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Retirement Guide

**A PLANNING & REFERENCE GUIDE
FOR CSEA MEMBERS**



Local 1000 AFSCME, AFL-CIO

143 Washington Avenue
Albany, New York 12210
cseany.org

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PRESIDENT'S MESSAGE



The Retirement Guide is provided to help you make the best choices for you and your family when it comes to retirement. There are several decisions you will have to make and after years of work, knowing the options that will serve you best is essential for a secure and dignified retirement.

CSEA is very proud of our defined benefit pension. Over the years we have given much to protect our pensions and we remain committed to protecting your retirement security. We lobby in Washington through our international union, AFSCME, and we keep a close eye in our state capitol to make sure our retirees are protected.

We hope you become a CSEA Retiree member so we can continue to fight to protect Social Security, Medicare, Medicaid, and our contractually negotiated health care benefits. Not only can you feel more secure knowing we are all in this together but you can also enjoy staying in touch with those you worked with and alongside. Our retiree members stay up to date on the latest issues and have access to all the member benefits enjoyed during working years.

Congratulations and good luck.

In solidarity,

A handwritten signature in cursive script that reads "Mary".

Mary E. Sullivan
President



Get ready for retirement!

Anticipate change!

Set goals!

Visit the Retiree Member section of:
cseany.org

PENSION INFORMATION

New York State and Local Employees' Retirement System (NYSLERS)

Understanding Your Pension Benefits and Tier Status

The NYSLERS pension plays an important part in your retirement planning. There are six tiers that govern benefits for members of the New York State and Local Employees' Retirement System. Each tier governs the method by which your service credit and final average salary are determined and for Tier 3, 4 and 5 members, your plan coverage. Your membership tier is determined by the date that you joined the Retirement System.

Tier 1 - Members who joined before July 1, 1973.

Tier 2 – Members who joined on or after July 1, 1973 and before July 26, 1976.

Tier 3 – Members who joined on or after July 27, 1976 and before September 1, 1983.

Tier 4 – Member who joined on or after September 1, 1983, and before January 1, 2010.

Tier 5 – Members who joined on or after January 1, 2010, and before April 1, 2012.

Tier 6 - Members who joined on or after April 1, 2012.

Note: There is no Tier 4 for all New York State correction officers or security hospital treatment assistants. Those who joined on or after January 1, 2010 are Tier 5 members.

For a better understanding of your tier membership and benefits, you should have a copy of the **Summary Plan Description** for the tier of which you are a member. The summary explains service crediting, vesting provisions, pension selection options, disability retirement and death benefits paid to your beneficiary. Summary Plan descriptions can be obtained from your Personnel office, or by contacting the NYSLERS at 1-866-805-0990 or visiting the NYSLERS website at www.osc.state.ny.us/retire.

Each year, you will receive the **Member Annual Statement**. Review all information carefully, e.g., your tier status, your date of birth, your beneficiary, your beneficiary's date of birth, years of credited service, salary information (April 1 - March 31), death benefit information and projected pension estimates. If there are any discrepancies contact your employer or the retirement system.

The amount of your pension benefit is determined by five factors:

1. Your tier status - the category established by legislation in which a member is placed depending on the date of membership.
2. Your retirement plan – the formula used in calculating your benefits.
3. Your final average salary – (FAS) average earnings during the highest consecutive 36 months of credited service used in the retirement benefit calculation. FAS for certain tiers and systems are subject to specific limitations.
4. Your credited service in the NYSLERS – member credit toward retirement for paid public employment with a participating employer of the NYSLERS, or certain other service.
5. Your age when you retire – tier 1 members can retire at age 55 with no pension benefit reduction.

There is a benefits reduction for tier 2, 3 and 4 members who retire before age 62. This does not apply to tier 2 and 4 members with 30 or more years of credited service and tier 3 members with 30 or more years of credited service who retire

under Article 15 and some members who retire under special plans. For Tier 5 and 6 members, your full benefit is payable at age 62, but you can choose to retire as early as age 55. With the exception of Tier 5, court officers or peace officers employed by the Unified Court System, if you choose to retire prior to 62, your benefit will be permanently reduced. Uniformed court officers employed by the Unified Court System (except those in Tier 6) can retire prior to 62 without a reduction for early retirement if they have 30 years of service credit. It is important to know that once you retire with a reduced benefit, the reduction is permanent — it does not end when you turn 62.

Pension Legislation Enhancements

In January of 2001, there were pension legislation enhancements that could affect members in the New York State and Local Employees' Retirement Systems.

Previous Service Credit

If you worked for the New York State Government, a county, city, town, village, a public school district or an authority, you may be eligible for previous service credit. This allows tier 2, 3, 4, 5 and 6 members of a public retirement system the opportunity to receive credit for service performed before becoming a member of the NYSLERS. Members previously denied credit for non-continuous service should reapply.

In order to obtain the credit, the member must have rendered at least 2 years of service since last joining the NYSLERS. Members can purchase this credit in a lump sum or payments can be made through payroll deduction. Members applying for this benefit should complete a Supplemental Statement of Service (RS 5042) or a letter to the NYSLERS Arrears Unit that includes a full description of the service you are asking to be credited.

If you had previous Tier 1 or 2 membership in the NYSLERS or another public retirement system in New York State you may wish to complete an application to reinstate a Tier 1 or 2 Membership (RS5506).

Military Service Article 20 (Affects all tiers)

Legislation permits members to purchase up to 3 years credit for certain military conflicts. Veterans must have been honorably discharged and have at least 5 years of credited service to apply. The cost to purchase this credit is based on 3% of your salary earned 12 months prior to making payment for the service. Active members can pay for the credit in a lump sum or by payroll deduction (but not over a period longer than the period of service purchased) before retirement.

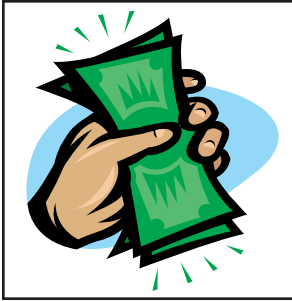
You may request an estimate of cost by writing to the New York State and Local Retirement System at 110 State Street, Albany, NY 12244. Include your name and retirement registration number, along with the application for Military Service Credit under Article 20 - RSSL (RS5509) and a copy of your Certificate of Release or Discharge from Active Duty Form (DD-214).

If you are a member with many years of service, a previous service purchase may not be beneficial to you.

Tier Equity

Pension benefits for Tier 2, 3 and 4 members who retire between age 55 and 62 are affected by an age penalty. The penalties for all of these tiers are now identical.

Article 19



Tier 1 and 2 Employee Retirement System members may be eligible for an additional service credit of one month for every year of credited service, up to a maximum of 24 months.

Tier 3 and 4 members must contribute 3% of their gross salary for the first 10 years of membership or have 10 years of credited service.

Tier 3 and 4 members will have their contributions discontinued during the first payroll following their 10th anniversary or when they have acquired 10 years of credited service.

Here's an idea. When you reach 10 years service or 10 years of membership and no longer contribute 3% into your NYSLERS pension, why not invest that portion into a retirement savings program. Check with your payroll office for a list of payroll deducted retirement savings plans.

Preparing for Retirement

Request for an Estimate Form (RS 6030)



Eighteen months before your anticipated date of retirement the NYSLERS suggest requesting an estimate of your retirement. The Retirement System will provide you with estimated amounts payable under the various options.

A Request for Estimate form (RS6030) is available from your employer, the NYSLERS's headquarters in Albany or can be downloaded from www.osc.state.ny.us/retire/forms. Pension information may also be obtained from the Retirement Systems' traveling Information Representatives.

A request for an estimate does not commit to retire on a certain date, but will assist the member in retirement planning.

When you receive your estimate, review the correctness of the information (date of birth, beneficiary, beneficiary's birth date, etc.) and service credit. The estimate will reflect the monthly benefits payable under the various options. The calculation is based on your tier, service credit, final average salary (FAS) and your age. The estimate does not reflect accumulated unused sick or vacation leave (if applicable).

Members can also visit the NYSLERS online at www.osc.state.ny.us/retire and click on "Use our Benefit Calculator." The benefit projection calculator will calculate your annual benefit based on the date and information you supply.

Consultation with a NYSLERS Information Representative

To ask specific questions about your benefits and get information on your individual circumstances you can visit with an Information Representative from the NYSLERS. Prior to your interview, you should write down all of your retirement related pension questions, bring any general estimates you have, your latest Member Annual Statement, any projection you calculated using the Benefit Calculator on NYSLERS's website, a photo ID such as driver's license and any correspondence from the Retirement System. If you're thinking of filing for retirement on that day, bring proof of your and your beneficiary's birth dates.

On the dates shown below, you can meet with an information representative to discuss your retirement-related questions. **Appointments are needed for individual consultations at all sites.** For an appointment, call toll-free at **1-866-805-0990** or **518-474-7736** in the Albany, New York area. Information can be accessed by visiting www.osc.state.ny.us/retire. If you require special accommodations to attend a consultation at any location, a reasonable attempt will be made to meet your needs. Please contact the Call Center at least two weeks in advance of your visit. Please note: except for Albany, hours are 9 am - Noon and 1 pm – 4 pm. All sites are closed on legal holidays.

CONSULTATION SITES

<u>City or Village</u>	<u>Address</u>	<u>Monthly Visiting Days</u>
Albany	110 State Street	Every business day
Binghamton	Binghamton State Office Bldg., 44 Hawley St., Rm. 606	Every Tuesday
Buffalo	Walter J. Mahoney State Office Bldg., 65 Court St., Rm. 500	Every Business Day
Canton	SUNY at Canton, off Rte. 68, Campus Center, 3rd Floor Multipurpose Rooms	First Thursday
Hauppauge	330 Motor Parkway, Suite 107	Every business day
Middletown	Hudson Valley DDSO, 42 Rykowski Lane, 1st Floor, Suite 2	Second & fourth Thursday
New City	Sain Building, 18 New Hempstead Rd.	First and third Friday
New York City	59 Maiden Lane, 30th Floor <i>(Entrance between William St. and Nassau St.)</i>	Every Tuesday & Wednesday
Plattsburgh	Clinton County Center, 137 Margaret St. 1st Floor, County Clerk's Office	First & third Thursday

Poughkeepsie	E. Roosevelt State Office Bldg., 4 Burnett Blvd.	Second & fourth Friday
Rochester	NYS DOT Bulding 1530 Jefferson Road, Henrietta	Every Thursday
Syracuse	620 Erie Blvd. West, Suite 113	Every Friday
Utica	Utica State Office Bldg., 207 Genesee St., Ground Floor	First, second, third & fourth Monday
Watertown	Jefferson Co. Human Services Bldg., 250 Arsenal St., Lower Level Conf. Room	First Wednesday
White Plains	Clarence D. Rappleyea Bldg., 123 Main Street, 1st Floor	Every Wednesday

Retirement Filing Procedures

Retirement applications are available from your personnel office, the Retirement System, or on-line at www.osc.state.ny.us/retire, or when visiting a Retirement Information Representative.

The retirement application must be filed with the Comptroller's office at least 30 days, but no more than 90 days before the date of retirement. Signed and notarized forms can only be considered filed with the Comptroller by submitting them to the NYSLERS in Albany (in person or by mail) or filing with an Information Representative at a regional consultation site.

Note: A member may withdraw his or her retirement application at any time prior to the effective date of retirement. To withdraw a retirement application, the member must submit his or her request in writing to the Retirement System in Albany.

Option Selection

You must file your option selection form before the first day of the month following your retirement date. You have up to 30 days after your pension benefit becomes payable to change your selection. The selection of your option is solely a personal decision; consider your needs very carefully. Assess the health status of yourself and your beneficiary, provisions for dependents on a short term and long term basis, social security benefits, savings and other income should be evaluated. It is advisable to include your spouse/significant other, not only when selecting the option, but also in the entire pre-retirement planning process. You may want to consult with a financial planner or tax advisor. Your retirement planning may impact your spouse's/significant other's retirement planning.

No matter what option you select you will be provided with a monthly pension allowance for the rest of your life.

Ways to Increase Your Retirement Benefits

Final Average Salary (FAS)

In addition to your regular earnings, your FAS can include regular salary, non-compensatory overtime, overtime*, holiday pay, longevity bonuses (maximum of 3), or vacation lump sum (applies to Tier 1 joined before 4/1/72 and Tiers 3, 4 & 5). Certain restrictions may apply.

**Overtime used in the FAS calculation for Tier 5 members is limited by year. Go to http://www.osc.state.ny.us/retire/publications/vol1523/final_average_salary/index.php for details).*

Sick Leave

If you are an employee of the New York State (NYS) Executive Branch, Unified Court System, NYS Canal Corporation or the NYS Thruway Authority, at retirement, your accrued, unused sick leave credit balance, up to a maximum of **200 days** (.77 years), may be converted into additional service credit for retirement benefit purposes.

If you are employed by a public employer not listed above, who has adopted the Retirement Social Security Law 41J benefit, at retirement, your accrued, unused and unliquidated sick leave credit balance, up to a maximum of **165 days** (.63 years) may be converted into additional service credit for retirement benefit purposes.

Note: additional service credit cannot be used to meet eligibility requirements for retirement or for an improved benefit formula.

Loans/Previous Service Credit Balances

Before retiring, commit to paying off your retirement system loan and/or any outstanding balances for the purchase of previous service credit or military buy-back. If you retire with an outstanding loan balance, your annuity or retirement benefit will be permanently reduced. If you have an outstanding balance to purchase credit for previous service, you only receive credit for the prorated portion of your service.

I have filed the application for retirement. What happens next?

When your application for retirement is received, the Retirement System will send you a letter of acknowledgement. You will also receive a W-4P form to have federal taxes withheld from your pension check along with a Direct Deposit Enrollment Application form (RS6370L-3) which will allow you to elect to have your first **regular** and all additional monthly benefit payments electronically to your bank account.

Usually, a partial check (advance check) is mailed to your home address six to eight weeks after you retire. However, you will not receive any payments until you have submitted satisfactory proof of your date of birth and your beneficiary's date of birth. If a photocopy of the birth certificate is not available, the following are some acceptable substitutions: baptismal certificate, military service record, enhanced driver's license and passport or naturalization papers.

If there is a Domestic Relations Order (DRO) on file with the Retirement System, advance payments will be prorated per the DRO.

You can expect the Retirement System to issue partial checks or advance checks equal to 85-90% of the amount due under the option selected. Please note that partial (advance) checks must be mailed to your home address even if you have submitted a Direct Deposit Enrollment Application form (RS6370L-3).

The Retirement System does the final calculations when the information is gathered, such as certification of your unused vacation and sick leave credits. When the final calculation is complete, you will receive either a retroactive check or an electronic deposit to your bank account covering the difference between the advance check(s) and the amount actually due to you (less any required federal withholdings).

If you receive an actual retroactive check, you will receive an explanation of the calculation. If you don't agree with the information provided, you can request a review in writing to the Benefit Calculation and Disbursement Bureau (be sure to provide documentation to support your view).

If you have submitted a Direct Deposit Enrollment Application form (RS6370L-3), you will receive a letter stating the amount that was deposited to your account and when it will be available to you. This letter will also include an explanation of the calculation.

Retirement allowance checks are mailed from Albany on the day before the last business day of every month. If the last day of the month is a holiday, checks are mailed one day earlier.

Under Direct Deposit (EFT), the bank will credit your account with the monthly benefit payment on the last banking day of the month.

**The majority of all NYS Pensioners have elected to have Direct Deposit (EFT).*

Cost-of-Living Adjustment (COLA)

COLA is permanent cost-of-living adjustment for all retirees of the New York State and Local Employees' Retirement Systems. Effective September 2001, COLA will benefit current and future retirees as they become eligible. To receive a COLA adjustment, you must be:

- * Age 62 or older and retired for 5 or more years, or
- * Age 55 or older and retired for 10 or more years, or
- * Receiving a disability pension from the Retirement System for 5 or more years.
- * Surviving spouses of a continuing benefit get one-half of the COLA.

The annual COLA benefit is based on 50% of the 12 month increase (April 1 - March 31) in the Consumer Price Index with a guaranteed minimum annual increase of 1% and a maximum annual increase of 3% applied to the first \$18,000 of your Single Life Allowance retirement benefit amount. Once COLA payments begin, it will continue automatically and increase each September.

Working After Retirement

Each year, there are retirees who return to public employment without realizing that there are laws governing employment after retirement. Disregarding or not following these rules can and has resulted in the reduction or suspension of their retirement allowance.

Your earnings may be regulated if you return to work after retiring from the NYS Retirement System. The Retirement and Social Security Law regulates post-retirement employment for all members of the New York State and Local Employees' Retirement Systems. The rules and restrictions differ depending on:

-
1. The type of retirement you are receiving (service or disability);
 2. The employer you'll be working for (private, public, yourself, etc.);
 3. Your date of membership and tier;
 4. Your age.

You can receive your retirement allowance while you work if your employer is not a public employer in the state of New York. Therefore, you do not need the Retirement approval. Your earnings are unlimited if you are self-employed, work for a private employer, work for another state or its political subdivisions, or work for the federal government.

Public employment in New York State means working for the State of New York, one of its political subdivisions (county, city, town, village); school district and BOCES, public authorities or public benefit corporations, other entities that participate in any of the New York State or the city of New York public retirement systems.

This is not a complete list. If you have any doubts about the status of your employer, you should contact the Retirement System.

If you are under age 65, you can return to public employment without approval or reduction in your retirement benefit as long as your calendar year earnings are less than the limits. Effective January 1, 2020, the salary cap will be raised to \$35,000. There is generally no restriction in your public service earnings once you are age 65, unless you return to public office. Additional updates to the salary cap can be viewed at: <https://www.osc.state.ny.us/retire/publications/vol1648.php#serv-ret-returning-to-work-res>

For more information and updates, please refer to www.osc.state.ny.us/members/working_after_retirement.htm.

Disability Retirement

If you are unable to perform your duties because of permanent physical or mental incapacity and have the required service credit, you may be eligible for disability retirement benefits. You or if you are unable, any person you authorize may file your application and in most cases your employer has the authority to file on your behalf.

If you are eligible for a service and disability retirement, you may want to file both applications together. If you file for both the service and disability retirement and the disability application is denied, you cannot withdraw your service application if it is after the effective date of retirement.

There are different application forms for different tiers and types of disability. Depending on the type of disability (ordinary or accidental) and your tier, you may also be required to file for Social Security disability or Workers' Compensation.

For more information and eligibility requirements refer to the Summary Plan Description booklet for the tier of which you are a member. The CSEA Legal Services Program offers legal assistance with Workers' Compensation/Social Security Disability matters. For more information, refer to pages 31 and 32 of this guide.

Survivor's Benefits (State Employees Only)

The New York State Survivor's Benefit Program for retired State employees provides for a death benefit of \$2,000 or \$3,000 on behalf of retirees who meet the service requirement of 10 years of full-time State service within 15 years immediately preceding retirement. In addition, the employee must retire directly from State service or leave State service for any reason other than direct retirement on or after age 62. A \$2,000 benefit is paid on behalf of eligible employees who

retired between October 1, 1966 and March 31, 1970. A \$3,000 benefit is paid on behalf of eligible employees who retired on or after April 1, 1970. Contact your Personnel Office for additional information on eligibility as the Personnel office initiates the application. The Survivor's Benefit Program is administered by the Office of the State Comptroller.

Local Government retirees should review their contract and/or contact their former Personnel Office to inquire if a death benefit is provided.

For More Information, Contact the Retirement System:

When contacting the Retirement System either by writing, emailing or faxing, be sure to include your name and retirement or the last 4 digits of your Social Security number in your correspondence and sign the document (when sending a fax or letter). If you call, they will ask for your Social Security number and date of birth to confirm who you are before changing any records.

- Report a change of address (cannot accept e-mail requests)
- Report a late or lost check
- Status of Electronic Funds Transfer (EFT)
- Request for direct deposit (EFT)
- Request for change of beneficiary forms
- Report the death of pensioner
- Obtain information or assistance on the Survivor's Benefit Program (Retired State Employees Only)
- Receive answers to other pensioner related problems
- Pension verification letter
- Loan information
- Tax service
- Limitations, questions and/or concerns about working after retirement.

New York State and Local Employees' Retirement Systems
110 State Street
Albany, New York 12244-0001

Call the Pensioner Services Line

7:30 a.m. – 4 p.m. toll free	(866) 805-0990
In the Capital District area	(518) 474-7736
General Fax number	(518) 402-4433

Online at <http://www.osc.state.ny.us/retire>

SOCIAL SECURITY

When you retire, you may be eligible for monthly Social Security benefits. You must have credit for a certain amount of covered employment under Social Security to receive monthly benefits. The monthly payments depend on your average earnings on jobs covered by Social Security.

The full retirement age is 65 and 8 months for people reaching age 65 in 2006. The FRA for people reaching age 62 in 2009 is 66. Reduced benefits are still payable at age 62.

You can start your Social Security benefits as early as the first full month you reach age 62, but the benefit amount you receive will be less than your full retirement benefit and a permanent lifetime reduction.

If you have not reached your full retirement age and you are still working with substantial earnings, it is usually not advantageous to begin benefits. But if you retire before reaching your FRA you may need to begin receiving benefits in order to meet your current living expenses. Each person needs to consider the options based on his or her own needs and circumstances including health and life expectancy. There isn't one choice that is best for everybody.

You must apply for Social Security benefits. Contact the Social Security Administration when:

- You are 62 or older and plan to retire;
- Someone in your family dies;
- You are unable to work because of an injury or illness that is expected to last a year or longer; or
- You, your spouse, or dependent child suffers permanent kidney failure.

The Social Security Administration has begun sending annual statements to workers age 25 and over who are not currently receiving benefits. These four page statements include the worker's Social Security covered earning history and estimates of future benefits. The statements are mailed 3 months before the worker's birth date.

To obtain more information on Social Security benefits, call toll-free: **1-800-772-1213** or visit the Social Security Administration on the Web at: <http://www.ssa.gov> to access Social Security information. If you are deaf or hard of hearing, call the toll-free TTY number 1-800-325-0778 between 7 a.m. and 7 p.m. Monday through Friday.



HEALTH INSURANCE BENEFITS

Employer Provided Health Insurance in Retirement

The benefits in retirement for New York State employees and employees of Local Government and School Districts differ. For that reason, we have separated them. Please refer to the section below that applies to you.

Note: Read this information carefully. *Pension requirements under the Retirement System and the requirements established by your individual employer or the New York State Health Insurance Program (NYSHIP) for continuation of health insurance in retirement are different. Do not assume that your health insurance benefit will continue automatically when you retire.*

NEW YORK STATE EMPLOYEES

New York State Employees are covered by the Empire Plan or a participating HMO under the New York State Health Insurance Program (NYSHIP). After you retire, you may be eligible to continue coverage for yourself and your eligible dependents if you meet certain requirements. The benefits may differ somewhat from those you received as an active employee.

Enrollees must meet the following three eligibility requirements:

1. Complete the minimum service requirement, determined by the date on which you last entered State service.
 - A) For employees hired **before April 1, 1975**, five years of *benefits eligible* service is required.
 - B) For employees hired **on or after April 1, 1975**, ten years of *benefits eligible* service is required.
2. Be eligible for retirement as a member of the NYS Retirement System, or if not a member of the Retirement System, meet the age requirement for retirement.
3. Be enrolled in the NYSHIP program at the time of retirement.

Payment of Premiums

When you retire, you will pay your share of the health insurance premium either directly to the employer or through a deduction in your retirement check. NYSHIP enrollees will pay premiums directly to the Employee Benefits Division of the Department of Civil Service or through deductions from your retirement check. It may take several months before monthly deductions are taken from your pension.

Sick Leave Credit

Under the current State contracts, a maximum of 200 working days of accumulated unused sick leave may be credited toward the payment of your health insurance premium. The dollar value of your unused sick leave is converted into a monthly credit by dividing the dollar value of your sick leave by your actuarially determined life expectancy in months. The result is a monthly credit which is applied toward payment of any required health insurance premium for as long as you remain enrolled in NYSHIP. If the credit from the unused sick leave is not enough to cover your share of the premium, you pay the balance. Although the annual health insurance premium may change, the amount of your monthly credit will remain the same throughout your lifetime. Sick leave credits end when you die and may not be used by your surviving dependents unless you chose the Dual Annuitant Sick Leave Credit.

As of January 1, 1989, state employees represented by CSEA may elect an alternate method of applying their monthly value of sick leave credit - the Dual Annuitant Sick Leave Credit. Enrollees may choose to apply 70% of the calculated monthly value of the credit toward the monthly premium during their own lifetime. If the enrollee dies, that same sick leave credit would continue to be applied toward the monthly premium for eligible dependents. You must make this one-time election before your last day on the payroll. If you do not select this option then 100% of your monthly sick leave credit is applied toward your health insurance premium and the credit ends with the death of the enrollee. Enrollees should speak with their personnel office prior to retirement to determine if this benefit is available or refer to your state contract.

Disability Retirement

Enrollees who file for disability retirement may be eligible to continue their NYSHIP benefits. Check with your agency personnel office or NYS Department of Civil Service for additional information.

Vestee

If your employment ends before you reach retirement age and you vest your retirement allowance, and meet the minimum service requirement, you may be eligible to continue your health insurance coverage while you are in vested status.

During vested status, you will be required to pay both the employer and employee shares of the health insurance premium on a monthly basis. In no case may sick leave credits be applied toward premium cost either while vested or when you reach retirement age.

If you do not continue coverage during vested status or fail to make the required premium payments, you may not re-enroll at a later date and you lose eligibility for coverage as a retiree. The only exception to this rule is if you continue to be covered under NYSHIP as an eligible dependent. Contact your agency personnel office for additional information.

New York State Health Insurance Program (NYSHIP) & Medicare

If you continue in the NYSHIP as a retiree, **you and your dependents must enroll in Medicare Part B as soon as you are eligible to do so.** Failure to do so results in reduced coverage. This is more fully explained in your New York State Health Insurance Program General Information Book. Before you retire, contact your Personnel Office, for information on continuing health insurance at retirement and how your employer- sponsored health insurance coordinates with Medicare.

The following is a list of some of the NYSHIP publications relating to retirement health insurance issues. These publications can be obtained from your personnel office, or by calling Civil Service or downloaded from the website:

- *Planning for Retirement*
- *Medicare and NYSHIP*
- *When a State Retiree Enrolled in NYSHIP Returns to Work for New York State*

**NYS Department of Civil Service
Employee Benefits Division
Albany, New York 12239
Telephone: (518) 457-5754 or 1-800-833-4344
Website: www.cs.ny.gov/retirees**

Retirement Health Insurance Checklist

The following is a list of questions you should consider before retiring:

1. Do I meet the eligibility requirements?
2. What is the premium cost?
3. How are the premiums paid?
4. Is there continued coverage for early retirees?
5. Does the plan cover post-65 retirees, when these plans serve as a supplement to Medicare?
6. If I should die, is my spouse covered?
7. Is a program available through which I can use sick leave credits to help reduce my premium as a retiree?



For answers to these questions, refer to your personnel office, your health insurance booklet or your collective bargaining agreement.

LOCAL GOVERNMENT AND SCHOOL DISTRICT EMPLOYEES

After you retire, you may be eligible to continue coverage for yourself and your eligible dependents if you meet certain requirements. The benefits may differ somewhat from those you received as an active employee.

Local Government and School Districts that participate with the Empire Plan under the New York State Health Insurance Program

This section explains coverage for enrollees in NYSHIP's Empire Plan. Health insurance benefits are provided in accordance with the collective bargaining agreement, which is the result of negotiations between the union and your individual employer.

Most Local Government and School Districts that offer coverage under NYSHIP's Empire Plan, permit enrollees who have met certain eligibility requirements to continue their coverage after retirement and contribute to the cost of such coverage. These requirements vary from employer to employer. You should contact your personnel office for specific details of the rules of your employer. The following information may be used as a general guideline.

Local Government and School Districts who have been continuously participating in NYSHIP (The Empire Plan) since before March 1, 1972

Enrollees must meet the following three eligibility requirements:

1. Complete the minimum service requirement. This requirement is five years for employees hired before April 1, 1975. For employees hired on or after this date, check with your employer for the minimum service requirement.
2. Be eligible for retirement as a member of the NYS Retirement System, or if not a member of the Retirement System, meet the age requirement for retirement.
3. Be enrolled in the Empire Plan at the time of retirement.

Please note that an employer can determine, either administratively or through collective negotiations, eligibility of coverage in retirement for employees whose most recent date of employment is on or after April 1, 1977. If coverage is offered, employees must meet the three eligibility requirements mentioned above.

Local Government and School Districts who joined the Empire Plan under NYSHIP on or after March 1, 1972

Enrollees are eligible if their employer has elected administratively or through collective negotiations to provide coverage in retirement. If this coverage is offered, employees must meet the three eligibility requirements mentioned above.

Local Government and School Districts that DO NOT participate in the Empire Plan under the New York State Health Insurance Program (NYSHIP)

Employees in this category should refer to their negotiated agreement and/or Employee Handbook to determine whether and under what conditions, health insurance will be provided at retirement.

Questions should be referred directly to your agency personnel office or the office designated to administer the employer's health insurance plan. Local government and school district employees that do not participate in the Empire/NYSHIP plan need to contact their personnel or human resources department to determine what health insurance coverage you may be eligible for.

**You can request a copy of Health Insurance Benefits in Retirement Your Rights & Options
prepared by the CSEA Legal Department at 1-800-342-4146, Ext. 1443**

Disability Retirement

Enrollees who file for disability retirement may be eligible to continue health care benefits. Check with your agency personnel office for additional information.

Vestee

If your employment ends before you reach retirement age and you vest your retirement allowance, you may be eligible to continue your health insurance coverage while you are in vested status. Contact your agency personnel office for additional information.

Local Governments and School Districts Coordination of Medicare & Employer-Provided Health Plans

If you are eligible to continue health care coverage as a retiree through your employer, Medicare may not be the only health care coverage you have. Some Local Governments and School Districts continue coverage for early retirees (those retiring before age 65). Many also cover post-65 retirees, when these plans serve as supplements to Medicare coverage. If your employer offers a health insurance plan, find out if it will cover the deductibles, co-payments, and services not covered by Medicare. Will your employer pay all or part of the cost of the insurance premiums? An employer-sponsored group plan supplementing Medicare may provide you with additional health care coverage and may help lower your out-of-pocket costs, even if you must pay part or all of the premium cost yourself. If you and/or dependents are eligible to receive Medicare benefits, the determination of primary coverage depends upon your employment status and age. Employees in this category should refer to their negotiated agreement and/or Employee Handbook to determine whether and under what conditions, health insurance will be provided in retirement. Questions should be addressed directly to your Personnel Department.

Continuation of Coverage Under NYS and Federal Law

Employees who retire and lose coverage under their employer's health plan may be entitled to continue their coverage for a **limited period of time** (up to 18 months) under either the New York State Continuation of Coverage Law or the federal Consolidated Omnibus Budget Reconciliation Act (**COBRA**). Check with your personnel office to see if either of these laws apply to your situation, as Medicare coverage may affect eligibility for continuation of coverage (benefits may not be identical). Under these continuation laws, enrollees can be required to pay the full cost of coverage plus a two percent administrative fee.

Conversion Policy

A conversion policy is an option an employee can exercise if they are no longer eligible to continue coverage under their employer's group insurance plan and/or COBRA. A conversion policy is an individual policy that insurers are required (under NYS Insurance Law) to make available upon termination of coverage. Refer to your health insurance policy for information on your right to a conversion contract.

MEDICARE

Medicare is the federal health insurance program for people age 65 and older, disabled and receiving Social Security Disability Insurance (SSDI) for 24 months, with end-stage renal disease or with amyotrophic lateral sclerosis (ALS).

**Enroll in Medicare
3 months before your
65th birthday month.**



When you become Medicare eligible as an active employee due to disability, end stage renal disease or Amyotrophic Lateral Sclerosis (ALS) or are no longer an active employee and become eligible for Medicare, it is the combination of your health benefits under your employer-sponsored health insurance program and Medicare that provides you with the most complete coverage. To avoid a reduction in your overall level of benefits, it is important to understand how your insurance coverage and Medicare work together. **IMPORTANT:** You and each of your covered dependents must have Medicare Parts A and B in effect by the first day of the month in which each of you reaches age 65 (if retired) or before reaching age 65 if Medicare-eligible because of disability or end-stage renal disease.

To apply for Medicare, contact the Social Security Administration at 1-800-772-1213, TTY users should call 1-800-325-0778, for assistance or for more information go online at www.ssa.gov.

Medicare Part A covers inpatient care in a hospital or skilled nursing facility, hospice care and home health care.

Medicare Part B is paid for by monthly premiums and primarily covers doctors' services, outpatient hospital services, durable medical equipment and some other services and supplies not covered by Part A. Enrollment in Part B is optional, requiring payment of a monthly premium, adjusted every January. Premiums are deducted from your pension.

Most people do not have to pay for Part A, because they or a spouse paid Medicare payroll taxes while working. If you are not eligible for Part A, you can enroll by paying a monthly premium. When you enroll in Part A of Medicare, you are automatically enrolled into Part B, unless you tell the Social Security office that you do not want it. Enrollment in Part B is optional, requiring payment of a monthly premium that is adjusted every year. (Although Part B is optional, many health insurance plans require enrollees to enroll in Part A and Part B to continue eligibility under a group health insurance plan).

Medicare Part C (or Medicare Advantage) offers managed care options through local HMO/PPO plans and some private fee-for-service options. Under Medicare Advantage, you generally will receive the same benefit package as under the Original Medicare Health Plans. However, some plans may differ. Contact Medicare via their website or call the toll-free number listed for detailed health plan information.

Medicare Part D Medicare prescription drug benefit effective January 1, 2006.

Anyone with Medicare Part A or B is eligible for prescription coverage. Enrollment in the plan is not automatic, beneficiaries must apply for coverage.

You usually pay a monthly premium and there are restrictions and coverage gaps, depending on the program chosen. For assistance choosing a Medicare drug plan or to see if you should enroll in a Medicare drug plan, you can call the Medicaid Rights Center at 1-800-333-4114 or visit www.medicaidrights.org, or contact Medicare at 1-800-633-4227.

***Any member who has received a "Credible Coverage" letter from their former employer
SHOULD NOT enroll in Medicare Part D***

Selecting appropriate health care coverage is important. For more information on your Medicare Rights, including coverage, eligibility, enrollment, participating physicians, and available Medicare health plans in your area, log on to www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Medicare Supplemental Plans (Medigap Plans)

Medicare Supplemental Plans, also known as Medigap Policies, are health plans sold by insurance companies to fill the “gaps” in Original Medicare. As you may know, Medicare does not reimburse for all of an enrollee’s health plan costs. A few examples of services not covered are the Medicare Part A hospital deductible and coinsurance, skilled nursing facility coinsurance and outpatient prescription drugs. Medicare Supplemental Plans are one option enrollees have to help pay for those expenses that are not covered under Medicare.

In order to be eligible for Medigap coverage, you must be enrolled in both Medicare Part A and Part B. The best time to purchase a Medigap policy is during your Medigap open enrollment period. This period starts on the first day of the month in which you are both age 65 or older **and** enrolled in Medicare Part B. This open enrollment period lasts for six months. Please talk with a Medicare representative for additional information regarding the Medigap open enrollment period.

For information on Medigap policies, cost, and choices call 1-800-MEDICARE (1-800-633-4227). Customer service representatives are available 24 hours a day to help with questions about Medicare and Medigap policies. You can also find information on the Medicare web site at www.medicare.gov.

MEDICAID

Title XIX of the Social Security Act is a Federal/State entitlement program for medical assistance for certain individuals and families with low incomes and resources. The program assists States in furnishing medical assistance to eligible needy persons.

Within broad national guidelines established by Federal statutes, regulations, and policies, each state establishes its own eligibility standards, determines the type, amount, duration and scope of services and also sets the rate of payment for services and administers its own program. Some eligibility requirements change from State to State.

Anyone can apply for Medicaid, regardless of age. The application is based on income; single allowance per month or married couple income per month. If you are over the income allowance, you may be classified in the “Spend Down” category. You would have to pay cash each month or pay medical bills, totaling the amount of your overage. Some medical providers request a small co-pay.

Services covered are: Physicians, Prescription Drugs, Dental, Optical, Laboratory tests, X-rays, Hospitals, Nursing Homes, Podiatrists, Chiropractors, Ambulance, and transportation to health related appointments. Bills are submitted by the provider to Medicare (if enrolled) first for payment, second to insurance carrier (if applicable), and lastly to Medicaid.

For further information or an application to apply for Medicaid, contact the Medicaid Department in the Social Services Department of the county that you reside in or log onto this website: <http://www.cms.gov/home/medicaid.asp>.

LONG TERM CARE

Long term health care is the type of care you may need if you can no longer take care of yourself; for example, if you need help dressing, eating or bathing. This is often referred to as custodial care.

Information on New York State's Public Employee and Retiree Long Term Care Insurance Plan can be obtained by calling toll-free **1-866-474-5824** or visit their website at **www.nyper1.net**.

TRICARE/VETERANS HEALTH ADMINISTRATION (VHA)

TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide.

Who is Eligible for TRICARE?

- Active duty members and their families
- Retired service members and their families (this includes reservists at age 60 and receiving retiree pay)
- Survivors of all uniformed services who are not eligible for Medicare
- National Guard/Reserve members and their families



TRICARE offers eligible beneficiaries three choices for their health care:

1. TRICARE Prime, where Military Treatment Facilities (MTFs) are the principal source of health care,
2. TRICARE Extra, a network of preferred providers, or
3. TRICARE Standard, a fee-for-service option (the old CHAMPUS program).

Individuals are eligible for TRICARE if they are registered in the Defense Enrollment Eligibility Reporting System (DEERS).

For more information about DEERS, contact the Defense Manpower Data Center Support Office (DCSO) telephone center at **1-800-538-9552**, TTY/TTD **1-866-363-2883**. You can also visit the TRICARE Web site at **www.tricare.mil**.

The **Veterans Health Administration** also provides a broad spectrum of medical, surgical and rehabilitative care to any individual who received an honorable discharge from the military.

Individuals must apply for enrollment and based upon your specific eligibility status, a priority group will be assigned. Priority groups range from 1-7 with 1 (Veterans with service-connected disabilities rated 50% or more) being the highest priority for enrollment and 7 being the lowest (nonservice-connected Veterans with a net worth above the established dollar thresholds).

For more information, you may call the VA Health Benefits Service Center toll-free at 1-877-222-8387 or log-on their internet web-site at **www.va.gov/health**.

PRESCRIPTION DRUG COVERAGE

During retirement, the New York State Health Insurance Program (NYSHIP) provides prescription drug coverage to most Retirees under your health insurance plan (The Empire Plan or HMO). Each of the health insurance plans under the State Program provides prescription drug coverage. The type of coverage (i.e. level of co-payment, generic vs. brand name, participating pharmacies) varies from plan to plan. Contact your Personnel Office for additional information on prescription coverage during retirement.

For those employees who are not enrolled in the New York State Health Insurance Program or whose employer does not participate in the New York State Health Insurance Program, questions about prescription drug coverage should be directed to their particular personnel office.

EPIC (Elderly Pharmaceutical Insurance Program). Low to moderate income New York State residents 65 or older are eligible for a cost-sharing program to reduce their out-of-pocket expenses for prescription medications. Once the income guidelines are met, the retiree presents his or her EPIC card to the pharmacist and pays a discounted portion of the prescription cost or, in many instances, less than half of the drug's cost. You are not eligible for EPIC if you receive full Medicaid benefits or if you already have a better prescription insurance plan. For more information or an application call the EPIC Help Line at **1-800-332-3742**.

AFSCME Health Savings can reduce the cost of prescriptions at retail pharmacies or save even more using the program's mail order service (see page 25 for details).

DENTAL, VISION AND HEARING BENEFITS

DENTAL CARE BENEFITS

Do your dental and vision benefits stop at retirement? Get the facts, read your contract, talk to your personnel office, and find out what options are available. Listed below are many of the options that are available to retired CSEA members.

When choosing a dental plan that will work best for you, make a list of the dental options available and make comparisons. Some things to consider:

1. Premium costs?
2. What are the co-payments and deductibles?
3. What services are covered?
4. Are there participating providers?
5. Your dental health and the dental health of your dependent(s)?



CSEA Employee Benefit Fund (EBF)

Consolidated Omnibus Budget Reconciliation Act of 1985 (**COBRA**) provides a bridge between health plans for qualified workers when their health insurance or other COBRA eligible benefits might otherwise be cut off. Under COBRA, you are guaranteed the right to continue your former employer's group plan as an individual or family coverage for up to 36 months, at your own expense. In many cases, your spouse and dependent children may also be eligible for COBRA coverage.

State CSEA members with benefits provided through the CSEA EBF have continued coverage for 28 days after the last day worked. After this coverage has ended, a new retiree can continue the same coverage through COBRA for up to 36 months to continue both dental and vision benefits. A COBRA notice is automatically mailed to the member when EBF is notified by NYS of the member's last day of service. A member has 60 days from the end date of coverage to apply for COBRA. If you do not receive a COBRA notice, contact the **CSEA EBF at 1-800-323-2732, and press option 4.**

NYS Unified Court System employees who retired on or after April 1, 1998 continue to receive CSEA EBF benefits.

Local Government members with negotiated EBF benefits (i.e., Towns, Villages, School District, Libraries) are eligible for COBRA benefits which may be administered by either the employer or EBF. A COBRA notice is automatically mailed to the member when EBF is notified by the employer of the member's last day of employment. A member has 60 days from the end date of coverage to apply for COBRA. If you do not receive a COBRA notice, please contact your former employer or contact the **CSEA EBF at 1-800-323-2732, and press option 4.**

CSEA EBF Retiree Dental Plan

The EBF Retiree Dental Program offers Retirees and their eligible dependents an annual maximum of \$2000 per calendar year of covered dental expenses based on a fee schedule. Participating dentists accept the Fund's fee schedule as payment in full for all covered services. The program offers three levels of coverage: Retiree; Retiree +1 or Family. **Note:** If you are eligible and elect both the EBF Retiree Dental and EBF Retiree Vision Programs, you receive a discount on monthly premiums.

Access to the Program

The CSEA EBF Retiree Dental Plan is available to members from NYS who retired on or after July 1, 2002. Local Government bargaining units must have a signed Retiree Dental Memorandum of Agreement signed by the employer with the EBF on or after July 1, 2002.

Additional Criteria: **1)** The Member retired directly from employment with the Employer during or after the term of the collective bargaining agreement in which the Retiree Dental Memorandum of Agreement was signed by the employer. **2)** The member had EBF dental coverage as an active employee on the day of their retirement. **3)** The member elects the Retiree Dental Program within 90 days from their last date of active coverage with the EBF.

Enrollment is not automatic. Application and rate information is included with the COBRA election mailing. For additional information, please contact the EBF at 1-800-323-2732 and select the COBRA/Retiree Department or visit our website at www.cseaebf.com and click the Retiree Benefits Link.

Emblem Health Dental Plan for Retired New York State Employees

Emblem Health administers a dental insurance, for retired New York State employees on a direct pay basis. When New York State notifies Emblem Health of the employee's retired status, Emblem Health automatically issues an enrollment application to the retiree (this takes approximately three to four months from retirement date.) The retirees can enroll right after retirement or if the retiree is eligible for cobra coverage, they can enroll when the eligible cobra coverage period ends. Retirees must apply for coverage no later than 90 days after termination of group coverage. For an application and rate information, call the **Emblem Health Customer Service Center** toll free number at **1-800-947-0101**. When calling for information advise the Emblem Health representative that you are a CSEA Retiree.

CSEA Retiree Reduced-Fee Dental Program

The CSEA Retiree Reduced-Fee Dental Program provides CSEA retiree members access to a panel of New York State based dental providers who have agreed to charge according to an established fee schedule. This is a *fee for services* program. As the program is not an insurance plan, there are no premiums, claim forms, or reimbursements to the member or provider. The Retiree pays for treatments and services directly to the participating provider at a reduced cost. For a copy of the program book call the CSEA Member Benefits Department at 1-800-342-4146 ext. 1359.

Pearl Insurance

CSEA is pleased to provide a voluntary retiree dental program with coverage available to CSEA retiree members and their dependents.

Please note you are eligible for EBF Dental if:

- 1. You (the member) retired from your Employer during or after the collective bargaining agreement where the Retiree Dental Memorandum of Agreement was signed by your employer.*
- 2. You (the member) were enrolled in EBF Dental Coverage as an active employee the day you retired.*
- 3. You (the member) elects to obtain the Retiree Dental Program within 90 days of your last day of active EBF coverage.*

If you are no longer eligible for EBF coverage, CSEA is offering two ways for you and your family to get the dental coverage you need:

Choice 1 - CIGNA Dental

Choice 1 is a dental HMO that, much like a medical HMO, lets you pick a network dentist who provides you with routine preventive services (exams, x-rays and cleanings). All other procedures require a pre-set co-payment. With Choice 1, you have no waiting periods, deductibles, and annual or lifetime maximums. For a Choice 1 dental information package and rates contact Pearl Insurance at 1-888-507-1368. Choice 1 is underwritten by CIGNA dental; for a list of dental providers in your area call 1-800-367-1037 or visit their web site at www.cigna.com.

Choice 2 - MetLife Dental

Choice 2 is a traditional dental plan, whereby you may choose either a network or non-network dentist. Network dentists accept plan allowances as full payment after deductible and copayments, while non-network dentist may charge more, with the retiree paying the difference. The Choice 2 plan is underwritten by MetLife and offers immediate coverage for preventive and basic services. There is a 12-month waiting period for major dental work: bridge work, crowns and dentures. For a Choice 2 dental information package and rates contact Pearl Insurance at 1-888-507-1368. For a list of providers contact MetLife dental customer service at 1-800-942-0854 or log on the web at www.metlife.com.

Both Pearl Insurance Retiree Dental Plans have nationwide providers and premiums can be billed quarterly or deducted from your NYSLERS pension.

Union Plus Health Savings Program

You want the best care when it comes to your families' health. But quality care at an affordable price can be out of reach for working families. Even families with some insurance coverage often have high out-of-pocket expenses.

Choose the plan that is right for you. From dental, vision and prescription discounts, to telemedicine and health counseling.

Dental Discounts - save 5% to 60% on dental care at one of the largest dental networks in the nation.

Vision Discounts - save 15% to 35% off eye exams and eye glasses.

Dental & Vision Discounts - dental and vision care savings starting at \$6.95 per month.

Free Prescription Discount Card - helps you save at over 60,000 pharmacies.

Free Hearing Discounts - save on hearing exams and hearing aids at over 3,400 locations.

Health Savings Plan - telephone access to physicians and health specialists.

Health Savings Plan Plus - adds healthcare advocacy, child & eldercare, and mental health counseling.

Single or family plans. Union Members, retirees, and their household family members can sign-up. **30-day money back guarantee. We think you'll be happy with the savings, but if you're not fully satisfied, you can cancel and receive a refund.**

NOTE: These plans are not insurance and do not replace insurance.

Union members can call 1-877-570-4845 or visit unionplus.org/healthsavings for a free 30-day trial period. Representatives are available Monday - Friday from 9:30 am – 6:30 pm (ET). Se habla español. Have your credit or debit card ready, and the birthdates of any family members you plan to enroll or visit www.afscme.org/advantage to get details and costs for all the programs in Union Plus Health Savings Program.

Health Savings Prescription Card - FREE

Because you are a union member, you are automatically eligible for a free Union Plus Prescription Card to help you save on prescriptions at participating pharmacies.

With this card, you can save an average of 20% off the retail price of brand name drugs and 40% off the retail price if generic drugs at more than 57,000 pharmacies nationwide.

Prescription drug discount cards allow prescription drug users to save money on all types of prescription medications. At the time of purchase, union members simply present their Union Plus Prescription Card at a participating pharmacy to instantly receive substantial discounts on their prescription drugs. it's that easy. To enroll or for more information visit www.unionplus.org/RxCard

Note: The AFSCME Health Savings Program and the Health Savings Prescription Card are not insurance programs, but can help provide some relief to offset the high cost of healthcare by helping members reduce out of pocket medical costs. Note that members are billed at the program's discounted rates and are required to pay participating providers at the time of service.

Any of the Health Saving Plans might be best for members who: have no insurance; have limited or inadequate health insurance coverage such as large out of pocket expenses without access to a preferred provider network; have family household members without access to the member's insurance coverage; are temporarily without health insurance such as students who can no longer get coverage under their parent's, or retirees not yet ready for Medicare (under age 65); have health insurance coverage, but are looking for discounts for an uncovered or elective procedure.

VISION CARE BENEFITS



The CSEA Vision Care Value Advantage Program

This program allows members and their dependents to receive eye examinations, eyewear and laser vision correction at reduced prices. Members simply call the Visionworks (formerly Empire, Davis Vision Centers) processing unit and a Member Service Representative will provide you with all the necessary information, location and payment options by calling **1-800-783-3594 (TTY 1-800-523-2847)**. The Value Advantage Plan is available nationwide. Members will be supplied with the names and addresses of network providers nearest them. To locate the nearest Vision Works Center near you call **1-877-446-3145** or go to **www.visionworks.com**.

CSEA EBF Retiree Vision Plan

The EBF Retiree Vision Plan offers retirees and eligible dependents an eye exam and one pair of glasses or start up supply of contact lenses once every 12 months. A national provider network with 10,000+ providers across the United States gives you access to vision services whenever and wherever you are. The program offers three tiers of coverage: Retiree; Retiree +1 and Family. The program also offers fixed-copays for services not covered under the program, saving you substantial out of pocket expenses. **Note:** If you are eligible and elect both the EBF Retiree Dental and EBF Retiree Vision Programs, you receive a discount on monthly premiums.

Access to the Program

The CSEA EBF Retiree Vision Plan is available to members from NYS who retired on or after June 1, 2016. Local Government bargaining units must have a signed Retiree Vision Memorandum of Agreement signed by the employer with the EBF on or after June 1, 2016.

Additional Criteria: **1)** The Member retired directly from employment with the Employer during or after the term of the collective bargaining agreement in which the Retiree Vision Memorandum of Agreement was signed by the employer. **2)** The member had EBF vision coverage as an active employee on the date of their retirement. **3)** The member elects the Retiree Vision Program within 90 days from their last date of active coverage with the EBF.

Enrollment is not automatic. Application and rate information is included with the COBRA election mailing. For additional information, please contact the EBF at 1-800-323-2732 and select the COBRA/Retiree Department or visit our website at www.cseaebf.com – and click the Retiree Benefits Link.

Pearl Insurance, Retiree Designer Vision Plan

With this plan, every 12 months you are eligible to receive: full eye examination, new frames and lenses or new contact lenses among other great benefits for you and your spouse. Davis Vision offers convenient network locations, making it easy to find a provider in your area. Between their list of preferred doctors and select retail partners you get the freedom to choose where you receive your eye care. For more details about the plan, please refer to page 28.

HEARING BENEFITS

EarQ

With more than 1,400 provider locations across the country, EarQ offers comprehensive hearing healthcare services and advanced technology to improve your quality of life. EarQ takes a patient-focused approach to ensure you are receiving the care you need, whether you are a current hearing aid-wearer or scheduling your annual hearing exam. Through EarQ provider locations, you have access to a free annual exam, an up to 35% discount on EarQ hearing aids, and the Secure Warranty - the longest hearing aid warranty in the United States. This value-added program is available for members, retirees, and family members. To find a provider near you, contact **1-866-432-7500** or visit **www.earq.com**.

Designer Vision Plan

offered to Retirees by Davis Vision

CSEA *Retiree* Insurance Program
c/o Pearl Insurance | cseainsurance.com
1.888.507.1368 | *Enjoy Life. We Got This.*

CSEA Retiree Designer Vision Plan is a comprehensive benefit plan ensuring low out-of-pocket cost to members and their spouses. The CSEA Designer Vision Plan offers convenient network locations of credentialed preferred providers throughout the 50 states.

With the rising cost of eye wear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering paid-in-full eye exams, eyeglasses and contacts (after applicable co-pays).

In Network Benefits

- Eye Exam Every 12 months, Covered in full after \$10 co-payment
- Spectacle Lenses Every 12 months, Covered in full after \$25 co-payment
- Frames Every 12 months, Covered in Full
- Fashion or Designer Frames, Covered in Full after \$25 co-payment

**One-year eyeglass breakage warranty included
on plan eye wear at no additional cost!**

DESIGNER VISION PLAN MONTHLY RATES:

Member Only	\$ 11.96
Member + <i>Spouse</i>	\$ 20.50

**Contact a CSEA Insurance Representative at 888.507.1368 to enroll
in the Designer Vision Plan by Davis Vision.
Or visit cseainsurance.com/Retirees/Vision for more information.**

CSEA Sponsored Insurance Programs

Exclusively for Retiree Members



Critical Illness Insurance for Retirees – NEW!

This product was specifically designed for CSEA Retiree Members and their spouses under the age of 70. Benefit amounts of \$10,000 and \$20,000 are available guaranteed issue and covers 5 major illnesses: Cancer, Heart Attack, Stroke, Kidney (Renal) Failure, and any other condition requiring a major organ transplant. \$75 wellness benefit for taking pre-approved screening test each year!

Hospital Home Care Recovery Insurance

This plan provides benefits to help cover the cost of hospital stays and/or the home recovery afterwards. Up to \$1,000 benefit per hospital stay and up to \$4,000 per year for home care recovery. Spouse coverage is also available. There is no termination age for this coverage, however, you must enroll by age 75.

Senior Life Insurance

This is for CSEA Retiree Members and their spouses under the age of 80, who would like more coverage for their later-in-life expenses. This plan can help pay for final expenses including your medical bills, funeral costs, credit card debt and other expenses. This coverage is guaranteed issue - meaning there are no health questions for you or your spouse to answer. *On the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized.*

Dental Insurance - There are two Dental plans available:

- *Choice 1 from CIGNA Dental* is a Dental HMO that lets you pick a network dentist to provide routine preventive services. More complex procedures require a pre-set copayment. There are no waiting periods, deductibles, or annual or lifetime maximums.

<i>Choice 1 Monthly Rates:</i>	<i>Member</i>	<i>\$ 30.99</i>	<i>Member + 1</i>	<i>\$58.25</i>
	<i>Family</i>	<i>\$101.64</i>	<i>(Spouse or child)</i>	

- *Choice 2 from MetLife* is a more traditional plan that lets you pick any dentist you want, in or out of network (tip: choosing an in-network dentist can save you money).

<i>Choice 2 Monthly Rates:</i>	<i>Member</i>	<i>\$ 46.78</i>	<i>Member +1</i>	<i>\$ 86.16</i>
	<i>Family</i>	<i>\$112.24</i>	<i>(Spouse or Child)</i>	

Vision Insurance - This plan from Davis Vision can help you save money on eye care:

- Receive an Eye Health Exam every year (\$10 copayment)
- Receive new frames and lenses every year (\$25 copayment)
- Choose your provider from Davis Vision's network of nearly 30,000 providers

<i>Monthly Rates:</i>	<i>Member</i>	<i>\$ 11.96</i>	<i>Member & Spouse</i>	<i>\$ 20.50</i>
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Home | Auto | Boat | RV | Pet

Pearl Insurance offers Personal Lines insurance through a convenient buying service. Using this service, you can get quotes from up to 12 different insurance carriers, all in one phone call! We also offer Pet insurance to help you save money on veterinarian bills.

For Critical Illness, Dental, Vision and HHCR call:

1-888-507-1368

For Home, Auto, Boat, RV or Pet Insurance call:

1-800-574-0963

Critical Illness Insurance

Underwritten by MetLife

CSEA *Retiree* Insurance Program
c/o Pearl Insurance | cseainsurance.com
1.888.507.1368 | *Enjoy Life. We Got This.*

This product was specifically designed for CSEA Retiree Members and their spouses to help fill the financial gaps that traditional life insurance and medical coverage leave when dealing with a critical illness.

Many individuals have had a family member or friend who has felt the physical, emotional and financial effects of a critical illness; a co-worker diagnosed with cancer, a friend who has suffered a stroke, or a loved one who had a heart attack. Despite having good medical insurance, there are still expenses associated with a critical illness that many medical plans don't cover.

- **Must be an active CSEA Retiree Member under age 70 to enroll.**
- **Benefit amounts of \$10,000 and \$20,000 are available guaranteed issue with no health questions.**
- **Covers 5 critical illnesses: Cancer, Heart Attack, Stroke, Kidney (Renal) Failure, and any other condition requiring a major organ transplant.**
- **Recurrence Benefit Payments may be available up to three times your total benefit amount dependent on critical illness category.**

And as part of the critical illness insurance benefit, you are eligible to receive an additional **\$75 health screening benefit** for you and your covered spouse/ domestic partner - every year! This benefit is limited to one test per covered person each calendar year with no waiting period.

Contact a CSEA Insurance Representative at 888.507.1368 for full plan details and rates for the Critical Illness Insurance Plan.

Retiree Member: Non-Tobacco					Retiree Spouse: Non-Tobacco			
Age	\$10,000		\$20,000		\$10,000		\$20,000	
	Mthly	Qtrly	Mthly	Qtrly	Mthly	Qtrly	Mthly	Qtrly
50-54	\$17.50	\$52.50	\$35.00	\$105.00	\$17.50	\$52.50	\$35.00	\$105.00
55-59	\$26.50	\$79.50	\$53.00	\$159.00	\$26.50	\$79.50	\$53.00	\$159.00
60-64	\$38.00	\$114.00	\$76.00	\$228.00	\$38.00	\$114.00	\$76.00	\$228.00
65-69	\$56.40	\$169.20	\$112.80	\$338.40	\$56.40	\$169.20	\$112.80	\$338.40
70-74	\$79.90	\$239.70	\$159.80	\$479.40	\$79.90	\$239.70	\$159.80	\$479.40

Retiree Member: Tobacco					Retiree Spouse Rate: Tobacco			
Age	\$10,000		\$20,000		\$10,000		\$20,000	
	Mthly	Qtrly	Mthly	Qtrly	Mthly	Qtrly	Mthly	Qtrly
50-54	\$30.80	\$92.40	\$61.60	\$184.80	\$30.80	\$92.40	\$61.60	\$184.80
55-59	\$47.30	\$141.90	\$94.60	\$283.80	\$47.30	\$141.90	\$94.60	\$283.80
60-64	\$67.90	\$203.70	\$135.80	\$407.40	\$67.90	\$203.70	\$135.80	\$407.40
65-69	\$101.20	\$303.60	\$202.40	\$607.20	\$101.20	\$303.60	\$202.40	\$607.20
70-74	\$142.80	\$428.40	\$285.60	\$856.80	\$142.80	\$428.40	\$285.60	\$856.80

Your insurance (as well as any applicable coverage for your spouse/domestic partner who is not confined at home under a physician's care, receiving or applying to receive disability benefits, or hospitalized) will not become effective until your application has been approved and the 1st premium and/or pension deduction has been paid.

If a member is not able to perform normal activities on that date, coverage will take effect on the date you resume such activities and your premiums will be due at that time.

For coverage to become effective, the insured must have medical coverage in force on the effective date.

LEGAL SERVICES PROGRAM

CSEA's Legal Services Program provides members and their dependents with attorney representation for many personal matters, including Personal Injury/Third Party Claims, Workers' Compensation and Social Security Disability matters, Veterans' Disability Benefits, Advanced Directives and Estate Planning. As a retiree, you will be covered by this program.

To assist our CSEA members and family with personal legal matters the following CSEA Legal Services Program and AFSCME Legal Services Program are available:

1. CSEA Taking Care of Business Plan

Attorneys will meet with you to review your present situation and make recommendations as to what you should do immediately:

- Prepare necessary legal documents such as Wills, Power of Attorney, Health Care Proxy, Family Trust, and Living Trusts.
- Counsel you with respect to estate tax planning strategies, IRA and pension fund planning, guardianships, long-term care insurance options and asset protections in face of catastrophic illness.
- Represent you in the Medicare/Medicaid application process, probate and estate administration.

It's never too late or too early to consult with an Elder Law attorney. Even if a family member is already in a nursing home, there are special law provisions that might enable you to protect assets that would otherwise be spent for that care. All Plan attorneys have agreed to discount their regular fees by 20% for CSEA members and family.

2. CSEA Legal Services Plan

This provides you with attorneys who are experienced with wills, health care proxies, powers of attorney, real estate matters, bankruptcy, family matters, criminal matters and so forth. The attorneys in the CSEA Legal Services Plan have been selected by the CSEA Legal Department not just because of their expertise, but also their commitment to CSEA members and quality legal representation.

To access a CSEA Legal Services Plan attorney near you and a list of specific legal services and costs contact: 1-800-342-4146 and follow the prompt for the "Non-Injury Related Legal Services Plan" or log onto www.cseany.org.

3. Personal Injury Matters

If you are injured as a result of an accident caused by someone else's carelessness, you may have the right to seek monetary damages for those injuries. The injuries do not have to be work-related. CSEA members and their families can utilize the CSEA Legal Services Program for non work-related personal injury claims. Some examples of covered accidents include: auto accidents, pedestrians struck by a motor vehicle, construction sites, or medical malpractice. The Program covers you from claim through lawsuit, if necessary.

4. Workers' Compensation

Even though you are retired, you may have taken on a job to supplement your pension. If you are injured on the job, or sustain a job related illness before retirement, the CSEA Legal Services Program can help you with the complicated process

of filing and following through with a Workers' Compensation claim. The injured worker must complete and submit a (WCB) form C-3 and file it with the Workers' Compensation Board (WCB). Fine, Olin and Anderman, LLP (FOA), the Program Administrator for the injury portions of CSEA's Legal Services Program will do an intake, fill out the C-3, and send it to you for verification and signature. When you send back the signed C-3, FOA will file it with the WCB. Claims (C-3 forms) must be filed within two years of an accident or two years from the date you knew or should have known you had an occupational disease.

The CSEA Legal Services Program provides a full law office staff to represent you at hearings, obtain available medical documentation, answer your questions, and insure that you get all of the benefits the law provides in the way of medical coverage and cash compensation.

An attorney is assigned to each client, to manage your case and attend hearings, submit legal briefs, and to communicate with the Workers' Compensation Board, insurance carrier and medical providers, as appropriate.

5. Social Security Disability

Social Security Disability Benefits provide monthly payments to a person unable to work because of a disability whether physical, mental or both. The disabled person receives a monthly payment equal to the amount that would be received when reaching the normal retirement age (65 or older, depending on date of birth).

Approximately six months following the last day worked, if a disability or illness has kept you from working, you should file an application with the local Social Security Administration office. As a general rule if you are over age 30, you must have worked five out of the last ten years preceding the date of your application and have contributed to Social Security during that period.

If your initial application is denied, you can call the CSEA Legal Services Program for guidance. You will need to request a hearing directly from the Social Security Administration. You have 60 days from the date your application was denied to request a hearing. To allow sufficient time to adequately prepare for a hearing, you should call the CSEA's Legal Services Program for representation. Let the Case Appraisal Manager know this is a Social Security Disability case, and you will be transferred to a Legal Assistant who specializes in Social Security Disability, who will answer your questions. The law firm of Fine, Olin and Anderman, LLP (FOA) will represent you at the hearing.

6. Veterans Disability Benefits

You may be eligible for compensation if you were wounded, injured, became ill while on active duty, or have been diagnosed with a disease, PTSD or TBI relating to your service in the Armed Forces. Pre-existing injuries or illnesses aggravated by military service may also be covered. Although most service-connected disabilities appear during or soon after military service, some conditions may not have appeared at all until many years after discharge. For information, you can find your nearest Regional Office at www.va.gov. Your state Veteran's Service Officer or your local Veteran's Service Organization can assist you with your initial claim. The VA also operates a toll free number for general questions 1-800-827-1000.

If you applied for benefits and are unhappy with the decision, you can file a Notice of Disagreement (NOD). After the VA receives the Notice of disagreement, the VA may ask if you would like a re-review of the case by the Regional Office or you can appeal to the Board of Veterans' Appeals (BVA). If you are still unhappy with the decision you can qualify for Federal Circuit Court review, as a veteran you have an absolute right to retain an attorney to represent you before the Department of Veterans' Affairs, once you receive the denial for VA benefits.

CSEA has partnered with Fine, Olin & Anderman (FOA) our injury-related endorsed law firm, to assist CSEA veteran members who may be eligible for compensation if they were injured or became ill while on active duty. FOA is part of the Veterans Services Group, a group of attorneys and paralegals dedicated to assist veterans' representation from the VA Regional Office level, to the U.S. Court of Appeals for Veterans' Claims, and beyond to the Federal courts.

7. **AFSCME Union Plus Legal Services Program**

This program provides high quality affordable legal services for many personal legal matters to members and their immediate family. The Union Plus Legal Program offers: no enrollment fee, free review of selected documents, free up to 30-minute consultations-in person or over the phone, free follow-up letter or phone calls, and a 30% discount on additional services. The Union Plus Legal Services Program has a directory of nationwide attorneys. For details and a list of participating Union Plus Legal Service attorneys in your area, visit www.unionplus.org/legal.

For more information on Personal Injury Matters, Workers' Compensation, Social Security Disability and Veterans' Disability Benefits call **CSEA's Legal Services Program at 1-800-342-4146** and follow the prompts for the *"Injury-Related Legal Services Plan."*

THE CSEA RETIREE

CSEA's membership includes more than 300,000 New York public employees and over 50,000 public retirees. Our experienced staff of Lobbyists, Benefit Specialists, and Community Organizers have only one job: to serve the interests of the members.

CSEA has over 100 years of experience fighting for retiree rights. For over a century, we have had a hand in almost every advancement for public retirees, from pensions to health benefits.

There are twenty-one Retiree Locals throughout New York State and three Retiree Florida Locals. The Retiree Local Officers hold regular membership meetings where members get together to learn the latest information on retirement issues and to spend time with friends and former co-workers.

TOP TEN REASONS TO BE A CSEA RETIREE!

- * Our Retiree Division has more than 50,000 members who make us a powerful voice on your behalf.
- * We lobby in Washington, Albany and your community.
- * We protect your pensions, health insurance and Social Security.
- * Access to money-saving discounts and programs available only to CSEA/AFSCME members.
- * Keep informed with our quarterly newspaper, *The Retiree News*.
- * Access to insurance programs at low group rates.
- * Legal Services Program with discount rates.
- * Union-sponsored dental insurance through Pearl Insurance.
- * Forge friendships with regular meetings and social events.
- * The power of nearly 300,000 CSEA members and 1.6 million AFSCME members.

CSEA retiree member dues are only \$36 a year, the best senior discount you're going to get.

For CSEA Retiree issues, call (518) 257-1000, ext. 1220 or 800-342-4146, ext. 1220.



MEMO



TO RETIREE MEMBERS

regarding subscriptions to



WORKFORCE

CSEA retiree membership does not include a subscription to CSEA's official newspaper, The Work Force.

Retirees may receive the monthly newspaper at a special rate of \$5.00 per year.

Retirees can send subscription requests with check or money order payable to: CSEA, Inc. and mail to:

Please select ONE edition you would like to receive:

- Statewide Work Force**
- Statewide Work Force (includes Long Island Reporter)**
- Statewide Work Force (includes Nassau Express)**

**The Work Force
Membership Department
143 Washington Avenue
Albany, NY 12210**

**YES, I want to receive the official CSEA newspaper, The Work Force, each month.
ENCLOSED IS MY CHECK OR MONEY ORDER FOR \$5.00 made payable to CSEA, Inc. for a one-year subscription.**

NAME: _____

MAILING ADDRESS: _____

CSEA ID #: _____

PHONE: _____

CSEA WORKFORCE *MAIL TO: The Work Force, Membership Department, 143 Washington Avenue, Albany, NY 12210*

Yours Free! When You Contribute \$1.93 a week* (\$8.35 monthly) or more to PEOPLE. It's the perfect way to show that you're working to save our pension and health benefits! *Based on 52 weeks

What is PEOPLE?

CSEA's PEOPLE Program protects and improves our jobs, benefits and pensions in Washington, Albany and in your community. Your support and participation in PEOPLE strengthens CSEA's clout in the workplace, in the legislature, in your community and in the labor movement.



*Join the fight to protect
Retiree's rights and benefits.
Join People.*

Our Green Jacket - Available Only to MVP PEOPLE Members

Please complete the enclosed application form, return it and we will send you your FREE jacket.



Please allow 6 to 8 weeks for delivery.

Members that contribute \$100.00 or more annually will be enrolled in the PEOPLE Membership Rewards Program.

YES! I want to be part of the action. * Voluntary PEOPLE Membership Authorization * Payroll Deduction Application

Name _____
Last First Middle
 Address _____ Apt. # / Floor _____
 City _____ State _____ ZIP _____
 CSEA ID No. _____
 Work Phone () _____ Home Phone () _____
 Job Title _____
 Employer _____
 Region _____ Local _____ Unit _____ Pay Periods _____
 Email address _____

NOTE: In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Total amount deducted per year in equal installments:

\$500 \$250 \$100 MVP \$_____ Other

In addition to my Civil Service Employees Association, Inc., dues deduction previously authorized by me, I further authorize the State of New York or associated agencies to deduct annually the PEOPLE deduction amount checked and remit to the Civil Service Employees Association, Inc., as a voluntary contribution to be forwarded to the Treasurer of the PEOPLE Qualified Committee, AFSCME, P.O. Box 65334, Washington, DC 20035-5334, to be used for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke this authorization at any time by giving written notice.

SIGNATURE _____

DATE _____

Circle size: X-small / S / M / L / XL / 2XL / 3XL / 4XL

Jacket Received

Recruiter: _____

YES! I want to be part of the action. * Voluntary PEOPLE Membership Authorization * Direct Contribution Authorization

Name _____
Last First Middle
 Address _____ Apt. # / Floor _____
 City _____ State _____ ZIP _____
 CSEA ID No. _____
 Work Phone () _____ Home Phone () _____
 Job Title _____
 Employer _____
 Region _____ Local _____ Unit _____ Pay Periods _____
 Email address _____

NOTE: In accordance with federal law, AFSCME PEOPLE will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

Enclosed is my personal check or money order made payable to PEOPLE in the amount of:

\$500 \$250 \$100 MVP \$_____ Other or

Credit Card Contribution (I hereby authorize AFSCME PEOPLE to bill my credit card account listed in the amount of \$ _____ monthly or a one-time yearly contribution of \$ _____. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

Name on Card _____

Expiration Date _____

VISA MASTERCARD DISCOVER CARD

Card Number _____

3 or 4 digit security code (back of card) _____

SIGNATURE _____

DATE _____

Circle size: X-small / S / M / L / XL / 2XL / 3XL / 4XL

Jacket Received

Recruiter: _____



Mary E. Sullivan, President



Updated Winter 2019