

## Tips for filling out your enrollment application

Be sure you are completing enrollment in the correct plan. Plan year is July 1 – June 30.

Indicate the bargaining unit you belong to, as well as your hire date and employer.

All new hires are required to complete the enrollment application. **(Any changes to this initial personal or employment information must be submitted on an enrollment form within 30 days of change.)** Calls or emails will not be accepted for enrollment changes.

**Applicant and Family Information must include the date of birth and social security number for every enrollee.** Re: Newborns, submit SSN when received. (Ex-spouses are not eligible for coverage. If divorced, a copy of the decree is required to determine which parent is responsible for providing coverage for the children.)

**Children ages 19 – 26 can be enrolled on their parent's plan regardless of employment or marital status, as provided by the Affordable Care Act. Submit copies of their birth certificate and social security card with your application and provide their permanent address if different than the parent.**

**Nova/Independent Health Option:** *Students attending school outside the eight-county area of WNY have emergency medical and hospital coverage as in-network.*

**MVP Option:** *College students have emergency medical, hospital coverage and routine care as in-network.*

**Domestic Partner & Special Needs Children Over Age 26 require additional documentation. Contact the Benefits Administrator in your school for information.**

**If any enrollee listed on the application has health insurance from any other source, including Medicaid, contact the Benefits Administrator. Additional documentation is required for enrollment.**

Applicant's signature is required on page 1 and page 2.

Return the completed application, as well as the required documentation, to the Benefits Administrator.

### OPTIONAL

Benefit Administrator Name \_\_\_\_\_  
Benefit Contact Number \_\_\_\_\_  
Application due date \_\_\_\_\_

Your school is in Option \_\_\_\_  
Third Party Admin \_\_\_\_\_  
Region \_\_\_\_\_

## COBRA Continuation Coverage Rights

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies
- Your spouse's hours of employment are reduced
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent/employee dies
- The parent/employee's hours of employment are reduced
- The parent/employee's employment ends for any reason other than gross misconduct
- The parent/employee becomes entitled to Medicare benefits- Part A, Part B or Both
- The parents become divorced or legally separated
- The child loses eligibility as a dependent child

COBRA is managed by NOVA/Independent Health or MVP, depending on your region. Questions concerning your Plan or COBRA rights should be addressed to your Benefit Administrator or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa) for the model COBRA Notice in its entirety.

Rev. 1-12-22



Tri-fold includes:

- NY44 HIPAA Notice Special Enrollment Rights
- Women's Health and Cancer Rights Act Notice
- CHIP Notice
- Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans) NEW EMPLOYEES
- Tips for filling out your application
- Plan Highlights

***Find the Summary Plan  
Description and Summary  
of Benefits Coverage on  
the website:***

***[www.ny44.e1b.org](http://www.ny44.e1b.org)***

## NY44 HEALTH PLAN

### PLAN HIGHLIGHTS

- Established as a federal tax-exempt Article 44 Trust, the plan has achieved self-funded status and expanded to employees and eligible retirees of schools throughout New York State.
- The Board of Trustees is comprised of both union and management who have an equal say in how it operates, including decisions about benefits offered to the members.
- Designed to contain health care cost for enrolled schools by basing rates on actual claims.
- Provides an extensive array of wellness information for enrollees on the Trust website, as well as a mail order program for maintenance drugs to control costs.
- The Summary of Benefits and Coverage (SBC), as well as the Summary Plan Description (SPD), can be found on the website listed below.

Have enrollment questions? Please contact the Benefits Administrator in your school district.

Have benefit questions? Please contact Customer Service in your regional network, either NOVA/Independent Health or MVP.

For information about a Flexible Spending Account (FSA), if applicable, please contact the Benefits Administrator in your district.

**NY44 Health Benefits Plan Trust  
Education Campus  
355 Harlem Road  
West Seneca, NY 14224**

**Visit the website for more  
information:**

**[www.ny44.e1b.org](http://www.ny44.e1b.org)**

### Notice of Special Enrollment Rights

If you decline enrollment for yourself or dependents (including your spouse or registered domestic partner) when you first become eligible for the NY44 Health Plan because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or they subsequently lose eligibility for the other coverage (or if the employer stops contributing towards the other coverage). However, you must request enrollment in NY44 **within 30 days** after the other coverage terminates (or after the employer stops contributing towards the other coverage) in order to take advantage of this special enrollment opportunity. If you miss this special enrollment date, you will have to wait until the plan's next open enrollment period to obtain coverage under NY44.

If you acquire a new dependent as a result of marriage, assumption of a registered domestic partnership, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the NY44 Health Plan during a special enrollment period. However, you must request enrollment **within 30 days** after the marriage, assumption of a registered domestic partnership, birth, adoption, or placement for adoption, or you will be required to wait to enroll until the plan's next open enrollment period to obtain NY44 coverage.

Please note: Changes to the original Application Form must be made through the Enrollment System by the District's Benefit Clerk. To request special enrollment or obtain more information, contact \_\_\_\_\_ the Benefit Administrator at the school.

### Women's Health and Cancer Rights Act Notice

If you have had a mastectomy, or expect to have one, you may be entitled to special rights under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the NY44 Health Plan. Therefore, your deductibles and coinsurance apply. See your summary of benefits for your deductible and coinsurance limits. If you would like more information on WHCRA benefits, call your plan administrator.

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in New York State, contact your State Medicaid or CHIP office at 1-800-541-2831 or [www.health.ny.gov/healthcare/medicaid](http://www.health.ny.gov/healthcare/medicaid), to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.