

## **Common Questions Concerning Benefits for Retirees**

### **- What are the requirements to be eligible for health benefits as a retiree?**

1. You must have a minimum of five years of paid service, not necessarily continuous with The County of Westchester. Periods of less than full time employment will be considered as full-time if you were eligible for health benefits.
2. You must be eligible to receive, or would have received had you joined, a retirement allowance from a retirement system administered by The State of New York or one of its civil divisions.
3. You must be enrolled in The Westchester County Health Plan or one of the H.M.O. Plans currently offered to you as a Westchester County employee.

Employees who have qualified for Social Security Disability payments are eligible to continue benefits as a retiree regardless of age, provided they have at least ten (10) years of paid service with The County of Westchester.

Please Note: The five (5) years of paid service with the County of Westchester requirement is waived for Westchester County elected officials and appointed department heads who are eligible to receive a retirement allowance from a retirement system administered by the State of New York or one of its civil divisions.

### **- What would be the effective date of my retiree coverage?**

Your retiree coverage would be effective the first day of the month following the month that you leave County service.

### **- Can I keep my H.M.O. coverage as a retiree?**

If you are enrolled in a health maintenance organization (H.M.O.) at the time of your retirement, you will be transferred to the County Comprehensive Hospital, Major Medical and Prescription Drug Plan. Retirees are not eligible for H.M.O. membership.

### **- Will my health benefits cover me out of New York?**

Yes. Please check to see which providers might be participating in network in your area by accessing [www.pomcoplus.com](http://www.pomcoplus.com). Click on provider finder and then on the POMCO/Multiplan Allied Network.

For Out-of- Network Providers- Eligible expenses incurred by a non participating provider will be processed under the major medical portion of your health plan. If you have medical expenses outside the United States, make sure your bills have as much information on them as possible. Major Medical Forms for out-of-network providers are available in the Finance Dept. Benefits Office at 148 Martine Ave., Rm 730 White Plains, NY, 10601 or on the Westchester County intranet.

<http://www.westchestergov.com/finance/>

**What is the cost to continue the coverage for myself, my spouse and/or eligible dependents under my health benefit coverage?**

**The 2010 monthly cost of Retiree Health Benefit Coverage is as follows:**

<u>Former Union Affiliation</u>	<u>Individual Plan</u>	<u>Family Plan</u>
CSEA retired prior to 08/01/04	No charge	\$ 211.00
CSEA retired after to 08/01/04 20+ years of service	No charge	\$ 211.00
CSEA 15 to 20 years of service/full pension effective through 12/31/2010	No charge	\$ 211.00
CSEA 10 to 19 years of service	\$146.50	\$ 673.50
CSEA 5 to 9 years of service	\$293.00	\$ 1,083.50
Non-represented Management greater than 30 years of service	No charge	\$ 211.00
Non-represented Management less than 30 years of service with final base salary greater than \$120,000	\$117.20	\$ 328.00
Non-represented Management less than 30 years of service with final base salary greater than \$60,000 and less than \$120,000	\$87.90	\$ 246.00
Non-represented Management less than 30 years of service with final base salary less than \$60,000	\$58.60	\$ 211.00
Teamsters	No charge	\$ 211.00
Nurses retired prior to 06/01/2005	No charge	\$ 211.00
Nurses retired after 06/01/2005 with 20+ years of service	No charge	\$ 211.00
Nurses 15 to 20 years of service/full pension effective through 12/31/2010	No charge	\$ 211.00
Nurses 10 to 19 years of service	\$146.50	\$ 673.50
Nurses 5 to 9 years of service	\$293.00	\$ 1,083.50
Correction Officers retired prior to 09/01/2000	No charge	\$ 211.00
Correction Officers retired after 09/01/2000	No charge	No charge
Superior Correction Officers retired prior to 01/01/1999	No charge	\$ 211.00
Superior Correction Officers retired after 01/01/1999	No charge	No charge
Police Officers retired prior to 01/01/2000	No charge	\$ 211.00
Police Officers retired after to 01/01/2000	No charge	No charge
Criminal Investigators retired prior to 01/01/2001	No charge	\$ 211.00
Criminal Investigators retired after 01/01/2001	No charge	No charge

**I and/or my spouse am 65 years of age or older and have not enrolled in Medicare Part B. When do I have to enroll?**

You may enroll at your local Social Security office on the day your retirement is effective, but not before. You must enroll within one (1) month of your retirement date to avoid the possibility of a penalty premium. Please send the Benefits Office a copy of your card. The only exception to this rule would be if you were covered under your spouse or domestic partner's active employer sponsored health plan. If this is the case, please provide us with proof of primary coverage through your spouse's active employer sponsored health plan. Please review your health benefit booklet for detailed information regarding Medicare coverage.

**Please note: At this time you are not required to enroll in the Medicare Part D Prescription Drug Plan. The plan that you currently have as a retiree on average expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.**

**- I and/or my spouse are not yet 65 years of age. What happens when I or my spouse turns age 65?**

You must enroll in Medicare Part B before your 65<sup>th</sup> birthday. You may enroll up to three (3) months before your birthday at your local Social Security Office. **Failure to enroll within the three month period may result in a waiting period and penalty premium for the cost of Medicare Part B.**

**Do I and/or my spouse or eligible dependents have to enroll in Medicare if we are eligible for it because of a disability?**

Yes. You must enroll and send the Benefits Office a copy of your Medicare Card. Westchester County currently reimburses the standard cost of Medicare Part B Coverage. It is reimbursed quarterly at the end of the month following the close of the quarter. Medicare Part A Hospital Coverage is free.

**How does being enrolled to Medicare affect my health benefits?**

When you are covered by Medicare, Medicare becomes your primary benefit coverage. This means if you are hospitalized or use the outpatient or emergency room of a hospital, you would show the admitting clerk your Medicare Card and your Westchester County Health Benefit Card. Medicare would pay the hospital first, and if there were a balance due, your Westchester County Health Plan would consider the eligible expenses.

**How are bills processed when Medicare is the primary coverage?**

Medicare pays first on any medical expenses. If you use a Preferred Provider (PPO), you would not be responsible for a co-payment.

**Important:** Be sure to check with the preferred provider to see if they accept Medicare primary patients. If you do not use a Preferred Provider (PPO) your bills will be processed under major medical and you will be subject to the annual \$300.00 deductible. After the deductible has been satisfied, you are responsible for the 20% of the allowed charges that Medicare did not pay. If your allowed bills total \$7500.00. Pomco will be responsible for the 20% for the rest of the calendar year.

### Coordination of Benefits

- **What happens if I am covered by more than one health plan?**

You can be covered by more than one health plan. However, you must know which plan to submit your bills to first (the Primary Plan), which plan is the secondary plan and for some of you, which is the third plan to submit for payment.

The following will explain the order for submitting a claim.

If you are **not** Medicare eligible and you become actively employed and have health coverage through your employer:

Primary Plan	Active Plan
Secondary Plan	Retiree Plan

If you become actively employed and have health coverage through your employer and **are** Medicare eligible:

Primary Plan	Active Plan
Secondary Plan	Medicare
Third Plan	Retiree Plan

If you are retired, **not** Medicare eligible and are covered by your spouse's active employee health plan:

Primary Plan	Your Retiree Plan
Secondary Plan	Spouse's Active Health Plan

If you are retired, Medicare eligible and are covered by your spouse's active employer health plan:

Primary Plan	Spouse's Health Plan
Secondary Plan	Medicare
Third Plan	Your Retiree Plan

If you are covered by two retiree plans, the plan that has covered you the longest is primary.

### **Prescription Drug Benefits**

- **Will I still have my prescription plan as retiree?**

Yes, your MEDCO Prescription Plan can be used all over the Country. Information on participating pharmacies can be obtained by calling 1-800-818-6632 or by accessing MEDCO's website at [www.medco.com](http://www.medco.com).

### **Dental Benefits**

- **Will I have dental coverage as a retiree?**

Yes. There is a dental policy for retirees who continue health benefit coverage. However, there is no provision for covering a retiree's spouse or children. Dental coverage is only for the retiree and is offered at no cost.

Your dependents dental benefits will terminate the last day of the month that the employee retires. If you were enrolled in POMCO Dental they will be offered the opportunity to continue coverage through C.O.B.R.A. If you are a Police Officer, Correction Officer or Criminal Investigator you should contact your union regarding continuation of coverage.

The retiree's dental plan becomes effective the first day of the month following the employee's retirement date unless the retirement date is the first day of the month. In this case the retirement date would be the effective date for the retiree dental plan.

### **Optical Benefits**

- **Will I have optical benefits as a retiree?**

No. Retirees are not eligible for optical benefits. You and your dependents optical benefits will terminate 30 days after your last day of pay.

## Survivor Benefits

### - **Can my family continue the Westchester County Health Benefit Plan should I die?**

Yes, providing you have had ten (10) years paid County Service or a combination of ten (10) years of paid service between Westchester County and another agency participating in the New York State Retirement System.

If a spouse or dependent children eligible for survivor coverage wish to apply, they must notify the Benefits Section of the Finance Department by letter requesting the continuation of the health benefits along with a copy of the former employee's death certificate. The coverage is free for a period of three (3) months. At the end of that time, the survivor(s) will receive a bill for the full cost of the family or individual coverage. This premium is higher than the retiree premium because the retiree premium is only for a portion of the total cost of coverage.

**Note:** The following survivors are not required to pay for coverage if their spouse was an active member of one of the below Unions and one of the following conditions apply

Police Officers effective 06/24/06  
Criminal investigators effective 01/01/05  
Correction Officers effective 10/06/06  
Superior Correction Officers effective 03/15/07

- Their spouse died while an active employee with at least fourteen (14) years of service with The County of Westchester.
- Their spouse dies in the line of duty.

If there are survivors covered under a retired member's Health Benefit Plan at the time of his/her death, those survivors may be eligible for continuation of coverage at no cost. Please contact the Benefits Office at 914-995-4715 for additional information.

If at any time a survivor spouse remarries, coverage will be terminated. Dependent children can continue to have coverage as long as they would have been eligible. Survivors are not eligible for dental or optical benefits.

## Eligible Dependents

### - **How long is my child (children) eligible?**

Your child (children) is eligible if:

1. Your child is unmarried under 19 years of age.

2. Your child is unmarried over 19 years of age but less than 25 years of age and who is a full-time college student.
3. Your child is unmarried and totally physically or mentally disabled and became totally disabled before reaching age 19.

### **IMPORTANT TELEPHONE NUMBERS AND WEBSITES**

POMCO	For precertification verification of eligibility general Plan information Participating Provider Information	1-800-234-4393 <a href="http://www.pomcoplus.com">www.pomcoplus.com</a>
Nurse Help Line Care Team Connect For Health	Regular Business Hours 24/7 Hearing – impaired	1-800-234-4393 1-888-967-8839 1-800-418-1360
Benefitsoft POMCO	Allows enrollees to view and manage their healthcare information	<a href="http://www.benefitsoft.com">www.benefitsoft.com</a>
Social Security Administration	You and your eligible dependents must enroll in Medicare Part A and B as soon as you or your dependents are eligible for primary coverage under Medicare.	1-800-772-1213 <a href="http://www.ssa.gov">www.ssa.gov</a>
Medicare	Call for Medicare benefits and claims information	1-800-633-4227 <a href="http://www.medicare.gov">www.medicare.gov</a>
NYS Retirement System		1-866-805-0990 1-518-474-7736 <a href="http://www.osc.state.ny.us">www.osc.state.ny.us</a>
County of Westchester Benefits	148 Martine Ave. Rm 730 White Plains, NY 10601 for Benefit Info, forms and Summary Plan descriptions	1-914-995-4715  <a href="http://www.westchestergov.com/finance/">http://www.westchestergov.com/finance/</a>

Should you have any questions concerning your benefits, contact the Employee Benefits Office at (914) 995-4715 or write:

Westchester County  
Department of Finance  
148 Martine Avenue – Room 730  
White Plains, New York 1060