New York State Health Insurance Program

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.
Click on State Employees
www.cs.ny.gov
# NYSHIP Online

[Image of a person using a laptop]

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[Logo of NYSHIP Online]

[Logo of New York State Health Insurance Program]
NYSHIP

What is NYSHIP?

• The New York State Health Insurance Program
  – The Empire Plan
  – NYSHIP-approved Health Maintenance Organizations (HMOs)

Who is eligible for NYSHIP?

• Employees, retirees and their families from:
  – New York State Agencies
  – Participating Employers
  – Participating Agencies
Today’s Topics

• Eligibility
• Cost
• Sick Leave Credit
• Dental and Vision
• Eligible Dependents
• Dependent Survivors
• Medicare
Eligibility for Retiree Health Benefits

- Minimum 10 years of service in a NYSHIP benefits-eligible position
- Eligible for a NYS pension
- Enrolled in NYSHIP at the time of your retirement as:
  - Enrollee
  - Dependent
  - Enrollee in the Opt-out Program
Benefits Eligibility Example

Does Joe qualify?

• Total of 12 years of NYSHIP service
  – Four years at a NYS Agency
  – Four years at a Participating Employer
  – Four years at a Participating Agency
• Eligible for a NYS pension
• Enrolled in NYSHIP

Yes, Joe is eligible for retiree health insurance benefits.
## Disability Retirement

<table>
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<tr>
<th>Non-Work-Related Disability</th>
<th>Work-Related Disability</th>
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<tbody>
<tr>
<td>10 years of NYSHIP benefits-eligible service</td>
<td>Service requirement is waived</td>
</tr>
</tbody>
</table>
Disability Retirement Example

Does Joe qualify?

• Eight years of service in a benefits-eligible position
• Enrolled in NYSHIP plan
• Injured at work and retiring due to disability

Yes, Joe qualifies for retiree coverage. The 10 years of service is waived because his disability is work related.
## Retiree Letters

<table>
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<tr>
<th>Notification Letter</th>
<th>“Dear Retiree” Letter</th>
</tr>
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<tr>
<td>• Letter confirming that the Employee Benefits Division has been notified of your retirement</td>
<td></td>
</tr>
<tr>
<td>• <strong>Does not confirm eligibility for NYSHIP Retiree coverage</strong></td>
<td></td>
</tr>
<tr>
<td>• Provides NYSHIP Retiree eligibility requirements</td>
<td></td>
</tr>
<tr>
<td>• Payment Methods</td>
<td></td>
</tr>
<tr>
<td>• Medicare Requirements</td>
<td></td>
</tr>
<tr>
<td>• Continuing Dental &amp; vision</td>
<td></td>
</tr>
<tr>
<td>• Letter sent after the Employee Benefits Division has confirmed your eligibility for NYSHIP Retiree coverage</td>
<td></td>
</tr>
<tr>
<td>• NYSHIP option</td>
<td></td>
</tr>
<tr>
<td>• Monthly cost</td>
<td></td>
</tr>
<tr>
<td>• Sick leave credit</td>
<td></td>
</tr>
<tr>
<td>• Medicare</td>
<td></td>
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</tbody>
</table>
Questions
Retiree Cost

• State continues to contribute
• Pay the same share as an active employee, except on a monthly basis
• Unused sick leave can be used to reduce cost
Sick Leave Credit

Hours of Unused Sick Leave \times \text{Hourly Rate of Pay} = \text{Total Dollar Value of Sick Leave}
Sick Leave Credit

\[
\text{Total Dollar Value of Sick Leave} \div \text{Life Expectancy in Months} = \text{Your Monthly Sick Leave Credit}
\]
Sick Leave Credit Calculator

When you retire, you may be able use the value of your unused sick leave to offset the cost of NYSHIP coverage. Check with your Health Benefits Administrator (HBA) to confirm eligibility. To estimate your monthly sick leave credit, enter the information below. If you are retiring with a Disability Retirement, use the Disability Sick Leave Credit Calculator.

Effective Date of Retirement
On or After October 1, 2011

Pay Rate $
0

Standard Work Schedule
8 Hours Per Day or 40 Hours Per Week

Hours of Unused Sick Leave
0

Age at Retirement
50

Dual Annuitant Sick Leave Credit
No

How Your Sick Leave Is Calculated

Hourly Rate of Pay \times \text{Hours of Unused Sick Leave} = \text{Total Value of Sick Leave}

\text{Total Value of Sick Leave} + \frac{\text{Life Expectancy in Months}}{12} = \text{Your Estimated Monthly Sick Leave Credit}^*

* This is an estimate based on the information provided. For the most accurate calculation of your sick leave credit see your Health Benefits Administrator.

Sick Leave Credit Calculator can be found at www.cs.ny.gov/employee-benefits
Sick Leave Credit Example

$21.06 Hourly Rate of Pay × 800 Hours of Unused Sick Leave = $16,848 Total Value of Sick Leave

$16,848 Total Value of Sick Leave ÷ 337 Life Expectancy in Months = $50.00 Your Estimated Monthly Sick Leave Credit
# Sick Leave Credit Options

<table>
<thead>
<tr>
<th>Single Annuitant</th>
<th>Dual Annuitant</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 100% of credit</td>
<td>• 70% of credit</td>
</tr>
<tr>
<td>• <strong>Cannot transfer</strong> to surviving dependents</td>
<td>• <strong>Can transfer</strong> to surviving dependents</td>
</tr>
<tr>
<td>• Default option</td>
<td>• Only affects dependent survivor cost</td>
</tr>
<tr>
<td>• Can be enrolled in Individual or Family coverage</td>
<td>• Can be enrolled in Individual or Family coverage</td>
</tr>
</tbody>
</table>

Selection must be submitted **before** you retire and can only be made **once**.
How Will I Make My Payments?

If you are collecting a NYS pension, we will deduct your monthly premiums from your pension check automatically.

If you are not collecting a NYS pension, we will mail you a monthly billing statement to be returned with a check or money order.
Why Defer Health Insurance at Retirement?

Benefits
• No waiting period when you reinstate your coverage
• Higher sick leave credit value at reinstatement

Requirements
• Be enrolled in NYSHIP and eligible for retiree coverage
• Prove enrollment in other coverage
• Elect to defer before you leave the payroll
Questions
## Dental and Vision Benefits

<table>
<thead>
<tr>
<th></th>
<th>NYSHIP</th>
<th>Union Employee Benefit Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental</strong></td>
<td>• Enroll in:</td>
<td>• Contact your union for COBRA coverage details</td>
</tr>
<tr>
<td></td>
<td>– COBRA for up to 36 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Emblem Health direct-pay conversion plan</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>• Enroll in:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– COBRA for up to 36 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No Davis Vision conversion plan</td>
<td></td>
</tr>
</tbody>
</table>
### 2022 COBRA Dental and Vision Monthly Rates

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>$22.78</td>
<td>$66.30</td>
</tr>
<tr>
<td>Vision</td>
<td>$4.46</td>
<td>$10.35</td>
</tr>
</tbody>
</table>

These rates do not apply to dental and vision coverage under Union Benefit Funds. Check with the appropriate fund for rate information.

Note: Vision rates do not apply to certain groups of Council 82, NYSCOPBA and APSU retirees. COBRA rates are based on the full share rate.
Questions
Types of Coverage

Individual
• Yourself

Family
• Yourself
• Eligible dependents

*There are only two rates, individual and family. There is no enrollee plus one.*
Health Insurance for Dependents

Eligible

- Spouse, including a legally-separated spouse
- Domestic partner
- Children under the age of 26, including:
  - Natural children
  - Legally-adopted children
  - Stepchildren
  - Domestic partner’s children
  - “Other” dependent children
Coverage for Children Over 26

- Child has a disability that began prior to age 26
  - Requires approved NYSHIP Statement of Disability for Dependents (Form PS-451)

- Child served in the military between the ages of 19 and 25
  - Can remain on policy for up to four years after age 26
  - Must maintain full-time student status
NYSHIP Dental and Vision for Dependents

Eligible

- A spouse or domestic partner
- Children up to age 19
- Children age 19 to 25 who are full-time students
- Disabled dependent children or full-time students with military service over age 25
Dependent Loss of Eligibility

Spouse/Domestic Partner

• COBRA
  – If elected within 60 days of COBRA-qualifying event

Children

• COBRA
  – If elected within 60 days of COBRA-qualifying event
• Young Adult Option
Questions
What If I Predecease My Dependents?

Extended benefits period

• Three-month extension of benefits at no cost
• Empire Plan ID number remains the same
  – HMO enrollees should contact HMO

Dependent survivor coverage if this criteria is met:

• Family plan in place at the time of your death or deferral
• 10 years of NYSHIP benefits-eligible service
  – EBD must be notified of death

Dependent survivor Checklist

• Our website, NYSHIP Online, contains a checklist to assist in determining eligibility for dependents to continue enrollment as a dependent survivor
## Dependent Survivor Cost

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
<th>Dual Annuitant Sick Leave Credit Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% of cost of</td>
<td>10% of cost of Individual coverage</td>
<td>10% of cost of Individual coverage</td>
<td>Credit reduces dependent survivor’s cost</td>
</tr>
<tr>
<td>Individual coverage</td>
<td>coverage plus 25% of cost of</td>
<td>coverage plus 25% of cost of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dependent coverage</td>
<td>dependent coverage</td>
<td></td>
</tr>
</tbody>
</table>
Dependent Survivor Coverage Termination

Coverage will terminate if your dependent survivor:

• Does not enroll in dependent survivor coverage
• Cancels coverage
• Remarries or repartners
• Fails to make premium payments
• Ages out
Questions
Medicare & NYSHIP

Available on our website at www.cs.ny.gov/employee-benefits or contact your HBA for a copy.
Medicare

What is it?
• The federal health insurance benefit program administered by the Centers for Medicare & Medicaid Services (CMS)

Remember
• “When first eligible for Medicare as a retiree, I must enroll in both Parts A and B.”
# Parts of Medicare

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
<th>Medicare Advantage Plans (Part C) For those enrolled in HMO’s only</th>
<th>Part D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital care</td>
<td>Doctors’ services and outpatient hospital services</td>
<td>HMO provided package that includes Parts A, B and usually D</td>
<td>Prescription drugs Automatically enrolled in this if with Empire Plan</td>
</tr>
</tbody>
</table>
When Does Medicare Eligibility Begin?

• Age 65
• After two years of Social Security Disability Insurance (SSDI) eligibility
• If you receive SSDI benefits due to amyotrophic lateral sclerosis (ALS)
• Diagnosis of end-stage renal disease (ESRD)
Medicare Primacy
(This means which plan pays first on health insurance claims)

<table>
<thead>
<tr>
<th>Active Employee</th>
<th>Retiree</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>NYSHIP</strong> primary</td>
<td>• <strong>Medicare</strong> primary</td>
</tr>
<tr>
<td>– Medicare secondary</td>
<td>– NYSHIP secondary</td>
</tr>
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</table>
Exceptions to Primacy

Medicare will always be primary for

- Enrollees eligible for Medicare due to End-Stage Renal Disease (ESRD) who are beyond the 30-month coordination period. The 30-month coordination period begins when eligibility for ESRD Medicare begins, but NYSHIP will remain primary throughout this time period.

- Covered domestic partners age 65 and older
Medicare-Eligible at Retirement

- Last day actively working
- 28-day runout period
- Retiree coverage begins
- 1st of the month: Medicare primary
Questions
Enrolling in Medicare

• It is your responsibility to know when Medicare becomes primary and to enroll in Parts A and B. The Employee Benefits Division cannot enroll you in Medicare. You must sign up for Medicare through the Social Security Administration.

• Contact the Social Security Administration (SSA) three months prior to Medicare becoming primary.

• If you have a P.O. Box on file, you will need to provide your physical address to NYSHIP to enroll you into your plan’s appropriate Medicare product. NYSHIP materials will still be mailed to your P.O. Box.
Medicare Costs, Payment and Reimbursement

- Medicare Part A (generally free)
- Medicare Part B premium
  - SSA determines premiums annually
  - 2022 monthly premium: $170.10
  - Part B premium reimbursed for each Medicare-primary person covered
## Income Related Adjustment Amount (IRMAA)

<table>
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<tr>
<th>Medicare Part B IRMAA</th>
<th>Medicare Part D IRMAA</th>
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<tr>
<td>Annual reimbursement by application</td>
<td>No reimbursement</td>
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</table>
Questions
The Empire Plan and Medicare

- Medicare crossover program coordinates Medicare and NYSHIP benefits for The Empire Plan
- Claims submitted to Medicare first (pays up to 80%), then The Empire Plan pays remaining 20%
- You are only left with a copayment
NYSHIP HMOs and Medicare

HMOs with Medicare Advantage Plans

- Medicare and NYSHIP coverage are both provided through HMO
- Care outside HMO service area covered to the extent allowed by HMO
Prescription Benefit and Medicare Part D

• Prescription coverage continues when you become Medicare primary
• Most NYSHIP plans enroll you in a Medicare Part D plan
  – The Empire Plan
  – NYSHIP Medicare Advantage HMOs
Important!

• Enrollment in a non-NYSHIP Medicare Part D plan or Medicare Advantage Plan will result in cancellation of your NYSHIP coverage
Medicare Recap

- Enroll in Medicare Parts A and B when first eligible as a retiree
- Enrolling in a non-NYSHIP Medicare product will terminate your NYSHIP (Empire Plan and Medicare Advantage Plans) benefits
- Call EBD if you have any questions
Questions
Return to State Service

In a benefits-eligible position

- NYSHIP becomes primary
- Medicare becomes secondary
- Eligibility for Medicare Part B reimbursement ends
Publications

*Choices & Rates for Retirees*
- Benefit and rate change guides

*On The Road with The Empire Plan*
- Health benefits information for when you travel or move

*Welcome to EBD*
- How and where to get benefits information*

*Employee Benefits Division will take on the role of your Health Benefits Administrator after retirement*
Planning for Retirement

- Video in the *Planning to Retire?* section of NYSHIP Online
Other Benefit Information

M/C Life Insurance Program
• See your Human Resources Office

Union Sponsored Plans
• Contact plan sponsor
Questions
Questions from Today’s Webinar

If you have any remaining questions regarding the information provided in this presentation, please contact your agency’s Health Benefits Administrator (HBA) or the OGS Business Services Center (BSC) if they handle your agency’s personnel administration.

BSC Contact Information
Business Services Center
1220 Washington Ave, Building 5
Albany, NY 12226
Ph: (518) 457-4272