



#### PREPARED FOR USE BY THE DEPARTMENT OF CIVIL SERVICE, EMPLOYEE BENEFITS DIVISION REPRESENTATIVES ONLY

#### JANUARY 22, 2025

## NYSHIP WEBSITE - https://www.cs.ny.gov/employee-benefits/login/



YORK STATE New York State Health Insurance Program

#### **Current Topics**

What's New

**Health Benefits & Option Transfer** 

**Dental & Vision Benefits** 

**Using Your Benefits** 

Forms

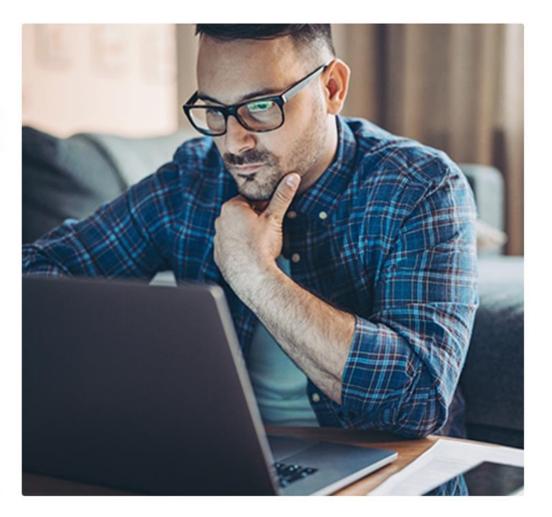
**Planning to Retire?** 

Find an Empire Plan Provider

Resources

Contact

MyNYSHIP - Employee Self-Service





#### 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?**

- Twelve years of NYSHIP benefits-eligible service
- Eligible for a NYS pension
- Enrolled in NYSHIP

Yes, Joe is eligible for retiree health insurance benefits.

Non-Work-Related Disability	Work-Related Disability
Ten years of NYSHIP benefits-	Service requirement is
eligible service	waived

#### **Disability Retirement Example**

#### **Does Carol qualify?**

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

Yes, Carol qualifies for retiree coverage. The 10 years of service is waived because her disability is work related.

#### **Retiree Letters**

Pending Retiree Letter	"Dear Retiree" Letter
<ul> <li>Letter confirming that the Employee Benefits Division has been notified of your retirement</li> <li>Does <u>not</u> confirm eligibility for NYSHIP Retiree coverage</li> <li>Provides NYSHIP Retiree eligibility requirements</li> <li>Payment methods</li> <li>Medicare requirements</li> <li>Continuing dental &amp; vision</li> </ul>	<ul> <li>Letter sent after the Employee Benefits Division has confirmed your eligibility for NYSHIP Retiree coverage</li> <li>NYSHIP option</li> <li>Monthly cost</li> <li>Sick leave credit</li> <li>Medicare</li> </ul>

#### **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

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Hourly Rate of Pay

Total Dollar Value of Sick Leave

#### Sick Leave Credit

# **Sick Leave Credit**







Total Dollar Value of Sick Leave

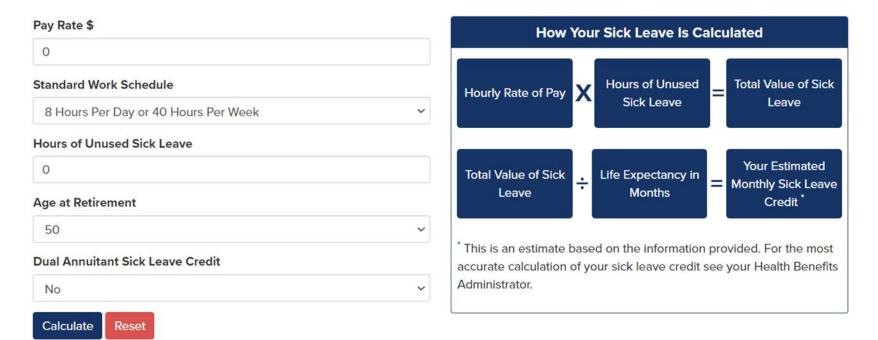
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- Life Expectancy in = Months
- Your Monthly Sick Leave Credit

#### Sick Leave Calculator

#### **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.



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

#### Sick Leave Credit Example

# **Sick Leave Credit Example**



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

New York State Department of Civil Service 14

Single Annuitant	Dual Annuitant
<ul> <li>100% of credit</li> <li>Cannot transfer to surviving dependents</li> <li>Default option</li> <li>Can be enrolled in Individual or Family coverage</li> </ul>	<ul> <li>70% of credit</li> <li>Can transfer to surviving dependents</li> <li>Only affects dependent survivor cost</li> <li>Can be enrolled in Individual or Family coverage</li> </ul>

Selection must be submitted **before** you retire and can only be made **once**.

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

If you are <u>not</u> 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**

- Reinstatement effective 1<sup>st</sup> of month following request
- 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

Туре	NYSHIP	Union Employee Benefit Fund
Dental	<ul> <li>Enroll in:         <ul> <li>COBRA for up to 36 months</li> <li>OR</li> <li>Anthem Dental direct-pay conversion plan</li> </ul> </li> </ul>	<ul> <li>Contact your union for COBRA coverage details</li> </ul>
Vision	<ul> <li>Enroll in: — COBRA for up to 36 months</li> <li>No Davis Vision conversion plan</li> </ul>	<ul> <li>Contact your union for COBRA coverage details</li> </ul>

#### **2025 COBRA Dental and Vision Monthly Rates**

	Individual	Family
<b>Dental</b> \$34.00		\$97.13
Vision	\$5.70	\$12.51

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

#### **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 26
- Disabled dependent children or full-time students with military service over age 26

#### **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

#### 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
- Ten years of NYSHIP benefits-eligible service
  - Employee Benefits Division must be notified of death

#### **Dependent survivor checklist**

 The NYSHIP website contains a checklist to assist in determining eligibility for dependents to continue enrollment as a dependent survivor

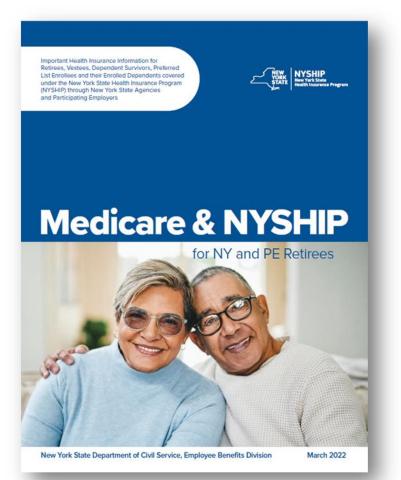
Individual	Family	Dual Annuitant Sick Leave Credit Option
10% of cost of Individual coverage	10% of cost of Individual coverage plus 25% of cost of dependent coverage	Credit reduces dependent survivor's cost

#### **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

#### **Medicare & NYSHIP**



Available 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**

Part A	Part B	Medicare Advantage Plans (Part C) For those enrolled in HMO's only	Part D
Inpatient hospital care	Doctors' services and outpatient hospital services	HMO provided package that includes Parts A, B and usually D	Prescription drugs Automatically enrolled in this if with Empire Plan

#### 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

## **Medicare Primacy**

(This means which plan pays first on health insurance claims)

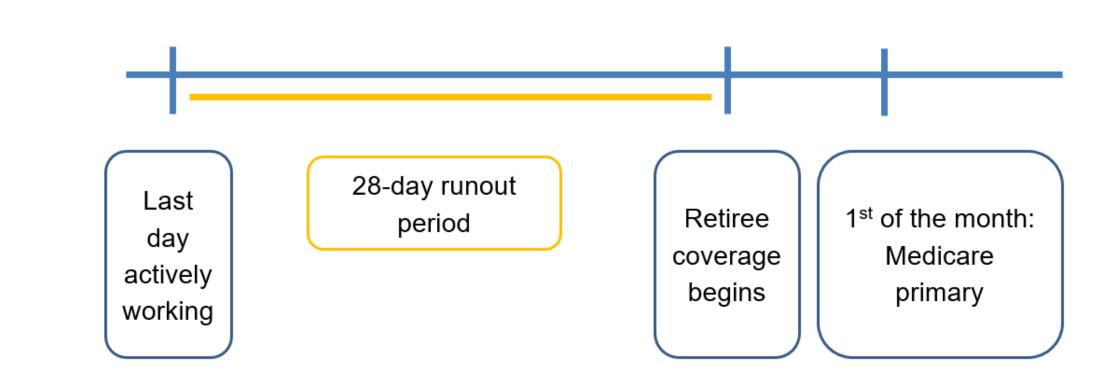
Active Employee	Retiree
<ul> <li>NYSHIP primary</li> <li>Medicare secondary</li> </ul>	<ul> <li>Medicare primary         <ul> <li>NYSHIP secondary</li> </ul> </li> </ul>

#### **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



#### **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 <u>cannot</u> enroll you in Medicare. You must sign up for Medicare through the Social Security Administration (SSA).
- Contact the 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
  - Social Security Administration determines premiums annually
  - 2025 monthly premium: \$185.00
  - Part B premium reimbursed for each Medicare-primary person covered

# Income Related Adjustment Amount (IRMAA)

Medicare Part B IRMAA	Medicare Part D IRMAA
Annual reimbursement by application	No reimbursement

# **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

# **Prescription Benefit and Medicare Part D**

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

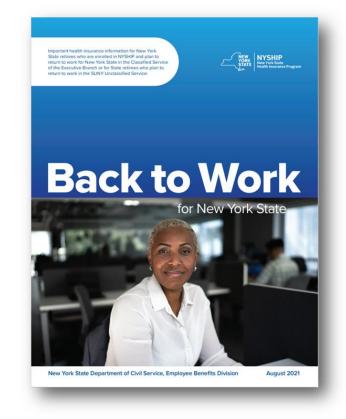
### **Medicare Recap**

- 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 the Employee Benefits Division if you have any 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 (EBD) will take on the role of your Health Benefits Administrator (HBA) after retirement

# **Planning for Retirement**

• Video in the *Planning to Retire?* section of NYSHIP Online

www.cs.ny.gov/employee-benefits/nyship/shared/retirement-prep/index.cfm



The Department of Civil Service Presents Planning for Retirement

# **Other Benefit Information**

### **M/C Life Insurance Program**

• See your Human Resources Office

# **Union Sponsored Plans**

Contact plan sponsor

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

# **Video Recording**

Labor Relations Work-Life Services Training & Development Employees Anti Discrimination Investigations About



