



New York State Correctional Officers
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DENTAL BENEFIT OPTIONS UPON RETIREMENT

1. As an active employee, members receive dental coverage from the State at no cost. Upon retirement, **and at their own expense**, members have two choices for continuation of coverage, as follows:

- COBRA (Consolidated Omnibus Budget Reconciliation Act) - under federal law, COBRA coverage allows members a temporary extension of their dental coverage (same coverage afforded while in active status), which is presently the GHI Preferred Dental Plan. Please see attached for retiree rights and obligations. Coverage continues for 18 months (longer for those disabled under the Social Security Act either at time of retirement or during the first 60 days of COBRA coverage – again, see attached).
- The Employee Benefits Division of Civil Service sends COBRA notification to the retirees. Should the retirees not receive notification 2-3 weeks after retirement, they should call the Employee Benefits Division at 1-800-833-4344 (Monday through Friday, 9:00 am to 3:00 pm) and request continuation. They have 60 days from the date they would lose coverage or 60 days from the date they are notified of their eligibility for continued coverage (whichever is later) to apply.
- For 2006, COBRA monthly rates are as follows:

Individual	\$26.09
Family	\$69.08

Once COBRA coverage terminates, retirees may purchase a direct payment conversion plan with GHI. They should contact GHI at 1-800-947-0101 and notify them that COBRA is about to end and they want to sign up for the conversion plan. They will be sent an application. **Important Note:** retirees may only purchase the conversion plan if they kept their COBRA coverage for the entire allotted period. If they fail to make COBRA payments within the specified time period or cancel their COBRA coverage at any time for any reason, they will not be allowed to purchase the conversion plan.



Employee Benefits Division
State of New York Department of Civil Service

NYS COPBA Dental

[Introduction](#)
[Definitions](#)
[Eligibility Information](#)
[Preferred Dental Plan Benefits](#)
[Pre-Determination Of Benefits](#)
[Dental Exclusions](#)
[Miscellaneous Provisions](#)
[Submission of Claims](#)
[Grievances & Appeals](#)
[Coordination of Benefits](#)
[COBRA](#)
[Dental Explanation of Benefits Statement](#)
[Non-Participating Provider Reimbursement Schedule](#)
[Link to GHI Web site](#)
[Dental Claim Form](#)

This dental plan provides benefits for most types of dental services. Your level of dental benefits is known as the GHI Preferred Dental Plan. This document is your Certificate of Insurance.

COBRA: Continuation Of Coverage

Continuation Coverage: important benefit

This section explains your rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a federal continuation of coverage law for you, your spouse or domestic partner and your covered dependents. The law requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of dental care coverage called "continuation coverage" at group rates in certain instances where coverage under the program would otherwise end. The dental care benefits you may continue are the same benefits you would receive as an active employee enrolled in the GHI Preferred Dental Plan. There is also no change in benefits when your dependent enrolls in COBRA. This section summarizes your rights and obligations under the continuation coverage provisions of the law. If your spouse/domestic partner is also covered under the New York State Dental Insurance Program, they should take the time to read this carefully.

Who is eligible?

You

If you are an active employee enrolled in the GHI Preferred Dental Plan, you have a right to continue coverage if you lose your group dental care coverage because of a reduction in your hours of employment or the termination of employment.

Your spouse or domestic partner

The spouse or domestic partner of an active employee covered as the employee's dependent by the GHI Preferred Dental Plan, has the right to continue coverage under this plan if group dental care coverage is lost for any of the following reasons:

1. Your death;
2. Termination of your employment;
3. Reduction in your hours of employment with New York State;
4. Divorce or termination of the domestic partnership.
5. Legal separation (spouses only) Your spouse does not automatically lose coverage if you are legally separated. However, if your spouse loses coverage under this plan, he or she may continue coverage under COBRA.

You will have to pay the entire premium for your continuation coverage plus a two (2) percent administrative fee. (If your coverage continues beyond 18 months due to a determination of disability under the Social Security Act, you will pay 150% of the premium cost for the 19th through the 29th month.) You will have 45 days starting with the date you choose continuation coverage to pay any premium. After this 45-day period, you will have a grace period of 30 days to pay any subsequent premiums.

Conversion rights after COBRA coverage ends

The COBRA law also requires that, at the end of the 18-month, 29-month or three-year continuation coverage period, you must be allowed to convert to a direct-pay conversion contract with GHI.

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

Whom to contact

If you have any questions about COBRA, please contact your Health Benefits Administrator.

Please note that the responsibility for determining your eligibility for continuation coverage under either COBRA or any state law rests solely with your employer, not with GHI. Therefore, please do not contact GHI about your eligibility for continuation coverage.

Conversion Privileges

You may convert to one of GHI's direct payment dental plans once your continuation coverage under COBRA terminates, unless the continuation coverage ends for one of the following reasons:

- You fail to make a premium payment for continued coverage within the specified time period; or
- You cancel continuation coverage at any time for any reason.

GHI will send conversion information to your home.

Whom to contact

If you have any questions about conversion privileges, be sure to contact GHI and/or your Agency Health Benefits Administrator.



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