

2021 Annual Webinar for Participating Employers

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.

Welcome to the 2021 Annual Webinar For Participating Employers



Agenda

- A Message from the Director of EBD
- Benefits Administration from PA/PE Unit
- PELU Announcements
- Empire Plan Benefit Changes
- Financial Update
- Questions and Answers





NYSHIP
New York State
Health Insurance Program

A Message from the Director of EBD

Presenter – Jim DeWan, Director of the Employee Benefits Division



Message from Director; Jim DeWan

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Daniel.Yanulavich@cs.ny.gov

Thank you!
Please Review
HBA Online for
Information



NYSHIP
New York State
Health Insurance Program

Benefits Administration

Presenters –Kara Hillicoss, PA/PE Unit Supervisor

Announcements from the PA/PE Unit

Topics

- Retirement eligibility
- Medicare and VDSA
- Worklists
- Young Adult Option

Retirement Eligibility

- PE HBA Memo PE19-17 has been replaced with PE 21-11
- There is a video on Processing NYSHIP PE Retirees in NYBEAS under E-Learning on HBA Online as well

hba_online
benefits resource center

You Should Know...
Easy Reference
Publications & Forms
HBA Memos
Policy Memos
Phone Numbers / Links
Meetings & More
Health Plan Choices
HBA Manuals
E-Learning
HIPAA Privacy Information
Site Map
Contact Us / Disclaimer
NYSHIP Home

Find the **benefit**, click on the group. *Benefits vary by group.*

Current Topics
PA/PE Webinars
Young Adult Option Coverage

General Information Book for:
NY Active
NY Retiree
Participating Employers (PEs)
Participating Agencies (PAs)
Student Employee Health Plan (SEHP)

Pre-retirement Planning
New York State and PE

dental
APSU
C-82
M/C
NYSCOPBA
PBA Supervisors
PBA Troopers
PE
PEF
PIA
SEHP

vision Davis Vision Information

life
M/C

IPP Income Protection Plan
M/C
DC-37

survivor benefits
New York State Active Employees

workers' compensation
ARS Publications for Executive Branch Agencies and Unified Court System

Retirement Eligibility

HBA Webinars

Retroactive Sick Leave Adjustment Training - Conducted August 19, 2021 (45 minutes)

NYBEAS Training for NYSHIP Participating Agency HBAs - Conducted via live WebEx on May 19, 2021 (1 hour 49 minutes).

NYS HBA Training Part 1 - Conducted via live WebEx on May 21, 2019 (1 hour 8 minutes)

NYS HBA Training Part 2 - Conducted via live WebEx on May 22, 2019 (1 hour 4 minutes)

Processing NYSHIP PE Retirees in NYBEAS - Updated July 2021 (33 minutes)

2021 Option Transfer Period Webinar Training - Recorded December 2, 2020 (1 hour 10 minutes)

Civil Service Institute - NYS HBA Training - Held at the Department of Corrections and Community Supervision (DOCCS) on July 25, 2018 (43:24)

Retirement Eligibility

What requirements does an enrollee need to meet to be considered a retiree?

1. Enrollee must have been enrolled in NYSHIP at the time of separation

- The employee must be enrolled in NYSHIP as an active enrollee or as a dependent at the time of separation.
- Enrollment in NYSHIP may be through The Empire Plan, an Agency sponsored Plan or a buyout program through your agency

2. The employee is in a class or category that is eligible for retiree health insurance

- It is up to your agency to know what class or category of employee is eligible to continue NYSHIP coverage into retirement

Retirement Eligibility

3. Enrollee needs to have completed the agency's minimum service requirements

- The employee must meet the employer's established service requirement (five years or more) in a NYSHIP benefits-eligible position
- Service time does not need to be consecutive
- If the employee has less service time than the requirement established by your agency, your agency may recognize previous service an employee has with another NYSHIP-participating PE, PA, and/or the State

4. Enrollee must have satisfied the requirements of a retirement system administered by NYS

- The employee must be eligible to collect a pension from a retirement system administered by NYS (NYSLRS, TRS or NYS Local Police and Fire Retirement System)
- If the employee is not a member of one of these retirement systems, they must meet the age requirement of the NYS and Local Retirement System tier in effect at the time you last entered service.

* The employee does not need to file or collect their pension – just be eligible to*

Retirement Eligibility

If an Employee meets all 4 requirements

- A retirement needs to be keyed on the Workforce Administration page in NYBEAS.
- The employee would be able to choose if they would like to continue NYSHIP as a retiree OR the employee can choose to defer the start of their NYSHIP retiree coverage
- If your agency offers employees to convert unused sick leave hours into a monetary amount known as Sick Leave Credit to offset the monthly retiree health insurance premium – this would need to be keyed at this time as well.

Retirement Eligibility

If an Employee **does not** meet all the requirements

- A termination would be keyed on the Workforce Administration Page in NYBEAS **AND** a comment needs to be entered to advise as to which requirement they don't meet and what program the employee is eligible for Vestee Benefits or COBRA Benefits

Vestee Eligibility

The employee must have satisfied the following requirements to be a Vestee

- 1) Enrollee must have been enrolled in NYSHIP at the time of separation
- 2) The employee is in a class or category that is eligible for retiree health insurance
- 3) Enrollee needs to have completed the agency's minimum service requirements

As the HBA you would process a TER on Job and then enter a comment saying that the employee can not collect their pension until __/__/__, please send a vestee packet.

If the enrollee will NEVER be a retiree – they can not be a Vestee

Vestee Eligibility

- If the enrollee maintains Vestee benefits without a break in coverage – They would be moved to a retiree benefits once they are eligible to collect a pension.
- You must contact EBD to update the enrollee from a Vestee to a Retiree.

COBRA Eligibility

The employee must have satisfied the following requirements to be eligible for COBRA:

1. Enrollee must have been enrolled in NYSHIP at the time of separation

As the HBA you would process a TER on Job and then enter a comment saying that the employee did not meet (what) requirement, please send a COBRA packet.



NYSHIP

New York State
Health Insurance Program



Questions?

VDSA

- **What is VDSA**
 - Voluntary Data Sharing Agreement with Centers for Medicare & Medicaid Services (CMS)
- **Who would we request CMS Data for**
 - Disabled children or anyone older than 45 and active in NYBEAS
- **When do you use it**
 - At the time an enrollee retires or terminates employment (COBRA, Vestee, Survivor), for actively working employees that cover DP, or if someone is eligible due to ESRD
- **Where do you find it**
 - In NYBEAS>History>CMS/RDS Data>VDSA Query Only
- **Why**
 - PE20-14 HBA's are responsible to update Medicare Prime individuals

VDSA

VOLUNTARY DATA SHARING AGREEMENT

The Department of Civil Service (DCS) has a Voluntary Data Sharing Agreement (VDSA) with the Centers for Medicare and Medicaid Services (CMS) to receive Medicare information for NYSHIP enrollees and dependents who meet at least one of the following circumstances:

- are 45 years of age or older
- are updated in NYBEAS as Medicare-primary regardless of age
- have a disability retirement
- disabled dependent children

VDSA

You should use VDSA for the following reasons:

Employees in Non-Active Status

- Retiree
- Vestee
- Dependent Survivor
- COBRA

* VDSA does not show RRB members*

Employees in Active Status

- For EE or dependents who are eligible due to permanent kidney failure (ESRD)
- Domestic Partner who is 65

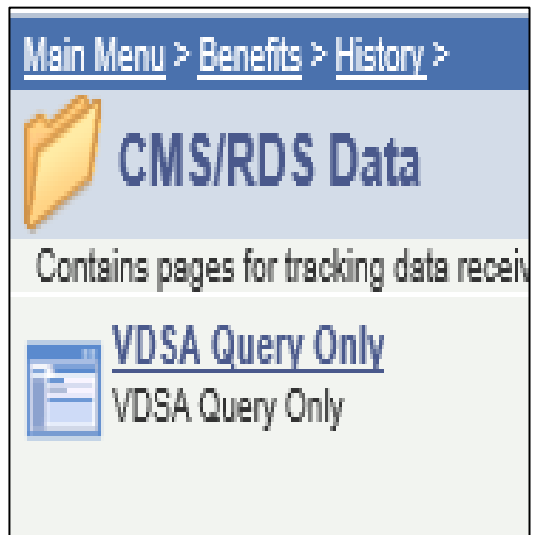
VDSA

You can view your agency' VDSA in NYBEAS under Benefits, History and then click on CMS/RDS Data

The screenshot displays the NYBEAS system interface. On the left is a 'Menu' sidebar with a search field and a list of categories including 'My Favorites', 'Benefits', 'COBRA', 'MyNYSHIP', 'NYBEAS Reports', 'Workforce Administration', 'System Announcement', 'Set Up HRMS', 'Worklist', 'Reporting Tools', 'User Info', 'PeopleTools', and 'Change My Password'. The 'Benefits' category is expanded, showing sub-items: 'History', 'Plan History', and 'Transactions'. The main content area, titled 'Main Menu >', shows the 'Benefits' section with a description: 'Select benefit plans, track company cars & FMLA, calculate leave accrual & annuity, maintain primary'. Below this is the 'History' section with the description: 'Allows users to view history of transactions for a given enrollee.' A list of links is provided: 'NYBEAS Update History', 'Archived Accounting', 'Billing Options', 'Employee Information Changes', 'Letter Notification', 'National Medical Support Order', 'CMS/RDS Data', 'DEAS', 'PEP', and 'Search'. A red arrow points to the 'CMS/RDS Data' link.

VDSA

Then your click on VDSA Query Only



VDSA Query Only
Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Social Sec Number: begins with

Medicare Number: begins with

EmplID: begins with

Empl Rcd Nbr: =

[Basic Search](#)

Note: Two ways to pull up a file – Individual SSN or by EmplID

VDSA

Here is an example if you enter an Employee's SSN in the SSN field

VDSA Query Only

Contract Holder Info
EmplID: 123456789 EmplRcd#: 0 SAMPLE ENROLLEE

Member Info
SSN: Dep/Benef: 01 SAMPLE E

Input/Response Data [Customize](#) | [Find](#) | [View All](#) | [First](#) 1 of 1 [Last](#)

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

<u>DC Number</u>	<u>Medicare Reason</u>	<u>Part A Effdt</u>	<u>Part A TermDt</u>	<u>Part B Effdt</u>	<u>Part B TermDt</u>	<u>Part D num</u>	<u>Part D Effdt</u>	<u>Part D TermDt</u>

Member Archive Information

Input/Response Archive Data [Customize](#) | [Find](#) | [View All](#) | [First](#) 1-2 of 16 [Last](#)

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

<u>DC Number</u>	<u>Medicare Reason</u>	<u>Part A Effdt</u>	<u>Part A TermDt</u>	<u>Part B Effdt</u>	<u>Part B TermDt</u>	<u>Part D num</u>	<u>Part D Effdt</u>	<u>Part D TermDt</u>

[Return to Search](#) [Refresh](#)

VDSA

Here is an example if you enter an Employee's SSN in the EmplID

VDSA Query Only
Enter any information you have and click Search. Leave fields blank for a list of


Find an Existing Value

Social Sec Number:

Medicare Number:

EmplID:

Empl Rcd Nbr:

[Basic Search](#)  [Save Search Criteria](#)

Search Results
View All First 1-4 of 4 Last

Social Sec Number	Medicare Number	EmplID	Empl Rcd Nbr
123456789	123456789A	123456789	0
111223456	(blank)	123456789	0
111223456	111223456A	123456789	0
111223456	24BA00	123456789	0

VDSA

VDSA Query Only

Contract Holder Info

EmpID: 123456789 EmpIRcd#: 0 SAMPLE ENROLLEE

Member Info

SSN: 123-45-6789 Dep/Benef: 01 SAMPLE E

Input/Response Data Customize | Find | View All | [Grid Icon] First 1 of 1 Last

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt

Member Archive Information

Input/Response Archive Data Customize | Find | View All | [Grid Icon] First 1-2 of 89 Last

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt

Return to Search Previous in List Next in List Refresh

VDSA

VDSA Query Only

Contract Holder Info

EmpID: 123456789 EmpIRcd#: 0 SAMPLE ENROLLEE

Member Info

SSN: 111-22-3456 Dep/Benef: 03 SAMPLE, D

Input/Response Data [Customize](#) | [Find](#) | [View All](#) | [First](#) | 1 of 1 | [Last](#)

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt

Member Archive Information

Input/Response Archive Data [Customize](#) | [Find](#) | [View All](#) | [First](#) | 1-2 of 89 | [Last](#)

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt
	Working Aged	12/01/2015		09/01/2021				
	Working Aged	12/01/2015		09/01/2021				

[Return to Search](#)
 [Previous in List](#)
 [Next in List](#)
 [Refresh](#)

VDSA

Once you access an account on VDSA, you will see two panels with blue headings:

- Input/Response Data
- Input/Response Archive Data

VDSA Query Only

Contract Holder Info

EmpIID: 123456789 EmplRcd#: 0 SAMPLE ENROLLEE

Member Info

SSN: 111-22-3456 Dep/Benef: 03 SAMPLE, D

Input/Response Data Customize | Find | View All | First 1 of 1 Last

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt

Member Archive Information

Input/Response Archive Data Customize | Find | View All | First 1-2 of 89 Last

Medicare Dates Medicare Dates2 Input/Response-Personal Data1 Input/Response - Personal Data2 Disposition Info ESRD Data

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	PartB TermDt	PartD num	Part D Effdt	Part D TermDt
	Working Aged	12/01/2015		09/01/2021				
	Working Aged	12/01/2015		09/01/2021				

Return to Search Previous in List Next in List Refresh

VDSA

Medicare Dates Tab

- Displays the reason that the individual was enrolled in Medicare (e.g. Working Aged, Disability, or End Stage Renal Disease)
- Shows Medicare Effective and Termination Dates for Parts A,B and D
- Includes Part D Medicare Number (if enrolled in a Med D plan)

VDSA Query Only

Contract Holder Info

EmpID: 123456789 EmpIRcd#: 0 SAMPLE ENROLLEE

Member Info

SSN: 111-22-3456 Dep/Benef: 03 SAMPLE, D

Input/Response Data Customize | Find | View All | First 1 of 1 Last

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	Part B TermDt	Part D num	Part D Effdt	Part D TermDt

Member Archive Information

Input/Response Archive Data Customize | Find | View All | First 1-2 of 89 Last

DC Number	Medicare Reason	Part A Effdt	Part A TermDt	Part B Effdt	Part B TermDt	Part D num	Part D Effdt	Part D TermDt
	Working Aged	12/01/2015		09/01/2021				
	Working Aged	12/01/2015		09/01/2021				

Return to Search Previous in List Next in List Refresh

VDSA

Input/Response –Personal Data 2 Tab

- Gender – I is the gender reflected in NYBEAS
- Gender - R is the gender on the record from CMS
- The tab also shows the DOB, Medicare ID from NYBEAS and CMS
- CMS Date of Death reflects a reported date of death

(VDSA Query Only)

Contract Holder Info							
EmpID:	123456789	EmpIRcd#:	0	SAMPLE	GEORGE		
Member Info							
SSN:	123-45-6789	Dep/Bene	01	SAMPLE	G		
Input/Response Data							
DC Number	Gender - I	Gender -R	NYBEAS Birthdate	CMS Birthdate	CMS Date Of Death	NYBEAS Medicare ID	CMS MedicareID
	Male	Male	02/26/1953	02/26/1953		1AB2CD3EF45	1AB2CD3EF45
Member Archive Information							
Input/Response Archive Data							
DC Number	Gender - I	Gender -R	NYBEAS Birthdate	CMS Birthdate	CMS Date Of Death	NYBEAS Medicare ID	CMS MedicareID
	Male	Male	02/26/1953	02/26/1953		1AB2CD3EF45	1AB2CD3EF45
	Male	Male	02/26/1953	02/26/1953		1AB2CD3EF45	1AB2CD3EF45

VDSA

HBA Memo PE 20-14

- NYSHIP requires that Medicare eligible individuals enroll in Medicare when Medicare becomes their primary coverage and NYSHIP pays claims as the secondary insurer.
- Non-Active employee and their covered dependents (example, retirees, vestee, COBRA, dependent Survivors, volunteer firefighters)
- It is your responsibility as the HBA to ensure that all eligible employees and retirees are properly informed of plan requirements including those regarding Medicare enrollment.

VDSA

When is Medicare primary for Members under Age 65?

For Benefit Programs starting with G

Medicare Part A Enrollment Date	Medicare Primacy Date
Before Benefit Program Change Date	Process Medicare Primary As Of The Benefit Program Change Date
After Benefit Program Change Date	Process Medicare Primary As Of The Medicare Part A Enrollment Date
Equal to the Benefit Program Change Date	Process Medicare Primary As Of The Benefit Program Change/Medicare Part A Enrollment Date

- Members who are Medicare-eligible due to End-Stage Renal Disease are the exception to these rules.
- If you have an enrollee who is becoming Medicare-eligible due to End-Stage Renal Disease, please call the HBA Helpline. Our representatives will review the member's file with UnitedHealthCare to determine the member's date of Medicare primacy.



VDSA

When is Medicare Primary for Active members?

Medicare Primacy and Active Enrollees and Dependents		
Benefit Program	Age	
	Over 65	Under 65
Active Benefit Programs- M04 and M05	Domestic Partners -First of the month when member turns age 65, or the first of the previous month if member is born on the first day of the month	Domestic Partners under age 65 of Active enrollees are plan-primary
Active Benefit Programs- M04 and M05	All other enrollees and dependents are plan-primary, regardless of age, with the exception of members who are Medicare-primary due to End-Stage Renal Disease*	

*If you have an enrollee who is becoming Medicare-eligible due to End-Stage Renal Disease, please call the HBA Helpline. Our representatives will review the member's file with UnitedHealthCare to determine the member's date of Medicare primacy.

VDSA

When is Medicare Primary for Members Ages 65 and Over?
For Benefit Programs starting with a G__

Medicare Part A Enrollment Date	Medicare Primacy Date
Before Benefit Program Change Date	Process Medicare Primary As Of The Benefit Program Change Date
After Benefit Program Change Date	Process Medicare Primary As Of The Medicare Part A Enrollment Date
Equal to the Benefit Program Change Date	Process Medicare Primary As Of The Benefit Program Change/Medicare Part A Enrollment Date

VDSA

What happens if the enroll/dependents are not enrolled in Medicare Parts A and B for the correct dates?

- If Enrolled in Medicare Part A and not Part B – Claims issues
- If not enrolled in either Medicare A or B – canceled from NYSHIP

What happens if the HBA doesn't key the Medicare change timely

- Higher charges for your agency (Policy Memo 140)
- Claims could be paid incorrectly

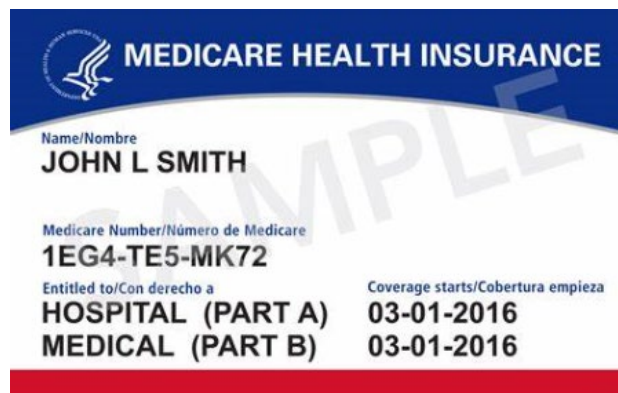
Medicare and VDOSA

Medicare change is not always automatic – Check NYBEAS Update History to see if a change was done-

NYBEAS processes an auto med 3 -4 months prior to age 65 only IF

- The enrollee is already in a non-active status
- If the Medicare ID #, SSN, DOB in NYBEAS, Matches CMS

Therefore, it is important to make sure that the information in NYBEAS matches their Social Security Card as that will be the same information that would be on their Medicare card once they are eligible.





NYSHIP
New York State
Health Insurance Program



Questions?

Worklists

What is a Worklist ?

- Worklist are prioritized list of the work items that an agency has to do
- Worklist items are created by different actions
- Should be reviewed/worked daily or at least weekly depending on the size of your agency



Worklists

- The most common one that I am sure you know is the Correction Worklist
- When you send a correction to EBD to fix/ update a file. That correction comes on a worklist for EBD to work and once it is completed – it will generate a worklist for you as the HBA.
- Correction Complete Worklist Or Correction Invalid if EBD doesn't do the correction.
- You must review these corrections to make sure you do not have to take any future action and to make sure that EBD fixed the file the way you needed.

HBA Worklists

Where do you find your Worklist?

NYBEAS
HRDEV

[Home](#) | [Messages\(0\)](#) | [Worklist](#) | [Add to Favorites](#) | [Sign out](#) | [Help](#)

Menu

Search: [»](#)

- ▶ My Favorites
- ▶ Benefits
- ▶ COBRA
- ▶ MyNYSHIP
- ▶ NYBEAS Reports
- ▶ Workforce Administration
- ▶ System Announcement
- ▶ Set Up HRMS
- ▶ Worklist
- ▶ Reporting Tools
- ▶ User Info
- ▶ PeopleTools
- ▶ [Change My Password](#)

HBA Worklists

You will have different Worklist depending on the type of Agency you are PA, PE or NYS

Worklist Summary						
Customize Find View All First 1-6 of 7 Last						
	Detail	Filter	Business Process	Activity	Worklist	Count
1	Detail	Filter	Administer Workflow	Send Note	<Target Roleusers>	46
	Detail	Filter	NYBEAS Depend Recert Required	NYBEAS Depend Recert Required	Dependent Rectification <HBA>	0
3	Detail	Filter	BEA Administer Workflow	DEVA Invalid Address	DEVA Invalid Address 2016	657
4	Detail	Filter	NYBEAS Administer Workforce	NYBEAS Hire Notifications	Incomplete Personal Dat <HBA>	5
5	Detail	Filter	NYBEAS Administer Workforce	NYBEAS Hire Notifications	New Enrollment	50
6	Detail	Filter	NYBEAS Administer Workforce	NYBEAS Job Notifications	Retiree Rehires <HBA>	4

Field 1: Field 2: Field 3: [Sort](#) [Save Comments](#)

Worklist Details		
Customize Find View All First 1 of 1 Last		
	Sent From	WL Created on
1		

HBA Worklists

If a worklist is on your NYBEAS, then that is for you to review, or you could have to take action to an enrollee's file.

5	Detail	Filter	NYBEAS Administer Workforce	NYBEAS Hire Notifications	New Enrollment	50
6	Detail	Filter	NYBEAS Administer Workforce	NYBEAS Job Notifications	Retiree Rehires <HBA>	4
7	Detail	Filter	NYBEAS Dependent Beneficiary	NYBEAS Dependent Temporary Disability	Dependent Temp Disability <HBA>	1

Field 1: Field 2: Field 3: [Sort](#) [Save Comments](#)

Worklist Detail											
Customize Find View All First 1 of 1 Last											
Mark Worked	ID	DeptID	Name	Date of Birth	Type	Disab. End Date	Depend. ID	Sent From	WL Created on	WL Comments	Reassign
1 <input checked="" type="checkbox"/>	Work It 123456789	12345	Sample, Enroll	12/27/1969	EXT	9/30/2021	03	Hillicoss, Kara	10/15/2021 10:51:32AM	<input type="text"/>	Reassign



NYSHIP
New York State
Health Insurance Program



Questions?

Young Adult Option

What is the Young Adult Option (YAO)?

A coverage option for a child dependent who has aged off. It allows them to purchase individual health insurance coverage through NYSHIP.



Young Adult Option

Who can enroll in the YAO?

- A child, adopted child, child of a domestic partner (if the agency covers domestic partners), or stepchild of a NYSHIP enrollee
- Unmarried
- Is age 29 or younger
- Is not eligible for coverage through the young adult's own employer-sponsored health plan
- Is living, working or residing in the insurer's service area
- Is not covered under Medicare

Young Adult Option

When can they enroll in the YAO?

- At the time, the young adult no longer qualifies as a dependent under the parent's NYSHIP plan due to age.
- If a change of circumstances allows the young adult to meet eligibility requirements for the Young Adult Option, they can enroll within 60 days of newly qualifying
- Coverage may be elected during the Young Adult Option annual 30-day open enrollment period, which is determined by the Agency (usually goes with Annual Option Transfer Period)

Young Adult Option

- How much does the YAO cost?
 - It is the full cost of the premium for Individual coverage.
- How long is the YAO?
 - A young adult may be enrolled until the last day of the month in which they turn 30.
- YAO vs. COBRA
 - An enrollee has no right to COBRA coverage when coverage under YAO ends. However, once enrollment ends for a COBRA enrollee, they can transition to the YAO if eligible.



Young Adult Option

How to enroll in the YAO?

Benefits > Transactions > Young Adult Enrollment


Young Adult Enrollment

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

EmpID:	begins with ▼	<input type="text" value=""/>
Empl Rcd Nbr:	= ▼	<input type="text" value=""/>
Last Name:	begins with ▼	<input type="text" value=""/>
First Name:	begins with ▼	<input type="text" value=""/>
Department:	begins with ▼	<input type="text" value=""/>

Case Sensitive

[Basic Search](#)  [Save Search Criteria](#)

Young Adult Option

Young Adult Enrollment

Employee Info
ENROLLEE, SAMPLE EmplID: 123456789 Empl Rcd #: 0

Plan Type
*Plan Type: 10 Medical COBRA Event ID: 0

Enrollee's Current Coverage Information

Eff Date	Event Id	Covrg Elect	Benefit Plan	Coverage
	0			

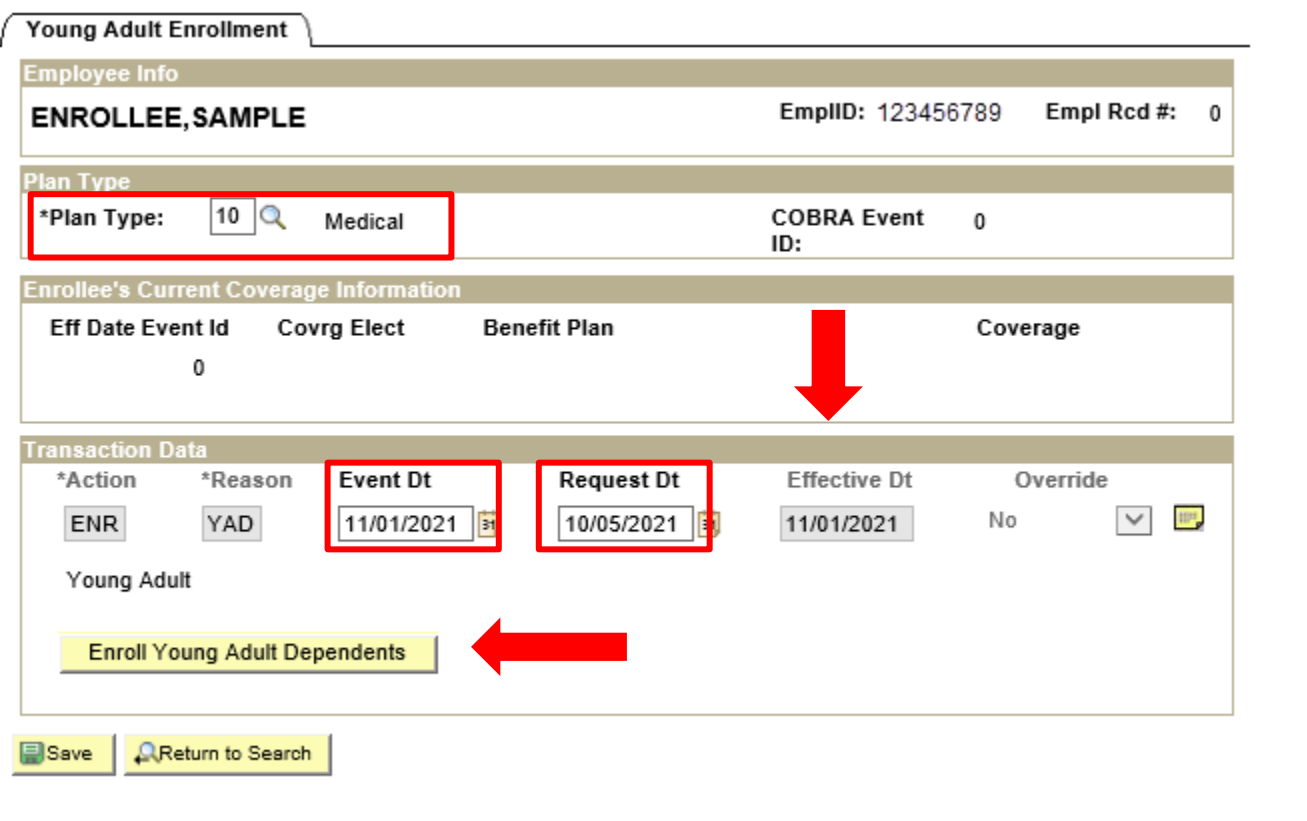
Transaction Data

*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
ENR	YAD	11/01/2021	10/05/2021	11/01/2021	No

Young Adult

Enroll Young Adult Dependents

Save Return to Search



Young Adult Option

Personal Data

ENROLLEE, SAMPLE EmplID: 123456789 Empl Rcd #: 0

Plan Type: 10 Medical [Return to the Main Panel](#)

Young Adult Data [Find](#) First ◀ 1 of 1 ▶ Last

Dependent/Beneficiary ID:

02 CHILD ENROLLEE S Son DOB: 10/15/1995

Member Type

Not Covered Contract Holder National ID: 444-88-7591

Personal Data

ENROLLEE, SAMPLE EmplID: 123456789 Empl Rcd #: 0

Plan Type: 10 Medical [Return to the Main Panel](#)

Young Adult Data [Find](#) First ◀ 1 of 1 ▶ Last

Dependent/Beneficiary ID:

02 CHILD ENROLLEE S Son DOB: 10/15/1995

Member Type

Not Covered Contract Holder National ID: 444-88-7591

Young Adult Option

Young Adult Enrollment

Employee Info
ENROLLEE, SAMPLE EmplID: 123456789 Empl Rcd #: 0

Plan Type
 *Plan Type: Medical COBRA Event ID: 0

Transaction Data

*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
ENR	YAD	11/01/2021	10/05/2021	11/01/2021	No

Young Adult

[Enroll Young Adult Dependents](#)

[Save](#) [Return to Search](#)

Events [Benefits](#) [Medicare Part D](#) [Hold Harmless](#) [Programs](#) [Billings](#)

Employee Information
ENROLLEE,CHILD EmplID: 987654321 Empl Rcd #: 0

Plan Type [View All](#) [First](#) 1 of 1 [Last](#)
Plan Type: Medical 10

Event Information [View All](#) [First](#) 1 of 1 [Last](#)

Action Date	Effective Date	Eff Seq	Action Reason	CBR Evtld id	Former ID	Source ID	Request Date	User ID	Dep Info	Comment	View Audit Info
11/15/2021	11/01/2021	0	ENR Young Adult	0	123456789	NYBUPDTE	10/05/2021	OPPAUPD			

[Return to Search](#) [Previous tab](#) [Next tab](#) [Refresh](#)

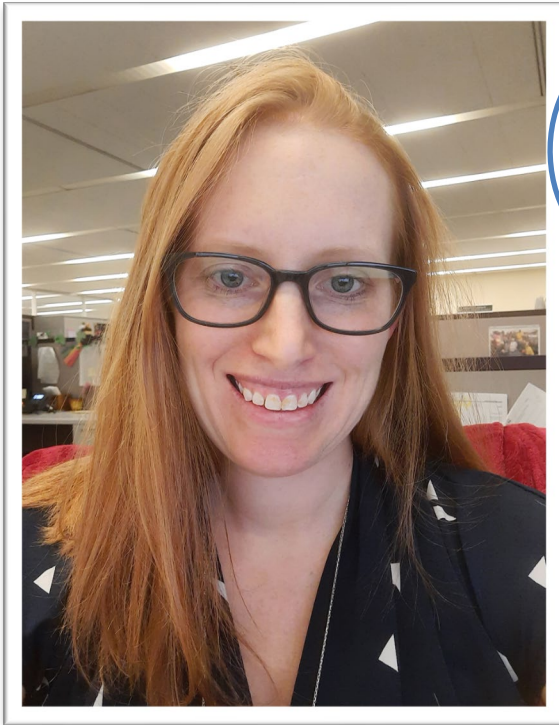
Young Adult Option

YAO eligibility ends before age 30 when:

- The Young Adult parent is no longer a NYSHIP enrollee
- The Young Adult no longer meets the eligibility requirements
- The NYSHIP premium for the young adult is not paid in full by the due date or within 30-day grace period.

Participating Agency/Participating Employer Unit (PA/PE Unit)

Amanda Perkins



Please be sure to periodically check for recently issued memos and updates on HBA online.

Also please enter comments in NYBEAS

Michael Tibbitts



Remember to have NYBEAS, HBA Online open and ready as well as the enrollee's information before calling EBD

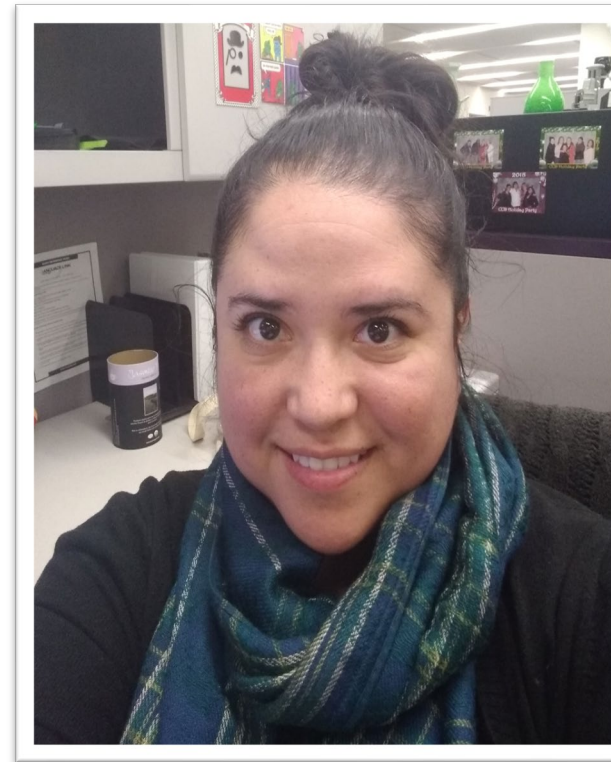
EBD Staff

Melissa Spring



We will ask you each time you call for your agency code, your first and last name before we can answer the questions.

Pamela Alvarado-McNamara



Remember to key transactions timely. Also please make sure you obtain and maintain the required proofs.

PA/PE Unit

EBD Staff



Kara Hillicoss

Remember to mark your calendars to run your agency reconciliation every month on the Mondays that follows the first Friday

PA/PE Unit



NYSHIP
New York State
Health Insurance Program



Questions?



NYSHIP
New York State
Health Insurance Program

PELU Announcements

Presenter – Lauren Leadley, Public Employer Liaison Unit

PELU Announcements

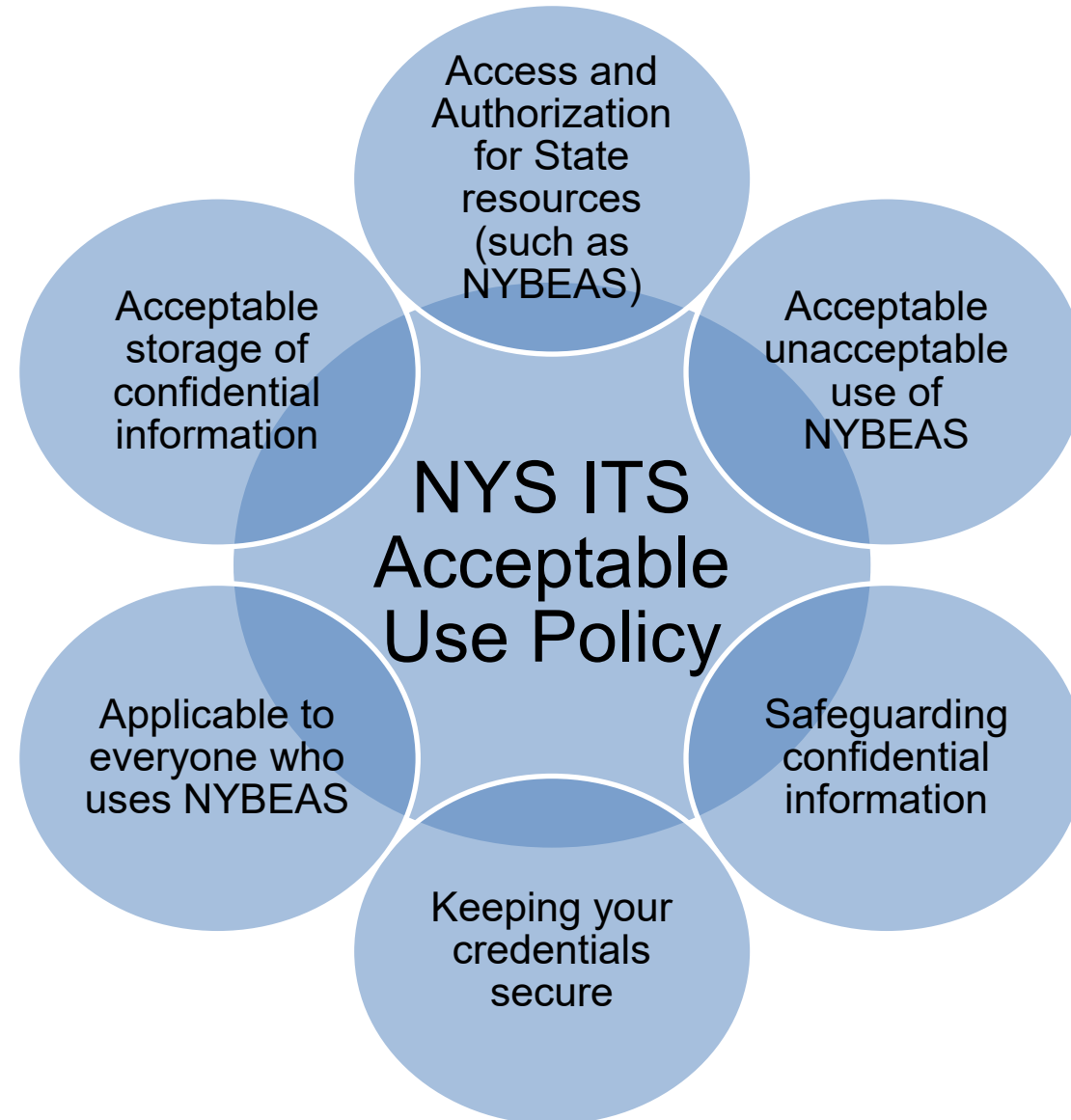
Topics

- NYS ITS Policy
- Tier 5/6 HBA Memo
- Staff
- Contact

NYS ITS Policy

- HBA Memos [PE21-18](#) was published on November 3
- DAOs must ensure all NYBEAS users read and comply with the NYS ITS Acceptable Use Policy
- A link to the policy is included in the HBA Memo

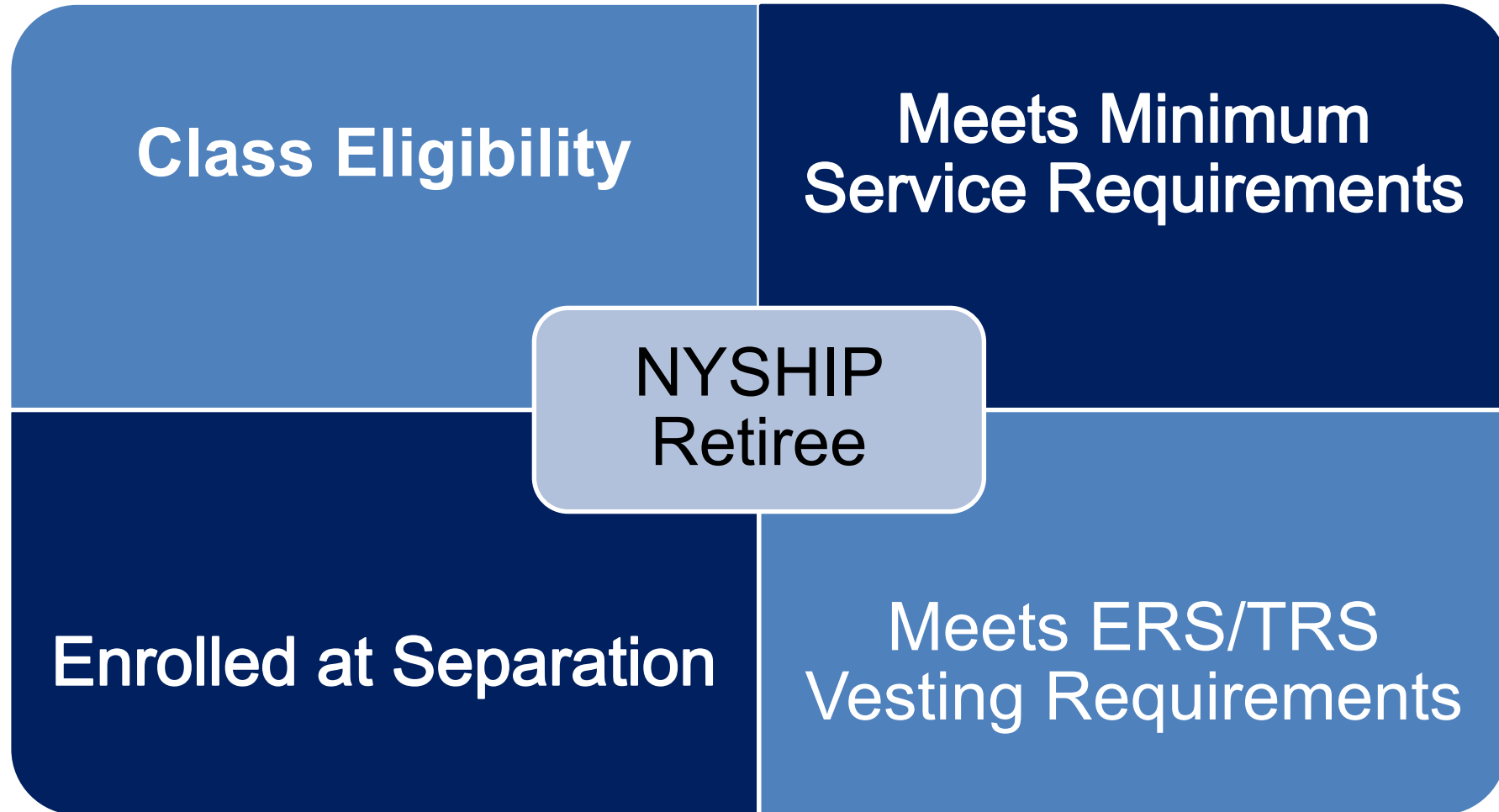
NYS ITS Policy



Tier 5/6 HBA Memo

- HBA memo [PE 21-19](#) was published on November 3
- Reviews NYSHIP Retiree eligibility requirements

Tier 5/6 HBA Memo



Tier 5/6 HBA Memo

Tiers 1-4

First joined NYSLRS
or NYSTRS prior to
January 1, 2010

5 Year
Vesting Requirement

Tiers 5-6

First joined NYSLRS
or NYSTRS on or after
January 1, 2010

10 Year
Vesting Requirement

Tier 5/6 HBA Memo

- Reiterates NYSHIP Regulations, Section 73.1(e), which defines a retiree as a person who:
 - Has retired as a member of NYSLRS or NYSTRS; or
 - “Was not” a member of NYSLRS or NYSTRS and is at least 55
- Tier 5 and 6 members with less than 10 years of service credit are not eligible for NYSHIP retiree coverage
 - Withdrawing from NYSLRS or NYSTRS does not change this

Tier 5/6 HBA Memo

- PEs with retiree health insurance service requirement of at least 10 years:
 - Unlikely to cause issues
- PEs with retiree health insurance service requirements of 5 - 10 years:
 - Tier 5 or 6 members with less than 10 years of NYSLRS or NYSTRS service credit do not qualify for NYSHIP retiree coverage, despite the PE's service requirement

Public Employer Liaison Unit (PELU) Staff

Remember to include your agency code in the subject line when you e-mail us.



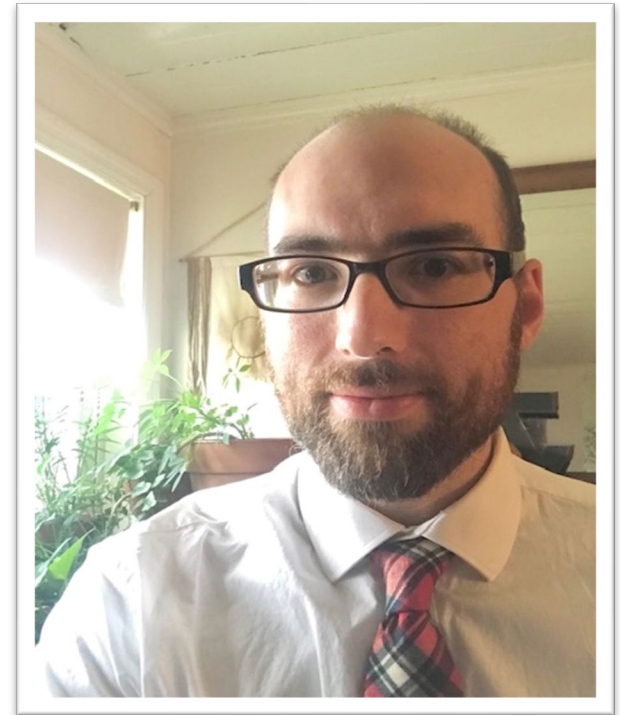
Amy Orr

Please provide 90 days advanced notice for contribution rate changes.



Lauren Leadley

Make sure to keep your NYBEAS credentials secure.



Jesse Horton

When to Contact PELU

- Questions about NYSHIP policies
- Changes in NYSHIP benefits that require a revised resolution such as contribution rate changes or newly offering benefits to a class or category of employee/retiree
- Contact us 90 days in advance of the effective change
- Please contact PELU by e-mail at PELU@cs.ny.gov



NYSHIP

New York State
Health Insurance Program



Questions?



NYSHIP
New York State
Health Insurance Program

Empire Plan Benefit Changes

Presenter- Mindy Beyer, Contract Manager, Vendor Management Unit

**New York State Department of Civil Service
Employee Benefits Division**

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.

Empire Plan Benefit Changes

Topics

- New ID Cards
- Surprise Bills
- Benefit Updates
- COVID-19 Related Benefits

New ID Cards

- Benefit cards are now being reissued for all Empire Plan members. Reissuance is expected to go into mid/late December.
- This is to ensure compliance with new federal regulations
- Changes include new information on the front of the card, related to out-of-pocket costs. The member's ID number has **not** changed.
- **Plan members can use their new card immediately**; there is no requirement to call the Empire Plan/register the card.

New ID Cards

Sample Image of new Family Coverage Card:

NEW YORK STATE | **NYSHIP**
New York State Health Insurance Program | **The Empire Plan**

123456789

JEANNIE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN DEPENDENT PARTNER
JANE EMPIRE PLAN DEPENDENT
MICHAEL EMPIRE PLAN DEPENDENT
JAMES EMPIRE PLAN DEPENDENT
MARY EMPIRE PLAN DEPENDENT

In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family)
Non-network Combined Deductible: \$XXXX (Enrollee; Spouse/Partner; all Children combined)
Non-network Combined Coinsurance Max: \$XXXX (Enrollee; Spouse/Partner; all Children combined)
Physical Medicine Program Deductible: \$250 (Enrollee; Spouse/Partner; all Children combined)

For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP (1-877-769-7447)

For details on your health benefits, visit www.cs.ny.gov/employee-benefits

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

Blue Cross Prefix: YLS

Group# 030500 Bin# 004336

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Beacon Health Options. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees.

Administered by the New York State Department of Civil Service

New ID Cards

Important Note:

- Benefit cards that are undeliverable will be sent to the enrollee's agency
- Cards will not be forwarded by the post office; for example, if an enrollee recently moved to an address not yet updated in NYBEAS, the benefit cards will be sent to the enrollee's agency.
- DCS encourages agencies to provide returned cards to enrollees when practicable

Surprise Bills

- No Surprises Act – part of recent (December 2020) federal legislation
- The No Surprises Act will be effective January 1, 2022
- The new federal rules will expand protections nationwide. These will apply to certain services, including:
 - Out-of-network emergency services received at a hospital
 - Items and services provided by certain out-of-network providers at an in-network facility
- Plan members with questions should call The Empire Plan toll-free (1-877-769-7447)

Benefit Updates

LiveHealth Online

- As a reminder, LiveHealth Online is a telehealth service available 24 hours a day, 7 days a week
- Update: This service will continue to be covered in full for Plan members (no copay) through December 31, 2022
- To begin the process for remote care, go to www.empireblue.com/nys
- For questions or assistance, Plan members can call 1-888-548-3432 or (1-888-LiveHealth)

Benefit Updates

Diabetic Supplies – New Option

- Effective January 1, 2022, Empire Plan members can obtain certain diabetic supplies at a network pharmacy, with no out-of-pocket cost
- These supplies are: syringes, needles, alcohol swabs and gauze
- Empire Plan members can continue to obtain all diabetic supplies through the Medical Program by contacting HCAP at 1-877-769-7447

Benefit Updates

2022 In-Network Out of Pocket Limits

- There is a limit on the amount an enrollee can pay for in-network services/supplies
- These limits change annually per federal guidance
- In 2022, the maximum amounts are as follows:

Empire Plan Program	Individual Coverage – Annual Limit	Family Coverage – Annual Limit
Hospital/Medical/MHSU	\$5,650	\$11,300
Prescription Drug	\$3,050	\$6,100
Total Limit	\$8,700	\$17,400

COVID-19 Benefits

Reminder:

HBA Online and the October 2021 *Empire Plan Report* have detailed information on COVID-19 benefit related topics.

COVID-19 Benefits

- The federal public health emergency period was extended through January 15, 2022
- Currently all diagnostic tests, office visits, and urgent care or emergency department visits related to diagnosing COVID-19 are covered in full under The Empire Plan
- The COVID-19 vaccine is free, and available to persons age 5 and older. To find a vaccination site, go to: www.vaccines.gov or call 1-800-232-0233

COVID-19 Benefits

Resources for Support:

- **The Empire Plan NurseLine**
 - Available 24 hours a day, 7 days a week
 - Call The Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447)
 - Registered nurses can assist with health-related questions, including those about COVID-19
 - No additional cost/no copay for services
- **NY Project Hope**
 - Emotional Support Hotline available 7 days a week, from 8:00am – 10:00pm
 - Call 1-844-863-9314
 - No charge for services



NYSHIP

New York State
Health Insurance Program



Questions?



NYSHIP
New York State
Health Insurance Program

Financial Update

Presenter- Paul McKinney, Office of Financial Services

New York State Department of Civil Service

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.

Financial Update

Topics

- 2022 Rate Renewal
- 2022 PE Monthly Rates
- Projected Dividends

2022 Rate Renewal

- Net Premium increase: 12.9%
- Empire Plan Program Trends:
 - Hospital Program – 7.4%
 - Medical Program – 5.6%
 - Prescription Drug Program – 8.8%
 - Mental Health & Substance Abuse Program – 9.6%
- Rate Includes 0% margin
- \$500 Million Dividend Application

2022 Participating Employers Monthly Net Rates

Empire Plan with Drug Coverage

Individual Coverage	\$921.38
Family Coverage	\$2,280.15

Empire Plan without Drug Coverage

Individual Coverage	\$732.26
Family Coverage	\$1,887.24

Projected Dividends - All Payors

Dividend Account Summary			
31-Dec-2020	Balance	\$	433,304,318
26-Mar-2021	Plan Year 2020 Gain - Empire BlueCross	\$	397,044,439
26-Mar-2021	Plan Year 2020 Gain - United Healthcare	\$	312,091,025
27-May-2021	Plan Year 2021 Dividend Application	\$	(400,000,000)
24-Jun-2021	United HealthCare Class Action Settlements	\$	204,495
	Interest: January - September 30, 2021	\$	672,083
30-Sep-2021	Balance	\$	743,316,361
	Interest: October - December 31, 2021	\$	117,000
31-Dec-2021	Balance	\$	743,433,361
	Interest: January - March 31, 2022	\$	117,000
1-Apr-2022	Plan Year 2022 Dividend Application	\$	(500,000,000)
	Interest: April - December 31, 2022	\$	115,000
31-Dec-2022	Balance	\$	243,665,361

When to Contact OFA

- Questions about NYSHIP Bills (Missing or can't open)
- Questions about remitting payments
- Payments not applied to account

Email address: EBDAccounting@cs.ny.gov

Office of Financial Administration (OFA)



NYSHIP

New York State
Health Insurance Program



Questions?

Final Questions and Answers



End of Meeting

