



**Guide to
Maintaining Your
Health Benefits
Following
Retrenchment
or Non-Renewal
from SUNY**

October 20, 2020

Health insurance is an enormous concern for anyone facing retrenchment or nonrenewal. When you receive a termination notice from SUNY, please contact your campus Health Benefits Administrator to verify the date your healthcare coverage will end and to obtain information on your healthcare options as loss of coverage is considered a qualifying event for enrollment in other options.

Listed below are some of the options that you can choose from to maintain health benefits:



Option One - COBRA

What is COBRA?

When health coverage provided by your employer (SUNY) ends, you may opt to continue your existing coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act). COBRA states that if you lose your job for any reason other than “gross misconduct,” you have the right to continue in your employer’s NYSHIP group plan for up to 18 months.

What types of benefits are covered under the employer’s (SUNY) COBRA?

- Health insurance (e.g., Indemnity Plan, PPO, and HMO)
- Prescription drugs
- Cafeteria plans

What benefits are covered under the UUP Benefit Trust Fund?

(Please note that UUP will extend COBRA dental and vision coverage for up to 36 months due to involuntary separation. The UUP dental and vision COBRA does not cover medical COBRA.

- Dental
- Vision

What are the COBRA eligibility requirements?

To be eligible for continued coverage, you must be covered under a group health plan until the day before the last day of your employment. If your employment began and was terminated before you were eligible for health insurance, you are not eligible for COBRA coverage. For your spouse, domestic partner or dependents to be covered under COBRA, you must have selected a family plan; otherwise you will be covered by an individual plan and your spouse, domestic partner and dependents will not be eligible. The maximum age for dependent children to be covered under COBRA is 26.

When do I have to give notice to my employer that I want to continue health benefits under COBRA?

You have 60 days from the date coverage ends or from the date you are notified your coverage will end, whichever is later, to elect COBRA.

How often must I make the premium payments for COBRA?

There is a mandatory monthly payment option, meaning you must be given the option of paying COBRA premiums on a monthly basis. You cannot be required to pay COBRA premiums on any other basis, such as quarterly, semiannually, or annually. The initial premium payment must be made within 45 days from the date of COBRA election.

What is the maximum coverage period for COBRA?

It varies. If your job was terminated, if you resigned voluntarily, or if your hours were reduced, the maximum coverage time is 18 months for you, a spouse, domestic partner, and dependent children. In addition to the maximum coverage time, coverage will end if one of the following events occurs:

- The employer ceases to provide a group health plan to its employees
- The laid-off employee fails to pay the required premiums in a timely manner
- The laid-off employee becomes a covered employee under another group health plan
- The laid-off employee becomes eligible for Medicare

Option 2 - Marketplace Coverage

What is the marketplace?

The marketplace is an online tool to assist individuals in shopping for health insurance coverage. The marketplace in New York is called the New York State of Health. Due to the loss of income you can apply for Medicaid (the essential plan), or subsidized qualified healthcare plans, or child health plus. You must sign up by the 15th of the month to be covered by the first day of the next month. This coverage is only offered up to the age of 65. Then you must apply for Medicare.

When can you enroll?

You can purchase marketplace coverage outside of the annual open enrollment period if you have a qualifying life event such as loss of coverage due to layoff or reduction in hours. You must have been enrolled in coverage the day before the layoff date. To enroll for dependent coverage, your previous coverage must have included and covered your spouse, domestic partner, and dependents. You may wish to consider the marketplace plans instead of COBRA if you are eligible for possible income-related premium subsidies in the marketplace.

Generally, you have 60 days from the date of the life-qualifying event to enroll, but the earliest date that coverage is effective is the first day of the following month following the coverage loss. For example, if you lose coverage on August 15, your earliest date of coverage is October 1. If you are aware of an upcoming loss of coverage, you should enroll prior to the end of coverage to minimize any gap. Unlike COBRA, marketplace coverage is not retroactive to the date the coverage terminated.

If you elect COBRA following a loss of coverage, you must wait until the next marketplace open enrollment period beginning November 1, 2020 for effective dates in 2021 or when COBRA benefits are exhausted. Voluntary termination of COBRA is not considered a qualifying event.

What is covered?

The marketplace plans primarily cover only medical and prescription drugs. Although the plan will not be the same as your job-based coverage, all marketplace plans cover 10 essential benefits:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services including behavioral treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services, preventive and wellness services, and chronic disease management
- Pediatric services, including oral and vision care
- There are no exclusions for pre-existing conditions.

How can I apply?

You can apply online, by phone, in person or by mail. There are New York State of Health certified experts to provide in-person help for filling out your forms.

The In-Person Assistor (IPA) and Navigator program is designed to meet the needs of New Yorkers by providing assistance in convenient, community-based locations. IPAs/Navigators provide culturally competent, linguistically appropriate, and disability accessible enrollment services. They are available at convenient times, including evenings and weekends, at no cost to enrollees. For more information, visit <https://on.ny.gov/2Fh23yq>.

What information do I need to give when I apply?

You will need to provide facts about the people in your household and their income. You need to supply names, addresses, phone numbers, and social security numbers. You also need to confirm if you have access to other health insurance.

Can I search for doctors, hospitals, or facilities in the health plan’s network?

Yes. You can search to see if your current doctors or facilities where you receive health care services are part of a plan’s network of providers. Sometimes the plans that your provider accepts, or the “network” they are in, will change. It is always best to check with your provider and the health plan first. Always call your doctors, hospitals, other facilities, and the health plans directly before completing the plan selection process.

Can I change my plan if I am not satisfied with the health plan’s network?

If you are not satisfied with your qualified health plan, you can change plans during the Open Enrollment Period. To switch plans during other times of the year, you will need to qualify for a Special Enrollment Period. Check the website for more information.

For the Medicaid program, you will have 90 days from the effective date of your health plan enrollment to change your plan for any reason. You can only change plans if there is another health plan available in your area. After 90 days, you will not be able to change your health plan for the rest of the coverage period, unless you have a good reason.

Children in the Child Health Plus program can change plans at any time.

The marketplace is not for people who have Medicare as their primary coverage.

Option 3 – Maintaining Benefits Through Retirement

Full-time and part-time academics and professionals who have established eligibility to continue health benefits in retirement and who are being retrenched or are facing possible non-renewal may want to consider actual or “constructive” retirement from SUNY and enrollment in retiree health insurance coverage to continue health benefits.

Who is eligible to continue health benefits in retirement?

Generally, to receive NYS retiree health insurance coverage you must meet the following eligibility requirements:

1. You must have at least 10 years (120 months) of “benefits eligible” State service or at least 10 years (120 months) of combined “benefits eligible” service with the State and other Participating Employer(s) or Participating Agenc(ies). At least one year of your “benefits eligible” service must be with New York State.
 - “Benefits-eligible service” means a period of employment during which you were eligible for health insurance coverage with an employer contribution to premium provided through NYSHIP.
 - Participating Employers or Participating Agencies include NYS local governments, school districts, public authorities or public benefit corporations that participate in NYSHIP
2. You must satisfy the following requirements for retiring:
 - You must be qualified for retirement in a NYS-administered retirement system such as the Employees’ Retirement System (ERS) or the Teachers’ Retirement System (TRS), or,
 - If you are enrolled in SUNY’s Optional Retirement Program or are not a member of a retirement system you are eligible at age 55.
3. You must be enrolled in NYSHIP as an enrollee or a dependent at the time of your retirement.

If I am a part-time contingent employee what service counts at “benefits eligible”?

For UUP-represented employees, part-time eligibility for health benefits is established in Article 39 of the collective bargaining agreement between NYS and UUP. These eligibility criteria have changed over time. Whether you had “benefits eligible” service will be determined based on the eligibility criteria in place at the time the work was performed.

Currently, part-time academics who teach six or more credits, contact hours, or credit equivalents in any one semester are benefits eligible.

Part-time professionals and part-time academics who are not primarily engaged in teaching, who were hired before January 1, 2019, are benefits eligible if their rate of compensation is: \$15,312 or more between July 2, 2018, and July 1, 2019; \$15,618 or more between July 2, 2019, and July 1, 2020; \$15,930 or more between July 2, 2020, and July 1, 2021; \$16,249 or more after July 1, 2021.

Part-time professionals and academics not primarily engaged in teaching hired Jan. 1, 2019, or after are benefits eligible if their professional obligation is at least one-half of a full-time equivalent professional obligation.

Do I have to begin drawing my pension benefits to enroll in retiree health insurance?

No. If you eligible for retiree health benefits, but delay collecting your State pension or delay receiving disbursements from an optional retirement program, you may nevertheless continue your NYSHIP coverage under retiree provisions provided you meet the eligibility requirements listed above. This is referred to as “constructive retirement.”

Employees who are being retrenched or are facing possible non-renewal and who may be eligible for retiree health benefits are advised to consult with their campus Health Benefits Administrator (typically located in the Human Resources Department) prior to their separation from service to determine if they are eligible for retiree health benefits and to protect their eligibility for health benefits in retirement.

Additional information regarding retiree health benefits may also be found at: <https://on.ny.gov/35glOPB>

