



NYSHIP Rates & Information For 2020

Choose Your Health Insurance Option

The Option Transfer Period is here – the time to choose the health insurance coverage you want for 2020. 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.

LWOP and COBRA enrollees have the option of electing Family coverage for a spouse/domestic partner and other eligible dependents. Family coverage is not available to YAO enrollees.

Except under very defined circumstances, LWOP and YAO enrollees cannot change options outside the annual Option Transfer Period, which ends **December 31, 2019**. **Note:** COBRA enrollees are permitted to change their health insurance option for any reason at any time once in a 12-month period.

To change your health insurance plan during the Option Transfer Period, complete the enclosed NYSHIP Option Transfer Request Form and return it to the address below by **December 31, 2019**.

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

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

November 2019

For Leave Without Pay (LWOP) status enrollees, COBRA enrollees and Young Adult Option (YAO) enrollees whose parents are enrolled in NYSHIP through employment with the State of New York (NY) or a Participating Employer (PE) and their Spouse/Domestic Partner and other enrolled Dependents, if eligible



NYSHIP
New York State
Health Insurance Program

New York State Health Insurance Program 2020 Rates								
NY and PE LWOP, YAO and COBRA Enrollees			NY LWOP Biweekly Premium*		NY/PE LWOP & YAO Monthly Premium*		NY/PE COBRA Monthly Premium	
Code	Plan		Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	For employees of the State of New York who are M/C; Legislature; represented by CSEA, DC-37, NYSCOPBA, PBA, PIA, UUP or UCS	371.91	932.69	810.21	2,031.92	810.21	2,031.92
		For employees of the State of New York who are represented by APSU, C-82 or PEF	382.85	957.89	834.05	2,086.80	834.05	2,086.80
		For retirees of the State of New York and employees and retirees of Participating Employers (PE)	N/A	N/A	810.21	2,031.92	810.21	2,031.92
066	Blue Choice		339.08	836.38	738.72	1,822.09	738.72	1,822.09
067	BlueCross BlueShield of Western New York		314.94	774.74	686.13	1,687.81	686.13	1,687.81
063	Capital District Physicians' Health Plan (CDPHP) (Capital)		355.84	869.44	775.24	1,894.13	775.24	1,894.13
300	Capital District Physicians' Health Plan (CDPHP) (Central)		394.53	941.47	859.53	2,051.04	859.53	2,051.04
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)		439.46	1,078.49	957.41	2,349.56	957.41	2,349.56
050	HIP Health Plan of New York (Downstate)		465.74	1,122.04	1,014.65	2,444.43	1,014.65	2,444.43
220	HIP Health Plan of New York (Capital)		529.15	1,277.41	1,152.81	2,782.92	1,152.81	2,782.92
350	HIP Health Plan of New York (Hudson Valley)		529.15	1,277.41	1,152.81	2,782.92	1,152.81	2,782.92
072	HMOBlue (Central New York Region)		376.16	915.18	819.50	1,993.76	819.50	1,993.76
160	HMOBlue (Utica Region)		322.59	816.87	702.80	1,779.60	702.80	1,779.60
059	Independent Health		311.88	760.28	679.47	1,656.30	679.47	1,656.30
058	MVP Health Care (Rochester)		344.10	791.96	749.66	1,725.33	749.66	1,725.33
060	MVP Health Care (East)		353.90	815.53	771.00	1,776.68	771.00	1,776.68
330	MVP Health Care (Central)		402.10	932.40	876.01	2,031.28	876.01	2,031.28
340	MVP Health Care (Mid-Hudson)		399.04	929.12	869.34	2,024.13	869.34	2,024.13
360	MVP Health Care (North)		487.74	1,129.52	1,062.59	2,460.72	1,062.59	2,460.72

* LWOP coverage is not available to retirees and Family coverage is not available to YAO enrollees.

Keep Your Information Up To Date

Be sure to keep your personal information updated, such as your name, address or phone number. Notify the Employee Benefits Division when changes in your family, marital or employment status affect your coverage. Please act promptly as deadlines may apply. See your *General Information Book* for details.

General Information

Your premium bill must be paid in full upon receipt each month in order to continue coverage.

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 option. Service areas may change from year to year. Please check *Health Insurance Choices for 2020* or call the HMO for NYSHIP service area information.

LWOP Premium Information

You will be billed once every 28 days for any premiums due. Your first bill should arrive approximately 2-4 weeks after you are reported on LWOP and will include all premiums due from your start date in LWOP status through the current coverage period. PE enrollees will be billed by their employer.

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 the date noted in your letter, you will be enrolled in The Empire Plan for plan year 2020 to ensure no interruption in coverage.

YAO and COBRA Premium Information

The monthly premium is due by the last day of each month prior to the month for which coverage is to be continued. Your first bill will include any past premiums owed from the start date of your enrollment in YAO or COBRA, through the current billing period. **Reminder:** YAO Enrollees pay the Individual full share monthly premium. Family coverage is not available for YAO enrollees. Eligibility for YAO coverage is dependent upon the parent’s continued participation in NYSHIP.

How to Change Options

To change your health insurance option, complete the enclosed *NYSHIP Option Transfer Request Form* and return it to:

NYS Department of Civil Service
Employee Benefits Division
Program Administration Unit
Albany, NY 12239

COBRA enrollees: You may change health insurance options for any reason at any time once during a 12-month period. **Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for the year.**

LWOP and YAO enrollees: You may change options outside the designated Option Transfer Period only under certain circumstances. Read your *General Information Book* for a list of events that allow you to change options outside of the Option Transfer Period. Contact the Employee Benefits Division for more information. **The deadline for submitting a signed and dated NYSHIP Option Transfer Request Form to the Employee Benefits Division is December 31, 2019.**



Important Health Insurance Information
for Direct Pay Enrollees, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents, if eligible

*Rates & Information for 2020 for NY and PE LWOP,
COBRA and YAO Enrollees – 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/employee-benefits. 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 your Health Benefits Administrator. COBRA Enrollees, Preferred List Enrollees and Vesteers: 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/Direct Pay

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Dental and Vision Rates for 2020

The rate chart (pages 2-3) does not include dental and vision costs for COBRA and LWOP enrollees, whose dental and/or vision coverage is administered by the Employee Benefits Division. For COBRA and LWOP enrollees, the dental and vision premiums for the 2020 plan year are:

Direct Pay Dental & Vision	LWOP Individual* Biweekly rate	LWOP Family* Biweekly rate	COBRA Individual Monthly rate	COBRA Family Monthly rate
Dental premium	\$11.08	\$31.19	\$24.14	\$67.96
Vision premium	\$1.86	\$4.24	\$4.06	\$9.23
Vision premium (NYSCOPBA, APSU and Council 82)	\$3.63	\$6.00	\$7.90	\$13.07

Note: These rates do not apply to YAO enrollees. Dental and/or vision coverage is not available to YAO enrollees through NYSHIP. If your dental and/or vision coverage is provided by an Employee Benefit Fund, contact the Fund for 2020 rates.

* LWOP enrollees are billed once every 28 days.