

Annual Webinar for Participating Agency HBAs

Session 1: Thursday, November 30, 2023, 1pm - 3 pm

Session 2: Thursday, December 7, 2023, 10am - 12pm

Q&A

The following questions and answers are intended to supplement the information already available on [HBA Online](#), including the [PA HBA Manual](#), [HBA Memos](#), and [NYSHIP publications](#). Please refer to all available resources prior to contacting the Employee Benefits Division for assistance.

Benefits Administration – PA/PE Unit

HBA/DAO Access

Link to HBA Memo PA18-02, NYBEAS Access and HBA Online Access: <https://www.cs.ny.gov/employee-benefits/hba/shared/apps/memos/viewMemo.cfm?memoid=4342>

Q: Where can I find out who the DAO and HBA(s) are for my agency?

A: Your agency should maintain an up-to-date listing of all personnel.

Q: I have not been able to log onto HBA online to see HBA Memos and have not been able to have ITS fix it for me, what should I do?

A: Please contact your agency DAO to confirm you are set up with the proper HBA permissions. If you have already done so, email ITS at fixit@its.ny.gov. Provide them with your username and request a password reset for the correct application (NYBEAS or HBA Online).

Q: When a DAO leaves employment, how would we notify EBD that they should no longer have the associated permissions?

A: The agency must send a completed *EBD 545 Data Access Officer Form* to EBD by mail or fax (address and fax number are listed on the form). The same form can also be used to designate a new DAO. This can be found in [HBA Memo PA18-02](#).

Q: I recently had to submit the DAO form 545 and was advised the form could only be faxed or sent by postal mail. Is there an email address that form 545 can be submitted to?

A: Because the EBD-545 form contains personal information, we recommend sending the form to EBD via a secure method such as fax or mail instead of through e-mail. However, DAOs can request changes to DAO or HBA contact information by e-mailing cs.sm.dao-hba@cs.ny.gov.

Q: Can we have more than one HBA in an agency?

A: Yes. You can have more than one HBA and more than one DAO, however, the same person may not be both a DAO and an HBA.

Correction Requests

Q: I was just informed that a retiree has been eligible for Medicare due to disability, and I need to submit a Medicare change more than six months retroactive. Should I do that through a correction request, or should I e-mail EBD with the documentation?

A: If the Medicare primacy date is older than 6 months, it will need to be updated by EBD. You can submit a correction request and EBD will review the record and update the Medicare information. For more information about your responsibilities as an HBA for updating Medicare, please refer to [HBA Memo PA20-11](#).

Preferred Payment Changes

Q: Our agency would like to have pension deduction start for our retirees. Are there any specific guides that I can use to change the payment method for retirees, including the employees who are not newly retired?

A: There are two different instruction documents for Preferred Payment Changes on the "[Transactions](#)" page of the PA HBA Manual. If the Retirement number is not showing in NYBEAS, you can enter the Retirement Registration Number, Retirement Tier, and Retirement System in the Personal/Employment transaction and then process a [Preferred Payment Change for a Newly Retired Enrollee](#). If the Retirement number is showing in NYBEAS, you can make sure the Retirement Registration Number, Retirement Tier, and Retirement System are also correct in the Personal/Employment transaction and then process a [Preferred Payment Change for Existing Retirees](#).

Q: The enhanced retirement system now uses the NYSLRS number instead of the registration number, will that be an issue?

A: NYBEAS has been programmed to use the new NYSLRS numbers that begin with an "R." The Retirement number and Retirement Registration Number for NYSLRS enrollees both must be the same assigned "R number" in NYBEAS in order for the Preferred Payment Change to go through. If either number is incorrect in NYBEAS, you must update the information in the Personal/Employment transaction processing a Preferred Payment Change.

Q: I enter a leading zero on Retirement Registration numbers if it is under 7 digits. Should I now enter an R or is the zero still needed?

A: For NYSLRS enrollees you would enter the R number. For TRS enrollees you would enter the TRS ID numbers which is always a 7-digit number.

Q: Can the preferred payment change be processed on the same day I enter an employee's retirement information, or do I need to wait for it to appear on a worklist?

A: You can do both on the same day. As soon as you process a retirement in Workforce Administration, you will be prompted to process a Preferred Payment Change. If the transaction is done too early, it may not go through, so we suggest processing the retirement and preferred payment change as close to the retirement date as possible, but at most 2 weeks before the retirement date.

Q: Who decides on what the payment method (direct pay or pension deduction) is? Is there a form for the retiree to sign to elect their preferred method?

A: Payment method is determined by the agency. However, pension deduction can only be facilitated if the contribution rate is one of the [NYBEAS Pension Deduction Rate Qualifiers for NYSHIP Participating Agencies](#). There is no specific form. Retirees are encouraged to submit a PS-503 to their HBA when requesting a payment method change.

Q: Can you explain the rate payment options and how we are to interpret them? Is the preferred payment method change done on an individual basis? For example, what does 90/90 mean?

A: EBD can facilitate deduction of a retiree's health insurance premium from their NYSLRS or NYSTRS pension at the pre-programmed rates of agency contribution for Individual and Dependent premiums in NYBEAS. (The Dependent portion of the premium is defined as the difference between the full-share Family premium and the full-share Individual premium). 90/90 as a rate qualifier means that if the enrollee is enrolled in Individual coverage, your agency will pay 90% of the full share of the Individual premium. The remaining 10% will be deducted from the enrollee's pension

check. If the enrollee is enrolled in Family coverage, your agency will pay 90% of the full share of the Individual premium and 90% of the cost of the Dependent premium. The remaining 10% of the Individual premium and the remaining 10% of the Dependent premium will be deducted from the enrollee's pension check. More information on understanding NYSHIP premiums and the different rate qualifiers can be found in the 2021 PA Webinar. Refer to [HBA Memo PA21-20](#).

Q: What is the maximum allowable pension deduction amount for the Police & Fire Retirement System? Why doesn't PFRS show as a choice in NYBEAS?

A: The Police & Fire Retirement System is included under the NYSLRS system in NYBEAS. NYSLRS enrollees have a maximum pension deduction amount of \$999.

Q: Where do we find our contribution deductions?

A: Participating Agencies are required under NYS Law to pay a minimum employer-share contribution rate of 50% of the cost of Individual coverage and 35% of the cost of Dependent coverage under NYSHIP on behalf of enrolled active employees and retirees. However, such agencies may elect or negotiate to pay any higher rate of contribution up to 100% of the cost of both Individual and Dependent coverage. Your agency should have documentation on file for the contribution rates for your active employees and retirees. These may be determined by negotiated agreements, agency resolutions, or other documents.

Q: How can we add new percentage contributions?

A: The NYBEAS system is unable to hold any additional rate qualifier options at this time. If you would like to change your agency contribution rates to one of the available rate qualifier options for pension deduction, you must submit a new resolution to EBD. For more information on submitting resolutions, please refer to [NYSHIP Policy Memo 150](#).

Q: Can a surviving spouse enroll in pension deduction for their Dependent Survivor premium?

A: Yes. Dependent Survivors are eligible for pension deduction. You must add their retirement information in NYBEAS and then send a correction request with the rate qualifier.

Effective Dates

Q: Can you address the effective dates in the scenario where the agency is pre-tax and there is no qualifying event?

A: If the Participating Agency deducts the NYSHIP premium from their enrollees on a pre-tax basis, there are limitations on when enrollees can change their health insurance premium during the tax year. In general, Internal Revenue Service regulations require an employer to take a fixed pretax contribution toward an employee's coverage throughout the year unless a qualifying change in status event occurs **AND** the change was requested within 30 days. While certain changes in coverage are permitted under NYSHIP rules "at any time," the enrollee and HBA should consult with a tax professional to determine if the IRS limitations on changes in deductions apply to those changes.

Q: I was told that if an employee requests to add a dependent without a qualifying event that will change their coverage from individual to family that they have to wait until the annual option transfer period to do that because we are pre-tax.

A: NYSHIP rules allow enrollees to add eligible dependents at any time of the year subject to late enrollment waiting period rules as outlined in the "[When Coverage Begins](#)" section of the PA manual. For information on how this may affect your agency pre-tax benefits, your agency should consult with a tax professional.

Q: If an employee does not enroll when first eligible and requests to enroll later, do we make them wait three months again?

A: Yes, if the employee does not enroll within 30 days of first becoming eligible and has not experienced a

qualifying event, the late enrollment waiting period will apply. The NYBEAS system is set up to determine the 3-month wait when you input the signature date on their PS-503 as the request date in NYBEAS. You can refer to the "[When Coverage Begins](#)" section of the PA manual for more information.

Q: How do we forward a request to EBD for adding a newborn after the 30-day window, is there an email address we can use?

A: If you need to send documents to EBD, you can do so by mail or fax to the following:

Mail:

NYS Department of Civil Service
Employee Benefits Division
Albany, NY 12239

Fax: 518 485-5590

Q: I have an employee who is retiring at the end of December. Medicare will be primary for her and her spouse effective 1/1/2024. If I retire the employee in the system two weeks before she retires, is this enough time for this change to be made?

A: Yes, that is enough time for processing. In addition, please ensure your agency's retirees enroll in Medicare Part A *and* Part B as of the date they will become Medicare-primary. For more information, please refer to [HBA Memo PA20-11](#).

Q: Do effective date rules apply when an enrollee wants to remove a dependent? Can a dependent be removed from coverage at any time?

A: When removing a dependent without a qualifying event, you must first determine if the enrollee's deduction are paid on a pre- or post-tax basis. If the employee is enrolled on a pre-tax basis, your agency should consult with a tax professional to determine if the IRS limitations on changes in deductions apply. If your enrollee or retiree is enrolled on a post-tax basis, they may remove their dependents at any time. The dependent's removal will be effective the first of the month following the date the enrollee submits their completed request.

Q: What are the rules on terminating NYSHIP coverage if the employee has pretax deduction?

A: If your agency deducts the NYSHIP premium from their enrollees on a pre-tax basis then your agency should consult with a tax professional before terminating coverage to determine if the IRS limitations on changes in deductions apply.

Q: If an employee obtains custody of their grandchild(ren), is there a waiting period to add the child(ren) to their insurance?

A: A child who is in the process of being adopted by a NYSHIP enrollee is eligible for NYSHIP coverage when a petition for adoption has been filed. Such child is eligible for NYSHIP coverage before the adoption is finalized on the same basis as a natural child. In the case of a newborn child, if the petition for adoption has been filed prior to or within 30 days of birth, or if legal guardianship has been established as of the date of birth, the coverage may begin on the date of birth. Eligibility for coverage for adoptees shall cease if a notice of revocation of adoption has been filed and/or consent to the adoption has been revoked. This policy is in accordance with Section 115(b) and (c) of New York State Domestic Relations Law, Title 11, Section 52.18(e)(2) and (3) of New York State Codes, Rules and Regulations and Section 4235(f)(2) of New York Insurance Law. For additional information, please refer to the "Dependent Eligibility" section of the [HBA Manual](#).

Reconciliation Reports

Q: What date should I use when running a reconciliation report, the Monday after the first Friday, or the first of the month?

A: The Monday after the first Friday of the month. The billing for NYSHIP runs on the first Friday of the month. Therefore, the billing statement you receive will be based off what NYBEAS shows at close of business on the first Friday. The reconciliation report will be the most accurate next to your bill if you run the reconciliation report the Monday after the first Friday before any transactions are processed in NYBEAS. Please refer to the “Cost of Coverage” section of the [HBA Manual](#) for more information on reconciling your NYSHIP bill.

Q: What are the HBA Memos that provide information on Reconciliation Reporting?

A: The [Instructions For Running Reconciliation Report](#) can be found in [HBA Memo PA11-08](#). There is also more information on reconciliation reports in [HBA Memo PA11-11](#) and [HBA Memo PA14-19](#).

Miscellaneous

Q: Where is the form to send a surviving spouse for them to continue coverage?

A: EBD does not provide a form. It is up to your agency to provide eligible dependent survivors with information on their eligibility to continue coverage and their premium rates. You may use the PS-503 Health Insurance Transaction form to allow the survivor(s) to elect coverage.

Q: What is the Young Adult Option (YAO)?

A: New York State law allows a young adult child up to age 30 to purchase coverage through their parent's group health insurance policy. Under the law, the young adult's coverage is subject to all terms of the group policy; however, premiums are to be paid by the young adult or their parent, not the employer. The premium is the full cost of individual coverage. You can find more information on the Department of Civil Service website at: <https://www.cs.ny.gov/employee-benefits/young-adult-option/pa/notice.cfm>.

Q: Does a dependent child keep benefits through the end of the month in which they turn 26? Do they need to pick up young adult continuation coverage (YAO) immediately without a lapse should they wish to continue?

A: When a dependent loses coverage due to reaching age 26, their coverage will automatically continue until the end of the month they turned 26.

Q: I have a newly hired employee with Family coverage who only received two ID cards and had to request additional cards, is there a way to have more than two ID cards mailed out upon enrollment?

A: No. You must go into NYBEAS and request additional cards using the Empire Card Request/History transaction.

Q: When removing a dependent due to divorce, do you use the “entered” date or the “granted” date on the divorce decree as the effective date of the divorce?

A: The date that the divorce was filed with the county clerk is the date that should be used as the Event Date in NYBEAS. Please refer to the “Divorce” section of the [HBA Manual](#) for more information.

PELU Announcements

Policy Memo 150

Q: Agencies need to send PELU employee contribution rates?

A: Any time your agency changes contribution rates for its employees, you should notify PELU in writing on agency letterhead. Any supporting documentation you can provide such as a resolution document, an excerpt of minutes from a meeting of the agency’s governing board, or an excerpt from a collective bargaining agreement would be helpful. Please fax the notification to PELU at (518) 485-5590.

Q: Do we need to provide PELU with six months' notice when we are changing contribution rates?

A: Yes, please provide at least six months' notice of any change to your participation. Refer to [Policy Memo 150](#) for additional information on the minimum time frame to notify EBD when making changes to NYSHIP participation, including changing contribution rates.

Q: How much notice we would need to give NYSHIP if we left the program completely due to affordability issues?

A: In accordance with 4 CRR-NY 73.10, an agency must provide at least 90 days-notice of a withdrawal from NYSHIP, however, additional time is always appreciated.

Optional Buyout and Opt-out Programs

Q: How long is the opt-out time period? When can an employee return?

A: [Policy Memo 122r1](#) outlines the rules on PA/PE Health Insurance Buyouts. In accordance with PM-122r1, agencies that offer a buyout program must do so on an annual basis.

Q: Does an employee need to provide proof they have health insurance elsewhere if they are opting out?

A: Administration of a PA Opt-Out program is up to your agency. For the NYS Opt-out program, proof of other coverage is required.

Q: Are employees eligible to receive the buyout if they are enrolled on the Market Place Health Insurance at no charge to the employee due to low income or household size?

A: In accordance with PM-122r1, the other employer sponsored coverage must be employer sponsored. Marketplace coverage would not fulfill this requirement.

Q: Is an employee eligible for a buyout option if their other coverage is provided through a spouse's enrollment in NYSHIP?

A: Administration of an opt-out or buyout program is up to the PA. Your agency must determine the rules of your buyout program in accordance with [Policy Memo 122r1](#).

Q: If both spouses work for our agency, is one entitled to a buyout program?

A: Administration of an opt-out or buyout program is up to the PA. Your agency must determine the rules of your buyout program in accordance with [Policy Memo 122r1](#).

Federal Premium Reporting

Q: Is there a way we can receive our monthly bill in Excel format so we can use the information to fulfill the Federal Premium Reporting requirement?

A: At this time, it is not feasible to provide agencies with monthly billing in Excel format.

Empire Plan Benefit Changes

Q: Since they are greatly reducing reimbursement for non-participating providers are there any considerations to start offering HMOs as an option to Participating Agencies?

A: No, and as reminder, there is no prohibition on Participating Agencies independently exploring coverage options with HMOs.

Q: How does an employee apply to be reimbursed for services received from an out of network provider? Is there a form that I can provide to them?

A: The claim forms can be found on NYSHIP Online or obtained by calling UHC (Medical/Surgical Program) or Carelon (Mental Health/Substance Use Program). We have included the links from NYSHIP Online:

Medical/Surgical claim form: www.cs.ny.gov/forms/InStateForm.pdf

MHSU claim form: [cms1500-MHSU.pdf \(ny.gov\)](http://cms1500-MHSU.pdf(ny.gov))

Q: There is no copayment for an annual physical; if the doctor does an EKG or another test, will the patient then have a copay for the test?

A: There will be just one \$25 copay for the visit as any services (such as an EKG) performed during the same office visit by the same provider are subject to a single \$25 copayment.

Q: How do I find out what tests are covered by the no-copay-stacking benefit?

A: The rule is that for all covered services provided under the Medical/Surgical Program by a participating provider in a single visit, you will only be charged a single \$25 copayment. This includes an office visit, office surgery, radiology, diagnostic test or laboratory service.

Q: If your provider sends a test to another lab, will the patient be charged by the lab they send the bill to?

A: There will be a separate \$25 copayment assessed if your provider sends a test to a network lab. If the lab is out-of-network, your provider should get patient consent first; tests sent to out-of-network labs for residents of New York State without patient consent are subject to surprise billing regulations.

Q: Why is Empire BCBS changing its name to Anthem? Will coverage be the same?

A: The Anthem change is a name change; nothing is changing that will impact the network or coverage.

Q: Will benefit cards be reissued?

A: For Participating Agencies, there will not be a benefit card reissue to reflect the name change to Anthem. New cards were issued in July 2023 to reflect changes to the in-network out-of-pocket maximums. For more information, please refer to [HBA Memo PA22-15](#).

Q: Are copays changing?

A: There are no changes to copayments for 2024.

Q: Will Mount Sinai Health continue to remain in the Empire Plan Network in 2024?

A: The current UnitedHealthcare (UHC) negotiations with Mount Sinai do not impact The Empire Plan. Empire Plan members will have uninterrupted network coverage at Mount Sinai facilities and with their physician practices. Mount Sinai recently sent a letter specifically to Empire Plan patients advising the same.

Q: Regarding the Northwell Health breach, would you know why some people may have received letters about it, but other have not?

A: Our office understands the issue was related to a third-party vendor that Northwell uses for transcription services and there was a limited impact to Empire Plan members. Impacted Empire Plan members were notified.

Q: Can the Empire Plan Nurse Line provide verification of a visit for employees who may be required to prove a medical excuse if absent from work?

A: No, they will not be able to provide such verification.

Q: Does the Centers of Excellence program continue in retirement?

A: Yes. The Centers of Excellence Programs are offered to retirees; the only exception is the new Center of Excellence for Substance Use Disorder, per Medicare rules, this is not available for Medicare primary enrollees.

Q: Does the RSV vaccine have to be administered at a doctor's office to be covered, or can a patient get the vaccine at a retail pharmacy?

A: The RSV vaccine, for persons age 60 and older, is covered in full at Empire Plan vaccination network pharmacies and is also covered in full at an in-network medical provider's office.

Q: Can you repeat the information about coverage for the RSV vaccine? I heard that it is not covered at a retail pharmacy. So, it has to be administered at a doctor's office?

A: The RSV vaccine, for persons age 60 and older, is covered in full at Empire Plan vaccination network pharmacies. This vaccine is also covered in full at a participating medical provider's office. Currently, the RSV vaccine for women between 32-36 weeks of pregnancy is only covered at a participating medical provider's office and RSV monoclonal antibodies, for infants/children ages 0 through 19 months, are only available through participating pediatricians/medical providers.

Q: Is the 2024 Summary of Benefits document available?

A: 2024 SBCs are available here: <https://www.cs.ny.gov/employee-benefits/sbc/>. Please make sure you are using the correct version for PA Empire Plan or PA Excelsior Plan.

Q: Does the Summary of Benefits and Coverage need to be sent out to all employees every year by the agency or does that get mailed out from Civil Service?

A: The Department of Civil Service makes the Summary of Benefits and Coverage document available online annually; it does not have to be mailed annually to all employees. However, employees who are newly eligible to enroll in NYSHIP must receive a copy of the attached notice at the time you provide NYSHIP enrollment information and no later than the first day the employee begins work in a benefits-eligible position.

Financial Update and Rates

Q: Are the rates still subject to change?

A: No, the 2024 rates have been approved and finalized.

Q: Will we receive a letter regarding rate changes?

A: Rate changes are posted to the Department's public website: <https://www.cs.ny.gov/employee-benefits/pa-market/rates.cfm>

Q: Will there be another rate change in July 2024 as there was in July 2023?

A: No, the July 2023 rate changes were due to collective bargaining, and we do not anticipate any plan changes for July 2024.

Q: By what percentage did Empire Plan rates increase from January 2023 and July 2023?

A: The following chart presents the requested Empire Plan rate changes by Coverage Type:

Rate Change Effective Date	Tier I - Individual Plan Prime		Tier II - Family PlanPrime		Tier III - Individual MediPrime		Tier IV - Family 1 MediPrime		Tier V - Family 2+ MediPrime	
	Net Rate	% Change	Net Rate	% Change	Net Rate	% Change	Net Rate	% Change	Net Rate	% Change
1/1/2023	1,345.06		3,175.87		476.69		1,362.01		1,242.48	
7/1/2023	1,308.34	-2.73%	3,089.17	-2.73%	463.67	-2.73%	1,324.83	-2.73%	1,208.56	-2.73%
1/1/2024	1,445.66	10.50%	3,367.09	9.00%	548.95	18.39%	1,654.92	24.92%	1,498.01	23.95%
1/1/2024 Rates vs. 1/1/2023 Rates	Tier I - Individual Plan Prime		Tier II - Family PlanPrime		Tier III - Individual MediPrime		Tier IV - Family 1 MediPrime		Tier V - Family 2+ MediPrime	
Percentage Changes	7.48%		6.02%		15.16%		21.51%		20.57%	

Q: Why was there such a significant increase for Excelsior Medi-prime and Family Plan premiums?

A: Excelsior Plan Medi-Prime rates were set too low in 2021 through 2023. The 2024 Excelsior premium rates are now representative of the cost of the program.

Q: You state a 12% increase, but the Excelsior Plan increase was 50%. Can you explain why such an increase?

A: The aggregate 2024 Empire Plan rate increase is 12.0%. The Excelsior rate increases range from a 22.6% increase for Individual PlanPrime to 609.3% for Individual MediPrime. In recent years, the Excelsior rates were set significantly lower than in prior years. Excelsior rates were increased to bring the rates in line with the cost of the benefit provided by the plan.

Q: Where can I find information to substantiate the rate changes?

A: The increase in the 2024 rates is directly attributable to how much the plan spends on health care each year, and health care costs continue to increase. The following factors are driving 2024 premium increases:

- Increased utilization in diabetic and weight loss drugs.
- Higher than anticipated utilization in the hospital and medical programs.
- The State and Carelon have a new five-year contract that allows for increased reimbursement rates to providers in order to improve the quality of the network.

Q: Where can I find information as to how the rates are determined?

A: The rates are determined by dividing projected 2024 costs (obtained by projecting 2023 costs and adding 2024 trend factors) by projected 2024 enrollment/dependent counts (taking current enrollment and adding 2024 trend factors).

Q: Is there any thought to making a third option for "couple"?

A: The options currently available (Individual and Family) are established through collective bargaining between New York State and the Unions representing its employees. Such changes are then administratively extended to unrepresented employees, such as those working for participating agencies. At this time, there are no considerations for negotiating a "couples" rate.

Q: Why did premiums decrease in 2023 and are now increasing for January 2024?

A: The July 1, 2023 rate decrease was due to benefit changes agreed to during collective bargaining. Refer to HBA memo [PA23-06 and PAEX23-06](#) for information on those changes. The increase in the 2024 rates is directly attributable to how much the plan spends on health care each year, and health care costs continue to increase. The following factors are driving 2024 premium increases:

- Increased utilization in diabetic and weight loss drugs.
- Higher than anticipated utilization in the hospital and medical programs.
- The State and Carelon Behavioral have new five-year contract that allows for increased reimbursement rates to providers in order to improve the quality of the network.

Q: Was any dividend applied or is the dividend still in the negative?

A: No dividend application was used in the development of the 2024 rates. While the fund is currently not negative, it is not sufficiently large enough for dividend application.

Q: If United Health Care see a reduction in claims in 2024, do you think we will see a rate reduction again in July 2024?

A: No. The January 2024 rates are full year rates. The July 1, 2023 rate change was due to collectively bargained benefit changes. NYSHIP does not anticipate a mid-year benefit change in 2024. For more information regarding the July 1, 2023 rate changes, please refer to [HBA Memo PA23-04](#).

Q: Why doesn't the Flat Rate Summary in NYBEAS show the employee cost?

A: In the flat rate summary, you must fill in the rate qualifier to view the employer and employee share. If your rate share matches one in NYBEAS, you will be able to see the employer and employee cost by filling in that field. For more information on accessing the Flat Rate Salary, please see the "Rate Communication" section on the "Cost of Coverage" page in the [HBA Manual](#).

Q: Is there a way we can receive estimated rates in advance for when we are budgeting in September?

A: No, it is not possible for the Department to provide estimated rates in advance.

Q: With Family coverage, some of our NYSLRS retirees pay almost the maximum allowable pension deduction of \$999 per month for their coverage. Will the maximum deduction amount be increased so they can stay in pension deduction?

A: The Employee Benefits Division is currently evaluating its options for increasing the maximum pension deduction amount. If an update is made to the maximum deduction amount EBD will announce the change through an HBA memo.

General Questions

Q: Where can I subscribe to the e-mail list?

A: You can subscribe on HBA Online [HBA Online \(ny.gov\)](#). Scroll down on the left column on the page to Subscribe.

Q: Where should I send documentation such as a completed PS-503, a resolution change, or other request?

A: The addresses for all our units can be found in the PA HBA Manual under the section [Roles & Responsibilities](#).

Q: What is the best contact to send detailed questions we get from our retirees about coverage?

A: You may be able to find the answer to your question in the many resources available on [HBA Online](#). This includes, but is not limited to, the [PA HBA Manual](#), [HBA Memos](#), and [NYSHIP publications](#). Please refer to all available resources prior to contacting the Employee Benefits Division for assistance. In addition, please refer to [HBA Memo PA20-22](#), which includes a helpful checklist of resources to consult before contacting EBD. If you still cannot find an answer to your question, please call the HBA Help Line at 518-474-2780 and EBD can assist you with answering questions from your enrollees.

COBRA

Q: How long can an individual be enrolled in COBRA, is the term 18 months or 36 months?

A: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) in combination with the NYS "miniCOBRA" law allows for 36 months of continuation coverage. Both laws are collectively referred to as "COBRA." NYSHIP participating agencies (PA) may offer COBRA for the maximum time period of 36 months allowed for under the law. NYSHIP PAs may not exceed this timeframe. Please refer to [NYSHIP Policy Memo 83r1](#) and the [General Information Book](#) for more information.

Q: Can COBRA be extended by 18 months after the 36 months expires?

A: 36 months is the maximum allowable period for COBRA by law. After COBRA ends, an enrollee may be eligible to enroll in a direct-pay plan. However, they are not eligible for an extension under NYSHIP.

Q: When the 36 months of cobra is up, do we just see it on the transition list?

A: Yes; the cancellation of COBRA coverage based on the expiration of COBRA eligibility is autogenerated in NYBEAS and will be on the transaction listing.

Q: Is there a way to see a COBRA enrollee's period end date in NYBEAS?

A: The enrollee's COBRA end date would be 36 months after their enrollment date.

Q: What is the premium rate for YAO and COBRA for 2024?

A: All premium rates can be accessed through the Flat Rate Summary in NYBEAS. For more information on accessing the Flat Rate Salary, please see the "Rate Communication" section on the "Cost of Coverage" page in the [HBA Manual](#). For your reference, the Empire Plan premium rate for YAO in 2024 is \$1,445.66 (YAO is for Individual Coverage only). The Empire Plan premium rates for COBRA in 2024 are \$1,445.66 for Individual PlanPrime, \$3,367.09 for Family PlanPrime, \$548.95 for Individual MediPrime, \$1,654.92 for Family 1 MediPrime, and \$1,498.01 for Family 2+ MediPrime.

Retirement

Q: Is there a checklist of steps to prepare for an employees' retirement?

A: Yes, there is a page on retirement in the [PA Manual](#) that outlines everything an HBA should do when preparing an employee for retirement.

Q: Can an employee opt not to take their retiree health insurance at the time of retirement and enroll in NYSHIP later?

A: Yes. Once an employee has established eligibility for retiree coverage, they remain eligible for the remainder of their lifetime. They may disenroll from coverage and re-enroll at a later date.

Medicare

Q: What is the Medicare rate for 2024?

A: Per the CMS website, the standard monthly premium for Medicare Part B enrollees will be \$174.70 for 2024.

Q: I am getting a lot of questions on Medicare Part C. Do our retirees have to sign up for that or does The Empire Plan cover their drugs?

A: Prescription drugs are provided through Medicare Part D. Empire Plan members are enrolled in The Empire Plan Medicare Rx, which is a Part D program. Medicare Part C plans are Medicare Advantage Plans; if a NYSHIP enrollee enrolls in a Medicare Part C plan in addition to NYSHIP, their NYSHIP coverage will be terminated. Please refer to our [Medicare and NYSHIP](#) publication for more information on enrolling in non-NYSHIP plans. It's worth noting that members will receive a letter and *Medicare and NYSHIP* booklet approximately 5 months prior to becoming Medicare eligible based on reaching age 65. More information can be found on the "Medicare" page of the [HBA Manual](#).

Q: An employee wants to add their dependent spouse to their retiree coverage. The spouse is also retired and receives Medicare Part B and IRMAA reimbursement from their employer. Is the spouse still entitled to receive reimbursement for Medicare Part B and IRMAA from their employer?

A: The reimbursement is required for all enrollees and dependents who are eligible for Medicare coverage that is primary to NYSHIP, including Dependent Survivors, unless the enrollee and/or dependent is reimbursed for Medicare Part B coverage by another source or entity. If a Participating Agency has documentation that an employee or dependent who is eligible for Medicare coverage is receiving Medicare reimbursement from another source (e.g., a public agency or private employer), the Participating Agency is not required to provide a duplicate Medicare reimbursement.

Q: Is the Medicare-eligible domestic partner of an actively working employee required to have Medicare Part A and Part B in place to be enrolled in NYSHIP?

A: If a domestic partner is covered as a dependent and is eligible for Medicare due to reaching age 65, Medicare will be primary whether the enrollee is actively working or is enrolled in NYSHIP as a retiree, so the domestic partner will need to be enrolled in Medicare Part A and Part B. You can find more information in the [Medicare & NYSHIP](#) publication and on the “Medicare” page of the [HBA Manual](#).

Q: When the spouse of an actively working enrollee turns 65, do they become Medicare-primary or stay NYSHIP primary until the enrollee retires?

A: A dependent covered under an active employee will be NYSHIP-primary, with two exceptions: dependents who are eligible for Medicare due to ESRD and Domestic Partners over age 65. You can find more information in the [Medicare & NYSHIP](#) publication.

Q: Does the state have a deadline for Medicare Part B reimbursement?

A: Participating agencies must reimburse Medicare at least annually, although reimbursements can be done more frequently (e.g., monthly, quarterly, etc.). Medicare Part B premium may be reimbursed to enrollees in the form of regularly issued checks or used to reduce the enrollee’s cost of coverage by the amount equivalent to their (and their dependents’, if applicable) Medicare Part B premium. Please refer to the “Medicare” page of the [HBA Manual](#) for more information.

Q: If a retiree does not provide the SSA-1099 annually and submits 3 years later, do we still have to reimburse the Medicare Part B?

A: In order to receive the standard Medicare Part B premium, enrollees and dependents would not be required to submit an SSA-1099. In accordance with Civil Service Law Section 167-a, all Medicare-primary plan members are entitled to a reimbursement of their Medicare Part B premium. If an enrollee or dependent is paying an Income Related Monthly Adjustment Amount (IRMAA) they must submit an SSA-1099 to verify the amount they are paying above the standard amount. You must consult your agencies Counsel or financial advisor to determine the time in which the plan member must apply for IRMAA.

NYBEAS

Q: Is it possible for an HBA to obtain access to NYBEAS during different work times or from a different location?

A: If you are on a secured network, you should be able to access NYBEAS from any location, Monday through Friday, 7am to 7pm.

Other questions

Q: Can we offer The Empire Plan and The Excelsior Plan?

A: A Participating Agency may offer The Empire Plan to one class or category of employees and offer The Excelsior Plan to another, but in accordance with [NYSHIP Policy Memo 146](#), Participating Agencies may not offer The Empire Plan and The Excelsior Plan to the same class of employees.

Q: Will NYSHIP ever change the minimum requirement a PA has to contribute?

A: The minimum contribution rates for Participating Agencies are established in New York State Law. If the law is changed in the future, then contribution minimums will change as well.