



IMPORTANT INFORMATION ABOUT YOUR NYSHIP COVERAGE WITH YOUR HMO AND MEDICARE

According to the New York State Health Insurance Program (NYSHIP) enrollment records, you will soon reach age 65 and your enrollment status is one of the following:

- a) Retired employee or dependent of retired employee,
- b) Dependent survivor,
- c) Dependent of a former employee in Vestee status,
- d) Covered under Preferred List Provisions or dependent of Preferred List enrollee or
- e) Domestic Partner* of an active employee.

Because of your NYSHIP status, once you become age 65, Medicare becomes your primary health insurance and your NYSHIP coverage becomes secondary. Therefore, we are contacting you to provide you with information on how your eligibility for primary coverage under Medicare affects your NYSHIP HMO coverage.

The HMO that you are currently enrolled in offers a Medicare Advantage Plan to Medicare primary enrollees and dependents. Under NYSHIP, the Medicare Advantage Plan is the only coverage available to Medicare-primary individuals through your HMO. If you choose to remain in this HMO, you will be automatically enrolled in your HMO's Medicare Advantage Plan effective **April 1, 2020**.

Since this enrollment will be automatic, in most cases, you do not need to do anything if you wish to continue your NYSHIP enrollment with your current HMO in their Medicare Advantage Plan. Your HMO may contact you for additional information to assist with your enrollment into their Medicare Advantage Plan. Please respond to their request for information to avoid any delays in the process.

Failure to respond to the HMO quickly may result in your being disenrolled from that plan and losing your NYSHIP health insurance coverage. If you are the enrollee and have family coverage, your dependents will also be disenrolled from the plan and lose NYSHIP coverage.

IMPORTANT NOTE ABOUT FAMILY COVERAGE: If you have family coverage, the automatic enrollment in the Medicare Advantage Plan applies only to those individuals who are eligible for Medicare coverage; non-Medicare individuals will have no change in their coverage under the HMO. Any changes in enrollment must be made by the enrollee; dependents cannot make option changes and all dependents must be covered under the same NYSHIP option as the enrollee.

As a member of a Medicare Advantage Plan, you must receive all services, including prescription drugs, in accordance with the provisions of the HMO. This includes following the HMO's requirements and using HMO providers unless authorized to do otherwise by your HMO. Your Medicare benefits are linked to your HMO. As a result, you must follow your HMO's rules in order to receive any benefits outside your HMO's service area or participating provider network.

In addition, as a member of a Medicare Advantage Plan through NYSHIP, your prescription drug benefits are also provided through that HMO. You will automatically be enrolled in Medicare Part D; therefore, it is important that you do NOT enroll in another Medicare Part D plan outside of NYSHIP for prescription drug coverage. The standard premium cost of your Part D coverage will be included in your Medicare Advantage HMO premium, however, if you are subject to Part D IRMAA (income-related monthly adjustment), there will be an additional amount deducted from your Social Security check. (See attached chart.)

Please read the enclosed *Health Insurance Choices for 2020* for Retirees. You may also find the publication online at <https://www.cs.ny.gov>. Select Health Benefits, then Health Benefits and Option Transfer. From there, select Rates and Health Plan Choices. Read the benefit information carefully.

If you wish to continue your NYSHIP enrollment with your current HMO, you and your Medicare-eligible dependents will be automatically enrolled in your current HMO's Medicare Advantage Plan.

If you choose not to be enrolled in your HMO's Medicare Advantage Plan and you wish to retain coverage through NYSHIP, you must select another NYSHIP option – either another NYSHIP HMO that provides service in the area in which you live or The Empire Plan. Please keep in mind that if you choose to change your option to another HMO that offers a Medicare Advantage Plan, you will be enrolled in that HMO's Medicare Advantage Plan.

If you choose The Empire Plan, you will be enrolled in Empire Plan Medicare Rx (PDP), a Medicare Part D prescription drug program. To change your coverage option, you must complete the NYSHIP Option Transfer Request form included in Retiree Choices and send the form to the Employee Benefits Division at the address on the top of the form. To avoid being enrolled in your HMO's Medicare Advantage Plan **you must take action prior to March 15, 2020.**

You may cancel your NYSHIP coverage entirely. However, if you cancel your coverage and then wish to re-enroll, under most circumstances, you will be subject to a waiting period of up to three months before your coverage again becomes effective. If you cancel your NYSHIP coverage, you will no longer receive reimbursement for the cost of the Medicare Part B premium. If you are covered through NYSHIP as a dependent survivor and cancel your coverage, your eligibility for NYSHIP permanently ends and you cannot re-enroll in the future. If you die while you are not enrolled in NYSHIP, your dependents are not eligible for survivor coverage. **Please consider the consequences of canceling your NYSHIP coverage very carefully.**

If you have additional questions about your HMO's Medicare Advantage Plan, you may contact your HMO directly at the phone number listed in *Choices* or online. If you have any questions about NYSHIP or your enrollment options, please contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344, Monday through Friday, between 9 a.m. and 4 p.m. EST. Or you may access our web site at www.cs.ny.gov. If you have questions concerning Medicare benefits, you may contact Medicare at 1-800-MEDICARE (1-800-633-4227) or on the web at www.medicare.gov.

*Domestic partner: Medicare is primary at age 65 regardless of the employment status of enrollee.