



NYSHIP Rates & Information for 2020

Choose Your Health Insurance Option

You may change your New York State Health Insurance Program (NYSHIP) health insurance option for any reason at any time once during a 12-month period. You may change from a NYSHIP-approved Health Maintenance Organization (HMO) to The Empire Plan, or from The Empire Plan to an HMO or from one HMO to another HMO in your area.*

Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for a 12-month period.

Important: You may receive information from Medicare and from non-NYSHIP plans in your area describing Medicare options available to you that are not part of NYSHIP. Please be aware that your NYSHIP benefits will be significantly reduced or even canceled if you join one of these plans.

Before you choose a Medicare Advantage or prescription drug option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR THAT PLAN.

* This flyer includes 2020 rates for all NYSHIP options. If you reside outside New York State, your only NYSHIP option is The Empire Plan. NYSHIP HMOs have limited service areas. If you move into an area served by a NYSHIP HMO, you will be eligible to change your option to an HMO at that time.

November 2019

For Retirees of New York State

For Retirees, Vestees, Dependent Survivors and Enrollees covered under Preferred List Provisions of New York State Government and their Enrolled Dependents



NYSHIP
New York State
Health Insurance Program

Choices Explains Your Current Option And Other Available Options

You may change options more than once in a 12-month period only if:

- You are enrolled in an HMO and you or one of your enrolled dependents (other than a student attending college) moves permanently out of your HMO's service area, or
- You move to a new permanent address* and your new home area is served by a NYSHIP-approved HMO that did not serve your previous home area, or
- You add a newly-eligible dependent to your coverage.

If you are considering changing your health insurance option or wish to review your current option, refer to the 2020 *Health Insurance Choices* booklet. You can also visit www.cs.ny.gov/retirees for this information or to generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area using our online NYSHIP Plan Comparison tool.

Your current plan will notify you directly if there are any copayment or benefit changes for 2020.

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select the Medical/Surgical Program and then the appropriate prompt for assistance with option transfer benefit questions. For questions about NYSHIP-approved HMOs, contact the HMOs directly (see pages 6 and 7). Be sure you understand how your benefits will be affected if you change plans. Changing plans may result in substantially different coverage and cost.

If You Are Changing Your Health Insurance Option

The correct deduction for your new health insurance plan, plus or minus any retroactive adjustment needed, will be reflected in your pension check or monthly billing statement. **The date of the adjustment will depend on when your health insurance plan change is received and processed by the Employee Benefits Division.**

* The Centers for Medicare & Medicaid Services (CMS) states that, except under certain circumstances, if an enrollee's temporary residence is out of the HMO's Medicare Advantage plan service area for more than six consecutive months, the enrollee will be disenrolled from that HMO Medicare Advantage plan.

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/Surgical Program to request a copy for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO.

Keep Your Information Up To Date

You must notify the Employee Benefits Division by phone or in writing if your address changes or if changes in your family or marital status affect your coverage.

Call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday from 9 a.m. to 4 p.m. Eastern time.

Write to EBD at:

New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239

Be sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan alternate ID number, address and telephone number, including area code. You may also make address or phone number changes online using MyNYSHIP. Deadlines may apply, so act promptly once you determine a change is needed. See your *General Information Book* for details.

As of January 1, 2020, the Empire BlueCross BlueShield HMOs will no longer be offered through NYSHIP. If you currently have coverage under an Empire BlueCross BlueShield HMO, you must make an option change. As previously advised, if no action has been taken by November 29, 2019 however, you will be enrolled in The Empire Plan for plan year 2020 to ensure no interruption in coverage.

Your Notice of Change Document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Because you pay for your NYSHIP coverage via a deduction from your monthly pension, your deductions will change to reflect your health plan's 2020 premium. The Notice of Change document shown below (for the direct-deposit enrollee) is from the New York State and Local Retirement System (NYSLRS). **Note:** If you receive your pension from another retirement system, your Notice of Change document will be different.

NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2019.			
Registration #:	YTD Federal Tax Withheld: \$0.00		
Retirement #:			
The credits and deductions which make up your net retirement benefits are shown below for the last month and this month. Items which will change this month are indicated by an *.			
<u>Benefits</u>	<u>Last Month</u>		<u>This Month</u>
Normal Allowance	\$2,955.53		\$2,955.53
Cost of Living	\$15.00		\$15.00
Supplemental Allowance	\$0.00		\$0.00
Benefit Adjustments	\$14.00		\$14.00
Gross Benefit	\$2,984.53		\$2,984.53
<u>Miscellaneous Adjustments</u>			
Total Withholding	\$0.00		\$0.00
Miscellaneous Deductions	\$0.00		\$0.00
<u>Health Insurance</u>			
Health Insurance Deduction	\$364.47		\$372.25
Medicare Credit	\$134.00		\$135.50
Medicare Deduction	\$0.00		\$0.00
Net Retirement Benefit Paid	\$2,725.46	*	\$2,703.18
This difference is due to changes in your basic benefits. You should have already been advised regarding this matter.			
I hope this information is helpful to you. If you have any questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany area.			

Enrollees Who Pay the Employee Benefits Division Directly

The 2020 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your change request is received and processed by the Employee Benefits Division.

Lifetime Sick Leave Credit

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new plan year.

If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2020, subtract your monthly sick leave credit from the new monthly premium.

New York State Health Insurance Program 2020 Rates

Check Your Plan – This Is Your Only Notice of a Rate Change.

Please read this rate sheet carefully to find the rate that applies to you. There are different rates for different groups as a result of legislation and administrative agreements.

ENROLLEE CONTRIBUTIONS FOR RETIREES, VESTEES, DEPENDENT SURVIVORS AND ENROLLEES COVERED UNDER PREFERRED LIST PROVISIONS**

To enroll in an HMO or to remain enrolled in your current HMO, you must live or work† in the HMO’s NYSHIP service area.

Leave Without Pay, COBRA and Young Adult Option enrollees will be notified of their rates separately.

These rates reflect the monthly cost for NYSHIP retiree coverage. Rates for retirees do not reflect sick leave credits. (See page 3 for information on how sick leave credit impacts your premium.)

		Retirement prior to 1/1/83		Retirement between 1/1/83 and 12/31/11 (all Salary Grades) or Retirement on or after 1/1/12 from a title allocated or equated to Salary Grade 9 or below**		Retirement on or after 1/1/12 from a title allocated or equated to Salary Grade 10 or above**		Eligible survivors of active Employees who died on or after 4/1/79 or of Retirees who retired on or after 4/1/79		Amended Dependent Survivors; Eligible survivors of active Employees who died between 4/1/75 and 3/31/79		Vesteess, Long-Term Disability Enrollees and all other Dependent Survivors	
Code	Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	305.43	97.23	427.09	129.63	508.36	81.02	386.45	305.43	305.43	810.21	2,031.92
066	Blue Choice*	0.00	270.84	88.65	381.16	118.20	454.04	73.87	344.71	270.84	270.84	738.72	1,822.09
067	BlueCross BlueShield of Western New York*	0.00	250.42	82.34	352.79	109.78	420.30	68.61	319.03	250.42	250.42	686.13	1,687.81
063	Capital District Physicians’ Health Plan (CDPHP) (Capital)*	0.00	279.72	93.03	395.13	124.04	470.90	77.52	357.24	279.72	279.72	775.24	1,894.13
300	Capital District Physicians’ Health Plan (CDPHP) (Central)*	82.73	348.44	175.95	466.35	207.02	546.79	160.41	426.12	297.88	297.88	859.53	2,051.04
310	Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)*	183.07	652.18	275.99	769.72	306.97	849.92	260.51	729.62	348.04	348.04	957.41	2,349.56
050	HIP Health Plan of New York (Downstate)*	142.50	547.90	247.16	679.88	282.05	769.40	229.72	635.12	357.44	357.44	1,014.65	2,444.43
220	HIP Health Plan of New York (Capital)	245.21	812.38	354.13	949.65	390.43	1,042.63	335.97	903.14	407.53	407.53	1,152.81	2,782.92
350	HIP Health Plan of New York (Hudson Valley)	245.21	812.38	354.13	949.65	390.43	1,042.63	335.97	903.14	407.53	407.53	1,152.81	2,782.92
072	HMOBlue (Central New York Region)*	6.23	293.56	103.83	415.39	136.36	495.14	87.56	375.51	293.56	293.56	819.50	1,993.76
160	HMOBlue (Utica Region)*	0.00	269.20	84.34	375.08	112.45	446.26	70.28	339.48	269.20	269.20	702.80	1,779.60
059	Independent Health*	0.00	244.21	81.54	345.28	108.72	411.54	67.95	312.16	244.21	244.21	679.47	1,656.30
058	MVP Health Care (Rochester)*	0.00	243.92	89.96	353.39	119.95	422.41	74.97	318.89	243.92	243.92	749.66	1,725.33
060	MVP Health Care (East)*	0.00	251.42	92.52	364.05	123.36	435.12	77.10	328.52	251.42	251.42	771.00	1,776.68
330	MVP Health Care (Central)*	82.94	304.39	178.11	424.47	209.84	505.99	162.25	383.70	288.82	288.82	876.01	2,031.28
340	MVP Health Care (Mid-Hudson)*	105.51	349.70	197.17	465.65	227.73	544.77	181.90	426.09	288.70	288.70	869.34	2,024.13
360	MVP Health Care (North)*	233.83	668.78	333.28	793.92	366.44	878.44	316.71	751.66	349.53	349.53	1,062.59	2,460.72

† If Medicare primary, check with the plan. * Medicare-primary enrollees will be enrolled in this option’s Medicare Advantage plan.

**Enrollees covered under Preferred List provisions receive the same rates as enrollees who retired on or after 1/1/12.

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 1850, Hicksville, NY 11802
TTY: 1-855-643-1476
Prescription Drug Program:
CVS Caremark
P.O. Box 6590, Lee's Summit, MO 64064-6590
TTY: 711
SilverScript Insurance Company
(an affiliate of CVS Caremark)
P.O. Box 52067
Phoenix, AZ 85072-2067
TTY: 711
-
- 066 Blue Choice**
165 Court St., Rochester, NY 14647
1-800-499-1275
Medicare Blue Choice: 1-877-883-9577
TTY: 1-800-662-1220
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 14240-0080
716-887-8840 or 1-877-576-6440
Medicare Advantage/Senior Blue HMO members:
1-800-329-2792
TTY: 711
www.bcbswny.com/nyship
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
Medicare Advantage: 518-641-3950 or 1-888-248-6522
TTY: 711
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
Medicare Advantage: 518-641-3950 or 1-888-248-6522
TTY: 711
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
Medicare Advantage: 518-641-3950 or 1-888-248-6522
TTY: 711
www.cdphp.com
Serving Delaware, Dutchess, Orange and
Ulster counties
-
- 050 HIP Health Plan of New York (Downstate)**
EmblemHealth
55 Water St., New York, NY 10041
1-800-447-8255
Medicare Advantage: 1-877-344-7364
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)**
EmblemHealth
55 Water St., New York, NY 10041
1-800-447-8255
TTY: 1-877-447-4833
www.emblemhealth.com
Serving Albany, Columbia, Greene,
Rensselaer, Saratoga, Schenectady, Warren
and Washington counties
-
- 350 HIP Health Plan of New York (Hudson Valley)**
EmblemHealth
55 Water St., New York, NY 10041
1-800-447-8255
TTY: 1-877-447-4833
www.emblemhealth.com
Serving Delaware, Dutchess, Orange, Putnam,
Sullivan and Ulster counties
-

Code Plan and Service Area

072	HMOBlue (Central New York Region) 333 Butternut Dr., Syracuse, NY 13214-1803 1-800-499-1275 Medicare HMOBlue: 1-877-883-9577 TTY: 1-800-662-1220 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 Medicare HMOBlue: 1-877-883-9577 TTY: 1-800-662-1220 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
058	MVP Health Care (Rochester) P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) Medicare Advantage: 1-800-209-3945 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) Medicare Advantage: 1-800-209-3945 TTY: 1-800-662-1220 www.mvphealthcare.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties

Code Plan and Service Area

330	MVP Health Care (Central) P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) Medicare Advantage: 1-800-209-3945 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) Medicare Advantage: 1-800-209-3945 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) Medicare Advantage: 1-800-209-3945 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



NYSHIP
New York State
Health Insurance Program

Address Service Requested

Time-Sensitive Materials

**Please do not send mail or
correspondence to the return
address above. See the front
cover for address information.**

Important Health Insurance Information
for the Enrollee, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents

Rates & Information for 2020 (NY Retirees) – November 2019

**Your Only Notice of Health Insurance
Rate Changes for 2020**

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/retirees. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

2020 Rates & Information was printed on paper containing recycled fiber using environmentally sensitive inks. ☐

2020 Rates & Information/NY Retiree



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Employee Benefits Division Website

To find the latest benefit information, visit our website at www.cs.ny.gov/retirees and click on Health Benefits. Select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. You may also view your enrollment record, change your address, order Empire Plan benefit cards, compare benefit plans and submit option transfer requests online using MyNYSHIP, a secure portion of NYSHIP Online. See the *Choices* booklet for details.

Note: For a replacement Empire Plan Medicare Rx Card, call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx.

To Contact the Employee Benefits Division

You may call the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday between 9 a.m. and 4 p.m. Eastern time.