Important Health Insurance Information for Retirees, Vestees, Dependent Survivors and their Enrolled Dependents covered by The Empire Plan or the Excelsior Plan under the New York State Health Insurance Program (NYSHIP) through Participating Agencies

NEW YORK STATE | NYSHIP
New York State
Health Insurance Program

Medicare & NYSHIP

Empire and Excelsior Plans for PA Retirees



New York State Department of Civil Service, Employee Benefits Division

May 2022

Contents

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

Medicare and the New York State Health Insurance Program

When you are no longer an active employee with the employer through which you have New York State Health Insurance Program (NYSHIP) coverage and you become eligible for Medicare, the combination of your health benefits under Medicare and NYSHIP 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 for 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.



NYSHIP provides health insurance benefits to Participating Agency employees and retirees and their eligible dependents and to other former employees or dependents who are eligible for coverage through The Empire Plan or the Excelsior Plan. The information in this publication applies to both plans except for differences with respect to prescription drug coverage, which are noted.

Medicare is the federal health insurance program for people 65 and older, and for those under 65 who have 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 enrolled 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 if you live in the United States or Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa. If you live permanently outside the United States or outside Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas or American Samoa, you are not required to enroll in Medicare since Medicare does not cover services provided outside the United States and its territories. Notify your Health Benefits Administrator (HBA) if you will be residing outside the United States.

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 an enrolled dependent are already Medicare-eligible at the time of your retirement, ask your HBA for the date your coverage as an active employee ends; it may not be the same as your last day on the payroll.

There are two exceptions to this primacy rule:

1. Regardless of the enrollee's employment status, when Medicare eligibility is solely due to ESRD, NYSHIP remains primary during the 30-month coordination period. If you or your enrolled dependent is eligible for Medicare due to ESRD, contact Medicare at the time of diagnosis. Be sure you have Medicare Parts A and B in effect as soon as you complete Medicare's 30-month coordination period, regardless of the enrollee's employment status.
2. Regardless of an enrollee's employment status, Medicare is primary for a domestic partner who is 65 or older. If you have a domestic partner under the age of 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 your employment, Medicare becomes primary. Medicare rules are different for domestic partners (see page 9).

The responsibility is yours: To avoid a reduction in the combined benefits provided by Medicare and NYSHIP, you must make sure that you and each of your enrolled dependents are enrolled in Medicare Parts A and B when first eligible for primary Medicare coverage, even if you also have coverage through another employer's group plan.

When Medicare coverage must be in effect

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

- **You or an enrolled dependent first becomes eligible for Medicare as the result of turning 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 must be in effect on the first day of the month prior to the month in which you turn 65.
- **You or an enrolled 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.

If you or your dependent is not yet 65 when you retire: Contact Social Security three months before your 65th birthday to enroll in Medicare. Or, if you learn that you/your enrolled 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 enrolled 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 Medicare Parts A and B coverage in effect on the first day of the month after your active employee group coverage ends. **Typically, NYSHIP will no longer be your primary insurer beginning the first day of the month after your active employer group coverage ends.** However, if your active employer group coverage ends on the first 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 at that time, even if you fail to enroll in Medicare.

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

Explain to Social Security that you did not enroll in Medicare Part B at age 65 because you still had primary coverage through NYSHIP (an employer group plan) and you are just now planning to retire. You will not be charged Medicare's late enrollment penalty for failure to enroll by age 65.

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



After you retire, 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 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 don't receive a card, contact Social Security three months before your 65th birthday.

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 for 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 times twice the number of years you were eligible and didn't enroll. 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. Your former employer is not required to reimburse you for penalties you incur for not enrolling in Medicare when first eligible.

When you don't enroll in Medicare Parts A and B when Medicare is primary to NYSHIP, 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 your former employer 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 about 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 enroll 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), formerly referred to as Medicare Part C, have a contract with the CMS to provide Medicare Parts A and B. They often provide Medicare Part D prescription drug coverage (see the following), as part of a plan that provides comprehensive health coverage.

Medicare Part D

Medicare Part D provides prescription drug benefits. Medicare Part D plans can either be a part of a comprehensive plan that provides hospital/medical coverage or a standalone plan that provides only prescription drug benefits.

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 eligible or have been approved by Medicare for Extra Help and you are enrolled in The Empire Plan or the Excelsior Plan, you may be eligible for reimbursement for some or all of the Medicare Part D premium.

The Excelsior Plan does not include Medicare Part D prescription drug coverage; Medicare-primary enrollees and dependents receive the same drug coverage as those who are Plan primary. However, if you are enrolled in the Excelsior Plan and you or a dependent are approved for the Low Income Subsidy under Medicare Part D, ask your HBA for information about dropping your Excelsior Plan drug coverage and reducing your Plan premium.

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. If you are eligible for both Medicare and Medicaid, you may be required to enroll in Medicare Part D to keep your Medicaid benefits.

The Empire Plan includes Medicare Part D prescription drug coverage referred to as Empire Plan Medicare Rx. See the following for more information.

Medicare Part D and The Empire Plan

Note: The following information does NOT apply to the Excelsior Plan.

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 and administered by SilverScript. If you or any of your covered dependents are Medicare-primary, enrollment in Empire Plan Medicare Rx is required, therefore you will be automatically enrolled.

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.

You and each of your Medicare-primary dependents will receive separate benefit cards 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.

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 NYSHIP prescription drug coverage, call 1-877-7-NYSHIP (1-877-769-7447, TTY 711), press or say 4 on the main menu. Phone lines are open 24 hours a day, seven days a week.

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 or an enrolled dependent are enrolled in The Empire Plan with prescription drug coverage through Empire Plan Medicare Rx and then enroll in a Medicare Advantage or Part D (prescription drug) 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 the enrollee, your enrolled dependents will also be disenrolled from The Empire Plan. (**Note:** The Excelsior Plan drug benefit does not include a Medicare Part D prescription drug plan.)

Excelsior Plan Enrollees: If Medicare is primary to NYSHIP and you or your enrolled dependent enroll in a MAP, NYSHIP will not provide benefits for any services available through the MAP or services that would have been covered by the MAP if the MAP's requirements for coverage had been met. Covered medical expenses under the Excelsior Plan are limited to expenses not covered under the MAP.

Also, if the MAP has a point-of-service option that provides partial coverage for services received outside the MAP, covered medical expenses under the Excelsior Plan will be limited to the difference between the MAP's payment and the amount of covered expenses under NYSHIP.

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



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 benefits, you pay the Medicare Part B premium directly to the Centers for Medicare and Medicaid Services (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, 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 pay Medicare premiums directly to 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 may result in the termination of your Empire Plan coverage.

Medicare Part B Premium Reimbursement

When Medicare is primary to NYSHIP, under NYSHIP rules, your former employer must reimburse 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.

If you have Family coverage under NYSHIP, your former employer also must reimburse you for the 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.

Medicare reimbursement practices vary from employer to employer. Ask your HBA how your employer handles reimbursement. You are not eligible for the Medicare Part B premium reimbursement when NYSHIP is primary.

NYSHIP does NOT require your former employer to reimburse IRMAA costs associated with Part D coverage.



Your Claims When Medicare Is Primary

Order of payment

When you or your enrolled dependent becomes Medicare-primary, claims are paid in the following order:

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

Note: If you and/or your enrolled dependent also have other coverage as an **active employee**, that plan pays first, Medicare second and NYSHIP third. For additional information, please refer to the Order of Payment chart on page 25 of the *NYSHIP General Information Book*.

Claims Coordination between Medicare and NYSHIP

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, NYSHIP 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 or coinsurance, 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/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. For contact information refer to *If You Have Questions* on page 11.

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

Services Received outside the United States

If you receive services outside the country where Medicare does not provide any coverage, NYSHIP will pay as primary for covered services. 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* and the publication *On the Road with The Empire Plan*.

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. The combination of coverages under Medicare Parts A and B and NYSHIP protects you from a reduction in benefits.

When you are enrolled in NYSHIP's Empire Plan or Excelsior 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 it may cover some other medical expenses Medicare does not cover.

For example, hearing aids are not covered under Medicare Parts A and 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.

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

A. On average, Medicare pays only about 80 percent of an individual's total medical expenses. If you cancel your NYSHIP coverage, you will not have secondary coverage. NYSHIP will no longer require your employer to 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 may have a three-month waiting period. And, if you die during the period your NYSHIP coverage is canceled, your enrolled 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 my former NYSHIP employer?

A. Group coverage you may have through active employment (not as a retiree) is primary to Medicare. Even if you have other coverage through another employer's group plan (active or retiree), to avoid a reduction in your overall benefits, you or your enrolled dependent must be enrolled in Medicare Parts A and B when first eligible for Medicare coverage that is **primary to NYSHIP**.

Important: If you or your enrolled dependent(s) have other health care coverage in addition to The Empire Plan 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 Part D drug plan.

Be sure you understand your options for continuing coverage under NYSHIP and other group coverage 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 Medicare product at a time. As a result, CMS will cancel any existing Medicare enrollment if you or your former employer requests enrollment in another Medicare plan.

For example, if you enroll in another Medicare Part D plan after you are enrolled 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 enrolled dependents will end. If you are enrolled 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 coverage during this time?

A. NYSHIP provides your primary health coverage during Medicare's 30-month 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.

*The Excelsior Plan does not include a Medicare Part D (prescription drug) plan.

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 age 65, Social Security should automatically mail a Medicare card to each of you 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 to enroll three months prior to your 65th birthday (see page 11 for contact information).

Q. I'm retired and I cover my spouse under NYSHIP. My spouse is still actively employed, but eligible for Medicare. Which coverage is primary for my dependent?

A. Medicare is primary to NYSHIP for your spouse. Your dependent has your retiree coverage under NYSHIP and must be enrolled in Medicare Parts A and B. You will be eligible to receive reimbursement for the Medicare Part B premium on their behalf, unless reimbursement is received from another source.

If your spouse is actively working and has employer-sponsored coverage, your spouse's employer-sponsored coverage pays first, Medicare pays second and NYSHIP pays third.

Returning to Work

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

A. After retiring, if you return to work in a benefits-eligible position for your former employer who is providing your health benefits, in most cases NYSHIP is primary for you and your Medicare-eligible dependents. Ask your HBA if you will be in a benefits-eligible position.

There are two exceptions. Regardless of employment status, if you have a domestic partner who is 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.

If you return to work with a different employer, Medicare will remain primary to NYSHIP.

Q. If I return to work in a benefits-eligible position with my former NYSHIP employer, will I still be reimbursed for my Medicare Part B premium?

A. You are not entitled to reimbursement for the cost of Medicare Part B while NYSHIP is primary to Medicare. 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. Therefore, your domestic partner must have Medicare Parts A and B in place when first eligible due to age for Medicare, regardless of whether you are in active or nonactive status.

Note: If you marry your domestic partner, NYSHIP becomes primary and Medicare is secondary.

COBRA

Q. What happens if I'm enrolled in COBRA coverage and become eligible for Medicare?

A. NYSHIP COBRA coverage ends when you turn 65 and become eligible for Medicare. If you are continuing coverage in NYSHIP under COBRA, contact your HBA for information before you become eligible for Medicare.

Note: If you are enrolled in Medicare (Part A or Part B or both) when you enroll in COBRA you can continue both.

Cost of Medicare Part A

Q. Do I pay a premium for Medicare Part A?

A. There is usually no cost for Medicare Part A. If there is a charge for Medicare Part A coverage because the Social Security eligibility requirements were not met, send your HBA a copy of your statement from Social Security confirming your ineligibility for Part A at no cost. NYSHIP will provide primary coverage for Medicare Part A expenses and there will be no need to enroll in Medicare Part A unless eligibility for no-cost Part A coverage is attained. However, enrollment in Medicare Part B is still required.

If you receive a statement from Social Security confirming your ineligibility for Medicare Part A at no cost, please send a copy to your HBA. Your former employer will not reimburse for the Medicare Part A cost.

Medicare Part B Premium Reimbursement

Q. What do I need to do to receive the reimbursement for my Medicare Part B premium?

A. You and your enrolled dependents are entitled to reimbursement of the Medicare Part B premium from your former employer when you or your enrolled dependents are eligible for primary Medicare coverage. Your former employer may require a photocopy of your or your dependent's Medicare card before beginning the reimbursement. Ask your HBA how you will receive your Medicare Part B reimbursement and how frequently the reimbursement is issued.

Claims Coordination

Q. How can I be sure Medicare sent my claim to NYSHIP for payment?

A. Medicare will send you an Explanation of Medicare Benefits (EOMB) that will note whether your claim was sent to NYSHIP. 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. What will my NYSHIP Explanation of Benefits (EOB) include?

A. Your NYSHIP EOB should show that both Medicare and NYSHIP processed the claim. If you do not receive an EOB, submit a claim to the NYSHIP administrator for secondary payment. Be sure to include supporting bills, receipts and Medicare's Summary Notice.

For each month that you and each Medicare-primary dependent enrolled in Empire Plan Medicare Rx get a prescription filled, you will receive an EOB that will help you track these prescriptions.*

Please see your *General Information Book* and *Empire Plan Certificate* or your Empire Plan Medicare Rx Evidence of Coverage* for details on how to file claims, including deadlines.

Q. If I receive services that Medicare does not cover, do I have to file a claim with NYSHIP?

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 incur medical expenses outside the United States?

A. NYSHIP pays as your primary insurer as 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. 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* and the publication *On the Road with The Empire Plan*.

Q. What if I use a provider who has opted out of Medicare?

A. Your benefits may be significantly reduced if you are eligible for Medicare-primary coverage and you choose to receive covered services from a provider who has elected to opt out of Medicare.

The Empire Plan will estimate the Medicare benefit that would have been paid and subtract that amount from the allowable expenses under the Plan. This may result in much higher out-of-pocket costs to you.

*The Excelsior Plan does not include a Medicare Part D (prescription drug) plan.

Important Contacts

Keep your address up to date

It is very important that you notify your HBA in writing when your mailing or physical address changes for any reason.

Note: If you or your enrolled 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.

Write to your HBA if your marital or Medicare status changes

If Medicare eligibility ends for you or your enrolled dependent (because, for example, you move outside the United States), you must write to your HBA.

Notify your HBA in writing 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 enrolled dependent when not eligible, you will be required to return the amounts that were paid incorrectly. If you move back to the United States temporarily for medical care, contact your employer about resuming your Medicare premium reimbursement temporarily.

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) and choose the program you need.

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

If you have questions about Medicare and NYSHIP or if you need a NYSHIP publication mentioned in this booklet, please contact the HBA at your former employer. You may also check the **New York State Department of Civil Service** website at www.cs.ny.gov.

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, visit www.medicare.gov or call Medicare at 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048).

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service website (www.cs.ny.gov). 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 Certificate of Insurance 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 Empire & Excelsior Plans 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 The Excelsior Plan.

NEW YORK STATE | 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

Medicare & NYSHIP for PA Retirees/May 2022 PA0230