

# **2022 Annual Webinar for Participating Agencies**

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

[illegible]

# 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







## **A Message from the Director of EBD**

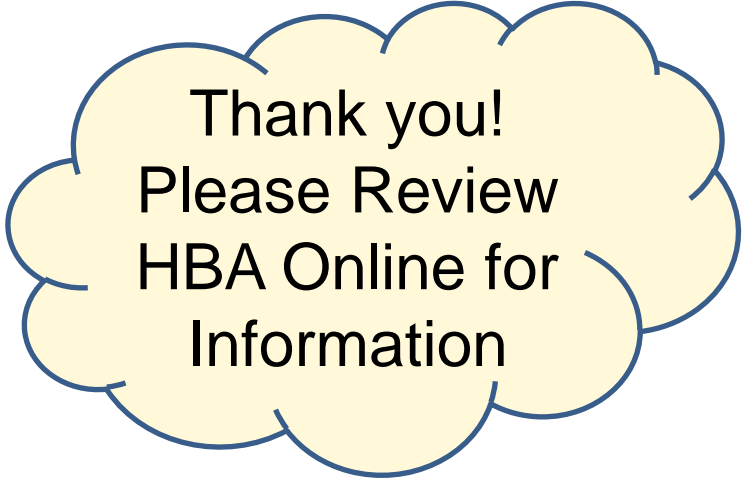
Presenter – Daniel Yanulavich, Employee Benefits Division Director

# Message from the Director

**Daniel Yanulavich**

518-473-1977

Daniel.Yanulavich@cs.ny.gov



Thank you!  
Please Review  
HBA Online for  
Information



## Benefits Administration

Presenters –Michael Jones, PA/PE Unit Supervisor

# Announcements from the PA/PE Unit

## Topics

- Differences between a New Hire and a Rehire
  - Processing a COBRA Rehire
  - Terminations Vs. Voluntary cancellations
  - PA Manual Transactions
- COBRA Transactions
  - Processing enrollments for the contract holder
  - Processing enrollments for dependents
- NYBEAS Refresher and Reminders for HBAs

# New Hire Vs Rehire

- New Hire
  - Used when creating a Job record for a new employee that has **never been enrolled in NYSHIP/NYBEAS by any NYSHIP agency**
  - New Hire Transaction Instructions can be found at: HBA online – HBA manuals – PA manual – Transactions – Creating a new job record
- Rehire
  - Used when enrolling an employee that **has been enrolled in NYSHIP/NYBEAS previously by any NYSHIP agency**
  - Rehire Transaction Instructions can be found at: HBA online – HBA manual – PA manual – Transactions - Rehire



# New Hire Vs Rehire

**nybeas.cs.state.ny.us says**

Person ID 123456789 already exists in the system for ENROLLEE NAME  
(1007,60) You cannot use the same Person ID for more than one person.  
Click OK to enter a different Person ID.

OK

# New Hire Vs Rehire

### Rehire & Transfers

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

Find an Existing Value

EmplID:

begins with ▼

123456789

Empl Rcd Nbr:

= ▼

Last Name:

begins with ▼

First Name:

begins with ▼

Department:

begins with ▼

National ID:


begins with ▼

☒ Include History

Search

Clear

[Basic Search](#)



[Save Search Criteria](#)

No matching values were found.

# New Hire Vs Rehire

Job Data

Employment

Employee Info

NAME ENROLLE M

EmplID: 123456789

Rcd #: 0

Job Data

Find | View All

First 1 of 23 Last

Employee Status:

Terminated

\*Effective Date/Seq:

01/20/2014

0

Current

\*Action / Reason:

TER

TER

Terminate

Action Date: 01/22/2014

Department:

10230

Adirondack Correctional

Company:

NYS

New York State

\*Pay Group: ILB

Institutional/Lag/Biweekly

Negotiating Unit:

01

NYSCOPBA

Employee % Filled:

100

Source ID: NYSTPINT

Operator ID: PCONTROL

Title Code:

8700100

Correction Officer

Hire Date

12/20/2004

Termination Date

01/19/2014

Rehire Date

12/20/2004

Last Date Worked

07/22/2013

Benefit Program

Find | View All

First 1 of 1 Last

Effective Date:

02/14/2005

Benefit Program:

A04 NYSCOPBA w/ Rx (Dent/Vis) BW

Save

Return to Search

Previous tab

Next tab

Update/Display

Include History

Job Data | Employment

## Rehire and COBRA

- If an employee is enrolled in COBRA after terminating employment with another NYSHIP Participating Agency, the rehire transaction in NYBEAS will automatically change the file to an active PA enrollment
  - NYBEAS will change their benefit program from PC7 to PA7
  - Coverage will remain the same (Individual / Family)
  - NYBEAS Events tab will show a CAN/CNE of the COBRA coverage,
- If the COBRA enrollment is through NYS or a NYSHIP Participating Employer, then the employee must cancel their COBRA first before you can process the rehire in NYBEAS

# Rehire and COBRA NYBEAS Update History

## EVENTS

					Terminated		
08/27/2021	09/01/2021	1	CAN	Cancel - Not Eligible	3	N	
08/27/2021	09/01/2021	0	PGM	Benefit Program Change	0	N	
07/06/2021	07/01/2021	0	ENR	COBRA Enrollment	3	N	
07/02/2021	07/01/2021	0	CAN	Termination	0	N	

## JOB

Effective Date	Eff Seq	Action	Reason
09/01/2021	0	Rehire	Rehire
07/01/2021	0	Termination	Terminate

## BENEFITS

09/01/2021	08/27/2021	Elect	0	001	Empire	Empl Only PA7	PA7-Act
09/01/2021	08/27/2021	Term	3				
07/01/2021	07/06/2021	Elect	3	001	Empire	Empl Only PC7	Pa7-Cobra

# Termination vs Cancel Voluntary

- **Termination**

- Process when employment terminates and they are no longer eligible to continue coverage as an active employee
- Last day of coverage will be the last day of the month in which the employee was eligible for coverage as an active employees and for which coverage was paid

- **Cancel Voluntary**

- Process when the enrollee is still an active employee but has requested to cancel their benefits
- Cancel Voluntary Instructions can be found at: HBA online – HBA manual
  - PA manual – Transactions - Voluntarily Cancelling Coverage



# To Process a Termination

1. Navigate to Workforce Administration
2. Under Job Information click Job Data and search the enrollee
3. Click the “plus key icon” to add a new row
4. Enter the effective date of termination (first day not working)
  - Action and Reason are both “TER”
5. Input the first day the employee will no longer be covered
6. Click Save

# PA Manual

**hba\_online**  
benefits resource center

You Should Know...

Easy Reference

Publications & Forms

HBA Memos

Policy Memos

Phone Numbers / Links

Meetings & More

Health Plan Choices

HBA Manuals

E-Learning

HIPAA Privacy Information

Site Map

Contact Us / Disclaimer

NYSHIP Home

Find the **benefit**, click on the group. *Benefits vary by group.*

Current Topics

PAYPE Webinars

Young Adult Option Coverage

General Information Book for:

NY Active

NY Retiree

Participating Employers (PEs)

Participating Agencies (PAs)

Student Employee Health Plan (SEHP)

dental

APSU

C-82

M/C

NYSCOPBA

PBA Supervisors

PBA Troopers

PE

PEF

PIA

SEHP

life

M/C

IPP Income Protection Plan

M/C

DC-37

survivor benefits

New York State Active Employees

workers' compensation

ARS Publications for



# PA Manual

### HBA Manuals

More manuals are coming soon!

NY Manual

View

PE Manual

View

PA Manual

View

### PA Manual

Events

"Other" Child

Adopting a Child

Continuing Coverage for a Disabled Child

Divorce

Domestic Partner

Topics

Dependent Eligibility Requirements

Employee Eligibility Requirements

Roles & Responsibilities

Student Dependent with Prior Military Service

The Health Insurance Portability and Accountability Act (HIPAA) and

Search

Filter

UPDATES

TRANSACTIONS

GLOSSARY

CONTACT

# PA Manual

## Transactions

Transaction Name	Action Code	Reason Code	Description	Sections
 <a href="#">Add a Spouse Coverage - Change to Family</a>	CCO	MAR	If an enrollee has Individual coverage, click on the link for instructions on how to add their spouse by changing to Family coverage.	<a href="#">Marriage</a>
 <a href="#">Add a Spouse to Existing Coverage</a>	DEP	ADD	If an enrollee has existing Family coverage, click on the link for instructions on how to add their spouse to coverage.	<a href="#">Marriage</a>
 <a href="#">Add Dependent Child - Change to Family Coverage</a>	CCO	DEP	If an enrollee requests to add a dependent child to coverage and change from Individual to Family Coverage	<a href="#">Adopting a Child</a>
 <a href="#">Add Dependent Child to Existing Family Coverage</a>	DEP	ADD, NWB	If an enrollee requests to add a dependent child to existing Family Coverage	<a href="#">Adopting a Child</a>
 <a href="#">Add Domestic Partner - Change to Family Coverage</a>	CCO	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.	<a href="#">Domestic Partner</a>
 <a href="#">Add Domestic Partner to Existing Family Coverage</a>	DEP	ADP	If an enrollee has existing Family coverage, click on the link for instructions on how to add their domestic partner to coverage.	<a href="#">Domestic Partner</a>
 <a href="#">Add Newborn - Change to Family</a>	CCO	NWB	If an enrollee with Individual coverage who are adding their newborn.	<a href="#">Newborn Child</a>

# COBRA Transactions

- When processing COBRA enrollments, the type of enrollee determines the steps to follow:
  - Is the contract-holder seeking COBRA?
  - Is a dependent seeking COBRA on their own?
- The COBRA enrollment is a multi-step process that takes a minimum of two days to complete
  - Notify the eligible individual as soon as you are made aware of a COBRA qualifying event
  - Remember to wait 24 hours in between each step

# COBRA Transactions

- If an employee/former employee is seeking COBRA:
  1. Process the **COBRA Event (i.e., Termination)**
  2. Process **Data Entry**
  3. Verify enrollment in **NYBEAS Update History**
- Remember to wait 24 hours in between each step



# COBRA Transactions

- If a dependent (e.g. an ex-spouse) is seeking COBRA enrollment on their own:
  1. Update **Dependent/Beneficiary** panel if necessary
  2. Process **Insert Cobra Activity**
  3. Process **Data Entry**
  4. Verify enrollment in **NYBEAS Update History**
- Remember to wait 24 hours in between each step

## Update **Dependent/Beneficiary** panel, if necessary

**Personal History** Find | View All First 1 of 3 Last

\*Effective Date: 10/01/2022 Medicare Id

\*Relationship to Employee: Ex-Spouse

\*Dependent Beneficiary Type: Dependent

\*Sex: Male

\*Marital Status: Divorced As of: 10/01/2022

☐ Student End Date:

☐ Disabled As of:

\*Dep. Proc. Type: No Disab Dep. End Date:

**Address History** Find | View All First 1 of 2 Last

\*Effective Date: 01/01/2022

☐ Same Address as Employee Address Type: Home

**Address**

Country: USA United States

Address: Edit Address

From the **COBRA** folder, select **Insert COBRA Activity**



Next, enter the employee's EmplID and click Search

The screenshot shows the 'Insert Cobra Activity' form. At the top, it says 'Enter any information you have and click Search. Leave fields blank for a list of all values.' Below this is a section titled 'Find an Existing Value'. It contains several input fields: 'EmplID:' with a dropdown set to 'begins with' and a text box containing '123456789'; 'Empl Rcd Nbr:' with a dropdown set to '=' and an empty text box; 'Last Name:' with a dropdown set to 'begins with' and an empty text box; 'First Name:' with a dropdown set to 'begins with' and an empty text box; and 'Department:' with a dropdown set to 'begins with' and an empty text box. There is also a checkbox for 'Case Sensitive'. At the bottom, there are buttons for 'Search' (highlighted with a red box), 'Clear', 'Basic Search', and 'Save Search Criteria'.

Enter the date of the COBRA qualifying event in the **Event Date** field.

Insert Cbr Activity

Employee Details

JONES, MIKE

EmplID: 123456789    Empl Rcd #: 0

Cobra Activity Information

Find | View All    First 1 of 1 Last

\*Event Date:

\*COBRA Action:

The **COBRA Action Code** is the reason for loss of eligibility

Insert Cbr Activity

Employee Details

JONES, MIKE

EmplID: 123456789    Empl Rcd #: 0

Cobra Activity Information

Find | View All    First 1 of 1 Last

\*Event Date:

\*COBRA Action:

Look Up COBRA Action

COBRA Event Classification: 

begin with

Look Up

Clear

Cancel

Basic Lookup

Search Results

COBRA Event Classification

Short Description

AGE

Overseas

REA

Death

REP

Mar/Divorced

DIB

ELI/Disability

DIV

Divorce

DPC

DomPartCo

EXT

Ext.Stu.Co

LSP

Separation

MED

Medicare

RET


Retired

STM

COBRA

TCS

Termination

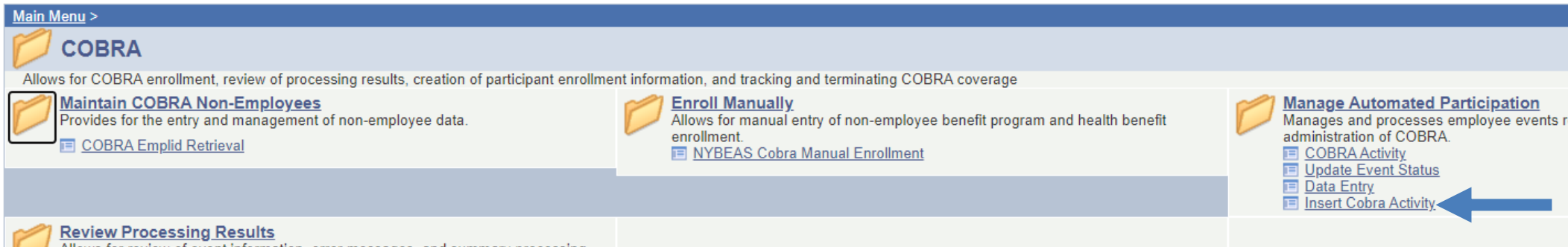
NEW YORK  
STATE OF  
OPPORTUNITY

Department of  
Civil Service

## Day 2 Data Entry

- After Inserting COBRA Activity, allow NYBEAS to update overnight and then process a **Data Entry** transaction
- **Reminder:** If the COBRA Event was a Termination of the employee, you do not need to enter the Insert Cobra Activity transaction, but can instead and proceed to the Data Entry transaction

# From the **COBRA** folder, select **Data Entry**



Next, enter the employee's EmplID and click Search

## Data Entry

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

**Find an Existing Value**

EmplID:	begins with ▼	<input type="text"/>
Benefit Record Number:	= ▼	<input type="text"/>
COBRA Event Identification:	= ▼	<input type="text"/>
Dependent/Beneficiary ID:	begins with ▼	<input type="text"/>
Name:	begins with ▼	<input type="text"/>
Last Name:	begins with ▼	<input type="text"/>
Department:	begins with ▼	<input type="text"/>

☐ Case Sensitive

[Basic Search](#)



# The Participant Data field will appear

Participant Data

JONES, MIKE

EmplID:

Ben Rcd#: 0

COBRA Event ID: 1

Event Class: Termination

Dep/Benef: 00 JONES, MIKE

COBRA Emplid: 123456789

COBRA Election: 

Elect

Election Date: 

04/30/2021

Waive:

Revoke:

Participant Enrollment

Find

View All

First

1 of 1

Last

Plan Type: 10

Covrg Begin: 05/01/2021

Covrg End: 04/30/2024

Election End: 06/29/2021

COBRA Election: 

Elect

Election Date: 

04/30/2021

Waive:

Revoke:

Option Code:

Benefit Plan: 001

Coverage Code: Family

Provider ID:

☐ Previously Seen

Dependent Enrollment

Customize

Find

First

1 of 1

Last

Dependent Name

Relationship

Health Provider ID

Prev Seen

Person Type

Save

Return to Search

NEW YORK

STATE OF

OPPORTUNITY.

Department of

Civil Service

In the first **COBRA Election** field, select the option **Elect** to enroll in COBRA

Participant Data

JONES, MIKE

EmplID:

Ben Rcd#: 0

COBRA Event ID: 1

Event Class: Termination

Dep/Benef: 00 JONES, MIKE

COBRA Election: 

Elect

Election Date: 04/30/2021

COBRA Emplid: 123456789

Waive:

Revoke:

In the **Election Date** field, enter the date that COBRA coverage will become effective

Participant Data

JONES, MIKE

EmplID:

Ben Rcd#: 0

COBRA Event ID: 1

Event Class: Termination

Dep/Benef: 00 JONES, MIKE

COBRA Election: 

Elect

Election Date: 

04/30/2021

COBRA Emplid: 123456789

Waive:

Revoke:

Participant Enrollment

Find | View All

First of 1 La

Plan Type: 10

Covrg Begin: 05/01/2021

Covrg End: 04/30/2024

Election End: 06/29/2021

In the second **COBRA Election** field select the option **Elect**

Participant Enrollment Find | View All First 1 of 1 Last

Plan Type:	10	Covrg Begin:	05/01/2021	Covrg End:	04/30/2024	Election End:	06/29/2021
COBRA Election:	<div>Elect</div>	Election Date:	<div>04/30/2021</div>	Waive:		Revoke:	
Option Code:	<div></div>	Benefit Plan:	001	Coverage Code:	Family		

Then click on the magnifying glass to choose the correct **Option Code**

COBRA Election:

Elect

Election Date:

04/30/2021

Waive:

Revoke:

Option Code:

Benefit Plan:

Coverage Code:

Provider ID:

☐ Previously Seen

Click on the magnifying glass to choose the correct **Option Code**

## Look Up Option Code

Cancel

### Search Results

View All

First 1-6 of 6 Last

Option Code	Benefit Plan	Coverage Code
-------------	--------------	---------------

<a href="#">11</a>	<a href="#">001</a>	<a href="#">1</a>
<a href="#">12</a>	<a href="#">001</a>	<a href="#">4</a>
<a href="#">13</a>	<a href="#">001</a>	<a href="#">A</a>
<a href="#">14</a>	<a href="#">001</a>	<a href="#">B</a>
<a href="#">15</a>	<a href="#">001</a>	<a href="#">C</a>
<a href="#">16</a>	<a href="#">001</a>	<a href="#">D</a>

## Coverage Code

11: Individual

12: Family

13: Individual with 1 Medicare




14: Family with 1 Medicare





15: Family with 2 Medicare


16: Family with 3 or more Medicare


If the enrollee has elected Family coverage, click the magnifying glass icon next to the box under Dependent Name. A list of all covered dependents at the time of the loss of eligibility will appear

Dependent Enrollment

Customize | Find |  First  1 of 1  Last

Dependent Name	Relationship	Health Provider ID	Prev Seen	Person Type
<input type="text"/>  		<input type="text"/>	<input type="checkbox"/>	 

 Save

 Return to Search



To add multiple dependents, click the **plus sign** on the right side of the screen under **Dependent Enrollment**. If you click on an incorrect dependent, simply click the minus sign to remove them prior to saving

Dependent Enrollment				
<a href="#">Customize</a>   <a href="#">Find</a>				
First		1 of 1		Last
<u>Dependent Name</u>	<u>Relationship</u>	<u>Health Provider ID</u>	<u>Prev Seen</u>	<u>Person Type</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="+"/> <input type="button" value="-"/>

Once you have finished entering the enrollment information. Click the “Save” button at the bottom of the screen

Dependent Enrollment

Customize | Find | 

First 1 of 1 Last

Dependent Name	Relationship	Health Provider ID	Prev Seen	Person Type
<div><div></div><div></div></div>			<div><div></div></div>	<div><div>+</div><div>-</div></div>

Save

Return to Search

## Day 3 Check the Enrollment Record

- The COBRA enrollment will show in NYBEAS on the business day following the Data Entry transaction
- If the enrollment is for a former employee, the COBRA will show up under the enrollee's social security number and they will continue to use the insurance cards they were issued when they were still employed
- Be sure to check the NYBEAS Update History to make sure that the COBRA enrollment was successful

# Day 3 Check the Enrollment Record – Employee

Events

Benefits

Medicare Part D

Hold Harmless

Programs

Billings

Employee Information

JONES, MIKE

EmplID: 123456789

Empl Rcd #: 0

Plan Type

View All

First

1 of 1

Last

Plan Type: Medical 10

Event Information

View All

First

1-4 of 5

Last

Action Date	Effective Date	Eff Seq	Action	Reason	CBR Evtld	Ovrd Sw	Source ID	Request Date	Event Date	User ID	Dep Info	Comment	View Audit Info
04/30/2021	05/01/2021	0	ENR	COBRA Enrollment	1	N	CBRBATCH			PCONTROL			
04/08/2021	05/01/2021	0	CAN	Termination	0	N	JOBUPDTE						
01/06/2010	12/06/2009	0	DEP	Add Dependent	0	N			12/06/2009				
12/19/2002	10/11/2002	0	DEP	Add Dependent	0	N			10/11/2002				

Return to Search

Previous tab

Next tab

Refresh

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

Department of Service

## Day 3 Check the Enrollment Record – Dependent

- If the enrollment is for a dependent, the COBRA enrollee will be assigned a new ID number beginning with the letter “C” which they can use to reference their COBRA coverage. They will also receive new insurance cards
- You can locate their new NYBEAS file and C number by searching for their name in NYBEAS Update History

# Day 3 Check the Enrollment Record – Dependent

Events

Benefits

Medicare Part D

Hold Harmless

Programs

Billings

Employee Information

JONES, DEPENDENT

EmplID: C000123456

Empl Rcd #: 0

Plan Type

View All

First

1 of 1

Last

Plan Type: Medical 10

Event Information

View All

First

1 of 1

Last

Action Date	Effective Date	Eff Seq	Action	Reason	CBR Evtld id	Former	Ovrd Sw	Source ID	User ID	Dep Info	Comment	View Audit Info
09/26/2019	10/01/2019	0	ENR	COBRA Enrollment	1	123456789	N	CBRBATCH	PCONTROL			

Return to Search

Previous tab

Next tab

Refresh

Events | [Benefits](#) | [Medicare Part D](#) | [Hold Harmless](#) | [Programs](#) | [Billings](#) | [Benefits/Billings](#) | [Accounting](#) | [Accounting Summary](#) | [Ca](#)

# Reminders for HBAs

- When an enrollee gets divorced (or their marriage has been annulled), the ex-spouse is no longer eligible for NYSHIP coverage **as of the date the divorce is filed in the county clerk's office**, regardless of when the enrollee notifies you of divorce
  - In NYBEAS remove the spouse with a DIV (divorce) transaction and use this date as the event date

Plan Type

\*Plan Type:

10

Medical

COBRA Event ID: 0

Enrollee's Current Coverage Information

Eff Date	Event Id	Covrg Elect	Benefit Plan	Coverage
12/01/2019	0	Elect	001 Empire Plan	Family
PA7	PA Option 7 (Actives)		Med Primacy <input type="checkbox"/>	Med Reimbursement <input type="checkbox"/>

Transaction Details

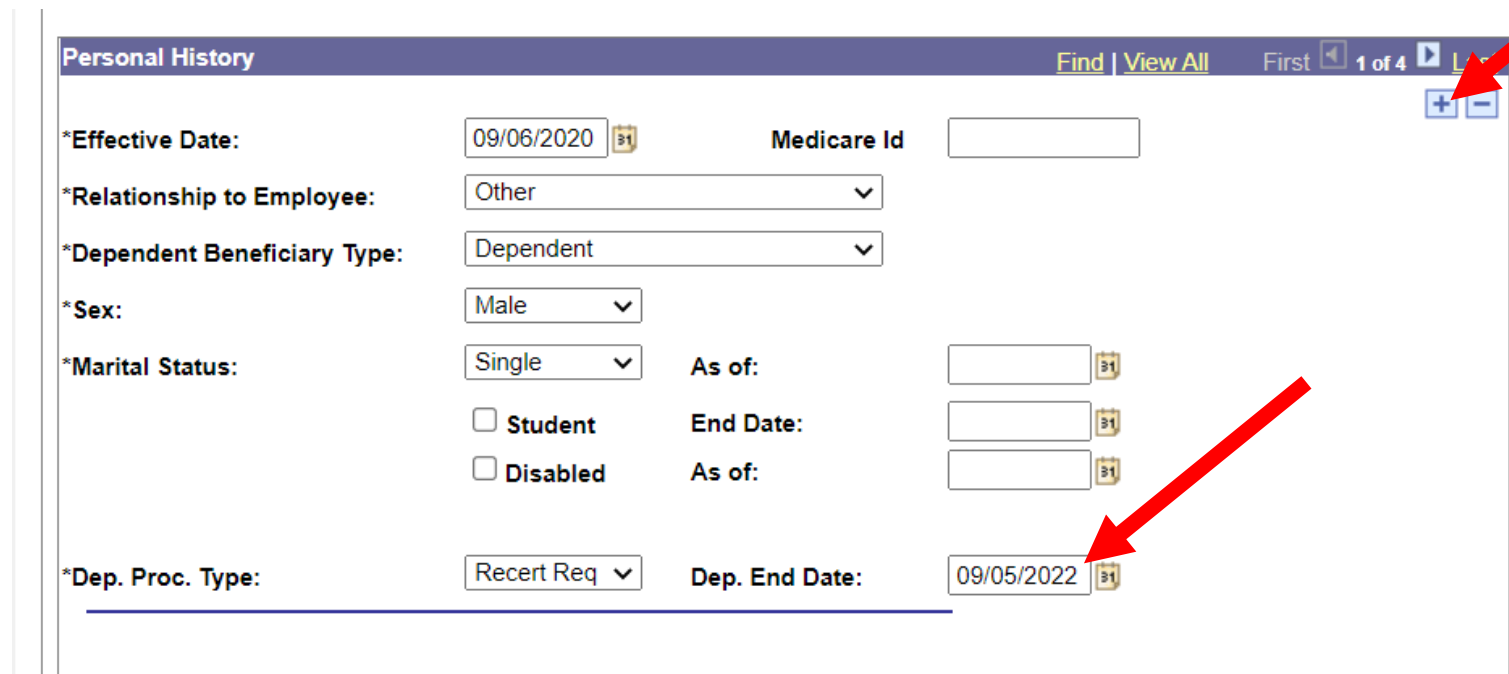
*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
CCC	DIV	07/01/2022		07/01/2022	No
Chg Ind - Divorce					

Save

Return to Search

# Reminders for HBAs

- When recertifying an “other child” please review the enrollee’s NYBEAS file to determine if the child has come off the file or not.
  - If they haven’t, you just need to update the recertification date under dependent beneficiary
  - If they have come off the file, you will need to update the recertification date AND process a dependent add to put them back on the file



The screenshot shows the 'Personal History' form in the NYBEAS system. The form contains the following fields:

- \*Effective Date:** 09/06/2020 (calendar icon)
- Medicare Id:** (empty text box)
- \*Relationship to Employee:** Other (dropdown menu)
- \*Dependent Beneficiary Type:** Dependent (dropdown menu)
- \*Sex:** Male (dropdown menu)
- \*Marital Status:** Single (dropdown menu)
- As of:** (empty text box with calendar icon)
- End Date:** (empty text box with calendar icon)
- As of:** (empty text box with calendar icon)
- \*Dep. Proc. Type:** Recert Req (dropdown menu)
- Dep. End Date:** 09/05/2022 (calendar icon)

Two red arrows are present: one points to the 'Dep. End Date' field (09/05/2022) and the other points to the 'Add' button (+) in the top right corner of the form.



# Reminders for HBAs -Retirement

- **DO NOT** process a retirement or preferred payment change (PPC) to pension deduction (EPEN/TPEN) more than **two weeks** prior to an employee's retirement date
  - If the PPC is processed too early, you must wait until after their retirement date and re-process
- Before processing a PPC, use the Personal/Employment transaction in NYBEAS to enter Retirement Registration Number, Retirement System, and Retirement Tier
  - **DO NOT** enter the Retirement Number. This number must feed over from retirement system

Retirement Information			
Retirement Reg.#:	<input type="text"/>	Medicare Id:	<input type="text"/>
Retirement System	<input type="text" value="1"/> Employee's Retirement System	Retirement Number:	<input type="text"/>
Retirement Type:	<input type="text" value="REGULAR"/>	Retirement Tier:	<input type="text" value="Tier IV"/>

# Reminders for HBAs -Retirement

- If your rate qualifiers do not match any on the list provided under PPC, you cannot put your retiree into pension deduction
  - You must keep them in APAY and continue to directly bill them
  - You cannot put them in EPEN/TPEN and bill the difference
- Maximum Pension Deductions
  - ERS: \$999
  - TRS: \$2000.
  - If the retiree's premium is above these amounts, they **CANNOT** be changed to EPEN/TPEN

Preferred Rate Qualifier				Find   View All	First ◀ 1 of 1 ▶ Last
Action Dt.	Effseq	*Preferred Pay Method	User ID		
11/08/2022	0	<input type="text"/>	MKJ2		

Preferred Rate Qualifier *** PA enrollees only ***				Find   View All	First ◀ 1 of 1 ▶ Last
Action Dt.	Effseq	*Preferred Rate Qualifier	User ID		
11/08/2022	0	<input type="text"/>	MKJ2		

# Preferred Payment Methods

- APAY: Agency Pays
- EPEN: Employee Retirement System Pension Deduction
- TPEN: Teachers Retirement System Pension Deduction
- **DIRP: PA Agencies should never be in DIRP. Never select this option!**

Select one of the following values:

<a href="#">APAY</a>	<a href="#">Agency Pays</a>
<a href="#">DIRP</a>	<a href="#">Direct Pay</a>
<a href="#">EPEN</a>	<a href="#">ERS Pension Deduction</a>
<a href="#">TPEN</a>	<a href="#">TRS Pension Deduction</a>

[Cancel](#)

# Preferred Rate Qualifiers

- E = 100% of the cost that EBD bills your agency
- Other letters in the column reflects the following contribution rates
- If your rate qualifiers do not match any of the below, you cannot put your retiree into pension deduction; you must keep them in APAY

Code	Rate Qualifier
0	100/100
1	100/95
2	100/90
3	100/80
4	100/75
5	100/65
6	100/50
7	100/35
8	95/95
9	95/85

Code	Rate Qualifier
A	90/90
B	90/85
C	90/75
D	90/50
F	85/85
G	85/75
H	85/50
I	75/75
J	75/50
K	75/35

Code	Rate Qualifier
L	65/46
M	60/60
N	50/50
O	50/35
P	95/90
Q	95/80
R	90/80
S	80/80
U	83/83
Y	85/80

# Reminders for HBAs – Rehired Retirees

- When a retiree returns to employment in a non-benefits eligible position, the enrollee will maintain coverage as a retiree.
- When a retiree returns to employment in a benefits eligible position with the same agency they retired from, they have the option to either continue retiree coverage, or enroll in coverage as an active employee.
  - Regardless of what they elect, retirees who were Medicare Primary will revert to NYSHIP Primary.
- When a retiree returns to employment in a benefits eligible position with different NYSHIP agency than they retired from, they may elect to keep their retiree benefits at the previous agency or enroll as a new employee through the new agency.
  - If they enroll through the new agency, they will revert to NYSHIP Primary
  - If they keep their retiree benefits, they will remain Medicare Primary and agency they retired from will continue to be responsible for reimbursing Medicare Part B premiums

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

Amanda Perkins



Please have  
NYBEAS open  
and ready when  
you call the HBA  
Help Line.

Michael Tibbitts



Please review  
the enrollee's  
NYBEAS record  
before calling  
the HBA Help  
Line.

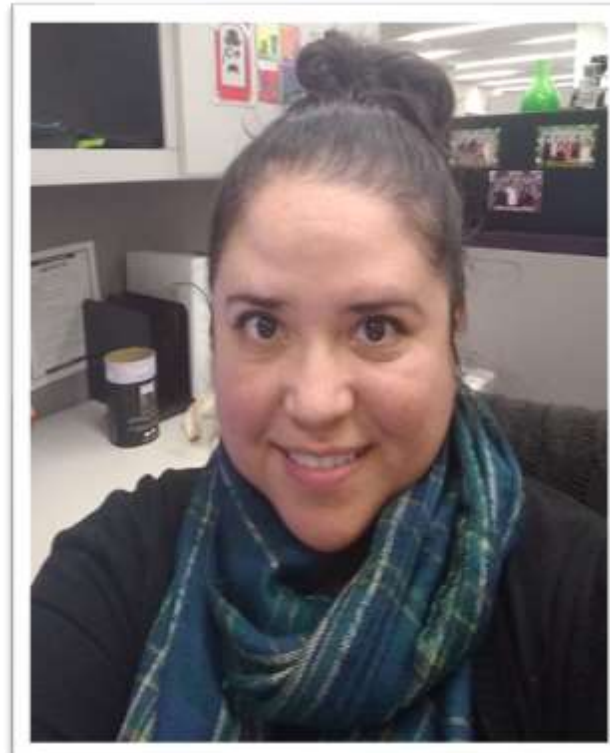
# Participating Agency & Participating Employer (PA/PE) Unit Staff

Melissa Spring



Please have your agency code and the employee's SSN ready when you call the HBA Help Line.

Pamela Alvarado-McNamara



Pull your monthly reconciliation report on the Monday following the first Friday of each month to reconcile your bill.



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

**Mike Jones**



Please make sure you update your DAO and HBA information with EBD when you have staff changes.





**NYSHIP**  
New York State  
Health Insurance Program



# Questions?



**NYSHIP**  
New York State  
Health Insurance Program

## **PELU Announcements**

Presenter – Jesse Horton, Public Employer Liaison Unit

# Topics

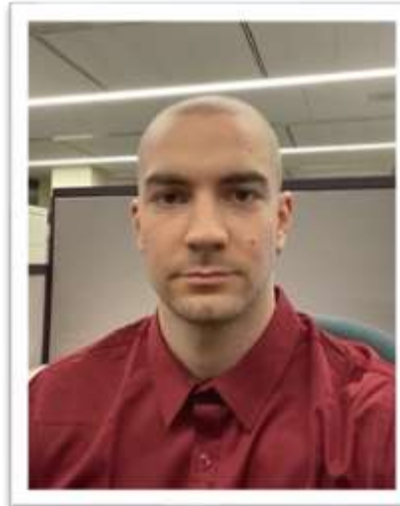
- PELU Staff
- Federal Premium Reporting
- Gender Recognition Act (GRA)
- Dual Family Prohibition & Buyout Programs
- When to Contact PELU

# Public Employer Liaison Unit (PELU) Staff



**Amy Orr**

Use your NYSHIP resources: many answers to your questions can be found in the General Information Book, the HBA Manual, and the NYSHIP Administrative Guide.



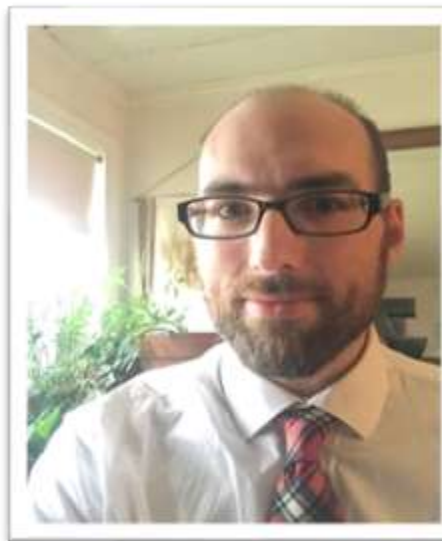
**August Heinrich**

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



**Brody Michaud**

Be sure to regularly check HBA Memos for important announcements.



**Jesse Horton**

Make sure to keep your NYBEAS credentials secure.

# Mandatory Federal Premium Reporting

- As part of the Consolidated Appropriations Act of 2021, the federal government now requires that all health insurance plans annually report the average monthly premium paid by employees and employers
- Plans, including NYSHIP, must report 2020 and 2021 premium to the federal government by the end of this year
- Since the Employee Benefits Division (EBD) does not have direct access to PA and PE employee premium rates, we relied on agency HBAs to submit employee premium information for their agencies using a dedicated NYBEAS page

# Mandatory Federal Premium Reporting

- This requirement and instructions were communicated to HBAs via HBA Memo [PE22-12, PA22-11, and PAEX22-10](#) in August 2022
- Agencies were given a deadline of October 14, 2022 to submit their 2020 and 2021 employee premium information through the NYBEAS page
- We realize this may have been a big undertaking for your agency
- **Thank you for your cooperation!!**

# Mandatory Federal Premium Reporting

- This will be an annual requirement going forward
- Reporting for the 2022 plan year is due to the federal government in June of 2023
- This means EBD will begin soliciting 2022 premium information from you early next year
- Please monitor HBA Online for an official announcement

# Gender Recognition Act (GRA)

- In June 2021, the Gender Recognition Act (GRA) was signed into State law
- The Act enables New Yorkers to select a non-binary or gender non-conforming option on their New York State issued driver's licenses, State ID cards, and birth certificates
- As part of the law, all State issued forms are required to include a non-binary or gender non-conforming option, labeled gender "X," no later than January 1, 2023
- EBD is in the process of revising its forms



# Gender Recognition Act (GRA)

- Naturally, this change has led to questions on the proofs required to update an enrollee or dependent's gender designation and/or name with NYSHIP and the process for making the changes in NYBEAS
- EBD has posted a policy memo, [Policy Memo 148](#), which outlines the proofs required. To summarize:
  - Gender designation changes only require a request. No additional proofs are needed
  - Name changes require a court order or government issued identity document
- HBA Memos [PE22-18, PA22-16, and PAEX22-14](#) reiterate the proof requirements and provide instruction on making such changes in NYBEAS
- Both memos are available on HBA Online

# Dual Family Prohibition & Buyout Programs

- In January 2021, the Office of the State Comptroller released an audit related to NYSHIP
  - “New York State Health Insurance Program: Empire Plan Members With Dual Family Coverage”
- It focused on strategies participating agencies may use to lower their overall spending on health insurance costs
- In response to the audit, the Department pledged to help educate participating agencies about cost saving measures, including buyout programs and prohibiting dual family coverage

# Dual Family Prohibition

- New York State prohibits dual family coverage for its employees through
  - Employees may not be enrolled in family coverage and as a dependent on another enrollee's NYSHIP policy
- This provision is included in the State's collective bargaining agreements with its public employee unions
- Participating Agencies may similarly prohibit their employees from being enrolled in dual family coverage to lower their overall health insurance costs

# Buyout Programs

- New York State offers a health insurance buyout program to its employees
  - Employees can receive \$1,000 for opting out of individual coverage
  - Employees can receive \$3,000 for opting out of family coverage
- Participating Agencies may implement similar programs to lower their overall health insurance costs
- [Policy Memo 122r1](#) outlines the Department's policy on buyout programs for health insurance coverage

# When to Contact PELU

- Questions about NYSHIP policies
- Changes in NYSHIP benefits such as contribution rate changes, changes in service time requirements, or newly offering benefits to a class or category of employee/retiree
- Contact us at least 60 days in advance of the effective date of the change
- Please contact PELU by e-mail at [PELU@cs.ny.gov](mailto:PELU@cs.ny.gov)



**NYSHIP**  
New York State  
Health Insurance Program



# Questions?



## **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

- What's New – Updates for January 1, 2023
- Benefit Spotlight
- Sneak Preview – July 1, 2023 Benefit Changes
- Network Providers and Member Protections



# Empire Plan Benefit Changes

## What's New – Updates for January 1, 2023

### Building Healthy Families:

- New name for the Future Moms Program.
- Will continue to be administered by Empire BlueCross.
- Offers enhancements including a digital platform, app, health advocates, case managers, interactive health trackers and personalized content.
- Plan members can call BlueCross to enroll – 1-877-7-NYSHIP (1-877-769-7447) and select prompt number 2 for the Hospital Program.

# Empire Plan Benefit Changes

## What's New – Updates for January 1, 2023

### Prescription Drug Formulary Changes:

- 99.74% of plan members will not be impacted by formulary changes.
- Empire Plan members impacted by any drug exclusions effective January 1, 2023 will receive a letter.
- Some plan members will have lower copays due to certain prescription drugs moving to lower copay tiers.
- Several previously excluded medications have been added back to coverage.

# Empire Plan Benefit Changes

## What's New – Updates for January 1, 2023

### 2023 In-Network Out of Pocket Limits:

- These limits change annually per federal guidance
- In 2023, the maximum amounts are as follows:

Empire Plan Program	Individual Coverage – Annual Limit	Family Coverage – Annual Limit
Hospital/Medical/MHSU	\$3,200	\$6,400
Prescription Drug	\$5,900	\$11,800
Total Limit	\$9,100	\$18,200

# Empire Plan Benefit Changes

## What's New – Updates for January 1, 2023

### ID Cards:

- Benefit cards are scheduled to be re-issued by end of year for all Empire Plan enrollees – these mailings are in process right now.
- The re-issue is to ensure compliance with federal regulations.
- There will be **no change** to the plan enrollee's ID number.
- Plan members can use their new card immediately, there is **no requirement** to call the Empire Plan/register the card.

# Empire Plan Benefit Changes

## Benefit Spotlight

### LiveHealth Online:

- Telemedicine benefit that is available 24 hours a day, 7 days a week.
- \$0 copayment – service is at no cost to Empire Plan members.
- Medical and Mental Health services – members have access to a telephone or video visit with a board-certified doctor or licensed therapist.
- Members can go to [www.empireblue.com/nys](http://www.empireblue.com/nys) or call 1-888-548-3432.

# Empire Plan Benefit Changes

## Benefit Spotlight

### Mental Health and Substance Use Disorder Program Updates:

- **Talkspace**

- Talkspace provides online access to therapy with a licensed clinician.
- Became available on November 15, 2022.
- Members can text providers and set up video or telephone calls.
- Therapy is subject to a copay, similar to an in-person visit.
- To get started, members can go to <https://www.talkspace.com/empireplan>

# Empire Plan Benefit Changes

## Benefit Spotlight

### Mental Health and Substance Use Disorder Program Updates:

- **Equip** - Effective date to be announced soon
  - Equip is a provider specializing in treating eating disorders virtually, with a family-based treatment approach to support lasting recovery.
  - Members and their families have access to a care team over the course of treatment, along with messaging support and a resource library.
  - Therapy is subject to a copay, similar to an in-person visit.
  - As stated above, this provider's start date will be announced soon.

# Empire Plan Benefit Changes

## Benefit Spotlight

### Immunizations:

- Flu shots are free at network vaccine pharmacies, with many pharmacies administering to children.
- Network pharmacies include chains (CVS, Walgreens, Rite-Aid, Duane Read, Wal-Mart, etc.) as well as independent pharmacies.
- Network pharmacies can be found by logging in on [caremark.com](https://caremark.com), selecting “Plan & Benefits” and then choosing “Pharmacy Locator.”
- Other no-cost immunizations at network pharmacies include the COVID-19 vaccines and boosters, and adult vaccines for shingles, meningitis, and pneumonia.



# Empire Plan Benefit Changes

## Benefit Spotlight

### COVID-19:

- **Reminder** – HBA Online and the October 2022 Empire Plan Report have detailed information on COVID-19 benefit topics.
- The federal emergency period was extended through January 11, 2023.
- Plan members can receive up to 8 over-the-counter (OTC) tests at no cost, when using a network pharmacy.
- At present, all diagnostic tests, office visits, urgent care or emergency department visits related to diagnosing COVID-19 are covered in full.

# Empire Plan Benefit Changes

## July 1, 2023 Benefit Changes

- Impacting the majority of Empire Plan, including all Participating Agencies.
- These changes will not include increased copays, deductibles, or coinsurance amounts.
- An Empire Plan Report will be sent to all Plan enrollees in May.

# Empire Plan Benefit Changes

## July 1, 2023 Benefit Changes

### Highlights:

- Elimination of copay stacking; only **one** \$25 copay for services in a single visit to a network provider, including a Managed Physical Medicine Provider.
- The Telemedicine Program (currently LiveHealth Online offered by Empire BlueCross) will be a permanent offering at no-cost share/\$0 copayment.
- The annual In-Network Out-of-Pocket Limit will be reduced to \$4,000 for Individual coverage and \$8,000 for Family coverage.

# Empire Plan Benefit Changes

## July 1, 2023 Benefit Changes

### Highlights - Continued:

- A Centers of Excellence for Substance Use treatment will be available, including travel and lodging benefits.
- A Site of Care Program for Infusions of Remicade will be implemented.
- An annual, 20 visit limit will be established for visits to out-of-network acupuncturists.
- An annual, 20 visit limit will be established for visits to massage therapists.
- Out-of-network medical and MHSU claims will be reimbursed at a rate equivalent to 275% of CMS.

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Why Use a Network Provider?

- Using a network provider saves time and money.
- Using a network provider offers protection against balance billing.
- As of July 1, out-of-network medical and MHSU claims will be reimbursed at a rate equivalent to 275% of CMS.
  - For some out-of-network providers, this will represent a reduction in payment.
  - Out-of-network providers may be more likely to balance bill plan members.

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Access to Network Providers:

- Empire Plan maintains very strong access to network providers.
- By New York State Department of Health adequacy requirements, Empire Plan has access to physicians across all 62 counties in NYS at the levels of:
  - 100% access in 29 counties
  - 99%-99.99% in 17 counties
  - <99% in 16 counties
- Use of out-of-network providers is overwhelmingly a choice.

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Out-of-Network Referral Mandate for Plan Primary Members:

- The Empire Plan must provide access to primary care and specialty providers within a 30-mile radius or 30-minute travel time from the member's home address. Empire Plan must be the primary coverage.
- This rule applies nationwide and applies to behavioral health providers.
- To receive an out-of-network referral, members must contact the appropriate Empire Plan administrator by calling the NYSHIP number at 1-877-769-7447.
- This information can be found at NYSHIP Online; the publication is named "Out-of-Network Reimbursement Disclosures".

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Out-of-Network Referrals:

- In addition, Plan members have the right to request an out-of-network provider if the Plan network does not have a provider accessible who has the appropriate level of training and experience to treat a condition.
- The member's attending physician must recommend the provider.
- If approved, covered services will be paid at the in-network benefit level, with only applicable copayments owed.
- This information can be found at NYSHIP Online; the publication is named "Out-of-Network Reimbursement Disclosures".



# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Surprise Bills:

- Effective January 1, 2022; the federal standards apply nationwide.
- The following are considered surprise bills and the patient is only responsible for the in-network cost share, such as a copay. Plan members also do not need to file any paperwork should the following occur:
  - Services received from an out-of-network doctor at an in-network hospital or ambulatory surgical center when a network doctor was not available.
  - Services received from an out-of-network doctor without your knowledge at an in-network facility.

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Surprise Bills:

- NYS also maintains protections for surprise billing. These include:
  - A network doctor sent a specimen taken in the office to a non-network laboratory or pathologist without patient consent.
  - A non-network doctor provided services without your knowledge.
  - Unforeseen medical circumstances arose at the time the health care services were provided.
- Questions about whether a bill is a surprise bill? Call the NYS Department of Financial Services at 1-800-342-3736 or go to: [www.dfs.ny.gov](http://www.dfs.ny.gov)

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### Example of Out-of-Network Cost – Carpal Tunnel Surgery:

Provider Charge	\$17,995.00
Allowed Amount	\$11,069.00

### Member Responsibility

Balance Billing	\$6,926.00
Deductible	\$1,250.00
Coinsurance	\$1,963.80
<b>Total Cost to Plan Member</b>	<b>\$10,139.80</b>

# Empire Plan Benefit Changes

## Network Providers and Member Protections

### How to Find a Network Provider:

- Visit NYSHIP Online and select “Find A Provider”  
[www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)
- Call the Empire Plan at 1-877-7-NYSHIP (1-877-769-7447)
  - The Clinical Referral Line for the Mental Health and Substance Use Disorder Program is available 24/7/365.
  - The Empire Plan NurseLine<sup>SM</sup> is available 24/7/365. Registered nurses can answer health-related questions, including how to find a network provider.



**NYSHIP**  
New York State  
Health Insurance Program



# Questions?



**NYSHIP**  
New York State  
Health Insurance Program

## Financial Update

**Presenter - Katelyn Wilder**  
**Acting Director**  
**Office of Financial Administration**

**New York State Department of Civil Service**  
**Employee Benefits Division**

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

# 2023 Rate Renewal

- Net Premium increase: 14.8%
- Empire Plan Program Trends:
  - Hospital Program – 8.6%
  - Medical Program – 5.1%
  - Prescription Drug Program – 9.8%
  - Mental Health & Substance Use Program – 10.0%
- Rate Includes 0% margin
- No Dividend Application



# 2023 Participating Agencies Monthly Net Rates

## Empire PlanPrime

- Individual \$1,345.06
- Family \$3,175.87

## Empire Mediprime

- Individual \$476.69
- Family-1 \$1,362.01
- Family-2 \$1,242.48

## Excelsior PlanPrime

- Individual \$1,097.75
- Family \$2,100.30

## Excelsior Mediprime

- Individual \$72.02
- Family-1 \$369.31
- Family-2 \$249.90





**NYSHIP**  
New York State  
Health Insurance Program



# Questions?

# Final Questions and Answers



# End of Meeting

