



## **Health insurance coverage while you're on Workers' Compensation**

**Q: I am enrolled in the New York State Health Insurance Program (NYSHIP) and have been removed from the payroll because of an accepted work-related injury or occupational condition. Am I eligible to continue my health insurance coverage?**

**A:** You are eligible to continue your health insurance while on Workers Compensation (Comp) Leave without Pay (LWOP) until you return to payroll, your employment ends, or for 12 months per injury, whichever is earlier. If your Workers Comp LWOP is due to a workplace assault, you may continue coverage until you return to payroll, your employment ends, or for 24 months per injury, whichever is earlier. Dental and vision benefits will remain in effect for the same duration.

**Q: What portion of the cost of health insurance will I pay while on Workers Comp LWOP?**

**A:** During the 12 or 24-month Workers Comp LWOP entitlement, you are responsible for paying the **employee share** of the premium (the same amount deducted from your paycheck while on the payroll). Dental and vision benefits will remain in effect at no cost to the employee. The Employee Benefits Division of the NYS Department of Civil Service will notify you in writing of your payment options for continuing health insurance during Workers Comp LWOP.

**Q: What are my options for payment of the employee share of the premium while I'm on Workers Comp LWOP?**

**A:** While on Workers Comp LWOP, you may pay your premium contribution directly to the Employee Benefits Division of the NYS Department of Civil Service every 4 weeks (monthly), or you may defer payment until you return to payroll, or your employment is terminated. The deferral of premiums is not automatic; you must sign and return the Deferral form to EBD (Employee Benefits Division) within 30 days of the date on the letter. To ensure the eligibility of your deferral of premiums, you are responsible for notifying EBD if you do not receive confirmation of your deferral form within 30 days of your submission. When returning to the payroll, your approved deferred premiums will be taken from your paycheck in increments of up to \$100 until your accumulated balance of your Workers' Compensation leave is satisfied. However, if you are removed from the payroll again for any type of leave, or separate from State service, all prior unpaid premiums will be due immediately.

**Q: How will the Employee Benefits Division (EBD) of the NYS Department of Civil Service collect the premium payments I deferred?**

**A:** If you return to payroll from Workers Comp LWOP, EBD will collect the premium you deferred by taking special deductions of no more than \$100 from your paycheck per

payroll period until the deferred premiums are fully paid. There will be a separate deduction for your current coverage. If your employment is terminated, all premiums due for coverage during your leave must be paid. If all premiums due are not fully paid, your coverage will be retroactively terminated as of the last date for which you paid premium. You will be responsible for refunding your health plan any claim payments made for services performed on or after the cancellation date. PLEASE NOTE: If your NYSHIP coverage is cancelled retroactively for non-payment of premiums, there may be serious repercussions. If you separate from State service while your coverage is cancelled, you may not be able to continue coverage for you and your dependents as a retiree, vestee, and dependent survivor or under COBRA provisions.

**Q: I am a NYSHIP enrollee and have been removed from the payroll because of a controverted work-related injury or occupational condition. What portion of the cost of health insurance will I pay while on LWOP?**

A: You are eligible to continue your health insurance coverage while in LWOP status but you must pay **both the employer's and the employee's share (100%) of the premium**. The Employee Benefits Division of the NYS Department of Civil Service will mail you a PS-431 bulletin explaining what you have to do to continue medical, dental, and/or vision coverage while on LWOP.

**Q: I am a NYSHIP enrollee and have been removed from the payroll because of a controverted work-related injury or occupational condition. Do I qualify for a waiver of premium?**

A: If you are totally disabled for at least six biweekly pay periods, you may qualify for a waiver of the medical insurance premium while on LWOP if you are enrolled in the Empire Plan. A Waiver of Premium is not automatic. Contact your Health Benefits Administrator for information about this benefit and the PS-452 Waiver of Premium application. You must continue to remit premium payments until you are notified that your waiver is approved. If the waiver is approved, you will not have to pay any premium charges for up to 12 months, or until you return to payroll, or your employment ends, whichever is earlier. See your NYSHIP benefits booklet for further information regarding waivers of premium. HMO enrollees are not eligible for waivers of premium.

**Q: I am on Workers Comp LWOP or LWOP and have questions about my enrollment and/or billing status. Who should I contact for assistance?**

A: Call the Employee Benefits Division (EBD) of the NYS Department of Civil Service at (518)457-5754 in the Albany, NY area, or (800)833-4344 between 9 a.m. and 4 p.m. Monday through Friday.

## Leave Without Pay – Standard Practices while out on LWOP

When an employee is placed on an unpaid leave type which does not qualify for an employer premium contribution

*\*Medical is automatic – Dental & Vision are automatically terminated, unless the member elects/enrolls\**

- Members are Ineligible for Pre-Tax if out on a Leave of Absence
- If a member is receiving a paycheck and charging accruals at 50% or more, they are not on leave and their benefits are not affected – employee share will continue to be deducted from their pay

**Medical:** Coverage is automatic and will remain active unless the member suspends or disenrolls (this is not advised)

**Carrier:** Empire/UHC

**Member Contact:** Civil Service or HBA

## Dental & Vision

**Carrier:** EmblemHealth & Davis Vision

**Plan:** New York State Dental and Vision Plan

**Member Contact:** Civil Service or HBA

**Coverage is not automatic;** coverage is automatically terminated unless the member takes action to re-enroll. Member must arrange for coverage with their Agency Health Benefits Administrator (HBA) before going out on leave. (If the member is going on leave because of military duty, special provisions may apply)

**Enrollment/Continuing Coverage:** The member must complete the PS-404 form, electing single/family and Dental/Vision. This must be submitted to their HBA/Civil Service.

**Discontinuing Coverage:** The member can suspend coverage (this is not advised), the last day of coverage would be 28 days from the last day on payroll in which they were paid. **This is not advised** because once the member returns from a leave of absence, they would then be responsible for a large lump sum to re-enroll. If the coverage was canceled while they were on leave, they may re-enroll when they return to work, provided they still meet the eligibility requirements. Members need to contact their Agency Health Benefits Administrator to reactivate coverage and it will begin on the first day of the month in which they return to work.

**Cost (found in Direct Pay flyer, annually updated):** Dental and Vision are funded by the state, therefore the member is responsible for the full premium sharer on COBRA or Leave without Pay. After a member has enrolled, the New York State Department of Civil Service Employee Benefits Division will bill them on a monthly basis, Members are billed monthly (about every 28 days). The first bill is received generally between 2-4 weeks from the start of the LWOP date.

## Maternity Leave

Members can use sick leave or other accruals during this period. They are recommended to exhaust their accruals prior to starting their leave date to remain in pay status, with full benefits.

“Maternity leave” is not a specific leave type in the State’s System (NYBEAS). Many employees who go out on maternity leave are placed on either Family and Medical Leave Act (FMLA) or Paid Family Leave (PFL – **PEF does not carry PFL currently**) – typically 12 weeks. Those leave types still entitle the employee to a State premium contribution and they are only responsible for the employee portion of the premium. Employees who are not eligible for FMLA or PFL, or those employees who choose not to take FMLA or PFL, are placed on a standard leave without pay, and do not receive a State contribution.

## Family and Medical Leave Act (FMLA)

Eligible members are entitled to a maximum of 12 weeks – unpaid annual leave for specific reasons. Members are responsible for the employee share of the premium. Members can (not advised) waive their Empire Plan Health Coverage during this period.

## **Leaves of 28 days or less:**

If the member is off payroll for 28 days or less and have not requested coverage to be suspended or canceled, their share of the premium will automatically be deducted from their paycheck when they return to work.

## **Voluntary Leave**

If a member is out on Voluntary Leave of Absence and has exhausted all leave accruals, the member would be responsible for the full premium share.

## **Disciplinary Suspension & Workers Compensation**

Members may continue coverage by paying the full share premium – Refer to specific details in the NYSHIP General Information Book via Civil Service portal

- Some members, prior to an unpaid leave, use VRWS but actually work 5 days and bank 1 or 2 days to use when they are out on leave. This would require the agency let them come back on payroll prior to the suspension so they could "bank" enough days to get through the suspension.
- If you are absent from work because of an accepted work-related injury, illness or occupational condition, you are eligible to continue your health insurance coverage at the employee share of the premium for up to 12 months per injury, illness or occupational condition (or up to 24 months per accepted assault case) The standard allotted time for Workers' Comp in 12 months. The states system NYBEAS automatically transitions the profiles from Workers' Comp to Leave Without Pay at 12 months unless they are advised otherwise by the agency Health Benefits Administrator. Civil Service must receive a letter or notification from the Health Benefits Administrator confirming an extension approval for up to 24 months.
- You will be responsible for the employee share of the premium while you are on Workers' Compensation leave. Employees who are on an approved Workers' Compensation leave will receive an informational letter from EBD regarding the billing and payment of premiums. Groups eligible to defer their premiums will also receive a deferral form. The deferral of premiums is not automatic; you must sign and return this form to EBD within 30 days of the date of the letter. To ensure the eligibility of your deferral of premiums, you are responsible for notifying EBD if you do not receive confirmation of your deferral form within 30 days of your submission. When returning to the payroll, your approved deferred premiums will be taken from your paycheck in increments of up to \$100 until your accumulated balance of your Workers' Compensation leave is satisfied. However, if you are removed from the payroll again for any type of leave, or separate from State service, all prior unpaid premiums will be due immediately.

## **Military Leave**

Must contact HBA to verify eligibility to remain active. If coverage is not continued during leave, it may be reinstated without any waiting period when returning to work - Refer to specific details in GIB

## **Other Information**

This information can be found on the New York State Civil Service website should you need further detail:

<https://www.cs.ny.gov/employee-benefits/hba/group/1/10/3/dental/index.cfm?page=2>