

## **2022 Annual PA Webinar Q&A**

### **General Webinar Inquiries**

**Q:** Will this slide presentation be available after the webinar? How can I print out the 2022 Annual Webinar?

**A:** The recorded webinar and slides will be posted to HBA Online after the session and will be announced by HBA Memo when it becomes available.

### **Program Administration Unit (PAU)**

**Presenter: Mike Jones**

#### **General Questions**

**Q:** Is there is an easier way (direct phone number) to contact a representative without having to go through all the prompts when requesting help in NYBEAS? What is the best email to use if we have a NYBEAS question instead of calling?

**A:** The HBA Help Line is the only way to reach a representative to assist you with NYBEAS. You can reach the Help Line at (518) 474-2780.

**Q:** What is the link to the PA Manual?

**A:** From the main page of HBA Online, <https://www.cs.ny.gov/employee-benefits/hba> , click on "HBA Manuals" on the left side of the screen to reach the manual, <https://www.cs.ny.gov/employee-benefits/hba/manual/>.

**Q:** Will the Employee Benefits Division (EBD) offer any in-person training for those that are new to NYBEAS?

**A:** Unfortunately, EBD does not have the capability to conduct in-person NYBEAS trainings. We do make the E-Learning page available at HBA Online, which has video tutorials for a wide range of NYBEAS Transactions. Also, on the E-Learning page, you can find recordings of past webinars for NYBEAS training. The E-Learning page is accessible at: <https://www.cs.ny.gov/employee-benefits/hba/shared/e-learning/index.cfm>

**Q:** I'm unable to access NYBEAS. Can you advise how to rectify this, or expedite my ability to gain access?

**A:** Please contact your agency's Data Access Officer (DAO) for assistance with your NYBEAS access. If you do not know who your DAO is, or if your DAO needs assistance adding a NYBEAS user, please call the HBA Help Line (518) 474-2780 for us to assist you.

**Q:** Do HBA memos get emailed to the plan administrator, or do they have to be retrieved from the website?

**A:** The Memos must be retrieved from HBA Online. However, you can sign up for e-mail alerts when new memos come out and to receive other NYSHIP

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news: <https://public.govdelivery.com/accounts/NYCS/signup/20566>. The link and more information can be found in HBA Memo PA 21-02.

**Q:** If a rehire occurs the day a job data is terminated by another agency, is there a way that the new job data is reflected with the new agency with the same date? Can a rehire transaction be processed on the same date a termination is processed?

**A:** Yes; When processing a rehire for the same date another agency terminated the employee, you must place a "1" in the current/history box next to the effective date. See below:

The screenshot displays the 'Job Data Employment' form for employee ENROLLEE, JOHN E. (EmplID: 435761234, Empl Rcd #: 0). The form is divided into sections: Employee Info, Job Data, and Benefit Program. In the Job Data section, the Employee Status is 'Active'. The Effective Date/Seq is '09/27/2021' with a '0' in the 'Current' box. The Action/Reason is 'REH' (Rehire). The Department is '00220'. The First Eligible Date is '10/01/2021'. The Benefit Program section shows an Effective Date of '05/01/2000' and a Benefit Program of 'PA7 PA Option 7 (Actives)'. At the bottom, the 'Save' button is highlighted with a red box.

### COBRA and the Young Adult Option (YAO)

**Q:** How far back can a dependent be enrolled in COBRA?

**A:** NYBEAS will allow COBRA enrollments up to 60 days from the qualifying event, and enrollments will be effective as of the loss of coverage. If you encounter an extraordinary situation, please call the HBA Help Line.

**Q:** If someone is on COBRA and then becomes Medicare-primary, they are then no longer qualified, correct?

**A:** Correct. When a COBRA enrollee becomes Medicare-eligible, they no longer qualify for NYSHIP COBRA.

**Q:** Is an enrollee's COBRA C # the same as their member #?

**A:** No. The Empire Plan ID number is different from the COBRA ID. The Empire Plan ID

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number can be found in the Personal tab in NYBEAS Update History and is listed as the Alternate ID Number. See below:

Card #s	Job	Ben. Status	Overrides	Life History	Personal	Dependents
<b>Employee Information</b>						
<b>JONES, MIKE</b>				EmplID: 123456789 Empl Rcd #: 0		
<b>Personal Information</b>						
Address 1: SUNNY STREET						
Address 2:						
Address 3:			Gender: Female			
City / State: ALBANY NY		Date of Birth: 03/15/1948				
County: ALBANY		Date of Death:				
Zip/Country: 12239 USA		Marital Status: Married				
Telephone: 518/999-9999		Marital Status Date: 09/24/1970				
SSN: 999-99-9998		Alternate ID: 890000000				
<b>Retirement Information</b>			<b>Employment Information</b>			
Retirement Registration #:			Hire/Rehire Date: 01/27/1994 01/27/1994			
Retirement System: ERS			Termination Date:			
Retirement Tier: Tier IV			Last Date Worked:			
Retirement Number:			Service Date: 01/27/1994			
Retirement Type:			PayServ N ID:			
Medicare Id: 1A2B3C4D5E						

**Q:** If a dependent child turns 26 and ages out of their parents' insurance, are they eligible for COBRA?

**A:** Yes, a dependent who turns 26 and ages out of their parents NYSHIP coverage is eligible for continuation coverage through COBRA. The Participating agency should be sending a COBRA notice to all COBRA-eligible individuals.

**Q:** What is the difference between the Young Adult Option (YAO) coverage and COBRA for a dependent?

**A:** There are differences in the eligibility requirements and in the length of time an enrollee may be covered by COBRA or YAO: YAO covers dependents from age 26 through their 30<sup>th</sup> birthday. COBRA covers up to 36 months from the date NYSHIP eligibility was lost. There is more information on YAO online at:

<https://www.cs.ny.gov/employee-benefits/young-adult-option/pa/index.cfm>.

**Q:** If a dependent was enrolled in COBRA and a year later asks to enroll under the Young Adult Option (YAO), can we enroll the dependent?

**A:** Yes. A young adult may enroll in YAO at the following times:

- Within 60 days of when the young adult would lose coverage due to age under the parent's policy.
- Within 60 days of when the young adult becomes eligible due to a loss of their employer coverage or otherwise becomes newly eligible due to a change in circumstances (such as divorce).

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- During the annual 30-day YAO open enrollment period.

There is more information on YAO online at: <https://www.cs.ny.gov/employee-benefits/young-adult-option/pa/index.cfm>.

### **Retiree Benefits**

**Q:** If our agency doesn't offer NYSHIP retiree benefits, can an employee pay to continue coverage in retirement?

**A:** If your agency doesn't cover retirees, the only option for the enrollee would be COBRA, which provides coverage for up to 36 months.

**Q:** If an employee has been employed here for 5+ years and in the retirement system they are eligible to receive NYSHIP at retirement, do they need to be on NYSHIP for a year or any time frame to receive it at retirement?

**A:** Employees do not need to be enrolled in NYSHIP coverage for any set period of time (e.g. one year) prior to retirement. As long as they are enrolled in NYSHIP coverage on their date of retirement, then this satisfies the requirement of being enrolled in NYSHIP. Employees may satisfy the requirement of being enrolled in coverage through an employer that participates in NYSHIP by being enrolled in:

- NYSHIP as an enrollee or dependent.
- An alternative health benefit option (including a buyout program) provided by your NYSHIP Participating Agency.

**Q:** Is there an age requirement to continue NYSHIP benefits after retirement but before eligible for Medicare?

**A:** There is no age requirement. An employee must satisfy the requirements for retiring as a member of a retirement system (be eligible to collect a pension). This is typically age 55 but may vary depending on an employee's benefit.

**Q:** Where do I find the years of service requirement?

**A:** The minimum service time requirement for retirement is 5 years, although Participating Agencies have the discretion to impose a minimum service requirement above 5 years. Your agency should have documentation on file if it has made a policy or resolution to require additional service time.

**Q:** If an employee who is not enrolled in NYSHIP, but who has satisfied the minimum number years of service to retire and is pension eligible, when do they have to enroll in NYSHIP to be eligible for retirement benefits?

**A:** An employee must be enrolled in NYSHIP at the time of separation. Employees can always enroll at any time but may be subject to a late enrollment waiting period. So, without a qualifying event, the employee would have a 3 month wait before they can be enrolled, so they would want to plan ahead by at least 3 months.

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**Q:** If you retire after 10 years of service but your employer requires 20 years of service for medical retiree benefits, can you still have NYSHIP as your supplemental?

**A:** If you do not meet the minimum service requirement, you cannot continue NYSHIP as a retiree from that agency. You would only be eligible for COBRA coverage.

### **Pension Deduction**

**Q:** Is there criteria for the retiree to have the health insurance premium deducted from their pension?

**A:** For ERS retirees, the maximum that can be deducted from a pension check is \$999, and for TRS it is \$2000. As long as the enrollee's portion of the monthly premium is less than those amounts, the enrollee can have their premium deducted from their pension. Additionally, only certain contribution rates are available for pension deductions, please call the HBA Help Line for a list of those.

**Q:** Why is the ERS retirees maximum pension deduction amount set at \$999? As the rates increase one would think this amount would increase as well.

**A:** The \$999 cap is an amount set by the Employee Retirement System (ERS).

**Q:** Does the retiree have to do anything on their end to have NYSHIP premiums deducted from their pension or can the HBA just select that the pension deduction (EPEN) payment method if the premiums match available contribution rates?

**A:** No, the retiree doesn't have to do anything. The HBA would have to process the retirement (RET) transaction and then a Preferred Payment Change transaction. Once the employee's retirement number feeds over from their retirement system, the change to EPEN should automatically occur.

**Q:** How come it takes longer for certain people's pension deductions to take effect than others?

**A:** It depends on the retirement system and whether all the paperwork that the retirement system has asked for is submitted. Another issue we see is when you key a retirement and Preferred Payment Change prior to 2 weeks before the enrollee retires, the Preferred Payment gets lost since there is no person with a pension check at that time since they are still actively working.

**Q:** Recently NYSLRS removed registration numbers for Enhanced reporting, in the future will you take the R members number?

**A:** Yes, the R number will be replacing both the retirement number and the registration number for NYSLRS-enrolled employees in NYBEAS.

**Q:** Can you have more than one Preferred Qualifier rate for pension deductions? Say if some Bargaining units are 100/90 and others 90/85?

**A:** Yes, you would enter in the rate when you are processing the preferred payment change.

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### Medicare and Medicare Part B Reimbursement

**Q:** Can you please provide me the website that has the 2023 Medicare Part B premium?

**A:** The 2023 Medicare Part B is available from the [Centers for Medicare and Medicaid Services \(CMS\) website](#).

**Q:** To reimburse Medicare Part B to retirees, does the retiree have to show proof of premium to be reimbursed the standard rate or does the Medicare card showing Part B is enough?

**A:** The retiree does not need to submit proof to be reimbursed the standard rate; **all Medicare-primary enrollees and dependents should be reimbursed the current year's standard Medicare Part B premium.** However, you could ask for proof that an enrollee paid the IRMAA premium for Part B if they are requesting more than the standard Medicare Part B premium to be reimbursed.

**Q:** If an employee covers their NYS retired spouse and that spouse becomes Medicare-eligible, can that spouse's original agency cover their Medicare cost and/or is the agency who employs the active employee responsible for the Medicare premium?

**A:** You must reimburse Medicare Part B premium for all Medicare-primary enrollees and dependents enrolled in NYSHIP through your agency. However, if you are furnished with documentation that the employee/dependent is being reimbursed by another source (such as Medicaid or by another NYSHIP agency) you do not need to duplicate the reimbursement.

**Q:** Should we be reimbursing the 2023 Medicare Part B premium of \$164.90 to all Medicare-primary enrollees, even if they became Medicare-primary 3 years ago?

**A:** Participating Agencies should be reimbursing for every enrollee and dependent who is Medicare-primary at the **current year's Medicare Part B rate** for as long as they are enrolled in NYSHIP.

**Q:** Can a retiree who has a Medicare Part D deducted from their Social Security cancel since they are already have covered via SilverScript?

**A:** Yes, your retiree may cancel their NYSHIP coverage at any time. Every Medicare-primary Empire Plan enrollee and every Medicare-primary dependent is required to be enrolled in the Empire Plan Medicare Rx, a Medicare Part D plan through SilverScript. If the enrollee cancels Part D, they will be cancelling their SilverScript coverage and, as a result, all their Empire Plan benefits will be terminated. If enrollees are charged an IRMAA premium for Part D, they must pay this amount or their Part D coverage and subsequently their Empire Plan benefits could be terminated.

**Q:** Participating Agencies are only required to reimburse IRMAA for Part B (not for Part D), correct?

**A:** Correct, if an enrollee pays an IRMAA premium for their Medicare Part D, a PA is not required to reimburse it. Only the Part B IRMAA needs to be reimbursed.

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**Q:** Why is it mandatory to reimburse for IRMAA? This amount could be a big burden.

**A:** The Medicare Part B reimbursement (which includes IRMAA) is required by New York State law.

**Q:** Say an employee retires and returns to work in a benefits eligible position, and the employee and spouse are both Medicare-eligible. The slide indicates that if they elect to continue benefits as a retiree, they would not be Medicare-primary. If this is the case, would they be covered under the non-Medicare plans and no longer be eligible for the Medicare reimbursement?

**A:** Correct. In the situation where a retiree returns to work with the same employer in a NYSHIP benefits-eligible position, the employee would become Plan-primary and the agency would no longer be required to reimburse for Medicare Part B. However, if the retiree returns to work with a different NYSHIP agency in a NYSHIP benefits-eligible position but chooses to continue NYSHIP as a retiree through your agency, then you would still be required to reimburse them, as Medicare would remain primary to NYSHIP in that situation. There is more information in the NYSHIP General Information Book for Participating Agencies. If you are unsure, call the HBA Help Line for assistance.

**Q:** When an actively working employee turns 65, are they required to enroll in Medicare?

**A:** Active enrollees are not required to enroll in Medicare to maintain their NYSHIP coverage even after they turn 65. They may enroll if they choose, but they are not entitled to the Medicare Part B reimbursement from the agency like the retired enrollees are.

**Q:** If an active employee is over 65 and enrolled in Medicare Part A, can they refuse coverage with the agency because of cost and enroll in Part B?

**A:** If an employee declines coverage with your agency, then they would not be subject to the NYSHIP rules and regulations regarding enrollment in Medicare Part B; however, Medicare alone may not cover all of the expenses that Medicare + NYSHIP would have paid.

**Q:** If an employee's spouse becomes Medicare eligible but the employee is still working, the spouse should not apply for Medicare until the spouse (employee) retires, correct?

**A:** We often advise employees who are actively working and their covered dependents to enroll in Medicare Part A when they turn 65, since there is usually no cost for Part A, and they can enroll in Part B later when the employee (contract holder) retires and Medicare will become primary. They should start the process about 3 months prior to when the employee will retire to allow enough time to be enrolled in Medicare Part A and B.

**Q:** If an employee is still working at 65, can we pay the Mediprime rate? Is it dependent on the number of employees enrolled in NYSHIP?

**A:** No. The Mediprime rate is only applied to enrollees who are Medicare-primary. If your employee is still actively working, they are most likely not Medicare-primary (unless

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they are enrolled in Medicare due to End Stage Renal Disease and are outside the coordination of benefits period).

**Q:** If the Medicare Part B reimbursement is issued and then returned to us because we are unable to locate the retiree, what are we expected to do with the returned check if we've made every effort to locate this retiree?

**A:** Please call the HBA Help Line to review the efforts you have made to locate a retiree.

### **Reconciliation Reporting**

**Q:** Is it possible to make the reconciliation report available without requiring the agency HBA to be available to run the report? The person who runs the report may be out sick or on vacation on the Monday following the first Friday of the month.

**A:** It is not possible for the reconciliation report to be automated. A possible solution would be for your agency to add a back-up NYBEAS user to be able to run the report if the main HBA is out. Your agency's Data Access Officer (DAO) will be the person who can add another user to NYBEAS.

**Q:** I'm new in my position and would like to speak with someone to reconcile our bills with NYSHIP. May I please have a contact?

**A:** You can call the HBA Help Line at (518) 474-2780.

### **Coverage for Dependents**

**Q:** What is the age for a dependent to be covered?

**A:** A dependent child can be covered through age 26. A disabled child who is age 26 or older may be covered if the child is unmarried and is incapable of self-sustaining support by reason of mental or physical disability. The child must have acquired the disabling condition before they would otherwise have lost eligibility due to age.

Enrollees may also deduct from their child's age up to four years for service in a branch of the U.S. Military for time served prior to age 26. As a result, the dependent may be eligible to continue their NYSHIP coverage past age 26. To be eligible, the dependent child must:

- Be enrolled in school on a full-time basis,
- be unmarried, and
- not be eligible for other employer group coverage.

**Q:** What is meant by 'other' children?

**A:** A child who does not meet the eligibility criteria for covering children under age 26,



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such as a grandchild you support, may still be eligible for NYSHIP coverage as an 'other' child if the child meets the following requirements before age 19:

- The child must be chiefly dependent on the enrollee (meaning the enrollee provides the child with more than 50% of their financial support or the enrollee is the child's legal guardian); and
- The child must reside permanently in the enrollee's home.

The enrollee must file the form 'NYSHIP Statement of Dependence for "Other" Children' (PS-457), verify eligibility, and provide required documentation upon enrollment and every two years thereafter.

**Q:** We have a retiree that covers a grandchild and submits paperwork every 2 years to update. The grandchild is 14 years old. The retiree wishes to take the grandchild off the plan. Do we need any documentation, or does she just need to sign a new 503 to delete the dependent?

**A:** A retiree can remove a dependent at any time by submitting a PS-503.

**Q:** If an employee wants to enroll in NYSHIP but is currently covered under their spouse's plan elsewhere, which insurance becomes primary?

**A:** Coverage received through an enrollee's own employment will be primary to coverage received as a dependent.

### **Other Questions**

**Q:** Which date would be used on a divorce decree, the enter date or the filed date?

**A:** It may be worded differently by county. It may say "entered at the county clerk" or "filed at the county clerk;" both of these are acceptable.

**Q:** During open enrollment can you drop a spouse when a separation is occurring or does there need to be a judgement?

**A:** You do not need a divorce decree to remove a spouse during your open enrollment period, if your agency has one. Any dependent can be removed at that time.

**Q:** Do you think in the next manual you can talk more about "Vestee" rules?

**A:** Vestee will be addressed in the upcoming phase of the manual, which will be published in the coming months. The requirements for enrolling in coverage as a Vestee are also outlined in the PA General Information Book.

**Q:** When an employee resigns when is their last date of coverage – their last day worked or the end of the month?

**A:** NYSHIP coverage will end on the last day of the month in which the enrollee lost eligibility. A NYSHIP PA may elect to end coverage on the last day of the month in which the enrollee lost eligibility or to extend coverage for an additional month beyond

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the month in which eligibility ended, as long as the extension is applied equitably for classes and categories of employees. For more information, please contact PELU.

**Q:** Can you address eligibility for Dependent Survivors of employees who were employed for more than 10 years and less than 10 years?

**A:** For dependents to be eligible for dependent survivor coverage, the enrollee must have completed at least 10 years of service, and the dependent must have been covered under NYSHIP as the enrollee's dependent at the time of death or must be a newborn child of the enrollee born after the enrollee's death. If the enrollee's death was the result of a documented work-related illness or injury, the 10-year service requirement is waived.

Note: If your agency has a retiree minimum service requirement of less than 10 years, dependents of any retirees with less than 10 years of service will be ineligible for Dependent Survivor coverage.

A covered dependent who is not eligible for dependent survivor coverage may be eligible to continue NYSHIP coverage after the enrollee's death under COBRA or may be eligible to convert to a direct-pay contract.

**Q:** Does NYBEAS notify employers when a retiree is deceased?

**A:** NYBEAS may be updated electronically by the Centers for Medicare & Medicaid Services (CMS) or by the enrollee's retirement system, however, this is not automatic. If an employee has surviving dependents, they should send you a copy of the enrollee's death certificate.

**Q:** When enrolling an employee, should ALL documents read the same name that is on the PS-503?

**A:** When enrolling an Employee, the Name should match their legal name. This makes Medicare enrollment smoother. When an employee becomes Medicare-eligible their Medicare card is their legal name, and that needs to match NYBEAS.

**Q:** Is a termination transaction used when someone moves from full time to part time and is no longer eligible for health insurance?

**A:** Yes, if the employee is no longer working in a benefits-eligible position you should process a Termination and offer the employee COBRA, Vestee or Retiree benefits (whichever they are eligible for).

**Q:** Is there ever a possibility to allow the option to request cards in more than a "set of 2" at a time? If a family has 4 adult children plus enrollee and spouse, I need to order a new set every week to provide a card for all members.

**A:** NYBEAS programming will only allow for 2 cards to be issued at a time. You can manually request more cards in NYBEAS by using the Empire Card Request/History transaction.

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### **Public Employer Liaison Unit (PELU)**

**Presenter: Jesse Horton**

#### **Buyout and opt-out programs**

**Q:** If an employee takes a buyout while actively employed, can they be offered retiree coverage? I have an employee that was on health insurance buyout up until the day he retired. He retired and continued on his spouse's insurance. They would like to enroll in NYSHIP insurance in the next couple of months. He is allowed to come back onto the insurance, correct?

**A:** Yes. Enrollment in a buyout program satisfies the "enrolled in NYSHIP" requirement for retiree eligibility, per Policy Memo 122r1: <https://www.cs.ny.gov/employee-benefits/hba/shared/apps/policymemos/viewMemo.cfm?memoid=77>

**Q:** Our municipality does offer a buyout program. With the dual family prohibition, say we have a husband and wife working FT, would we still be "required" to provide buyout to one of the employees? Is this determined by the municipality?

**A:** It would be up to your agency to determine whether the employee would be eligible to participate in a buyout. For more information on what NYSHIP allows or prohibits in term of buyout programs, please refer to Policy Memo 122r1.

**Q:** There is still question in our agency regarding the other coverage in buyout being "employer sponsored." Does that mean the coverage cannot be through NYS marketplace (like Medicaid)?

**A:** Correct. There is a requirement that the employee be enrolled in an "employer sponsored" plan to qualify for NYSHIP into retirement. A plan through the Marketplace, such as Medicaid, would not count as an "employer sponsored" plan.

**Q:** Is the buyout program paid by NYSHIP or the Participating Agency?

**A:** The cost of the buyout program would be paid entirely by your agency.

**Q:** If an employee is eligible for NYSHIP but has waived coverage and participates in a buyout program, is this employee eligible for COBRA upon termination of employment?

**A:** It would be up to your agency to determine COBRA eligibility, since COBRA is an employer requirement.

**Q:** When you have an employee that opts for the buyout the agency offers, do we have to input that somewhere in NYBEAS?

**A:** No. You do not need to process an enrollment in NYBEAS for an employee who is participating in an agency buyout program.

#### **The Excelsior Plan**

**Q:** How do I learn more about the Excelsior Plan? We only offer Empire, what would I need to do to offer Excelsior?

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**A:** If your agency would like more information about offering The Excelsior Plan, please e-mail [PELU@cs.ny.gov](mailto:PELU@cs.ny.gov).

**Q:** Is there any way we can offer dependent survivors the Excelsior Plan? Some of them are over 80 and cannot afford the coverage. I hear this all the time. Is there something we can do for them?

**A:** Your agency can elect to offer The Excelsior Plan to Dependent Survivor enrollees instead of The Empire Plan; your agency also has the option to contribute up to 100% of the cost of coverage for Dependent Survivor enrollees. You can contact PELU for more information on how to do so.

**Q:** Can a PA offer both the Empire Plan and the Excelsior Plan to its enrollees or would we be required to choose only one plan? Can you have a mix of Empire and Excelsior depending on job category? Can you tell me where it is documented that we cannot offer Empire and Excelsior to the same employees?

**A:** A PA can offer The Empire Plan to some categories of employees and The Excelsior Plan to other categories, but a PA **may not** offer an employee a choice between the two plans. See Policy Memo 146: <https://www.cs.ny.gov/employee-benefits/hba/shared/apps/policymemos/viewMemo.cfm?memoid=159>

**Q:** Is there a specific enrollment period during which an employer can change to The Excelsior Plan?

**A:** There is no set enrollment period, although the Employee Benefits Division requires at least 90 days' notice to implement any changes to your agency's benefit plan.

### **Retiree eligibility**

**Q:** We offer another medical plan option to our employees. Can they enroll into NYSHIP upon retirement?

**A:** Yes, enrollment in an alternate employer-sponsored plan satisfies the enrollment requirement for the purposes of establishing eligibility for retiree benefits.

**Q:** If an employee is enrolled in a non-NYSHIP plan through their spouse but meets all the other eligibility requirements at the time they leave their employer, are they eligible to enroll in NYSHIP at a later date?

**A:** No. One of the requirements is that they be enrolled in NYSHIP (or an agency's alternate plan or buyout program) at the time of retirement. If an enrollee's only coverage is a spouse's non-NYSHIP plan, and they are not enrolled in any program through your agency, they will not be eligible for retiree coverage.

### **Other questions**

**Q:** How does one update the DAO? I am a new staff member and new to NYBEAS.

**A:** Your agency must submit an EBD-545 Data Access Office form to update your DAO.

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### **Empire Plan Benefits**

**Presenter: Mindy Beyer**

**Q:** The Excelsior Plan is much more affordable than Empire Plan. Can you explain the difference?

**A:** The main differences between Empire and Excelsior are that Excelsior provides lower reimbursement to enrollees for out of network claims, and the Excelsior Plan utilizes a different prescription drug formulary.

You can also refer to the Plan Comparison chart that compares The Empire Plan and The Excelsior Plan: <https://www.cs.ny.gov/employee-benefits/pa-market/interested-in-joining/2022-nyship-plan-comparison.pdf>

Excelsior At A Glance: <https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/at-a-glance/2022/paex-aag-jan-2022.pdf>

**Q:** Is the Network of Doctors for Excelsior the same as Empire?

**A:** Yes, it is the same, both The Empire Plan and The Excelsior Plan use the Empire Plan Provider Network.

**Q:** When will the NYSHIP/Empire Plan at a Glance pamphlet be available online?

**A:** The At A Glance publications are now available on HBA Online.

**Q:** When will the 2023 SBC and Summary of Benefits be available? How can we retrieve them?

**A:** The SBC is available at: <https://www.cs.ny.gov/employee-benefits/sbc/pa/index.cfm>.

**Q:** Will the flu shot be covered at your provider's office?

**A:** Yes. Flu shots are covered in full at a network physician's office or a network pharmacy.

**Q:** To confirm, there will be no increase in co-pays, etc. beginning July 2023? or January 2023?

**A:** Correct. There will be no increased copays in January or in July 2023. Current copay levels will remain the same.

**Q:** Why does the LiveHealth have some providers that have a dollar amount for a copay?

**A:** There will be no fee or copay charged to an Empire Plan member using LiveHealth Online.

**Q:** What about emergency use of out of network providers?

**A:** When an emergency situation occurs and an Empire Plan member receives services

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at a network hospital from out-of-network providers, the plan member is only responsible for the in-network level cost share, such as a copayment.

**Q:** Does the elimination of copay stacking mean going to a hearing doctor and having a hearing test is all one copay now?

**A:** Yes, there will be only one copayment per provider per day. A single copayment applies for any diagnostic testing performed by a participating provider along with their office visit, effective July 1, 2023.

**Q:** Will the co-pay stacking be omitted in July for the Excelsior plan as well as the Empire plan?

**A:** The Excelsior Plan does not have copay stacking; the current benefit is a single \$30 copayment per visit. This benefit will not be changing.

**Q:** What is Silver Sneaker and does NYSHIP offer it? Does Empire offer an exercise reward program?

**A:** Silver Sneakers is a gym/fitness program that may be offered by Medicare Advantage plans. The Empire Plan does not offer an exercise reward program.

**Q:** I see united has a sweat equity program, is this something employees are eligible for under united/ Empire?

**A:** No, this program is not applicable to Empire Plan.

**Q:** One of our employees would like to enroll in NYSHIP, but is also covered under his spouse's coverage (Aetna) until June. Which insurance will be considered primary until June?

**A:** If the employee enrolls in NYSHIP prior to June, NYSHIP would be primary for your employee, but enrollment would be subject to new hire or late enrollment waiting period rules, if not due to a qualifying event.

**Q:** Question about the Massage Therapy 20 visits per year limit that's for in-network, what about out of network massage therapy?

**A:** There is not a network of massage therapy providers, so benefits for massage therapy visits are considered on an out-of-network basis.

**Q:** What happens if you have no control over use of an OON provider? Such as having a colonoscopy where the provider is INN, but they use an OON anesthesiologist? The patient wouldn't know until after the procedure.

**A:** If an out-of-network anesthesiologist is used for a procedure at an in-network hospital or in-network ambulatory surgical center, this is considered a surprise bill under federal regulation. The patient is only responsible for any in-network cost share, such as a copay.

**Q:** What happens if a member goes to an in-network doctor and has a procedure, and the doctor uses an out-of-network person for a medical reason without you knowing and you find out later? is the member responsible?

## **2022 Annual PA Webinar Q&A**

**A:** If the service is rendered at a doctor's office in NYS and the patient did not have prior knowledge or give consent for the out-of-network provider to render services, then this is considered a surprise bill under NYS regulations and the member would only be responsible for any in-network cost share, such as a copay.

**Q:** I was informed that many mental health care providers are no longer in the network for NYSHIP. Is there a way to address this, given the current need for mental health accessibility?

**A:** Should an Empire Plan member need access to a mental health provider, they should contact the Clinical Referral Line (CRL) at Beacon Health Options, the Empire Plan's Mental Health and Substance Use Disorder Program administrator. The CRL is available 24/7/365 via the NYSHIP toll-free number at 1-877-7-NYSHIP (1-877-769-7447). An Empire Plan member has guaranteed access to network benefits when contacting the clinical referral line.

**Q:** Why are there benefits changes effective 7/1/2023 and not 1/1/2023 when the new plan year begins?

**A:** The July 1, 2023 date was chosen to align with other NYS groups who are changing benefits at this time.

**Q:** How does out of network work when overseas?

**A:** You can find more information about using Empire Plan coverage overseas in the publication "On the Road with the Empire Plan" <https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/on-the-road/2021/pa-pe-on-the-road-2021.pdf>

**Q:** What was the email for Talkspace?

**A:** Talkspace is accessible at [www.talkspace.com/empireplan](http://www.talkspace.com/empireplan)

**Q:** For seniors, why can't they use local drug stores as opposed to just using CVS?

**A:** The Empire Plan's prescription drug program administrator is CVS Caremark, but enrollees are not limited to using CVS stores. They can use any participating in-network pharmacy, and nearly all pharmacies participate.

### **Office of Financial Administration**

**Presenter: Katelyn Wilder**

**Q:** Will the 2023 NYSHIP rates be given during this webinar, and when will the Flat Rate Summary effective 1/1/2023 be available?

**A:** The 2023 rates are now available on the flat rate summary.

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**Q:** Will NYSHIP be issuing the schedules that included the employee/employer rates for the different rate qualifiers?

**A:** It is up to your agency to calculate the employee and employer shares of the premium.

**Q:** Why is the Family Retiree rate the same as an active Family rate? This has never been the case.

**A:** The plan-primary Active and Retiree rates charged by NYSHIP are always the same. Your agency may set different contributions based on employment status.

**Q:** Can you confirm the new 2023 standard Medicare Rate?

**A:** The standard monthly premium for Medicare Part B enrollees will be \$164.90 for 2023.

**Q:** What does "MediPrime" mean?

**A:** MediPrime means Medicare primary.

**Q:** Will an employee/spouse tier level ever be instituted?

**A:** The NYSHIP rate structure is established through collective bargaining agreements between NYS and its employees. The established rate structure is then administratively extended to unrepresented groups, such as PAs and PEs. At present, the structure does not allow for a 2-person rate. In addition, while the inclusion of a 2-person rate would result in a cost reduction for people who enroll in the 2-person rate, it would result in a cost increase for those people who enroll in family coverage. The expected cost increase has made adding a 2-person rate an unpopular option.

**Q:** Is this significant increase a trend we will be seeing going forward?

**A:** Due to COVID, over the past few years, it has been difficult to project claims expenses and enrollment and its impact on health insurance claims. The primary reason for the large year over year percentage increase was the lack of available dividend to apply to and lower the 2023 Premium rates, whereas the 2022 Premium rates were eased by the application of \$500 million dollars in dividends. We believe that as we get further away from the pandemic, it will be less difficult to project claims expenses. A more conservative and consistent application of dividends is expected in the future as well. For these reasons, we hope that the 2023 increase will not be repeated going forward.

**Q:** In layman's terms can you explain what prompted such a large percentage increase in premiums?

**A:** The primary reason for the large percentage increase was the application of \$500 million dollars in dividends to lower the 2022 Premium rates, while there is no dividend application included in the development of the 2023 Premium rates.

**Q:** Why did the cost change for Fam 1 Med? Last year it was the same as Family 2 Meds.

**A:** 2022 was the first and only year that these two rates were equal (a change from the



## 2022 Annual PA Webinar Q&A

traditional rate development methodology had been utilized). For the 2023 rates, we returned to the traditional rate development methodology.

**Q:** What is the Plan's dividends balance?

**A:** \$27.7 Million

**Q:** Where should we look to find the dividend information outside of the meeting?

<b>Dividend Account Summary</b>		
31-Dec-2021	Balance	\$ 743,454,897
	Interest: January - March 31, 2022	\$ 234,393
	Plan Year 2022 Dividend Application	\$ (500,000,000)
	Additional Plan Year 2022 Dividend Application	\$ (223,622,675)
	Projected Interest: April - December 31, 2022	\$ 7,655,904
<b>A:</b> 31-Dec-2022	Balance	\$ 27,722,519

**Q:** Why applying no dividend to rates?

**A:** There are no dividends available.

**Q:** Are no dividends being applied to the 2023 rates because all dividends have been exhausted?

**A:** Yes, there are no dividends available.

**Q:** Can you provide a clear explanation that we can share with enrollees as to the reason for such large percentage increase in premiums for 2023?

**A:** The primary reason for the large percentage increase was the application of \$500 million dollars in dividends to lower the 2022 Premium rates, while there is no dividend application included in the development of the 2023 Premium rates.

**Q:** What is the admin fee for 2023 and PCORI fee?

**A:** Admin fees are calculated based off the prior year's costs. The fees charged in 2023 are calculated from the FY 2022-23 expenditures and will not be calculated until after the Fiscal Year ends. The 2022 PCORI Fees are to be calculated and billed to agencies in the Spring of 2023 (May or June 2023). The Federal Government has not yet announced the 2022 PCORI Annual Fee per Member (Covered Life) fees.

**Q:** What happened to the Empire Quarterly Experience financial reports we used to receive?

**A:** They were discontinued in 2019. We are looking at the possibility of implementing this again in the future.

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**Q:** Could you clarify how the 2% administration fee for COBRA is handled?

**A:** The 2% administrative fee would be applied by your agency when you charge the premium to your enrollee.