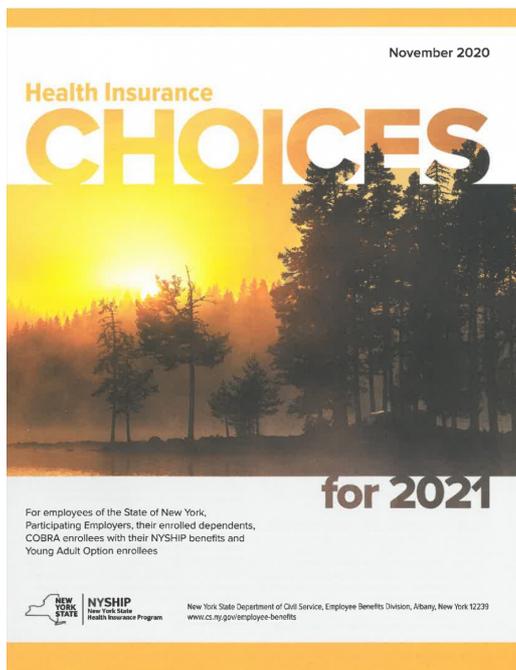




## Option Transfer - Select a Plan



You can make these three changes to your health plan coverage as part of the Option Transfer period:

1. **Change between The Empire Plan and a NYSHIP Health Maintenance Organization (HMO), or from one HMO to another.**
2. **Drop all dependents and change from family to individual coverage,** regardless of whether a qualifying event has affected your dependents' eligibility.
3. **Voluntarily cancel your coverage,** regardless of whether a qualifying event has affected your eligibility.

[accordion]

## How the plans work

NYSHIP has provided a booklet *Health Insurance Choices for 2021*. Choices details the benefits, services and programs available to NYSHIP enrollees for 2021 under The Empire Plan and NYSHIP HMOs, as well as the procedures for changing options.

It was mailed to active employees in November and is also [available as a pdf](#) from the NYSHIP website. You can also visit the NYSHIP website to see what's new with the plan and formulary.

## How to compare plans

This pdf [comparison chart](#) shows plan features for the contract college health plan choices, including both HMOs and Empire Plan participating and non-participating providers. If you download the document to your computer, you can zoom in for better readability.

## 2021 Rates

This pdf [rate comparison chart](#) shows rates for the contract college health plan choices.

NYSHIP premiums are based on levels of wages and salary. Since we do not use the State salary grades in our compensation system, the NY State Department of Civil Service (DCS) provided Benefit Services with the following guidance we must follow when remitting health plan premiums to the DCS each month. Annually, Cornell must report to the DCS the salary grades of all health plan participants as of October 1. Those participants who make up to and including \$47,741.00 are assigned the lower premium tier. Those whose annual pay exceeds \$47,741.00 must be assigned to the higher premium tier. Read our full [FAQ for NYSHIP premiums](#) for more information.

## What documentation is needed, and how do I submit it?

**You will need to submit a paper copy of the NYS Health Insurance Transaction form (PS-404) to HR Services & Transitions Center.**

- [Download the Cornell-specific version of the PS-404 form](#)- do not use the state version of the form, and do not submit the form directly to the state.
- [Download the instructions for filling out the form](#)- requirements vary based on the type of change you are making.
- Submit the form to HR Services & Transitions Center, EHOB, 395 Pine Tree Rd., Suite 110 via secure file transfer (<https://sft.cornell.edu> - call the HRSTC at 607-255-3936 if you need help uploading files), by 4:30 p.m. EST 12/31/20 or postmarked by 12/31/20.

Changes are effective December 31, 2021.

## How do I enroll an employee, spouse, domestic partner, or dependents?

Adding coverage for yourself or dependents is not considered part of Option Transfer. You can request this change at any time of the year, however a 10-week waiting period applies unless you have a qualifying event based on IRS guidelines. A qualifying event is a change of family status, e.g. marriage, birth of a child, etc.

**You will need to submit:**

- A NYS Health Insurance Transaction Form (PS-404) to HR Services & Transitions Center for each dependent.
- The [required documentation](#).
- If this request is the result of a qualifying event, you must attach proof of that event and the date it occurred.

## How do I remove dependents from my plans?

Removing individual dependents is not considered part of Option Transfer. You can request this change at any time of the year, however a 10-week waiting period applies unless you have a qualifying event based on IRS guidelines.

**You will need to submit:**

- A NYS Health Insurance Transaction Form (PS-404) to HR Services & Transitions Center for each dependent.
- The [required documentation](#).
- If this request is the result of a qualifying event, you must attach proof of that event and the date it occurred.

**How do I access the NYSHIP website?**

Visit the NYSHIP [Health Benefits website](#) :

- Select “I am a New York State Active Employee”
- Choose “Management/Confidential (M/C); Legislature” as your Group
- Select either “Empire Plan Enrollee” OR “HMO Enrollee”

**Glossary of terms**

Here are some common terms you will find in the NYSHIP plan documents and on our web pages.

**Coinsurance**

The enrollee’s share of the cost of covered services, which is a fixed percentage of covered medical expenses.

**Copayment**

The enrollee’s share of the cost of covered services, which is a fixed dollar amount paid when a medical service is received, regardless of the total charge for the service.

**Deductible**

The dollar amount an enrollee is required to pay before health plan benefits begin to reimburse for services. This amount applies when you use non-network providers.

**Dependent**

This is a person who is covered by another person’s plan. It can be a child, spouse or domestic partner.

**Fee-for-service**

A method of billing for health care services. A provider charges a fee each time an enrollee receives a service.

**Formulary**

A list of preferred drugs used by a health plan. A plan with a closed formulary provides coverage only for drugs that appear on the list. An open or incented formulary encourages use of preferred drugs to non-preferred drugs based on a tiered copayment schedule. In a flexible formulary, brand-name prescription drugs may be assigned to different copayment levels based on value to the plan and clinical judgment. In some cases, drugs may be excluded from coverage under a flexible formulary if a therapeutic equivalent is covered or available as an over-the-counter drug.

**Health Benefits Administrator (HBA) - that's the Cornell Benefits team.**

An individual responsible for providing benefits assistance to active State employees. HBAs work with the Employee Benefits Division in the Department of Civil Service to process transactions and answer questions regarding eligibility and enrollment. You are responsible for notifying your HBA of changes that affect your enrollment and/or your or your dependents’ eligibility for benefits.

**Health Maintenance Organization (HMO)**

A managed-care system organized to deliver health care services in a geographic area. An HMO provides a predetermined

set of benefits through a network of selected physicians, laboratories and hospitals for a prepaid premium. Except for emergency services and other services approved by your HMO, you and your enrolled dependents may have coverage only for services received from your HMO's network.

### **Lifetime maximum**

This is the total dollar amount of benefits you can receive. It can also be the total number of services you can receive. These totals are limits for a lifetime, not just for a plan year.

### **Managed Care**

A health care program designed to ensure you receive the highest quality medical care for the lowest cost in the most appropriate health care setting. Most managed-care plans require you to select a primary care physician employed by (or who contracts with) the managed health care system. He or she serves as your health care manager by coordinating virtually all health care services you receive. Your primary care physician provides your routine medical care and refers you to a specialist if necessary.

### **Network**

A group of doctors, hospitals and/or other health care providers who participate in a health plan and agree to follow the plan's procedures.

### **New York State Health Insurance Program (NYSHIP)**

NYSHIP covers more than 1.2 million public employees, retirees and dependents. It is one of the largest group health insurance programs in the country. The Program provides health care benefits through The Empire Plan and NYSHIP-approved HMOs.

### **Option**

A health insurance plan offered through NYSHIP. Options include The Empire Plan and NYSHIP-approved HMOs within specific geographic areas.

### **Out-of-pocket maximum**

This is a limit on the costs a health plan member must pay for covered services. The limit can be yearly or a dollar amount.

### **Primary/Medicare primary**

A health insurance plan is primary when it is responsible for paying health benefits claims before any other group health insurance plan. It is important to understand when Medicare will become primary to your NYSHIP coverage. Read plan documents for complete information.

### **Qualifying event**

These are events that let members change their health benefits outside of the Option Transfer period. Examples include death, job loss, divorce and marriage.

[/accordion]

**We encourage you to use this [Decision/Enrollment Guide](#).**

