

NYSHIP Self-Audit for Participating Employers

Section 1: Active Employee Eligibility for NYSHIP

1.1 Are active employees in all bargaining units/classes of employees eligible for NYSHIP coverage?

Yes No

1.2 If *no*, which bargaining units or classes of employees are **not** eligible for NYSHIP coverage?

(Please list) _____

1.3 Are publicly elected officials eligible for NYSHIP coverage? For school districts, are publicly elected school board members eligible for NYSHIP coverage?

Yes No Not Applicable

1.4 Are unpaid board members eligible for NYSHIP coverage?

Yes No Not Applicable

1.5 While an agency may impose higher requirements, New York State Civil Service Law establishes for NYSHIP a minimum of a 20 hour work week *or* a minimum annual salary of \$2,000 per year for an employee to be eligible for coverage. Does your agency use the NYSHIP minimum standards?

Yes No

1.6 If *no*, what are the standards your agency uses? Please explain if your minimum standard is used for all employees or just particular classes of employees.

1.7 How many active employees are eligible for health insurance (total): _____

1.8 Do you offer active employees the option of enrolling in NYSHIP HMOs?

Yes No

HMOs outside of NYSHIP?

Yes No

1.9 How many active employees are enrolled in:

NYSHIP Empire Plan_____

NYSHIP HMOs_____

Non-NYSHIP HMOs_____

1.10 Does your agency use NYBEAS (New York Benefits Eligibility Accounting System)?

Yes No

1.11 Does your agency keep a copy (either paper or electronic copy) of employee transaction forms such as the PS 404 (PE Health Insurance Transaction Form)?

Yes No

1.12 Does your agency keep a copy (either paper or electronic copy) of employee eligibility documents such as birth certificates, marriage licenses, and social security cards?

Yes No

(Please be advised that the Employee Benefits Division strongly encourages Participating Employers to keep copies of employee transaction forms and eligibility documentation. This recommendation is for both the employer and employee's protection in case of a question or challenge to eligibility.)

1.13 Does your agency offer any of the following benefit programs available through the NYS Department of Civil Service?

Dental Vision M/C Life

Section 2: Rates of Contribution/Active Employees

New York State Civil Service Law establishes a minimum contribution rate for NYSHIP Participating Employers of 50% of the cost of Individual coverage and 35% of the cost of Dependent coverage.

2.1 Are there different rates of contribution for different bargaining units or classes of active employees?

Yes No

2.2 What is your **agency's** contribution rate for active employees?

Agency's contribution to (Individual) premium: _____%

Agency's contribution to Dependent (Family) premium: _____%

For which bargaining units or classes of active employees do the above rates apply?

If your agency has different contribution rates for other bargaining units or classes of active eligible employees please specify the units and rates here or attach another sheet.

Section 3: Effective Date of Coverage

NYSHIP permits a waiting period of up to six months for new employees.

3.1 Does your agency impose a waiting period for new employees before NYSHIP coverage is in effect?

Yes No

3.2 Are there different waiting periods for different bargaining units or classes of employees?

Yes No

3.3 Please circle the waiting period for new employees. (If there are different waiting periods for different groups please list on a separate sheet):

None 30 days 60 days 90 days 120 days Other: _____

Section 4: Coverage in Retirement

4.1 Are retirees of all bargaining units/classes of employees eligible for NYSHIP coverage?

Yes No

4.2 If no, please list which units/classes are eligible. (Please attach a sheet if more space is needed.)

4.3 Does your agency allow retirees to defer their health insurance coverage?

Yes No

NYSHIP mandates a minimum service requirement of 5 years for purposes of establishing eligibility for continuation of coverage in retirement. However, an agency may establish a greater service requirement for retiree coverage.

4.4 What is your agency's minimum service requirement for eligibility for NYSHIP as a retiree?

5 years 10 years 15 years 20 years 25 years Other: _____

4.5 If your agency has different minimum service requirements for different bargaining units or classes of retired employees, please specify the requirements here:

4.6 Does your agency recognize prior public service towards the service requirement?

Yes No

4.7 If yes, please specify which types of prior public service is recognized. (Examples include, recognition of service with the State of New York, the Federal Government, New York City, other governments including counties, cities, towns, villages, school districts or other municipal entities.)

NYSHIP requires a minimum contribution rate for Participating Agencies of 50% of the cost of Individual retiree coverage and 35% of the cost of retiree Dependent coverage.

4.8 What is your agency's contribution rate for retirees?

Agency's contribution to (Individual) retiree premium: _____%

Agency's contribution to Dependent (Family) retiree premium: _____%

For which bargaining units or classes of retired employees do the above rates apply?

If your agency has different contribution rates for different bargaining units or classes of retired employees, please specify the units and rates here or attach another sheet.

4.9 Does your agency allow retirees to apply unused sick leave credits towards their share of Health Insurance premiums?

Yes No

Section 5: Dependent Survivor Coverage

New York State Civil Service Law requires that the unmarried spouse and dependents of a deceased enrollee who had ten years of service or more are offered coverage under NYSHIP. Civil Service Law allows for a Participating Employer to pay either 75% of the cost of coverage for a dependent survivor, or none of the cost (the survivor pays the premium in full).

5.1 What is your agency's contribution rate for dependent survivors? _____

Section 6: Additional Eligibility Requirements

New York State Civil Service Law requires adherence to vesting rules. Your agency should be familiar with these rules, as individuals who vest can be eligible for health insurance in retirement. Vestees *must* pay the full share (100%) of NYSHIP premiums until they met the requirements for health insurance in retirement. A vestee who allows coverage to lapse will not be permitted to reinstate coverage, either during vested status or after retirement.

Definition of a vestee: An enrolled employee who terminates his or her employment before retirement age may continue coverage under the State Health Insurance Program if he or she: 1) Is a member of a retirement system administered and operated by the State of New York or a civil division thereof and has satisfied the minimum requirements established by his or her retirement system for vesting receipt of a retirement allowance, 2) Is a member of a class or category for which his or her employing agency either is required to provide coverage in retirement or has elected administratively or through collective negotiations to provide such coverage, 3) Has met the minimum requirements, other than age, for continuation of health insurance into retirement, and 4) Has terminated employment within 5 years of the date on which he or she is entitled to receive a retirement allowance, *if* his or her employing agency has elected administratively or through collective negotiations to establish such an additional requirement.

6.1 Has your agency adopted the policy permitted under NYSHIP that requires a vestee to be within 5 years of retirement age at the time of leaving your agency's service to maintain eligibility for NYSHIP coverage in retirement?

Yes No

6.2 If yes, what was the effective date of that policy?

Effective Date: _____

- | | | | |
|------------|---|-----|----|
| 6.3 | Does your agency cover domestic partners? | Yes | No |
| | For all employees? | Yes | No |
| | For all retirees? | Yes | No |

- 6.4** Does your agency allow two Family NYSHIP policies (For example, if both husband and wife work for your agency, would they both be allowed to have family coverage)?
- Yes No

Section 7: Other Reimbursement

- 7.1** Does your agency reimburse co-payments or deductibles to Empire Plan enrollees for doctor visits, prescription drugs, or any service for which The Empire Plan requires a co-payment or deductible? (Not including Flex-Spending plans or other plans of that type)

Yes No

If yes, please specify which types of expense are reimbursed (e.g., drug co-pays, medical co-pays, etc.)

Are you aware of any of the unions representing your agency's employees reimbursing co-payments or deductibles for Empire Plan enrollees?

Yes No

If yes, please specify, to your knowledge, which classes of employees/retirees receive co-payment or deductible reimbursement, and what types of services are being reimbursed (e.g., drug co-pays, medical co-pays, etc.)

(NOTE: If any of your agency's policies or contribution rates change through collective bargaining or administrative policy, please notify the Employee Benefits Division in writing.)

Health Benefits Administrator (print name): _____

Health Benefits Administrator Phone Number: _____

ATTESTATION: I certify that the following information I have supplied is true and correct.

Name of CEO (print): _____ **CEO Phone Number:** _____

Signature of CEO: _____

Date: _____

Agency Name: _____

Agency Code: _____ **County Agency Resides in:** _____

Please mail or fax completed Self-Audit to:

Mary B. Frye
Director of Employee Insurance Programs
Employee Benefits Division
NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239

Fax: (518) 474-3744

IMPORTANT: Please keep a copy of this information for your records.

Please Use This Page or Attach Additional Pages for Responses In Excess of the Space Allotted.