

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



NYSHIP
New York State
Health Insurance Program

Medicare & NYSHIP

for NY and PE Retirees



Contents

Medicare and the New York State Health Insurance Program.....	1	Medicare Premiums and Reimbursement Requirements.....	6
Parts of Medicare.....	4	Your Claims When Medicare Is Primary.....	7
Enrollment in Additional Medicare Plans.....	5	Questions and Answers.....	8
		Important Contacts.....	11

Medicare and the New York State Health Insurance Program

When you are no longer an active employee and become eligible for Medicare, it is the combination of your health insurance benefits under Medicare and the New York State Health Insurance Program (NYSHIP) that provides you with the most complete coverage.

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 regarding enrollment in Medicare. Please read the following information carefully.

To maximize your overall level of benefits, it is important to understand how Medicare and NYSHIP work together. It's also important to understand NYSHIP's requirements for enrollment in Medicare Parts A and B and how enrolling in other Medicare coverage may affect your NYSHIP coverage.

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 Social Security Administration and the Centers for Medicare and Medicaid Services (CMS).

When you become eligible for primary Medicare coverage ("primary" means Medicare pays health insurance claims first, before NYSHIP), you must be enrolled in Medicare Parts A and B. NYSHIP also requires your dependents to be enrolled in Medicare Parts A and B when they are first eligible for primary Medicare coverage.

Since NYSHIP becomes secondary to Medicare, you and your covered dependents must be enrolled in Parts A and B as soon as you are eligible for primary Medicare coverage. If you or your covered dependents fail to enroll or are still in a waiting period for Medicare to go into effect, NYSHIP coverage for you or your dependents may be canceled.

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

This booklet explains:

- When Medicare eligibility begins
- When Medicare becomes primary to NYSHIP
- When you **MUST** have Medicare Parts A and B coverage in effect to avoid a reduction in your overall benefits



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).

When Medicare becomes primary to NYSHIP

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

Note: If you or your covered dependent(s) are already Medicare-eligible at the time of your retirement, ask your Health Benefits Administrator (HBA) for the date your coverage as an active employee ends; it may not be the same as your last day on the payroll. If you are a New York State enrollee, in most cases, your coverage as a retiree begins after a 28-day runout period of your active coverage. Medicare becomes primary the first of the month following this runout. If you are a Participating Employer enrollee, different rules apply; check with your HBA.

There are two exceptions to this primacy rule:

1. Regardless of an enrollee's employment status, when Medicare eligibility is due to ESRD, NYSHIP remains primary during the 30-month coordination period. 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 when you complete Medicare's 30-month coordination period, regardless of the enrollee's employment status.
2. Regardless of an enrollee's employment status, Medicare is primary for a domestic partner dependent who is age 65 or older. If you have a domestic partner under age 65 who is Medicare-eligible due to disability, NYSHIP is primary while you have coverage as an active employee; once you retire or otherwise terminate employment, Medicare becomes primary.

If you are receiving Social Security benefits, you may automatically receive a Medicare card 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 overall benefits will be reduced.** If you do not receive a card, contact Social Security three months before the month of your 65th birthday.

When Medicare coverage must be in effect

If you retire BEFORE you or any covered dependent is eligible for Medicare: When you have retired or otherwise terminated your employment through which you have NYSHIP coverage, you and your covered dependents must have Medicare Parts A and B coverage in effect when eligible for Medicare due to age or disability. This means that if:

- **You or a covered dependent first becomes eligible for Medicare as the result of turning age 65,** Medicare Parts A and B coverage must be in effect on the first day of the month in which you/your dependent turns 65. Or, if the birthday falls on the first of the month, Medicare Parts A and B coverage must be in effect on the first day of the month preceding your month of birth.
- **You or a covered dependent becomes eligible for Medicare due to disability prior to age 65,** you/your dependent must have Medicare Parts A and B coverage in effect on the first day of eligibility for Medicare coverage that is **primary** to NYSHIP. In most cases, this will be the first date of Medicare eligibility.

Note: See the preceding section *When Medicare becomes primary to NYSHIP* for the two exceptions regarding when Medicare becomes primary to NYSHIP.

Plan ahead: Contact Social Security three months before your 65th birthday to enroll in Medicare. Or, if you learn that you/your covered dependent will be Medicare-eligible due to disability, be sure that Medicare Parts A and B coverage takes effect on your first date of eligibility. Although Medicare allows you to enroll up to three months after your 65th birthday, NYSHIP requires you to have Medicare Parts A and B coverage in effect when you are first eligible for Medicare coverage that is primary to NYSHIP.

If you retire AFTER you or your covered dependent is eligible for Medicare: In general, when you retire or otherwise terminate your employment through which you have NYSHIP coverage, you or your covered dependent must have Parts A and B Medicare coverage in effect on the first day of the month after your active employer group coverage ends. **Typically, NYSHIP will no longer be the primary insurer beginning on the first day of the month after your active employer group coverage ends.** However, if your active employer group coverage ends on the first of day of a month, you or your covered dependent must have Parts A and B Medicare coverage in effect on the first day of that month. Be sure to ask your HBA for the date your retiree coverage begins. In most cases, NYSHIP becomes secondary to Medicare the first day of the month following your retiree coverage date, even if you fail to enroll.

Plan ahead: If you or your dependent is over 65 or otherwise previously eligible for Medicare when you retire or terminate your employment, apply for Medicare Parts A and B three months before leaving the payroll (or as far ahead of your retirement date as possible).

If you or a dependent is already 65 when you enroll in Medicare, make sure to explain to Social Security that you did not sign up for Medicare Parts A and B when first eligible because you still have primary coverage through NYSHIP and you are just now planning to retire. You will not be charged Medicare's late enrollment penalty for failure to enroll when first eligible for Medicare coverage.

If you are not receiving Social Security benefits, you **must** contact Social Security to enroll in Medicare. **The responsibility is yours.** To avoid a reduction in your overall 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 Medicare coverage that is primary to NYSHIP, **even if you also have coverage through another employer's group plan.**

How to apply for Medicare: Enroll online, visit your local Social Security office or call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).

You can enroll in Medicare online, by phone or in person. Online applications can be submitted at www.ssa.gov. Check online or your local phone directory for the nearest Social Security office.

Late enrollment in Medicare

If you do not enroll in Medicare Parts A and B when you are first eligible for primary coverage, 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 may also have to pay more for Medicare, as there is a penalty for late enrollment.

If you do not enroll in Medicare Parts A and B when first eligible, Medicare will add a 10 percent penalty to the current Part A premium. You will have to pay the higher Part A premium for the total number of years you did not enroll multiplied by two. The penalty for not enrolling in Part B is 10 percent of the premium for every 12-month period you are not enrolled. These penalties are payable for as long as you are enrolled in Medicare. NYSHIP does not reimburse you for penalties you incur for not enrolling in Medicare when first eligible.

Your overall 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 a Plan-participating provider. Contact the Employee Benefits Division (EBD) if your enrollment in Medicare will be late.

Parts of Medicare

Medicare has several parts. The following is a brief description of each part and what it covers. You can find detailed information regarding Medicare coverage at www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048).

Medicare Parts A and B

Together, Parts A and B are known as original Medicare, which is a fee-for-service plan. NYSHIP supplements this coverage and requires you and your eligible dependents to be enrolled in both Part A and Part B when Medicare is primary to NYSHIP.

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, preventive services, durable medical equipment and some other services and supplies not covered by Part A.

Medicare Advantage Plans (Medicare Part C)

Medicare Advantage Plans (MAPs) replace your original fee-for-service Medicare Parts A and B coverage. The benefits offered by the plan and all of your medical care (except for emergency or out-of-area urgently needed care) must be provided, arranged or authorized by the MAP.

All NYSHIP HMOs provide Medicare Advantage coverage to Medicare-primary enrollees and dependents. Check the current NYSHIP publication *Health Insurance Choices* to see if any are offered in your area. As long as you enroll in Medicare Part A and Medicare Part B, your NYSHIP HMO will automatically enroll you and your covered dependents in the HMO's Medicare Advantage Plan. This means your HMO will provide both your Medicare and NYSHIP benefits.

Most MAPs are not part of NYSHIP. NYSHIP HMO coverage is available only if you live or work in New York State. NYSHIP HMOs only offer coverage in their approved service areas. Be sure you understand how enrolling in a MAP outside of NYSHIP will affect your NYSHIP benefits. If you or your dependent enrolls in a MAP that is not part of NYSHIP, in most cases you will be automatically disenrolled from your NYSHIP plan.

Medicare Part D*

Medicare Part D provides prescription drug benefits. 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 and enrolled in The Empire Plan, you will be automatically enrolled in Empire Plan Medicare Rx.

You and each of your Medicare-primary dependents will receive a separate benefit card that you must use to access your Empire Plan Medicare Rx prescription drug benefits. You also will receive additional plan documents that explain your Empire Plan Medicare Rx benefits, as well as your rights and responsibilities.

Carefully read the next section, *Enrollment in Additional Medicare Plans*, and be sure you understand how enrollment in another Medicare product may affect your NYSHIP benefits when you are enrolled in Empire Plan Medicare Rx.

If you and your dependent(s) are Medicare primary and enrolled in a NYSHIP HMO, your HMO provides your Medicare Part D prescription drug coverage.

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 Program. If you are enrolled in The Empire Plan and are eligible or have been approved by Medicare for Extra Help, you can qualify for a Medicare prescription drug exception. You may be reimbursed for some or all of your Medicare Part D premium. HMO MAP enrollees who may qualify for Extra Help based on income do not qualify for any exceptions and must either stay enrolled in their MAP or change to The Empire Plan before they can qualify for a Medicare prescription drug exception.

If you have questions about Extra Help or how to apply, call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778) or visit www.ssa.gov.

*For Participating Employers, if you receive prescription drug coverage through a union Employee Benefit Fund, contact the fund for information about Medicare Part D.

Contact EBD if you or your dependent is:

- Receiving Extra Help for your Empire Plan Medicare Rx benefit,
- Confined in a skilled nursing facility or
- Disabled and enrolled in an approved Medicare Special Needs Plan (SNP) or Medicaid.

For more information on Empire Plan Medicare Rx, refer to your Empire Plan and Empire Plan Medicare Rx documents or visit the Empire Plan Prescription Drug

Program website at www.empireplanrxprogram.com and select SilverScript.

If you have any questions about your Empire Plan prescription drug coverage, call 1-877-7-NYSHIP (1-877-769-7447, TTY 711) and press or say 4 on the main menu. Phone lines are open 24 hours a day, seven days a week.

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

Enrollment in Additional Medicare Plans

Medicare allows enrollment in only one Medicare product at a time. Therefore, enrolling in a Part D plan or a MAP in addition to your NYSHIP coverage will result in the cancellation of your NYSHIP coverage. This includes Medicare products that you or your covered dependents may be enrolled in through another employer (yours or your spouse's).

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, CMS will terminate your Empire Plan Medicare Rx coverage. This means

you and your covered dependents will be terminated from The Empire Plan and will have no Empire Plan coverage for hospital, medical/surgical, mental health and substance use or prescription drugs.

- If you are enrolled in a NYSHIP HMO and then enroll in a non-NYSHIP MAP, CMS will terminate your enrollment in the NYSHIP HMO.

Be sure you understand how enrolling in additional Medicare coverage will affect your overall benefits. If you have questions about how your NYSHIP benefits may be affected by enrolling in another plan, contact EBD.



Medicare Premiums and Reimbursement Requirements

Standard Medicare Part B Premium

Most Medicare enrollees pay a standard Medicare Part B premium amount set by the federal government annually. Social Security deducts the Medicare Part B premium from your monthly Social Security benefit. If you don't receive Social Security, you pay the Medicare Part B premium directly to CMS.

Standard Medicare Part D Premium

Most Medicare enrollees with Part D coverage pay a standard premium amount set by the federal government annually. If you are covered under The Empire Plan with Empire Plan Medicare Rx coverage, or a NYSHIP HMO MAP, this premium is included in your NYSHIP premium.

Income-Related Medicare Premiums

In addition to the standard premiums for Medicare Parts B and D, Medicare enrollees with a higher Modified Adjusted Gross Income (MAGI) pay an additional Income-Related Monthly Adjustment Amount (IRMAA), a Medicare premium amount adjusted for income, for Part B coverage and a separate IRMAA for Part D coverage.

Retirees with incomes below the MAGI threshold are not responsible for any additional premium. For details regarding the income levels and premiums associated with IRMAA, refer to www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048).

If you are subject to the additional IRMAA cost for Medicare Part B, you will receive information regarding how to apply for reimbursement after the end of each year. Any costs related to Medicare Part D coverage are not reimbursable, unless you are eligible for the Low Income Subsidy or Extra Help.

If you pay Medicare premiums directly to the Centers for Medicare and Medicaid Services (CMS), be sure to make timely payments. Failure to pay premiums, including IRMAA, will result in the cancellation of your Medicare coverage, which will significantly reduce your overall benefits. Failure to pay Part D IRMAA will result in the termination of your Empire Plan or MAP coverage.

Medicare Part B Premium Reimbursement

When Medicare is primary to NYSHIP, NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment) and any IRMAA you must pay for Part B, unless you receive reimbursement from another source or if your Medicare premium is being paid by another entity on your behalf. You are not entitled to any reimbursement for any Part D IRMAA costs.

If you have Family coverage under NYSHIP, NYSHIP also must reimburse you for the standard Part B premium and any Part B IRMAA imposed for any Medicare-primary dependent, provided the dependent is not reimbursed by another source or the premium is not paid by another entity.

If you receive a pension check through the New York State and Local Retirement System or New York State Teachers' Retirement System, any reimbursement for the standard Medicare Part B premium will be added to your pension check.

If you make direct payments to EBD, reimbursements will be credited toward your monthly NYSHIP premium payments.

If your Medicare reimbursement exceeds your health insurance premium, you will not be billed since the Medicare credit will pay your premium. If your Medicare reimbursement is more than your premium, you will be reimbursed the difference in the form of a quarterly refund check from the Office of the State Comptroller.

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 Medicare-primary enrollee or covered dependent who is **under age 65** and eligible for Medicare because of disability, ESRD or ALS. **You must notify EBD** in writing and send a photocopy of your or your dependent's Medicare card to begin the reimbursement in these cases.

When you apply for reimbursement, please also include the NYSHIP enrollee's identification number with your request for a monthly credit. You may find it convenient to use the model letter in the *General Information Book* for Retirees.

Note: Although Medicare does not provide benefits outside of the United States and its territories, NYSHIP will reimburse enrollees and dependents who reside outside the United States for their

Medicare Part B premium if they remain enrolled in Medicare. If you are a Medicare enrollee who resides outside the country and have questions about the Medicare Part B reimbursement, call EBD.

Your Claims When Medicare Is Primary

Order of payment

If you are enrolled in The Empire Plan when you or your dependent becomes Medicare primary, claims are paid in the following order:

1. Medicare pays first (primary)
2. Empire Plan pays second (secondary)

If you are enrolled in a NYSHIP HMO MAP, the HMO provides both your Medicare benefits and your NYSHIP benefits, so there is no claims coordination.

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

Claims Coordination between 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.

Hospital Claims

For hospital inpatient expenses, the hospital will file claims first with Medicare, which will then forward the bill for any remaining balance to Empire BlueCross for payment. 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 the following medical/surgical benefits.)

For inpatient mental health and substance use services, you should forward any bill you receive to Beacon Health Options. Medicare will not forward these claims on your behalf.

Medical/Surgical and Outpatient Mental Health Claims

For medical/surgical or mental health/substance use expenses, you and your enrolled dependents age 65 and over generally have no claims to file because you are automatically enrolled in NYSHIP's Medicare Crossover Program in the state where you reside.

Medicare Crossover is the process by which Medicare, as primary insurance administrator, automatically forwards Medicare claims to a secondary administrator for processing. UnitedHealthcare (for medical/surgical expenses), Empire BlueCross (for hospital expenses) or Beacon Health Options (for outpatient mental health and substance use 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 after several months you do not see the Medicare Crossover note on your Explanation of Medicare Benefits (EOMB), call UnitedHealthcare (for medical/surgical services), Empire BlueCross (for hospital services) or Beacon Health Options (for outpatient mental health and substance use services) to verify that the automatic enrollment is complete.

If Medicare is your primary coverage but you have other coverage that pays before The Empire Plan, sign up for Medicare Crossover with your secondary plan. It is your responsibility to submit claims to NYSHIP for processing as your third coverage.

Questions and Answers

Combination of coverages

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, your NYSHIP plan becomes your secondary coverage (pays health insurance claims after Medicare). As the secondary payer, your NYSHIP plan will not cover expenses that Medicare would cover.

Your NYSHIP plan covers much of the Medicare Part A and Part B deductible and coinsurance amounts if you use the NYSHIP plan provider network and may cover 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.

To enroll in a NYSHIP Medicare Advantage HMO, you must be enrolled in Medicare Parts A and B. All your Medicare and NYSHIP benefits are provided by the Medicare Advantage Plan (MAP).

Q. Why should I stay in NYSHIP after enrolling in Medicare?

A. On average, Medicare will pay only about 80 percent of your total medical expenses. If you cancel your NYSHIP coverage, you will not have secondary coverage. NYSHIP also will no longer reimburse you or your enrolled 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.

Other group coverage

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 overall 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 have retiree group coverage through a former employer other than New York State, then standard coordination of benefit rules apply between the two employer group retiree benefits.

Important: If you or your covered dependent(s) have other health care coverage in addition to NYSHIP coverage and will become Medicare-eligible, check with the other plan to find out if that plan will be enrolling you in a Medicare product such as a MAP or a Part D drug plan. 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.

Under Medicare rules, you can be enrolled in only one MAP or Part D plan at a time. As a result, CMS will cancel any existing Medicare enrollment if you or your former employer requests enrollment for you in another MAP or Part D plan.

For example, if you enroll in another Medicare Part D plan after you enroll in Empire Plan Medicare Rx, CMS will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage, including your hospital, medical/surgical and mental health and substance use services, will end. If you are the enrollee, Empire Plan coverage for you and all of your covered dependents will end. If you are covered as a dependent, only your coverage will be canceled.

Primary coverage

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. I'm 62 and retired. My spouse is turning 65 soon and will be eligible for Medicare. 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. Medicare does not become primary for you until you reach age 65 or otherwise become eligible for Medicare.

If you and/or your spouse are receiving Social Security benefits prior to turning 65, Social Security should automatically mail a Medicare card about three months before your 65th 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 three months before your 65th birthday to enroll (see page 11 for contact information). NYSHIP will automatically begin reimbursing you for your and your spouse's Medicare Part B premiums when Medicare becomes primary for each of you.

Q. I'm retired and my dependent is still actively employed but eligible for Medicare. Which coverage is primary for my dependent?

A. Your dependent has your retiree NYSHIP coverage and must be enrolled in Medicare Parts A and B when first eligible for primary Medicare benefits.

Medicare will pay primary to NYSHIP, and you will be eligible to receive reimbursement for the Medicare Part B premium on your dependent's behalf, unless reimbursement is received from another source.

If your spouse also has coverage through their group employer, that coverage would pay first, Medicare would pay second and NYSHIP would pay last.

Returning to work

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

A. If you return to work for New York State (or if you worked for a Participating Employer and you return to work for that 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 age 65 or older, Medicare is primary for your domestic partner. Also, regardless of employment status, if Medicare eligibility is due to ESRD, Medicare is primary after completing the 30-month coordination period.

You will not be reimbursed for the cost of Medicare Part B while you are working and NYSHIP is primary. You may choose to suspend Medicare Part B coverage during this period, but you must have it in place when you again leave the payroll and become Medicare-primary.

Your domestic partner's coverage

Q. I am an active employee with a domestic partner who is enrolled in NYSHIP as my dependent and who is turning 65. Are the Medicare rules different for domestic partners?

A. Yes. Because Medicare is a federal program that does not recognize domestic partners as Internal Revenue Service-eligible dependents, Medicare becomes primary for your domestic partner at age 65 even though you are still working. Regardless of your employment status, your domestic partner must have Medicare Parts A and B in place when first eligible due to age for Medicare.

COBRA

Q. How does Medicare affect NYSHIP coverage under COBRA?

A. NYSHIP COBRA coverage ends when you turn 65 and become eligible for Medicare. If you are continuing coverage in NYSHIP under COBRA, contact EBD for information before you become eligible for Medicare (see page 11).

Note: If you are already enrolled in Medicare and become eligible for COBRA, you can have both COBRA and Medicare; however, Medicare will be primary. Contact EBD for information before you become eligible for Medicare.



Cost of Medicare Part A

Q. Will I pay a premium for 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 EBD. NYSHIP will not reimburse for the Medicare Part A cost.

Claims Coordination

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 your claim was sent to The Empire Plan. This process, known as Medicare Crossover, is automatic for the Medical/Surgical Program, Hospital Program and outpatient Mental Health and Substance Use Program; however, inpatient mental health and substance use services are not crossed over directly from Medicare to Beacon Health Options. For these services, you will need to submit your EOMB to Beacon Health Options if you receive a bill.

If, after several months, you do not see the Medicare Crossover note on your EOMB, call UnitedHealthcare (for medical/surgical services), Empire BlueCross (for hospital services) or Beacon Health Options (for outpatient mental health and substance use services) to verify that the automatic enrollment is complete.

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 or have the provider file a claim with the appropriate Empire Plan 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 The Empire Plan.

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 benefits may be drastically reduced.

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 will result in much higher out-of-pocket costs to you.

Q. If I'm enrolled in a NYSHIP HMO, what happens when I turn 65?

A. When you turn 65, you will receive a letter that will notify you that Medicare becomes your primary coverage and NYSHIP becomes your secondary coverage. Since your NYSHIP HMO has a MAP component, the MAP is the only coverage available to you through your HMO. As a member of a MAP, you must receive all services, including prescription drugs, through your NYSHIP HMO.

If your spouse or dependent is not yet eligible for Medicare when you become Medicare primary, they will have no change in coverage under the NYSHIP HMO.

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. In most cases, you will be responsible for paying the provider and submitting a claim to NYSHIP to receive reimbursement for covered services. For more information, refer to your *Empire Plan Certificate* or the publication *On the Road with The Empire Plan*.

Important Contacts

Keep Your Enrollment Record Up to Date

It is very important for you to notify EBD of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. To report a change:

- You may call EBD at 518-457-5754 or 1-800-833-4344
- Go online to www.cs.ny.gov/mynyship or
- Send a signed, written request to EBD.

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 or a Medicare Advantage HMO plan.

Write to the Employee Benefits Division if your marital or Medicare 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 contact EBD.

Notify us of a divorce as soon as you receive the divorce decree. Be sure to send a copy of it, including the page showing the date of the divorce and when it was filed by the court clerk.

If you receive reimbursement for the Medicare Part B premium for yourself and/or your dependent when not eligible, you will be required to repay the amounts that were paid incorrectly.

If you reside outside the United States, NYSHIP will reimburse your Medicare Part B premium if you

remain enrolled in Medicare Part B. If you did not remain enrolled in Medicare, and are moving permanently back to the United States, contact Social Security to reenroll in Medicare. In addition, contact EBD about resuming your Medicare reimbursement.

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, TTY 711) and choose the program you need.

If you have questions about **Empire Plan Medicare Rx**, call 1-877-7-NYSHIP (1-877-769-7447, TTY 711), press or say 4 on the main menu, 24 hours a day, seven days a week. If you have questions about your HMO, contact your HMO directly.

If you have questions about Medicare and NYSHIP or if you would like a NYSHIP publication mentioned in this booklet, please call EBD 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 website at www.cs.ny.gov. Or write to the address listed below.

If you have questions about Medicare eligibility, enrollment or cost, contact **Social Security** at 1-800-772-1213 (TTY: 1-800-325-0778), 24 hours a day, seven days a week. Or, check the website, www.ssa.gov.

For questions about Medicare benefits, call **Medicare** at 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048). Medicare's website, 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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Check the website for timely Information that meets universal accessibility standards adopted by New York State for NYS agency websites. 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 Empire Plan Certificate from The Empire Plan administrators 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.



NYSHIP
New York State
Health Insurance Program

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