

May 21 & 22, 2019 HBA Training Webinar Q &A

Resources

1. **Will copies of the presentation be available?**

Recordings of the training are now available on HBA Online on the E-Learning page: <https://www.cs.ny.gov/employee-benefits/hba/shared/e-learning/index.cfm>

The Power Point files are included as attachments on HBA Memo NY19-17.

Employee Eligibility

2. **When determining the effective date for NYSHIP health insurance and M/C Life Insurance, do we use the date the enrollee signed the request, or the date that forms are stamped as received?**

Effective dates for coverage are calculated based on the date the enrollee signed the request. However, if you have concerns about the accuracy of the signature date please contact the Employee Benefits Division (EBD) for assistance.

3. **I work for a State agency, and when we process a rehire, we are not always sure if the person coming from a Participating Agency or a Participating Employer will be subject to a waiting period, and I am not sure how to advise them. Is there a document or information that shows the waiting periods, as well as which employers are considered Participating Agencies or Participating Employers?**

Since the transition from PA/PE to NYS is a *change of employer*, employees who leave the service of a PA or PE to obtain a position with NYS are always subject to a 42 or 56 day new employee waiting period. Employees who transfer from one NYS agency to another NYS agency are not subject to a new employee waiting period because their employer has not changed.

If you refer to the enrollee's benefit program code, which can be found on the "Programs" tab in NYBEAS, you can determine if his or her previous employment was through a PA, PE, or NYS. State service is generally noted with an 'A' program code, whereas PE and PA service will be noted with a 'M' or 'P' program code, respectively.

In addition, listings of PAs and PEs can be found at:

<https://www.cs.ny.gov/employee-benefits/hba/easy-reference/index.cfm>

4. **Is my agency obligated to offer health insurance to temporary employees that work from June to December?**

A Seasonal Employee is eligible for NYSHIP benefits if they:

1. Are appointed or elected to a position in State service
2. Are expected to work a minimum of six months
3. Are expected to work at least half time (50%) or more
4. Are on the payroll and receiving a paycheck at the time of enrollment.

After confirming that an employee meets the criteria above, it is your responsibility as the HBA to provide them with information that explains their options under NYSHIP and any applicable enrollment forms. Employees should receive this information as soon as possible, but not later than seven days from their date of hire.

For more information, please refer to the section “Employee Eligibility” in the HBA Manual: <https://www.cs.ny.gov/employee-benefits/hba/manual/content/newly-eligible-employee.cfm#employee-eligibility>

5. Are there transaction instructions for creating a record in NYBEAS for newly hired employees who are not eligible for health insurance?

For processing instructions, please refer to the online HBA Manual in the section “New Hire/Newly Eligible Employee Transactions.” The document “Creating a Job Record” is available on this page at: <https://www.cs.ny.gov/employee-benefits/hba/manual/sites/default/files/Documents/nybeas/Creating%20a%20New%20Job%20Record.pdf>.

In addition, instructional videos can be found on HBA Online at: <https://www.cs.ny.gov/employee-benefits/hba/shared/e-learning/index.cfm>

6. Why is it necessary to create a record for an ineligible employee?

Creating a record for ineligible employees ensures an employee’s full history is accurately captured. It is your responsibility as the HBA to create a job record in NYBEAS for all new employees hired by your agency and to determine whether they are eligible for health benefits.

Dependent Eligibility & Enrollment

7. If an enrollee already has Family coverage and wants to add a previously-eligible dependent to the plan without a qualifying event, will the new dependent’s coverage be effective immediately, or will there be a late enrollment waiting period?

The new dependent will experience a late enrollment waiting period. Coverage for late enrollment begins on the first day of the fifth payroll period after the employee submits their request.

Please refer to HBA Manual: ‘When Coverage Begins’: <https://www.cs.ny.gov/employee-benefits/hba/manual/content/index.cfm>, or HBA

Online E-Learning labeled 'Dependent Add - Family Coverage':

<https://www.cs.ny.gov/employee-benefits/hba/shared/e-learning/videos/add-dependent-family/add-dependent-family.html>.

8. Can an enrollee who has individual health insurance coverage add a dependent to Dental and Vision coverage without paying for family health insurance coverage?

Yes, an employee can choose individual medical coverage and family dental and/or vision coverage.

9. Will there ever be a 2-person option for NYSHIP coverage?

Offering a two-person rate structure would need to be collectively bargained with the State's public employer unions. To date, this has not occurred. If it does, EBD will notify HBAs of the change.

10. Does the employee need to provide required proofs for a dependent enrollment when it is court-ordered?

Generally, the court order contains the date of birth and the SSN for the dependent, so no additional documentation would be required. Furthermore, the employer has a legal responsibility to enroll the child regardless of the employee's willingness to provide appropriate documentation.

11. What is required to maintain Dental and Vision insurance for a 19 through 24-year-old college/university student?

Verification of full-time student status should be provided to the Dental and Vision carriers. GHI/Emblem can be reached at 1-800-947-0101, and Davis Vision can be reached at 1-888-588-4823.

12. Is it necessary to have enrollees submit documentation establishing a student's graduation date to grant the 3-month extension of Dental and Vision benefits to graduating college students?

Emblem Health and Davis Vision ask that the enrollee complete a student verification form in which the enrollee can include the expected graduation date. The enrollee can also provide their HBA with proof from the registrar of full-time student status for NYBEAS to be updated.

Required Proofs

13. Is it true that a passport can be substituted for a birth certificate?

If a birth certificate is not available, a *spouse or domestic partner* can use a passport in lieu of a birth certificate; however, a birth certificate is required to add a *dependent child*, as a passport does not provide proof of parentage.

14. Can we use certificates of naturalization instead of birth certificates?

If an enrollee is unable to provide a birth certificate (or passport in accordance with the guidelines stated above) please contact the Employee Benefits Division for assistance.

15. How can an enrollee add a dependent who is a foreign national and does not have a SSN?

The dependent can be added to coverage as long as he or she meets the dependent eligibility requirements defined in the NYSHIP General Information Book. If the dependent does not have a Social Security Number (SSN), he or she should apply to the Social Security Administration (SSA) for an SSN. The dependent will then need to provide a letter from SSA stating they are not eligible for a Social Security Number, or that they have applied, and their SSN is pending.

16. If an employee is presenting a foreign birth certificate, does it need to have a translation with it?

Yes, a translation must be provided.

17. Is proof of joint responsibility for an auto insurance policy acceptable to add a domestic partner?

No, joint auto insurance is not acceptable proof of domestic partnership because it does not definitively prove joint financial obligation. Please refer to NYSHIP Domestic Partner application, form PS-425, for a complete list of acceptable proofs: <https://www.cs.ny.gov/forms/ps425.pdf>

Available Benefits

18. Is IPP (Income Protection Plan) only for M/C Classified Employees?

The Income Protection Plan (IPP) is available to employees who fall within both Classified and Unclassified job designations, but not all groups have opted to participate in IPP. If you are unsure if a group or specific employee is eligible for IPP, please contact EBD for assistance.

19. Would an employee who is of retirement age and has less than 10 years of NYSHIP benefits-eligible service but is eligible to collect retirement through TIAA be eligible for M/C life insurance as a retiree?

If an employee is a member of an optional retirement program, such as TIAA, he or she is eligible to receive post-retirement M/C Life insurance benefits as long as the employee meets the age requirement of the NYSLRS retirement tier in effect at the time they last entered service, regardless of service time.

Benefit Plan Options

20. What publications are included in the Empire Plan and HMO “Quick Order” packets? Is it expected that we send these Quick Order Packets to all new enrollees’ homes?

Yes, you should request a “Quick Order” packet be sent to all newly enrolled employees. These packets were created to alleviate the need for you to stock extensive supplies of materials in your office and to ensure that the most current information is provided to new enrollees. You may order a group specific Empire Plan or HMO “Quick Order” packet depending on enrollment. The current Empire Plan “Quick Order” packet for active employees includes the following:

- A cover letter
- A Participating Provider Directory request postcard
- *General Information Book* for Active Employees
- *Empire Plan Certificate*
- *Empire Plan Reports*
- *The Empire Plan At a Glance*
- *Reporting On: Network Benefits*
- *Reporting On: Centers of Excellence*
- *Reporting On: Home Care Advocacy Program (HCAP)*
- *Reporting On: Prescription Drugs*
- CVS/Caremark Mail Service Order form
- 2019 Empire Plan Flexible Formulary Drug List
- Co-pay card
- NYSHIP Online Web Navigation flyer
- Empire Plan Preventative Care Chart
- Empire Plan Out of Network Disclosure
- *On the Road with the Empire Plan*
- *Health Insurance Choices*
- *Rates and Deadlines*

The current HMO Quick Order packet for active employees includes:

- A cover letter
- *General Information Book* for Active Employees
- *HMO Reports*
- NYSHIP Online Web Navigation Flyer
- *Health Insurance Choices*
- *Rates and Deadlines*

The Opt-out Program

- 21. When an enrollee who is participating in the Opt-out Program is navigating the Civil Service website, what should they do when they are asked to choose whether they are enrolled in The Empire Plan or an HMO?**

Since NYSHIP Online is designed for employees who have health coverage under NYSHIP, there is no option on the group wizard currently for Opt-out program enrollees. If such individuals are interested in enrolling in a different option, they should choose the plan type they are considering. They can choose either option if they want to view Option Transfer information however, since the content is similar for both plans.

- 22. If someone forgot to enroll in the Opt-Out program for 2019, will they be able to enroll in Opt-out for 2020?**

A current employee who did not to renew their Opt-out enrollment for 2019 may only enroll in Opt-out for 2020 if they carry coverage from at least April 1, 2019 through the end of the 2019 plan year, as required by program rules. Otherwise, the employee is ineligible for 2020 Opt-out.

- 23. Can a brand-new hire participate in the Opt-Out program?**

Yes, a new hire who meets eligibility requirements for coverage may elect to enroll in the Opt-out program during his or her new hire waiting period.

- 24. Can an enrollee who is currently in Opt-out switch to a plan during the Special Option Transfer this June? Can they also elect Pre-Tax at this time?**

Yes, enrollees who are currently enrolled in Opt-out may switch to the Empire Plan or an HMO during the Special Option Transfer period. However, they cannot elect to participate in the Pre-tax Contribution Program at this time.

- 25. Can an employee enroll in Opt-Out if their other coverage is through a former spouse mandated by the court on the divorce decree?**

Yes. An enrollee who elects Opt-out must prove that he or she is enrolled in employer group coverage that is not through New York State employment. There are no additional restrictions placed on the source of the coverage.

- 26. If an enrollee moves from a negotiating unit that does not participate in Opt-Out to a negotiating unit that does participate in Opt-Out, is this a qualifying**

event to enroll in Opt-out even though the enrollee is not newly eligible for NYSHIP and the change is outside the Option Transfer period?

Yes. An enrollee who becomes *newly eligible* for the Opt-out program because of a transfer from a negotiating unit that does not participate in Opt-out to a negotiating unit that does participate in Opt-out may enroll in the program. His or her Opt-out election must be submitted within 30 days of the transfer.

27. Can an employee receive a family opt out when the other coverage is an HMO through a PA?

Participating Agencies (PAs) do not offer NYSHIP HMOs. Therefore, if the enrollee's other coverage is a *non-NYSHIP HMO* through a PA, he or she may enroll in family Opt-out if eligible. Participating Employers (PEs) offer NYSHIP HMOs. Therefore, if the enrollee's other coverage is a *NYSHIP HMO* through a PE, he or she may only enroll in individual Opt-out, if eligible.

Cost of Coverage

28. What is the current UUP salary cutoff? I thought it was \$44,312?

Correct. UUP employees who earn \$44,312 or more pay the same premium rate as employees equated to salary grade 10 or higher. UUP employees earning \$44,311 or less pay the same premium rate as employees equated to a grade 9 or lower.

29. How often are contribution rates updated for different negotiating units (Aside from the original ones we put in)? Example - CSEA employee is in grade 9 position, moves to grade 12 for 10 days, then goes back to grade 9. When an employee goes from a salary grade 9 or below position to a position salary grade 10 or higher, how soon will their premium rate change for each negotiating unit?

CSEA contribution rates are changed regularly throughout the year, effective the first day of the next pay period. Currently, all other groups are changed annually at the start of the next plan year. In the future, contribution rates may be processed throughout the plan year for all groups, but HBAs will be notified of this procedural change before it is enacted.

30. What is the correct premium for dependent survivors on the retiree rate sheet?

The premium for most dependent survivors is in the fourth set of columns on the rate sheet labeled "Eligible Survivors of active Employees who died on or after 4/1/79 or of Retirees who retired on or after 4/1/79." These premium rates represent 10% of the total cost of individual coverage for an individual dependent

survivor plan, or 10% of the total cost of individual coverage plus 25% of the total cost of dependent coverage for a family dependent survivor plan. However, survivors of earlier retirees may be required to pay a larger share of the premium.

Leaves of Absence and Transfers

31. **If an enrollee is on Leave Without Pay and has a running balance on the accounting screen, will they be sent a bill, or will the balance be deducted from their paycheck when they return to work?**

Enrollees who are on a leave of absence of more than two pay periods will be billed and must send payment. Enrollees who are on a leave of 2 pay periods or less will have premiums deducted from their pay checks upon their return.

32. **If an employee returns from Military Leave without Pay, does the employee's coverage start on the day they return, or do they have to wait 2 pay periods?**

The enrollee's coverage will automatically resume approximately 2 pay periods after his or her return from military leave. However, the enrollee may request that coverage begin as of the date he or she returned to work.

Pre-Tax Contribution Program (PTCP)

33. **When a Qualifying Event is a "judgement, decree, or court order to provide coverage," does this apply only if the order is for the enrollee to provide coverage to a dependent, or does this include a court order directed towards a dependent on the enrollee's plan?**

The enrollee, not the dependent, must be named as the responsible party in the Order.

34. **If the enrollee is in Pre-Tax status and he/she is requesting to add a dependent to coverage due to experiencing a PTCP Qualifying Event, will the dependent be pre-tax or post-tax?**

If a dependent is added to coverage based on a Pre-Tax Contribution Program Qualifying Event, and the request to add the dependent is made within 30 days of the Qualifying Event, coverage will be Pre-Tax. If the dependent is added without a Qualifying Event, or the dependent is added more than 30 days after the Qualifying Event, the dependent portion of the premium will be post-tax.

35. **If an enrollee in After-Tax status requests to add a previously-eligible dependent to their plan, would there still be a waiting period?**

The date a dependent's coverage begins depends on the reason for adding the dependent and the timeliness of applying. If an enrollee in after-tax requests to add a previously-eligible dependent within 30 days of the dependent's other health

insurance coverage ending, then a late enrollment waiting period will not apply. If the request is made more than 30 days after the other coverage has ended waiting periods apply.

36. Is enrollment in Medicaid Fidelis considered a PTCP Qualifying Event to allow an enrollee to cancel their NYSHIP coverage?

New eligibility for Medicare or Medicaid is a qualifying event to cancel coverage.

37. Are State employees ineligible for Medicaid?

NYS employees and their dependents are not specifically excluded from enrolling in Medicaid if they otherwise meet all eligibility requirements. The Employee Benefits Division cannot advise on an individual's Medicaid eligibility.

However, children of NYS employees are specifically excluded from enrolling in New York Child Health Plus (also referred to as 'CHIP').

38. What proofs are required if an enrollee has qualified for Medicaid and wants to cancel their NYSHIP coverage?

The enrollee or dependent would need to provide proof of enrollment in the Medicaid plan.

Retirement

39. Can we call and choose the prompt for Retiree Unit to get answers to our questions?

As an HBA, all of your calls to the Employee Benefits Division should be directed to the Biweekly Unit.

40. When a retiree wants to add or delete a dependent, should the HBA process the transaction or send it to EBD?

Plan changes effective on or after the enrollee's date of retirement are processed by EBD.

41. In order for an enrollee to defer their health insurance before they retire, do they have to show proof of other insurance, and can that other insurance be NYSHIP?

Yes, as stated on the PS-406.2 Deferment Form, an employee who requests to defer his or her health insurance upon retirement must provide proof of other coverage. The other coverage can be NYSHIP.

42. If an employee who is not enrolled in NYSHIP and is previously-eligible for NYSHIP benefits wants to enroll in NYSHIP prior to retirement, how long

before their retirement should they submit the request to enroll to qualify for retiree health insurance?

Without experiencing a qualifying event, the employee would be subject to the standard 5-pay period late enrollment waiting period. The employee must request to enroll in coverage *at least* 5-pay periods prior to their retirement to ensure he or she has coverage in effect *on the date of retirement*.

43. If a previously-eligible employee enrolls in NYSHIP just prior to retirement but does not have 10 years of service in a NYSHIP benefits-eligible position, can they still receive retiree health insurance benefits?

No, the employee would not meet the requirement of completing the minimum of 10 years of service in a position eligible for NYSHIP benefits. Enrollees must satisfy **all three** requirements as follows:

1. Complete the minimum service requirement of 10 years of service in a position eligible for NYSHIP benefits (Note: Enrollees must have a minimum of one year of benefit-eligible State service to be eligible for NYSHIP as a State retiree);
2. Satisfy requirements for retiring as a member of a retirement system;
3. Be enrolled in NYSHIP.

44. Does the 10 years of state service requirement for retiree health insurance benefits apply to hourly employees, or are they ineligible at retirement?

Hourly employees are eligible for retiree health insurance benefits and are subject to the same retirement eligibility requirements as salaried employees (see response above).

45. If an employee is age 55, has worked at 50% for ten years, is enrolled in NYSHIP, but has never joined a retirement plan, is that employee eligible for NYSHIP retiree health insurance?

Yes. If the enrollee is not a member of a retirement system administered by the State or any of New York State's political subdivisions (or the enrollee is enrolled in an optional retirement program such as the Teachers Insurance and Annuity Association of America [TIAA]), he or she must satisfy one of the following conditions:

- Meet the age requirement of the NYSLRS retirement tier in effect at the time the enrollee last entered service.
- Be qualified to receive Social Security disability payments.

46. When calculating sick leave credit, should HBAs add any location and/or geographic pay to the enrollee's annual salary?

Yes, location and/or geographic pay should be included in the salary.

47. I have a question about why 1827 is the number of hours in a work year for calculating sick leave credit.

Most New York State employees may convert a maximum of 200 days* of unused sick time into a dollar value credit that can be applied towards their retiree health insurance premium. The actual number of hours may vary because different negotiating units may work different numbers of hours per day. For example, employees from a negotiating unit which typically works a 7.5 hour day may convert a total of 1500 hour, whereas employees from a negotiating unit which typically works an 8 hour day may convert 1600 hours.

*PBA and PIA employees may convert a maximum of 165 days.

48. Is sick leave credit available for the rest of the employee's life and the dependent's life?

The retiree sick leave credit is a permanent, fixed credit that does not change for the rest of the employee's life. If the employee has selected the Dual Annuitant sick leave option, the sick leave credit will be applied to dependent survivor coverage for their dependent, as long as the dependent survivor coverage is not cancelled due to non-payment and the dependent survivor spouse does not re-marry (or re-partner if he/she was a domestic partner).

49. Is there a difference (besides how premiums are paid) between active employee coverage and retiree coverage?

Active and retiree benefits are largely the same. However, there are limited differences in benefits. One notable difference is that Medicare primary enrollees and retirees are eligible for 100 days of care in a skilled nursing facility. Whereas, all plan primary retirees and most NYS active employees are eligible for up to 240 days of care in a skilled nursing facility. (Some unsettled groups, including PEF, Council-82, and NYSPIA are currently eligible for up to 730 days of care in a skilled nursing facility.)

Rehired Retirees

50. When a Medicare-eligible enrollee returns to work for the State in a benefits-eligible position and elects to continue receiving health insurance as a retiree, how and when should they stop Medicare Part B? When a Medicare-eligible retiree is rehired in a benefits-eligible position and receives Health Insurance as a retiree, is there a waiting period for when NYSHIP becomes primary, or is NYSHIP primary the effective date they are rehired?

The enrollee should contact the Social Security Administration (SSA) to suspend their Part B coverage. Typically, enrollees become NYSHIP primary at the conclusion of their 42 or 56 day new employee waiting period. Please make sure that enrollees know they must contact SSA to re-enroll in Medicare Part B when

they separate as Medicare will once again become primary to NYSHIP. EBD recommends contacting SSA about three months in advance of when Medicare will be primary to re-enroll.

- 51. Since I have a lot of rehired retirees, I was told to have the employee send a letter to EBD only if they wish to have active coverage. If they wish to maintain retiree status, no letter is required by the employee. I make post comments in both cases so why do I need to also send letters to EBD?**

Please refer to HBA Memo NY 19-13. Since NYBEAS comments do not trigger a notification to EBD, we require a letter to ensure the information in NYBEAS is updated properly. This includes, but is not limited to, ensuring the correct job information is reflected in NYBEAS and the Benefit Program (BP) has been correctly updated. For example, a retiree who is rehired into a benefits eligible position but maintains retiree coverage needs the job information to reflect 50% or more and the BP needs to be changed to R13/R16 as appropriate. Without the correct BP the enrollee cannot be enrolled in dental or vision coverage.

Medicare

- 52. Are retirees who belong to HMO plans automatically enrolled in Medicare Advantage Plans? If not, how do they get enrolled in their HMO's Medicare Advantage Plan? Will the enrollee receive a letter or a form from the HMO?**

Yes, Medicare Advantage Plan enrollments are automatic, but enrollment in Medicare Parts A and B are required for the HMO to complete the Medicare Advantage Plan enrollment. The enrollee must contact the Social Security Administration (SSA) independently to enroll in Medicare Parts A and B prior to the date he or she becomes Medicare primary.

- 53. What is the HBA's responsibility if an employee has ESRD? How would we know if they have Medicare?**

Generally, enrollees would have to inform you of their or their dependents' ESRD Medicare eligibility. If you are advised that an enrollee or dependent is eligible for Medicare due to ESRD contact EBD.