

NYSHIP Annual Webinar for Participating Agencies

December 3, 2024

Benefits Administration: PA/PE Unit

HBA Help Line and Agency Permissions

Q: Where is the EBD-545 Data Access Officer Request Form?

A: The EBD 545 [Data Access Officer Request Form](#) can be found in [HBA Memo PA24-09 NYBEAS Access and HBA Online Access](#).

Q: How do I update our DAO and remove an employee who is retiring and make sure he is removed as an HBA?

A: Agencies add or remove their DAO(s) by sending a completed [EBD-545 Data Access Officer Request Form](#) to the Employee Benefits Division. The form must be signed by the authorized signatory of the agency (in most cases, this is the organization's CEO, COO or Director) or the authorized signatory's designee.

DAOs must update user permissions through the Online Civil Service Permissions Request system (OCSPR). OCSPR is located on the DCS website at:
<https://www.cs.ny.gov/login/?tld=/permissions-request/index.cfm>.

In OCSPR, a DAO can request a HBA to be added or deleted.

Q: Where can we go to review who is set as our DOA/HBA?

A: If you are unsure of the DAO your agency has designated on file, call the HBA Help Line at 518-474-2780 for assistance. Representatives are available to answer questions Monday Tuesday, Thursday, and Friday from 9:00AM -3:00PM and on Wednesdays from 9:00AM – 12:00PM.

Q: Why are Help Line representatives available with such limited hours?

A: These are the hours that the phone lines are open to incoming calls. Between 3:00 – 4:00PM you may call in and leave a voicemail to request a call back at another time. EBD staff can schedule a call with you between the hours of 8:00AM – 5:00PM.

Q: Is there a way to send documents to EBD other than by fax if the agency does not have a fax machine available?

A: If your agency does not have a fax machine, then you can mail the documents to EBD at the following address:

NYS Department of Civil Service
Employee Benefits Division
ATTN: PA-PE Unit
Albany, NY 12239

NYBEAS Transactions – Retirement

Q: If an enrollee participates in a buyout program, are they eligible for NYSHIP retiree benefits if the agency does not offer a buyout in retirement?

A: If the employee is in a buyout or alternate plan on the day they separate from your agency then they are meeting the requirement for enrollment in NYSHIP for the purpose of NYSHIP eligibility requirements to continue NYSHIP in retirement. If they meet all other eligibility requirements at the time of separation, then they would be eligible to continue NYSHIP as a retiree. They could enroll in NYSHIP at that time when the buyout ends or could enroll at a later date subject to standard enrollment rules and timelines.

Please see [Policy Memo 122r1](#) for more information regarding changing options from a buyout to NYSHIP enrollment at the time of retirement.

Q: If an employee is terminated but meets all of the retirement eligibility requirements, can they still get benefits in retirement?

A: If an employee meets all requirements to continue NYSHIP in retirement as outlined in the PA Manual, the HBA must process a retirement (RET/RET) in NYBEAS regardless of how the employee separated from the agency. The HBA should also leave a NYBEAS comment to confirm how the employee established eligibility to continue NYSHIP in retirement and that they can be enrolled at a later date.

Q: Our agency's police officers can retire with the city after 20 years but cannot collect their pension yet...what transaction should we use for them?

A: If they meet all other eligibility requirements upon separation from the agency, but do not satisfy requirements for retiring as a member of a retirement system they may be eligible to continue NYSHIP coverage as a Vestee. Please see the [Vestee](#) section in the PA Manual for further information.

Q: If a retired employee voluntarily cancels their NYSHIP coverage, can they re-enroll at a later date?

A: Once retiree eligibility is established, a retiree can always re-enroll at a later date. Waiting period rules apply. Please see the [When Coverage Begins](#) section of the PA HBA Manual.

Q: I usually process retirees in the system for either individuals or employee/spouse coverage. I have an employee that is retiring this month with a dependent child that is in her teens. Do we need to do anything differently to process this so that coverage continues for both after retirement?

A: If the dependent child is eligible and the employee wishes to keep them on their coverage in retirement, then nothing would need to be processed differently when processing the retirement.

Q: What was the name/number of the form needed to complete for Disability Retirement?

A: There isn't a form to notify EBD of a disability retirement, but EBD needs proof from the employee's retirement system. The proof must confirm the Approved Start Date of Retirement Benefits. There is more information on the required documentation in the PA Manual under the [Disability Retirement](#) section.

Q: Please clarify about an employee's eligibility for NYSHIP retiree benefits if they have only been enrolled in alternate coverage. Does the employee need to enroll in active NYSHIP coverage in order to enroll in coverage at some point during Retirement if they are not enrolled in NYSHIP at the time of separation?

A: They are not required to be enrolled in The Empire Plan prior to their retirement if they are meeting the enrollment in NYSHIP eligibility requirement by being enrolled in an alternate plan through the agency. If they meet all requirements, they can be enrolled in The Empire Plan as a retiree as a later date.

As per [NYSHIP Policy Memo 122r1](#), enrollment in an alternate plan (buyout is considered an alternate plan) is considered enrollment in NYSHIP for the purpose of establishing eligibility for NYSHIP retiree benefits.

Examples that satisfy the requirement to be enrolled in a NYSHIP employer-sponsored option at the time of retirement:

Example 1: Jill is enrolled in NYSHIP coverage offered by her employer, Local Housing Authority.

Example 2: Paul is covered as a dependent of his wife, Elizabeth. Both Paul and Elizabeth work for employers that offer NYSHIP coverage.

Example 3: William is enrolled in an HMO option offered by his employer. His employer also offers NYSHIP coverage.

Example 4: Linda selected a buyout option through her Participating Agency that offers NYSHIP coverage.

Q: How long does someone need to be enrolled in NYSHIP before retirement in order to keep it in retirement (assuming they qualify)?

A: There is no specific time frame that an employee needs to be enrolled prior to retirement, they just need to be enrolled at the time of retirement. The employee must have a minimum of one year of qualifying service with your agency to be eligible to continue NYSHIP coverage in retirement as your retiree.

Q: What changes can retirees make to their coverage (add or delete dependents, etc.)?

A: In regard to NYSHIP rules, retirees can make the same changes to coverage as active employees. They may add eligible dependents and remove dependents. The changes are further outlined in the NYSHIP General Information Book.

Q: Can a retiree voluntarily cancel coverage then re-enroll at a later time?

A: Yes.

Q: We were recently advised if an employee "retires" and is not enrolled in the plan at the time of retirement, they cannot come back and enroll as a retiree at a future date unless they are covered by NYSHIP as a dependent through another entity or through another employer. Is this a new change allowing them to enroll at a later date?

A: If they are not enrolled in NYSHIP at the time of separation from your agency, then they are not eligible to be enrolled in NYSHIP at a later date. That has not changed. A common misconception is that the employee has to be enrolled in NYBEAS in the Empire Plan at the time of separation from your agency. However, enrollment in an alternate agency plan or

enrollment as a NYSHIP dependent are considered enrollment in NYSHIP for retirement eligibility purposes; an employee who is enrolled in an alternate plan or as a NYSHIP dependent and meets all other retirement eligibility is eligible for NYSHIP in retirement and therefore is eligible to enroll at a later date. More information can be found in [Policy Memo 122r1 PA/PE Health Insurance Buyouts](#).

NYBEAS Transactions - Termination vs. Cancel Enrollment

Q: When doing a termination do you have to cancel coverage after a TER/TER transaction has been done?

A: When processing a TER/TER in NYBEAS, you must enter the first date note covered. Benefits will automatically be cancelled for the date you enter once the TER/TER is saved. You would not need to enter an additional Cancel Enrollment transaction.

NYBEAS Transactions - Preferred payment changes

Q: Now that the Medicare w/1 Family is over \$1,000 for 50/35 districts, will ERS retirees that are currently on pension deduction now come off and become direct pay?

A: No this change will not automatically occur. You need to contact EBD to change the payment method from EPEN/TPEN to APAY. If unchanged, charges will accumulate in NYBEAS and then be billed to the agency once EBD identifies the balance.

Q: What happens if our retiree contribution is in excess of \$999? Will EPEN take up to \$999 and then the balance charged to APAY? Or does the full amount become APAY?

A: If the enrollee premium charge exceeds the maximum amount that we can deduct from a pension, the enrollee will need to be changed to APAY and be billed by the agency. Any charges more than \$999 would accumulate in NYBEAS and then eventually be billed to the agency once EBD identifies the balance. If that happens, EBD will change the enrollee to APAY.

Q: Are we assigned to the min/max employer contribution amounts or are those selected by the Employer?

A: Under NYS Law, Participating Agencies are required 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. Each agency may choose by resolution to contribute more than those amounts.

A: Can someone explain the Preferred Rate Qualifiers schedule, or post something to explain this table?

Q: Information on requesting changes to pension deduction can be found in the PA Manual under the [Retirement](#) section. If your agency is using pension deductions you may deduct the full enrollee share from the retiree's monthly pension. Information on pension deduction and a chart of pension deduction rates that are allowed can be found in the PA Manual under the [Cost of Coverage](#) section.

Q: Is there a procedure for NYSHIP to add Preferred Payment Percentages? Is there way to add more pension deduction rates so invoicing is not needed?

A: At this time the NYBEAS system cannot be expanded to offer additional rate qualifiers for pension deduction.

NYBEAS Transactions - General questions

Q: Is there somewhere we can find all the transaction abbreviations and codes and what they mean?

A: A [NYBEAS Code Description Guide](#) is available in the PA HBA Manual under the [Cost of Coverage](#) section. There are additional codes in the [NYBEAS Action Reason Codes with Descriptions](#) attachment in [HBA Memo PA21-08 HBA NYBEAS Training Webinars](#).

Q: When processing a divorce, do we use the date the divorce was granted by the judge or the date that it was entered by the clerk?

A: Divorces should be processed effective the date the decree was filed/entered by the county clerk. Please see the [Divorce](#) section of the PA HBA Manual for further information.

Q: For contingent employees - if the expectation is that they work less than 3 months, we do not offer coverage. However, what happens if they end up hitting that 3-month mark?

A: An employee who does not meet the eligibility requirements outlined above at the time of initial employment may later acquire eligibility by virtue of a change in employment status. Such employees should be treated as though they were new employees on the date the employment status changed. Eligibility for coverage would be determined based on the agency's policy for other new employees in the same class or category. More information can be found in the [PA Admin Guide Section 2.1\(3\)](#).

PELU Announcements

Dual Family Prohibition & Buyout Programs

Q: Can Participating Agencies create our own buy out policies? If the employer decides to offer a buy-out program, do we have to go through PELU for that or can we do it on our own?

A: Participating Agencies are responsible for establishing and administering their own opt-out or buyout programs; PAs are not eligible to participate in the New York State Opt-Out program.

Q: Should buy outs be entered into NYBEAS? If so, how?

A: NYBEAS processing is not necessary; buyout programs are up to the agency to administer.

Empire Plan Benefit Changes

New Benefit ID Cards

Q: Did new cards get sent out recently? Only some employees received them.

A: New cards were issued recently for plan year 2025 for most unions although not all cards have been mailed yet. It is expected that all Empire Plan cards will be mailed by the middle of December and that members should receive them by 1/1/2025 when the new out of pocket maximums go into effect.

Q: I have received numerous calls because the cards now say "dept of civil service" instead of NYSHIP. Maybe we should have been notified of this change?

A: New York State updated their branding guidelines that should be used by agencies across the State. The Dept. of Civil Service must comply with these updated guidelines. All agencies should be aware of the updated branding guidelines.

Q: Can you put the year on the health insurance cards that are sent out annually?

A: Effective Jan. 1, 2022, the Consolidated Appropriations Act (CAA) requires physical ID cards to include any deductibles and out-of-pocket (OOP) maximums, including in-network and out-of-network amounts. ID cards must also include a phone number and website where members can get more information. The plan year is not required to be printed on the card.

Q: I've had numerous retirees asking about not receiving their cards this year, can they call NYSHIP directly to request duplicates?

A: The Department is reissuing all Empire Plan ID cards for plan year 2025, with the exception of a few unions. The cards are reissued in phases and in alphabetical order. All cards will be issued by the end of December. Retirees can contact the Employee Benefits Division at 800-833-4344 to request a new card if needed. HBAs can request new card in NYBEAS.

Q: I've had an issue with requesting cards as well. Is there currently a significant delay?

A: There is not a significant delay in requesting Empire Plan cards. As previously mentioned, EBD is currently reissuing all Empire Plan ID cards. Contact the HBA Help Line at 518-474-2780 if you need assistance with card requests.

Q: Enrollees are asking why they are only receiving two cards when they have 4 family members. Enrollees have dependents away at college and also require cards.

A: The standard number of benefit cards for enrollees with five or fewer dependents is two cards. If additional cards are necessary, the enrollee can submit a request for additional cards.

Benefit Updates and Reminders

Q: Is it correct that therapy through LiveHealthOnline is \$0 copay, but the copay for Talkspace is \$25?

A: That is correct; this is in line with the office visit copay under the MHSU program.

Q: Did copays change in 2025?

A: Copays for hospital, medical, and mental health and substance use services, along with prescription drug levels, will not be changing for 2025.

Q: Any update on Memorial Sloan Kettering's participation in Anthem Blue Cross' Network?

A: Memorial Sloan Kettering Cancer Center (MSK) is currently a participating hospital in the Anthem network. Anthem is currently in negotiations with MSK to extend their contract and Anthem remains optimistic that a new agreement will be reached. If an agreement is not reached, MSK will no longer be participating in Anthem's network effective March 1, 2025. Anthem members may be able to continue care at MSK facilities beyond March 1, 2025, if members are receiving certain types of care. Anthem members who begin receiving services prior to March 1, 2025, will be covered through their entire course of treatment. "Treatment" means that the cancer treatment plan has been completed, the patient is 90 days post-treatment and either shows the intended results of the treatment or is receiving maintenance

treatment to control or prevent recurrence of cancer. In addition, follow-up appointments/care will be available for up to 90 days after treatment ends.

Anthem always covers any medically necessary emergency services for Empire Plan members, no matter where they receive care.

Please note that this situation does not impact any services covered under The Empire Plan's Medical/Surgical Program, administered by UnitedHealthcare. MSK remains a Cancer Resource Services (CRS) contracted Center of Excellence for Cancer.

If you have questions, Anthem is available to assist impacted members who need help getting care. Call the Empire Plan at 1-877-7-NYSHIP (1-877-769-7447). Press or say 2 for the Hospital Program.

Financial Update

2025 Rate Renewal

Q: Why are the Family Medicare 1 and 2 rates for 2025 so high? Compared to the Individual Medicare rate it doesn't make sense. Who determines the NYSHIP Medicare rates?

A: The Participating Agency 5 Tier Rates are based on actual prior paid claims experience as provided to DCS by the Empire Plan vendors and the enrollment for each of the 5 tiers. Increases or decreases in enrollment can cause one or more groups to increase more than other groups.

Q: 2025 rate for the Empire Plan did not change a lot for the Family plan \$3367.80 from \$3367.09, I just want to confirm this is accurate.

A: This is accurate.

Q: How was NYSHIP able to keep the increase of new rates for 2025 so small?

A: The projected costs calculated for the 2024 rate renewal were higher than the actual experience occurring this plan year, which lowered the base cost used in calculating the 2025 costs. The 2025 rates incorporate continued favorable cost projections for the Medical Program, directly resulting from the benefit changes implemented in 2023. The projections for the Prescription Drug program are also favorable due to savings related to a new Prescription Drug contract. The lower 2025 base cost and the lower cost trends due to benefit changes and the Drug contract led to an overall lower year over year increase in costs.

Q: Please explain the 5-tier rate structure.

A: The following describes each of the 5 Tier Coverage Categories:

- Individual Plan Prime – represents health insurance coverage for an enrollee who is not Medicare eligible.
- Family Plan Prime – represents health insurance coverage for an enrollee and all their dependents with none of those covered (enrollee or dependents) being Medicare eligible.

- Individual - Mediprime – represents health insurance coverage for an enrollee who is Medicare eligible.
- Family-1 (or Family – 1 Medicare) – represents health insurance coverage for an enrollee and all their dependents, with one member (the enrollee or a dependent) being Medicare eligible.
- Family-2 (or Family – 2 Medicares) – represents health insurance coverage for an enrollee and all their dependents, with at least two members (the enrollee or dependents) being Medicare eligible.

Q: Why was there a larger increase for Individual Mediprime than for other rates?

A: The Participating Agency 5 Tier Rates are based on actual prior paid claims experience as provided to DCS by the Empire Plan vendors and the enrollment for each of the 5 tiers. Increases or decreases in enrollment can cause one or more groups to increase more than other groups.

Q: Why is there a larger increase to Medicare Family 1 and Family 2 rates as compared to Individual Medicare rates?

A: The Participating Agency 5 Tier Rates are based on actual prior paid claims experience as provided to DCS by the Empire Plan vendors and the enrollment for each of the 5 tiers. Increases or decreases in enrollment can cause one or more groups to increase more than other groups.

Q: Given the rate increases were so low for January, might we have a rate increase in July?

A: The previous mid-year rate change was as a result of contract negotiations. We do not anticipate a mid-year rate change for 2025.

Q: Can you please explain again why rates stay almost the same? I'm sure many will be asking me later.

A: The projected costs calculated for the 2024 rate renewal were higher than the actual experience occurring this plan year, which lowered the base cost used in calculating the 2025 costs. The 2025 rates incorporate continued favorable cost projections for the Medical Program, directly resulting from the benefit changes implemented in 2023. The projections for the Prescription Drug program are also favorable due to savings related to a new Prescription Drug contract. The lower 2025 base cost and the lower cost trends due to benefit changes and the Drug contract led to an overall lower year over year increase in costs.

Q: Why does it take so long into the year to get these rates?

A: DCS attempts to use the largest number of months of actual costs and enrollment possible when determining rates. As such, the process begins in September and is usually finalized in November. Moving the rate renewal processes earlier in the year could lead to errors in cost or enrollment due to seasonality or one-time events. These potentially large swings up or down are minimized when additional months of data are included in the rate renewal.

Q: Do the similar rates have anything to do with the Excelsior plan ending?

A: No

Q: Can you go back to providing quarterly experience reports for rate projections so agencies can budget more accurately?

A: DCS has noted this request and is evaluating the feasibility.

Q: Would NYSHIP consider offering an Individual +1 for the Empire Plan? Will there ever be a category for an employee plus children?

A: Two types of coverage are available under NYSHIP: Individual and Family coverage. This rate structure is established by Civil Service Law and collective bargaining through the unions representing the employees of New York State. Changing this structure would require the action of the New York State Legislature or the collective bargaining agreements representing New York State employees. When the State has considered expanding the rate structure and has evaluated the impact of including two-person plans, it has been determined that a three-tier rate structure would not lower costs for enrollees overall and is not a viable option for NYSHIP.

General Questions and Answers

Q: What does EBD stand for?

A: EBD is the Employee Benefits Division.

Q: Regarding HBA memo PA24-15 on Proof of Identification for Enrollees, I thought the need for proof for ENROLLEE was removed (it is no longer on the PS503 page 5 as necessary proof. Only proof for Spouse/DP's and dependents are listed. Can you clarify? Do employees need to provide supporting documentation for themselves?

A: Employees are still required to submit eligibility proofs. Page 5 on the PS-503 shows examples of dependent's proofs but is not intended to show anything in regard to employee proofs. For more information refer to the [Employee Eligibility Requirements](#) section of the PA HBA Manual and pg. 7 of the [NYSHIP General Information Book](#).

Q: Can a potential enrollee provide their US passport in lieu of birth certificate?

A: HBAs can accept a government-issued photo ID, such as a drivers' license or passport, in place of a birth certificate for an enrollee. There is more information in recently updated [HBA Memo PA 24-25 Proof of Identification for Enrollees](#).

Q: When will the Empire Plan *At a Glance* for 2025 be published?

A: AAGs will be available in January.

Q: Are Participating Agencies required to reimburse for both the standard Medicare Part B premium as well as IRMAA?

A: All NYSHIP Participating Agencies are required to reimburse enrollees for the current cost of Medicare Part B coverage (including any income related monthly adjustment amount [IRMAA]) when Medicare is Primary to NYSHIP. For more information refer to the [Medicare](#) section of the PA HBA Manual.

Q: What is IRMAA?

A: The Income Related Monthly Adjustment Amount (IRMAA) is an additional amount that Medicare enrollees pay for their monthly Medicare premiums if they have higher annual earnings. For more information on IRMAA, refer to the Social Security Administration.

Q: If an employee passes and has a spouse and children on the policy, are they eligible for family insurance and if so, is the rate COBRA family?

A: Yes as long as the child is an eligible dependent of the spouse, then they could enroll in a COBRA Family policy and pay the NYSHIP Family premium rate. Alternatively, they could each elect an Individual COBRA policy and each pay the NYSHIP Individual premium rate.

Q: Is there any information online for retirees to see what is covered thru Medicare and integrated with the Empire Plan? They want to know what benefits are covered by each plan.

A: There are publications available on NYSHIP Online at www.cs.ny.gov/employee-benefits/login/. Select *NYSHIP for Retirees*, then select *Participating Agency Retiree (PA)*, choose *Empire Plan*, select *Using Your Benefits* under Current Topics, select *Current Publications*. Refer to the *Medicare & NYSHIP for PA Retirees* for important information about Medicare and NYSHIP. For questions about Medicare benefits, visit www.medicare.gov or call Medicare at 800-633-4227. For information on what is covered by The Empire Plan, enrollees can refer to the Empire Plan Insurance Certificate and Empire Plan Certificate Amendments available in the *Current Publications*. Retirees can also refer to the *Empire Plan Reports* and the *At A Glance* publications.

Q: As a PA, do we have access to usage data for our members? If not, why are we not provided with this information? I understand that NYSHIP used to provide PAs with their usage data.

A: The Department can provide a claims experience report detailing premiums paid for each month covered in the report and paid claims by month for hospital, medical, prescription, and MHSU claims, as well as claims over fifty thousand dollars. To request claims experience information for your agency, please reach out to the EBD Office of Financial Administration at EBDAccounting@cs.ny.gov.

Q: Does family coverage cover a domestic partner?

A: If your agency offers Domestic Partner coverage, then an enrollee may add their domestic partner to coverage. Please see the Domestic Partner section in the PA HBA Manual for information about adding a domestic partner and the eligibility proofs necessary.

Q: I received the following message: "The Department of Civil Service (DCS) will replace this current login system with the NY.gov ID system on December 18, 2024. For more information on this transition, you can view DCS Login System Transition 2024." How does this affect PAs?

A: HBAs who currently have any ny.gov account will automatically be granted access to HBA Online using their existing ny.gov account. For HBAs that do not currently have an ny.gov account, EBD will publish an HBA memo with instructions in the next few weeks as we wait for confirmation of the implementation date.

Q: Can we offer other plans besides NYSHIP to active employees?

A: Yes, you may offer alternate plans, such as non-NYSHIP HMOs, to your active employees.

Q: If a PA decides to offer a Medicare Advantage Plan as an alternative to NYSHIP, can a retiree enroll in that plan and return to NYSHIP later?

A: NYSHIP rules allow an enrollee that has established eligibility to continue their NYSHIP coverage in retirement to reinstate their NYSHIP coverage at any time.