



# Medicare & NYSHIP

## NY and PE Retirees

Important Health Insurance Information for Retirees, Vestees, Dependent Survivors, Preferred List Enrollees and their Enrolled Dependents and Young Adult Option Enrollees covered under the New York State Health Insurance Program (NYSHIP) through New York State Agencies and Participating Employers

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*This publication provides important health insurance information about Medicare and NYSHIP. Do not depend on Social Security, Medicare, an HMO 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 insurance 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 ("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.

## 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).

*Participating Employer enrollees: Ask your agency Health Benefits Administrator when NYSHIP will no longer be your primary coverage.*

### 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 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 health insurance benefits to New York State employees and retirees and their

eligible dependents and to those who are eligible for coverage through a Participating Employer. NYSHIP offers coverage under The Empire Plan or through HMOs that participate in NYSHIP.

As a retiree, you may do many of the things you could do as an active employee. For example, you may change options, 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 Part A and Part B. Therefore, NYSHIP requires you to enroll in Medicare Parts A and B when first eligible for Medicare coverage that is primary to NYSHIP. NYSHIP reimburses the Medicare Part B premium for you and your Medicare-primary dependents. There is usually no cost for Part A (see page 7 for details).

NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when they are first eligible for primary Medicare coverage. Empire Plan prescription drug benefits are provided under a Medicare Part D prescription drug program called Empire Plan Medicare Rx (PDP). See page 3, Medicare Part D.

Some NYSHIP HMOs coordinate benefits with Medicare Parts A and B. When Medicare is primary, The Empire Plan and NYSHIP HMOs that coordinate benefits with Medicare will not pay for any expenses that Medicare Part A or B would cover (see page 8, Medicare and Your NYSHIP HMO). The same rule applies to each dependent (spouse/domestic partner or child) covered under your NYSHIP policy.

Most NYSHIP HMOs (those that are Medicare Advantage plans) provide your Medicare hospital and medical, as well as prescription drug benefits. See page 3, Medicare Advantage Plans (Medicare Part C).

Be sure to check with your NYSHIP HMO to see if your benefits are coordinated with Medicare or if your NYSHIP HMO is a Medicare Advantage HMO.

If you are enrolled in a NYSHIP HMO that provides a Medicare Advantage plan and become eligible for Medicare at age 65, you will be automatically enrolled in that HMO's Medicare Advantage plan on the first day of the month that you become eligible for Medicare. You must be enrolled in Medicare Parts A and B to continue this coverage. Likewise, a dependent who becomes eligible for Medicare will automatically be enrolled in that HMO's Medicare Advantage plan and must be enrolled in Medicare Parts A and B. If you have Family coverage, anyone who is not Medicare-eligible, will remain in the traditional HMO plan.

You and your dependents each must enroll in Medicare Parts A and B as soon as each of you becomes eligible for Medicare coverage that is primary to NYSHIP coverage. When you become Medicare-eligible and are covered under NYSHIP as a retiree or the dependent of a retiree, Medicare becomes primary to NYSHIP for you. When you become Medicare-eligible and are covered as an active employee or the dependent of an active employee, NYSHIP is primary (see exceptions on page 1).

## Medicare Parts A and B

**Together, Parts A and B are known as the original Medicare plan, 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 HMOs and private 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 Medicare Part D below).

Most NYSHIP HMOs provide Medicare Advantage coverage to Medicare-primary enrollees and dependents. Check the current *Health Insurance Choices* publication to see if any are offered in your area. If you are enrolled in a NYSHIP HMO that offers a Medicare Advantage plan when you become Medicare-primary, you receive both your Medicare and NYSHIP benefits from that plan.

Many Medicare Advantage plans are not part of NYSHIP. Be sure you understand how enrolling in a Medicare Advantage plan outside of NYSHIP will affect your NYSHIP benefits. If you or your dependent enrolls in a Medicare Advantage plan that is not part of NYSHIP, you may have very few or no NYSHIP benefits or you may be automatically disenrolled from your NYSHIP plan.

## Medicare Part D

**Medicare Part D is the Medicare prescription drug benefit.** Empire Plan prescription drug coverage for Medicare-primary enrollees and dependents is provided under Empire Plan Medicare Rx, a Medicare Part D prescription drug plan with expanded coverage designed especially for NYSHIP. Empire Plan enrollees and dependents are automatically enrolled in Empire Plan Medicare Rx upon becoming Medicare-primary.

If you are enrolled in a NYSHIP Medicare Advantage HMO, the HMO provides your Medicare Part D prescription drug coverage.

**You can be enrolled in only one Medicare Part D plan at a time.** Therefore, enrolling in a Medicare Part D 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 a 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 or will have no coverage for hospital, medical/surgical, mental health and substance abuse or prescription drugs.

- If you are enrolled in a NYSHIP Medicare Advantage HMO and then enroll in a Medicare D plan outside of NYSHIP, Medicare will terminate your enrollment in the NYSHIP HMO.

If you receive prescription drug coverage through a union Employee Benefit Fund, contact the fund for information about Medicare Part D.

Individuals with limited income and resources are eligible for prescription drug benefits at no cost or a reduced cost under the Medicare Part D Low Income Subsidy or Extra Help. If you are eligible or have been approved by Medicare for the Extra Help and you are enrolled in The Empire Plan or a NYSHIP HMO, you may be reimbursed for some or all of your Medicare Part D 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](http://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.

If you have any questions about your Empire Plan 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).

If you have questions about your HMO prescription drug coverage, call your HMO.

### Q. Why do I need Medicare Parts A and B when I already have NYSHIP 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 or in a NYSHIP HMO that coordinates with Medicare, your NYSHIP plan becomes your secondary coverage (pays health insurance claims after Medicare). Your NYSHIP 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 received outside the United States.

If you are enrolled in a NYSHIP Medicare Advantage HMO, this plan replaces your original Medicare. All your Medicare and NYSHIP benefits must be received from the Medicare Advantage plan.

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**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. The State will no longer 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 will have a three-month waiting period. And, if you die during the period your NYSHIP coverage is canceled, your dependents will not have the right to NYSHIP coverage as dependent survivors.

**Q. What if I and/or my spouse also have coverage through an employer other than New York State?**

**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 another former employer other than New York State, 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 insurer during this time?**

**A.** NYSHIP provides your primary health insurance 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 for New York State, will NYSHIP or Medicare be my primary insurer?**

**A.** If you return to work for New York State or your former Participating Employer in a benefits-eligible position after retiring, NYSHIP is primary for you as an active employee and, in most cases, 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.



# 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 65<sup>th</sup> 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.

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 65<sup>th</sup> 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, 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 65<sup>th</sup> birthday.**

**If over age 65 at retirement:** When you retire 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 following a "runout" of 28 days after the last day of the last payroll period for which you were paid.\*** 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).

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.

If you enroll in Medicare while still covered by NYSHIP as an active employee or during the special enrollment period offered by Medicare, you should not be charged Medicare's late enrollment penalty.

*Participating Employer enrollees: If you/your dependent is 65 or over when you retire from active service or leave the payroll as a vestee, NYSHIP will no longer be your primary insurer beginning the first day of the month after the end of the month in which your employer group coverage ends. Ask your agency Health Benefits Administrator when your employer group coverage ends.*

\* Rehired retirees: If you retire and then return to work with the State in a benefits-eligible position, you do not have a second "runout." Medicare becomes primary on the first day of the month following the month in which you leave the payroll.

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## **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](http://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. NYSHIP will not reimburse you for any extra charges (above the usual base cost) imposed by Social Security as penalties for late enrollment in the Medicare program.

**Your benefits will be drastically reduced until you have Medicare in effect.**

#### **Q. I'm 62 and retired. My spouse is going to become eligible for Medicare because she is turning 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 turning 65, Social Security should automatically mail a Medicare card to each of you about three months before your 65<sup>th</sup> birthday(s). 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). NYSHIP will automatically begin reimbursing you for your and your spouse's Medicare Part B premium when Medicare becomes primary for each of you.

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

- A.** If your spouse/domestic partner is an active employee of New York State or a Participating Employer, and is 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.

#### **Q. How about coverage under COBRA?**

- A.** If you are continuing coverage in NYSHIP under COBRA, contact the Employee Benefits Division 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

When Medicare is primary to NYSHIP, you pay premiums for Medicare Part B coverage and NYSHIP reimburses 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, you will also be reimbursed 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.

### How reimbursement works, in most cases

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 Social Security. New York State reimburses the standard cost to your monthly State pension check.

If you pay for NYSHIP coverage with direct payments each month to the Employee Benefits Division, Medicare reimbursement will reduce your monthly premium. If the Medicare credit is greater than your monthly premium, you will receive a quarterly refund check from the Office of the State Comptroller for the difference between your Medicare premium and your NYSHIP premium.

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 Part B and are not entitled to Medicare Part B premium reimbursement, since Medicare does not cover services provided outside the United States.

Medicare enrollees with a Modified Adjusted Gross Income (MAGI) above specified amounts must pay an income-related monthly adjustment amount (IRMAA) in addition to the standard cost of Medicare Part B.

### Q. Should I apply for reimbursement?

**A.** NYSHIP automatically begins reimbursement for the standard cost of original Medicare Part B when Medicare becomes primary to NYSHIP coverage **at age 65** for retirees, vestees, dependent survivors, and enrollees covered under Preferred List provisions and their dependents who turn 65. The reimbursement is not automatic for any enrollee or covered dependent who is **under age 65** and eligible for Medicare because of disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS). **You must notify the Employee Benefits Division** in writing and send a photocopy of the Medicare card to begin the reimbursement in these cases. Please also include the NYSHIP enrollee's identification number with the request for a monthly credit. You may find it convenient to use the sample letter in the *NYSHIP General Information Book* for Retirees.

### 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. 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 the Employee Benefits Division. NYSHIP will not reimburse for the Medicare Part A cost.



# 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 (Empire Plan or HMO) 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 and Your NYSHIP HMO

If you are enrolled in a NYSHIP HMO, contact your HMO to find out if benefits will change when Medicare is primary. Most NYSHIP HMOs are Medicare Advantage HMOs. Find out from your HMO or the NYSHIP *Health Insurance Choices* guide if your NYSHIP HMO coordinates with Medicare or is a Medicare Advantage HMO:

### • NYSHIP Medicare Advantage HMO

With a **Medicare Advantage plan**, you have no benefits outside the NYSHIP HMO. The Medicare Advantage HMO replaces your original Medicare coverage. If you enroll in a NYSHIP Medicare Advantage HMO, all your Medicare and NYSHIP benefits must be received from that plan. Most NYSHIP HMOs are Medicare Advantage HMOs.

### • NYSHIP HMO coordinates with Medicare

If your NYSHIP HMO **coordinates** coverage with Medicare, you have benefits available outside the NYSHIP HMO. You can choose to receive treatment outside the HMO and still use your original Medicare Parts A and B coverage. You will be responsible for Medicare's deductibles, coinsurance and other charges. A small number of NYSHIP HMOs coordinate coverage with Medicare Parts A and B.

## Medicare and The Empire Plan

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, The Empire Plan considers the balance for secondary (supplemental) coverage.

For hospital inpatient expenses, the hospital will file claims first with Medicare and then with The Empire 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 The Empire 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 generally have no claims to file if you are enrolled in The Empire Plan's **Medicare Crossover** Program (see page 9). Medicare Crossover is the process by which Medicare, as primary insurance carrier, automatically forwards Medicare Part B medical claims to a secondary carrier for processing.

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

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

### **Retirees, vestees and dependent survivors and their dependents who become Medicare-eligible at age 65:**

You are automatically enrolled in The Empire Plan's Medicare Crossover in the state where you reside.

You will know you are enrolled when Medicare has sent your claim to The Empire Plan and you receive an Explanation of Medicare Benefits (EOMB) that states your claim has been forwarded to your secondary carrier. If the EOMB does not state that your claim was forwarded to your secondary carrier, you or your provider will have to submit a claim to The Empire Plan.

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

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

### **Q. Will The Empire Plan send me an Explanation of Benefits?**

**A.** You should receive an Explanation of Benefits (EOB) showing that both Medicare and The Empire Plan processed the claim. If you do not receive this EOB, submit a claim to The Empire Plan carrier for secondary payment. Be sure to include supporting bills, receipts and Medicare's Summary Notice.

You and each Medicare-primary dependent also will receive an EOB for each month that you get a prescription filled 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. How can I be sure Medicare sent my claim to The Empire Plan for payment?**

**A.** Medicare will send you an Explanation of Medicare Benefits (EOMB) that will note whether or not your claim was sent to The Empire Plan. 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).

### **Q. Do I have to file a claim with The Empire Plan if I receive services that Medicare does not cover?**

**A.** If you receive services from a provider who does not participate in The Empire Plan, and these services are covered under The Empire Plan but not under Medicare, it is your responsibility to file a claim with the appropriate Empire Plan carrier 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 The Empire 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 insurer. If you are in The Empire Plan and will be traveling temporarily outside the United States, file claims directly with The Empire Plan carriers. If you are enrolled in an HMO, check with your HMO before you travel about requirements for authorizing treatment outside the service area.

If you plan to move permanently outside the United States, you must notify the Employee Benefits Division in writing. The State will discontinue your Medicare Part B reimbursement. **Note:** You are not eligible for enrollment in an HMO if you do not reside in the HMO's approved service area.

### **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, The Empire 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.



# Important Contacts

## Write to the Employee Benefits Division 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 the Employee Benefits Division. You must also notify us of a divorce.

If you receive reimbursement for the Medicare Part B premium for yourself and/or your dependent when not eligible, you will be required to return the amounts that were paid incorrectly. If you move back to the United States temporarily for medical care, contact us about resuming your Medicare premium reimbursement temporarily.

## Keep your address up to date

It is very important that you notify the Employee Benefits Division when your address changes for any reason. To provide your address information, send a signed written request to change or add an address to the New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239. Or, you can make mailing address changes to your enrollment file online via MyNYSHIP, the Employee Benefits Division self-service option. Go to <https://www.cs.ny.gov/mynyship>.

**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 Empire Plan 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 your HMO, contact your HMO directly.

If you have questions about Medicare and NYSHIP or if you need a NYSHIP publication mentioned in this booklet, please call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). Call Monday through Friday between 9 a.m. and 4 p.m. Eastern time. You may also check our web site at <https://www.cs.ny.gov>. Or write to: New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239.

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](http://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](http://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 HMO contracts and the certificate of insurance from The Empire Plan carriers with amendments are the controlling documents for benefits available under NYSHIP.*

 This publication was printed using recycled paper and environmentally sensitive inks.

**Medicare & NYSHIP** is published by the Employee Benefits Division of the New York State Department of Civil Service.

The Employee Benefits Division administers NYSHIP. NYSHIP provides your health insurance benefits through The Empire Plan or a NYSHIP-approved HMO.



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