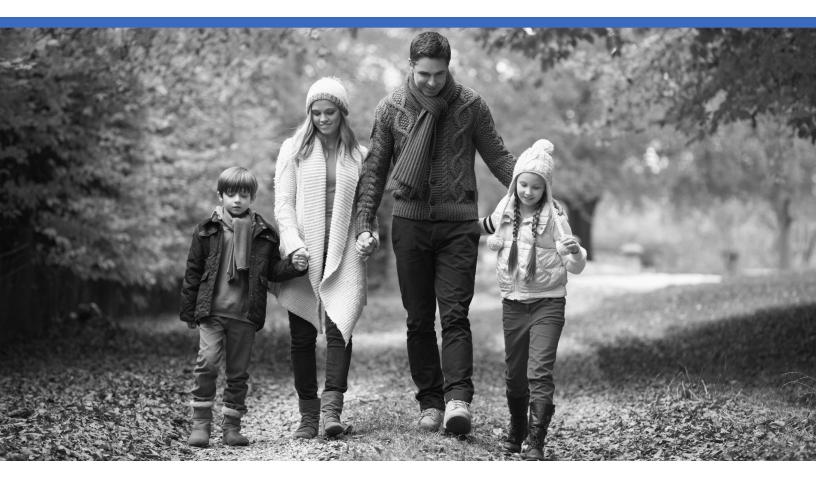
NOVEMBER 2016 NYSHIP Rates & Deadlines for 2017

For Employees of the State of New York and their enrolled Dependents



Choose Your Health Insurance Plan for 2017 by December 16, 2016

The Option Transfer Period is here – the time to choose the health insurance option you want for 2017. The New York State Health Insurance Program (NYSHIP) offers you the choice of The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. You may also be able to opt-out of coverage for the 2017 plan year for an incentive payment (see page 8).

Except under very defined circumstances, you cannot change plans outside the annual Option Transfer Period, which ends December 16, 2016.

To change your health insurance plan during the Option Transfer Period, see your Health Benefits

New York State Department of Civil Service Employee Benefits Division, Albany, New York 12239 www.cs.ny.gov/employee-benefits Administrator (HBA) as soon as possible. Ask for the *Health Insurance Transaction Form* PS-404. Return the completed form to your HBA by December 16, 2016. Or, change your option online using MyNYSHIP. Go to www.cs.ny.gov/employee-benefits. Select your group if prompted, and then click on MyNYSHIP Employee Self-Service. Or, you can go directly to www.cs.ny.gov/mynyship.

Note: You must register and receive an activation code by mail to use MyNYSHIP.

No action is required if you wish to keep your current health insurance option and still qualify for that plan. (See the note at the top of page 4).



NYSHIP New York State Health Insurance Program

KEEP YOUR INFORMATION UP TO DATE

Notify your HBA when changes in your family, marital or employment status affect your coverage. Be sure to keep your personal information updated such as your name, address and phone number. When any of these changes occur, please act promptly as deadlines may apply. See your *NYSHIP General Information Book* for details.

RETIRING OR LEAVING STATE SERVICE IN 2017?

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance plan when your status changes. As a retiree or vestee, you also may change your health insurance option at any time once during a 12-month period. If you are planning to leave the payroll: Will you or your spouse/ domestic partner be eligible for Medicare? Are you planning to move out of the area? Ask your HBA for a copy of Choices for Retirees to see how retirement will affect your coverage.

Choices Explains Your Current Plan and Other Available Plans

If you are considering changing your health insurance plan for 2017 or wish to review your current plan, ask your HBA (usually located in the personnel office of the Business Services Center) for a copy of *Health Insurance Choices* for 2017, your guide to NYSHIP options. Or, find *Choices* and other option transfer publications on our website at www.cs.ny.gov/employee-benefits. Select your group and plan if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices for the most up-to-date option transfer information.

If there are any copayment or benefit changes for 2017, your current plan will notify you directly. If you have questions about The Empire Plan, call toll free 1-877-7-NYSHIP (1-877-769-7447). Select the Medical Program and then the appropriate prompt for option transfer benefit questions.

If you have questions about NYSHIP HMOs, call the HMOs directly. (See pages 6 and 7 for telephone numbers). Be sure you understand how your benefits will be affected if you change plans. You are choosing a benefit package for yourself and your covered dependents for the entire 2017 program year. Changing plans may result in substantially different coverage and cost.

To generate a comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service website. Go to our homepage at www.cs.ny.gov/ employee-benefits. Select your group and plan if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Confirm your group and select the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the side-by-side comparison table.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act.

To view a copy of the SBC for The Empire Plan or a NYSHIP HMO, visit www.cs.ny.gov/sbc. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical Program to request a copy for The Empire Plan. If you need an SBC for a NYSHIP HMO, contact the HMO.

Important Dates for your Benefit Choices

December 16, 2016	Deadline for submitting a signed <i>Health Insurance Transaction Form</i> PS-404 to your HBA if you want to change your health insurance option.		
December 29, 2016 Administration Lag-Exempt Payroll Employees	New health insurance options begin for Administration Lag-Exempt Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 14, 2016. Based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.		
December 29, 2016 Administration Lag-Payroll Employees	New health insurance options begin for Administration Lag-Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 28, 2016. Based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.		
January 5, 2017 Institution Lag-Exempt Payroll Employees	New health insurance options begin for Institution Lag-Exempt Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of December 22, 2016. Based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.		
January 5, 2017 Institution Lag-Payroll Employees	New health options begin for Institution Lag-Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of January 5, 2017. Based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.		
December 29, 2016 Triple Lag-Payroll Employees	New health insurance options begin for Institution Payroll employees who were triple lagged. The earliest paycheck in which you will see a deduction change will be the check of January 5, 2017. Based on payroll deadlines, deduction changes related to an option change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.		

				Biweekly Costs Schedule			
Enrollee Contributions for Employees of New York State Note: To enroll in an HMO, you must live or work in the HMO's service area. If you no longer live or work in the NYSHIP service area of the HMO in which you are enrolled, you must change to another plan. Service areas may change from year to year. Please check pages 6-7 for NYSHIP service area information.		For Employees in titles allocated or equated to Salary Grade 9 and below; for UUP Employees with annualized salaries equal to \$41,756 or less		For Employees in titles allocated or equated to Salary Grade 10 and above; for UUP Employees with annualized salaries greater than \$41,756			
Page in Choices	Code	Plan	Individual	Family	Individual	Family	
18	001	The Empire Plan	39.91	175.53	53.21	208.92	
28	066	Blue Choice	34.49	148.86	45.99	177.31	
30	067	BlueCross BlueShield of Western New York	36.12	155.52	48.16	185.25	
32	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	40.10	160.71	52.55	191.50	
32	300	Capital District Physicians' Health Plan (CDPHP) (Central)	75.92	218.90	88.36	251.26	
32	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	132.47	362.62	145.01	395.28	
34	280	Empire BlueCross BlueShield HMO (Upstate)	137.08	418.99	150.53	454.26	
34	290	Empire BlueCross BlueShield HMO (Downstate)	238.10	684.44	251.79	720.35	
34	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	229.22	660.70	242.83	696.39	
36	050	HIP Health Plan of New York (Downstate)	97.55	262.16	110.53	295.77	
36	220	HIP Health Plan of New York (Capital)	112.54	299.93	125.71	334.00	
36	350	HIP Health Plan of New York (Hudson Valley)	112.54	299.93	125.71	334.00	
38	072	HMOBlue (Central New York Region)	87.11	241.67	99.48	273.63	
38	160	HMOBlue (Utica Region)	107.49	328.05	119.78	360.05	
40	059	Independent Health	36.33	155.04	48.44	184.73	
42	058	MVP Health Care (Rochester)	37.21	144.40	49.39	172.58	
42	060	MVP Health Care (East)	58.56	149.49	70.27	178.66	
42	330	MVP Health Care (Central)	87.33	202.12	99.32	233.14	
42	340	MVP Health Care (Mid-Hudson)	100.95	232.12	112.53	262.19	
42	360	MVP Health Care (North)	155.56	364.27	167.96	396.22	

Your Biweekly Premium Contribution

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 9 and below and United University Professions (UUP) employees with annualized salaries equal to \$41,756 or less, the State will pay 88 percent of the cost of the premium for enrollee coverage and 73 percent for the additional cost of dependent coverage.

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 10 and above and UUP employees with annualized salaries greater than \$41,756, the State will pay 84 percent of the cost of the premium for enrollee coverage and 69 percent for the additional cost of dependent coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees. Direct Pay enrollees will be notified of their rates separately.

Code Plan and Service Area

001 The Empire Plan

(available to enrollees and their eligible dependents worldwide)

1-877-7-NYSHIP (1-877-769-7447)

www.cs.ny.gov Medical Program: UnitedHealthcare P.O. Box 1600, Kingston, NY 12402-1600 TTY: 1-888-697-9054

Hospital Program: Empire BlueCross BlueShield NYS Service Center, P.O. Box 1407, Church Street Station, New York, NY 10008-1407 TTY: 1-800-241-6894

Mental Health/Substance Abuse Program: Beacon Health Options, Inc. P.O. Box 1800, Latham, NY 12110 TTY: 1-855-643-1476

Prescription Drug Program: CVS Caremark, Inc. P.O. Box 6590, Lee's Summit, MO 64064-6590 TTY: 1-800-863-5488

066 Blue Choice

165 Court St., Rochester, NY 14647 1-800-499-1475

TTY: 1-800-421-1220

www.excellusbcbs.com

Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties

067 BlueCross BlueShield of Western New York

P.O. Box 80, Buffalo, NY 14240-0800 716-887-8840 or 1-877-576-6440

TTY: 711

www.bcbswny.com

Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties

063 Capital District Physicians' Health Plan (CDPHP) (Capital)

500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273

TTY: 1-877-261-1164

www.cdphp.com

Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties

Code Plan and Service Area

300 **Capital District Physicians' Health Plan** (CDPHP) (Central) 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 TTY: 1-877-261-1164 www.cdphp.com Serving Broome, Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and **Tioga counties** 310 **Capital District Physicians' Health Plan** (CDPHP) (Hudson Valley) 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 TTY: 1-877-261-1164 www.cdphp.com Serving Delaware, Dutchess, Orange and Ulster counties 280 Empire BlueCross BlueShield HMO (Upstate) 11 Corporate Woods Blvd., P.O. Box 11800, Albany, NY 12211-0800 1-800-453-0113 TTY: 1-800-241-6894 www.empireblue.com Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties Empire BlueCross BlueShield HMO 290 (Downstate) 11 Corporate Woods Blvd., P.O. Box 11800, Albany, NY 12211-0800 1-800-453-0113 TTY: 1-800-241-6894 www.empireblue.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties 320 Empire BlueCross BlueShield HMO (Mid-Hudson) 11 Corporate Woods Blvd., P.O. Box 11800, Albany, NY 12211-0800 1-800-453-0113

TTY: 1-800-241-6894

www.empireblue.com

Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties

Code Plan and Service Area

050 HIP Health Plan of New York (Downstate)

55 Water St., New York, NY 10041 1-800-447-8255

TTY: 1-888-447-4833

www.emblemhealth.com

Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties

220 HIP Health Plan of New York (Capital)

55 Water St., New York, NY 10041 1-800-447-8255

TTY: 1-877-208-7920

www.emblemhealth.com

Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties

350 HIP Health Plan of New York (Hudson Valley)

55 Water St., New York, NY 10041 1-800-447-8255

TTY: 1-877-208-7920

www.emblemhealth.com

Serving Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

072 HMOBlue (Central New York Region)

333 Butternut Dr., Syracuse, NY 13214-1803 1-800-499-1275

TTY: 1-800-421-1220

www.excellusbcbs.com

Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties

160 HMOBlue (Utica Region)

12 Rhoads Dr., Utica, NY 13502 1-800-499-1275

TTY: 1-800-421-1220

www.excellusbcbs.com

Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties

059 Independent Health

511 Farber Lakes Dr., Buffalo, NY 14221 1-800-501-3439 TTY: 716-631-3108

www.independenthealth.com

Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties

Code Plan and Service Area 058 **MVP Health Care (Rochester)** P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) TTY: 1-800-662-1220 www.mvphealthcare.com Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties 060 **MVP Health Care (East)** P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) TTY: 1-800-662-1220 www.mvphealthcare.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties 330 **MVP Health Care (Central)** P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) TTY: 1-800-662-1220 www.mvphealthcare.com Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties 340 MVP Health Care (Mid-Hudson) P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) TTY: 1-800-662-1220 www.mvphealthcare.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties 360 MVP Health Care (North) P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) TTY: 1-800-662-1220 www.mvphealthcare.com Serving Clinton, Essex, Franklin and St. Lawrence counties

New York State Department of Civil Service Employee Benefits Division P.O. Box 1068 Schenectady, New York 12301-1068 www.cs.ny.gov

Address Service Requested Time-Sensitive Materials

Your Only Notice of Health Insurance Rate Changes for 2017

Please do not send mail or correspondence to the return address above. See page 1
for address information.



Important Health Insurance Information for the Enrollee, Enrolled Spouse/Domestic Partner and Other Enrolled Dependents *Rates & Deadlines for 2017 (Active)* – November 2016

NY1168

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

💲 2017 Rates & Deadlines was printed on paper containing recycled fiber using environmentally sensitive inks. 🛛 2017 Rates & Deadlines/Active 👘 🤇

Changing Plans Outside the Option Transfer Period

You may change plans outside the designated Option Transfer Period only under certain circumstances. Read your *NYSHIP General Information Book* for a list of events that allow you to change plans outside of the Option Transfer Period. Contact your HBA for more information.

Opt-Out Program for 2017

If you have coverage under another employer-sponsored health insurance program, you may be eligible for an incentive payment if you waive your NYSHIP coverage. See *Planning for Option Transfer* and *Choices* for details.

Enrollment in the Opt-out Program does not continue automatically from year to year. If you are enrolled in the Opt-out Program for 2016, to be eligible to continue receiving incentive payments in 2017, you must reenroll during the Option Transfer Period and attest to having other coverage for the coming plan year.

If you are interested in participating in the Opt-out Program for 2017, see your HBA.