

NYSHIP Self-Audit for Participating Agencies

Please complete every question of this audit unless otherwise noted. Do not include additional information unless specifically requested. Please do not attach any supporting documentation, such as contracts, in lieu of providing responses to the questions.

Section 1 – Active Employees

This section pertains to active employees only. Please do not include information related to retirees, vestees, dependent survivors, etc. Information related to inactive groups is requested in different sections of this audit.

- 1) Does your agency offer the Empire Plan or the Excelsior Plan to active employees?
☐ Empire Plan ☐ Excelsior Plan ☐ Both
- 2) Although an agency may impose additional eligibility requirements, New York State Civil Service Law mandates that an active employee work a regularly scheduled workweek of 20 hours or more, or be paid at least \$2,000 on an annual salary basis, to be eligible for NYSHIP coverage. Does your agency use the NYSHIP minimum standards?
☐ Yes, this agency uses the NYSHIP minimum standards
☐ No, this agency has established further eligibility requirements
- 3) What is the total number of active employees at your agency? _____
- 4) What is the total number of active employees eligible for NYSHIP? _____
- 5) What is the total number of active employees enrolled in NYSHIP? _____
- 6) Is NYSHIP the only health insurance option offered to active employees?
☐ Yes ☐ No
6a) If no, how many other health insurance options are offered? _____
- 7) When does NYSHIP coverage end for an active employee who is terminated or resigns?
☐ The last day of the month in which the employee is terminated or resigns
☐ The last day of the month following termination or resignation
☐ Other: _____

Section 2 – Retirees

This section pertains to retirees only. Please do not include information related to active employees.

8) Does your agency offer NYSHIP coverage to retirees? (If no, please proceed to Section 3)

☐ Yes ☐ No

9) Does your agency offer the Empire Plan or the Excelsior Plan to retirees?

☐ Empire Plan ☐ Excelsior Plan ☐ Both

10) What is the total number of your agency's retirees? _____

11) What is the total number of retirees eligible for NYSHIP? _____

12) What is the total number of retirees enrolled in NYSHIP? _____

13) Is NYSHIP the only health insurance option offered to retirees?

☐ Yes ☐ No

13a) If no, how many other health insurance options are offered? _____

14) Eligibility for NYSHIP in retirement is contingent upon the following:

- a) The employee has at least 5 years of service in a benefits eligible position, not necessarily continuous, with the Participating Agency from which he or she is retiring; however, a Participating Agency may elect to establish a service requirement greater than 5 years for the purpose of determining eligibility for coverage in retirement; **and**
- b) The employee is eligible to retire or has retired as a member of a retirement system administered by the State of New York or one of its political subdivisions; **and**
- c) The employee is enrolled in the New York State Health Insurance Program as an enrollee or dependent, or in an alternative employer sponsored health plan offered by the agency at the time of retirement.

We understand this requirement and agree to comply: ☐ Yes

15) Does your agency recognize prior public service when determining eligibility for NYSHIP coverage in retirement?

☐ Yes ☐ No

15a) If yes, what prior public service does your agency recognize? _____

Section 3 – Medicare Part B Reimbursement

16) When NYSHIP benefits are secondary to Medicare for an enrollee and/or covered dependents, Section 167-a of the New York State Civil Service Law requires each Participating Agency to reimburse the enrollee an amount equal to the full Medicare Part B premium charge(s), including any Income Related Monthly Adjustment Amount (IRMAA).

We understand this requirement and agree to comply: ☐ Yes

16a) How often does your agency reimburse the Medicare Part B premium for Medicare-primary enrollees and dependents?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Section 4 – Dependent Survivor Coverage

17) New York State Civil Service Law requires that enrolled, eligible dependents of a deceased enrollee who had ten years of service or more be allowed to continue coverage under NYSHIP as a dependent survivor. A surviving spouse loses eligibility upon remarriage.

We understand this requirement and agree to comply: ☐ Yes

17a) What is your agency's contribution rate for dependent survivors?

☐ 0% ☐ 75% ☐ Other: _____

Section 5 – Additional Eligibility Information

18) Does your agency extend NYSHIP eligibility to publicly elected officials?

☐ Yes ☐ No ☐ Not Applicable

19) Does your agency extend NYSHIP eligibility to publicly elected school board members?

☐ Yes ☐ No ☐ Not Applicable

20) Chapter 71 of the Laws of 2010 amended the Civil Service Law to provide volunteer firefighters and ambulance workers the opportunity to participate in NYSHIP through a public corporation pursuant to Section 92-a of the General Municipal Law. Does your agency extend NYSHIP eligibility to volunteer firefighters?

☐ Yes ☐ No ☐ Not Applicable

20a) Does your agency extend NYSHIP eligibility to volunteer ambulance workers?

☐ Yes ☐ No ☐ Not Applicable

21) Does your agency extend NYSHIP eligibility to Domestic Partners?

☐ Yes ☐ No

21a) Is eligibility extended to domestic partners of all classes or categories of employees?

☐ Yes ☐ No

21b) If no, please explain: _____

21c) An agency that elects to offer domestic partner coverage must adhere to the State's domestic partnership eligibility requirements, which includes allowing an enrollee to cover either a same sex or opposite sex partner if the eligibility criteria are satisfied.

We understand this requirement and agree to comply: ☐ Yes

22) The Department of Civil Service recognizes, as spouses, the parties to any same sex marriage performed in jurisdictions where that marriage is legal. Recognition of these spouses is mandatory for the State and all other entities participating in NYSHIP.

We understand this requirement and agree to comply: ☐ Yes

Section 6 – Vestee Coverage

23) For health insurance purposes, a vestee is defined as an enrollee who terminates his or her employment before retirement age, who is eligible to continue coverage under NYSHIP if he or she:

- a. Is a member of a retirement system administered by the State of New York or one of its political subdivisions and has met the requirements for vesting receipt of a retirement allowance; **and**
- b. Is a member of a class/category for which your agency either is required to, or has elected administratively or through collective negotiations to provide coverage in retirement; **and**
- c. Has met the minimum service requirement, other than age, for continuation of health insurance in retirement.

Additionally, the employing agency may adopt the requirement that the employee has terminated employment within 5 years of the date on which he or she is eligible to receive a retirement allowance.

New York State Civil Service Law requires vestees to maintain continuous coverage in NYSHIP until they meet the requirements for health insurance in retirement either by paying the full share (100%) of NYSHIP premiums or by being covered through another employer or as the dependent of another NYSHIP enrollee. A vestee who allows coverage

to lapse will not be permitted to reinstate coverage as a vestee and loses eligibility for coverage as a retiree.

We understand these requirements and agree to comply: ☐ Yes

23a) Has your agency adopted the policy permitted under NYSHIP that requires a vestee to be within 5 years of retirement age at the time of leaving your agency's service to maintain eligibility for NYSHIP coverage in retirement?

☐ Yes ☐ No

23b) If yes, what was the effective date of that policy? _____

Section 7 – Additional Information

24) It is now mandatory for Participating Agencies to have access to NYBEAS, the online enrollment and accounting system and HBA Online, an online resource for NYSHIP agencies. We understand this requirement and if we do not presently have access, we agree to request it. ☐ Yes

25) Does your agency reimburse co-payments or deductibles to NYSHIP enrollees for doctor visits, prescription drugs, or any service that requires a co-payment or deductible (Not including Flex-Spending plans or other plans of that type)?

☐ Yes ☐ No

25a) If yes, please specify which expenses are reimbursed: _____

26) Are you aware of any of the unions representing your agency's employees reimbursing co-payments or deductibles for NYSHIP enrollees?

☐ Yes ☐ No

26a) If yes, please specify which expenses are reimbursed: _____

27) Does your agency allow two Family NYSHIP policies (For example, if both husband and wife work for your agency, would they both be allowed to have Family coverage)?

☐ Yes ☐ No

28) Agencies that participate in NYSHIP must comply with all laws, regulations and policies related to the Program.

We understand this requirement and agree to comply: ☐ Yes

ATTESTATION: I/We certify that the information provided in this document is true and correct. I/We understand the information contained within will be considered agency policy and maintained within our agency's permanent file at the Department of Civil Service.

Name of HBA (print): _____ Phone Number: _____

Signature of HBA: _____ Date: _____

Name of CEO (print): _____ Phone Number: _____

Signature of CEO: _____ Date: _____

Agency Name: _____

County Agency Resides in: _____

Please mail or fax your completed Self-Audit to:

Mary B. Frye
Director of Employee Insurance Programs
NYS Department of Civil Service
Alfred E. Smith Office Building
Employee Benefits Division
Albany, NY 12239

Fax: (518) 473-3292

IMPORTANT: Please keep a copy of this document for your records.

NYSHIP Survey

Agency HBA: Please complete the following survey related to your role as NYSHIP Health Benefits Administrator. The responses you provide will help us to better serve the needs of Participating Agencies.

	Always	Usually	Sometimes	Rarely	Never	Unsure
I feel knowledgeable in my role as an HBA.						
I feel well informed about NYSHIP.						
I understand the NYSHIP rules/regulations.						
I feel comfortable with technology.						
I feel comfortable using the Internet.						
The Civil Service website is user friendly.						
HBA Online is easy to navigate.						
I find what I need on HBA Online.						
NYBEAS is easy to use.						
I need assistance processing in NYBEAS.						
The PA Unit hotline is easy to navigate.						
Civil Service staff is helpful and friendly.						
Civil Service staff responds promptly.						
NYSHIP communications are helpful.						

Please provide any comments or suggestions you have related to the Self-Audit for Participating Agencies: _____

Please provide any comments or suggestions you have related to the Department of Civil Service, the Employee Benefits Division or any other aspect of NYSHIP: _____

***Thank you for taking the time to complete this survey.
Your comments and concerns are very important to us.***