

# **Health Insurance**

## **Health Benefits Specialist**

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## HEALTH INSURANCE STEWARD TRAINING 2011

### General Information:

1. NYSHIP – New York State Health Insurance Program  
The program members are covered under in New York State for health insurance, consisting of the Empire Plan (the State plan) and 10 HMOs. Members have a choice of plan coverage.
2. Empire Plan Breakdown  
Consists of Empire Blue Cross/Blue Shield for hospital benefits; United HealthCare for doctors, labs, etc.; Optum Health for the Mental Health and Substance Abuse Program; and UHC/Medco for Prescription Drug coverage.
3. Members covered under an HMO receive both medical and prescription drug coverage through that HMO. HMO coverage is NOT negotiated with the State of New York.
4. Once NYSCOPBA members retire, they are no longer a member of the Security Services Bargaining Unit. For retiree health insurance issues, retirees should call the Employee Benefits Division of Civil Service for assistance (1-800-833-4344 or 518-457-5754) ([www.cs.ny.gov](http://www.cs.ny.gov)).
5. Dependent Coverage – children are covered through the end of the month of their 26 birthday for health insurance coverage. Coverage for dental and vision benefits are provided until the dependents' 19<sup>th</sup> birthday (day of their birthday). Dependents between age 19 and 25 who are full-time students continue dental and vision coverage as long as they remain full-time students. Members must provide college student verification information to GHI and EyeMed before claims will be paid. This proof must be provided EACH semester. These forms can be obtained through the provider or NYSCOPBA's website.

### Empire Plan Specific:

1. Members covered through the Empire Plan can apply for a Waiver of Premium if placed on Leave Without Pay (see attached copy for details). Copies of this form can also be obtained at the facility Personnel Office and NYSCOPBA's website. This waiver does NOT apply to members covered under an HMO.
2. The Empire Plan provides Centers of Excellence Programs for Cancer, Infertility and Transplants. Coverage through these programs is a paid-in-full benefit and includes a travel, lodging and meal allowance if travel is more than 100 miles one way from a member's home and within the United States. Members must call for approval prior to services. They must call United HealthCare for the Cancer and Infertility Programs and Blue Cross/Blue Shield for the Transplant Program.

## Dental and Vision Benefits

1. Dental coverage is through GHI. Vision coverage is through EyeMed Vision Care (effective 1/1/12, vision coverage will be through Davis Vision). Coverage is for all members, including those covered under an HMO.

Dental and Vision coverage is provided by the State of New York at no cost to the member. These benefits are NOT union benefits.

Eligibility issues for either of these programs must be addressed with the Health Benefits Administrator (HBA) at the member's facility Personnel Office. NYSCOPBA has no access to eligibility.

3. GHI's dental plan provides benefits for most types of dental services. Members are covered under the "Preferred" Plan, which includes coverage under both participating providers and non-participating providers. For benefit information and/or a list of participating providers, members can either call GHI directly (1-800-947-0101) or log onto Civil Service's website ([www.cs.ny.gov](http://www.cs.ny.gov) – Other Benefits).
4. EyeMed's vision plan provides coverage for glasses or contacts once every two years for adults (age 19 and over) (dependents age 19 through 25 must be full time students) and once every year for dependents under age 19. For a list of participating providers and/or benefit information, members can call EyeMed at 1-877-226-1412 or log onto Civil Service's website ([www.cs.ny.gov](http://www.cs.ny.gov) – Other Benefits).
5. EyeMed Vision Care also administers the Lasik Vision benefit. Members (not dependents) are covered for lasik benefits with a \$200 copay. Dependents are eligible for "up to a 25% discount" for lasik surgery when done through EyeMed's Lasik Vision Network. For a list of participating providers for this benefit, contact EyeMed at 1-877-572-7822. When calling, EyeMed will ask whether coverage is under the "discounted program" or the "funded program". Coverage for members only (covered with a \$200 copay) is the "funded program" and coverage for all dependents (covered with the discount program) is the "discount program".
6. Civil Service's website ([www.cs.ny.gov](http://www.cs.ny.gov)) is the best resource for members to obtain benefit information, provider listings, etc. All coverage information is included on this website. Members should not log onto any carrier's website directly as they have various books of business and the site the members reach may not be the site for Empire Plan-specific coverage.

**IMPORTANT HEALTH INSURANCE  
TELEPHONE NUMBERS**

**Empire Plan - 1-877-769-7447 (1-877-7NYSHIP)**

**Option 1 – Medical (presently United HealthCare)**

**Medical Claim Issues**

**Managed Physical Medicine Program/MPN (chiropractic and physical therapy)**

**Benefits Management Program for Prospective Procedure Review of MRI, MRA, CT, PET scans and Nuclear Medicine tests**

**Home Care Advocacy Program (HCAP) for paid-in-full home care, enteral formulas, diabetic shoes and/or durable medical equipment/supplies**

**Centers of Excellence for Infertility Services Program**

**Centers of Excellence for Cancer Program**

**Option 2 – Hospital (presently Blue Cross/Blue Shield)**

**Hospital Benefits & Claims**

**Certification of Inpatient Hospital and Skilled Nursing Facility Admissions**

**Centers of Excellence for Transplant Program**

**Option 3 – Mental Health & Substance Abuse Program (presently Optum Health)**

**Mental Health and Substance Abuse Benefits and Claims**

**Authorization of Such Services and Referral to Network Providers**

**Option 4 – Prescription Drug (presently UHC/Medco)**

**Prescription Drug Benefits, Including Prior Authorization of Certain Drugs**

**Mail Service Pharmacy**

**Option 5 – NurseLine**

**Health Information and Support**

**Option 6 – Repeat Options**

**GHI (Dental Program) 1-800-947-0101**

**EyeMed (Vision Program) 1-877-226-1412**

**EyeMed (Lasik Vision Program) 1-877-572-7822**

**Civil Service Employee 1-800-833-4344**

**Benefits Division 518-457-5754 (Albany Area)**



State of New York  
 Department of Civil Service  
 The State Campus  
 Albany, NY 12239

**EMPLOYEE BENEFITS DIVISION**  
**INSTRUCTIONS FOR THE**  
**APPLICATION FOR WAIVER OF PREMIUM**

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Eligibility

*Do not apply for a waiver until you have met all the eligibility criteria:*

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

1. You are currently enrolled in the Empire Plan
2. You have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of six biweekly payroll periods for State Agency employees or 3 months for either Participating Employer or Participating Agency employees;
3. You are on authorized Leave Without Pay, unpaid Family and Medical Leave or covered under Preferred List or UUP retrenchment provisions.

For District Council 37, M/C and Legislature: If you receive Long-Term Disability payments from the New York State Income Protection Plan or Legislative Long-Term Disability Protection Plan, and you pay the full cost of your premium, you are eligible to apply for a waiver.

AND

4. You kept your coverage in effect while you were off the payroll by paying either:
  - the required full cost of your health insurance premium (your employee contribution and the employer contribution) if you are on Leave Without Pay; or
  - the employee contribution if you are covered under Family and Medical Leave or covered under Preferred List or UUP retrenchment provisions.

<b>NOT ELIGIBLE:</b>	You are not eligible for the waiver if you are still receiving income through salary, sick leave accruals or retirement allowance. If you are a NY State Agency employee out of work on a workers' compensation disability leave for health insurance purposes, you are <b>not</b> eligible for a waiver of premium. A waiver of premium is <b>not</b> available for New York State-administered dental or vision premiums.
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Waiver is Not Automatic

A waiver of premium is not automatic. You must apply for it (using the enclosed PS-452) 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.

Waiver Ends If...

The waiver may continue for up to one year during your period of total disability **unless:**

- You return to the payroll
- You are no longer covered under Leave Without Pay, Family and Medical Leave, Preferred List or UUP retrenchment provisions.
- You are no longer disabled
- You are no longer a State employee



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- You vest your health insurance coverage rights
- You retire
- You die

**How to Apply for a Waiver of Premium**

To apply for a waiver of premium obtain Form PS-452 from your agency Health Benefits Administrator. After you, your agency and your physician have filled in the required information, return the completed form to:

United HealthCare  
Eligibility Unit  
PO Box 1600  
Kingston, NY 12402-1600

**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 or vest or retire.**

**What Happens Next**

United HealthCare will review your application. The application will be returned to you, if it is not complete. United HealthCare will review the completed application and determine the period of disability or disapprove, based on the information provided in the application. United HealthCare will then forward their recommendation to the Employee Benefits Division at the Department of Civil Service who will make the final determination on your eligibility for the waiver of premium. This whole process takes approximately four weeks, at which time you will receive notification whether or not the waiver has been approved.

Employees of NY State agencies should address any questions to the Leave Without Pay Unit at 1-800-833-4344. Employees of Participating Agencies or Participating Employers should address questions to their employing agency.

**Additional Waiver of Premium**

If you received a waiver of premium for up to one year, you must return to work for six biweekly payroll periods for State Agency employees or 3 months for either Participating Employer or Participating Agency employees, 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 for a brief period in order to qualify for an additional waiver.

If you received a waiver of premium, return to work and continue health insurance coverage, but must stop working due to the same disability, the following rules apply:

- If you must stop working before qualifying for new waiver period, you may resume coverage under the previous waiver for the remainder of the formerly approved waiver period. You must file a new waiver of premium application to resume coverage for the balance of the formerly approved waiver period, which includes the time back to work.
- If you stop working after qualifying for new waiver period, 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. You will be notified if an additional waiver has been granted.



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 APPLICATION FOR WAIVER OF PREMIUM**

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This is the application for a waiver of health insurance contributions because of total disability. Any expense incurred solely for obtaining the attending physician's statement on this application is not a covered medical expense. If you have questions regarding this application for waiver of premium, contact your agency Health Benefits Administrator.

**NOTE:** Enrollees on Family Medical Leave of Absence qualify to apply for a waiver of premium. An employee who is receiving short-term disability benefits under the New York Income Protection Plan is not eligible for a Waiver of Premium. Review your NYSHIP General Information Book to see if you may qualify for a waiver of premium.

**INSTRUCTIONS FOR COMPLETING THE PS-452 APPLICATION FOR WAIVER OF PREMIUM**

1. Enrollee completes Part A.
2. Agency completes Part B, (Parts A and B must be completed before any other parts of the form are completed to ensure confidentiality of the dependent's medical information).
3. Leave Part C blank. United Health Care to complete last.
4. Attending physician completes Part D (attending physician cannot complete this section until Parts A and B are complete).

**PART A (To Be Completed by Enrollee)**

*Please print or type.*

Enrollee's Name (Print)		Health Insurance ID Number	Date of Birth	
Home Address (No. and Street)		City	State	Zip Code
<p><i>PRESENTATION OF MATERIALLY FALSE INFORMATION IN SUPPORT OF AN INSURANCE APPLICATION OR CLAIM IS PROHIBITED BY ARTICLE 176 OF THE PENAL LAW.</i></p> <p>I hereby apply for a waiver of premium under the New York State Health Insurance Program. If approved, this approval is contingent on the employee's continuing Leave Without Pay status throughout the waiver period. Should the employee return to the payroll, be terminated, retire or resign during the waiver period, this waiver of premium will terminate.</p>				
Enrollee's Signature		Telephone No.	Date	

**PART B (To Be Completed by Employing Agency)**

*Please print or type*

Effective Date of Leave Without Pay Status	Enrollee's Health Insurance Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family	Health Insurance Option - Empire Plan
Employing Agency	Telephone Number	Agency Code
Authorized Signature		Date

**PART C (To be completed by the United HealthCare)**

*Please print or type*

<input type="checkbox"/> Approved _____ to _____ Date first disabled (effective date) Disability through (mm/dd/yy) (mm/dd/yy)		<input type="checkbox"/> Not Approved
Signature		Date



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**Personal Privacy Protection Law Notification**

The information you provide on this application is requested for the principal purpose of enabling the NYS Department of Civil Service to process your request for a waiver of health insurance premium in the New York State Health Insurance Program. The information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Director, Division of Employee Benefits, NYS Department of Civil Service, The State Campus, Albany, NY 12239. For information related only to the Personal Privacy Protection Law, call (518) 457-9375. For information related to your Eligibility for Waiver of Premium, contact your Agency Health Benefits Administrator. If, after calling your Health Benefits Administrator, you need more information concerning the waiver of premium, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

**PART D (To Be Completed by Attending Physician)**

*Please print or type*

Enrollee's Name		Health Insurance ID Number	
Physician's Name		Physician's Address	
Telephone Number (including area code)			
When did the disability first prevent the employee from performing his or her regular duties?		_____	
		(mm/dd/yy)	
Is the employee currently disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date did you FIRST treat the employee for this disability?		_____	
		(mm/dd/yy)	
On what date did you LAST examine the employee?		_____	
		(mm/dd/yy)	
When do you estimate the employee will be able to resume his or her regular duties?		_____	
		(mm/dd/yy)	
Complete description of medical condition, including diagnosis, prognosis, current status and service being received:			
<p>If more space is necessary, attach additional pages.</p> <p><b>PLEASE NOTE:</b> Unless all questions are answered completely, a determination cannot be made.</p>			
Physician's Signature			Date

**Enrollee or attending physician mails the completed form to:**

**United HealthCare  
 Eligibility Unit  
 PO Box 1600  
 Kingston, New York 12402-1600**