

Annual PA Webinar Q&A

Live Webinars Held November 30, 2021 and December 2, 2021

Acronyms and Abbreviations

COBRA= Consolidated Omnibus Budget Reconciliation Act

Department = New York State Department of Civil Service

EBD= Employee Benefits Division

HBA= Health Benefits Administrator

NYBEAS= New York Benefits Eligibility and Accounting System

NYSHIP= New York State Health Insurance Program

NYSLRS= New York State and Local Retirement System

NYSTRS= New York State Teachers' Retirement System

PA= Participating Agency

YAO= Young Adult Option

A message from the EBD Director

Q1: What is the form Jim referred to in his comments?

A1: Jim was referring to the HBA Confidentiality Agreement form in HBA Memo PA20-22: <https://www.cs.ny.gov/employee-benefits/hba/shared/apps/memos/viewMemo.cfm?memoid=6303>. All NYBEAS users should review this HBA Memo and make sure they have completed the Confidentiality Agreement.

Benefits Administration – PA/PE Unit

PA HBA Manual

Q2: When do you anticipate the next phases of the Manual will be released? How many will there be in total?

A2: There will most likely be three phases in the rollout of the PA HBA Manual. The Department is hoping to release the second phase sometime next year. Developing the Manual is a very time-consuming project, so the Department appreciates HBA's patience.

Q3: Will you be conducting trainings on using the new PA HBA Manual?

A3: At present, the Department does not have a plan to do a training specific to the Manual. The Department encourages HBAs to explore the Manual, and if they have any questions to contact EBD via the HBA Help Line at (518) 474-2780.

Q4: Is there a way to print the manual, or must you always view it online?

A4: The manual is somewhat interactive (e.g. drop-down menus, etc.) so it is best viewed online, but HBAs would still be able to print the text.

Pension Deductions

Q5: What do the terms APAY and EPEN mean?

A5: APAY means "agency pay" (i.e. the agency is billed the full premium) and EPEN means the premium is collected through "pension deduction."

Q6: Are the maximum allowable pension deduction amounts for ERS and TRS \$999 and \$2000 monthly?

A6: Yes, these maximums are monthly.

Q7: With regards to EPEN, HBAs get asked by Police Officers about the option from NYS Deferred Comp to withdraw up to \$3000 per calendar year for health insurance costs. The payment is made directly by NYSDCP to the health insurance provider. How does this work with regards to NYSHIP and EPEN?

A7: Retired Police Officers who wish to pay their health insurance premium from deferred compensation must work with the deferred comp to get that money. The Department would first have to set them as DIRP (Direct Payment) so they have a bill to show Deferred Comp. Once the Department sets the enrollee as EPEN the payments will come out of their pension check unless NYS Deferred Comp sent a check in time and there is no money owed. If the check is mailed in afterwards, the Department would just credit it to the next months owed. Sometimes Deferred Comp sends a lump sum check, and the retiree would have to write to us and ask us to apply it to upcoming bills and not refund it to them. This way the Department would hold the refund, and the credit would be used to pay the monthly premiums.

Q8: Do HBAs need retirees' permission before enrolling in pension deduction? Is there a standard authorization form?

A8: There is no standardized form. Since your agency is responsible for its own billing, it's up to your agency to determine if permission must be requested from the enrollee. NYSHIP does not require your agency to seek permission from the enrollee.

Q9: When enrolling an employee as retired and their NYSLRS registration number was entered, should the record be updated removing the registration number and wait for one to be assigned? Is the NYSHIP retirement number different from the NYSLRS registration number?

A9: NYSLRS Registration Number is different from their Retirement Number. Anyone that is a member of the retirement system would have a registration number now. A separate/different number, known as the Retirement Number, is assigned to them after they are collecting their pension. Deductions cannot be taken from the pension until the Retirement Number is on the member's NYBEAS record. The Registration Number must be correct in NYBEAS, so when HBAs process a separation on NYBEAS (TER or RET) and want pension deductions, that will help feed the information over faster.

Q10: How will we know what the retiree owes us if they are in NYSLRS?

A10: HBAs can see their accounting in NYBEAS under Benefits >History>NYBEAS Update History. Click on the accounting tab and it will show HBAs their balance. It is the HBA's responsibility to check their account in NYBEAS (a screenshot is included with the Webinar slides).

Q11: When setting up a preferred pension, at what point do you change the Job Data to retired?

A11: HBAs need to process a RET or a TERM no more than a week or two before the date or within 30 days after the actual date. Then HBAs key the preferred payment in NYBEAS.

Q12: Can HBAs set up pension deduction for an employee who has already retired?

A12: Yes, HBAs would send a letter to EBD (fax# 518-485-5590) with the enrollee's name, SSN, and the % that the agency is paying. The Department will set it up as soon as we can,

and HBAs will receive the notification on your transaction listing.

Q13: How far in advance of the retirement date should the preferred payment change be entered?

A13: HBAs should only be keying the retirement a week or two (at the most) before the actual date, (things can change, and the enrollee can pull their paperwork). Preferred payment should only be keyed a week prior to the retirement date.

Q14: If a retiree has a retirement date of December 31 but we don't want their deductions to begin until February 1, when does the HBA process the preferred payment change?

A14: There is no way of setting a date, if you key a preferred payment change in January, it may take until March to take effect or it could start up February. It all depends on how quickly the retirement system processes their paperwork, so if the HBA doesn't want to take the deduction until Feb, key it in Feb and the HBA will have to collect money until it goes into effect.

Q15: Should HBAs still enter a preferred payment change even if the retiree is NYSLRS for a family policy at 100/35? Starting in 2022, that category will be too much to be deducted.

A15: If the deductions are more than \$999 for ERS or more than \$2000 for TRS, then NO, HBAs should not key a preferred payment. Your agency will need to bill the retiree directly.

Q16: How does an HBA know the employee has enough in the pension to cover the pension deduction?

A16: HBAs should ask the retiree. If HBAs key a pension deduction and there is not enough money, it will reject and the Department will change it back to APAY. This is why it is important to watch NYBEAS.

Q17: Is my agency required to offer enrollees the option to pay their premium through pension deduction?

A17: NYSHIP does not require that you offer pension deduction to your retirees. Also, agencies may only provide pension deduction to retirees for contribution rates that are available in NYBEAS.

Q18: Can a PA make the pension deduction mandatory?

A18: NYSHIP rules neither require nor prohibit an agency from setting a mandatory pension deduction for its employees. Your agency should work with its Counsel to determine if such a change is within its employee and retiree agreements.

Q19: Can an HBA stop a pension deduction?

A19: Yes, HBAs can send a correction up for EBD to change the pay method back to APAY.

Q20: What did EBD mean by re-enrolling a retiree? I understood that once they left the plan there could be no break in NYSHIP coverage; they could not return.

A20: Once an enrollee has established eligibility as a retiree under NYSHIP, they are eligible for the remainder of their lifetime. Vestees, on the other hand, must be continuously enrolled in NYSHIP until the date they are eligible to retire from a retirement system in order to continue with NYSHIP benefits as a retiree.

Q21: What does "O" mean as a rate qualifier?

A21: O = 50/35; Slide 26 gives HBAs all the Rate Qualifiers that are offered.

Q22: If HBAs have different Rate Qualifiers for employees, can HBAs use them all if on the Rate Qualifier table?

A22: Yes, HBAs can. The Rate needs to be entered for each employee. It is not set for the agency.

Q23: Can you address what rate qualifier HBAs should use for an Individual only?

A23: The Rate Qualifier automatically programs rate shares for both individual and dependent coverage. For example, the rate qualifier for 85/50 would automatically charge 15% to those with individual coverage. For family coverage it would charge 15% for the enrollee's portion and 50% for the dependents' portion.

Q24: Can HBAs make more percentage options available for pension deductions? We'd like to see options from 20 – 30% in 1% increments vs the 5% increments now available.

A24: If there is a large employee group that has a different contribution than the options that are currently available, please write to EBD for our review and consideration.

Q25: Should HBAs still use a rate qualifier when we enroll current employees?

A25: Rate qualifiers are ONLY for retirees and should only be keyed when pension deduction is going to start.

Worklists

Q26: When does the Department recommend running the reconciliation reports?

A26: The Monday following the first Friday of the month. For example, the first Friday in December 2021 is the 3rd, so the Monday following that would be December 6th. The first Friday in January 2022 is the 7th, so the Monday following that would be January 10th.

Q27: Why would an HBA see an enrollee on the Worklist if the transaction (e.g. enrollment) was completed correctly?

A27: For the enrollee to come off an HBAs worklist, the HBA would have had to key the enrollment through the worklist. If you verified that the file is correct you can mark the item on the worklist "worked."

Q28: If I open my work list and I see an item marked "worked," do I have to do something else?

A28: The worklist doesn't show items marked "worked." The first column says "Marked Worked" with a green check mark and the 2nd column says "work it" in a blue hyperlink. If the HBA has

verified the information in NYBEAS is correct they can hover their mouse over the green check (which makes it turn to a red X) and click it worked and it will then be removed off the worklist.

Young Adult Option

Q29: I thought the maximum age for Young Adult Option (YAO) eligibility was 26 years?

A29: This is not correct. A child can be covered as a dependent under their parent's plan until age 26 in accordance with the federal Patient Protection and Affordable Care Act. However, in 2009, The Young Adult Option was signed into New York State Law to allow the extension of health insurance coverage to an unmarried child of an insured policy holder through the age of 29 years. YAO coverage is offered for a maximum of four years, from the end of the month in which a dependent turns 26 through the end of the month in which they turn 30.

Q30: Are dependent children automatically removed when they turn 26?

A30: Yes, NYBEAS automatically terminates coverage on the first day of the month that follows a dependent child's 26th birthday.

Q31: What is the difference between the YAO and COBRA (the rate is higher for COBRA)?

A31: The coverage is the same, the difference is the time allowed to have it. YAO enrollees can have coverage up thru their 30th birthday, and COBRA is only for 36 months following the loss of coverage. HBAs can find the other differences on pg. 31 of the *General Information Booklet*.

Q32: Can agencies charge a 2% administrative fee for YAO, similar to the 2% administrative fee for COBRA?

A32: No, an agency cannot charge an administrative fee for YAO. COBRA law specifically allows for the fee. The same is not true of YAO.

Q33: If the YAO rate is the same as the rate for individual coverage, is there a reason it is a separate category?

A33: YAO enrollees are not employees, so there needs to be a separate category for them.

Q34: Is the agency responsible for notifying a young adult of their eligibility for YAO, or does NYSHIP notify the individual?

A34: It is up to your agency to notify its employees and their dependents of YAO eligibility.

Q35: Does NYSHIP bill the Young Adult Option enrollee directly? If so, does NYSHIP notify the agency when to terminate the young adult?

A35: The charges for YAO are on the agency bill. It is up to the agency to offer YAO, enroll YAO, bill YAO, and cancel YAO if they lose eligibility or don't pay for the coverage. The YAO enrollee will automatically be terminated from coverage at age 30.

Q36: If a Dependent Survivor enrollee turns 26 and ages off coverage, would they be eligible for YAO or COBRA?

A36: The parent must be enrolled in coverage for the child to be eligible for YAO, so if the parent was the deceased primary enrollee the child would only be eligible for COBRA. However, if the child was a dependent on a parent's survivor plan (i.e. because the primary enrollee died and the spouse continued as a survivor with family coverage), the dependent child would be eligible for either COBRA or YAO when they age off at 26.

Q37: If a dependent is 27 years old and has not had coverage for a year, can they enroll in YAO outside of the YAO Open Enrollment Period?

A37: Only if they have a qualifying event and request it within 60 days of that newly qualifying event.

Q38: Can an individual enroll in YAO more than once?

A38: Yes; unlike COBRA, a YAO enrollee could cancel their YAO and re-enroll at a later date.

PELU Announcements

Tier 5/6 HBA Memo

Q39: For Retirement Tier, can the Department please explain what it means by 5 or 6?

A39: Tier 5 and Tier 6 are different tiers in the retirement system. An employee's Tier is based on when they joined the retirement system. Members who joined NYSLRS and NYSTRS on or after January 1, 2010 but before April 1, 2012 are Tier 5 members; members who join these retirement systems on or after April 1, 2012 are Tier 6 members. Tier 5 and 6 members of [NYSLRS](#) and [NYSTRS](#) must have 10 years of creditable service with their respective retirement system in order to retire from a retirement system. This is one of the requirements that must be met in order to continue NYSHIP benefits in retirement.

Q40: For Tier 4 individuals, if our agency vesting requirement is 5 years, do they have to retire from NYS Retirement System in order to be eligible for health insurance as a retiree or they just have to be age eligible (55)?

A40: The individual must be "eligible" to collect their pension, which happens at age 55 if the Tier 4 member has at least five years of creditable service with NYSRS. They do not need to actually retire (collect a pension) from the retirement system.

Q41: Is the requirement that Tier 5 and Tier 6 NYSLRS and NYSTRS members need to have at least 10 years of creditable service with their respective retirement system for NYSHIP retiree purposes, something an agency can change?

A41: Those are the requirements stated in the Regulations. The agency cannot change that aspect of the requirements.

Q42: If a Tier 5 or 6 employee is not contributing into the retirement system, then they are not eligible for coverage when they retire?

A42: If an employee never joined the retirement system, they may retire at age 55. However, if an employee was a member of the New York State and Local Retirement System or New York State Teachers' System and then withdraws their membership from their respective retirement system, they are not eligible for NYSHIP retirement benefits at the time they separate from service.

Q43: Must an employee be a member of a retirement system to have health insurance in retirement?

A43: No. If an employee was never a member of a retirement system administered by the State of New York or a civil division thereof, then they meet NYSHIP's eligibility's requirement to retire from a retirement system if they are at least 55 years old at the time they separate from service.

Q44: How does an HBA know if a member withdraws from NYSLRS or NYSTRS?

A44: Your agency should know if an employee was a member of NYSLRS or NYSTRS because the employee would have provided a retirement registration number through their retirement system. The only way an agency would know if the employee has withdrawn their membership from their respective retirement system is if the employee notifies the agency of the occurrence. If the agency receives notification that the employee has withdrawn its membership from their retirement system, then the agency cannot permit the former employee to continue NYSHIP retiree benefits.

Q45: What if a Tier 4 member resigns at age 53 and has vested 10 or more years with our agency and NYSLRS? Can they continue NYSHIP when they turn 55 and retire?

A45: Yes, if they continue their enrollment in NYSHIP (either by paying the full-share Vestee premium or by being enrolled as a NYSHIP dependent) until they are retirement age. Otherwise, if they terminate their vestee coverage they lose future retiree eligibility.

Q46: Is it mandatory for a PA to offer Vestee coverage to a person who resigns?

A46: The method of separation from the agency does not impact a person's eligibility for vestee benefits. If the PA offers retirement benefits to the employee's class or category, and the employee is not yet eligible for retirement but meets the vestee requirements, then the PA is required to offer them vestee benefits regardless of how they separated from service.

Q47: Can a Tier 6 Member who resigns at age 55 without 10 years vested continue as a Vestee until they are eligible to retire?

A47: No, because Tier 6 members are required to have at least 10 years of creditable service with the retirement system in order to be eligible to vest. Please refer to page 17 of the General Information Book for Participating Agencies for more information.

Q48: If an employee is terminated at age 50 and enrolls in COBRA, can the Department confirm that because this individual did not meet the eligibility requirements for retiree coverage, they are not eligible for coverage beyond the date COBRA ends?

A48: When the employee is terminated, the PA should review the employee's records to see if they are eligible for retiree, vestee, or COBRA coverage. If the individual is not eligible for retiree or vestee coverage, and opted to enroll in COBRA coverage, then they would not be eligible for coverage beyond the date COBRA ends.

Q49: Does a person have to be enrolled in NYSHIP at the time of retirement to qualify for NYSHIP retiree benefits?

A49: Enrollment in NYSHIP is one of the eligibility requirements for an employee to qualify for retiree benefits. In accordance with [NYSHIP Policy Memo 30r1](#), PA and PE employees who are enrolled in non-NYSHIP health plans through their PA or PE at the time of retirement satisfy the NYSHIP retiree eligibility requirement of being enrolled in NYSHIP.

Q50: If a member is vested and has been covered by an opt-out program, do they need to enroll in NYSHIP before they can be eligible for retiree benefits?

A50: If enrolled in a buyout, they do not need to enroll in a NYSHIP coverage option before retirement. The buyout program is considered "enrollment in NYSHIP" for retirement purposes in accordance with [NYSHIP Policy Memo 122r1](#).

Q51: If my agency offers retiree benefits to a particular class, for example elected officials, and they are not fully vested, can the Town's benefits override NYSHIP's rules and allow benefits?

A51: No. A PA may not override NYSHIP rules to offer benefits to individuals, active or retired, that do not meet the eligibility requirements established in Civil Service Law and the New York State Regulations.

New Title for NYSHIP Manual

Q52: Does the Department recommend using the new PA HBA Manual or the older version, now titled the Administrative Guide for Participating Agencies?

A52: The Department recommends using both. The new Manual is an ongoing project, so the Department plans to update it regularly to reflect any future changes in policy. It is a great

resource for questions regarding eligibility, effective dates, HBA roles and responsibilities, along with NYBEAS transactions. The Administrative Guide is helpful in reviewing policies, offering benefits to new classes or categories of employees/retirees, and when your agency is required to provide a resolution or written notice to EBD to show a change in the administration of NYSHIP benefits.

Contacting PELU

Q53: If an agency offers one of the standard retiree rate qualifiers (50/35), does it have to contact the Department of Civil Service if it changes the contribution rate for a group of employees or retirees, even if the rate qualifier is changed to another one of the existing rate qualifiers programmed in NYBEAS?

A53: The Department asks that you contact EBD to provide written notification any time your agency changes the contribution rate for a class, category, or group of employees or retirees.

Empire Plan Benefit Changes

New ID Cards

Q54: Will dependents be receiving the new insurance cards? I have some employees who received two cards but none for their dependents. Should I request duplicates online for them?

A54: The Empire Plan sends two cards for a Family plan. Once the new cards are received, an HBA can order a second set of two for any adult dependents that need their own cards. Just be sure to not order a second set before the first order is completed in NYBEAS, or it will hold both orders.

Q55: Will new benefit cards be issued to Silver Script enrollees?

A55: There will not be a new card issued for Silver Script enrollees. They will receive a new Empire Plan or Excelsior Plan card, but not a new Silver Script card.

Q56: Will new cards be issued every year if copays change?

A56: In accordance with federal law, new cards will be issued if any of the cost-sharing information on the front of the card changes, including in-network out-of-pocket limits,

deductibles, and coinsurance. As federal in-network out-of-pocket limits change annually, it is anticipated cards will need to be reissued every year.

Q57: Why isn't the Group Number included on the front of the card?

A57: The group number applicable to medical plan coverage with UHC and the bin number applicable for CVS Caremark prescription drug coverage was put on the back of the card due to space limitations.

Benefit Updates

Q58: Are there any changes to copayments for The Empire Plan or The Excelsior Plan for 2022?

A58: There will be no changes in copayments from 2021 to 2022.

Q59: Are diabetic supplies such as glucose monitors and test strips not available?

A59: These items (glucose monitors and test strips) are not covered at network pharmacies. The items being made available at a network pharmacy at no out-of-pocket cost are syringes, needles, alcohol swabs, and gauze. Other diabetic supplies may be obtained at no-cost through the Home Care Advocacy Program, or HCAP. Members should contact HCAP through the Medical Program at 1-877-769-7447.

Q60: Where can HBAs find formulary changes for 2022 prescription drug coverage?

A60: The [2022 Formulary](#) can be found on the DCS public site.

COVID-19 Related Benefits

Q61: Is the copayment waiver for telehealth services applicable to non-COVID-19 related issues only?

A61: Copayments apply for any telehealth visit with a participating provider that is *not* related to the diagnosis of COVID-19. Telehealth visits related to the diagnosis of COVID-19 are currently not subject to a copay or member cost share. In addition, telemedicine visits through LiveHealth Online are available with no copayment through December 31, 2022. This copay waiver

includes all provider services offered through LiveHealth Online. Plan members can access LiveHealth Online at: <https://www.empireblue.com/nys/>

Q62: Does the copayment waiver for telehealth services apply to services under Beacon Health?

A62: Copayments apply for any telehealth visit with a participating Beacon Health Options provider.

Q63: Would NYSHIP cover the full cost of Covid-19 testing if it is being done under a voluntary weekly testing program in lieu of a vaccine?

A63: Empire Plan presently covers all COVID-19 testing administered by a CDC approved testing site. If an Empire Plan member goes to a CDC approved testing site, such as a doctor's office, urgent care, or pharmacy, and that testing site determines a test is needed, it will be covered. There are no copayments, deductible, or coinsurance applied to COVID-19 testing claims. If an employer has a direct contract with a third party to administer weekly testing, those costs are not reimbursable under the Empire Plan.

Q64: If an employer offers weekly testing as part of its OSHA ETS policy, will NYSHIP cover the cost of the weekly tests for unvaccinated employees?

A64: As stated in the response directly above, the Empire Plan presently covers all COVID-19 testing administered by a CDC approved testing site. If an employer has a direct contract with a third party to administer weekly testing, those costs are not reimbursable under the Empire Plan.

Q65: If an employee is out of the country and a COVID test is needed to re-enter the US, will the employee be reimbursed if they have been charged for the test?

A65: COVID-19 testing is covered. The plan member should submit the claim to UnitedHealthcare (UHC) or call UHC at 1-877-769-7447 if assistance is required.

Q66: Why do vaccination sites require an employee's insurance card before they can receive a shot?

A66: A plan member may be asked for their benefit card as providers can bill the plan for the administration of the COVID-19 vaccine. There is no cost to the plan member.

Financial Update

2022 Rate Renewal

Q67: What years were used to calculate trends for the purpose of setting the 2022 rates?

A67: Hospital Program: Trends were based on the program years 2016 through 2019 (2020 costs were excluded due to COVID Pandemic uniquely depressing claim costs).

Medical Program: Trends were based on the years 2016 through 2019 (2020 costs were excluded due to COVID Pandemic uniquely depressing claim costs).

Prescription Drugs Program: Trends were based on the program years 2016 through 2018 and 2020 (2019 was excluded as it was the first year of a new contract with the vendor, and that first year included large savings specifically as a result of the new contract). Note: The COVID Pandemic seemed not to have any noticeable effect on the prescription drugs claim spend.

MHSA Program: Trends were based on the years 2016 through 2020. The COVID pandemic did not curtail claim costs; claims rose

Q68: Can the Department please provide a written explanation as to why there has been such a large increase for Family and Individual coverage?

A68: The increase in Empire Plan Planprime Individual Coverage and Empire Plan Planprime Family Coverage rates from 2021 to 2022 is 11.3% and 12.7% respectively. The reason for the increase is primarily due to increasing recent claim costs for these groups along with the application of our trends to those costs.

Q69: Will there be any Quarterly Experience Reports published in 2022?

A69: The Office of Financial Administration (OFA) will not be producing these reports. As was done in 2021, OFA will make available to agencies, per their request, the Department's Benefits Consultant's (Aon Hewitt) First Quarter Report in which they provide projections for rates for the subsequent program year.

Q70: In the past there were quarterly reports provided with 3 projected rate increases. These are no longer produced. They were very helpful and clear. The report you put out in August was not clear on projections. Can you go back to the quarterly reports that were previously distributed?

A70: OFA has no plans to produce those reports.

Q71: Is there any way to receive projected rates earlier? A lot of our budgets are due in September.

A71: As was done in 2021, OFA will make available to agencies, per their request, the Department's Benefits Consultant's (Aon Hewitt) First Quarter Report in which they provide projections for the subsequent program year.

2022 PA Monthly Rates

Q72: Can someone please advise where on the website the rates are located?

A72: The 2022 PA rates are posted to the Easy Reference page of HBA Online:
<https://www.cs.ny.gov/employee-benefits/hba/easy-reference/index.cfm>

Q73: Are the 2022 Retiree Rates correct? The Family Rate for 1 on Medicare is the same as Family with 2 on Medicare. Are the Excelsior Plan rates correct? They seem low.

A73: The rates are correct as published.

Q74: Why has there been such a decrease in the Excelsior Plan rates, especially for retirees?

A74: Since its inception, the Excelsior Plan rates had been developed as a factor of the Empire Plan rates. The 2022 Excelsior Plan rates, instead, were independently developed based on that plan's own claim costs and population.

Q75: Has there been a change or loss of coverage in The Excelsior Plan?

A75: The coverage level for Excelsior has not changed drastically.

Q76: Is there enough plan experience information available for the Excelsior Plan to use it to create rates?

A76: Yes.

Q77: Can you confirm that the Empire Mediprime rate for Family-1 and Family-2 is not a typo and they are the same? Family-1 has been reduced drastically over the past 2 years, is there a reason why they are the same for next year?

A77: There is no typo. The 2022 Empire Mediprime Family-1 and Family-2 rates are equal.

Q78: Will the Mediprime rates change during the year as more information is available?

A78: No mid-year rate change is planned.

Q79: Will the rates continue to be the same for Family with 1 or 2 on Medicare going forward?

A79: Those are the rates for this year. The Department cannot assume this will be the trend in future years.

Q80: Can you explain the premium increase rate calculation? It looks like the Empire Plan Family rate increase is 12.6 percent and Empire Individual is over 11%?

A80: The Empire Plan Family Rate increase is 12.7% and the Empire Plan Individual Rate increase is 11.3%. The reason for the increase is primarily due to recent increasing claim costs along with the application of trends to those costs.

Q81: How does a net premium increase of 6.6% result in increases of about 12% in the Plan prime rates?

A81: The 6.6% represents the change in the projecting premium for the entire Participating Agency population. It includes projections not only in the rates but also with the enrollment; the enrollment projections include shifts towards the lower cost Mediprime (away from PlanPrime) coverages.

Q82: In past years, there was a schedule of amounts under different rate qualifiers, but for 2021 I could not find one. Are these schedules not put out anymore? Is there a reason that you don't provide the variable contribution rates? It seems like this might help avoid errors in charging retirees.

A82: OFA has not produced these charts in the past. OFA has no plans to produce these charts.

Q83: Why is there no plan option for Employee/Spouse only; is this something that would be considered?

A83: The Individual and Family plan structure has been developed pursuant to collective bargaining between NYS and its employees. This design is then administratively extended to non-represented groups (such as PAs). At present, the Department is unaware of any plans by the unions to negotiate for an 'employee plus one' or 'couples' rate.

Q84: While COVID costs are free to the employees, are agencies now basically absorbing those costs into the rate increases?

A84: The plan is absorbing these costs.

Projected Dividends

Q85: Will there be a time when the dividend is no longer available? If yes, what will happen to Rates at that time?

A85: The hope is that there will always be dividend available. If there are no dividends available, no dividend credits will be included in the development of the rates.

Questions and Answers- General

The Empire Plan and The Excelsior Plan

Q86: Will NYSHIP continue to offer both The Empire Plan and The Excelsior Plan?

A86: Yes. NYSHIP will continue to offer both The Empire Plan and The Excelsior Plan.

Q87: Our agency has NYBEAS access for The Empire Plan, but the HBA has to fax Excelsior Plan enrollments to EBD. Can HBAs have access to both Empire and Excelsior?

A87: An agency can offer both Empire and Excelsior to separate classes of employee but cannot offer both plans to the same class. There is currently no way for HBAs to process enrollments in both plans in NYBEAS. Please continue to fax your Excelsior enrollments to EBD.

Q88: Our agency currently offers The Empire Plan; can we offer The Excelsior Plan?

A88: Your agency cannot offer both plans to the same class of employee, but it can offer Empire to one class and Excelsior to another class. If your agency wishes to participate in The Excelsior Plan, please contact PELU@cs.ny.gov and we can discuss the logistics.

Q89: Is the Excelsior Plan only available in certain regions, such as upstate New York?

A89: The Excelsior Plan has the same network as the Empire Plan and has in-network providers available nationwide.

Q90: Is there a resource that would allow us to compare the coverage under The Empire Plan vs. The Excelsior Plan?

A90: There is a Plan Comparison chart available at NYSHIP Online:
<https://www.cs.ny.gov/employee-benefits/pa-market/interested-in-joining/2022-nyship-plan-comparison.pdf>

Q91: Are there any restrictions on changing from The Empire Plan to The Excelsior Plan?

A91: Your agency cannot offer both plans to the same class of employee, but it can offer Empire to one class and Excelsior to another class. EBD would like to specifically point out that a NYSHIP PA may *not* establish a class or category of employee or retiree based on eligibility for Medicare.

Also, EBD requires *no less than* 90 days notification of an agency's intent to implement a plan change from Empire to Excelsior or vice versa. Additional time may be required to move Medicare-primary enrollees from The Empire Plan to The Excelsior Plan in order to coordinate prescription drug coverage.

Lastly, the NYBEAS system does not allow for a PA HBA to enroll employees in both The Empire Plan and The Excelsior Plan. NYBEAS programming cannot be changed to facilitate this. If your agency will offer The Empire Plan to some classes or categories of employees and The Excelsior Plan to other employees, your HBA will not be able to complete NYBEAS enrollments for both groups; instead it will be responsible for processing the larger groups NYBEAS transactions and will have to fax all requests for the smaller group for EBD staff to process.

Q92: Can elected officials be considered a separate class of employees?

A92: Yes, elected officials can be a separate class of employees.

NYBEAS access and HBA administration

Q93: I am not able to access the HBA Online Website or I am not able to access NYBEAS.

A93: Please call the HBA Help Line at (518) 474-2780 for assistance.

Q94: How do I activate a new DAO?

A94: Your agency should complete the EBD-545 Data Access Officer Request Form and submit it to EBD. Please note that one person cannot act as both DAO and HBA for the same agency. You can call HBA Help Line at (518) 474-2780 or e-mail PELU@cs.ny.gov to request an EBD-545 Form.

NYSHIP Forms and Publications

Q95: Can HBAs get a list of the items that are included in the “Quick Order Packet” for new enrollees? HBAs hand out materials at new hire orientation. Do we need to do both?

A95: The Quick Order packages contain all of the required publications, such as the *Empire Plan Certificate*, *General Information Book*, *At A Glance*, copayment card, the appropriate Drug Formulary list, the *Preventive Care Coverage Guide* and the *Out-of-Network Disclosure* plus a selection of materials that aid the enrollee in understanding the Plan. Publications included in the latter category are:

- *Empire Plan Reports* issued since the date of the Certificate
- several *Reporting On* series publications (Network Benefits, HCAP, Prescription Drugs and MHSU)

- *Participating Provider Directory* postcard
- *Medicare & NYSHIP* (for retirees only)
- *On the Road with The Empire Plan*
- NYSHIP Online Web Navigation Flyer
- CVS Mail Service order form
- *Choices* (for PEs only)

If you hand out all publications referenced above, you do not need to complete the quick order. However, processing the quick order will save your agency the trouble of having to keep all of the above publications on hand.

Q96: When will the 2022 Summary of Benefits and Coverage be available?

A96: The 2022 Summary of Benefits and Coverage documents are currently available on both NYSHIP Online and HBA Online. On NYSHIP Online, they are available under Current Topics (<https://www.cs.ny.gov/employee-benefits/sbc/index.cfm>) On HBA Online, they are available under Easy Reference.

Q97: Is the Summary of Benefits and Coverage the same as the *At a Glance* publication?

A97: No, the Summary of Benefits and Coverage is a separate document which is mailed directly to all enrollees.

Q98: When will the 2022 *At a Glance* publication be released?

A98: The 2022 *Empire Plan At-A-Glance* was posted to HBA Online on December 2, 2021.

Q99: When will the NYBEAS Flat Rate Summary be updated with the new 2022 rates?

A99: The Flat Rate Summary tables in NYBEAS have been updated to reflect the new 2022 rates.

Q100: Where can I find the “Affidavit for a Dependent Who is Not Eligible for a Social Security Number”?

A100: Please contact the EBD at (518) 474-2780 if you require the form.

Retirement

Q101: Who calculates the sick time credit when an employee retires?

A101: If your agency offers retiree sick leave credit, it is up to your agency to calculate and apply the credit.

Medicare and Part B reimbursement

Q102: What will be the Medicare Part B premium for 2022?

A102: The standard monthly premium for Medicare Part B for 2022 will be \$170.10. The Medicare Part B premium may be higher for your IRMAA population.

Q103: Will all Mediprime participants be reimbursed \$170.10?

A103: The Department is aware that in previous years, there were multiple "standard" Medicare Part B premiums. There is only one standard premium for 2022, and it is \$170.10. Some enrollees may also be required to pay an Income Related Monthly Adjustment Amount (IRMAA) in addition to their standard premium. Such enrollees should also be reimbursed IRMAA.

Q104: Are HBAs required to reimburse for Medicare-primary dependents as well?

A104: Yes.

Q105: Are Medicare Part B reimbursements taxable to the recipient?

A105: No. The Medicare Part B reimbursement is not considered income and is therefore not taxable.

Q106: Why do we have to reimburse for Medicare Part B and IRMAA?

A106: The standard Part B and Part B IRMAA must be reimbursed pursuant to Section 167-a of New York State Civil Service Law.

Q107: Is there any movement towards only requiring reimbursement for the standard Medicare Part B premium without the IRMAA?

A107: A proposal to eliminate reimbursement for IRMAA premiums has been introduced many times but has not been enacted. Reimbursement for Part B IRMAA is still required by law.

Q108: Are there instances where a retiree may not be paying a premium for Medicare Part B?

A108: Your agency must reimburse Medicare Part B premium for all Medicare-primary enrollees, regardless of whether they are paying Medicare Part B premium, unless your agency has documentation that the enrollee is already being reimbursed by another source.

Q109: Can the agency reimburse just once a year?

A109: Yes, that is acceptable. Agencies are required to reimburse for Medicare Part B at minimum once a year.

Q110: Do we need to ask for statements proving how much enrollees pay for Medicare Part B each year?

A110: You must reimburse your enrollees for their full Medicare Part B premium, including any Income Related Monthly Adjustment Amount (IRMAA). Whether or not your agency obtains proof of Medicare payments from its Medicare-primary members is at the agency's discretion. However, your agency must coordinate with its members to reimburse the correct Part B rate.

Q111: What is the time frame for reimbursement when a retiree submits proof of Medicare Part B and IRMAA proofs?

A111: For State retirees, NYSHIP will reimburse up to three years retroactively pursuant to State law. However, NYSHIP suggests you speak with your agency's Counsel to determine if the same law would be applicable to your agency.

Q112: Are we required to reimburse for Medicare Part D?

A112: Reimbursement for Medicare Part D, including Medicare Part D IRMAA, is not required.

Q113: Are NYSHIP enrollees automatically enrolled in Medicare Part D?

A113: Yes, once a Medicare change is done in NYBEAS it feeds over for the Medicare Part D enrollment.

Q114: Does NYSHIP require Medicare-primary enrollees to enroll in Medicare Part D? Doesn't NYSHIP offer a prescription drug plan?

A114: Most Empire Plan members who are Medicare primary are automatically enrolled in the Empire Plan's Medicare Part D plan, SilverScript. There are exceptions for members who are in a nursing home or facility that requires them to enroll in their Part D plan (if you have this, please contact EBD). HBA MemoPA20-11 and PAEX20-11 explains this more.

Q115: HBAs read on a NYSHIP video transcript on the Medicare page that the Medicare Part B reimbursement will be added to the pension check, is that true?

A115: The information in the Medicare video that is on NYSHIP Online applies to New York State retirees. Because each PA is responsible for reimbursing enrollees for the Medicare Part B premium, the reimbursement cannot be added to the pension check. When visiting NYSHIP Online, please make sure you are choosing "I work for a Participating Agency (PA)" from the main page to ensure you are receiving the correct information for your agency.

Q116: Are there additional resources available for Mediprime retirees? We get a lot of questions about coordination of benefits that aren't answered in the *Medicare & NYSHIP* publication.

A116: The *PA General Information Book* and *Medicare & NYSHIP* are the best resources to consult with your questions about coordination of benefits. EBD also encourages you to explore the other resources available on HBA Online, including HBA Memos and Policy Memos. If you have thoroughly reviewed all resources and you cannot find your answer, please call the HBA Helpline at (518) 474-2780.

Q117: Is an active employee's spouse eligible for Medicare reimbursement if they are Medicare eligible because of disability but under the age of 65?

A117: For an *active* employee's spouse, the spouse would only be Medicare-primary (and therefore eligible for reimbursement for Medicare Part B) if they are eligible for Medicare due to ESRD (End-Stage Renal Disease).

PPACA (Patient Protection and Affordable Care Act) Compliance

Q118: Are employers still required to complete 1095-C forms for enrollees this year?

A118: Yes, the federal 1095 requirement is still in place. Please refer to HBA Memo PA20-25 or PAEX 20-22 for more details.

Other Questions

Q119: HBAs were notified that notarization of forms was temporarily suspended due to the COVID-19 pandemic. Is this still the case?

A119: No. All NYSHIP forms that require a notarization must be notarized.

Q120: We had COBRA enrollees that did not pay for benefits due to the 6 month grace period provided under the American Rescue Plan Act of 2021 (ARP). Is there any paperwork that needs to be filed at the end of the year?

A120: There is nothing you need to do from a NYSHIP perspective, but your agency may wish to seek advice from its tax consultant regarding entitlement to COBRA ARP premiums payable as tax credit from the federal government.

Q121: Can you please elaborate on what Open Enrollment (OE) means for NYSHIP? I have been advised in the past that there is no OE for NYSHIP. There is a 3-month waiting period (excluding Qualifying Events) if an employee waives enrollment when they get hired.

A121: NYSHIP only holds an "Open Enrollment" for YAO enrollees. There is no "Open Enrollment" opportunity for any other NYSHIP members. There is no time during the year when employees and/or their dependents may enroll in NYSHIP without a qualifying event and not experience a late enrollment waiting period.

Q122: What is the length of time for COBRA eligibility, is it 18 months or 36 months?

A122: The federal COBRA law is for 18 months, but there is an additional NYS law that expands it to 36 months. Certain smaller employers are not subject to the New York State "Mini COBRA" law requiring the extension to 36 months. It is up to your agency's Counsel to determine whether you are subject to the NYS COBRA expansion.

Q123: Is there a waiting period for dependents who are added to coverage during the Option Transfer Period?

A123: Yes, if they were previously eligible for NYSHIP coverage and they have not experienced a qualifying event (such as a loss of other coverage) within 30 days of the request to enroll there will be a late enrollment waiting period.

Q124: Does an employee's spouse need to be a U.S. Citizen to be eligible to be covered as a dependent?

A124: No, the spouse does not need to be a U.S. citizen to be added to an enrollee's NYSHIP plan.

Q125: Is there a mandatory waiting period (60 days? 90 days?) for an employee (newly hired) to be enrolled in the District's health insurance plan?

A125: Your agency determines the duration of time an employee must wait until the first date of eligibility for NYSHIP benefits (the first date on which an employee can be covered under NYSHIP). Coverage can begin as early as the first day of employment, or your agency may impose an initial waiting period. The maximum initial waiting period under NYSHIP is six months; however, to ensure compliance with the federal Patient Protection and Affordable Care Act (PPACA) (and to avoid potential PPACA penalties), it is recommended that your agency offer employees coverage beginning no later than the first day of the month following 90 days of employment. Different initial waiting periods may be applied to different classes or categories of employees, but if an initial waiting period is applied, it must be applied uniformly across the agency or within a class or category of employee. It is up to your agency to decide how Initial Waiting Periods Apply to its employees.

Q126: Can an employee cancel health coverage at any time even if the premium is paid on a pretax basis via payroll deduction?

A126: The answer to this question is very situational, and the Department encourages you to speak with your agency's legal Counsel and/or tax consultants on any questions related to pre-tax deductions. An employee who is enrolled on a post-tax basis may cancel at any time.

Q127: Can two retired employees who are married but who worked for different NYSHIP employers both carry Family coverage?

A127: Yes. Please refer to NYSHIP's Policy Memo 133 for more information.

Q128: Can two employees who are married and who work for the same employer both carry Individual coverage?

A128: Yes.

Q129: Must an employee who is enrolled in an opt-out or buyout program be given the incentive payment biweekly, or monthly?

A129: The Department of Civil Service cannot advise on how to administer your agency's Opt-out or Buyout programs. That is up to your agency.