



This bulletin explains what you have to do to continue health insurance and dental/vision coverage offered under the State administered plan while on leave without pay. It also explains what to do if you want to cancel your insurance and how to reinstate coverage when you return from leave. **CONTACT YOUR AGENCY HEALTH BENEFITS ADMINISTRATOR (HBA) TO MAKE YOUR CHOICE TO CONTINUE, CANCEL OR SUSPEND THIS COVERAGE.**

GENERAL INFORMATION

When you are an active employee, deductions are automatically taken from your paycheck to cover the cost of your health insurance benefit under the New York State Health Insurance Program (NYSHIP). There are no deductions for dental and vision benefits while you are in an eligible employee active status. However, if you are covered by the State Administered Dental and Vision programs your coverage terminates when you go on Leave Without Pay (LWOP) unless you take action as described in this notice to continue it. While you are in LWOP status, you must pay the full cost of your insurance coverage if you wish to continue it.

Employees represented by CSEA, DC-37, or UUP should contact their Employee Benefit Fund for information regarding their dental and vision coverage.

MEDICAL COVERAGE

Your **medical coverage is automatically** continued during LWOP status. Your first bill should arrive in approximately 2-4 weeks after you go on leave. This first bill will include all premiums due from your start date in LWOP status through the current coverage period (may include multiple bi-weekly billings, from the start of your leave). Thereafter, you will be billed every four weeks with each premium due within 15 days of the billing date. **If you wish to cancel coverage while on leave without pay, or cancel coverage permanently, contact your agency HBA and complete form PS-404.**

Your state administered dental/vision coverage is automatically terminated once you enter a leave without pay status. If you wish to continue your dental and/or vision coverage while on leave without pay, you should notify your agency HBA and complete form PS-404. You are responsible for paying the full cost of the premiums for dental and vision coverage while on leave (when you are an active employee, the State pays the premium for your coverage). This amount will be billed every four weeks, along with your health insurance premium (if applicable). **Please remit your payment promptly to avoid being canceled for nonpayment.**

IF YOU ARE OFF THE PAYROLL FOR 2 PAYROLL PERIODS OR LESS

If you return to the payroll within 28 days, a mandatory payment of one or two full share (employer and employee share) deductions will be taken from your paycheck for **your medical coverage only**, unless you canceled your coverage, prior to going on leave. Contact your agency HBA to request cancellation of your coverage. Contact your HBA with questions regarding the exact amount of your payroll deduction.

FAILURE TO MAKE PAYMENTS WHILE ON LEAVE WITHOUT PAY

Employees who continue medical, dental or vision coverage while on leave without pay, but do not make the required premium payments, will lose coverage at the end of the last payroll period for which payment in full was received. Suspending or canceling your coverage or letting it lapse because you don't pay the premium is a serious step. If you resign, vest or retire while your coverage is suspended or canceled, you and your dependents lose your right to continue coverage under NYSHIP. If you die and you had suspended or canceled your coverage or let it lapse, your dependents lose their rights to coverage as dependent survivors or under COBRA provisions.

REINSTATEMENT OF COVERAGE WHEN RETURNING TO THE PAYROLL

If you cancelled coverage **permanently** while on leave without pay, your coverage will not be reinstated automatically when you return to the payroll. You may request reinstatement of your medical benefits and be subject to a late enrollment period. You may request dental and/or vision benefits on a current basis. If you cancelled coverage temporarily while on leave without pay, your coverage will be automatically reinstated when you return to the payroll, effective the 1st day of the second payroll period following the payroll period during which you return to work. For the specific date that your coverage will be reinstated, please contact your agency health benefits administrator.

RETIREMENT WHILE ON LEAVE WITHOUT PAY

Normal Retirement

To maintain NYSHIP eligibility in retirement, you must be enrolled in NYSHIP as of the date of your retirement, have completed the minimum service requirement and satisfied the requirements for retiring as a member of a retirement system. For more information, refer to your General Information Book, or contact your agency health benefits administrator.

Disability Retirement

To maintain NYSHIP eligibility, you must continue your health insurance coverage while you wait for the decision on your disability retirement application, either through vested status, if you had ten years of service, or through COBRA continuation if you did not have ten years of service. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee or COBRA status, coverage for you and your dependents will end. **Coverage may end permanently.** If your disability retirement is not approved, you will not be eligible to re-enroll in NYSHIP as, for example, a vestee or for COBRA continuation. If you have continued your coverage while on leave or in vested or COBRA status, your coverage will be converted to retiree coverage when we are notified of the approval of your qualifying disability retirement. If you have not continued your coverage while on leave or in vestee or COBRA status and a retroactive retirement is granted, which would have entitled you to coverage in retirement, you may request reinstatement of your coverage. **You must apply in writing for reinstatement of your NYSHIP coverage within 60 days of the date on the letter from the retirement system announcing the decision to grant your disability retirement. Include with your request a copy of the decision from the retirement system.** If coverage is reinstated due to your receipt of an ordinary disability retirement, you will be required to pay premiums retroactively.

WAIVER OF PREMIUM (EMPIRE AND HIP ENROLLEES ONLY)

Note: *This benefit is not available for dental and vision coverage.*

If you are totally disabled for at least six biweekly pay periods, you may qualify for a waiver of health insurance premium while on leave without pay, if you are enrolled in the Empire Plan or HIP. **Waiver of Premium is not automatic.** Ask your Health Benefits Administrator for form PS-452 Waiver of Premium application. You complete Part A; the agency HBA completes Part B, and the physician completes Part C **and mails the completed form to the NYS Department of Civil Service, Employee Benefits Division.** You must continue to remit premium payments until you are notified of a determination of your application.

**PLEASE REFER TO YOUR GENERAL INFORMATION BOOK
FOR MORE INFORMATION ON YOUR MEDICAL COVERAGE DURING LWOP.**

Contact your agency HBA to make your choice to continue, cancel or suspend medical, dental and/or vision coverage by completing the PS-404, or if you have any questions regarding your status.

NOTE: All references to continuation of medical, dental, and vision care insurance coverage contained in this bulletin apply only to the State Programs administered by the Employee Benefits Division. These are the NYS Health Insurance Program, the NYS Preferred Dental Plan and the NYS Vision Care Plan. If you are covered under a prescription drug and/or a dental and vision care insurance program sponsored by an employee Benefit Fund (CSEA, DC-37 or UUP), you should discuss your eligibility to continue these coverages, as well as the cost and method of remitting payment due with your personnel office, or the office of the organization which administers the program. Premiums billed by the Employee Benefits Division for continuation of medical, dental and/or vision insurance coverage do not include amounts due for benefits administered by a union Benefit Fund.