Frequently Asked Questions About Your Health Insurance

This information is current as of December 1, 2015. If there is a conflict in the information presented; the language of the County's collective bargaining agreements, the Ordinance and NYSHIP contract and rules will take precedence.

NEW EMPLOYEES

Q: I am a new employee. When will my health insurance coverage begin?

A: The date your health insurance coverage starts depends on your collective bargaining agreement or the County Ordinance ("the Ordinance") that governs employment for non-union employees. Your department's Human Resources Representative can tell you the exact coverage commencement date applicable to you.

Currently, the coverage start dates are:

- **CSEA, IPBA**: the first of the third month following your hire date. ***E.g., if your hire date is January 2nd to February 1st, your health insurance start date is April 1***

- **ShOA:** the first day of the second month following your employment. ***E.g., if your hire date is January 1st to January 31st, your health insurance start date is March 1st***

- PBA, SOA, DAI, Ordinance: the first day of the month following your employment. ***E.g., if your hire date is January 1st to January 31st, your health insurance start date is February 1st.***

- College faculty: the first of the third month following your hire date. ***E.g., if your hire date is January 2nd to February 1st, your health insurance start date is April 1***

Q: Will I have to contribute toward my health benefits?

A: **Employees:** Active employees contribute towards their health insurance premium based on the Collective Bargaining Agreement or Ordinance they were hired under. See rate sheet for a list of the current rates Employees who choose coverage through one of the HMO plans offered by the County have to also contribute the difference in cost between the HMO plan and the NYSHIP plan. The NYSHIP Plan is the standard coverage for all employees.

Retirees: Under current rules, retirees contribute to the cost of health benefits at the same rate they contributed as employees.

Q: What are my health insurance choices?

A: Most County employees choose to enroll in the "Empire Plan" offered thru NYSHIP. The County also offers coverage from various HMOs – HIP/HMO; HIP/Vytra, HIP/Choice Plus, Aetna, Blue Cross HMO. Cost of coverage and Summary of Benefits information is available from your department's Human Resources Representative.

Q: What other types of insurance does the County offer?

A: Currently, the County also offers dental and optical insurance coverage to eligible employees and their dependents.

COVERING YOUR SPOUSE

Q: I am getting married and would like to know if my spouse will be eligible for coverage?

A: Yes. Your spouse would be eligible for coverage on the day of the event i.e. the date of your wedding if you submit a completed application Form 503 within 30 days of the marriage. You must submit with your application a copy of your marriage certificate and a copy of your spouse's social security card to your department's Human Resources Representative, or the Comptroller's Health Benefits Unit.

Active employees may contact their department's Human Resources Representative in advance of the wedding to apply for family coverage in order to avoid a waiting period. If you are a retiree, vestee or on COBRA, Contact Us at the Comptroller's Health Benefits Unit in advance of your wedding to apply for family coverage.

The effective date of the coverage for your spouse is determined by NYSHIP rules ***(see section on Effective Date of Coverage).***

Q: I have been married for more than one year, but my spouse is not covered on my policy. How can I add my spouse to my existing coverage?

A: If you have been married for more than a year additional documents are required and waiting periods may apply unless you have a valid qualifying event or if your current coverage is family. Acceptable documents include: joint account bank statement, mortgage statement, home owners insurance, prior year's joint tax return. Contact your department's HR representative for more information

Q: What if my spouse also works for the County?

A: The County offers one family health, dental and optical insurance plan and one health Buy-Out option to couples where both spouses work for the County, the College, or are retirees of the County. This program, called **"Smart Savings,"** is described in the Smart Savings section of these FAQ's.

Q: I am getting divorced and would like to know when can I remove my spouse?

A: You may voluntarily remove dependents you no longer wish to cover even if they are still eligible for coverage. If you are getting a divorce or your marriage is annulled, you can notify your HR representative prior to the final decree to remove your spouse. Once the divorce is final your former spouse is no longer eligible, and must be removed, even if a court orders you to maintain coverage.

You must provide a copy of the Divorce Decree to your department's Human Resources Representative or the Comptroller's Office Health Benefits Unit immediately to avoid **penalties that may apply from late notification.**

If notification of divorce is delayed, active employees, retirees, vestees or those enrolled in COBRA may be responsible for unrecoverable premiums paid by Nassau County for the ex-spouse's coverage.

End of coverage for your spouse is effective the day in which the divorce is finalized in court. Your ex-spouse is eligible to continue coverage under COBRA or the New York State Continuation of Coverage Law.

You should provide your department HR representative with contact information for your ex-spouse so that COBRA information can be mailed to him/her.

COVERING YOUR CHILDREN

Q: How long will my dependent children be eligible for health benefits coverage?

A: Your dependent children will be eligible until the end of the month in which they turn 26 years old. A dependent child's military service may extend coverage beyond age 26 if upon returning from serving, the child enrolls as full time student. Military discharge confirmation letter must be provided along with the request. Contact your department personnel officer or, if you are a retiree **Contact Us** at Comptroller's Health Benefits Unit.

Eligible dependents include your natural children, stepchildren, children of domestic partners and legally adopted children, including children in a waiting period prior to finalization of adoption. Other children who are chiefly dependent on you and for whom you have assumed legal responsibility in place of the parent may also be eligible; you must verify eligibility and provide documentation upon enrollment and every two years thereafter.

Q: What coverage is available for dependent children after age 26?

A: Extended coverage to Young Adults up to age 30 is required by State legislation. The Young Adult Option allows your unmarried, adult children, up to age 30 to purchase their own medical coverage. To be eligible, the parent must be a current enrollee (includes retirees and COBRA), and the young adult must work or reside in New York State or the insurer's service area and not be eligible for coverage through their own employer-sponsored insurance plan. Eligible adult children will be able to enroll in the Young Adult Option during the open enrollment period. They may also enroll if/when eligibility is lost due to age or when they are newly eligible because of a change in circumstance, such as a loss of coverage through another plan. Under the Young Adult Option, you or your young adult child will pay a separate premium for coverage. The premium is the full cost for individual coverage. For example, during 2015, individual coverage under NYSHIP costs $805.05 per month. There is no employer contribution. For more information, please contact your department's Human Resources Representative.

Q: I have a disabled child. Are there any special provisions that would extend my child's coverage as a dependent after turning age 26?

A: Unmarried children age 26 or over who are incapable of supporting themselves because of a mental or physical disability acquired before termination of their eligibility for health insurance may be eligible for continued dependent coverage. You must complete and file a NYSHIP Disability Form. **Disabled Dependent Form** is available on this website in the Forms section. You may **Contact Us** to request the form or call **(516) 571-2369**. (If your child was not enrolled in NYSHIP because the child had other health insurance, but has lost the other coverage involuntarily, you may apply for disabled dependent child coverage. You must submit a NYSHIP Disability Form, along with proof that (a) the disability occurred prior to NYSHIP's standard age disqualification date in accordance with the eligibility rules in effect at the time the disability commenced and (b) that the loss of the other coverage was involuntary. Contact your department Human Resource Representative, if retired the Comptroller's Health Benefits Unit prior to your child's 26th birthday.)

COVERING YOUR DOMESTIC PARTNER

Q: What are the requirements for obtaining coverage for my domestic partner?

A: You must be an **active** employee or College faculty retiree in order to apply for domestic partnership coverage. You and your partner must also satisfy the requirements of a domestic partnership established by NYSHIP. NYSHIP defines a domestic partnership as a lifetime relationship in which you and your partner are 18 years of age or older, live together, are financially interdependent, unmarried and not related in a way that would bar marriage.

Q: How do I document that I have a domestic partner?

A: The current proof requirements are outlined in the domestic partner enrollment application packet available through your department's Human Resources Representative. The forms can also be downloaded from the NYSHIP Web site. Once completed, the forms along with the required documentation should be given to your department's Human Resources Representative for processing.

A domestic partner of an active employee MUST enroll in Medicare Part B upon becoming Medicare eligible. If the domestic partner of an active employee became eligible for Medicare due to disability, they are NOT required to enroll in Medicare until they turn 65 or the employee retires, whichever happens first.

Q: What is the income tax implication associated with domestic partnership coverage?

A: According to the Internal Revenue Code, if a domestic partner is not a "dependent" (as defined in Section 152 of the Internal Revenue Code), the "fair market value" of the partner's coverage, less any contribution by the enrollee, is treated as income for federal tax purposes. Your department's Human Resources Representative should be able to provide you with an approximation of the fair market value for The Empire Plan. This value, referred to as "imputed income," will be added to your annual salary for income tax purposes and will apply even if you cover other dependents in addition to your partner.

If your partner does qualify as a dependent under the Internal Revenue Code, there will be no imputed income. You must, however, submit a completed "Dependent Tax Affidavit" with your other enrollment documents.

Q: If my domestic partner's application is rejected, can I reapply?

A: Yes, you can reapply.

Q: Does domestic partner coverage extend to HMOs and dental/optical carriers?

A: Yes, the same NYSHIP eligibility and documentation requirements apply if you are seeking domestic partner coverage in an HMO and in dental/optical plans.

Q: If I predecease my domestic partner, is my domestic partner eligible for survivor coverage?

A: Yes, your unmarried domestic partner, who has not acquired another domestic partner, can continue coverage as a survivor to the extent survivor coverage is offered under your collective bargaining agreement or under the Ordinance.

Q: If the domestic partnership is terminated, how will this affect my partner's health insurance?

A: If the partnership ends, you must notify your department's Human Resources Representative and end coverage for the domestic partner. You must complete a "Termination of Domestic Partnership of Participating Agency Enrollee in NYSHIP" form for proper notification. Your domestic partner may be eligible to continue coverage under COBRA. Upon notification of termination of the partnership, a COBRA application will be provided to you and mailed to your former domestic partner at his or her last known address. The domestic partner must apply for COBRA coverage within 60 days of termination of their domestic partner coverage.

Q: If after ending coverage for my previous domestic partner, I enter into a new domestic partnership, can my new partner be covered under my health insurance?

A: As of January 1, 2005, NYSHIP has imposed a one-year waiting period from the termination date of your previous domestic partner's coverage before you may again enroll a domestic partner.

EFFECTIVE DATE OF COVERAGE FOR DEPENDENTS – EMPIRE PLAN (NYSHIP)

Q. I currently have individual coverage and would like to add a dependent. When will the coverage be effective?

A: By adding a dependent your coverage will be change to family. The effective date for your dependent's coverage depends on when you applied and when the dependent was first eligible. A dependent become first eligible on the day of birth for a newborn child, the date of marriage, or loss of other coverage for any eligible dependent.

E.g. (1), An employee will be married on June 10 and applies for a change from Individual to Family coverage on or before June 10th. Family coverage will become effective June 10 (the "date of event" is the date of marriage).

If the request is made within 30 days after the event date, then coverage becomes effective on the first day of the month following the request.

If the request is made after 30 days after the event, then coverage becomes effective the first day of the third month following the month of the request. E.g., an employee gets married on June 10th, and applies for family coverage on July 11; the coverage for the spouse will become effective on October 1st.

E.g. (2), you are requesting a change of coverage to family due to the birth of a child. If the request is made within 30 days of the birth of the child, the coverage for the newborn will become effective on the day of birth. If the request is done later than 30 days, then the three month wait applies.

Please note that you are required to submit along with the request the birth certificate, social security card as proof of eligibility. However, for a newborn you may submit the request along with a letter from the hospital documenting the birth of the child and a letter from the Social Security Administration indicating that you have applied for the social security number. We will enroll the child pending the actual documents.

Once coverage is changed to Family coverage due to the addition of an eligible dependent, there is no waiting period to add another eligible dependent. The dependent's coverage will be effective on the date of the request. Please note that the request is not considered complete until you have submitted all the necessary forms and documents to your HR representative or the Comptroller Health Benefits Unit.

EFFECTIVE DATE OF COVERAGE FOR DEPENDENTS – HMO's

Aetna HMO: Coverage for an eligible dependent will be effective the first date of eligibility if the request is made within 30 days of the qualifying event, i.e. birth of a child, date of marriage, or loss of other coverage. **If the request is not received with the 30 day period then the next time the request can be processed will be during the Open Enrollment period with an effective date of January 1, of the following year.**

HIP – HMO, Vytra (Emblem Health): Coverage for an eligible dependent will be effective the first date of eligibility if the request is made within 30 days of the qualifying event, i.e. birth of a child, date of marriage, or loss of other coverage**. If the request is made after 30 days of the qualifying event then coverage will become effective 30 days prior to the date of request.** E.g., if you were married on January 1st and you request coverage for your spouse on April 15th, then coverage for your spouse will be effective on March 15th. Please note however, that you will be responsible for a full month premium contribution because there is no partial month billing.

Blue Cross HMO: Coverage for an eligible dependent will be effective the first date of eligibility if the request is made within 60 days of the qualifying event, i.e. birth of a child, date of marriage, or loss of other coverage. E.g., if you were married on January 15th and your request for coverage of your spouse is received by us on March 1st, coverage for your spouse will be effective on January 15th. Please note however, that you will be responsible for a full month premium contribution because there is no partial month billing. **If the request is not received with the 60 day period then the next time the request can be processed will be during the Open Enrollment period with an effective date of January 1, of the following year.**

HEALTH INSURANCE BUY-BACK PROGRAM

Q: What is the Health Insurance Buyback program?

A. The Buyback program allows all active employees who have other health insurance coverage to receive a payment in exchange for declining health insurance from the County. Participants in the Buyback program receive one-twelfth of the annual buyback amount for each month of non-coverage within a calendar year.

The current buyback amounts are:

$2,000 annual Buyback amount for declining family coverage; or,

$500 annual Buyback amount for declining individual coverage.

Payments are made twice a year; on or about June 1 and December 1.

Q. How do I join the Buyback program?

A: To buy back your health insurance coverage, obtain the Buyback application form from your department's Human Resources Representative. You are required to provide a notarized affidavit stating that you have insurance coverage from a source other than the County, and you must attach proof of your other insurance coverage. In addition, please note that you may **only** join the Buyback program during the open enrollment period

Q: If I take the Buyback, may I re-enroll into the County's health insurance the future?

A: Yes, voluntary re-enrollment to health insurance can be done during the open enrollment period for NYSHIP and Aetna enrollees and three months after request for HMO enrollees, by applying through your department's Human Resources Representative. The application Form can be obtained from your department's Human Resources Representative, or the Comptroller's Health Benefits Unit.

Enrollees participating in Buyback can also re-enroll at any time during the year if they have a qualifying event, such as loss of coverage, divorce or death of the spouse. The request to re-enroll must be made within 30 days of the qualifying event to avoid waiting periods that may apply.

Q. I am currently on Buyback and plan to retire soon. Can I remain on Buyback while in retirement?

A. Yes, effective October 2011, NYSHIP amended its policy to allow its enrollees who are participating in the Buyback program, and who are eligible to retire with health benefits, to remain on Buyback while retired without losing their benefit. Voluntary re- enrollment into health insurance will be subject to the usual late enrollment waiting period, except for those who experience a qualifying event. Please note that if you are on Buyback and go into retirement, your retirement is a qualifying event that would enable you to go back onto insurance immediately. **Please be advised that if you retired with health insurance, you will not be allowed to go into buy-back at a later time.**

"SMART SAVINGS"

Coverage when both spouses, or partners, work for the County

Q: What is the Smart Savings Program?

A: The Smart Savings program ends the practice of providing two family health, dental and optical benefit policies to employees who are married to or partnered with another county employee or retiree. In Smart Savings, one spouse or partner is the primary person for health, dental and optical benefits coverage and the other spouse or partner is a dependent. The dependent spouse or partner receives the County's health insurance Buyback (currently $2,000) and the family is reimbursed should they have out of pocket expenses over the buyback amount that would have been covered if they had retained two family health benefits policies.

Q: Who is covered by Smart Savings?

A: Smart Savings covers all County and College employees. County non-union retirees are also covered. All other retirees are covered if they retired on or after:

September 1, 2007 for PBA members

June 1, 2008 for ShOA members

June 1, 2008 for DAI members

February 1, 2009 for CSEA members

February 1, 2009 for NCC non-union employees

September 1, 2009 for NCCFT members

In addition to the above, the Smart Savings program is offered to all retirees who retired prior to the dates listed. For these retirees, the program is entirely voluntary.

Q: May I opt-out of Smart Savings?

A: You cannot opt out unless you are one of the retirees who enrolled in the program voluntarily. However, under current County rules, you and your spouse or partner may choose to have two individual health insurance policies instead of one family policy under Smart Savings.

Q: Will Smart Savings result in a reduction in health benefits?

A: No. Smart Savings maintains the same level of benefits to the employees/retirees and their families.

Q: I am married to another Nassau County employee and we do not have any children. Can we get two individual health, dental and optical insurance policies instead of one family policy?

A: Yes. You may take two individual health, dental and optical insurance policies instead of one family policy. However, you will not receive the health buy back or the reimbursement.

Q: Can my spouse and I switch who is the primary person and who is the dependent?

A: Yes. You may change which spouse or partner is primary and which is the dependent once a year during the open enrollment period. The change will be effective as of January 1 following the open enrollment period.

Q: What happens if I am the dependent on the policy and my spouse dies or we get a divorce?

A: If you are an active employee or a retiree you and your eligible dependents will be covered under your own policy.

Q: How will I receive my Smart Savings health insurance Buyback reimbursement?

A: The Buyback amount, currently $2,000, is paid to employees through a payroll check. Retirees enrolled in the Smart Savings program also receive the Buyback amount. For these retirees, checks will be issued in the beginning of the year for which the coverage is being declined. The Buyback amount is taxable, and will be reported to the IRS in the W-2 for employees and on a MISC-1099 for retirees.

Q: What happens if the health insurance Smart Saving amount is not enough to cover my out-of-pocket medical expenses?

A: If a Smart Savings enrollee has to pay more out-of-pocket medical expenses above the buyback amount, the County will reimburse the enrollee for any costs that exceed the buyback amount if those costs would otherwise have been covered by the second family policy.

Q: How do I get reimbursed if I have out of pocket expenses over the buyback amount?

A: If your out-of-pocket medical expenses for a single year exceed the Buyback amount, currently $2,000, you must send a Reimbursement Form along with copies of your Explanation of Benefits ("EOB") or receipts to the Plan Administrator (Complete Management Solutions). Once it is determined, based on the submitted receipts and EOBs, that the expenses would have been covered by a second family health insurance policy, you will be reimbursed for the amount in excess of the buy back.

The Smart Savings Reimbursement Form is available in the Forms section of this website.

Please mail your completed form(s) to the Plan Administrator listed below:

NASSAU COUNTY SMART SAVINGS PROGRAM
c/o Pamela D'Apuzzo
R&R Health Strategies
102 Motor Parkway Ste. 520
Hauppauge, NY 11788

Q: Can I put the Buyback amount in the flexible spending account for medical expenses?

A: No. The IRS requires that deposits into a flexible spending program be made directly from your paycheck, therefore you will receive the Buyback as a separate payment and it cannot be

directly deposited into your flexible spending account. You can, however, enroll in the flexible spending account program and have an equivalent amount deducted from your pay check. Enrollment forms can be obtained from Human Resources or your department's Human Resources Representative during the open enrollment period.

Q: What if I have a hardship situation and need to keep two family health benefits policies?

A: County employees may apply for a hardship exemption from Smart Savings by sending a letter to the Office of Labor Relations. College employees may apply to the College President.

Q: If I am currently an active employee in Smart Savings and then retire, can I get my own policy back upon retirement?

A: No. If you were covered by Smart Savings as an employee, you continue in Smart Savings as a retiree.

Q: If I leave County employment before the end of the year, can I keep the entire Buyback amount?

A: No, the Buyback is a payment for a full calendar year. If you leave before the end of the year you will be notified of the pro-rated amount that you must return.

Q: If I have a dependent that is not my spouse's dependent, and my spouse has a dependent that is not my dependent, can we keep two family health insurance policies?

A: Yes, however, in most circumstances you will probably not need two family policies. If this situation applies to you, please contact the Comptroller's Office Health Benefits at the number below to discuss your options to ensure that participating in Smart Savings would be beneficial to you and your family.

Q: What happens if my spouse or partner leaves the County and no longer has County health benefits?

A: You will be taken out of the Smart Savings program. If you were the dependent on your spouse or partner's health benefits, you will become the primary person. Please contact the Comptroller's Health Benefits Unit as soon as you can so that we may process the change accurately.

If you have any further questions please **Contact Us** at the Nassau County Comptroller's Office Health Benefits Unit or call (516) 571-2369.

COVERAGE FOR EMPLOYEES WHO ARE TEMPORARILY OFF PAYROLL

Q: Will I continue to be eligible for benefits if I am temporarily not working and do not receive a pay check?

A: Coverage while you are on an unpaid leave is not automatic and depends on the nature of the absence. You should speak with your department's Human Resources Representative in order to determine your eligibility. In most cases, you must pay the health insurance premium to continue coverage during an unpaid absence. If you do not make your premium payment, coverage will terminate on the last day of the month for which you received a paycheck.

Q: What happens if my coverage lapses when I am not working?

A: If your coverage lapses due to non-payment while you are on an unpaid leave and you never return to work, you will have no rights to coverage as a former enrollee, nor will your dependents. You also risk losing health insurance coverage when you retire.

Q: I am on leave without pay and have recently become disabled. Can I have my health insurance contribution waived?

A: Yes, premium waivers are granted for up to one year in certain instances. There are several criteria that must be met in order to qualify for a premium waiver:

> You must have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of three months;
>
> You must be on authorized leave without pay; and
>
> You must have kept your coverage in effect by paying the required cost of your health insurance premium while you were on leave without pay.

If eligible, you may **Contact Us** at the Comptroller's Health Benefits Unit to obtain a PS-452 Form or call **(516) 571-2369**.

This option is only available to NYSHIP enrollees.

In order to apply for a waiver of premium, this form should be completed by you, your agency, and your physician and sent to:

United HealthCare
Eligibility Unit 505
Boices Lane
Kingston, New York 12401

CONTINUING HEALTH BENEFITS AFTER LEAVING COUNTY EMPLOYMENT

Q. My employment with the County is ending. May I continue my health benefits?

A. Yes, however, your benefits depend on your age, the length of service with the County, your union, and when you started employment with the County. You may be eligible for:

- COBRA
- Retiree Health Benefits
- Vestee Health Benefits
- Retiree Health Benefits after you are awarded a State Disability Pension. **Please note that the effective date of your disability retirement will be critical in determining whether you are eligible to continue your benefits.**

Q. If I don't continue my health benefits, when do I lose coverage?

A: Under current practice, on leaving County employment, health coverage continues until the end of the last day of the month following your separation from service. For example, if your last day on payroll with the County is April 10th, your coverage ends May 31st.

Q. What happens if the County terminates my employment?

A. The rules that apply to continuation of health benefits are generally the same whether you leave County employment voluntarily or involuntarily.

COBRA

Q: What is the Consolidated Omnibus Budget Reconciliation Act (COBRA)?

A. COBRA is a federal law that provides for the continuation of medical coverage in certain circumstances. Federal law set the coverage period at 18 months; however NYS Laws gives an additional 18 months for a total of 36 for NYS enrollees.

Q. Who is eligible for COBRA?

A. All Nassau County employees, retirees, survivors, vestees and their dependents, who are enrolled in medical, dental and optical insurance, and who experience lose coverage due to separation from County employment, loss of eligibility or is a surviving dependent of a deceased County employee, are entitled to continue benefits through COBRA.

Q. Am I able to apply for COBRA coverage if I was fired for cause?

A. Yes, even if you were fired for cause you and your dependents may still apply for COBRA coverage if you are already enrolled in insurance through County.

Q. What is the deadline to apply for COBRA benefits?

A. You must apply within 60 days of your health benefits termination date, or within 60 days after the date you receive the COBRA notification (whichever is later) from your department Human Resources Representative informing you of your right to choose to continue your existing health benefits coverage. Please note that for dental and optical, because of the student verification requirement, we will not know when your dependent children are no longer eligible. Therefore, you must notify us of their ineligibility.

Q. How long can I receive COBRA benefits?

A. Former employees and their dependent spouse/children can be covered for a maximum of 36 months.

Q. What does COBRA cost?

A. Under COBRA coverage you pay the full cost of the health, dental and optical benefits plus an administrative fee. In 2015, COBRA costs $1808.86 plus the administrative fee a month for NYSHIP family coverage and $805.05 plus administrative fee a month for NYSHIP individual coverage. See rate sheet for HMO premiums.

Dental coverage is through Healthplex and the COBRA cost is $47.69. Optical coverage is through Davis Vision and the COBRA cost is $9.38. Both are the same rate whether family of individual coverage.

Q: I decided to enroll in COBRA benefits, when is my first payment due?

A: Although you have 60 days to apply for COBRA, you must pay the premium retroactively to the health benefits termination date. Generally, health insurance (medical, dental, optical) payment is due the 10th of the month prior to the month of coverage. Therefore depending on the date you decide to enroll; at least two to three months of premium is due at the time of application submission.

For example: If the termination or separation from employment date is May 15th, you decide July 10th to enroll in COBRA, once the application is submitted, a check for three month's (June, July and August) premium should be attached for each coverage (medical, dental, optical) – 3 total.

Q. What happens to my COBRA health benefits after 36 months?

A. After the 36 months have passed your COBRA coverage will end. You will be sent a conversion policy from the carriers to continue coverage, but the policy will not provide the same level of benefits. If you opt for the conversion policy your relationship will be between you and the carrier – Nassau County will not be involved.

Q. Are there other Health Insurance coverage options aside from COBRA that Nassau County Offers?

A. No, but you may qualify for a special enrollment opportunity for another group health plan through the Marketplace if you request enrollment within 30 days. For tax credit eligibility

and/or premium estimates, and additional information, visit the Official Health Plan Market Place website at www.healthbenefitexchange.ny.gov.

HEALTH BENEFITS RETIREMENT FOR EMPLOYEES OVER AGE 55

Q. How do I continue health benefits if I am 55 or older when I leave County employment?

A. If you are at least age 55 at the time you leave County employment and have completed the required minimum number of years of County service, you may be eligible to receive retiree health benefits. This "retirement for health benefit purposes" can be done even though you have not retired in the State pension system and you plan to continue working outside Nassau County.

Q. How do I retire with health benefits purposes?

A. Contact your department Human Resources Representative for the necessary forms, which will be submitted to Comptroller's Health Benefits Unit.

Q. What are the minimum requirements to retire with health benefits?

A. Depending on your union or employment contract, date of employment and age at retirement you must have completed a minimum number of years of County service, to be eligible to retire with health benefits. See schedule below:

Union	Minimum Age	Minimum Years of Service
CSEA and IPBA hired on or after 8/22/03.	55	10
CSEA and IPBA hired prior to 8/22/03.	55	5
COBA	None	25
CSEA - Probation Officers, Fire Marshalls, AMTs, Deputy Sherriff and Correctional Center title.	None	25
Under Sherriff	None	25
PBA, SOA and DAI	None	20
College Ordinance	55	5
Non-College Ordinance employees hired prior to 8/21/08.	55	5
Non-College Ordinance employees hired on or after 8/21/08.	55	10

Q. Is prior public service included when calculating the minimum years of service required for health benefits retirement?

A. Yes, but it depends on specific titles within certain unions and your date of hire. See schedule below:

Union	Hire Date	Minimum Years of Service	Minimum County Service	Prior Service Creditable
CSEA	Prior to 8/22/03	5	1	4 yrs. NYS or municipal subdivision
CSEA, IPBA	On or after 8/22/03	10	10	Not creditable
CSEA (applies only to qualifying titles)	N/A	25	5	*Creditable as determined by NYSERS
COBA	N/A	25	5	*Creditable as determined by NYSERS
PBA, SOA, DAI, COBA	N/A	5	1	4 yrs. NYS or municipal subdivision
PBA, SOA, DAI	N/A	20	5	*Creditable as determined by NYSERS
Ordinance	Prior to 8/21/08	5	1	4 yrs. NYS or municipal subdivision
Ordinance	On or after 8/21/08	10	5	5 yrs. NYS. Or municipal subdivision.
College Ordinance		5	1	4 yrs. NYS or municipal subdivision

***Some prior service, such as military service, deemed as creditable by NYSERS for pension retirement may not be accepted by Nassau County for health benefits retirement.**

Q. Who determines whether I have creditable prior public service?

A. Prior public service credit is calculated by your department's Human Resources Representative and approved by the Comptroller's Office. Please speak with your department Human Resources Representative to discuss whether you are entitled to prior public service credit and have not yet received it.

Q. How much do I pay for health benefits when I retire for health benefits purposes?

A. Under current practice, you will continue to pay for your health benefits at the same rate of contribution you were paying while an active employee. For example, in 2016, an ordinance retiree, who is not Medicare eligible, and is enrolled in the Empire Plan will pay $192.62 a

month for family coverage and $42.45 a month for individual coverage. **Please note that these rates are subject to change**.

CONTINUATION OF HEALTH BENEFITS AS A VESTEE

Q. If I am separating from County employment before reaching age 55, what options do I have?

A. For most employees, if you are under age 55 but have met the minimum years of employment with the County so that you could have become a health benefits retiree if you were 55, you are considered to have "vested" your health benefits. If you are considering becoming a health benefits vestee, please speak with your department Human Resources Representative to discuss your eligibility. If you are not eligible to become a vestee, you may continue your health benefits through COBRA.

Q. What is the advantage to being a health benefits "vestee"?

A. Under current County practice, if you separate from service with the County and continue your health benefits as a vestee, you will become a health benefits retiree when you reach age 55. This means that, under current practice, while you must pay the full cost of health benefits as a vestee, once you reach age 55, you will continue your health benefits by paying only the level of contribution that you paid as an employee.

Q. How much will I pay to continue my health benefits as a vestee?

A. As a vestee, you have to pay the full cost of the health benefits until you reach age 55 and become a health benefits retiree. In 2016, vestees enrolled in the Empire Plan paid $1926.21 a month for family coverage and $849.01 a month for individual coverage. Vestees do not have to pay the administrative fee that is included in COBRA. **Please note that these rates are subject to change.**

Q. Is every County employee entitled to be a "vestee" if they have enough years of service when they leave County employment?

A. No. Ordinance employees hired on or after August 21, 2008 can only continue health benefits as a vestee if they leave County employment at age 50 or older.

Q. What will happen if I stop paying the premium?

A: If you cease making the premium payments, your coverage will be canceled permanently and you will not be able to receive County-provided health benefits coverage when you reach retirement age.

Q. Can an eligible vestee maintain vestee benefits without paying the required premium?

A. Yes, if the vestee maintains continuous coverage with NYSHIP as an enrollee or a dependent of an enrollee. However, if the Nassau County vestee establishes vesting or retirement rights through another NYSHIP Participating Agency or Participating Employee, then Nassau County is released from its obligation to provide the vestee with retiree health benefits. The enrollee would now have to continue vesting or retire through the second agency. This option is only available to NYSHIP enrollees. HMO enrollees do not have this option - they have to pay the vesting premium.

BENEFITS FOR SURVIVORS OF DECEASED COUNTY EMPLOYEES AND RETIREES

Q: If I die, are my dependents eligible to continue to receive health insurance coverage?

A: Currently, all enrolled dependents of active, retired and vested employees will continue to receive coverage without charge (up to the NYSHIP rate) for three months beyond the end of the month in which the employee dies, **as long as the** employee worked for the County or was a NYSHIP member (under state or local municipal agencies) for at least **10 years**. The **dependent spouse or partner may continue coverage** as long as he or she **does not re-marry or enter a new partnership,** Under certain collective bargaining agreements there is an additional nine months of coverage for enrolled dependents of active employees with no additional charge (up to the NYSHIP rate).

If your dependents are not entitled to the additional nine months of free coverage under a collective bargaining agreement, and you worked for the County or were a NYSHIP member for at least 10 years ("qualified service") at the time of your death, your dependent survivors may continue their coverage after the three month period, but will be required to pay the full monthly premium. If you had not completed 10 years of qualified service prior to your death, your dependents may continue coverage for a maximum of 36 months under COBRA.

Please note that dependents cannot be added to a survivor's policy unless they were previously covered as a dependent under the Nassau County employee/retiree/vestee's coverage (except for unborn children or children in the adoption process).

Rules Under Current Bargaining Agreements:

CSEA, COBA and IPBA:	Spouse/Domestic Partners and dependent children up to age 26 of active employees receive a total of one year without charge (up to the NYSHIP rate).
	Spouse/Domestic Partners and dependents children up to age 26 of retirees and vestees receive a total of three months without charge, after which they must pay the full premium.
COBA (in line of duty):	Spouse/Domestic Partner, as long as they do not re-marry, and dependent children up to age 26 receive coverage without charge (up to the NYSHIP rate)

PBA, DAI, SOA: Spouse/Domestic Partner, as long as they do not re-marry, and dependent children up to age 26 receive coverage without charge (up to the NYSHIP rate)

For more information, active employees should contact their department's Human Resources Representative. Retirees may **Contact Us** at the Comptroller's Office, Health Benefits Unit or call (516) 571-2369.

Q: Who should be notified upon the death of an enrollee?

A: Dependent survivors should forward a copy of the death certificate to the Comptroller's Office, Health Benefits Unit as soon as possible, but **not later than 90 days** after the death. This will ensure that eligible dependents are notified of their right to elect to continue survivor benefits before the coverage terminates. **Please be reminded that once a survivor's coverage terminates it cannot be reinstated.**

Ensuring the County Receives Your Health Insurance Payments

Q: I am paying for health insurance after leaving the County (for example if you are a retiree who contributes to health coverage, or are continuing coverage while on leave without pay, or are a vestee continuing coverage or are a former employee's survivor). What is the best way to make sure that my payments for health insurance are received and my coverage does not lapse?

A: The best way to make sure we receive your payments is through automatic deductions (ACH) from your bank account. To authorize automatic deduction, send a check with "VOID" written across it and the completed ACH Form authorizing us to automatically deduct your health insurance charge from your bank account to:

Nassau County Comptroller's Office
Health Benefits Unit
240 Old Country Road, 2nd Floor
Mineola, New York 11501

ACH payments are deducted on or about the 10th of the month prior to the month of coverage.

Q: How do I find out what month my premiums are paid up through?

A: Call the County Comptroller's Office, Health Benefits Unit at (516) 571-2369 for the details of your payment history.

Q: Why has my payment not been posted?

A: Checks are posted within ten days of receipt by the Comptroller's Office. If there is a high volume of incoming checks, it may take a little longer to post.

Q: Why am I receiving mail from the County and health care providers at my old address?

A: The Comptroller's Office may not have been notified of your new address. If you are an active employee, please notify your department's Human Resources Representative of your new address. All other enrollees should notify the Health Benefits Unit of the new address by writing to the Nassau County Comptroller's Office, Health Benefits Unit 240 Old Country

Road, Mineola, New York 11501. The request should include your signature. A **Change of Address Request Form** is available in the Forms section in this website.

RETIREES

Q. If I retire in the State pension system, do I automatically get retiree health benefits?

A. Not necessarily. You will receive health benefits as a retiree only if you have met the service requirements for retiree health benefits. (See "***HEALTH BENEFITS RETIREMENT FOR EMPLOYEES OVER AGE 55***" above.)

Q: As a retiree, is my primary medical carrier Medicare?

A: If you are over age 65 and retired from Nassau County (no longer working full time), you are Medicare eligible and therefore Medicare is your primary carrier for your coverage with Nassau County. You may also qualify for Medicare if you are under age 65 and disabled. You should notify us immediately if this applies to you. The County will reimburse you for the regular cost of your Medicare Part B premium through checks issued twice a year. The reimbursement amount will be prorated if you or your dependent become Medicare eligible, ineligible or decease during the year.

For example: If you become Medicare eligible March 14th, you will be reimbursed for four months in June. If your dependent becomes Medicare eligible September 29th of the same year, you will be reimbursed six months for yourself in addition to four months for your dependent.

If you are being reimbursed for your Medicare Part B premium from another source, please notify us immediately. Failure to notify us may affect your future Medicare reimbursements. It is unlawful to accept a Medicare reimbursement check where you or your spouse/partner receives a duplication of benefits, such as a reimbursement check from another agency or company.

Please note that enrollment in Medicare is not automatic, so please contact Social Security Administration, approximately three months before you or your spouse turns 65. Please be aware that if you become Medicare eligible, and do not enroll timely, there could be serious monetary consequences – i.e. coordination of benefits issues (COB); and increase in premium payments if applicable. For example, NYSHIP will only pay claims for the costs of services provided that are not covered by Medicare regardless of whether or not you were enrolled. You will be responsible for those costs that Medicare would otherwise have paid. HIP HMO will cover the costs, but you will be responsible for higher premium cost for remaining in the HMO plan instead of the VIP plan.

Q: Why haven't I received my Medicare Part B reimbursement check?

A: Part B reimbursement checks are currently mailed out in June and December. If your address has recently changed, you must send the Comptroller's Office a signed letter with the change of

address information. Also make sure that the Health Benefits Unit was notified of your Medicare eligibility.

If it is not an address problem, and the Health Benefits Unit was informed of your Medicare eligibility, please **Contact Us** at Comptroller's Health Benefits Unit.

Q: I was charged an extra amount for Part B. due to my income. Will the County reimburse me for the extra premium?

A: Yes. The additional amount is referred to as IRMA (Income Related Medicare Adjustment). In the year following payment, Social Security will send you an official notification of the additional charge for Part B coverage. This official notification will usually come in the form of a MISC-1099. Send a copy of the document to the Comptroller's Health Benefits Unit for the additional reimbursement.

If you are currently not collecting Social Security Benefits and are being billed directly by the Centers for Medicare and Medicaid Services (CMS), please send a copy of each quarterly bill for the year you are seeking reimbursement to the Comptroller's Health Benefits Unit for the additional reimbursement.

DENTAL INSURANCE FOR COUNTY EMPLOYEES - HEALTHPLEX

Q: Who is eligible for dental coverage through Nassau County Healthplex plan?

A: Active employees and their eligible dependents are eligible for coverage through Nassau County Healthplex plan. Employees and their dependents can continue coverage through COBRA upon loss of active coverage (see COBRA above)

Q: What is the Healthplex reimbursement dental care option?

A: Healthplex reimbursement allows you and your eligible dependents to use the services of any dentist you wish. Please consult your dental brochure for details.

Q: Are there any eligibility requirements for my dependents?

A: Eligibility requirements for your dependents are; lawful spouse, domestic partner and unmarried children up to age 19 or full-time students between the ages of 19 and 25. Student status verification is sent directly to Healthplex via mail or fax:

Healthplex
Attn: Eligibility/Claims
333 Earle Ovington Blvd. Suite#300
Uniondale, NY 11553
Fax: 1 (516) 227-0582

If your dependent becomes ineligible and dental benefits are terminated, the end of coverage is the last day of the month in which the event occurs. These individuals are entitled to enroll in dental coverage through COBRA. Please read under subtitle COBRA for details.

Q: How do I get reimbursed from Healthplex for these services?

A: You must submit a dental claim form to Healthplex. Dental reimbursement claim forms may be obtained from your department's Human Resources Representative or can be downloaded from the Healthplex website.

Q: What is the comprehensive dental care option?

A: Comprehensive dental care allows you to select a dentist from a panel of dentists. The dentist provides all necessary care. See dental brochure for details.

Q: Will the dentist charge a fee if I select the comprehensive option?

A: For many dental services, such as x-rays, fillings, or prophylaxis, there is no fee. For other dental services, there may be a pre-determined charge that the enrollee is required to pay. Please consult with your dentist and review your dental brochure before having service to avoid unexpected fees.

Q: How can I change my dentist?

A: If you have chosen comprehensive coverage, you can change your dentist by calling Healthplex directly at 1(800) 468-0600; or going online at: http://www.healthplex.com.

Q: I continued my dental coverage through COBRA; why would Healthplex show my status as terminated by Nassau County, and I am not allowed to see the dentist?

A: COBRA dental is a month to month program. If your payment is not made timely, your account will become delinquent. Dental COBRA automatically ends if a payment is not posted to your account before the 1st of the month in which you are seeking service. Therefore, late payments and gaps in payment will cause your account to be terminated and you will not be allowed to see the dentist until your account is current.

All payments thereafter should be sent to the Comptroller's Office by the 10th day of the month prior to the month for which you would like to receive coverage (i.e. send payment by April 10th for May coverage).

Q: Are there any payment options to ensure timely payments?

A: As of March 2013 there has been a change in the COBRA Dental and Optical payment schedule implemented. You may make opt to have monthly pre-authorized deductions, ACH program, directly from your checking account or you may opt to make four quarterly check payments. To view to the payment schedule and/or agreement form for ACH, please refer to the Health Benefits website. ACH payments are deducted on or about the 10th of the month prior to the month of coverage.

Q: Is it possible to switch from the comprehensive coverage to the reimbursement dental plan and vice-versa?

A: Yes, it is possible to change from one plan to another during the Open Enrollment Period. An Option Change Enrollment Form must be obtained from, completed, and returned to your

department's Human Resources Representative. The change will be effective as of January 1 of the coming year.

VISION CARE BENEFITS THRU DAVIS VISION

Q: Who is eligible for coverage through Nassau County Davis Vision?

A: Active employees and their eligible dependents are eligible for coverage through Nassau County Davis Vision plan. Currently retirees from the CSEA, COBA, and all police unions are eligible to continue optical coverage into retirement. Retired Ordinance and College employees and their dependents can purchase vision coverage through COBRA for 36 months.

Q: How do I receive vision care services?

A: You can find a participating provider by calling 1(800)999-5431 or checking on line at davisvision.com. Once you have chosen a provider, make an appointment. Please note that as of January 1, 2011 vouchers are no longer required.

Q: What are the services I am entitled to receive thru the plan if I use a participating provider?

A: Every twelve (12) months, you are entitled to a comprehensive eye examination, one (1) complete pair of routine eyeglasses or contact lenses. You also may be entitled to one pair of Visual Display Terminal ("VDT") glasses or one pair of Safety Eyewear. Speak to your department's Human Resources Representative for eligibility requirements.

Q: What are my dependents entitled to receive with the plan if they use a participating provider?

A: Every twelve (12) months, your eligible dependents are entitled to a comprehensive eye examination and one (1) pair of eyeglasses or contact lenses.

Q: Are there any eligibility requirements for my dependents?

A: Eligibility requirements for your dependents are; lawful spouse, domestic partner and unmarried children up to age 19 or full-time students between the ages of 19 and 25. Student status verification is sent directly to Davis Vision via mail or fax:

Davis Vision
Attn: Student Proof
711 Troy-Schenectady Road Suite#301
Latham, NY 12110
Fax: 1(800)783-9046

If your dependent becomes ineligible and optical benefits are terminated, the coverage ends on the last day of the month in which eligibility is lost. These individuals are entitled to enroll in optical coverage through COBRA. Please read under subtitle COBRA for details.

Q: Must I use a participating provider?

A: No, you may use any provider, but you will be responsible for paying the non-participating provider for all services, and then submit your claim to Davis Vision for reimbursement. The reimbursement amounts can be found on the Davis Vision web site.

FLEXIBLE SPENDING ACCOUNT

Q: What is a Flexible Savings Account (FSA)?

A: It's a pretax way to pay for eligible medical and dependent care expenses.

Q: What types of Medical expenses can I use my FSA funds to pay for?

A: Qualified medical, vision, pharmacy or dental benefit expenses, as defined in Section 213(d) of the Internal Revenue Code. Qualified expenses include; OTC drugs with a Doctor's prescription, Deductibles, Coinsurance, Copays, Glasses, Contact Lenses, LASIK, and many more.

Q: Who is a Qualified Dependent for FSA Dependent Care?

A: Children to age 13 and Spouse or other relative incapable of self-care.

Q: What types of dependent care expenses can I use my FSA funds to pay for?

A: Qualified dependent care expenses include; Day Care, Relative Care, In-Home Day Care, and Summer Day Camps.

Q: How much may I contribute in 2015?

A: Medical FSA max amount is $2,550 and Dependent Care max amount is $5,000.

Q: When are funds available for use?

A: Medical FSA - You may use the up to the full amount elected at any time.
Dependent Care - You may use only the amount contributed at the time of reimbursement.

Q: When can I use my 2015 FSA Funds?

A: All funds must be used in 2015. There is a grace period which allows expenses incurred through March 15, 2016 to be submitted for reimbursement. All expenses Must be submitted no later than March 31, 2016.

Q: Will a new FSA card be received for the 2016 plan year?

A: Yes. If you were enrolled in FSA during 2015, you will receive the new PayFlex Card. This is an account debit card used to pay for your eligible expenses. If you are enrolling in the FSA for the first time, you will receive a PayFlex Card in December.

Q: What happens to funds in my FSA if I terminate employment?

A: You may still submit expenses incurred prior to your date of termination for Reimbursement. Any unused funds will be forfeited.

PROVIDING SUPPORTING DOCUMENTATION

All applications requesting to add a spouse or dependent must be submitted with the all the required documents.

If you do not have all the required documents you must sign, date and submit the form to your HR representative. Retirees must submit to the Comptroller's Health Benefits Unit, You will have 30 days from the application date to provide the missing documents. Please see Covering you Spouse and Covering you Children section of the FAQ to ensure that you submit your application at the appropriate time in-order to avoid a waiting period.

If you do not provide the missing documents within the 30 days allowed your spouse or dependent will be dis-enrolled retroactively to the effective date of coverage, and face waiting period of up to three months to be re-enrolled.

This does not apply to domestic partner applications. Domestic partners must meet certain condition before being eligible for coverage. All documents required to prove financial inter-dependency and cohabitation MUST be provided with the application before coverage can be effective for the domestic partner.