## 2021 Annual Webinar for Participating Agencies

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only,



## Welcome to the 2021 Annual Webinar For Participating Agencies





## Agenda

- A Message from the Director of EBD
- Benefits Administration from PA/PE Unit
- PELU Announcements
- Empire Plan Benefit Changes
- Financial Update
- Questions and Answers







#### **NYSHP** New York State Health Insurance Program

#### A Message from the Director of EBD

Presenter – Jim DeWan, Director of the Employee Benefits Division





#### Message from Director; Jim DeWan

518-473-1977 James.DeWan@cs.ny.gov Daniel.Yanulavich@cs.ny.gov



Department of Civil Service



#### **NYSHP** New York State Health Insurance Program

#### **Benefits Administration**

Presenters -- Kara Hillicoss, PA/PE Unit Supervisor



## **Announcements from the PA/PE Unit**

## Topics

- PA HBA Manual
- Pension Deductions
- Worklist
- Young Adult Option



#### **A NEW HBA Manual**

- It is available on HBA online.
- This manual has been developed to provide HBAs with step-by-step guidance on the rules and regulations of NYSHIP, processing of transactions in New York Benefits Eligibility and Accounting System (NYBEAS), and the HBA's responsibilities.
- The original Manual that was called "Manual for NYSHIP Participating Agencies" has been renamed to "Administrative Guide for NYSHIP Participating Agencies."
- We are releasing it out in multiple phases.



Phase 1

At launch, the Manual contains the necessary information to assist you in processing a new hire and enrollment and includes links to reference materials and forms.

#### PA Manual

Events	Topics
"Other" Children	Dependent Eligibility Requirements
Adopting a Child	Employee Eligibility Requirements
<b>v</b>	×
Continuing Coverage for a Disabled (	hild Roles & Responsibilities
*	¥
Divorce 🗸	Student Dependent with Prior Military Service
Domestic Partner	The Health Insurance Portability and
v €	Accountability Act (HIPAA) and Protecting
Employees Newly Eligible for NYSHI	Personal Information
*	<b>v</b>
Marriage	When Coverage Begins
*	· ·
Moving	
*	
Newborn Child	
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Access Civil Service exam announcements and learn about the exam process.



Learn more about currently available programs and spotlighted exam opportunities.

Test Center Supervisors & Monitors	
Teachers	
Correction Officer Trainee Exam	
Nurses	
Veterans Temporary Hiring Program	
Veterans & Individuals With Disabilities	

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Access online information about your health and other employee benefits, including new telehealth services for Empire Plan enrollees.

NYSHIP Online	
toin NYSHIP	
Paid Family Loas	e for State Employees



Among other duties, the Commission hears and determines appeals on a wide variety of human resource and employment issues.

Overview
Meeting Dates
Commission Calendars
211 Weiver Guidelines
Appeal Guidelines





Department of Civil Service		
Sign in to the Department of Civil Service Web site.		
User ID:		
Password: Don't have a Department of Civil Service Account?		
Submit		
I forgot my User ID or Password.		
If you think you may have a Department of Civil Service account, but do not know your User ID, please do not create another account. Instead, you may: • Try to recover your account • Contact the ITS Enterprise Service Desk for assistance at: 1-844-891-1786 or fixit@its.ny.gov The Service Desk hours of operation are Monday - Friday 7:30 am to 5:00 pm. When contacting the service desk via email, please provide a phone number where we may contact you.		

- You will be directed to the Civil Service Sign on Page
- Here you will enter your User ID (same as NYBEAS) and the password you created
- Hit Submit



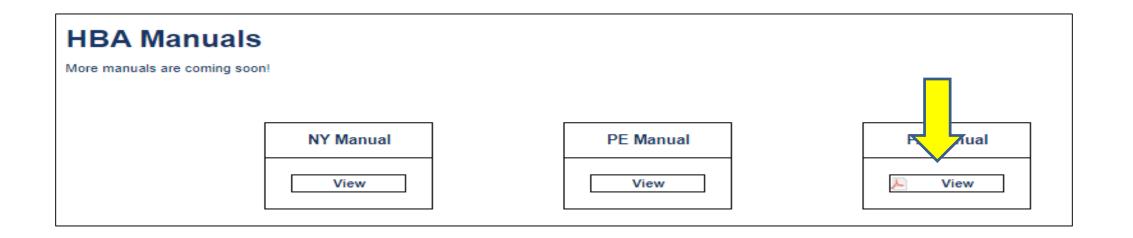


ne Services Job Seeker	rs State Employees Retirees HR	Professionals
hba_online benefits resource center		
You Should Know	Find the benefit, click on the group. Be	nefits vary by group.
Easy Reference		
Publications & Forms	Current Topics	dental
HBA Memos	PA/PE Webinars	APSU
Policy Memos	Young Adult Option Coverage	C-82
Phone Numbers / Links		M/C
Meetings & More	General Information Book for:	NYSCOPBA
Health Plan Choices	NY Active	PBA Supervisors
HBA Manuals	Retiree	PBA Troopers
E-Learning	Participating Employers (PEs)	PE
HIPAA Privacy Information	Participating Agencies (PAs)	PEF
Site Map	Student Employee Health Plan (SEHP)	PIA
Contact Us / Disclaimer	(ocm)	SEHP
NYSHIP Home	Pre-retirement Planning	vision Davis Vision Information
	New York State and DE	VISION Davis VISION INIONIAUON

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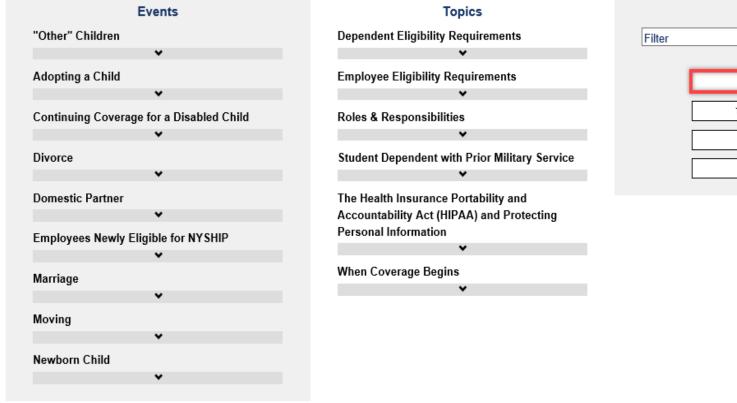


Make sure you choose the PA Manual in the menu for the HBA Manuals





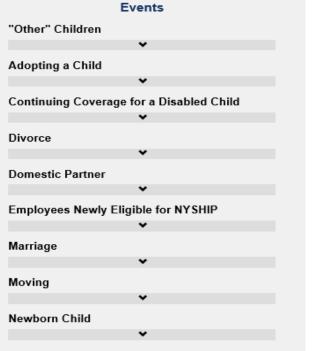
#### **PA Manual**



Search			
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	UPDATES		
	TRANSACTIONS		
	GLOSSARY		
	CONTACT		



#### PA Manual



# Topics Dependent Eligibility Requirements Imployee Eligibility Requirements Imployee

Search			
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	UPDATES		
	TRANSACTIONS		
	GLOSSARY		
	CONTACT		



#### PA Manual

Events
"Other" Children
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Adopting a Child
*
Continuing Coverage for a Disabled Child
*
Divorce
*
Domestic Partner
*
Employees Newly Eligible for NYSHIP
*
Marriage
~
Moving
^
When a Dependent Moves
Moving Transactions
Notify the Enrollee
Newborn Child
~

То	pics	5

Dependent	Eligibility	Requirements
	~	

Employee Eligibility Requirements

✓ Roles & Responsibilities

✓
Student Dependent with Prior Military

Service

The Health Insurance Portability and Accountability Act (HIPAA) and Protecting Personal Information

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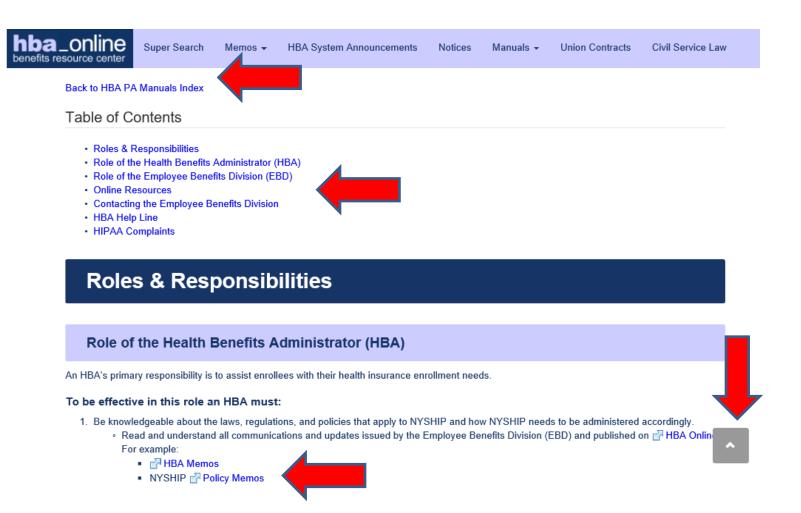
When Coverage Begins

Search
Filter
UPDATES
TRANSACTIONS
GLOSSARY

CONTACT









#### PA Manual



#### **Transactions**

Transaction Name	Action Code	Reason Code	Description	Sections
Add a Spouse Coverage - Change to Family	ссо	MAR	If an enrollee has Individual coverage, click on the link for instructions on how to add their spouse by changing to Family coverage.	Marriage
Add a Spouse to Existing Coverage	DEP	ADD	If an enrollee has existing Family coverage, click on the link for instructions on how to add their spouse to coverage.	Marriage
Add Dependent Child - Change to Family Coverage	ссо	DEP	If an enrollee requests to add a dependent child to coverage and change from Individual to Family Coverage	Adopting a Child
Add Dependent Child to Existing Family Coverage	DEP	ADD, NWB	If an enrollee requests to add a dependent child to existing Family Coverage	Adopting a Child
Add Domestic Partner - Change to Family Coverage	ссо	ADP	If an enrollee has Individual coverage, click on the link for instructions on how to add their domestic partner by changing to Family coverage.	Domestic Partner





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#### HBA HELPLINE 518-474-2780

#### We will need to verify you each time you call by asking

- Agency Code (5-digit number)
- Your first and last Name (if you are not listed, we will ask for your NYBEAS user id)
- The SSN of the enrollee you are calling about
- The enrollee's first and last name

#### **Materials needed**

- Signed into HBA Online (Manual)
- General Information Booklet (GIB)
- 503 form and proofs if you are asking about new enrollment/dependents





#### **NYSHP** New York State Health Insurance Program

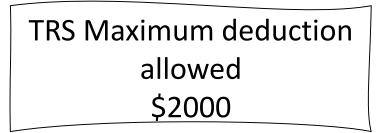


## **Questions?**



 Pension deductions can be set up for retired enrollees that are part of either the New York State and Local Retirement System (ERS) or Teacher's Retirement System (TRS)

ERS Maximum Deduction allowed \$999





#### What is a Rate Qualifier?

Ex. 50/35

- 50% is the percentage the employer pays for the individual portion
- 35% is the percentage the employer pays for the dependent portion

So, to figure out the cost for Employee share you use the Full Share Rates

Here is 2021 Rates

Individual: \$1,074.87 Family: \$2,452.24



For the Rate share of 50/35

• 50% of Individual= \$1,074.87 times by 50% = \$537.44

Next:

- Take Family Share \$2,452.24 subtract Individual Share \$1,074.87 = \$1377.87 (Dependent Portion)
- Take the Dependent Portion \$1377.87 and times it by 35 %= \$482.08
- Add the 50% of individual \$537.44 to 35% of the dependent's portion: \$482.08=
   \$1,019.52 which is the employer share of the premium

Subtract Employer share from Family Premium \$2,452.24 - \$1,019.52 = **\$1,432.72** which is employee share



#### Items to Review BEFORE requesting a Pension Deduction

- Benefits>Transaction>Personal/Employment
- You should have the following filled out:
  - Retirement REG #
  - Retirement System (1 ERS, 2 TRS, 4 STATE POLICE)
  - Tier
  - DO NOT enter RET #- this must feed over from retirement system

Name / Id Address/Phone Per	sonal Details
Employment Information	
ENROLLEE, SAMPLE	EmplID: 123456789
Personal Data	Employment Information
Date of Birth: (22/10/1959)	Hire Date 01/01/2009 Rehire Date 01/01/2009
Date of Death:	Termination Date: Service Date 01/01/2009
Original Start Date 01/01/2009	Last Date Worked
Retirement Information	
Retirement Reg.#:	Medicare Id:
Retirement System 🔽 🔶	Retirement
Retirement Type: 🗸 🗸	Retirement Tier:
Personal History	Find   View All First 🖪 1 of 2 🕨 Last
*Effective Date: 07/09/2009	*Marital Status: Married
*Sex: Female V	Marital Status Date: 05/30/1981
Save QReturn to Search Prev	rious tabNext tabUpdate/DisplayInclude Histo



#### How to request a Pension Deduction

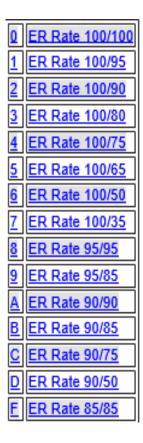
- Benefits> Transactions> Preferred Payment Change
- In the Top row you need to choose what method you want, ERS, TRS or APY
- The 2nd row you will choose what Rate Qualifier the retiree is paying

Preferred Payn	nent Chan	ge			
Employee Inform	mation				
Enrollee,	Sample	•		EmplID: 12345678	39 Empl Rcd #: 0
Preferred Rate (	Qualifier			Find   View All	First 🕙 1 of 1 🕩 Last
Action Dt.	Effseq	*Preferred ray Method	User ID		+ -
	0	Q			
Preferred Rate	Qualifier **	* PA enrollees only ***		Find   View All	First 🖪 1 of 1 🕩 Last
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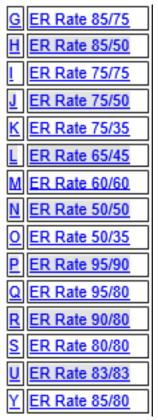
DO NOT process PPC more than a month prior to retirement (ideally you should process within 2 weeks of retirement)



#### These Are the Existing Rate Qualifiers Offered in NYBEAS



If your rate qualifiers do not match these, you cannot put your retiree into pension deduction; you must keep them in APAY and continue to directly bill them







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#### When Does the Pension Deduction Kick In?



- Pension deductions are not immediate
  - Once a Retirement number is given, a payment method is processed
- ERS deductions could take up to 6 months
- TRS deductions could take up to 3 months
- You will have to bill the enrollee directly until the pension does kick in



#### How to see if a Preferred Payment Change Worked?

- Look in NYBEAS Update History See if the payment method was processed,
- Check your transaction listing that is mailed out each month, once it is processed it will be on that report
- Worklist called "PA Pension Deduction WL"

Events Benefits Medicare Part D Hold Harmless Programs Billings D
ENROLLEE, SAMPLE EmplID: 123456789 Empl Rcd #: 0
nn Type View All First ▲ 1 of 1 ▷ La Ian Type: Medical 10
vent Information View All   🗮 First 🗹 1-4 of 4 🕨 Las
ction Effective Eff Action Reason CBR Ovrd Source Request Event User Dep Comment Audi ate Date Seq EvtId Sw ID Date Date ID Info Info
TRS 1/10/2021 02/01/2022 0 PMC Pension 0 N 02/01/2022 AXP26 👔 📖 📎 Deduction
Benefit #/20/2021 07/01/2021 0 PGM Program 0 N JOBUPDTE KGH 🍈 📖 📎 Change

OPPORTUNIT

#### **Did Pension Deductions really work?**

• You should also check the account tab to make sure that the deduction started after the Payment Method was processed.

Billings	Benefits/I	Billings	Accounti	ng	Account	ting Sun	nmary	Card #'s	Job		
Employee Int	formation										
ENROLI	EE, SAMPLE					En	npIID:	12345678	9		
Record Type	e: B 🔍 *Tax 1	Гуре:	ALL 🔍	Refre	sh Data			Ending Ba	lance: 58.47		
Employee A	ccount Details								View All	📒 🛛 🗄 First	1-7 of 25 🕨 Last
Activity Date	Billing Period Begin Date	Bill Type	Trans Type	Ben Prog	Ben Plan	Covg Cd	Bill Units	Tax Sts	Period Begin Date	Trans Amount	Running Balance
11/07/2021	12/01/2021	RGLR	CHRG	PR7	001	А	1	А	12/01/2021	58.47	58.47 🔒
10/31/2021			PMNT					А		-58.47	0.00 🔒
10/02/2021	11/01/2021	RGLR	CHRG	PR7	001	А	1	А	11/01/2021	58.47	58.47 🔒
09/30/2021			PMNT					А		-58.47	0.00 🔒
09/07/2021	10/01/2021	RGLR	CHRG	PR7	001	А	1	А	10/01/2021	58.47	58.47 🔒
08/31/2021			PMNT					А		-58.47	0.00 🔒
08/06/2021	09/01/2021	RGLR	CHRG	PR7	001	А	1	А	09/01/2021	58.47	58.47 🚯
Return to Se	earch † Previ	ous in List	t + Next i	n List	🗨 Pre	vious tab	<b>⊡</b> N	ext tab	Refresh		

Events | Benefits | Medicare Part D | Hold Harmless | Programs | Billings | Benefits/Billings | Accounting | Accounting Summary | Card #'s | Job | Ben.



#### **Retiree Re-enrolling into NYSHIP?**

- When you re-enroll a retiree into the benefits, their pension will not automatically kick back in.
- Review the NYBEAS Update History-Billing tab to confirm they are in APAY with E in the rate qualifier column. If they are not, contact EBD.

Medicar	e Part I	рγн	old Ham	nless	Progra	ams	Billings V	Benefits/	Billings	A	counti	ng [	D	
Employee Ir	nforma	tion												
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Plan Type										View	/ All	First	1 of 1	🖻 Las
Plan Typ	e: I	Medica	al <sup>2</sup>	10										
Billings De	tails								View	AII	l r	First 🗹	1-5 of 5 🕨	Last
Effective Date	CBR Evtld	Comp	CustID		Rate Share	Billing	Paygroup	Surchg %		Tax Elect	Tax Flag	lmp Inc	Sick Leave Amt	PEF Am
11/01/2021	0	PA	03400	F	85/85	Regular	Mnthly-PA	0	TPEN	А	А	N	0.00	0.0
09/01/2002	0	PA	03400	Е	% Empl	Regular	Mnthly-PA	0	APAY	A	А	N	0.00	0.0
11/01/2000	0	PA	03220	Е	% Empl	Regular	Mnthly-PA	0	APAY	А	А	N	0.00	0.0
09/01/2000	0	PA	03331	E	% Empl	Inactive	Mnthly-PA	0	APAY	А	А	N	0.00	0.0
02/01/1993	0	PA	03331	E	% Empl	Regular	Mnthly-PA	0	APAY	А	А	Ν	0.00	0.00



30

#### **Incorrect Billing Information**

Plan Type										View	/ All
Plan Typ	e: I	Medica	al 1	10							
Billings De	tails								View	AIL	
Effective Date	CBR Evtld	Comp	CustID		Rate Share	Billing	Paygroup	Surchg %	-	Tax Elect	Tax Flag
11/01/2021	0	PA		0	50/35	Regular	Mnthly-PA	0	TPEN	А	А
10/01/2021	0	PA		0	50/35	Regular	Mnthly-PA	0	APAY	А	А
10/01/2020	0	PA		0	50/35	Inactive	Mnthly-PA	0	TPEN	А	А
08/01/2020	0	PA		0	50/35	Regular	Mnthly-PA	0	TPEN	А	А
07/01/2020	0	PA		E	% Empl	Regular	Mnthly-PA	0	APAY	А	А
09/01/1997	0	PA		E	% Empl	Regular	Mnthly-PA	0	APAY	А	А



#### **Correct Billing Information**

Billings De	tails								View A
Effective Date	CBR Evtld	Comp	CustID		Rate Share	Billing	Paygroup	Surchg %	Pay T Meth E
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11/01/2000	0	PA	03220	Ε	% Empl	Regular	Mnthly-PA	0	APAY A

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#### **NYSHP** New York State Health Insurance Program



# **Questions?**



#### Worklist

#### What is a Worklist ?

Worklist are prioritized list of the work items that an agency has to do

Worklist items are created by different actions

Should be reviewed/worked daily or at least weekly depending on the size of your agency





## Worklist

#### What is a Worklist ?

The most common one that I am sure you know is the Correction Worklist

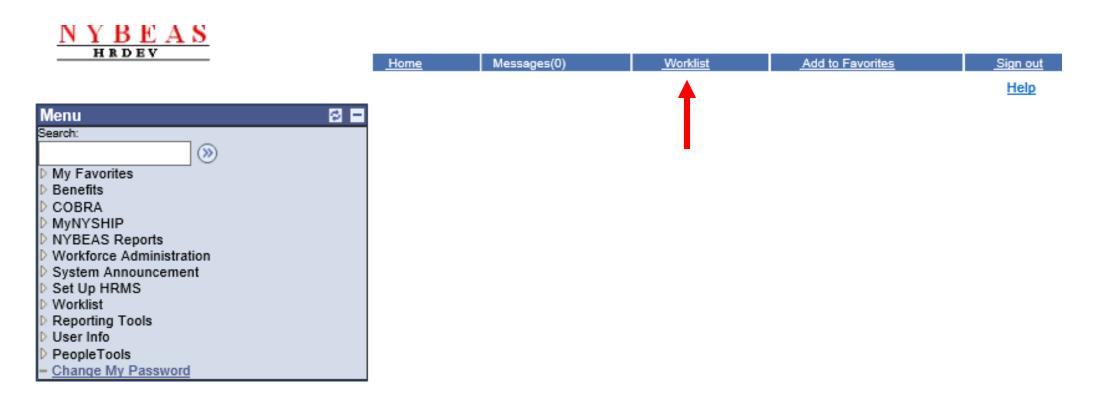
When you send a correction to EBD to fix/ update a file. That correction comes on a worklist for EBD to work and once it is completed – it will generate a worklist for you as the HBA. Correction Complete Worklist Or Correction Invalid if EBD doesn't do the correction.

You must review these corrections to make sure you do not have to take any future action and to make sure that EBD fixed the file the way you needed.



## **HBA Worklist**

#### Where do you find your Worklist?





## **HBA Worklist**

#### You will have different Worklist depending on the type of Agency you are PA, PE or NYS

Wo	rklist Sun	nmary				Customize   Find   Vi	ew All   🕍	First 🖪 1-6 of 7	Last
	Detail	Filter	Business P	rocess	Activity		Worklist		<u>Count</u>
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	Detail	Filter	NYBEAS De	epend Recert Required	NYBEAS Depe	end Recert Required	Dependent <hba></hba>	Rectification	0
3	Detail	Filter	BEA Admini	ster Workflow	DEVA Invalid	Address	DEVA Inva	lid Address 201	6 657
4	Detail	Filter	NYBEAS Ad	Iminister Workforce	NYBEAS Hire	Notifications	Incomplete <hba></hba>	Personal Dat	5
5	Detail	Filter	NYBEAS Ad	Iminister Workforce	NYBEAS Hire	Notifications	New Enroll	ment	50
6	Detail	Filter	NYBEAS Ad	Iminister Workforce	NYBEAS Job	Notifications	Retiree Re	hires <hba></hba>	4
Fie	ld 1:		✓ Field	d 2: 🗸 🗸	Field 3:	~	Sort	S	ave Comm
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		Sent	From	WL Cre	ated on	V	VL Comments		
	1								



#### **HBA Worklist**

If a worklist is on your NYBEAS, then that is for you to review, or you could have to take action to an enrollee's file.

5 Detail	Filter	NYBEAS Ad	lminister V	Vorkforce	NYBEAS Hire Notifica	ations	New Enro	ollment	50				
6 Detail	Filter	NYBEAS Ad	lminister V	Vorkforce	NYBEAS Job Notifica	tions	Retiree R	tehires <hba></hba>	4				
7 Detail	Filte	NYBEAS De	ependent B	Beneficiary	NYBEAS Dependent Disability		Depende <hba></hba>	nt Temp Disability	1				
Field 1:		✓ Field	1 2:	~	Field 3:	✓ S(	ort	S	ave Commer	nts			
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#### **NYSHP** New York State Health Insurance Program



# **Questions?**





#### What is the Young Adult Option (YAO)?

A coverage option for a child dependent who has aged off. It allows them to purchase individual health insurance coverage through NYSHIP.



#### Who can enroll in the YAO?

- A child, adopted child, child of a domestic partner (if the agency covers domestic partners), or stepchild of a NYSHIP enrollee
- Unmarried
- Is age 29 or younger
- Is not eligible for coverage through the young adult's own employersponsored health plan
- Is living, working or residing in the insurer's service area
- Is not covered under Medicare



#### When can they enroll in the YAO?

- At the time, the young adult no longer qualifies as a dependent under the parent's NYSHIP plan due to age.
- If a change of circumstances allows the young adult to meet eligibility requirements for the Young Adult Option, they can enroll within 60 days of newly qualifying
- Coverage may be elected during the Young Adult Option annual 30-day open enrollment period, which is determined by the Agency (usually goes with Annual Option Transfer Period)



- How much does the YAO cost?
  - It is the full cost of the premium for Individual coverage.
- How long is the YAO?
  - A young adult may be enrolled until the last day of the month in which they turn 30.
- YAO vs. COBRA
  - An enrollee has no right to COBRA coverage when coverage under YAO ends. However, once enrollment ends for a COBRA enrollee, they can transition to the YAO if eligible.



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#### How to enroll in the YAO?

#### Benefits > Transactions > Young Adult Enrollment

#### Young Adult Enrollment

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

EmpIID:	begins with $\checkmark$	
Empl Rcd Nbr:	- ~	
Last Name:	begins with 🗸	
First Name:	begins with 🗸	
Department:	begins with 🗸	

Case Sensitive

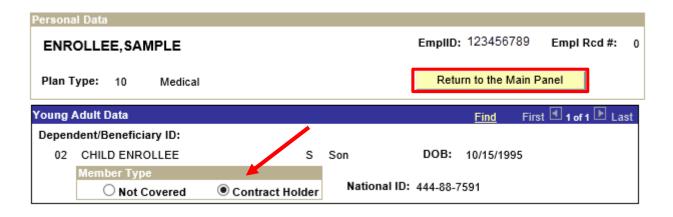
Search Clear Basic Search 🗐 Save Search Criteria



Employee Info       Employee         ENROLLEE, SAMPLE       Employee         Plan Type       10 Medical       COBRA E         *Plan Type:       10 Medical       COBRA E         ID:       Enrollee's Current Coverage Information       ID:         Eff Date Event Id       Covrg Elect       Benefit Plan         0       0       Image: Complexity of the second se	
*Plan Type:       10   Medical       COBRA E         Enrollee's Current Coverage Information         Eff Date Event Id       Covrg Elect       Benefit Plan         0       0         Transaction Data         *Action       *Reason       Event Dt         ENR       YAD       11/01/2021       10/05/2021	123456789 Empl Rcd #: 0
Eff Date Event Id Covrg Elect Benefit Plan 0 Transaction Data *Action *Reason Event Dt Request Dt Effectiv ENR YAD 11/01/2021 1 10/05/2021 1 11/01/20	Event 0
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Enroll Young Adult Dependents	



persona	al Data							
ENR	OLLEE, SAMPLE		E	EmpIID:	12345678	39 Empl	Rcd #:	0
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Depen 02	dent/Beneficiary ID: CHILD ENROLLEE	s	Son	DOB:	10/15/1995	5		
	Member Type Not Covered	O Contract Holder	National ID: 4	44-88-7	591			





Young Adult E	inrollment					
Employee Info						
ENROLLEE	,SAMPLE			EmplID: 12345	6789 E	mpl Rcd #: 0
Plan Type						
*Plan Type:	10 🔍	Medical		COBRA Event ID:	0	
Transaction Da	ata					
*Action	*Reason	Event Dt	Request Dt	Effective Dt	Ove	rride
ENR	YAD	11/01/2021	10/05/2021 🛐	11/01/2021	No	¥
Young Adu	It					
Enroll Yo	ung Adult De	ependents				
Save 🔍 Re	turn to Searcl	1				

Events	Benefits	Y	Medicar	re Part D	Hold I	Harmless Y	Programs	Billings				
Employee In	formation											
ENROLLI	ee,child						EmplID:	987654321	Empl R	cd #:	0	
Plan Type									View All	First	<b></b> 1 of 1	▶ Last
Plan Type	e: Medic	al	10									
Event Inforr	nation							View	All I 🛄	First	ا 1 of 1	🕑 Last
Action Date	Effective Date	Eff Seq	Action	Reason	CBR Evtld	Former id	Source ID	Request Date	User ID	Dep Info	Commei	View nt Audit Info
11/15/2021	11/01/2021	0	ENR	Young Adult	0	123456789	NYBUPDTE	10/05/2021	OPPAUPD	0	y	0
Return to Se	earch 🕞 P	reviou	s tab	Next tab	<b>O</b> Re	fresh						



YAO eligibility ends before age 30 when

- When the Young Adult parent is no longer a NYSHIP enrollee
- If the Young Adult no longer meets the eligibility requirements
- The NYSHIP premium for the young adult is not paid in full by the due date or within 30-day grace period.



# Participating Agency/Participating Employer Unit (PA/PE Unit)

#### Amanda Perkins



Please be sure to periodically check for recently issued memos and updates on HBA online.

Also please enter comments in NYBEAS

#### Michael Tibbitts



Remember to have NYBEAS, HBA Online open and ready as well as the enrollee's information before calling EBD

NEW YORK

STATE OF

**Department of** 

Civil Service

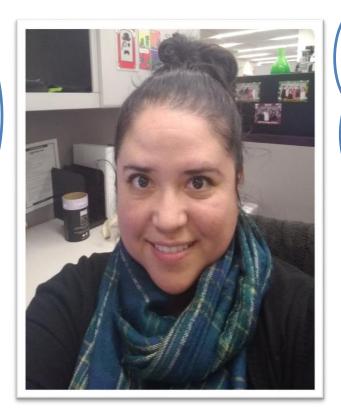
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## **EBD Staff**

Melissa Spring



We will ask you each time you call for your agency code, your first and last name before we can answer the questions. Pamela Alvarado-McNamara



Remember to key transactions timely. Also please make sure you obtain and maintain the required proofs.

**PA/PE** Unit



#### **EBD Staff**



Kara Hillicoss

Remember to mark your calendars to run your agency reconciliation every month on the Mondays that follows the first Friday

**PA/PE Unit** 





#### **NYSHP** New York State Health Insurance Program



# **Questions?**





#### **NYSHP** New York State Health Insurance Program

#### **PELU Announcements**

Presenter – Lauren Leadley, Public Employer Liaison Unit



### **PELU Announcements**

#### **Topics**

- NYS ITS Policy
- Tier 5/6 HBA Memo
- New Title for NYSHIP Manual
- Staff
- Contact

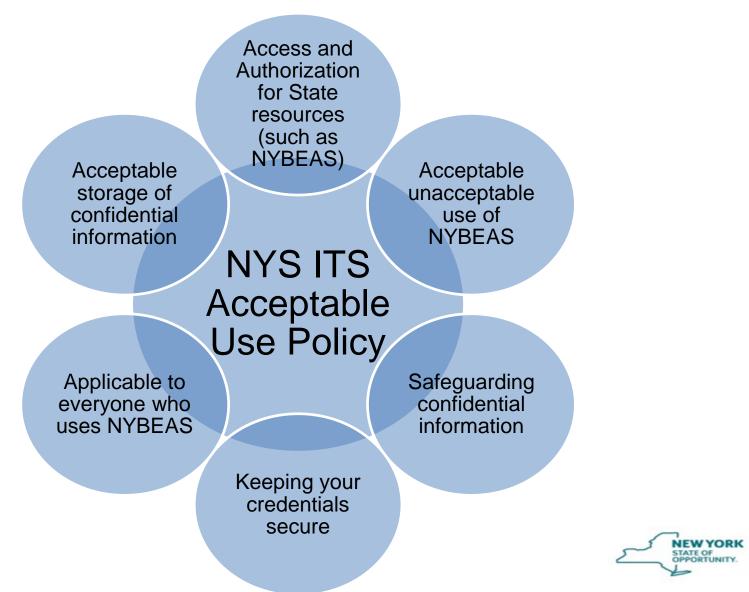


# **NYS ITS Policy**

- HBA Memos <u>PA21-16</u> and <u>PAEX21-14</u> were published on November 3
- DAOs must ensure all NYBEAS users read and comply with the NYS ITS Acceptable Use Policy
- A link to the policy is included in the HBA Memo



### **NYS ITS Policy**

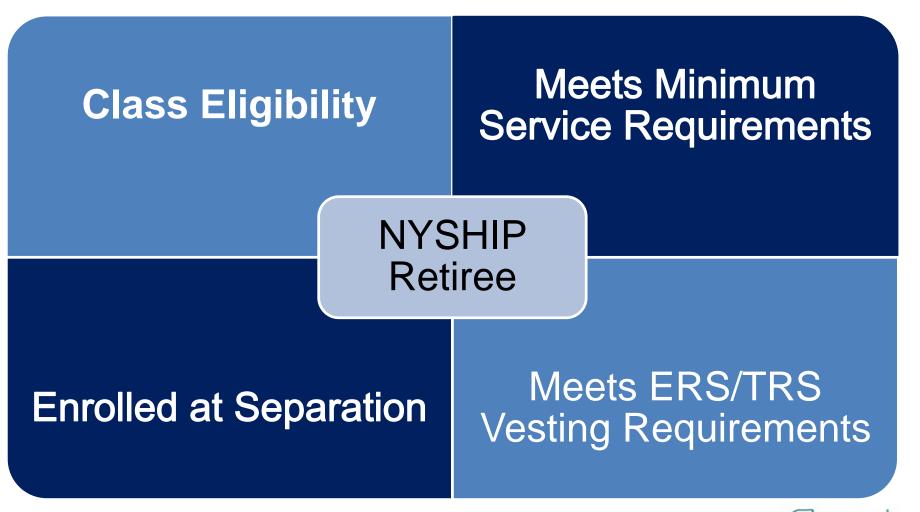




Department of Civil Service

- HBA memos <u>PA21-17</u> and <u>PAEX21-15</u> were published on November 3
- Reviews NYSHIP Retiree eligibility requirements





Department of

Civil Service



Tiers 1-4

First joined NYSLRS or NYSTRS prior to January 1, 2010 Tiers 5-6

First joined NYSLRS or NYSTRS on or after January 1, 2010

5 Year Vesting Requirement

10 Year Vesting Requirement



- Reiterates NYSHIP Regulations, Section 73.1(e), which defines a retiree as a person who:
  - Has retired as a member of NYSLRS or NYSTRS; or
  - "Was not" a member of NYSLRS or NYSTRS and is at least 55
- Tier 5 and 6 members with less than 10 years of service credit are not eligible for NYSHIP retiree coverage
  - Withdrawing from NYSLRS or NYSTRS does not change this



- PAs with retiree health insurance service requirement of at least 10 years:
  - Unlikely to cause issues
- PAs with retiree health insurance service requirements of 5 10 years:
  - Tier 5 or 6 members with less than 10 years of NYSLRS or NYSTRS service credit do <u>not</u> qualify for NYSHIP retiree coverage, despite the PA's service requirement



### **New Title for NYSHIP Manual**

The "Manual for NYSHIP Participating Agencies" now has a new name

STATE OF OPPORTUNE	RK Department of ™ Civil Service	
Manual for NYS	HIP Participating Agencies	



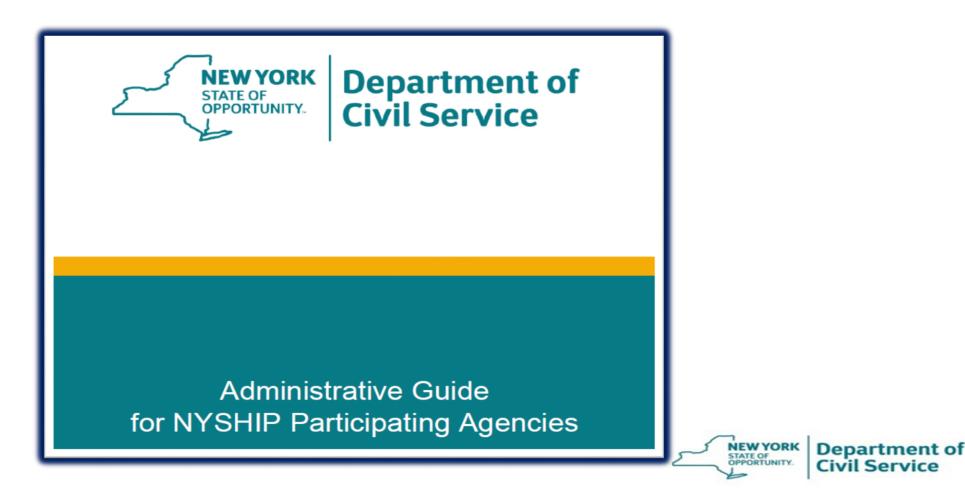
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Civil Se

OPPORTUNITY

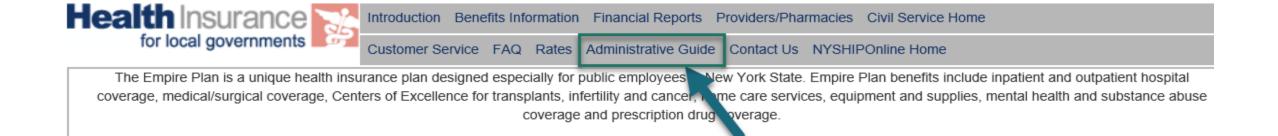
### **New Title for NYSHIP Manual**

• The "Administrative Guide for Participating Agencies"



### **New Title for NYSHIP Manual**

- You can find the Guide on the Department of Civil Service Marketing Site
  - <u>https://www.cs.ny.gov/employee-benefits/pa-market/benefits-information.cfm</u>





# Public Employer Liaison Unit (PELU) Staff

Remember to include your agency code in the subject line when you e-mail us.



Amy Orr

Please refer to the Administrative Guide for helpful information!



Lauren Leadley

Make sure to keep your NYBEAS credentials secure.





### When to Contact PELU

- Questions about NYSHIP policies
- Changes in NYSHIP benefits that require a revised resolution such as contribution rate changes or newly offering benefits to a class or category of employee/retiree
- Contact us 90 days in advance of the effective change
- Please contact PELU by e-mail at <a href="mailto:PELU@cs.ny.gov">PELU@cs.ny.gov</a>





#### **NYSHP** New York State Health Insurance Program



# **Questions?**





#### **NYSHP** New York State Health Insurance Program

#### **Empire Plan Benefit Changes**

Presenter- Mindy Beyer, Contract Manager, Vendor Management Unit

New York State Department of Civil Service Employee Benefits Division

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.



#### **Empire Plan Benefit Changes**

#### Topics

- New ID Cards
- Surprise Bills
- Benefit Updates
- COVID-19 Related Benefits



#### **New ID Cards**

- Benefit cards are now being reissued for all Empire Plan members. Reissuance is expected to go into mid/late December.
- This is to ensure compliance with new federal regulations
- Changes include new information on the front of the card, related to out-of-pocket costs. The member's ID number has **not** changed.
- Plan members can use their new card immediately; there is no requirement to call the Empire Plan/register the card.



#### **New ID Cards**

Sample Image of new Family Coverage Card:

The Empire

Plan



#### 123456789

JEANNIE EMPIRE PLAN ENROLLEE JOHN EMPIRE PLAN DEPENDENT PARTNER JANE EMPIRE PLAN DEPENDENT MICHAEL EMPIRE PLAN DEPENDENT JAMES EMPIRE PLAN DEPENDENT MARY EMPIRE PLAN DEPENDENT

In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family) Non-network Combined Deductible: \$XXXX (Enrollee; Spouse/Partner; all Children combined) Non-network Combined Coinsurance Max: \$XXXX (Enrollee; Spouse/Partner; all Children combined) Physical Medicine Program Deductible: \$250 (Enrollee; Spouse/Partner; all Children combined) For enrollee services, Providers: This card represents but does not guarantee enrollment precertification & in the New York State Health Insurance Program (NYSHIP) for provider relations, Government Employees. please call: Submit hospital, skilled nursing facility and hospice claims 1-877-7-NYSHIP to your local Blue Plan. Hospital and related services provided by (1-877-769-7447) Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross For details on your and Blue Shield Association. health benefits, visit www.cs.ny.gov/ employee-benefits -PPO BLUE CROSS Blue Cross Prefix: YLS PLAN 303 United Healthcare Group# 030500 MultiPlan 🛞 beacon 🖝 CVS caremark Bin# 004336 Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Beacon Health Options. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission. In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees. Administered by the New York State Department of Civil Service



#### **New ID Cards**

#### **Important Note:**

- Benefit cards that are undeliverable will be sent to the enrollee's agency
- Cards will not be forwarded by the post office; for example, if an enrollee recently moved to an address not yet updated on NYBEAS, the benefit cards will be sent to the enrollee's agency.
- DCS encourages agencies to provide returned cards to enrollees when practicable



### **Surprise Bills**

- No Surprises Act part of recent (December 2020) federal legislation
- The No Surprises Act will be effective January 1, 2022
- The new federal rules will expand protections nationwide. These will apply to certain services, including:
  - Out-of-network emergency services received at a hospital
  - Items and services provided by certain out-of-network providers at an innetwork facility
- Plan members with questions should call The Empire Plan toll-free (1-877-769-7447)



## **Benefit Updates**

## LiveHealth Online

- As a reminder, LiveHealth Online is a telehealth service available 24 hours a day, 7 days a week
- <u>Update</u>: This service will continue to be covered in full for Plan members (no copay) through December 31, 2022
- To begin the process for remote care, go to <u>www.empireblue.com/nys</u>
- For questions or assistance, Plan members can call 1-888-548-3432 or (1-888-LiveHealth)



## **Benefit Updates**

## **Diabetic Supplies – New Option**

- Effective January 1, 2022, Empire Plan members can obtain certain diabetic supplies at a network pharmacy, with no out-of-pocket cost
- These supplies are: syringes, needles, alcohol swabs and gauze
- Empire Plan members can continue to obtain all diabetic supplies through the Medical Program by contacting HCAP at 1-877-769-7447



## **Benefit Updates**

## **2022 In-Network Out of Pocket Limits**

- There is a limit on the amount an enrollee can pay for in-network services/supplies
- These limits change annually per federal guidance
- In 2022, the maximum amounts are as follows:

Empire Plan Program	Individual Coverage – Annual Limit	Family Coverage – Annual Limit
Hospital/Medical/MHSU	\$5,650	\$11,300
Prescription Drug	\$3,050	\$6,100
Total Limit	\$8,700	\$17,400



## **COVID-19 Benefits**

## **Reminder:**

# HBA Online and the October 2021 *Empire Plan Report* have detailed information on COVID-19 benefit related topics.



## **COVID-19 Benefits**

- The federal public health emergency period was extended through January 15, 2022
- Currently all diagnostic tests, office visits, and urgent care or emergency department visits related to diagnosing COVID-19 are covered in full under The Empire Plan
- The COVID-19 vaccine is free, and available to persons age 5 and older. To find a vaccination site, go to: <u>www.vaccines.gov</u> or call 1-800-232-0233



## **COVID-19 Benefits**

### **Resources for Support**:

- The Empire Plan NurseLine
  - Available 24 hours a day, 7 days a week
  - Call The Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447)
  - Registered nurses can assist with health-related questions, including those about COVID-19
  - No additional cost/no copay for services

#### • NY Project Hope

- Emotional Support Hotline available 7 days a week, from 8:00am 10:00pm
- Call 1-844-863-9314
- No charge for services





## **NYSHP** New York State Health Insurance Program



# **Questions?**





## **NYSHP** New York State Health Insurance Program

## **Financial Update**

#### **Presenter- Paul McKinney, Office of Financial Services**

#### **New York State Department of Civil Service**

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.



## **Financial Update**

## **Topics**

- 2022 Rate Renewal
- 2022 PA Monthly Rates
- Projected Dividends



## **2022 Rate Renewal**

- Net Premium increase: 6.6%
- Empire Plan Program Trends:
  - Hospital Program 7.4%
  - Medical Program 5.6%
  - Prescription Drug Program 8.8%
  - Mental Health & Substance Abuse Program 9.6%
- Rate Includes 0% margin
- \$500 Million Dividend Application



## **2022 Participating Agencies Monthly Net Rates**

#### **Empire PlanPrime**

<ul> <li>Individual</li> </ul>	\$1,196.12
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• Family \$2,763.74

#### **Empire Mediprime**

<ul><li>Individual</li></ul>	392.52
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- Family–1 \$1,109.94
- Family–2 \$1,109.94

#### **Excelsior PlanPrime**

<ul> <li>Individual \$878</li> </ul>
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• Family \$1,680.24

#### **Excelsior Mediprime**

- Family–1 \$295.44
- Family–2 \$199.91



## **Projected Dividends - All Payors**

Dividend Account Summary				
31-Dec-2020	Balance	\$	433,304,318	
26-Mar-2021 26-Mar-2021	Plan Year 2020 Gain - Empire BlueCross Plan Year 2020 Gain - United Healthcare		397,044,439 312,091,025	
27-May-2021	Plan Year 2021 Dividend Application	\$	(400,000,000)	
24-Jun-2021	United HealthCare Class Action Settlements	\$	204,495	
	Interest: January - September 30, 2021	\$	672,083	
30-Sep-2021	Balance	\$	743,316,361	
	Interest: October - December 31, 2021	s	117,000	
31-Dec-2021	Balance	\$	743,433,361	
	Interest: January - March 31, 2022	s	117,000	
1-Apr-2022	Plan Year 2022 Dividend Application	\$	(500,000,000)	
	Interest: April - December 31, 2022	S	115,000	
31-Dec-2022	Balance	\$	243,665,361	



## When to Contact OFA

- Questions about NYSHIP Bills (Missing or can't open)
- Questions about remitting payments
- Payments not applied to account

Email address: <a href="mailto:EBDAccounting@cs.ny.gov">EBDAccounting@cs.ny.gov</a>

**Office of Financial Administration (OFA)** 





## **NYSHP** New York State Health Insurance Program



# **Questions?**



# Final Questions and Answers





## **End of Meeting**

