how your prescription drug coverage may be affected by retirement.

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 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.

Dental and vision coverage

If you were covered through the NYS Dental Program and/or Vision Program as an employee, that coverage ends when you retire. You will receive a COBRA application from EBD and may be eligible to continue coverage under COBRA by paying the full cost. You may also be eligible to purchase a direct-pay contract through the NYS Dental Program at the time you retire or when your COBRA coverage ends. Refer to your dental and vision plan materials for additional information.

If you had coverage through a union Employee Benefit Fund, contact them for information about continuing dental and/or vision coverage as a retiree.

Eligibility Requirements for NYSHIP Coverage

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

You are not eligible to continue NYSHIP health 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.

If your Participating Employer offers a health benefits opt out or coverage outside of NYSHIP, ask your HBA whether enrollment in these alternative options satisfies the requirement to enroll in NYSHIP as a retiree.

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

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. However, your employer may establish a minimum service requirement of more than five years. The service does not need to be continuous.

If you were most recently hired with your employer 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.

Unpaid board members: Check with your HBA to see if you are 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 any public employer 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 to see 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 (e.g., the New York State and Local Retirement System, the New York State Teachers' Retirement System or the New York State and Local Police and Fire 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 NYS and Local Retirement System tier in effect at the time you last entered service.

If you retire and 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 on the preceding page. This is referred to as "constructive retirement."

4. Be enrolled in a health benefit option through an employer that participates in NYSHIP.

You must be enrolled in NYSHIP or an alternative plan or buyout through the agency as an active enrollee or a dependent at the time you separate from service. Enrollment may be through the Empire Plan, a NYSHIP HMO, or an alternate plan or buyout program offered by your 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, which is a Participating Employer.

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

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

Disability Retirement

Whether your retirement is considered a service retirement or a disability retirement, you have the same benefits and are 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 may be different.

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

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

Disability retirement award

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.

Deadline for reinstating coverage

If retroactive retirement is granted after you discontinued your coverage, write to EBD to reinstate coverage as soon as you receive the decision on your disability retirement. You must provide a copy of the award letter from the retirement system that includes the type of disability retirement (ordinary or work-related) and your disability retirement effective date. You must apply for reinstatement within one year of the date on the letter granting your disability retirement if your cancellation date of coverage was prior to your retirement effective date. You are 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), eligibility for you and your dependents will end. **You are ineligible to enroll in NYSHIP as a retiree.**

What You Pay

Retirees pay a portion of their NYSHIP health insurance premium. The amount you pay to maintain your health coverage in retirement depends on a number of factors, including your:

- Contribution rate
- Health insurance plan option
- Type of coverage (Individual or Family coverage)
- Sick leave credit, if any

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

How You Pay

When you retire, you can pay your share of the health insurance premium through deductions from your monthly retirement check or by making monthly payments directly to EBD, or, in some cases, directly to your former employer.

If you elect to have your share of the monthly premium deducted from your pension check, it may take several months for EBD to begin taking monthly deductions. When you terminate your employment, you will receive a letter from EBD. Once your eligibility for retiree benefits has been confirmed by EBD, you are billed directly each month for your share of the premium until deductions from your pension check begin. Your coverage remains in effect until your eligibility for retiree benefits has been confirmed, but during that time you may not receive additional communication from EBD regarding your retiree coverage. If you receive a bill for health insurance premiums at any time, please pay that bill to avoid a cancellation for nonpayment. Do not wait for deductions from your pension to begin.

Sick Leave Credit

Participating Employers may or may not offer sick leave credit or may choose to offer sick leave credit only to certain classes or types of employees. If you have any questions about your eligibility for sick leave credit, contact your HBA.

If you retire directly from the payroll or retire while covered under Preferred List provisions for health insurance and earn sick leave, you may be entitled to use the value of your unused sick leave to offset the cost of NYSHIP coverage in retirement. This will not affect the value of your sick leave for pension purposes.

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

To calculate the value of your sick leave credit, visit the NYSHIP website or ask your HBA.

This credit cannot be applied to a COBRA premium, or be combined with your spouse's or domestic partner's sick leave credit.

Lifetime monthly credit

When you retire, if you are eligible for sick leave credit, your unused sick leave is converted into a dollar amount by dividing the dollar value of your sick leave by your actuarial life expectancy in months. The result is a monthly credit that is applied to your NYSHIP premium.

Before you retire, submit the *NYSHIP Sick Leave Credit Election Form* (PS-405) to your HBA; you must choose either the Single Annuitant or the Dual Annuitant Sick Leave Credit Option if your employer offers the latter. You cannot change your election after you retire. Read more on the Dual Annuitant Sick Leave Credit Option in the following section.

If you do not complete this form before your retirement, you will default to the Single Annuitant Sick Leave Credit option, which means 100 percent of your sick leave credit is applied to your premium. If you predecease your dependents, they may still be eligible for NYSHIP coverage as dependent survivors, but they cannot use the sick leave credit to offset the cost of their NYSHIP premium.

The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay may change when premium rates change.

If the credit from your unused sick leave does not fully cover your share of the monthly premium, you must pay the balance. If the credit exceeds your share of the monthly premium, you will not receive the difference.

When sick leave credit ends

Your monthly sick leave credit ends when you die, unless you chose the Dual Annuitant Sick Leave Credit Option.

The Dual Annuitant Sick Leave Credit Option

Prior to your retirement, if you are eligible for sick leave credit and if your employer offers the Dual Annuitant Sick Leave Credit Option, you may elect this option. This election enables your dependent survivors to continue using your monthly sick leave credit toward their NYSHIP premium after you die. To enroll, you must choose this option before your last day on the payroll. Confirm that your dependent qualifies for coverage as a dependent survivor before electing this option. (See *Dependent Survivor Coverage*, page 30.)

If you choose the Dual Annuitant Sick Leave Credit Option, you will use 70 percent of your sick leave credit for your premium for as long as you live. This 70 percent monthly credit will continue to be applied to the NYSHIP premium for your eligible dependents who outlive you. If your dependents die before you, you retain the 70 percent sick leave credit. Regardless of whether or not you choose the Dual Annuitant Sick Leave Credit Option, your surviving dependents are eligible to continue coverage after your death if they meet the NYSHIP eligibility requirements outlined in *Dependent Survivor Coverage*, page 30.

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

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

Spouses who are both eligible for sick leave credit

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

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

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

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

Reactivating Individual enrollment

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

Deferred Health Insurance Coverage

When you retire, you may delay your enrollment in retiree health insurance coverage and the use of your sick leave credit indefinitely (if eligible for sick leave credit) if you have other employer-sponsored group coverage. To defer your coverage, you must contact your HBA and fill out the *NYSHIP Health Insurance Deferral Election Form* (PS-406.2).

If you choose to defer, you must do it before your last day on the payroll.

If you defer the start of your retiree coverage, your monthly sick leave credit may be higher because its calculation is based on your age at the time of enrollment. You may start your deferred retiree health insurance coverage at any time without a waiting period.

To document the value of your sick leave credit, ask your HBA to complete the *NYSHIP Sick Leave Credit Preservation Form* (PS-410) at retirement. This form provides evidence of State service and sick leave credit.

If you had Family coverage at the time you deferred and you predecease your dependents, they may be eligible to enroll as dependent survivors. They must write to EBD to request reenrollment in NYSHIP within 90 days of the date of your death. Eligibility requirements for your spouse and eligible dependents to reenroll in NYSHIP are the same as if you had continued your coverage in retirement.

If you choose Dual Annuitant Sick Leave Credit at the time of retirement and die while in deferred status, your eligible surviving dependents retain the 70 percent sick leave credit. The amount is calculated based on your age at the time of death.

Contact your HBA if you have questions about deferring your coverage.

If you are covered as a dependent of another NYSHIP enrollee at the time you retire and you elect to defer the start of your own retiree coverage, complete the *NYSHIP Sick Leave Credit Preservation Form* (PS-410).

Reenrolling as a Retiree

Under most circumstances, you are subject to a waiting period before your coverage becomes effective again. Any sick leave credits will be maintained on your record and applied to your monthly premium once you reactivate enrollment.

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 about the necessary steps you must take before retirement. For more information, also read the *Planning for Retirement for Employees of Participating Employers* publication and the *Planning for Retirement Benefits Checklist* for PEs.
- ☐ Make sure you meet the minimum service requirements for continuing benefits in retirement, and, at the time you retire, make sure you are enrolled in NYSHIP or other coverage offered by your employer. For health insurance, be especially sure 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 the information on your enrollment record (e.g., dates of birth, spelling of names and addresses) is accurate and up to date.
- ☐ Ask your HBA if you can apply the value of your unused sick leave credit 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 32). 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 cancellation of NYSHIP benefits, you must enroll in Medicare Parts A and B.**

  Medicare becomes primary to NYSHIP 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 the first day of the month you reach age 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 [ESRD], amyotrophic lateral sclerosis [ALS]), Medicare Parts A and B provide coverage that is primary to NYSHIP (see *Medicare and NYSHIP*, page 32).

☐ If You Are Moving When You Retire

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

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 dependent survivors receive the benefits they are entitled to, send a copy of the enrollee's death certificate to the former employee's HBA as soon as possible. Notification to a retirement system does not satisfy this requirement.

Survivors of COBRA enrollees are ineligible for the extended benefits period or dependent survivor coverage. Refer to the COBRA: Continuation of Coverage section starting on page 36 for more information.

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 a period of three months beyond the last month for which the enrollee paid for NYSHIP coverage. This is referred to as the *extended benefits period*.

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

Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends

After the extended benefits period ends, enrolled covered dependents may elect to continue NYSHIP coverage if they are eligible for dependent survivor coverage. Refer to *The Empire Plan Certificate for Participating Employers* 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 remarried 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 8 of *Dependent Eligibility*

For dependents to be eligible for dependent survivor coverage, the enrollee must have completed at least 10 years of service with the State, and the dependent must have been covered under NYSHIP as the enrollee's dependent at the time of the enrollee's 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.

If your agency has a retiree minimum service requirement of less than 10 years, dependents of any retirees with less than 10 years of service are ineligible for dependent survivor coverage.

A covered dependent who is ineligible for dependent survivor coverage may be eligible to continue NYSHIP coverage under COBRA (page 36) or convert to a direct-pay contract (page 42).

NYSHIP coverage ends permanently for eligible dependent survivors if they:

- **Do not make a timely election of dependent survivor coverage**
- **Fail to make the required payments**
- **Remarry**
- **Voluntarily cancel enrollment**

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 former employer's HBA for contribution rates.

Benefit Cards for Dependent Survivors

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

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

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 previously employed by a Participating Agency should write to the Participating Agency to ask about reenrollment. Survivors previously employed by a Participating Employer or New York State should write to EBD 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 36) or convert to a direct-pay contract (see page 42).

Eligibility for dependent survivor coverage ends permanently if a:

- Spouse remarries
- Domestic partner acquires a new domestic partner or marries
- Dependent child no longer meets the eligibility requirements (see page 7)
- Dependent survivor fails to make the required payments
- Dependent survivor voluntarily cancels

If NYSHIP coverage as a dependent survivor is terminated for any reason, eligibility ends and the dependent is ineligible 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.

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare coverage is primary to NYSHIP. Follow NYSHIP rules to ensure your coverage is not reduced or canceled. Do not depend on Medicare, your provider, another employer or your health plan for information about NYSHIP, since 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 38.

Medicare: a Federal Program

This section provides a brief overview of Medicare. Check 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, 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, certain prescription drugs, durable medical equipment and some other services and supplies not covered by Part A.

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

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

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

Medicare and NYSHIP Together Provide Maximum Benefits

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

When Medicare Eligibility Begins

You are eligible for Medicare:

- 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 remains 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 Parts A or B until Medicare becomes primary. Check with the Social Security Administration regarding enrollment and possible late enrollment penalties.
- Enroll in Parts A and B. You would have some secondary benefits from Medicare. There is usually no premium for Medicare Part A. There is a premium for Medicare Part B, but you would not be reimbursed for the premium cost.

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 who is 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 (e.g., when you are covered as a retiree, vestee, Preferred List enrollee, dependent survivor or the dependent of one of these enrollees) and become eligible for Medicare, Medicare becomes primary unless you or your dependent is still within 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 cancellation of NYSHIP benefits, you and each of your covered dependents must enroll in Medicare Parts A and B when first eligible for primary Medicare coverage.

If you fail to enroll in a timely manner and your coverage is canceled, there may be a break in your NYSHIP coverage until you and your covered dependents enroll in both Parts A and B. You will be responsible for any claims you or your dependents incurred that Medicare would have covered had it been in effect.

If you or a dependent must 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 it at no cost.

If your domestic partner is eligible for Medicare due to age (and 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 on page 34 for domestic partners. Call your HBA if you or your dependent is diagnosed with ESRD.

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 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 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 online, by phone or by mail. Contact the Social Security Administration office at 1-800-772-1213 or visit their local office. Information about applying for Medicare is also available on the web 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, contact the Social Security Administration immediately to re-enroll in part B for the date Medicare is primary to NYSHIP.

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 81) or your HMO.

* ***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 pays 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 Employer and is covered under NYSHIP. She is over age 65 and eligible for Medicare coverage, but because she is still working, if Sarah chooses to add Medicare Parts A and B coverage, NYSHIP will still provide her primary coverage and Medicare pays secondary. When Sarah receives covered services, NYSHIP should receive claims first and Medicare second.*

Example 2: *Juliette is an active employee of a Participating Employer and her spouse, Peter, is a retiree from another employer that provides NYSHIP coverage. Both agencies participate in NYSHIP. Juliette is eligible for Medicare because she is over 65. She has Individual coverage through her employer and is covered by Peter as a dependent on his retiree coverage. When Juliette goes to her doctor, claims are first submitted to the NYSHIP coverage she has as an active employee, then to Medicare, and finally to the retiree NYSHIP coverage she has as Peter's dependent.*

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

Additional Information for Medicare-primary Enrollees and Dependents

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

- *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan*, page 63
- *Medicare Costs, Payment and Reimbursement of Certain Premiums*, page 64
- *Expenses Incurred Outside the United States*, page 66
- *Provide Notice if Medicare Eligibility Ends*, page 67

Questions

Call your HBA if you have questions about:

- NYSHIP requirements, including when you must enroll in Medicare
- Premium reimbursement
- How enrolling in other coverage may 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 some instances when coverage would otherwise end. In addition to the federal COBRA law, the New York State continuation coverage law, or "mini-COBRA," extends the continuation period. Together, the federal COBRA law and NYS "mini-COBRA" provide 36 months of continuation coverage. Both laws are collectively referred to as "COBRA" throughout this book.

COBRA enrollees pay the full cost of coverage, and the employer may also charge up to a two percent administrative fee. The employer is not obligated to contribute to the cost of coverage. See *Costs Under COBRA*, page 39.

Benefits Under COBRA

COBRA benefits are the same benefits offered to employees 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 is later (see *Deadlines Apply*, page 38). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee 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 that is now exhausted. **You may be eligible to continue coverage as a retiree (page 23) or vestee (page 21).**

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 your 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.

The continuation coverage period will last no more than 36 months from the initial COBRA-qualifying event regardless of circumstances.

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 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 14, 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 7, and *Coverage: Individual or Family*, page 11). However, a dependent added during a period of COBRA continuation coverage is not considered a qualified beneficiary, with the exception of a newborn or newly adopted child added within 30 days. The COBRA 36-month period for such a child is calculated 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 are ineligible 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 are ineligible to continue coverage under COBRA (see *Dependent Survivor Coverage*, page 30)

Medicare and COBRA

When NYSHIP requires you or your covered dependent to enroll in Medicare, your NYSHIP COBRA coverage is affected differently depending on which coverage you were enrolled in first. Read the section *When You are Required to Have Medicare Parts A and B in Effect*, page 33, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you become Medicare-primary in NYSHIP, your NYSHIP COBRA medical coverage ends when Medicare-primary enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA medical coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period*, page 39). Medicare eligibility does not affect NYSHIP COBRA dental and vision coverage.
- If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your NYSHIP coverage will be canceled or substantially reduced.
- If you are already covered under Medicare when you elect COBRA coverage, your Medicare coverage pays first. When enrolled in COBRA, Medicare is your primary coverage.

Choice of Option

An enrollee or dependent who continues coverage under COBRA is covered under the same option. COBRA enrollees may change to a different option during the annual Option Transfer Period (see *Your Options Under NYSHIP*, page 4) or when moving under the circumstances described in *Qualifying Life Events: Changing Your NYSHIP Option Outside the Option Transfer Period*, page 5. Dependents of a COBRA enrollee who are qualified beneficiaries may also change to Individual coverage during the annual Option Transfer Period.

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. 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 (e.g., 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 coverage, the enrollee or covered dependent must notify the HBA within 60 days of 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 21)

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

If your HBA does not receive written notice within that 60-day period, the dependent cannot choose continuation coverage.

Costs Under COBRA

COBRA enrollees may pay 100 percent of the premium for continuation coverage, and may be required to pay up to an additional two percent administrative fee. EBD will bill you for the COBRA premiums.

45-day grace period to submit initial payment

COBRA enrollees 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 coverage, you will receive a bill for coverage. Ask EBD if you will receive subsequent payment reminders.

30-day grace period

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

Continuation of Coverage Period

You and your eligible dependents may have the opportunity to continue coverage under COBRA for up to 36 months. If you, the enrollee, lose COBRA eligibility prior to the end of the 36-month continuation coverage period, the duration of your dependents' coverage is as follows:

- *Dependents who are qualified beneficiaries:* COBRA continuation coverage may continue for the remainder of the 36 months
- *Dependents who are not qualified beneficiaries:* COBRA continuation coverage ends 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 are 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 42). **Survivors of COBRA enrollees are ineligible for the extended benefits period or dependent survivor coverage.**

When You No Longer Qualify for COBRA Coverage

Continuation coverage will end for the following reasons:

- The premium for your continuation coverage is not paid on time
- The continuation period of up to 36 months ends
- The enrollee or enrolled dependent enrolls in Medicare (applies to COBRA medical only)
- Your employer no longer participates in NYSHIP

To Cancel COBRA
Notify EBD if you want to cancel your COBRA coverage.

Conversion Rights after COBRA Coverage Ends
If you were an Empire Plan enrollee, at the end of your COBRA coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan's Medical/Surgical Program administrator (see *Contact Information*, page 81).

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 are ineligible to convert to a direct-pay policy.

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

Other Coverage Options
There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums. You can see what your premium, deductibles and out-of-pocket costs will be before you enroll. Eligibility for COBRA does not limit your eligibility for 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, but are not currently enrolled, please contact your HBA. If you are enrolled in COBRA, contact EBD.

Young Adult Option
The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when the young adult 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
- Ineligible for coverage through their own employer-sponsored health plan, provided it 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 Young Adult Option eligibility requirements 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 their parent is required to pay the full cost of premium for Individual coverage.

Coverage

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

Enrollment Rules

Either the young adult or their 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 the young adult lost coverage due to age. This is the only circumstance in which the Young Adult Option is 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 EBD to learn when this enrollment period occurs and when your coverage becomes effective.

When Young Adult Option Coverage Ends

Young Adult Option coverage ends the last day of the month in which eligibility for coverage is lost or 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 or COBRA continuation coverage eligibility ends, some enrollees and their covered dependents are eligible for coverage through a direct-pay conversion contract. The benefits and premium for direct-pay conversion contracts differ from those under NYSHIP.

Eligibility

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

- Termination of employment
- Loss of coverage eligibility as a dependent
- Death of the enrollee (when the dependent is ineligible to continue coverage as a dependent, as explained in *Dependent Survivor Coverage*, page 30)
- COBRA continuation eligibility 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

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

Deadlines Apply

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

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

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

No Notice for Certain Dependents

Written notice of conversion privileges are not 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 81).

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

General Information Book

For Retirees, Vestees and Dependent Survivors of Participating Employers

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

If you are still actively employed by a NYSHIP Participating Employer, including if you are receiving NYSHIP benefits while you are on a leave of absence, refer to the first part of this book, pages 3–42, for information.

When You Need Assistance

The Employee Benefits Division (EBD) serves as the Health Benefits Administrator (HBA) for retirees, vestees, dependent survivors and Preferred List, COBRA and Young Adult Option enrollees.

For information about your enrollment, eligibility, Medicare coordination or any other aspect of NYSHIP, contact EBD, Monday through Friday, 9 a.m. to 4 p.m. Eastern time, at 518-457-5754 or 1-800-833-4344 or by writing to:

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

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

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

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

When You Must Contact EBD

EBD and your retirement system are separate entities and do not share information. You must contact your retirement system to update your record for retirement or pension purposes.

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

Your contact information changes.

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

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

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

You need to update information on your enrollment record.

- For example, your birth date or Social Security Number are listed incorrectly

Your family unit changes (see *Dependent Eligibility*, page 51).

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

Your employment status is changing.

- You are returning to work for the same Participating Employer that provides your NYSHIP benefits
- You are awarded a disability retirement

Your Medicare status is changing.

- You or a covered dependent loses eligibility for Medicare
- You or a covered dependent becomes eligible for Medicare benefits (see *Medicare and NYSHIP*, page 60)

Other reasons to contact EBD.

- Your health insurance benefit card is lost or damaged
- You have questions about the amount of your NYSHIP coverage premium or bill
- You want to cancel or reinstate your coverage
- You have questions about COBRA (see *COBRA: Continuation of Coverage*, page 69)

Retiree Benefits on the Web

Visit www.cs.ny.gov/employee-benefits/ to view information on NYSHIP retiree benefits.

Your Options Under NYSHIP

The Options

NYSHIP offers the following options:

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

Your Participating Employer may elect to offer only The Empire Plan, or it may also offer NYSHIP HMOs and health plans outside of NYSHIP.

Most retirees, vestees, dependent survivors and Preferred List enrollees have prescription drug coverage through NYSHIP. Some retirees from certain Participating Employers have prescription drug coverage through a union Employee Benefit Fund.

For details about The Empire Plan and NYSHIP HMOs, refer to the *Health Insurance Choices* booklet for NY/PE Retirees issued annually, usually in October or November. Contact EBD if you have any questions about your NYSHIP options. If you did not receive a *Health Insurance Choices* booklet by mail in the fall, you may obtain one by visiting our website or contacting EBD.

Changing Options

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

> There is no open enrollment period. If you and/or your dependents were previously eligible for NYSHIP coverage in retirement, but not enrolled, you must satisfy the late enrollment waiting period before coverage begins.

Contact EBD to change your option. If you change options, EBD will inform you of the date the new coverage begins and its cost.

Qualifying Life Events: Changing Options More Than Once During a 12-Month Period

You may change options more than once during a 12-month period **only** under the following circumstances:

- You are no longer eligible to continue coverage in your current HMO because you have moved permanently out of your HMO's service area or your job's location has changed and is no longer located in your HMO's service area. To keep NYSHIP coverage, you must choose a different NYSHIP HMO that serves your new area or The Empire Plan.
- You move permanently or your job's location changes and you want to change to an HMO that was not available where you previously lived or worked. You may change to the new HMO regardless of your option selection before you moved.
- Your dependent moves permanently and is no longer in your HMO's service area. **A student attending college outside your HMO's service area is not considered a change in permanent residence.**
- You add a newly eligible dependent to your coverage in a timely manner. (See *Changing Coverage*, page 55, for time frames.) The dependent may be acquired through marriage, domestic partnership, birth, adoption, placement for adoption or if your dependent meets "other" child eligibility criteria (see page 52).
- You retire or vest your health insurance.

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

Examples of requests not permitted if you made an option change within the last 12 months include, but are not limited to:

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

Retiree Coverage

Eligibility requirements for NYSHIP coverage as a retiree are outlined in the active employees section of this book in *Eligibility to Continue Coverage When You Retire* on page 23.

This part of the book applies to those 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 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 a NYSHIP HMO)
- Type of coverage (Individual or Family coverage)

Also, you may be entitled to use the value of your unused sick leave to offset the cost of NYSHIP coverage in retirement. Contact EBD to find out if this provision is available to you, and if so, how it will be 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 EBD or to your former Participating Employer.

Suspending Enrollment

If you wish to discontinue your enrollment in NYSHIP, contact EBD.

If you die while your coverage is not in effect, your dependents 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 their coverage, contact EBD. Your dependent may be eligible to continue coverage under COBRA (page 69), the Young Adult Option (page 72) or a direct-pay contract (page 73).

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 *NYSHIP Health Insurance Transaction Form* (PS-404) to EBD. If you are requesting coverage for your dependents, you must provide the required dependent proofs (see *Proof of Eligibility*, page 53, for a list of the required proofs that must be submitted with this request).

Under most circumstances, if you voluntarily suspend your coverage, you are subject to a waiting period before your coverage becomes effective again. Ask for details about when coverage becomes 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) are not 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, your dependent maintains the right to reactivate their own NYSHIP enrollment at any time. For example, if you predecease your dependent, they may either continue in NYSHIP as a dependent survivor or reactivate enrollment in their own right.

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

Other Resources

- Your *Empire Plan Certificate for Participating Employers* and annual *At A Glance* booklet provide information about benefits and coverage for Empire Plan enrollees.
- The Department of Civil Service website, www.cs.ny.gov, has current benefit information. Click Health Benefits.
- *On the Road with The Empire Plan* is a guide to your Empire Plan benefits when traveling.
- Medicare is administered by the Social Security Administration. To enroll in Medicare, call the Social Security Administration at 1-800-772-1213. 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 for NY and PE Retirees* booklet and companion video explain how NYSHIP and Medicare work together to provide health benefits.
- *Medicare and NYSHIP* (see page 60) provides details on NYSHIP coordination of benefits with Medicare. Continue to use this book as a reference for NYSHIP policies after you retire.
- Talk to EBD. After you retire, EBD will assist you with coverage and enrollment.
- To report certain enrollment changes or address changes, contact EBD.

Vestee Coverage

For information about eligibility and special rules for continuing NYSHIP coverage as a vestee (when you leave employment with your Participating Employer before you are eligible for coverage as a retiree), see *Vestee Coverage* on page 21 of the active employees section of this book.

If you have continued coverage as a vestee, contact EBD to ensure your coverage is changed when you qualify for retiree coverage. For information about when you are eligible to continue NYSHIP coverage as a retiree, refer to the section *Eligibility to Continue Coverage When You Retire* on page 23 of the active employees section of this book, 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 eligibility rules. To ensure dependent survivors receive the benefits they are entitled to, send a copy of the death certificate to EBD as soon as possible after the enrollee's death. Notification to a retirement system does not satisfy this requirement.

Survivors of COBRA enrollees are ineligible for the extended benefits period or dependent survivor coverage. Refer to the *COBRA: Continuation of Coverage* section starting on page 69 for more information.

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 a period of three months beyond the last month for which the enrollee paid for NYSHIP coverage. This is referred to as the *extended benefits period*.

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

Eligibility for Dependent Survivor Coverage After the Extended Benefits Period Ends

After the extended benefits period ends, enrolled covered dependents may elect to continue NYSHIP coverage if they are eligible for dependent survivor coverage. Refer to *The Empire Plan Certificate for Participating Employers* 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 remarried 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 51 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 the enrollee's 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.

If your agency has a retiree minimum service requirement of less than 10 years, dependents of any retirees with less than 10 years of service are ineligible for dependent survivor coverage.

A covered dependent who is ineligible for dependent survivor coverage may be eligible to continue NYSHIP coverage under COBRA (page 69) or convert to a direct-pay contract (page 73).

NYSHIP coverage ends permanently for eligible dependent survivors if they:

- **Do not make a timely election of dependent survivor coverage**
- **Fail to make the required payments**
- **Remarry**
- **Voluntarily cancel enrollment**

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 former employer's HBA for contribution rates.

Benefit Cards for Dependent Survivors

After the extended benefits period ends, the primary dependent survivor becomes the enrollee. EBD will change the enrollment file to show the primary dependent survivor as the enrollee. In most cases, this is the spouse or domestic partner.

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

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

Loss of Eligibility for Dependent Survivor Coverage

A dependent who loses eligibility for dependent survivor coverage may be eligible to continue coverage in NYSHIP under COBRA (see page 69) or convert to a direct-pay contract (see page 73).

Eligibility for dependent survivor coverage ends permanently if a:

- Spouse remarries
- Domestic partner acquires a new domestic partner or marries
- Dependent child no longer meets the eligibility requirements (see above)
- Dependent survivor fails to make the required payments
- Dependent survivor voluntarily cancels

If NYSHIP coverage as a dependent survivor is terminated for any reason, eligibility ends and the dependent is ineligible 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 adding them to your existing Family coverage or enrolling in this option if you don't currently have it. 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 EBD for enrollment information.

See *Proof of Eligibility* on page 53 for required proofs that must be submitted with the request to add a dependent to your coverage. For more information about when coverage takes effect, see page 55.

Enrollees covered under the Young Adult Option are eligible for Individual coverage only; they may not cover any dependents. Refer to *Young Adult Option* on page 72 for information about eligibility under this option.

Your Spouse

Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is ineligible as of the date the divorce or annulment is filed in the county clerk's office, even if a court orders you to provide coverage. You and/or your ex-spouse must provide a copy of the divorce or annulment decree to EBD.

Your Domestic Partner

Ask EBD if your former employer offers coverage to domestic partners. If not, your domestic partner is ineligible for coverage as your dependent under NYSHIP. Your domestic partner's child(ren) also may be ineligible, unless eligible as "other" children (see page 52).

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

- Are both 18 years of age or older
- Have been in the partnership for at least six months
- Are both unmarried; copy of divorce decrees or death certificate(s) 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 to share responsibility for each other's welfare and financial obligations, which you expect to last indefinitely
- Have not had a different domestic partner or have not enrolled as another enrollee's domestic partner in the last year

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

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

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

Your Children

The following children are eligible for coverage until age 26:

- Your natural child
- Your stepchild
- Your domestic partner's child; 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

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

Your child with a disability

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

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

Contact EBD prior to your child's 26th birthday (or 19th birthday for an "other" child with a disability) to begin the review process. To apply for coverage for your child with a disability, you must submit the *NYSHIP Statement of Disability for Dependents Form* (PS-451) to the Plan administrator and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If this dependent is also an "other" child, you are required to resubmit the *NYSHIP Statement of Dependence for "Other" Children Form* (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 prior to age 26. As a result, your dependent may be eligible to continue their NYSHIP coverage past age 26. To be eligible, your dependent child must:

- Be enrolled in school on a full-time basis,
- Be unmarried, and
- Not be eligible for other employer group coverage.

You must 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 is required for verification.

Example: *Rebecca is 27 years old and served in the military from ages 19 through 23, then enrolled in college. After deducting the four years of military service from her true age, her adjusted eligibility age is 23 even though Rebecca is actually 27. As long as Rebecca remains a full-time student, she is entitled to coverage 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 eligibility 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 dependent coverage.

Proof of Eligibility

Your application to enroll or add a dependent to your coverage will not be processed by EBD without required proof of eligibility. Refer to *Retiree Coverage* (page 47), *Vestee Coverage* (page 21), *Dependent Survivor Coverage* (page 49) and *Dependent Eligibility* (page 51) for eligibility requirements.

Required Proofs

You must provide the following proofs to EBD:

Spouse*

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

Domestic partner*,**

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

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

- Birth certificate
- Medicare card, if applicable

Adopted children*

- Adoption papers or proof of pending adoption
- Birth certificate
- Medicare card, if applicable

Your child with a disability who is over age 26*

- Birth certificate
- Completed *NYSHIP Statement of Disability for Dependents Form* (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 the section *Your Children*, page 52.

- Birth certificate
- Completed *NYSHIP Statement of Dependence for "Other" Children Form* (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.***

** *Not all employers offer coverage to domestic partners (see* Dependent Eligibility*, page 51). Contact EBD for information.*

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.

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 may be subject to a late enrollment waiting period. Refer to *First date of eligibility* on page 55 for more information.

Family Coverage

Family coverage provides benefits for you and any eligible dependents you elect to enroll. For more information on who qualifies as your dependent, see *Dependent Eligibility*, page 51.

If you and your spouse (or domestic partner, if your former employer offers NYSHIP coverage for domestic partners) are both eligible for coverage under NYSHIP, you may elect one of the following:

- One Family coverage
- Two Individual coverages
- One Family coverage and one Individual coverage
- Two Family coverages, if both of your employers permit two Family coverages

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 51), contact EBD. Be prepared to provide the following:

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

Additional documentation may be required (see *Proof of Eligibility*, page 53).

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, e.g., the date of marriage or a newborn's date of birth.

The date your dependent's coverage begins depends on your reason for changing coverage and your timeliness in applying. You can avoid a waiting period by applying promptly, even if you are unable to provide the required proofs at that time. **Proofs are due 30 days from the date the application is received by EBD.**

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

- You acquire a new dependent, e.g., you marry or become a parent. **The time frame for covering newborns is different (see the following section, *Covering newborns*).**
- Your dependent's other health insurance coverage ends.
- You are adding a previously eligible dependent at the same time as a newly eligible dependent or a previously eligible dependent who experienced a qualifying event.

Your dependent's coverage begins according to when you apply. If you apply:

- **30 days or less after a dependent's first date of eligibility**, your Family coverage is effective the date the dependent was first eligible.
- **More than 30 days after a dependent's first date of eligibility**, a late enrollment waiting period applies. Your Family coverage becomes effective the first day of the third month following the month in which you apply. If you apply the first day of the month, that month is counted as the first month of the waiting period.

Covering newborns

Your newborn child is not automatically covered; you must contact EBD within 30 days of the child's birth to complete the appropriate forms. For additional documentation that may be required refer to *Proof of Eligibility* on page 53.

If you want to change from Individual to Family coverage to cover a newborn child and make this request within 30 days of the child's birth, the newborn's coverage is effective on the child's date of birth.

If you already have Family coverage, you must 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 for the coverage to be effective the day the child was born.

Adding a Previously Eligible Dependent to Existing Family Coverage

To add a previously eligible but not yet enrolled dependent to your existing Family coverage, contact EBD. Your previously eligible dependent's coverage begins based on the time frames outlined in *First date of eligibility* on page 55.

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 may 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 59, for information about when your dependents' coverage ends if you change from Family to Individual coverage, or contact EBD. For information about continuing dependent coverage, see *COBRA: Continuation of Coverage* on page 69 and *Young Adult Option* on page 72, or contact EBD.

No Coverage During Waiting Period

Medical expenses incurred or services rendered while you or your dependents wait for coverage to become effective will not be covered.

Enrollment Considered Late if Previously Eligible

If you or your dependent were previously eligible but not enrolled, coverage begins the first day of the third month following the month in which you apply. This is known as the late enrollment period.

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.

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

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

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

Exception: Dependent 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 your dependent(s) is effective the date indicated on the National Medical Support Order. You must contact EBD and provide all of the following:

- A copy of the court order
- Supporting documents showing the dependent child is covered by the order
- Supporting documents showing the dependent child is eligible for coverage under NYSHIP eligibility rules (see *Proof of Eligibility*, page 53)

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

An employee or eligible dependent may 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 EBD.

If you die while your coverage is canceled, your dependents 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 69), the Young Adult Option (page 72) or a direct-pay contract (page 73).

Reenrolling dependents

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

Your Share of the Premium

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

What You Pay

After your former employer's contribution, you are responsible for any remaining balance in your premium through deductions from your retirement check or by direct payments to EBD or your former employer.

Retirees

Your former employer must pay a portion of your health insurance coverage. 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.

Most retirees pay a portion of their NYSHIP health insurance premium. The amount you pay to maintain your health coverage in retirement depends on a number of factors, including your:

- Health insurance option (Empire Plan or NYSHIP HMO)
- Type of coverage (Individual coverage or Family coverage)
- Sick leave credit, if applicable

EBD will notify you of the monthly amount you must pay or advise you who to contact for this information.

Rate information

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

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 21, or *Young Adult Option*, page 72, for more information.

Dependent Survivors

Contact EBD for the cost of coverage.

Military Active Duty

If you are a retiree and 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 are eligible for coverage if you had Family coverage for at least 30 days before your activation. To arrange for this benefit if you are going on active military duty, you or a family member must contact EBD and provide documentation of the dates you were called to active duty. You may be required to pay the full cost of the premium.

Identification Cards

Empire Plan Enrollees

When you separate from service, you will not be issued a new benefit card unless other changes to your coverage coincide with your change in status. You will continue to use the benefit card you used as an employee (refer to page 76 of the *Appendix* for a sample image of your Empire Plan benefit card).

Although there is no expiration date on your card, it may be reissued as necessary. This card includes your name and the names of your covered dependents. Separate cards will be mailed to dependents with a different address on your enrollment record.

Present your NYSHIP Empire Plan card before you receive services, supplies or prescription drugs. The nine-digit number on your card is your Empire Plan identification number.

Your Empire Plan Medicare Rx card

If you or a dependent is enrolled in Empire Plan Medicare Rx, each enrollee will receive a separate card for prescription drugs. Use this card when filling a prescription (see *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan*, page 63).

Ordering a card

Contact EBD to order a NYSHIP Empire Plan benefit card if your or a dependent's card is lost or damaged. Your replacement card will be sent to the address on your enrollment record. Please confirm your address is correct. You can also order a new card using MyNYSHIP (www.cs.ny.gov/mynyship).

To reorder an Empire Plan Medicare Rx card, call the Prescription Drug Program and follow the prompts for Empire Plan Medicare Rx (see *Contact Information*, page 81).

HMO Enrollees

Upon enrollment in a NYSHIP HMO, you will receive a NYSHIP HMO card. When Medicare becomes primary for you or your dependent, you may receive a new benefit card and/or a prescription drug card. To learn how to order a new card or for any other card-related questions, contact your HMO.

Possession of a Card Does Not Guarantee Eligibility

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact EBD. Use of a benefit card when you are ineligible may constitute fraud. If you or your dependent uses the card when you are ineligible for benefits, you will be billed for all claims paid incorrectly on behalf of you or your dependents.

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

End Dates for Coverage

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 69).

You, the Enrollee

Suspending retiree coverage

If you choose to suspend your retiree coverage, your coverage ends 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 have no right to continue coverage as dependent survivors. If your NYSHIP vestee coverage is canceled prior to your retirement eligibility, you cannot reinstate your NYSHIP vestee coverage and you are ineligible for NYSHIP retiree coverage.

Dependent Loss of Eligibility

Contact EBD as soon as your dependent no longer qualifies for coverage. If you choose to change from Family to Individual coverage when your dependents are still eligible, coverage for your dependents ends the last day of the month in which you request this change.

Children

Coverage for your dependent children ends the last day of the month in which the maximum age is reached (for dependents who lose eligibility due to age) or the date the dependent otherwise loses eligibility for coverage, e.g., children with a disability or “other” children. See page 52 for more information about dependent child eligibility.

Spouse

Coverage for your spouse ends on the effective date of the divorce filed by the court.

Domestic partner

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

Medicare and NYSHIP

NYSHIP requires enrollees and covered dependents to enroll in Medicare Parts A and B when Medicare coverage is primary to NYSHIP. Follow NYSHIP rules to ensure your coverage is not reduced or canceled. Do not depend on Medicare, your provider, another employer or your health plan for information about NYSHIP, since 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 70.

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, certain prescription drugs, durable medical equipment 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 a standalone plan that provides only prescription drug benefits.

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

Medicare and NYSHIP Together Provide Maximum Benefits

NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP. **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, Preferred List enrollee or dependent survivor 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

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, your NYSHIP coverage may be reduced or canceled as NYSHIP will not provide benefits for services Medicare would have paid.

If you return to work for the same employer that provides your NYSHIP retiree coverage, please review *Reemployment* on page 68.

Empire Plan enrollees

When Medicare is primary to The Empire Plan for you and/or your covered dependents, The Empire Plan will coordinate hospital, medical/surgical and mental health and substance use care benefits with your traditional Medicare Parts A and B coverage. Your prescription drug coverage is provided under Empire Plan Medicare Rx, a Medicare Part D plan with enhanced benefits.* Refer to *Empire Plan Medicare Rx: A Medicare Part D Prescription Drug Plan* on page 63.

HMO enrollees

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

** Not all Participating Employers provide prescription drug coverage.*

When Medicare Eligibility Begins

You are eligible for Medicare:

- At age 65
- Regardless of age, after receiving 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 (e.g., you are covered as a retiree, vestee, Preferred List enrollee or dependent survivor or the dependent of one of these enrollees), and
- You are eligible for Medicare.

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

- **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 for the end date of the waiting period
- **Domestic partners (if domestic partnership is offered by your former employer):** Regardless of the employment status of the enrollee, Medicare is primary for a domestic partner age 65 or older

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

The responsibility is yours: To avoid cancellation of NYSHIP benefits, you and each of your covered dependents must enroll in Medicare Parts A and B when first eligible for primary Medicare coverage.

If you fail to enroll in a timely manner and your coverage is canceled, there may be a break in your NYSHIP coverage until you and your covered dependents enroll in both Parts A and B. You will be responsible for any claims you or your dependents incurred that Medicare would have covered had it been in effect.

If you or a dependent must pay a premium for Medicare Part A coverage, contact EBD. NYSHIP may continue to provide primary coverage for inpatient hospital expenses and you may delay enrollment in Medicare Part A until you become eligible for it 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 the first day of the month you/your dependent turns 65 (or, if your birthday falls on the first of the month, in effect 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.

If you get married and your spouse is 65 or older, your spouse must be enrolled in Medicare Parts A and B on the date of the marriage.

When you are Medicare-eligible due to disability

When to apply:

Make sure Medicare is in effect when you are eligible for Medicare-primary coverage due to disability. Contact the Social Security Administration to identify this date.

If you or a covered dependent becomes eligible for Medicare due to disability prior to turning 65 (refer to *When Medicare Eligibility Begins* on page 61), you/your dependent must have Medicare Parts A and B coverage in effect 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 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 your Medicare eligibility has been confirmed 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 online, by phone or by mail. Contact the Social Security Administration office at 1-800-772-1213 or visit their local 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, enroll now and send a photocopy of your new card to EBD.

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

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

When you and your enrolled dependents become Medicare primary, each of you is automatically enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug program designed especially for The Empire Plan.* Enrollment in Empire Plan Medicare Rx is required to continue your coverage in The Empire Plan. See the exceptions below.

You and your enrolled dependents will each receive notices and publications about Empire Plan Medicare Rx as the Medicare eligibility date approaches. When you receive your information packet, you are 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 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.

** Not all Participating Employers provide prescription drug coverage.*

The Empire Plan Prescription Drug Program administrator will attempt to automatically enroll you in Empire Plan Medicare Rx. If you have other retiree coverage through a spouse, please refer to *Other Medicare prescription drug plans* below. In most cases, you are not required to take any action. Contact EBD immediately if:

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

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

Also contact EBD if you or your dependent is:

- Receiving Extra Help for your Empire Plan Medicare Rx benefit,
- Confined in a skilled nursing facility, or
- Disabled and enrolled in an approved Medicare Special Needs Plan (SNP) or Medicaid.

Other Medicare prescription drug plans

Under Medicare rules, you can be enrolled in only one Medicare 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 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. Enrolling in a non-NYSHIP HMO Medicare Advantage Plan in addition to NYSHIP coverage will also lead to the termination of NYSHIP coverage.

Empire Plan Medicare Rx ID card

Every Medicare-primary Empire Plan enrollee and dependent receives a personalized prescription drug ID card (refer to page 76 of the *Appendix* for an example). Each card provides a unique ID number to be used at network pharmacies when filling your prescription medications. You will receive this card and other Empire Plan Medicare Rx materials from the Prescription Drug Program administrator.

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

Continue to use your Empire Plan benefit card (see *Empire Plan Cards*, page 76) for all other benefits, including hospital services, medical/surgical services, mental health 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 61), you are subject to a premium for Medicare Part B, and in some cases, responsible for other Medicare premiums. Each year, the Social Security Administration will send you a letter explaining your Medicare cost 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. Call EBD to confirm 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 are 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 at 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) for Part B coverage. If you are required to pay a Medicare Part B IRMAA, that amount is included in your annual Social Security award letter. If eligible, your former employer will reimburse you for this amount. See *Medicare Part B IRMAA reimbursement* on page 65.

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

How you pay

You can 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 becomes Medicare-primary (as described in *When You are Required to Have Medicare Parts A and B in Effect* on page 61), NYSHIP will reimburse you for the Medicare Part B premium and Medicare Part B IRMAA. You are not entitled to a reimbursement if:

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

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

NYSHIP will not reimburse late enrollment penalties assessed by Medicare. If you choose to enroll in Medicare when you are eligible but not required to enroll under NYSHIP rules (i.e., Medicare is not primary to NYSHIP), NYSHIP will not reimburse the Medicare Part B premium or IRMAA.

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

Standard Medicare Part B premium reimbursement

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

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

Medicare Part B IRMAA reimbursement

Contact EBD to apply for Medicare Part B IRMAA reimbursement. You must provide:

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

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

Medicare Part D

The Empire Plan and NYSHIP HMO Medicare Advantage Plans provide Medicare Part D coverage as a component of your health plan. 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 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, resulting in the cancellation of your NYSHIP coverage, including your dependents' coverage if you have Family coverage. Neither NYSHIP nor your former employer is 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. Empire Plan

If you have questions about claims coordination with Medicare, contact the appropriate Empire Plan program administrator (see *Contact Information*, page 81) or your HMO. For more information on the order of payments, please review the chart on page 35.

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

Example 1: *Juliette is an active employee of a Participating Employer, and her spouse, Paul, is a retiree from a different agency. Both agencies participate in NYSHIP. Juliette is eligible for Medicare because she is over 65. She has Individual coverage through her employer and is covered by Paul as a dependent on his retiree coverage. When Juliette goes to her doctor, claims are first submitted to the NYSHIP coverage she has as an active employee, then to Medicare, and finally to the retiree NYSHIP coverage she has as Paul's dependent.*

Example 2: *Matt is actively employed but does not have health insurance through his employer. Matt's spouse, Sarah, is a retiree and has NYSHIP retiree coverage through her former employer. Matt is a dependent on Sarah's NYSHIP coverage and is still working when he becomes eligible for Medicare. However, Medicare becomes primary to NYSHIP because Sarah's NYSHIP coverage is retiree coverage. Claims are first submitted to Medicare, then to Sarah's NYSHIP coverage.*

Example 3: *Marie is a retiree and has NYSHIP retiree coverage through her former employer. Marie's spouse, José, is a retiree from a different employer, and also has retiree coverage through NYSHIP. José has Family coverage and covers Marie as his dependent. In addition, Marie is eligible for Medicare because she receives SSDI benefits due to amyotrophic lateral sclerosis (ALS). When Marie is admitted to the hospital, claims are first submitted to Medicare, then to the NYSHIP coverage she has as a retiree, and finally to the NYSHIP coverage she has as a dependent of José, also a retiree.*

Example 4: *Will is over 65 and a retiree of a Participating Employer. Will's spouse, Jane, is still actively working with an employer that provides NYSHIP coverage. Will is covered as a dependent on Jane's active coverage. When Will receives covered services, claims are first submitted to Jane's active NYSHIP coverage, then to Medicare, and finally to Will's retiree NYSHIP coverage.*

When you have coverage in addition to Medicare and NYSHIP

If you and/or your dependent also has coverage as an active employee through an employer, 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

Empire Plan enrollees

For covered services received outside the United States, file claims directly with The Empire Plan (see *Contact Information*, page 81). For more information, refer to your *Empire Plan Certificate* and the publication *On the Road with The Empire Plan*.

NYSHIP HMO enrollees

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

Residing outside the United States

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

If your permanent residence is outside the United States, enrollment in Medicare is not required by NYSHIP.* However, if you choose to enroll in Medicare or remain enrolled in Medicare, your former employer will reimburse your Medicare Part B premium.

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

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

* ***If you do not enroll or choose to disenroll from Medicare while residing outside the United States, you will be assessed a late enrollment penalty by the Social Security Administration if you enroll in Medicare at a later date (refer to*** **When You are Required to Have Medicare Parts A and B in Effect** ***on page 61).***

Returning permanently to the United States

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

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

- Contact the Social Security Administration for information about how and when you can establish Medicare coverage. If Medicare coverage will not be in effect at the time you return to the United States, contact EBD.
- Contact EBD when you return and provide your new address and a copy of your current Medicare card. Ask EBD to resume reimbursement for Medicare Part B premiums 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 EBD.

You must refund Medicare premium reimbursement you were ineligible to receive

If you receive reimbursement for Medicare Part B premiums or IRMAA for yourself or a dependent when you are ineligible or when the premiums are reimbursed by another source, you must repay amounts that were incorrectly reimbursed.

Questions

Call EBD if you have questions about:

- NYSHIP requirements, including when you must enroll in Medicare
- Medicare Part B 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 the HBA from your former agency 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 cannot have coverage as both (see *Coverage: Individual or Family*, page 54).

Medicare: If you are reemployed by the employer that provides your retiree benefits, NYSHIP will provide coverage primary to Medicare during the time 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 or IRMAA 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 subsequently are hired in a benefits-eligible position with another employer that participates in NYSHIP, you must make decisions about your coverage. Before you accept employment, talk to the HBAs at both employers about the following:

Choosing active or retiree coverage: If you are eligible for NYSHIP through both your current and former employer, you must choose one to provide your NYSHIP coverage; you cannot enroll through both. Carefully discuss this decision with the HBAs at both employers, as the cost of coverage may be different at each employer.

Medicare: Your Medicare status is affected differently depending on whether you choose to enroll in coverage as an employee or continue enrollment as a retiree.

- If you choose to maintain your NYSHIP retiree coverage, Medicare will continue to be primary to NYSHIP after you are employed. NYSHIP will continue to be responsible for reimbursing the Medicare Part B premium to you.
- If you choose to enroll in NYSHIP as an employee, NYSHIP is 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 Medicare reimbursement.

With a Non-NYSHIP Employer

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

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 some instances when coverage would otherwise end. In addition to the federal COBRA law, the New York State continuation coverage law, or "mini-COBRA," extends the continuation period. Together, the federal COBRA law and NYS "mini-COBRA" provide 36 months of continuation coverage. Both laws are collectively referred to as "COBRA" throughout this book.

COBRA enrollees pay the full cost of coverage, and the employer may also charge up to a two percent administrative fee. The employer is not obligated to contribute to the cost of coverage. See *Costs Under COBRA*, page 71.

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 is later (see *Deadlines Apply*, page 70). Documentation of the COBRA-qualifying event may be required.

Eligibility

Enrollee

If you are a NYSHIP enrollee no longer covered through active employment, you have the right to COBRA coverage if the one-year coverage allowed/provided under Preferred List provisions is exhausted. **You may be eligible to continue coverage as a retiree (see page 47) or vestee (see page 21).**

Dependents who are qualified beneficiaries

Dependents who are qualified beneficiaries have an independent right to up to 36 months of COBRA continuation coverage (from the time of your 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.

The continuation coverage period will last no more than 36 months from the initial COBRA qualifying event regardless of circumstances.

Spouse/domestic partner

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

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

Dependent children

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

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

- Death of the enrollee
- The COBRA enrollee's eligibility for Medicare

A COBRA enrollee's newborn child or a child placed for adoption with a COBRA enrollee is considered a qualified beneficiary if coverage for the child is requested within 30 days (see *Covering newborns*, page 55, 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 51, and *Coverage: Individual or Family*, page 54). 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 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 the 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 are ineligible 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 are ineligible to continue coverage under COBRA (see *Dependent Survivor Coverage*, page 49).

Medicare and COBRA

When NYSHIP requires you or your enrolled dependent to enroll in Medicare, your NYSHIP COBRA coverage is affected differently depending on which coverage you were enrolled in first. Read the section *When You are Required to Have Medicare Parts A and B in Effect*, page 61, to learn when NYSHIP requires Medicare coverage to be in effect.

- If you are already covered under COBRA when you become Medicare-primary in NYSHIP, your NYSHIP COBRA medical coverage ends when Medicare enrollment becomes effective. However, your eligible dependents who are considered qualified beneficiaries may continue their NYSHIP COBRA medical coverage for the remainder of the 36 months of COBRA continuation coverage (see *Continuation of Coverage Period*, page 71). Medicare eligibility does not affect NYSHIP COBRA dental and vision coverage.
- If you do not enroll in Medicare when first eligible for Medicare-primary coverage, your NYSHIP coverage will be canceled or substantially reduced.
- If you are already covered under Medicare when you elect COBRA coverage, your Medicare coverage pays first. When enrolled in COBRA coverage, Medicare is your primary coverage.

Choice of Option

An enrollee or dependent who continues coverage under COBRA is covered under the same option. COBRA enrollees may change to a different option once during a 12-month period (see *Your Options Under NYSHIP*, page 45) or when moving under the circumstances described in *Qualifying Events: Changing Options More Than Once During a 12-month Period*, page 46. Dependents of a COBRA enrollee who are qualified beneficiaries may also change to Individual coverage once during a 12-month period.

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 coverage, the enrollee or covered dependent must notify EBD within 60 days of 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 Eligibility*, page 51)

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

If EBD does not receive written notice within that 60-day period, the dependent cannot choose continuation coverage.

Costs Under COBRA

COBRA enrollees may pay 100 percent of the premium for continuation coverage and may be required to pay up to an additional two percent administrative fee. EBD will bill you for the COBRA premiums.

45-day grace period to submit initial payment

COBRA enrollees 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. EBD will send bills monthly.

30-day grace period

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

Continuation of Coverage Period

You and your eligible dependents may have the opportunity to continue coverage under COBRA for up to 36 months. If you, the enrollee, lose COBRA eligibility prior to the end of the 36-month continuation coverage period, the duration of your dependents' coverage is as follows:

- *Dependents who are qualified beneficiaries:* COBRA continuation coverage may continue for the remainder of the 36 months
- *Dependents who are not qualified beneficiaries:* COBRA continuation coverage ends 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 are 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 73). **Survivors of COBRA enrollees are ineligible for the extended benefits period or dependent survivor coverage.**

When You No Longer Qualify for COBRA Coverage

Continuation coverage will end for the following reasons:

- The premium for your continuation coverage is not paid on time
- The continuation period of up to 36 months ends
- The enrollee or enrolled dependent enrolls in Medicare (applies to COBRA medical only)
- Your employer no longer participates in NYSHIP

To Cancel COBRA

Notify EBD if you want to cancel your COBRA coverage.

Conversion Rights After COBRA Coverage Ends

At the end of your COBRA continuation coverage period, you may be eligible to convert to a direct-pay conversion contract with the Empire Plan's Medical/Surgical Program administrator (see *Contact Information*, page 81).

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 if you cancel coverage for any reason, you are ineligible to convert to a direct-pay policy.

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

Other Coverage Options

There may be other coverage options available to you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums. You can see what your premium, deductibles and out-of-pocket costs will be before you enroll. Eligibility for COBRA does not limit your eligibility for 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 EBD.

Young Adult Option

The Young Adult Option allows the child of a NYSHIP enrollee to purchase Individual health insurance coverage through NYSHIP when the young adult 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
- Ineligible for coverage through their own employer-sponsored health plan, provided it 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 Young Adult Option eligibility requirements 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 may enroll in any NYSHIP health plan for which they are eligible. The young adult is not required to enroll in the same coverage option as the parent.

Enrollment Rules
Either the young adult or their parent may enroll the young adult in the Young Adult Option. Contact your employer for 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 the young adult lost coverage due to age. This is the only circumstance in which the Young Adult Option is 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. Contact EBD for information about when this enrollment period occurs and when your coverage becomes effective.

When Young Adult Option Coverage Ends
Young Adult Option coverage ends the last day of the month in which eligibility for coverage is lost or the last day of the month in which voluntary cancellation is requested.

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

Direct-Pay Conversion Contracts
After NYSHIP coverage or COBRA continuation coverage eligibility ends, some enrollees and their covered dependents are eligible for coverage through a direct-pay conversion contract. The benefits and premium for direct-pay conversion contracts differ from those under NYSHIP.

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

- Loss of eligibility for coverage as a dependent
- Death of the enrollee (when the dependent is ineligible to continue coverage as a dependent, as outlined in *Dependent Survivor Coverage*, page 49)

- COBRA continuation eligibility 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

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

Deadlines Apply

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

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

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

No Notice for Certain Dependents

Written notice of conversion privileges are not 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 81).

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

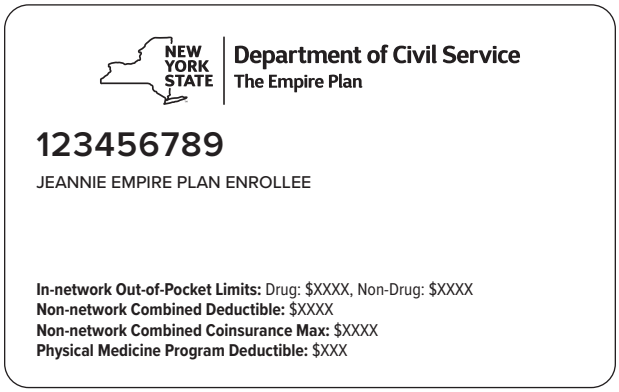
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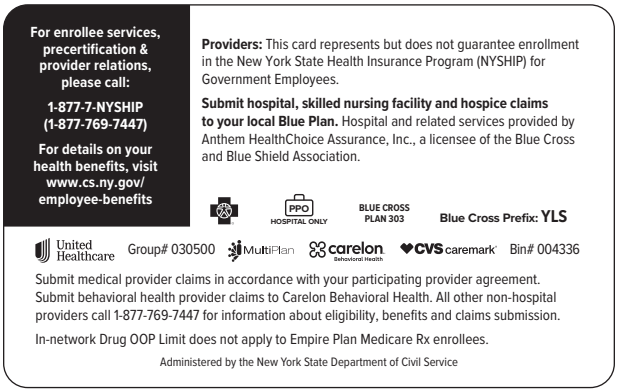
Empire Plan Cards

Empire Plan benefit card

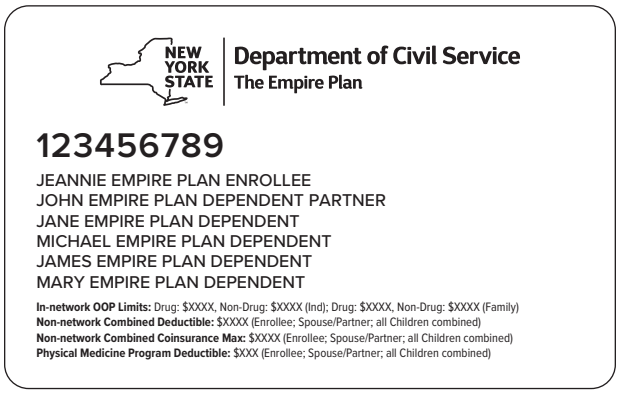
Present this card whenever you or your covered dependents receive services or supplies. Medicare-primary enrollees and dependents may have a separate card for prescription drugs.

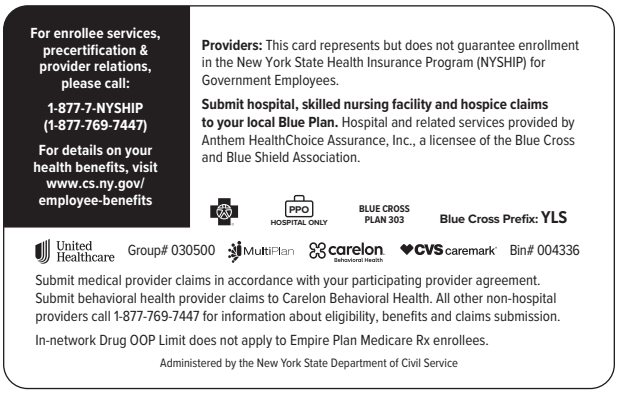
Individual Coverage





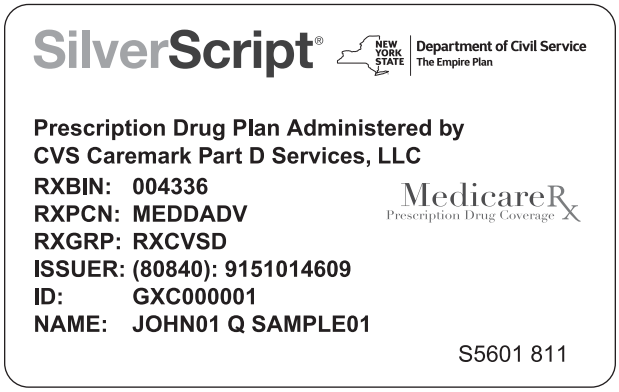
Family Coverage





Empire Plan Medicare Rx card

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





NEW YORK STATE | **Department of Civil Service**
Employee Benefits Division

PS-404 (10/2024)

NYSHIP Health Insurance Transaction Form for NYS & PE Employees

Department of Civil Service, Albany, NY 12239

INSTRUCTIONS: Read and complete both pages. Please print, check the appropriate choices and sign/date the document.

1–12 EMPLOYEE INFORMATION

1. Last Name First Name MI

2. Social Security Number _ _ _ – _ _ – _ _ _ _ **3.** Gender ☐ F ☐ M ☐ X

4. Permanent Address Street City State Zip

5. Mailing Address *(If different)* Street City State Zip

6. Work Address Street City State Zip

7. Date of Birth _ _ / _ _ / _ _ _ _ **8.** Telephone Primary ( ) Work ( )

9. Personal Email Address

10. Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated Marital Status Date _ _ / _ _ / _ _ _ _

11. Covered under Medicare?
☐ Self Medicare ID Number Date _ _ / _ _ / _ _ _ _
☐ Dependent Dependent Name _____
Medicare ID Number _____ Date _ _ / _ _ / _ _ _ _

12. Is any of this information new? ☐ No ☐ Yes Box Number(s) _____ Effective Date of Change _ _ / _ _ / _ _ _ _

13 ELECT OR DECLINE COVERAGE

13A. Choose a Pre-Tax election

You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period

1. ☐ **Elect Pre-Tax Status** for Premium deduction **2.** ☐ **Elect After-Tax Status** for Premium deduction

13B. Select a NYSHIP Coverage Option *(Choose option 1, 2, 3 or 4)*

1. Individual Enrollment Medical *(10)* *(Select Empire Plan or HMO)*
☐ Empire Plan ☐ HMO Code _____ HMO Name _____ ☐ Dental *(11)* ☐ Vision *(14)*

2. Family Enrollment *(Complete box 14)* Medical *(10)* *(Select Empire Plan or HMO)*
☐ Empire Plan ☐ HMO Code _____ HMO Name _____ ☐ Dental *(11)* ☐ Vision *(14)*

3. Opt-out Program *(NYS Medical only)* ☐ Individual Opt-out ☐ Family Opt-out *(Complete box 14)*
If choosing Opt-out, you must also complete the PS-409 Opt-out Program Attestation Form

4. Decline Coverage ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)*

14 DEPENDENT INFORMATION

Must be provided when choosing to enroll or opt-out of NYSHIP family coverage

(You may attach additional sheets if necessary) Date of event _ _ / _ _ / _ _ _ _

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update **CHECK ALL THAT APPLY:** ☐ Medical ☐ Dental ☐ Vision

Last Name _____ First Name _____ MI ____ Relationship _____

Date of Birth _ _ / _ _ / _ _ _ _ Gender ☐ F ☐ M ☐ X Social Security Number _ _ _ – _ _ – _ _ _ _

Address *(if different)* _____

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update **CHECK ALL THAT APPLY:** ☐ Medical ☐ Dental ☐ Vision

Last Name _____ First Name _____ MI ____ Relationship _____

Date of Birth _ _ / _ _ / _ _ _ _ Gender ☐ F ☐ M ☐ X Social Security Number _ _ _ – _ _ – _ _ _ _

Address *(if different)* _____

☐ If you have additional dependents, please check this box and attach additional sheets with their information.

15 CHANGE OR CANCEL EXISTING COVERAGE

15A. Change Coverage ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)* Date of Event _ _ / _ _ / _ _ _ _

☐ **Change to FAMILY** *(Complete box 14 on page 1)*	☐ **Change to INDIVIDUAL**
☐ Marriage	☐ Divorce
☐ Domestic Partner	☐ Termination of Domestic Partnership *(Attach completed PS-425.4)*
☐ Newborn	☐ Only dependent ineligible due to age
☐ Request coverage for dependents not previously covered	☐ I voluntarily cancel coverage for my dependents
☐ Previous coverage terminated *(proof required)*	☐ Only dependent died
☐ Other_____	☐ Other_____

NOTE: If you are indicating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependent in box 14 if applicable. Final divorce decrees (first and last page) are required.

15B. Voluntarily Cancel Coverage ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)* Qualifying Event _ _ / _ _ / _ _ _ _

NOTE: If you are enrolled in the PTCP, you may only make changes during the Annual Option Transfer Period or when experiencing a PTCP qualifying event.

16 ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW

Change NYSHIP Option	Change to: ☐ Empire Plan ☐ HMO	Code _____ HMO Name_____
Elect Opt-out *(NYS Medical Only)*	☐ Individual Opt-out ☐ Family Opt-out	*If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.*
Change Pre-Tax Status	Change to: ☐ Pre-Tax ☐ After-Tax	*Submit during the PTCP Election Period.*

17 DONATE LIFE REGISTRY ELECTION

You must fill out the following section. This question must be answered each time the form is filled out.

Would you like to be added to the Donate Life Registry? ☐ Yes ☐ Skip this question

By indicating yes in response to the question asking if you would like to be added to the Donate Life Registry, you are certifying that you are 16 years of age or older, consenting to donate your organs and tissues for the purposes of transplantation and research in the event of your death and authorizing NYSHIP to share your name and identifying information with the Registry.

ID Number on New York State Driver License, Learner Permit, or Non-Driver ID Card _____

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, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

AUTHORIZATION

This authorization is made now for future deductions that will occur at the time of retirement. Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c, I hereby authorize the NYS Department of Civil Service (DCS) to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for insurance premiums payable on behalf of DCS. Authorization is given to make any future adjustment deductions and/or changes DCS certifies to NYSLRS as necessary in the amount of such insurance premiums. I understand that all requests to begin, modify, or revoke deductions must be submitted to my current/former agency and provided to DCS. This authorization shall remain in effect until revoked by me by written notice or until otherwise revoked pursuant to law.

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 USE ONLY

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

▶ **HBA Signature (Required)** _____ **Date** _ _ / _ _ / _ _ _ _

NEW YORK STATE | **Department of Civil Service**
Employee Benefits Division

PS-404R (1/2025)

NYSHIP Health Insurance Transaction Form for NYS & PE Retirees, Vestees, Preferred List and Dependent Survivors

Department of Civil Service, Albany, NY 12239

INSTRUCTIONS: Read and complete both pages. Please print, check the appropriate choices and sign/date the document.

1–12 ENROLLEE INFORMATION

1. Last Name First Name MI

2. Social Security Number _ _ _ – _ _ – _ _ _ _ **3.** Gender ☐ F ☐ M ☐ X

4. Permanent Address Street City State Zip

5. Mailing Address *(If different)* Street City State Zip

6. Date of Birth _ _ / _ _ / _ _ _ _ **7.** Telephone Home ( ) Cell ( )

8. Personal Email Address

9. Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated Marital Status Date _ _ / _ _ / _ _ _ _

10. Covered under Medicare?

☐ Self Medicare ID Number _____ Date _ _ / _ _ / _ _ _ _

☐ Dependent Dependent Name _____

Medicare ID Number _____ Date _ _ / _ _ / _ _ _ _

11. Is any of this information new? ☐ No ☐ Yes Box Number(s) _____ Effective Date of Change _ _ / _ _ / _ _ _ _

12 ENROLL IN COVERAGE

A. Individual Enrollment

☐ Empire Plan ☐ HMO Code _____ HMO Name _____

B. Family Enrollment *(Complete box 13)*

☐ Empire Plan ☐ HMO Code _____ HMO Name _____

13 DEPENDENT INFORMATION

Must be provided when choosing to enroll or opt-out of NYSHIP family coverage

(You may attach additional sheets if necessary)

Date of event _ _ / _ _ / _ _ _ _

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update

Last Name _____ First Name _____ MI _____ Relationship _____

Date of Birth _ _ / _ _ / _ _ _ _ Gender ☐ F ☐ M ☐ X Social Security Number _ _ _ – _ _ – _ _ _ _

Address *(if different)* _____

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update

Last Name _____ First Name _____ MI _____ Relationship _____

Date of Birth _ _ / _ _ / _ _ _ _ Gender ☐ F ☐ M ☐ X Social Security Number _ _ _ – _ _ – _ _ _ _

Address *(if different)* _____

CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update

Last Name _____ First Name _____ MI _____ Relationship _____

Date of Birth _ _ / _ _ / _ _ _ _ Gender ☐ F ☐ M ☐ X Social Security Number _ _ _ – _ _ – _ _ _ _

Address *(if different)* _____

☐ If you have additional dependents, please check this box and attach additional sheets with their information.

14 CHANGE OR CANCEL EXISTING COVERAGE

14A. Change Coverage Date of Event _ _ / _ _ / _ _ _ _

☐ **Change to FAMILY** *(Complete box 14 on page 1)*	☐ **Change to INDIVIDUAL**
☐ Marriage	☐ Divorce
☐ Domestic Partner	☐ Termination of Domestic Partnership *(Attach completed PS-425.4)*
☐ Newborn	☐ Only dependent ineligible due to age
☐ Request coverage for dependents not previously covered	☐ I voluntarily cancel coverage for my dependents
☐ Previous coverage terminated *(proof required)*	☐ Only dependent died
☐ Other_____	☐ Other_____

NOTE: If you are indicating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependent in box 13 if applicable. Final divorce decrees (first and last page) are required.

14B. Voluntarily Cancel Coverage ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)* Request Date _ _ / _ _ / _ _ _ _

14C. Change NYSHIP Option Change to: ☐ Empire Plan ☐ HMO Code _____ HMO Name_____

15 DONATE LIFE REGISTRY ELECTION

You must fill out the following section. This question must be answered each time the form is filled out.

Would you like to be added to the Donate Life Registry? ☐ Yes ☐ Skip this question

By indicating yes in response to the question asking if you would like to be added to the Donate Life Registry, you are certifying that you are 16 years of age or older, consenting to donate your organs and tissues for the purposes of transplantation and research in the event of your death and authorizing NYSHIP to share your name and identifying information with the Registry.

ID Number on New York State Driver License, Learner Permit, or Non-Driver ID Card _____

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, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344.

AUTHORIZATION

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c, I hereby authorize the NYS Department of Civil Service (DCS) to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for insurance premiums payable on behalf of DCS. Authorization is given to make any future adjustment deductions and/or changes DCS certifies to NYSLRS as necessary in the amount of such insurance premiums. I understand that DCS is my agent and all requests to begin, modify, or revoke deductions must be submitted to DCS. This authorization shall remain in effect until revoked by me by written notice to DCS or until otherwise revoked pursuant to law.

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. 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 retirement allowance of the amount required, if any, for the coverage indicated above.

▶ **Enrollee 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

PRESS 1 To change an address or name or to obtain a replacement card.

PRESS 2 For retiree/vestee health insurance coverage or enrollment questions.

PRESS 3 For Medicare questions.

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

PRESS 5 For COBRA, continuation coverage or obtaining coverage.

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

PRESS 7 If you are on a leave of absence.

PRESS 8 For the Management Confidential Life Insurance Program or Income Protection Plan.

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

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

Empire Plan

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.

PRESS 1 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 2 OR SAY 2 **Hospital Program**
Administered by Anthem Blue Cross

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

TTY: 711

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

PRESS OR SAY 3 Mental Health and Substance Use Program

Administered by Carelon Behavioral Health

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

TTY: 1-855-643-1476

P.O. Box 1850
Hicksville, NY 11802

PRESS OR SAY 4 Prescription Drug Program

Administered by CVS Caremark

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

TTY: 711

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

NYSHIP HMOs

NYSHIP HMO contact information, including phone numbers, TTY numbers, addresses and websites are available in the *Health Insurance Choices* booklet and on the Department of Civil Service website at www.cs.ny.gov.

Other Agencies and Programs

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

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

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

New York State of Health Marketplace 1-855-355-5777
TTY: 1-800-662-1220

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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Notes

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

Please do not send mail or correspondence to the return address above. See address information on page 81.

Important Health Insurance Information:
General Information Book for Active Employees and Retirees, Vestees and Dependent Survivors enrolled in NYSHIP through Participating Employers, their enrolled Dependents, Preferred List and COBRA Enrollees and Young Adult Option Enrollees

PE Active and Retiree/General Information Book – 2025



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

This book replaces your 2022 *General Information Book*. Please keep this book with your Plan materials.

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

NEW YORK STATE | Department of Civil Service
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).

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