

NOTICE TO ALL EMPLOYEES – 2019 ANNUAL OPEN ENROLLMENT PERIOD FOR OPTION CHANGES IN HEALTH AND DENTAL INSURANCE PLAN COVERAGE.

**** ALL OPTION CHANGES WILL BECOME EFFECTIVE JANUARY 1, 2019****

The period from **DECEMBER, 17 2018 THROUGH January 17, 2019** has been designated as the Annual Open Enrollment period during which employees who desire to change their health and/or dental insurance plan coverage options may do so.

HEALTH INSURANCE OPTION CHANGE - Employees desiring to change from one carrier to another must complete two (2) health insurance transaction forms: One form to cancel the current coverage and the other form to enroll with the new carrier. If switching to an HMO, e.g. HIP or Aetna, you must complete the HMO carrier's application. All forms/applications are to be returned to the department's human resource representative during the open enrollment period.

DENTAL INSURANCE UPDATES AND OPTION CHANGES

- **Buy-Up Plan Option:** Effective January 1, 2018 active employees enrolled in the Reimbursement/Preferred Provider Organization (PPO) option can purchase additional coverage through the Buy-Up Plan Option. Enrollment and disenrollment into the Buy-up Plan Option can only be done during open enrollment. Employees must keep the plan for the entire year. This option gives additional coverage at a minimal cost of \$37.25 monthly. Details of the additional coverage are listed on page 10 of the attached dental brochure.
 - Only active employees are eligible for this additional coverage. However, terminated employees who were previously enrolled can continue the coverage as part of their COBRA benefit.
 - Employees who are on unpaid FML who are not required to pay for their health benefits will have to pay any Buy-Up Plan premiums in arrears upon return to payroll.
 - Employees who are on unpaid FML or LWOP who are required to pay for their health benefits must also pay the Buy-Up premium. **If employees choose to allow their dental coverage to terminate for non-payment, Buy-Up option will also terminate and not be available upon return to payroll. Because this is an annual plan there cannot be any breaks in coverage.**
 - **If Buy-Up option is terminated due to non-payment prior to year-end any unused benefits will be forfeited. Employees will have to wait for open enrollment to re-enroll.**
- Employees desiring to make an option change to or from the Reimbursement/Preferred Provider Organization (PPO) or Comprehensive (Managed Care) plans must complete a new dental application form and submit it to your department's human resource representative during the open enrollment period. The dental application form may be obtained from your human resource representative. ****PLEASE NOTE: If you are changing from the Comprehensive plan to the Reimbursement plan, please verify with Healthplex that the change has been processed BEFORE you are treated by the new dentist**.** You may contact Healthplex at telephone # 1-800-468-0600. You may also log onto the Healthplex website at www.healthplex.com and sign-up to become a User. Becoming a User will allow you to view your account information, check eligibility of your dependents, find a dentist, request duplicate ID cards & Access My Smile Guide.

MARITAL STATUS - Please be advised that it is your responsibility to inform your HR representative of any change in your marital status that would affect your health coverage. For example, if you are divorced you must notify your HR representative of the divorce in a timely manner so that your spouse and any ineligible dependents can be removed from the policy. **If notification of the divorce is delayed, you will be responsible for unrecoverable premiums paid by Nassau County for the ex-spouse and/or ineligible dependents' coverage.**

NYSHIP UPDATE:

- **Increase in Copay:** Effective 1/1/19 there will be an increase in the copay from \$20 to \$25 for doctor visits and lab tests. Please review the Summary of Benefits carefully for details on these increases.
- **Change in Policy for Adding Dependents to an Existing Family Policy:** Effective May 11, 2018 dependents who are not added to an existing family policy when first eligible, will experience a late enrollment waiting period of three months. **It is very important that you request coverage for eligible dependents within the 30 days allowed to avoid late enrollment. For newborns, you will be allowed to enroll the child without the social security number; however, you must provide the card within 30 days.**
- **65th Birthday Letter for Active Employees and their Dependents:** As of August 2016, NYS Department of Civil Service, administrators of NYSHIP, will be mailing out 65th Birthday Letters to active employees, and dependents of active employees. The 65th birthday mailing provides general guidance regarding Medicare and NYSHIP rules while working, and reminds enrollees of their responsibility to enroll in Medicare when they are planning to retire. The mailing includes a personalized letter, and the Medicare & NYSHIP booklet with DVD, which provides more detailed information.
- **Social Security Numbers (SSN) for ACA reporting:** As you are aware, we are required to file Form 1095C showing proof of insurance coverage for you and your eligible dependents. To be compliant with this filing requirement, we will not be enrolling dependents for whom we are not provided a SSN - except in the case of newborns. Newborns will be enrolled pending the SSN. Employees will have 30 days to provide the SSN.

EMPIRE BLUE CROSS HMO UPDATE:

- Effective 1/1/2019 the premium rate for Empire Blue Cross HMO decreased by 4.2% without any change in benefit.

EMBLEM HEALTH (HIP HMO) UPDATE:

- There is a 10.1 percent increase in the rates for HIP HMO coverage with a \$0 copay, and a 3.4 percent increase in the rates for HIP VYTRA coverage with a \$5 copay. **There is no change in the coverage.**

WAIVER OF PREMIUM OPTION – NYSHIP ENROLLEES ONLY:

- If you are in an unpaid status due to illness and are required to pay for your health insurance, you may be eligible for a waiver of premium. Please contact your HR representative immediately to obtain information on how you can submit a waiver of premium application. You may also visit the FAQ section of our website for more information.

MEDICARE AND ACTIVE EMPLOYEES:

- If you or any of your dependents has End-stage renal disease (permanent kidney failure) and has completed Medicare's waiting period of up to 3 months and the 30-month coordination period; you will become eligible for Medicare Primary coverage. You should notify your HR representative immediately, and provide a copy of your Medicare card. Once we receive proof of your Medicare Primary status we will start reimbursing your Part B premiums. Reimbursements are made two times a year in June and December.

MEDICARE AND RETIREMENT:

- If you or any of your dependents are eligible for Medicare Part B prior to your retirement, but were not enrolled because you were an active employee; it is imperative that you and/or your dependents apply for Medicare no later than one month prior to your retirement. It may be advantageous for you and/or your dependents to enroll in Part A at age 65 - there is usually no premium for Part A.

You or your dependent is eligible for Medicare:

- At age 65 or older, or
 - Regardless of age, has been entitled to Social Security Disability Insurance (SSDI) benefits for more than 24 months, or
 - Regardless of age, has end-stage renal disease (permanent kidney failure) and has completed Medicare's waiting period of up to 3 months and the 30-month coordination period.
- Failure to be enrolled in Medicare Parts A and B when you retire, and are eligible for Medicare, may result in higher monthly premiums to keep your retiree coverage with Nassau County, and may also result in a higher monthly premium cost for Medicare Part B.
 - Listed below are options that are available to you once you retire and are Medicare eligible. Enrollees of the NYSHIP Empire Plan will automatically have their primary coverage switched to Medicare and Empire will become secondary. They will also automatically be enrolled in Medicare Part D (prescription drug coverage). Enrollees of any HIP HMO plan have three options upon retirement. Please review them carefully so that you will be able to make the right choice that fits your needs. Please note that Aetna does not have a Medicare Plan therefore, those enrollees will be automatically enrolled in NYSHIP Empire Plan upon retirement.

- **Option 1:**

You may choose to remain in your current HIP HMO plan. This may result in you having to pay a higher premium than you are currently paying. Nassau County rules dictate that we pay the same premium rate for all our enrollees; so, if there is a difference in the premium cost for NYSHIP's Medicare enrollees and HIP HMO Medicare enrollees, that difference has to be paid by the enrollee. If the rates are the same amount you will have no additional premium. Under this option you will have one insurance carrier, even though you are enrolled in Medicare. Please call us to verify what the premiums are before deciding.

- **Option 2:**

You may choose to enroll in the Medicare advantage plan offered by HIP HMO. This plan is called HIP VIP and is open to HIP HMO enrollees and their eligible dependents who are Medicare eligible. Enrollment in this plan usually does not result in additional premium cost to you but even if there is, it will be considerably less than the cost under option 1. Again, please contact us prior to deciding.

- **Option 3:**

You may choose to dis-enroll from HIP HMO and enroll into NYSHIP. Change of option to NYSHIP may **not** result in any additional premium. In this option Medicare will become your primary insurance and NYSHIP will become secondary. You will be automatically enrolled in Medicare Part D (prescription drug coverage).

- **If you choose an option that requires you to pay a monthly premium, you must keep your payments current so that you do not experience cancellation of your coverage.**

REMINDERS:

- **Smart Savings and Retirement:** Employees enrolled in the Smart Saving program will continue in Smart Savings upon retirement, without losing the right to retire. During Open Enrollment Smart Savings enrollees can request two individual coverage if there are no other dependents on the policy. Active employees who are enrolled on a retiree's Smart Savings policy, **must** enroll in Medicare upon turning 65.
- All payroll deductions for 2019 health insurance premiums will be taken in 24 bi-monthly deductions instead of 26 bi-weekly deductions. This means that in the months with three payrolls, **NO** deduction will be taken from the third paycheck. See attached rate sheet for bi-monthly deduction amounts for each plan based on your hire date, union/ordinance.