



PE25-02
PA25-02

MEMORANDUM

TO: Health Benefits Administrators (HBAs) of Participating Employers (PEs) and Participating Agencies (PAs)
FROM: Employee Benefits Division
SUBJECT: Mandatory Federal Premium Reporting Requirement, Plan Year 2024
DATE: January 29, 2025

As part of the Consolidated Appropriations Act, the federal government has established an annual requirement that all health insurance issuers, employer-based health plans and other group health plans report the average monthly premium paid by employees and the average monthly premium paid by employers. These reporting requirements are outlined in the [Prescription Drug Data Collection \(RxDC\) Reporting Instructions](#) published by the Centers for Medicare and Medicaid Services.

To meet this requirement, the Department of Civil Service must collect 2024 premium contribution information from all Participating Agencies (PAs) and Participating Employers (PEs).

Please complete data entry on the Federal Premium Reporting page in NYBEAS by following the instructions below. This survey is **mandatory** for all NYSHIP PAs and PEs and must be completed by **March 31, 2025**.

First, sign into NYBEAS and click Benefits. Under the Transactions folder, click Federal Premium Reporting.



Enter your agency code in the Department box and click Search.

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

Find an Existing Value

Use Saved Search:

Department: begins with

☐ Correct History

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On the new page, enter the **total annual EE share** (enrollee share) of NYSHIP health insurance premium for each benefit plan (Empire Plan, Excelsior Plan¹ or NYSHIP HMO²) and coverage option (Employee Only and Family). Plan year is indicated at the top of the page.

Federal Premium Reporting

Department:

Federal Premium Reporting Find | View All First 1 of 5 Last

Plan Year 2024 Company PA

Federal Premium Amounts Find First 1 of 1 Last

| 001 | Empire Plan | Coverage Option | Total Annual EE Share |
|-----|-------------|-----------------|-----------------------|
| | | Employee Only | <input type="text"/> |
| | | Family | <input type="text"/> |

Total annual EE share is the combined dollar amount **all** employees, retirees, vestees, dependent survivors, COBRA enrollees and Young Adult Option enrollees paid for coverage (regardless of whether they are NYSHIP-primary or Medicare-primary).

It includes amounts your agency or the Employee Benefits Division billed enrollees directly, deducted from enrollees' pay and deducted from pensions for retirees, vestees and dependent survivors.

If necessary, you can determine if an enrollee's premiums were paid directly to your agency or deducted from their pension by reviewing the enrollee's NYBEAS Accounting tab in NYBEAS Update History. **If your agency paid 100 percent of the premium for your enrollees, enter \$0.01 in that field.** (The page will not accept a value of \$0.00.)

¹ PA only

² PE only

This update in NYBEAS is **only for NYSHIP premiums paid by enrollees**. Do not enter the amount your agency contributed towards the premium. Do not enter any premium information for non-NYSHIP plans offered by your agency.

Federal Premium Reporting

Department: [REDACTED]

Federal Premium Reporting Find | View All First 1 of 5 Last

Plan Year 2024 Company PA

Federal Premium Amounts Find First 1 of 1 Last

| 001 | Empire Plan | Coverage Option | Total Annual EE Share |
|-----|---------------|----------------------|-----------------------|
| | Employee Only | <input type="text"/> | |
| | Family | <input type="text"/> | |

Save Return to Search Include History Correct History

If your agency offers different NYSHIP plans, you will need to enter information for each benefit plan and coverage option.

Agencies without enrollees in a certain coverage option will have no box for that option. In the example below, an agency offers both The Empire Plan and EmblemHealth-HIP (Downstate). Because there are no EmblemHealth-HIP (Downstate) enrollees with Employee Only coverage, there is no box for that option. The total annual EE share for Family coverage should still be entered.

Federal Premium Reporting

Department: [REDACTED]

Federal Premium Reporting Find | View All First 1 of 4 Last

Plan Year 2024 Company PE

Federal Premium Amounts Find First 1 of 2 Last

| | | | |
|-----|---------------|----------------------|-----------------------|
| 001 | Empire Plan | Coverage Option | Total Annual EE Share |
| | Employee Only | <input type="text"/> | |
| | Family | <input type="text"/> | |

| | | | |
|-----|------------------------------|----------------------|-----------------------|
| 050 | EmblemHealth-HIP (Downstate) | Coverage Option | Total Annual EE Share |
| | Employee Only | | |
| | Family | <input type="text"/> | |

Save Return to Search Include History Correct History

This is an annual federal reporting requirement. If you have any questions, contact the HBA Helpline at 518-474-2780.