

Continuing Health, Dental, and Vision coverage upon Retirement from Rensselaer County

Frequently asked questions

IMPORTANT PHONE NUMBERS

New York State Retirement System

518-474-7736

Nationwide Retirement Solutions (Deferred Compensation)

Deborah Gold 518-322-0464

Aflac

Jim Staats 518-281-3009

Capital Benefits (broker for County health, dental, and vision programs)

Beth Breen 518-283-6650 ext.103

Email: bbreen@capben.com

****Capital Benefits cannot answer questions related to NYS Retirement pension benefits, Deferred Compensation, or Aflac. You must contact those agencies directly for assistance.**

If you are considering retiring from employment with the County, and are enrolled in any or all of the above programs, please be sure to contact that agency at least 30 days prior to your date of retirement.

The following is a list of frequently asked questions regarding retirement from County service and continuation of health, dental, and vision benefits only. Please read through this information carefully.

Q: Can I continue my health insurance coverage upon retirement from Rensselaer County?

A: If you meet all of the following criteria, you are eligible to continue your health insurance upon retirement:

- 1) You have worked for the County for a minimum of 10 continuous years prior to your date of retirement
- 2) You are eligible for and will receive a pension from the NYS Retirement system at the time of your retirement
- 3) Your health insurance coverage is in effect prior to your date of retirement

Q: How do I pay for my health insurance coverage when I retire?

A: If you meet the above criteria, you are able to use your accumulated sick leave time to pay for your health insurance. If you meet the above criteria, but do not have any accumulated sick leave time, you would pay the County directly to continue the coverage.

Q: If I don't have any sick leave, how often will I have to pay the premium for my health coverage?

A: Payments are due monthly. Payments for the health insurance coverage are due on the 1st of each month, with a 14-day grace period.

Q: If I have to pay the County directly to continue my coverage, will I receive a monthly bill or statement?

A: Yes, direct pay retirees will receive an invoice each month for their health insurance coverage. The invoice will have a stub that the retiree will need to include along with their payment to the County so the payment can be credited properly.

Q: What forms of payment are accepted?

A: Currently check and money order are the only forms of payment accepted. The County currently does not accept credit/debit cards, and cannot directly debit a checking/savings account.

Q: If I miss a payment, will my coverage be terminated?

A: A notice is sent out to the retiree informing them their account is in arrears prior to taking action to terminate the coverage.

Q: If I have accumulated sick leave, how is my sick leave time used to pay for the coverage?

A: The County takes your hourly wage at the time of retirement, and multiplies it by the number of accumulated sick leave hours at the time of retirement. (For example, if you make \$20 per hour, and have 250 hours of sick leave accumulated, that amounts to \$5,000).

Once calculated, this amount becomes the starting balance of your sick leave "bank". The retiree share of the premium is deducted from the bank, until the bank is exhausted.

Q: How will I be notified when I retire of what my sick leave bank is, or what I have to pay?

A: Upon receiving notice from Rensselaer County that you have retired, you will receive a letter from Capital Benefits with the information in it regarding your starting sick leave balance if applicable, or the amount you would need to pay to continue the coverage. **Please note this process can take 2-4 weeks to complete.**

Q: Will my health coverage be terminated while I am waiting for either my notice of what I have to pay, or how much money is in my sick leave bank?

A: NO. When an employee retires, the health insurance coverage remains intact during this process.

Q: How much will be deducted from my sick leave/will I have to pay for the health insurance coverage as a retiree?

A: Retirees pay a greater monthly share of the premium that varies depending upon the plan they are enrolled in and the type of coverage.

Current retiree costs* can be found here:

<http://rensco.capben.com/retiree/nonmedicare/>

*Cost changes can occur annually in the month of January

Q: How often is the premium deducted from my sick leave bank?

A: It is deducted each month.

Q: How will I know how much money I have left in my sick leave bank?

A: At the end of each year, retirees are sent notice of the amount of money they have left in their sick leave bank, and the cost of their coverage for the coming year.

Q: Am I able to change my health insurance plan as a retiree?

A: If you are a retiree, and you do not have Medicare coverage, you are still eligible to make plan changes during the annual open enrollment period held at the end of the year. It is at this time that you could change to a different health insurance plan if you choose to do so.

Q: What happens when my sick leave bank runs out?

A: Once a retiree's sick leave bank is exhausted, they are sent a notice indicating they can continue the health coverage by paying the County directly for it should they choose.

Q: If I choose to drop my County health insurance coverage after I am retired, could I return to a County health plan at a future date?

A: No, as a retiree, once you terminate the health insurance coverage completely, you cannot re-enroll in a County health plan at a future date.

Q: If I should die prior to my sick leave bank being exhausted, are my next of kin entitled to it?

A: No, the sick leave bank is to pay for the retiree’s health insurance premiums only. It has no real monetary value, and does not get paid out in the event of a retiree passing away.

**Spouses who are covered under a retiree’s health plan with the County at the time of the retiree’s death are eligible to continue their health insurance coverage, however, they must pay the full cost (100%) of the premium directly to the County in order to continue the coverage. Surviving spouses are not eligible to use any remaining sick leave of the deceased retiree to pay for their coverage.

Q: I am enrolled in the dental and/or vision coverage as well. Can I continue either one or both plans after I retire?

A: Yes, however, please note the following:

- 1) Your sick leave bank cannot be used to pay the premiums for those plans.
- 2) You can continue either one, or both, of the plans under federal COBRA rules, and can continue the chosen plan(s) for a maximum of 36 months.
- 3) You will receive a separate COBRA letter along with your initial notice of your sick leave bank total or the amount you need to pay for your health insurance. You would follow the directions on the letter to indicate what plan, if any, you want to continue.
- 4) **Your dental and/or vision coverage terminates at the end of the month in which you retire.** If you want to continue one or both of those programs (if applicable) they would be reinstated upon receipt by Capital Benefits of your signed COBRA letter.



Q: What is the cost to continue the dental and or vision?

A: The current monthly COBRA costs for dental and vision are below:

COVERAGE	DENTAL	VISION
SINGLE	\$ 17.73	\$ 3.20
FAMILY	\$ 72.66	\$ 8.12

Q: How often will I have to pay the COBRA premium if I want to continue my dental and/or vision coverage?

A: Payments are due monthly. **You will receive a COBRA notice (if applicable) in your initial mailing upon retirement with directions on how to continue the dental and/or vision coverage.**



RETIRING, MEDICARE, AND
CONTINUATION OF COUNTY HEALTH
INSURANCE
FREQUENTLY ASKED QUESTIONS

Q: What is Medicare?

A: Medicare is the federal health insurance program for people who are age 65 and older or disabled.

Q: I will be retiring, and continuing my health insurance coverage with the County. I am also turning 65, and will be eligible for Medicare. Do I have to enroll in Medicare?

A: Yes, any retiree from the County that is eligible for Medicare, and is covered under one of the County's health plans, must be enrolled in Medicare Parts A and B. ** This also applies to spouses who are covered under a retiree's health plan with the County who are eligible for Medicare.

Q: How do I get enrolled in Medicare?

A: Several months before you are age 65 you should receive information from Social Security about enrolling in Medicare. If not, you should contact your local Social Security office at least 30 days PRIOR to your date of retirement to enroll in Medicare Parts A and B.

Q: Will my health coverage change when I enroll in Medicare?

A: Yes. Currently, the County policy is that a Medicare eligible retiree (as well as a Medicare eligible spouse of a retiree who is covered under the retiree's health plan with the County) must enroll in the Aetna ESA PPO Medicare Advantage plan offered by the County.

Q: What is AETNA?

A: AETNA is a large health insurance company with a national scope. The AETNA Medicare Advantage Plan (AETNA ESA PPO) was chosen by the County to provide retirees enrolled in Medicare with a comprehensive plan that provides benefits above and beyond those of traditional Medicare including prescription drug coverage.

More information on the AETNA plan can be found here:

<http://rensko.capben.com/pdfs/RENSCOAETNA2019BENSUM.pdf>

Q: What is the cost for this program?

A: The current cost* for the Aetna ESA PPO plan is as follows:

Retiree only \$85.50 per month
Retiree and spouse \$171.00 per month

*Cost changes can occur annually in the month of January

Q: What is the Medicare Part B premium and is it included in the above amount?

A: The Medicare Part B premium is a monthly amount set by the federal government and can vary annually. Usually this amount is deducted from your Social Security benefit. This is a separate amount that the enrollee pays.

Q: Why is the cost for this plan so much less than one of the County's other non-Medicare retiree health plans?

A: The Aetna ESA PPO plan is a Medicare Advantage plan, meaning Medicare contracts with Aetna to provide coverage to Medicare Eligible retirees. As a result, the cost is much lower than the other health plans. **Only retirees who are enrolled in Medicare Parts A and B are eligible to sign up for this program.**

Q: Is my enrollment into the AETNA Medicare Advantage plan automatic once I am eligible for Medicare?

A: No, you must complete an enrollment form for the AETNA program. If you are covering a spouse, and your spouse is eligible for and enrolled in Medicare, they must complete an enrollment form as well.

Q: How do I enroll in the AETNA Medicare Advantage Plan?

A: You must submit a completed enrollment form for the AETNA plan to Capital Benefits, at a minimum of 30 days prior to the date your Medicare begins. **The enrollment form MUST include your Medicare ID number, as well as the Medicare part A and B information.** If your enrollment form **DOES NOT** include this information, it cannot be sent for processing, and will delay your enrollment into the health plan.

The form is reviewed and then sent to AETNA for processing. Once AETNA receives the enrollment, they are required to submit your information to the Social Security Administration for approval before your enrollment into the plan can be made official. It is important to allow enough time for this process.

Q: How can I tell if my doctor or other service provider participates with AETNA?

A: The easiest way to determine if your provider is participating is to ask them if they accept original Medicare. If your doctor, or other service provider, accepts original Medicare, they will accept the AETNA ESA PPO program.

You can also print this flyer to take to your provider

<http://renesco.capben.com/pdfs/AetnaMAPPOESAPassport.pdf>

Q. My provider says they don't participate with AETNA. What should I do?

A. The plan is designed so that you receive the maximum benefit by using providers that participate with original Medicare. Nationally, over 95% of all providers do so. All your provider has to do is submit the bill to AETNA and they will receive the full reimbursement allowed by Medicare even if they don't participate with AETNA.