NEW YORK STATE | The Empire Plan

Empire Plan Report

April 2016 • M/C; Legislature

New York State Health Insurance Program (NYSHIP) for Employees of New York State designated Management/Confidential (M/C); Legislature, their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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What's New

This *Empire Plan Report* summarizes the changes to your benefits and coverage under the New York State Health Insurance Program (NYSHIP) and The Empire Plan. The *Empire Plan Certificate Amendments* reflecting the changes outlined in this *Report* will be posted on NYSHIP Online.

The *Empire Plan Certificate*, which describes the coverage provided by The Empire Plan, will be updated on NYSHIP Online to reflect the new *Amendments*. A new *Empire Plan Certificate*, containing all Empire Plan benefit changes, will be mailed to your home when it's complete.

This *Report* includes information about:

- Pre-Tax Contribution Program and Split Deductions (Pages 2-3)
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NYSHIP Changes

Pre-Tax Contribution Program and Split Deductions

The Pre-Tax Contribution Program (PTCP) is a voluntary program that you can choose to participate in when you are first eligible for health insurance benefits or each year during the PTCP Election Period from November 1 through November 30.

Under the PTCP, your share of the health insurance premium is deducted from your wages before taxes are withheld, which may lower your tax liability. In exchange for this reduction in your tax liability, you agree to maintain the same pre-tax health insurance deduction for the entire plan year, unless you provide timely (within 30 days) notification of a qualifying event, which would allow you to make a change or cancel your coverage. See the *NYSHIP General Information Book* for a list of PTCP-qualifying events.

Split Deductions

Beginning in 2016, "split deductions" will again be applied for PTCP enrollees, which means your share of the health insurance premium will be split between pre-tax and post-tax deductions, if necessary.

This gives you more flexibility to make changes to your health insurance coverage throughout the plan year without a qualifying event, including:

- **Adding dependents when you have Individual coverage –** The split deduction change allows you to add previously eligible dependents and switch to Family coverage during the plan year without a PTCP-qualifying event. **Note:** NYSHIP late enrollment rules still apply. The individual portion of the family premium will be a pre-tax deduction and the dependent portion of the family premium will be a post-tax deduction, as required by IRS regulations. Your total premium will be a pre-tax deduction in the next tax year.
- **Adding a domestic partner –** The split deduction change also allows you to add a non-federally qualified domestic partner to your coverage and have the individual portion of the family premium be a pre-tax deduction and the dependent portion of the family premium be a post-tax deduction, as required by IRS regulations.

Pre-Tax Deduction Rules Still Apply

If you're enrolled in PTCP, you cannot change your pre-tax deduction during the plan year unless you provide timely (within 30 days) notification of a qualifying event, which would allow you to make a pre-tax deduction change. The split deduction allows you to make certain changes to your health insurance coverage and pay the difference with post-tax deductions.

If you have any questions about PTCP and split deductions, see your Health Benefits Administrator (HBA).

Individual Mandate for Health Insurance Coverage

The federal Patient Protection and Affordable Care Act (PPACA) includes a mandate that requires most individuals maintain qualifying health insurance coverage for themselves and their dependents. Individuals failing to meet this requirement may face a penalty for noncompliance. This is commonly referred to as the "individual mandate."

If you and your eligible dependents are enrolled in The Empire Plan or a NYSHIP HMO, you meet the requirements for coverage under PPACA's individual mandate.

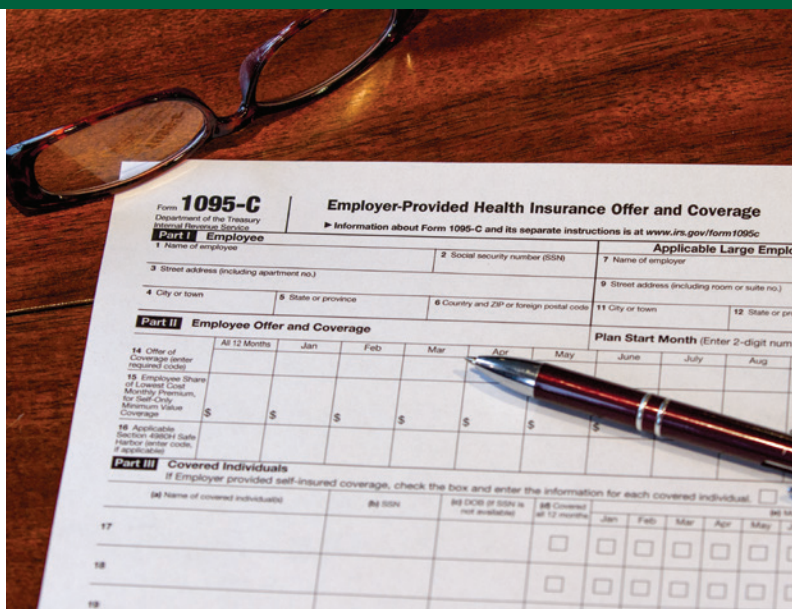
Verifying Your Status – Form 1095-C

Beginning this year, the State of New York will provide Empire Plan enrollees with a new IRS tax form, Form 1095-C, to document their health insurance coverage status. The State will transmit these forms to the IRS as well. This information will be used by the IRS to confirm that you have the minimum essential health insurance coverage required under PPACA.

Form 1095-C includes:

- Information related to your offer of health insurance coverage from the State
- A list of individuals covered on your policy
- The period of time you and your dependents were covered on the plan for the prior year

You should have received a copy of Form 1095-C from the State by March 31, 2016. Confirm that the information is accurate. If it needs to be updated, call the phone number on the form. You **do not** need to return the form to the State or IRS, but you should keep it with your tax records for reference.



Medicare-primary Enrollees and Dependents

Individuals enrolled in Medicare are deemed to have met PPACA's individual mandate requirement. Therefore, Medicare-primary enrollees with Individual coverage and Medicare-primary enrollees with Family coverage where all covered individuals are Medicare-primary will not receive Form 1095-C. Enrollees with Family coverage with one or more covered individuals not enrolled in Medicare should have received Form 1095-C from the State.

Requests for Social Security or Taxpayer Identification Numbers

The State may ask you to provide the Social Security or Taxpayer Identification Numbers for you and your dependents so they can complete Form 1095-C on your behalf. To protect your personal information, the State will only make this request in writing through the mail. Do not share your personal information over the phone unless you initiated the contact and know you are speaking with a representative from the Employee Benefits Division.

If you do not provide this information, you may receive requests from the IRS for additional documentation to verify coverage.

For more information about the individual mandate and Form 1095-C, visit the IRS web site at www.irs.gov or contact a tax professional.

Empire Plan Changes

Out-of-Network (OON) Costs and Coverage

The 2014-15 New York State budget included the Emergency Medical Services and Surprise Bills law. The law provides additional protections for patients who receive services from nonparticipating (out-of-network) providers and requires health plans to provide more transparent information regarding the costs and coverage for out-of-network services. Certain provisions of the law only apply in New York State or selected areas.

Emergency Department Services

Effective January 1, 2016, services provided in the emergency department of a hospital by a nonparticipating (out-of-network) specialty provider must be provided at an in-network benefit level. You do not have to pay more than the in-network copayment for Emergency Department services received within or outside of New York State. If you receive a bill for emergency services that exceeds this amount, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.

Out-of-Network Reimbursement Disclosures

In December 2015, you received a copy of the *Out-of-Network Reimbursement Disclosures* insert with your 2016 Empire Plan *At A Glance*. The *Disclosures* insert provides detailed information regarding your out-of-network (OON) costs and coverage, including:

- **OON Referral Mandate –** The Empire Plan provides access to network benefits for primary care and covered specialty physicians if there is not one available within a 30-mile radius or 30-minute travel time from your home address. Out of network referrals are available from your home address in the following states/areas: New York; New Jersey; Connecticut; Pennsylvania; North and South Carolina; Florida; Maryland; Washington, D.C.; Virginia; West Virginia; Arizona and the Chicago, Illinois area. You must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) before seeking services.
- **Appeals of OON Referral Denials –** If the Plan denies an OON referral request because there is a geographically accessible in-network provider with the appropriate training and experience to meet your health care needs, you or your representative may file an appeal for an external review. Appeal forms are available on the Department of Financial Services (DFS) web site at www.dfs.ny.gov.
- **Updated Provider Directories –** The Empire Plan online provider directory has been updated to include hospital affiliation information for participating providers (be sure to cross reference the Plan's hospital directory information to ensure the facility is in-network) as well as languages spoken. You can access the provider directory on NYSHIP Online. From the homepage, select Find a Provider and then scroll down to the Medical/Surgical Program section and choose The Empire Plan Medical/Surgical Provider Directory. The 2016 printed versions of the Empire Plan Participating Provider Directories for New York State, which will be issued in August-September 2016, will also include this information.
- **Out-of-Network Reimbursement Resources –** To help you estimate how much you would pay for certain OON services, see the *Out-of-Network Reimbursement Disclosures* insert for *Out-of-Network Reimbursement Examples.* Also, FAIR Health, a not-for-profit organization, provides a medical cost estimation tool at www.fairhealthconsumer.org. The tool will help you determine the average cost (usual or customary rate) for OON services in your geographic area or ZIP code.
- **Surprise Bills –** A provision of the law protects patients from being responsible for paying the full charge for surprise bills. This provision, which generally applies only to services provided within New York State, applies when patients are treated by nonparticipating providers without their knowledge. If you have questions about whether a bill meets this definition, contact DFS at 1-800-342-3736 or visit www.dfs.ny.gov/consumer/hprotection.htm.

Traveling with The Empire Plan

If you are away from home due to travel or vacation, the out-of-network referral mandate does not apply. Benefits for covered services received from a nonparticipating provider still are available under out-of-network benefit provisions, subject to deductible and coinsurance. See the publication *On The Road with The Empire Plan* on NYSHIP Online for more details on how to use the Plan when traveling. The updated 2016 version of this booklet will be available later this spring.

For more information regarding the cost and coverage for your out-of-network benefits, refer to your 2016 Empire Plan *At A Glance* and the *Out-of-Network Reimbursement Disclosures* insert that were mailed to your home in December. Both publications are also available on NYSHIP Online.

2016 Maximum Out-of-Pocket Limit

In 2016, the maximum out-of-pocket limit for covered, in-network services under The Empire Plan changed to $6,850 for Individual coverage and $13,700 for Family coverage. A portion of the maximum is allocated to the Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs, combined, and the balance applies to the Prescription Drug Program, as specified below. Your out-of-pocket costs, such as copayments for covered in-network services, will not exceed the limit. Once you reach the limit, your copayments will be reimbursed.

2016 In-Network Maximum Out-of-Pocket Limits		
	Prescription Drugs	All other covered in-network services, combined
Individual coverage	$2,400*	$4,450
Family coverage	$4,800*	$8,900

*Does not apply to Medicare-primary enrollees and dependents.

If you have any questions about your maximum out-of-pocket limit for prescription drugs, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. If you have any questions about your limit for all other covered in-network services, press or say 1 for the Medical Program.

New HCAP and DME Vendors

The Empire Plan Home Care Advocacy Program (HCAP) provides home care services, durable medical equipment (DME) and supplies at no cost when preapproved and received through an HCAP vendor. In 2016, The Empire Plan has new HCAP vendors for breast pumps, Transcutaneous Electrical Nerve Stimulation (TENS) units and Neuromuscular Electrical Stimulation (NMES) units.

Breast Pump Suppliers

Empire Plan enrollees are eligible for one pump after the birth of a child. To receive the maximum, paid-in-full benefit, the breast pump must be purchased from a contracted supplier. The current breast pump suppliers are:

- **Byram Healthcare:** 1-877-902-9726 or www.byramhealthcare.com
- **Edgepark:** 1-888-394-5375 or www.edgepark.com
- **McKesson:** 1-844-727-6667 or www.mckesson.com
- **Medline:** 1-800-633-5463 or www.medline.com

TENS or NMES Unit Suppliers

Empire Plan Durable Medical Equipment vendor EMPI, Inc., has closed and will no longer be supplying Transcutaneous Electrical Nerve Stimulation (TENS) units and Neuromuscular Electrical Stimulation (NMES) units and related supplies. Users of these products and supplies will need to contact another participating Empire Plan DME vendor to continue to receive these benefits.

If you can continue using your TENS or NMES unit, all necessary compatible supplies can be provided by Kinex Medical Company (see below for contact information). A new prescription for the supplies will be necessary. Be sure to contact Kinex as soon as possible with your Empire Plan identification number, address and phone number, as well as your physician's name and phone number so that Kinex can obtain a physician order/prescription.

If you need a new TENS or NMES unit now or in the future, alternative units and supplies can be furnished by the following providers. Again, a new prescription will be needed, so be sure to contact them as soon as you are aware of the need for a new unit.

- **Kinex:** 1-800-845-6364
- **Electrostim Medical Services, Inc. (EMSI):** 1-800-588-8383
- **Zynex:** 1-800-495-6670

ValueOptions Now Known as Beacon Health Options

Effective January 1, 2016, the Empire Plan Mental Health and Substance Abuse Program administrator, formerly known as ValueOptions, Inc., has rebranded and changed its name to Beacon Health Options, Inc. Benefits and provider networks will remain the same.

You will start seeing the Beacon Health Options, Inc. name and logo incorporated into communications–such as on all correspondence, including letters and Explanations of Benefits, on the web site and via the Customer Service phone line–as the name transition takes effect.

Other than the name change, all services provided by Beacon Health Options, Inc., will be the same as the services provided under ValueOptions, Inc. If you have any questions, please call the Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 3 for the Mental Health and Substance Abuse Program.

2016 Flexible Formulary

The Empire Plan uses a Flexible Formulary for prescription drugs. There are some changes to the Empire Plan Flexible Formulary as part of the annual review, including revisions that were made in early January. If you were affected by these changes, you received notice from CVS/caremark. Effective March 1, 2016, the cholesterol drugs Repatha and Praluent have been added to the Flexible Formulary as preferred brands, moving from level 3 to level 2.

A copy of the 2016 Empire Plan Flexible Formulary was mailed to your home with the 2016 Empire Plan *At A Glance* in December. The online version of the Flexible Formulary, available on NYSHIP Online, represents the most recent updates. Be sure to check there, or have your doctor do so, to ensure that you have the most current information.

To access the Flexible Formulary on NYSHIP Online, go to www.cs.ny.gov/employee-benefits and choose your group and plan, if prompted. From the NYSHIP Online homepage, select Using Your Benefits and then click on 2016 Empire Plan Flexible Formulary.

Preventive Care Coverage Updates

The federal Patient Protection and Affordable Care Act (PPACA) includes provisions for expanded coverage of preventive health care services at no cost to you when you use an Empire Plan participating provider or network facility.

Additional coverage for the following services was added in 2016:

- Alcohol and drug use assessments for children
- For adults, the covered colorectal cancer screening now includes pre-procedure consultation and any resulting pathology exam or polyp biopsy for the colonoscopy
- Screening for Hepatitis B Virus infection for at-risk adults

See the *2016 Preventive Care Coverage Chart* that was included with your 2016 Empire Plan *At A Glance* for examples of covered services. The chart is also available on NYSHIP Online under Using Your Benefits or you can contact your Health Benefits Administrator to request a copy.

Preventive Care Rx Copayment Waivers

In addition to preventive care services, certain covered drugs do not require a copayment when you use a Network Pharmacy, including:

- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Tamoxifen and Raloxifene, when prescribed for the primary prevention of breast cancer

Call The Empire Plan at 1-877-7-NYSHIP (877-769-7447) and press or say 4 for the Prescription Drug Program with any questions.

Center of Excellence for Infertility Program

UnitedHealthcare (UHC) administers the Center of Excellence for Infertility Program. The Empire Plan Medical Program is now partnering with UHC's Optum Infertility Centers of Excellence Network in an effort to take advantage of their clinical and technical expertise in this area. Benefits will remain the same. Concurrent with this change, CNY Fertility in Albany and Syracuse, NY, and Reproductive Specialists of New York located in Mineola, NY, will no longer be a part of the Center of Excellence Program, effective June 1, 2016. Albany IVF in Albany, NY, will become a network Center effective June 1, 2016.

Enrollees who will be impacted by this change have received information directly from UHC. If you have any questions, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select the appropriate program.	
PRESS OR SAY 1	**Medical/Surgical Program: *Administered by UnitedHealthcare*** Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time. TTY: 1-888-697-9054 P.O. Box 1600, Kingston, NY 12402-1600 Claims submission fax: 845-336-7716 online: nyrmo.optummessenger.com/public/opensubmit
PRESS OR SAY 2	**Hospital Program: *Administered by Empire BlueCross BlueShield*** Administrative services are provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. TTY: 1-800-241-6894 New York State Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 Claims submission fax: 888-367-9788 online: www.empireblue.com
PRESS OR SAY 3	**Mental Health and Substance Abuse Program: *Administered by Beacon Health Options, Inc.*** Representatives are available 24 hours a day, seven days a week. TTY: 1-855-643-1476 P.O. Box 1800, Latham, NY 12110 Claims submission fax: 855-378-8309 online: ets.valueoptions.com/OnlineClaimSubmission
PRESS OR SAY 4	**Prescription Drug Program: *Administered by CVS/caremark*** Representatives are available 24 hours a day, seven days a week. TTY: 1-800-863-5488 Customer Care Correspondence, P.O. Box 6590, Lee's Summit, MO 64064-6590 Claims submission, P.O. Box 52136, Phoenix, AZ 85072-2136
PRESS OR SAY 5	**Empire Plan NurseLine℠: *Administered by UnitedHealthcare*** For recorded messages on more than 1,000 topics in the Health Information Library, enter PIN number 335, then say one or two words about the information you are looking for or enter a four-digit topic code from The Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine to send you one.

The *Empire Plan Report* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.

New York State Department of Civil Service
Employee Benefits Division, Albany, New York 12239
518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
www.cs.ny.gov

Reminders

Dependent Eligibility Verification

Your health insurance coverage through NYSHIP is a valuable benefit, but it is also costly to provide. It becomes more costly to you and the Program when NYSHIP is asked to pay health insurance claims for individuals who are not eligible for coverage.

To help ensure that every participant who receives benefits is entitled to them, NYSHIP is conducting a Dependent Eligibility Verification Audit, similar to the audit conducted in 2009.

In November 2015, the Department of Civil Service mailed a letter to all NYSHIP enrollees with Family coverage to inform them of the audit, introduce the vendor (Health Management Systems, Inc. [HMS]) that will conduct the audit and provide an overview of what to expect.

Special Amnesty Period

In December 2015, HMS mailed an amnesty letter to all NYSHIP enrollees with Family coverage giving them an opportunity to remove any ineligible dependent(s) without incurring any liability for repayment of claims paid on their behalf. The special amnesty period ended on January 29, 2016.

Verification Phase: July 5 to August 19

The verification phase of the audit will be conducted from July 5 to August 19, 2016 for active employees of New York State. Enrollees with Family coverage will be required to provide documentation of eligibility for their dependents covered under NYSHIP. If eligibility was verified for a natural child, a stepchild or a child of a domestic partner in the 2009 audit, you will not be asked to verify the child's status during the current audit. However, you will be required to submit documents for other dependents, such as spouses or domestic partners, even if you have previously done so.

Not Responding Can Be Costly!

It is very important that you respond and provide copies of acceptable proofs of eligibility (such as birth certificates or marriage certificates) in a timely manner during the verification phase. If you fail to respond, your dependents will be removed from coverage retroactively to January 1, 2016. In addition, you may be responsible for repaying all health insurance claims for ineligible dependents as early as the date the dependent became ineligible.

In accordance with CMS rules, unverified dependents that are Medicare-primary will be removed from coverage after the verification phase.

Questions

Visit the HMS secure online web portal at www.verifyOS.com for more information, including Frequently Asked Questions (FAQs). **Please note:** You will only be able to access the portal during the verification phase.

Sick Leave Credit

When you retire, you may be able to use the value of your unused sick leave to offset the cost of NYSHIP coverage. To estimate your monthly sick leave credit, go to NYSHIP Online at www.cs.ny.gov/employee-benefits and choose your group and plan, if prompted. From the NYSHIP Online homepage, select Planning to Retire? and then Sick Leave Credit Calculator.

Before you retire, you must contact your Health Benefits Administrator (HBA) to confirm eligibility and complete the *State Service Sick Leave Credit Preservation Form (PS-410).*

Safeguard Your Personal Health Information

Health insurance data has recently become a target for hackers because it includes valuable information such as your name, date of birth, Social Security number and mailing address. NYSHIP encourages you to take steps to safeguard your personal health information to avoid becoming a victim of medical identity theft.

Prevention Tips

Here are some simple steps you can take to protect your personal health information:

- Do not give your health insurance identification number to anyone except your physician or health care provider.
- Do not share medical or insurance information by phone or email unless you initiated the contact and know who you're dealing with.
- Report lost or stolen benefit cards.
- Monitor your Explanation of Benefits (EOB) Statements for suspicious activity.
- Shred outdated health insurance forms, prescription and physician statements, and the labels from prescription bottles before you throw them out.

Report Medical Identity Theft Immediately

If you suspect that you may be a victim of medical identity theft, you should report it immediately. When filing a complaint, provide a detailed explanation of what you suspect is wrong and why. Save all medical bills, receipts, test results, claim forms, prescription records and EOB Statements that you believe to be fraudulent, as they may be useful in the investigation of your complaint.

To report medical identity theft, please take the following steps:

- **File a police report.** Filing a police report will notify law enforcement a crime may have been committed.
- **Notify NYSHIP and health care providers.** Send the police report to NYSHIP and your health care providers.
- **File a complaint with the government.** File a medical identity theft complaint with the Federal Trade Commission (FTC) by calling 1-877-IDTHEFT (438-4338) toll free.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Empire Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery on the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema. Prostheses and mastectomy bras are covered.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program if you have questions about your coverage for implants, breast forms or other prostheses related to breast cancer treatment.

Empire Plan Benefits Management Program requirements apply. See your *Empire Plan Reports* and *Certificate Amendments*.

NYSHIP Online

To find the most up-to-date information about your health insurance coverage, visit NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan to get to the NYSHIP Online homepage. You can bookmark this page to bypass the login screen the next time you sign in.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. It is designed to improve health insurance information so you can better understand your coverage.

To view the *SBC* for The Empire Plan, visit www.cs.ny.gov/sbc and choose your group. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program to request a copy.

Medicare & NYSHIP

Medicare Enrollment

According to NYSHIP rules, if you or your dependent(s) become eligible for Medicare that is primary to NYSHIP ("primary" means Medicare pays health insurance claims first, before NYSHIP), you must enroll in Medicare Parts A and B and notify your Health Benefits Administrator (HBA).

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 (ESRD), or
- When receiving SSDI benefits due to amyotrophic lateral sclerosis (ALS).

Medicare becomes primary to NYSHIP:

- When you are no longer covered as an active employee or a dependent of an **active** employee.
- For those eligible due to ESRD, when the 30-month coordination period has been satisfied, regardless of employment status of the NYSHIP enrollee.
- For a domestic partner who is 65 years of age or older, regardless of the employment status of the NYSHIP enrollee.

Medicare Eligibility Due to Disability

If you or your dependents are receiving Social Security benefits for a disability, you will automatically be enrolled in Parts A and B starting the first day of the month you become eligible for Medicare as a result of the disability.

If you or your dependents are not receiving Social Security payments for a disability, it is your responsibility to enroll in Medicare Parts A and B when Medicare is primary to NYSHIP, even if you also have coverage under an active employee contract through another employer's group plan. Contact Social Security for enrollment information. You can apply for Medicare online at www.ssa.gov or by calling Social Security at 1-800-772-1213.

Delays Can Be Costly

If Medicare will be your primary coverage, you and your covered dependents must have Medicare Parts A and B in effect by the first day of the month in which each of you become eligible under NYSHIP for primary Medicare benefits. If you fail to enroll in Medicare when Medicare is primary to NYSHIP, or are still in a waiting period for Medicare to go into effect, you will be responsible for medical expenses that Medicare would have covered if you had enrolled when first eligible.

If you have questions about Medicare and NYSHIP, please contact your HBA or see the *NYSHIP General Information Book*.

Medicare Part B Premium Reimbursement Information

NYSHIP reimburses New York State enrollees for their standard Medicare premiums when Medicare is primary to NYSHIP coverage, unless the premium is paid by another entity or is fully reimbursed elsewhere. In 2016, there are two standard Medicare Part B premiums, $104.90 or $121.80. Active employees are reimbursed on a biweekly basis.

Medicare Part B enrollees and dependents should have received either an annual benefits statement from the Social Security Administration (SSA) or the Railroad Retirement Board (RRB) or a quarterly billing statement from the Centers for Medicare and Medicaid Services (CMS) explaining whether your standard premium is $104.90 or $121.80 for 2016. Please refer to these documents to determine if you are subject to the increased premium.

The following individuals may be subject to the $121.80 Medicare Part B premium:

- Enrollees/dependents who newly enroll in Medicare Part B in 2016
- Enrollees/dependents who do not have Medicare Part B premium withheld from their Social Security check
- Enrollees/dependents who are subject to the Income-Related Monthly Adjustment Amount (IRMAA) for Medicare Part B, and
- Enrollees/dependents who are eligible for both Medicare and Medicaid

NYSHIP will update the enrollment record and reimburse the standard Medicare Part B premium of $121.80 for any enrollee/dependent identified as newly eligible for Medicare primary coverage and eligible for Medicare as a result of turning 65.

NYSHIP is already reimbursing the standard Part B premium of $104.90 for those who are not newly enrolled. If you or your covered dependent meets one of the criteria listed above other than newly enrolling in 2016 and pay the higher amount, you must apply for the $16.90 per month difference.

If you need to apply for the Medicare Part B reimbursement differential, please call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (9 a.m. to 4 p.m. Eastern time).

Note: NYSHIP will not reimburse any penalty charged for late enrollment in Medicare, nor will it duplicate Medicare reimbursement received from another employer.

Reimbursement of the Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA)

Federal law requires some people to pay a higher premium for their Medicare Part B coverage based on their income.* If you and/or any of your enrolled dependents are Medicare primary and received a letter from the Social Security Administration (SSA) requiring the payment of an Income-Related Monthly Adjustment Amount (IRMAA) in addition to the standard Medicare Part B premium for 2015, you are eligible to be reimbursed for this additional premium by NYSHIP.

Applying for IRMAA Reimbursement

To receive IRMAA reimbursement for 2015, you must provide:

1. A completed, signed application (see below for instructions on how to access the application), and

2. A copy of the SSA notice you and/or any of your Medicare-primary enrolled dependents received dated November 2014 (or during 2015 if newly eligible for Medicare) that states your 2015 monthly Medicare Part B premium including IRMAA, and

3. Proof of payment of the Medicare Part B premium. Acceptable proof of payment is a copy of the 2015 form SSA-1099 that you and/or your Medicare-primary enrolled dependent received from SSA, or proof of direct payments and billing statements for all premiums paid directly to CMS in 2015.

Please note: NYSHIP will not reimburse you for any IRMAA costs associated with Medicare Part D.

IRMAA Reimbursement Application

You can access the IRMAA reimbursement application on NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted. From the NYSHIP Online homepage, click on Notices at the bottom of the page and then select the 2015 IRMAA Reimbursement Form.

Reimbursement Payments

All reimbursements for IRMAA are issued as refund checks from the New York State Office of the State Comptroller. All IRMAA reimbursement checks, including those reimbursements for eligible dependents, are issued in the name of the NYSHIP enrollee and sent to the mailing address of record on your enrollment file. Due to the volume of requests for IRMAA reimbursement, you can expect the process to be complete within 90 to 120 days from receipt and acceptance of all required IRMAA documents.

If you have any questions regarding the process of applying for IRMAA reimbursement, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

*The Income-Related Monthly Adjustment Amount (IRMAA) for 2015 is assessed by Social Security to individual income tax filers with a Modified Adjusted Gross Income (MAGI) of more than $85,000 per year and married income tax filers with a MAGI of more than $170,000 per year.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov

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Please do not send mail or correspondence to the return address. See address information on page 7.

SAVE THIS DOCUMENT

Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

M/C; Legislature Empire Plan Report – April 2016

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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online 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 your Health Benefits Administrator.

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Mail Service Prescription Orders for Medicare Enrollees

In accordance with Medicare regulations, Medicare-primary enrollees may need to verify prescription orders from the mail service pharmacy, SilverScript, before they are dispensed.

Beginning in 2016, new prescriptions received directly from prescribers may not require consent prior to shipment of your medication if you have filled at least one script using the mail service pharmacy (SilverScript) under the Empire Medicare Rx plan in the past 12 months.

If you are contacted by SilverScript to provide consent and are not available to answer the call, SilverScript will leave a message asking you to call them back at 1-800-758-9431.

New Immunization Requirements for Students in New York State

Beginning September 1, 2016, students entering seventh and 12th grades in New York State schools **must be vaccinated** against meningococcal disease, a severe bacterial infection that can lead to meningitis. The new law requires immunizations for children at ages 11 or 12 and again at 16 years of age or older.

The meningococcal vaccine is covered in full, without a copayment, when administered by an Empire Plan Participating Provider. For more information about the meningococcal vaccine, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press or say 1 for the Medical Program.