



Medicare & NYSHIP's

Empire & Excelsior Plans

PA Retirees

Important Health Insurance Information for Retirees, Vestees, Dependent Survivors, Preferred List Enrollees (if your agency offers Preferred List coverage) and their Enrolled Dependents and Young Adult Option Enrollees covered by The Empire Plan or The Excelsior Plan under the New York State Health Insurance Program (NYSHIP) through Participating Agencies

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*This publication provides important health insurance information about Medicare and NYSHIP. Do not depend on Social Security, Medicare, another health plan or another employer for information as they may be unfamiliar with the NYSHIP requirements.**

When you are no longer an active employee and become eligible for Medicare, it is the combination of your health benefits under the New York State Health Insurance

Program (NYSHIP) and Medicare that provides you with the most complete coverage. To maximize your overall level of benefits, it is important to understand how

NYSHIP and Medicare work together, as well as NYSHIP's requirements for enrollment in Medicare Parts A and B and how enrolling for other Medicare coverage may affect your NYSHIP coverage. Please read the following information about Medicare and NYSHIP carefully.

Medicare is the federal health insurance program for people age 65 and older, and for those under age 65 with certain disabilities. It is administered by the Centers for Medicare & Medicaid Services (CMS). See pages 2 and 3 for details.

When you or your covered dependents become eligible for primary Medicare coverage ("Medicare-primary" means Medicare pays health insurance claims first, before NYSHIP), you or your covered dependents must be enrolled in Medicare Part A and Part B.

* **Note to Excelsior Plan Enrollees:** This booklet applies to NYSHIP's two options for Participating Agencies – The Empire Plan and The Excelsior Plan (an Empire Plan option). References to NYSHIP apply to your Plan as well.

Eligibility for Medicare

When Medicare eligibility begins

- At age 65, or
- Regardless of age, after receiving Social Security Disability Insurance (SSDI) benefits for 24 months, or
- Regardless of age, after completing Medicare's waiting period of up to three months due to end-stage renal disease, or
- When receiving Social Security Disability Insurance (SSDI) benefits due to amyotrophic lateral sclerosis (ALS).

When Medicare becomes primary to NYSHIP

- You no longer have NYSHIP coverage as the result of active employment, for example, you are covered as a retiree, vestee, dependent survivor, a Preferred List enrollee or if you are covered as the dependent of one of these enrollees, and
- You are eligible for Medicare.

There are two exceptions:

1. Regardless of employment status, when Medicare eligibility is due to end-stage renal disease, NYSHIP remains primary during the 30-month coordination period.
2. Regardless of employment status of the enrollee, Medicare is primary for a domestic partner/same-sex spouse who is age 65 or older (see **Note** on page 6).

When you must enroll in Medicare

You and each of your covered dependents must have Medicare Parts A and B in effect by the first day of the month in which each of you reaches age 65 (or, if the birthday falls on the first of the month, in effect on the first day of the preceding month) or when you become eligible for primary Medicare coverage because of disability. See the following section and page 5 for details.

Note: The requirement to enroll in Medicare Part A and Part B applies if you live in one of the 50 United States or Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa.

Since NYSHIP becomes secondary to Medicare Parts A and B as soon as you are eligible for primary Medicare coverage, if you fail to enroll in Medicare or are still in a waiting period for Medicare to go into effect, you will be responsible for hospital and medical expenses that Medicare would have covered if you had enrolled on a timely basis.

The responsibility is yours: To avoid a reduction in your NYSHIP benefits, you must make sure that you and each of your covered dependents are enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage, **even if you also have coverage through another employer's group plan.**



Medicare and the New York State Health Insurance Program

The New York State Health Insurance Program

The New York State Health Insurance Program (NYSHIP) provides your health insurance benefits through The Empire Plan or The Excelsior Plan. As a

retiree, you may do many of the things you could do as an active employee. For example, you may change between Individual and Family coverage and add or delete dependents, as permitted under NYSHIP rules.

Under NYSHIP, The Empire Plan coordinates benefits with Medicare and will not pay for any hospital or medical expenses that Medicare would cover. Therefore, NYSHIP requires retirees, vestees, dependent survivors and Preferred List enrollees to be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP.

NYSHIP also requires your dependents to be enrolled in Medicare Part A and Part B when first eligible for primary Medicare coverage.

When you or your dependents are Medicare-primary, the Empire Plan prescription drug benefit will include a Medicare Part D prescription drug program called Empire Plan Medicare Rx (PDP) for the Medicare-primary person(s). See the following Medicare Part D section.*

Under NYSHIP rules, the Participating Agency through which you are enrolled must reimburse the Medicare Part B premium for you and your Medicare-eligible dependents when Medicare is primary to your NYSHIP coverage. There is usually no cost for Part A (see page 7 for details).

Ask your agency Health Benefits Administrator (HBA) when NYSHIP will no longer be your primary coverage. And, ask about Medicare premium reimbursement; practices vary from agency to agency.

Medicare Parts A and B Coverage

Together, Parts A and B are known as original Medicare, which is a fee-for-service plan. NYSHIP requires you and your eligible dependents to enroll in both Parts A and B.

Medicare Part A covers inpatient care in a hospital or skilled nursing facility, hospice care and home health care.

Medicare Part B covers doctors' services, outpatient hospital services, durable medical equipment and some other services and supplies not covered by Part A.

Medicare Advantage Plans (Medicare Part C)

Medicare Advantage Plans (Medicare Part C) are managed care options offered through some HMOs and fee-for-service plans. A Medicare Advantage plan replaces your original Medicare Parts A and B benefits and, in many cases, provides Medicare Part D prescription drug benefits (see the following Medicare Part D section).

If you or your dependent joins a Medicare Advantage plan, your NYSHIP benefits will be greatly reduced and may be terminated (see the following Medicare Part D section). You may have very few or no benefits except the benefits available through the Medicare Advantage plan.

Be sure you understand how enrolling in a Medicare Advantage plan will affect your NYSHIP benefits.

Medicare Part D

Medicare Part D is the Medicare prescription drug benefit. Medicare-primary enrollees and dependents enrolled in The Empire Plan have prescription drug coverage under Empire Plan Medicare Rx, a Medicare Part D Prescription Drug Plan with expanded coverage designed especially for NYSHIP. If you or any of your dependents are Medicare-primary, you will be automatically enrolled in Empire Plan Medicare Rx.*

* **Note:** The Excelsior Plan drug benefit does not include a Medicare Part D prescription drug plan.

For more information on Empire Plan Medicare Rx, please call 1-877-769-7447 and press 4 on the main menu or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov/empireplanmedicarerx>.

Medicare allows enrollment in only one Medicare Part D plan at a time. Therefore, enrolling in a Medicare Part D plan or other Medicare product that includes drug coverage, or a Medicare Advantage plan, outside of your NYSHIP coverage may drastically reduce your benefits overall. For example, if you are enrolled in The Empire Plan with prescription drug coverage through Empire Plan Medicare Rx and then enroll in another Medicare Part D plan outside of NYSHIP, Medicare will terminate your Empire Plan Medicare Rx coverage. This means you and your covered dependents will be terminated from The Empire Plan and have no coverage for hospital, medical/surgical, mental health and substance abuse or prescription drugs.*

If you have any questions about your NYSHIP prescription drug coverage, call 1-877-7-NYSHIP (1-877-769-7447), press 4 on the main menu and then the 2014 benefits option, 24 hours a day, seven days a week (TTY for Medicare-primary enrollees and dependents only: 1-866-236-1069); TTY for all other Empire Plan enrollees: 1-800-863-5488).

Q. Why do I need Medicare Parts A and B when I already have Empire Plan health insurance coverage?

A. It's the combination of coverages under Medicare Parts A and B and NYSHIP that protects you.

If you are in The Empire Plan, The Empire Plan becomes secondary (pays health benefits claims after Medicare). The Empire Plan covers much of the Medicare Part A and Part B deductible and coinsurance amounts and some other medical expenses Medicare does not cover.

For example, hearing aids are not covered under Medicare Part A or Part B, but The Empire Plan offers an allowance for hearing aids. Also, Empire Plan benefits are available worldwide while Medicare does not pay for medical services outside the United States.

If you are enrolled in The Excelsior Plan, The Excelsior Plan becomes secondary to Medicare.

Q. Should I stay in NYSHIP after enrolling in Medicare?

A. Yes, you should stay in NYSHIP. If you cancel your NYSHIP coverage, you will not have secondary coverage. NYSHIP will no longer require your Participating Agency to reimburse you or your dependents for the monthly premium for Medicare Part B, a cost that usually increases annually. If you decide to reenroll in NYSHIP, you may have a waiting period (ask your agency HBA). And, if you die while not enrolled in NYSHIP, your dependents will not have the right to reenroll in NYSHIP as dependent survivors.

* **Note:** The Excelsior Plan drug benefit does not include a Medicare Part D prescription drug plan. If you are approved for the Low Income Subsidy under Medicare Part D, ask your agency HBA for information about dropping your Excelsior Plan drug coverage and reducing your Plan premium. If you have questions about the extra help or how to apply, call Social Security at 1-800-772-1213 or visit www.ssa.gov. If you are eligible for both Medicare and Medicaid, you may be required to enroll in Medicare Part D to keep your Medicaid benefits.

Q. What if I and/or my spouse also have coverage through an employer other than my former employer?

A. Group coverage you may have as an **active** employee (not as a retiree) is primary to Medicare. To avoid a reduction in your NYSHIP benefits, even if you also have coverage through another employer's group plan, you or your dependent must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is **primary to NYSHIP**. If you or your spouse has group coverage through a former employer other than your former NYSHIP employer, then standard coordination of benefit rules apply between the two employer group retiree benefits. Under Medicare rules, you can be enrolled in only one Medicare Part D plan at a time. If you enroll in another Medicare Part D plan *after* you are enrolled in Empire Plan Medicare Rx, Medicare will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage, including your hospital, medical/surgical and mental health and substance abuse services, will end. If you are the enrollee, Empire Plan coverage for you and each of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.*

Important: If you or your covered dependent(s) have other health care coverage in addition to The Empire Plan and you will become Medicare-eligible, check with the other plan to find out if that plan will be enrolling you in Medicare Part D prescription drug coverage.* The Medicare rules previously outlined apply to you. Be sure you understand your options for continuing coverage under each plan prior to becoming Medicare-eligible, since you may need to take action to ensure that you keep the coverage that best meets your needs when Medicare is primary.

Q. I am in a coordination period due to end-stage renal disease (ESRD). Is NYSHIP or Medicare my primary coverage during this time?

A. NYSHIP provides your primary health coverage during Medicare's coordination period unless you were already Medicare-primary when the coordination period began. At the end of the coordination period, Medicare is primary and NYSHIP is secondary, regardless of your employment status.

Q. If I return to work, will NYSHIP or Medicare be my primary insurer?

A. After retiring, if you return to work for your former employer in a benefits-eligible position, NYSHIP is primary, in most cases, for you as an active employee and for your Medicare-eligible dependents.

There are two exceptions. Regardless of employment status, if you have a domestic partner/same-sex spouse age 65 or older, Medicare is primary for your domestic partner/same-sex spouse (see **Note** on page 6). Also regardless of employment status, if Medicare eligibility is due to end-stage renal disease, Medicare is primary after completing the 30-month coordination period.

You will not be reimbursed for the cost of Medicare Part B while NYSHIP is primary and you are working. You may choose to suspend Medicare Part B coverage during this period.

* **Note:** The Excelsior Plan drug benefit does not include a Medicare Part D prescription drug plan.



Medicare Enrollment

When you need Medicare Parts A and B

If under age 65 at retirement and not otherwise eligible for Medicare: After you retire or otherwise terminate your employment, Medicare Parts A and B coverage must be in effect on the first day of the month in

which you/your dependent turns age 65. Or, if the birthday falls on the first of the month, Medicare must be in effect on the first day of the preceding month.

Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B in effect on the first day of the month that you are eligible for Medicare coverage.

If you or your dependent is already receiving Social Security Retirement benefits, Social Security may automatically mail a Medicare card to you about three months before you become eligible for Medicare. It will show both Part A coverage and Part B coverage, with an option to decline Part B. **Do not decline! Be sure to enroll in Part B or your benefits will be reduced for failing to enroll. If you do not receive a card, contact Social Security at least three months before your 65th birthday.**

If under age 65 and disabled: If you or your dependent becomes Medicare-eligible before age 65 because of disability, end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS), Medicare must be in effect as soon as you or your dependent is eligible for primary Medicare coverage.

If you or your dependent is under age 65 and eligible for Medicare because of ESRD, contact Medicare at the time of diagnosis. Be sure you have Medicare Parts A and B in effect as soon as you complete Medicare's 30-month coordination period, regardless of your employment status.

If under age 65 and receiving Social Security benefits: If you or your dependent is already receiving Social Security Retirement benefits or Social Security Disability Insurance benefits before age 65, Social Security may automatically mail a Medicare card to

you about three months before you become eligible for Medicare. It will show both Part A coverage and Part B coverage, with an option to decline Part B. **Do not decline! Be sure to enroll in Part B or your benefits will be reduced for failing to enroll.** If you do not receive a card, contact Social Security three months before your 65th birthday.

If over age 65 at retirement: When you retire from active service or otherwise terminate your employment, if you or your dependent is already age 65 or over, or Medicare-eligible because of disability, **NYSHIP will no longer be the primary insurer beginning the first day of the month after your active employer group coverage ends.** NYSHIP becomes secondary to Medicare at that time, even if you fail to enroll. If your domestic partner/same-sex spouse is Medicare eligible due to disability, once you retire, Medicare is primary (see **Note** on page 6). Ask your agency HBA when your active employer group coverage ends.

If you or your dependent is over age 65 when you retire or otherwise terminate your employment, apply for Medicare Part A and Part B three months before leaving the payroll (or as far ahead of your retirement date as possible). Explain to Social Security that you did not sign up for Medicare Part B at age 65 because you still have primary coverage through NYSHIP and you are now retiring. You will not be charged Medicare's late enrollment penalty.

If you live permanently outside the United States or outside Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa, you are not required to enroll in Medicare since Medicare does not cover services provided outside of the United States.

How to apply for Medicare: Visit your local Social Security office or call Social Security at 1-800-772-1213.

Information about applying for Medicare is also available on the web at www.ssa.gov. Medicare accepts applications online under certain circumstances. Teletypewriter (TTY) is available for callers using a TTY device because of a hearing or speech disability: 1-800-325-0778.

General Enrollment Period

If you do not enroll in Medicare Parts A and B when you are first eligible, you must enroll during the next annual general enrollment period between January 1 and March 31. Your coverage will begin the following July 1. You will pay more for Medicare as a penalty for late enrollment.

Your NYSHIP benefits will be drastically reduced until you have Medicare in effect. NYSHIP will not pay Medicare's share of your expenses, even if you use an Empire Plan or Excelsior Plan participating provider.

Q. I'm 62 and retired. My spouse is going to be 65 soon. What do we have to do?

A. Since you are no longer actively employed, Medicare becomes primary to NYSHIP for your spouse at age 65. NYSHIP does not become primary for you until you reach age 65 or otherwise become eligible for Medicare. If you or your spouse is receiving Social Security benefits prior to age 65, Social Security should automatically mail a Medicare card to each of you about three months before you are eligible for Medicare. Do not decline Medicare Part B.

If you do not receive a card or are not receiving Social Security benefits, call Social Security to enroll (see page 11 for contact information). Your Participating Agency will reimburse the Medicare Part B premium for you and your spouse.

Q. What if I and/or my spouse also have coverage through an employer other than my Participating Agency?

A. Group coverage you may have as an **active** employee (not as a retiree) is primary to Medicare. To avoid a reduction in your NYSHIP benefits, even if you also have coverage through another employer's group plan, you or your dependent must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is **primary to NYSHIP**. If you or your spouse is actively employed, the other employer's plan pays first, Medicare second, and NYSHIP third.

Q. What if I'm retired and my dependent is an "active employee"?

A. If your spouse/domestic partner is actively employed and is only enrolled in NYSHIP as your dependent, your spouse/domestic partner has your "retiree" coverage in NYSHIP and must be enrolled in Medicare Parts A and B when first eligible. Medicare will pay primary to NYSHIP, and you will be eligible to receive reimbursement for the Medicare Part B premium on his or her behalf, unless reimbursement is received from another source.

If your dependent is employed by a non-NYSHIP employer and covered under that employer's plan, the dependent's employer pays first, Medicare second, and NYSHIP third.

Q. How about coverage under COBRA?

A. If you are continuing coverage in NYSHIP under COBRA, contact your agency HBA for information when you become eligible for Medicare. Special rules apply.

Q. I am an active employee with a domestic partner/same-sex spouse who is enrolled in NYSHIP as my dependent and who is turning 65 (see Note below). Are the Medicare rules different for domestic partners/same-sex spouses?

A. Yes. Because Medicare is a federal program that does not recognize domestic partners/same-sex spouses, Medicare becomes primary for your domestic partner/same-sex spouse at age 65, even though you are still working. Therefore, your domestic partner/same-sex spouse must have Medicare Parts A and B in place when first eligible due to age for Medicare, regardless of whether you are in active or nonactive status.

Note: The Department of Civil Service is aware of the Supreme Court's ruling in *Windsor vs. U.S.*, which found Section 3 of the Defense of Marriage Act to be unconstitutional. While we anticipate guidance regarding the impact of the decision on NYSHIP, the information contained herein is accurate as of the date of publication. Upon receipt of federal guidance, we will implement changes as soon as practicable.



Medicare Part B Premium

You pay a monthly premium for Medicare Part B coverage. Social Security deducts the Medicare Part B premium, which usually changes annually, from your monthly Social Security check. If you don't receive Social Security, you pay the Medicare Part B premium directly to the

Centers for Medicare & Medicaid Services (CMS).

When Medicare is primary to NYSHIP, under NYSHIP rules, your former employer must reimburse you for the Medicare Part B premium (excluding any penalty for late enrollment), unless you receive reimbursement from another source.

If you have Family coverage under NYSHIP, your former employer also must reimburse you for the Part B premium for any Medicare-primary dependent, provided the dependent is not reimbursed by another source.

You are not eligible for the Medicare Part B premium reimbursement when NYSHIP is primary.

Medicare enrollees with a Modified Adjusted Gross Income (MAGI) below a certain amount pay a standard Medicare Part B premium amount set by the federal government annually. Medicare enrollees with a higher MAGI pay the standard Medicare premium amount plus an additional Income-Related Monthly Adjustment Amount (IRMAA), a Medicare premium amount adjusted for their income.

Under current NYSHIP rules, your former employer must reimburse you for the IRMAA for Medicare Part B, as well as the standard premium. Contact your agency HBA for information about reimbursement of your Medicare Part B premium, including the income-adjusted premium amount.

If you pay Medicare premiums directly to Social Security, be sure to make timely payments. Failure to pay premiums, including IRMAA, may result in the cancellation of your Medicare coverage. This may drastically reduce your overall benefits. Failure to pay Part D IRMAA may result in the termination of your Empire Plan coverage.*

Medicare reimbursement practices vary from agency to agency. Ask your agency HBA how the agency handles reimbursement.

Q. How will I receive the reimbursement?

A. You and your enrolled dependents are entitled to reimbursement of the Medicare Part B premium when you or your enrolled dependents are eligible for primary Medicare coverage. Your former employer may require a photocopy of your or your dependent's Medicare card before beginning the reimbursement. Ask your agency HBA how you will receive your Medicare Part B reimbursement and how frequently.

Q. What about Medicare Part A?

A. There is usually no cost for Medicare Part A. If there is a charge for your Medicare Part A coverage because you did not meet the Social Security eligibility requirements, you may keep NYSHIP as your primary coverage for Medicare Part A expenses and you do not need to enroll in Medicare Part A until you become eligible for no-cost Part A coverage. However, you still must enroll in Medicare Part B. If you receive a statement from Social Security confirming your ineligibility for Medicare Part A at no cost, please send a copy to your agency HBA. Your former employer will not reimburse for the Medicare Part A cost.

* **Note:** The Excelsior Plan drug benefit does not include a Medicare Part D prescription drug plan.



Claims Coordination

Order of payment

When you or your dependent becomes Medicare-primary, claims are paid in the following order:

1. Medicare pays first (primary)
2. NYSHIP pays second (secondary)

Note: If you and/or your dependent also have other coverage as an **active employee**, that plan pays first, Medicare second, and NYSHIP third.

If Medicare denies your claim because your Medicare coverage is not yet in effect, you are responsible for those expenses that Medicare would have paid had you enrolled when first Medicare-primary.

Medicare Advantage Plans

As a retiree, if you or your dependent enrolls in a Medicare Advantage plan in addition to your NYSHIP Excelsior Plan coverage, NYSHIP will not provide benefits for any services available through your Medicare Advantage plan or services that would have been covered by your Medicare Advantage plan if you had complied with the Medicare Advantage plan's requirements for coverage. Covered medical expenses under The Excelsior Plan are limited to expenses not covered under your Medicare Advantage plan.

If your Medicare Advantage plan has a point-of-service option that provides partial coverage for services you receive outside the Medicare Advantage plan, covered medical expenses under your Excelsior Plan are limited to the difference between the Medicare Advantage plan's payment and the amount of covered expenses under your Excelsior Plan.

If you are enrolled in The Empire Plan with Empire Plan Medicare Rx coverage and you enroll in a Medicare Advantage or Part D (prescription drug) plan, you will be disenrolled from The Empire Plan. If you are the enrollee, your dependents will also be disenrolled from The Empire Plan.

Medicare and NYSHIP

Providers (such as hospitals, doctors and laboratories) who accept Medicare are required by federal law to submit claims to Medicare for Medicare-primary patients. After Medicare processes the claim, NYSHIP considers the balance for secondary (supplemental) coverage.

For hospital inpatient expenses, the hospital will file claims first with Medicare and then with your NYSHIP plan (Empire BlueCross BlueShield). You should not be billed for any charges covered under either program. For hospital outpatient expenses, you are responsible only for your NYSHIP plan hospital outpatient copayment, if any, in addition to any separate bills for doctors' services. (See medical/surgical benefits below.) When a hospital does not submit claims directly to Empire BlueCross BlueShield after receiving primary payment from Medicare, it is your responsibility to submit the claim.

For medical/surgical or mental health/substance abuse expenses, you and your enrolled dependents age 65 and over generally have no claims to file and automatically are enrolled in NYSHIP's Medicare Crossover Program. Medicare Crossover is the process by which Medicare, as primary insurance administrator, automatically forwards Medicare Part B medical claims to a secondary administrator for processing.

UnitedHealthcare (for NYSHIP medical/surgical expenses) or ValueOptions (for NYSHIP mental health/substance abuse expenses) will send you an Explanation of Benefits (EOB) that will show you what Medicare paid, what your NYSHIP plan paid, and the amount you are responsible for paying. If the provider participates in Medicare and your NYSHIP plan, you are responsible only for your copayment(s), if any.

If you receive services out of the country where Medicare does not provide any coverage, NYSHIP will pay as primary.

Retirees, vestees and dependent survivors and their dependents who become Medicare-eligible at age 65: You are automatically enrolled in your NYSHIP plan's Medicare Crossover in the state where you reside.

You may experience a delay in your enrollment while UnitedHealthcare and Medicare exchange your Health Insurance Claim (HIC) number assigned by Medicare and your secondary administrator information.

If Medicare is your primary coverage but your secondary coverage is from a source other than NYSHIP, sign up for Medicare Crossover with your secondary plan. It is your responsibility to submit claims to NYSHIP for processing as your third coverage.

Q. How can I be sure Medicare sent my claim to NYSHIP for payment?

A. Medicare will send you an Explanation of Medicare Benefits (EOMB) that will note whether or not your claim was sent to NYSHIP. If the EOMB does not have this note, submit your claim along with a copy of your EOMB to UnitedHealthcare (for medical/surgical services) or to ValueOptions (for mental health/substance abuse services).

If you are a Medicare-primary NYSHIP enrollee or dependent and are having problems with your claims, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447).

Q. What will my NYSHIP Explanation of Benefits include?

A. Your NYSHIP Explanation of Benefits (EOB) should show that both Medicare and NYSHIP processed the claim. If you do not receive an EOB, submit a claim to the NYSHIP administrator for secondary payment. Be sure to include supporting bills, receipts and Medicare's Summary Notice.

For each month that you and each Medicare-primary dependent enrolled in Empire Plan Medicare Rx get a prescription filled, you will receive an EOB that will help you track these prescriptions.*

Please see your *NYSHIP General Information Book* and *Empire Plan Certificate* or your Empire Plan Medicare Rx *Evidence of Coverage** for details on how to file claims, including deadlines.

Q. Do I have to file a claim with NYSHIP if I receive services that Medicare does not cover?

A. If you receive services from a provider who does not participate in NYSHIP, and these services are covered under NYSHIP but not under Medicare, it is your responsibility to file a claim with the appropriate NYSHIP administrator for Basic Medical or non-network benefits.

You do not have to file a claim if you receive services from a provider who participates in your NYSHIP plan.

Q. What if I incur medical expenses outside the United States?

A. Medicare does not cover medical expenses for services outside the United States, Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas and American Samoa. NYSHIP pays as your primary coverage. If you are in NYSHIP and will be traveling temporarily outside the United States, file claims directly with your NYSHIP plan.

If you plan to move permanently outside the United States, you must notify the agency HBA in writing. Your agency will discontinue your Medicare Part B reimbursement.

Q. What if I use a provider who has opted out of Medicare?

A. If you are eligible for Medicare-primary coverage and you receive covered services from a provider who has elected to opt out of Medicare, or whose services are otherwise not covered due to failure to follow applicable Medicare program guidelines, your NYSHIP plan will estimate the Medicare benefit that would have been paid and subtract that amount from the allowable expenses under the Plan. This may result in much higher out-of-pocket costs to you.

* Does not apply to Excelsior Plan enrollees.

Important Contacts

Write to your agency HBA if your Medicare or marital status changes

If Medicare eligibility ends for you or your dependent (because, for example, you move outside the United States or your dependent dies), you must write to your agency HBA. You must also notify your agency of a divorce.

If you receive reimbursement for the Medicare Part B premium for yourself and/or your dependent when not eligible, your agency has the right to require that you return the amounts that were paid incorrectly. If you move back to the United States temporarily for medical care, ask your agency HBA about resuming your Medicare premium reimbursement temporarily.

Keep your address up to date

It is very important that you notify your former agency HBA in writing when your mailing address changes for any reason. Make sure you sign your request to change or add an address.

Note: If you or your dependents are Medicare-eligible, Medicare requires your residential street address to be on your enrollment file. NYSHIP can accept a post office box as a general mailing address for NYSHIP material, but you must also provide the street address of your permanent residence for enrollment in Empire Plan Medicare Rx.

If you have questions

If you have questions about your NYSHIP coverage, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.

If you have questions about Empire Plan Medicare Rx, call 1-877-7-NYSHIP (1-877-769-7447), press 4 on the main menu and then the 2014 benefits option, 24 hours a day, seven days a week (TTY 1-866-236-1069).


If you have questions about Medicare and NYSHIP or if you need a NYSHIP publication mentioned in this booklet, please contact the agency HBA at your former employing agency. You may also check the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.

If you have questions about Medicare eligibility, enrollment or cost, contact Social Security at 1-800-772-1213, 24 hours a day, seven days a week. TTY users should call 1-800-325-0778. Or, check the web site, www.ssa.gov.

For questions about Medicare benefits, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Medicare's web site, www.medicare.gov, also has information.

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)

Information in this publication is provided to help you have the most complete health insurance coverage possible. Care has been taken to ensure accuracy. However, the Certificate of Insurance from The Empire Plan administrators with amendments are the controlling documents for benefits available under NYSHIP.

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Medicare & NYSHIP's Empire and Excelsior Plans

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