

**NOTICE TO ALL ELIGIBLE EMPLOYEES – 2023 ANNUAL OPEN ENROLLMENT PERIOD  
FOR OPTION CHANGES IN HEALTH INSURANCE PLAN COVERAGE.**

**\*\* ALL OPTION CHANGES AND ELECTIONS WILL BECOME EFFECTIVE JANUARY 1, 2023\*\***

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The period from **December 12 , 2022 through December 22, 2022** has been designated as the Annual Open Enrollment period during which employees who desire to change any option of their health insurance coverage may do so. Please review this document and the attachments in advance of the Open Enrollment period. If you have any questions or concerns, contact your department's human resource representative.

**HEALTH INSURANCE OPTION CHANGE** - Employees changing from one carrier to another must complete two health insurance transaction forms – one to cancel your current coverage and the other to enroll with the newly selected carrier. For example, if you are switching to an HMO (e.g., HIP or Blue Cross Blue Shield) you must complete the HMO carrier's application and a form to terminate your current plan. Forms can be obtained from your HR representative. All forms/applications are to be returned to YOUR department's human resource representative during the open enrollment period.

**EMBLEM HEALTH (HIP HMO) UPDATE:** There is a 7.6% increase in the rates for HIP HMO coverage with a \$0 copay, and a 7.8% increase in the rates for HIP VYTRA coverage with a \$5 copay. Please review the Summary of Benefits for details on coverage and other copays.

**DAI/SOA Employees:** Only members of these unions will be eligible to enroll in Empire Blue Cross Blue Shield PPO High Deductible Plan with HSA. **Enrollment in the High Deductible HSA plan will remove the 2.5% of base pay deduction required by your CBA; including any premium deduction that would be required if you enrolled in another plan.** The County's HSA Employer contribution to an individual HSA account will be **\$0.00 and \$2,000.00** to a family HSA account.

**OPTICAL INSURANCE:**

- Davis Vision added a \$10 copay for the annual eye examinations and \$25 copay for lenses for In-Network visits. See attached Summary of Benefits and Coverage (SBC) for a full listing of copays and benefits.
- **Employees who routinely use a video display terminal (VDT)/computer screen** for at least 50% of his or her normal work week are covered for one pair of dress glasses, and a pair of VDT glasses for computer use or safety glasses/goggles.
- **Glasses must be ordered on the same date you have your exam.**

**PERSONAL INFORMATION AND JOB STATUS CHANGES:**

**MARITAL STATUS** – Please be advised that it is your responsibility to inform your HR representative of any change in your marital, domestic partner, or other status that would affect your health coverage. A change in life circumstances, such as a divorce, may affect eligibility of those currently covered. You must notify your HR representative of such changes. **If notification is delayed, you will be responsible for premiums paid by Nassau County for ineligible individuals.**

**UNPAID LEAVE OF ABSENCE:** If you are placed on an Unpaid Leave of Absence, meaning you will

not receive a paycheck for one or more bi-weekly payrolls, **you will be required to pay for your health insurance for that period.** You may be able to get assistance from NYSHIP to pay the monthly premiums. Ask your HR representative for the NYSHIP Waiver of Premium instructions and Application form to see if you qualify. This option is only available to employees enrolled in NYSHIP. You may also visit the FAQ section of our website for more information.

**WORKERS COMPENSATION:** If you are in an unpaid status due to an injury sustained on the job and have filed a Workers Compensation case, your health insurance will remain active for 12 months. The 12 months can be continuous or intermittent. **If you have a Health Benefit 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. At the end of the 12-month period, if you are still in an unpaid leave status, you will be required to start paying the full premium for your health insurance. Please make sure to discuss your absence with your HR representative before going out on unpaid leave.**

### **UPDATES & NOTICES:**

- **ADDING DEPENDENTS (such as a new-born child or spouse):** Dependents must be added when they first become eligible. If a request is made within 30 days of the eligibility event (marriage, birth or adoption of a child or loss of coverage) then coverage will become effective on the date of the event. For example, if you got married, or had the birth of a child on Jan 10<sup>th</sup> and you request the addition of your spouse/child by February 10<sup>th</sup> the coverage will become effective on January 10<sup>th</sup>. If the request is received more than one month after the event date, then your spouse/dependent will experience a late enrollment waiting period of three months from the date the request is made.

However, if there is a qualifying event for a newly eligible dependent, then all previously eligible dependents can be added without a waiting period. **It is very important that you request coverage for eligible dependents within the 30 days allowed to avoid late enrollment. Note: a newborn child may be enrolled without the social security number, however you must provide the card within 30 days.**

- **MEDICARE ENROLLMENT RESPONSIBILITY:** NYS Department of Civil Service, administrators of NYSHIP, will mail out **65<sup>th</sup> Birthday Letters** to active employees, and dependents of active employees. **The 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.
- **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. Please notify your HR representative immediately and provide a copy of your Medicare

card showing Parts A & B. Once we receive proof of your Medicare Primary status, we will start reimbursing your Part B premiums. Reimbursements are made two times a year at the end of June and end of December.

- **REQUIREMENT OF A SOCIAL SECURITY NUMBER (SSN):** To be compliant with IRS filing requirements of Form 1095-C (Employer-Provided Health Insurance Offer & Coverage), the County cannot enroll dependents for whom a Social Security Number is not provided – except in the case of newborns. Newborns will be enrolled pending the SSN. Employees will have 30 days to provide the SSN.

#### **REMINDERS:**

- **Smart Savings and Retirement:** Employees enrolled in the Smart Saving program can continue in Smart Savings upon retirement, without losing the right to retire. During Open Enrollment Smart Savings enrollees can change to two individual policies 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 2023 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.

**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 two months 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.

- **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 must 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).