



New York State Correctional Officers
& Police Benevolent Association
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VISION BENEFIT OPTIONS UPON RETIREMENT

1. As an active employee, members receive vision coverage from the State at no cost. Upon retirement, **and at their own expense**, members can continue vision care coverage through COBRA, as follows:

- COBRA (Consolidated Omnibus Budget Reconciliation Act) - under federal law, COBRA coverage allows members a temporary extension of their vision coverage (same coverage afforded while in active status), which is presently through Davis Vision. 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 retirees. Should 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	\$ 4.31
Family	\$11.13

Once COBRA coverage terminates, the benefit expires. No conversion plan is available.

2. NYSCOPBA's Retiree Chapter offers a vision care discount program. Retirees who are Chapter members are eligible for this program. See attached brochure for details.

POINTS TO CONSIDER:

1. Retirees should consider COBRA coverage only if their eligibility date will fall within the 18 month period. Remember that adults are eligible for benefits once every two years. Retirees (or dependents) who used their benefit close to retirement age will not be eligible again during the 18 month period; therefore, there is no reason to purchase COBRA. If, on the other hand, eligibility for retirees (or dependents) falls within that 18 month window, continued coverage would be worthwhile. Children under age 19 are eligible every year so they would benefit from COBRA continuation coverage.
2. Remember that NYSCOPBA's discount program is exactly that, a discount program. Retirees who continued coverage through COBRA should receive benefits through that benefit before utilizing the discount program. Again, COBRA coverage is a continuation of benefits received as an active employee and a much richer benefit than the discount program. Once COBRA coverage terminates, the discount program becomes practical.
3. COBRA premiums are deducted from retiree retirement checks. There is no additional cost to NYSCOPBA's discount program; the benefit is included in Retiree Chapter yearly dues (presently \$25.00).
4. Once retirees receive all eligible benefits through COBRA, cancel COBRA coverage through the Employee Benefits Division of Civil Service (see telephone number above). There is no sense in continuing coverage when no benefit will become available for the remainder of the plan.
5. For those Retirees who decide not to continue coverage through COBRA, their state vision care coverage ends 28 days after the last day of the last pay period in which retirees separate from active state service.

If you or your covered dependent have cataract surgery and are enrolled in the New York State Health Insurance Program, additional benefits may be available under the Empire Plan or your HMO.

AN IMPORTANT REMINDER ABOUT RECEIVING BENEFITS

All three parts of your vision benefit (eye examination, lenses and frame) must be received from either a Participating Vision Care Provider(s) or non-participating provider(s). You must use one option or the other (participating or non-participating) for all three parts.

If you are using a participating provider(s), the examination, lenses and frame must be obtained within a 90-day period.

If you are using a non-participating provider(s), reimbursement for the eye examination, lenses and frame must be claimed **at the same time on one claim form. Partial usage of plan benefits is considered full usage.**

If you need additional information or assistance, please contact Davis Vision.

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When Coverage Ends

Coverage Ends After 28 Days

Vision Care benefits cease while you are on leave without pay, unless you arrange for an extension of benefits with your agency Health Benefits Administrator.

If you resign, retire, transfer to an ineligible negotiating unit or are terminated, your Vision Care coverage will end 28 days after the last day of the last payroll period worked. You may have certain rights to continue coverage as explained below.

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COBRA: Continuation of Coverage

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 health care coverage called "continuation coverage" at group rates in certain instances where coverage under the program would otherwise end.

The Vision Care benefits you may continue are the same benefits you receive as an active employee. This section summarizes your rights and obligations under the continuation coverage provisions of the law. If your spouse or domestic partner is also covered under the Plan, they should take the time to read this carefully.

60 Day Deadline

In order for dependents to continue coverage under COBRA, the employee or a family member is responsible for notifying the Employee Benefits Division of the New York State Department of Civil Service in writing of a divorce or termination of domestic partnership, of the Social Security determination that a qualified beneficiary was disabled at the time of the employee's termination or reduction in hours, a legal separation or of a child's losing eligible dependent status under the NYS Vision Care Plan within 60 days from the date coverage ends due to one of those events. Other people acting on your behalf may provide written notice to the Employee Benefits Division of a COBRA qualifying event. **If notice is not received in writing within that 60-day period, regardless of the reason, the dependent will not be entitled to choose continuation coverage.**

When you notify the Employee Benefits Division of one of these events, the Division will advise you of your right to

1. The dependent ceases to be an eligible "dependent child" under this Plan;
2. The termination of your employment;
3. A reduction in your hours of employment with New York State;
4. Your divorce or termination of domestic partnership;
5. Your legal separation (NOTE: A dependent child does not automatically lose coverage because of parents' legal separation).
6. Your death.

When You or Your Dependents No Longer Qualify for COBRA:

New York State law provides that your COBRA coverage may be cancelled for any of the following reasons:

1. If New York State no longer provides Vision Care coverage to State employees;
2. If the premium for your COBRA coverage is not paid on time;
3. If you become entitled to Medicare benefits during the COBRA continuation period.

Your Costs Under COBRA

You will have to pay the entire premium for your continuation coverage plus a two (2) percent administration 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.

Whom to Contact:

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

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IMPORTANT REFERENCES

If you wish to:

- **Verify eligibility**
- **Obtain a list of participating providers**
- **Obtain a non-participating provider claim form**
- **Obtain a Student Status Form**
- **Determine the status of a non-participating provider claim**

Contact:

**Davis Vision
 Vision Care Processing Unit
 P.O. Box 1501
 Latham, NY 12110**

Telephone:

**In the Capital District Area: 1-518-220-6300
 Outside the Capital District Area: 1-800-999-5431
 TTY (Teletypewriter)*: 1-800-523-2847**

* For enrollees who use a TTY because of a hearing or speech disability

If you wish to: