

# UPSTATE

## MEDICAL UNIVERSITY

### NYS Health Insurance Frequently Asked Questions

The following are a list of questions and answers regarding eligible New York State employee's medical benefits. The medical/health insurance benefits (does not include dental and vision benefits) for which eligible employees are entitled to are determined by their particular bargaining unit (UUP, PEF, CSEA, NYSCOPBA and PBANYS) or affiliation (M/C).

**The below is only meant to serve as informational purposes only and does not replace current or updated NYS Department of Civil Service benefit policies, procedures or coverage. For more detailed information, go to the most recent *General Information Book (Active Employees)*: <https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/general-information-book/2023/ny-gib-2023.pdf>**

#### **1.) What are the applicable "waiting periods" for enrolling in health insurance coverage?**

a.) For new or newly benefits eligible employees, the following are initial waiting periods (**State employees must provide all of the required proofs within the waiting period or be subject to a late enrollment**) ...please note there will be an applicable extension of such waiting periods if the employee ends up in an unpaid status for part or all of a pay-period:

- CSEA represented employees (ASU, OSU, and ISU) — 28 days
- PEF represented employees — 28 days
- UUP represented employees — 28 days
- PBANYS represented employees — 28 days
- M/C affiliated employees — 28 days
- NYSCOPBA represented employees — 28 days

b.) For enrollments subsequent to initial waiting periods, without a qualifying event, the following waiting periods apply:

- CSEA represented employees (ASU, OSU, and ISU) — first day of the fifth payroll period (approx. 10 weeks)
- PEF represented employees — first day of the fifth payroll period (approx. 10 weeks)
- UUP represented employees — first day of the fifth payroll period (approx. 10 weeks)
- PBANYS represented employees — first day of the fifth payroll period (approx. 10 weeks)
- M/C affiliated employees — first day of the fifth payroll period (approx. 10 weeks)
- NYSCOPBA represented employees — first day of the fifth payroll period (approx. 10 weeks)

**2.) If I currently am not enrolled in a health insurance plan due to other coverage (i.e. through a spouse), and such coverage is lost or no longer available, is there a different “waiting” period compared to the above?**

Yes, depending on the reason or qualifying event will determine whether or not a waiting period is required as noted above.

**3.) If I select one health insurance plan and at a later date decide that particular plan is not right for me, can I make a change?**

Yes, once a year (during the month of November) there is an option transfer period. This is the time in which employees can change their health insurance option (e.g. change from an HMO to the PPO) for any reason. The change will then take effect on or around the beginning of the New Year.

**4.) When can I change my health coverage level?**

Employees can enroll for insurance or change from individual to family at anytime (unless enrolled in the opt-out program\*); however, the effective date is dependent upon the reason for the change.

If an employee is enrolled in a family plan, they may add new dependents at any time, however such must be done within 30 calendar days of a qualifying event for the coverage to be effective the date of the event. Proper documentation to prove relationship will be required for NYS employees. If done within 30 calendar days of a qualifying event, the change would be effective the date of the event. The employee would need to contact the Human Resources Benefits Office (ext. 4-4923).

- Without prompt notification or without a qualifying event, coverage would start after a 10 week (5 paycheck) waiting period from the date the paperwork is received in HR Benefits office.

Employees can change from family to individual or cancel insurance completely--

- If your employee premiums are paid on a post-tax basis, you may change at any time.
- If your employee premiums are paid on a pre-tax basis, you may change with prompt notice of a qualifying event or during option transfer period only

\*Employees who participate in the State’s *Opt-Out Program* may re-enroll in NYSHIP during the annual Option Transfer Period (No longer includes UUP represented employee). To re-enroll in NYSHIP coverage at any other time, employees must experience a qualifying event, such as a change in family status (e.g. death or divorce) or loss of the other employer sponsored group health insurance. Employees must complete a PS-404 and provide proof of the qualifying event within 30 calendar days or they will not be able may re-enroll in NYSHIP until the annual Option Transfer Period.

Employees must re-enroll in the *Opt-Out Program* during the annual Option Transfer Period to continue to remain

**5.) What is the difference between having my health insurance premiums deducted on a pre-tax or post-tax basis?**

- Pre-tax status allows an employee to have their bi-weekly health insurance premiums deducted on a before tax basis. Participation in this program may lower your taxes. However, it will limit some types of voluntary changes (unless you have a special enrollment right or other qualifying event). You cannot make changes to your plan outside of the option transfer period in the fall which allows employees to change health insurance options for the next calendar year:

- from a NYSHIP HMO to The Empire Plan,
- from The Empire Plan to a NYSHIP HMO,
- from one NYSHIP HMO to another NYSHIP HMO that has a NYSHIP service area where you live or work,
- from the Empire plan or a NYSHIP HMO to the Opt-out program, or from the Opt-out program to the Empire plan or a NYSHIP HMO,
- cancel coverage or change from family to individual coverage.

**Please note:** Pre-tax status will also reduce your social security income. Post-tax status means that you will pay taxes on your bi-weekly employee premium amounts, but it will allow you to make voluntary changes in your plan outside of the option transfer/open enrollment period.

### ***6.) What is considered a qualifying event?***

Under the Internal Revenue Service (IRS) rules, an employee may change their health insurance deductions during the plan year only after one of the following pre-taxed-qualifying events:

- You have a change in family status (e.g. marriage, birth, death, legal separation, divorce, only dependent child's attaining the maximum age for coverage up to age 26 years).
- You are enrolled in an HMO and no longer live or work in that HMO's service area and you must choose another HMO or the Empire Plan (PPO).
- Your spouse loses coverage due to termination of employment and you apply for coverage for your spouse.
- You first become eligible for health insurance coverage after the beginning of the tax year.
- Your employment terminates or you retire.
- Your spouse has a change in employment status which results in either acquiring or losing eligibility for health insurance coverage, or enrolls during an open enrollment/open enrollment period.
- You receive a divorce/legal separation and are required under a court order to provide health insurance coverage for your eligible dependent children and/or legally separated spouse.
- There is a significant change in your or your spouse's health coverage which is attributable to your or your spouse's employment.

**Changes in pre-tax health insurance deductions that stem from any of the above qualifying events must be made within 30 days of the event. Delays may be expensive. For example, if in June you qualify to change from Family coverage to Individual coverage but you miss the 30 day deadline to make the change, you must keep Family coverage through December (end of the Plan year). For most options, the extra six months of Family coverage could cost the employee several hundred dollars.**

**7.) I was just married, legally separated, divorced, or had a baby... what forms do I need to complete?**

If an employee wishes to change their coverage by adding or removing a dependent, they will need the appropriate form. You would need to complete a Health Insurance Transaction Form (PS 404):  
[https://www.upstate.edu/hr/document/state\\_health\\_benefits.pdf](https://www.upstate.edu/hr/document/state_health_benefits.pdf)

You may also need to change or update your beneficiary or other benefits related information. For NYS employees please contact the Human Resources Benefits Office at 464-4923. You may also visit the following HR Benefits web site link that will provide a checklist of contacts regarding beneficiary updates:  
[https://www.upstate.edu/hr/document/change\\_address.pdf](https://www.upstate.edu/hr/document/change_address.pdf)

**8.) Who qualifies as a dependent?**

Eligible dependents include your spouse including your same sex spouse (if you have a marriage certificate from a jurisdiction in which same sex marriage is legal - ask for more details), or opposite sex domestic partner, your children, including young adult children up to age 26 (new effective 1/1/11 based on the Federal Patient Protection and Affordable Care Act-PPACA). Dependent children include your natural children, legally adopted children, dependent step children or domestic partner's child.

Aged out children (those who turn 26) can retain NYSHIP coverage (full cost) for unmarried adult children under "age 29". <https://www.cs.ny.gov/forms/yao30-110nype.pdf>

**9.) Who qualifies as a domestic partner?**

then select the "Domestic Partnership Coverage"  
Your same or opposite sex domestic partner who must be 18 years of age or older, unmarried and not related in a way that would ban marriage. You must be living together, involved in a lifetime relationship and financially interdependent. To enroll a domestic partner at the time of application, you must have been in the partnership for six months and be able to provide proof of residency and financial interdependence. You must be able to provide documented proof regarding both residential and financial interdependence.

Please note that there are tax implications, referred to as "imputed income", when adding a domestic partner. For further information please go to the Human Resources Benefits forms page at:  
[domestic\\_partner\\_coverage\\_nys.pdf \(upstate.edu\)](http://www.upstate.edu/hr/document/domestic_partner_coverage_nys.pdf)

**10.) What information do I need to enroll my dependents (for NYS employees ONLY)?**

You must provide the following document(s) as applicable:

- Employee - proof of birth AND social security number (i.e. birth certificate or valid passport and SS card)
- Spouse - Marriage certificate (Marriage License) and if married over 1 year must submit proof of inter-financial dependence (i.e. Joint tax return), as well as proof of social security number

AND proof of date of birth (i.e. birth certificate or valid pass port and SS card)

- Dependent children - proof of birth AND social security number (birth certificate and SS card).

Additional information is required to enroll a domestic partner, please ask for a special packet of information from the Human Resources Benefits Office or go to the Human Resources Benefits forms page at <http://www.upstate.edu/hr/documents.php?cid=131>, then select the “Domestic Partnership Coverage”.

**11.) I just moved. Are there any forms I need to complete?**

Yes. An “Address Change Form” found at the following HR Benefits web site

[http://www.upstate.edu/hr/intra/document/change\\_address.pdf](http://www.upstate.edu/hr/intra/document/change_address.pdf)

should be completed and submitted to the Human Resources Benefits Office (fax 464-4390) or be done via “self-serve”. Once completed, received, and processed by Human Resources, the form or the self serve change will update your health insurance records only.

You will need to change on Self-Serve your address for Payroll and HR records purposes as well as write or notify your retirement plan (ERS, TRS, or the ORP Investment provider), supplemental retirement provider (TIAA-CREF, ING, AIG (Formally VALIC), Fidelity, or NYS Deferred Comp Plan), and union separately (see HR Benefits Link to “Benefits Contact & Resources”

**12.) I recently turned age 65 - - does this have any effect my health insurance benefits?**

As long as an employee is actively working in a benefits eligible position, no matter your age you are not required to enroll in Medicare. Once you are age 65 and eligible for Medicare, we suggest that while you are still working, that you enroll in Medicare Part A only. Part A is the hospitalization portion and is a free benefit to you. Keep in mind that in this scenario, Medicare Part A would be secondary coverage for you as long as you are working and eligible for benefits. You must enroll in Medicare Part B when you retire or separate from service, therefore you would need to apply for Medicare two – three months prior to leaving.

**13.) If my employment is terminating or my dependent is losing eligibility (i.e. divorce, child turning age 26, etc.), can health insurance be continued?**

Yes, through COBRA, a Federal continuation of benefits program. If you or a dependent (child, spouse) loses eligibility, for NYS employees you will receive at your last known home address enrollment information from the Employee Benefits Division in Albany within 60 days of coverage termination. The address is: State of New York, Department of Civil Service Employee Benefits Division, The State Campus Albany, NY 12239. You can call them at 1-800-833-4344 with questions.

**14) If my spouse, domestic partner, or dependent child work for SUNY or NYS and are in a “Benefits Eligible” position, is it beneficial to have 2 individual plans or the family plan?**

Yes, 2 individual plans cost less in a bi-weekly paycheck compared to 1 family plan.