

NOTICE TO ALL EMPLOYEES – 2014 ANNUAL OPEN ENROLLMENT PERIOD FOR OPTION CHANGES IN HEALTH AND DENTAL INSURANCE PLAN COVERAGE.

**** ALL OPTION CHANGES WILL BECOME EFFECTIVE JANUARY 1, 2014****

The period from DECEMBER 6, 2013 THROUGH DECEMBER 27, 2013 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 OPTION CHANGES** - Employees desiring to make a change to or from the Reimbursement or Comprehensive 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 the carrier 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, then you may be responsible for unrecoverable premiums paid by Nassau County for the ex-spouse or ineligible dependents' coverage.
- **CHANGES TO BUY BACK PROGRAM!!!**
 - Effective January 1, 2014 ordinance employees who are participating in the Buy Back program will not be allowed to use coverage through another NYSHIP agency as "proof of other coverage". That is, if your spouse has NYSHIP insurance through another local governmental agency or municipality, you will not be able to use that coverage as proof of other coverage in order to Buy Back your coverage with Nassau County. This rule was implemented by NYSHIP in 2013. All other **active employees will be subject to this rule upon ratification of a new collective bargaining agreement.**
 - Active employees can only enroll into the Buy Back program during the Open Enrollment period except if it is a new hire.
 - Employees who are participating in the Buy Back program, and have established eligibility to

continue health insurance coverage into retirement, may continue in the Buy Back program as a retiree. They may enroll in a health insurance plan whenever they experience a qualifying event or during the Open Enrollment period. This means Buy Back enrollees can remain in the program without losing their right to retire with health benefits.

- **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 one month prior to your retirement. It may be advantageous for you or your dependents to enroll in Part A at age 65 - there is usually no premium for Part A.

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 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 making a decision.

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 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 making a decision.

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 payment current so that you do not experience cancellation of your coverage.

- **2014 BI-WEEKLY PAYROLL DEDUCTIONS:**

NOTE – All payroll deductions for health insurance premiums will be taken 24 times instead of 26 which means there will be 2 regular paychecks that will NOT have a payroll deduction in 2014.

FOR ALL EMPLOYEES, EXCEPT ORDINANCE #543 EMPLOYEES HIRED ON/AFTER JANUARY 1, 2002 AND EARNING AN ANNUAL SALARY GREATER THAN \$30,000. AND COLLEGE ORDINANCE #543 EMPLOYEES HIRED AFTER JUNE 1, 2002:

Carrier	Individual Coverage	Family Coverage
Empire Plan	\$ 0.00	\$ 0.00
HIP Plan	\$ 16.11	\$ 127.51
HIP Choice Plan	\$ 144.77	\$ 442.73
Aetna Standard HMO Plan	\$ 141.72	\$ 620.11
Blue Cross HMO Plan	\$ 184.46	\$ 625.51
HIP / VYTRA Network	\$ 40.17	\$ 186.43

FOR ORDINANCE #543 EMPLOYEES HIRED ON/AFTER JANUARY 1, 2002, AND EARNING AN ANNUAL SALARY GREATER THAN \$30,000; AND COLLEGE ORDINANCE EMPLOYEES HIRED ON/AFTER JUNE 1, 2002; AND NCCFT Members.

Carrier	Ord # 543 hired on or after 1/1/02		College Ord # 543 Hired on or after 6/1/02		NCCFT Members	
	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Empire Plan	\$ 19.29	\$ 85.71	\$ 38.58	\$ 85.71	\$ 1.78	\$ 13.82
HIP Plan	\$ 35.40	\$ 213.22	\$ 101.82	\$ 213.22	\$ 17.89	\$ 141.33
HIP Choice Plan	\$ 164.05	\$ 528.43	\$ 183.34	\$ 528.43	\$ 146.55	\$ 456.54
Aetna Standard HMO Plan	\$ 161.00	\$ 705.82	\$ 180.29	\$ 705.82	\$ 143.50	\$ 633.93
Blue Cross HMO Plan	\$ 203.75	\$ 711.22	\$ 223.04	\$ 711.22	\$ 186.24	\$ 639.33
HIP / VYTRA Network	\$ 59.45	\$ 272.14	\$ 78.74	\$ 272.14	\$ 41.95	\$ 200.25