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NY 11-23

TO: New York State Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: Special Option Transfer Period for NYSHIP Rate Changes Effective October 1,

2011

DATE: August 26, 2011

As the result of the 2011 – 2016 agreement between the Civil Service Employees Association (CSEA) and the State, the NYSHIP premium contribution sharing arrangement will change effective October 1, 2011, for CSEA-represented employees. For employees in positions SG-9 or lower, the State will contribute 88% of the cost of the enrollee's coverage and 73% of the cost for dependent coverage. For employees in positions SG-10 or higher, the State will contribute 84% of the cost of the enrollee's coverage and 69% of the cost for dependent coverage. The State's contribution to the cost of HMO coverage will continue to be capped based on the dollar amount of its contribution to the cost of Empire Plan coverage.

Attached are rate charts which reflect the premium rates effective October 1, 2011, applicable to CSEA represented employees. The schedules have been separated to reflect the rate differential applicable to CSEA represented employees in positions SG-9 or lower and those CSEA represented employees in positions SG-10 or higher. You can also find the rates on HBA Online, under Easy Reference > Rates. The attached NYSHIP rates are categorized as follows:

- CSEA Represented Employees Grade 9 or Lower
 - o Active Employee Share for Individual or Family Coverage
 - o Full Share (Net Leave Without Pay) for Individual or Family Coverage
- CSEA Represented Employees Grade 10 or Above
 - o Active Employee Share for Individual or Family Coverage
 - o Full Share (Net Leave Without Pay) for Individual or Family Coverage

Special Option Transfer Period (September 1 – September 30)

As a result of the negotiated changes, there will be a Special Option Transfer Period during the month of September. The annual rate change and Option Transfer Period for plan year 2012 will occur later this year, as usual.

The Special Option Transfer Period will begin on September 1, and run through September 30, 2011 and is available to all CSEA represented employees enrolled in NYSHIP, regardless of their participation in the Pre-Tax Contribution Program (PTCP), as permitted under PTCP rules. To assist enrollees while making a decision about changing options, please refer to their group specific NYSHIP rate flyer that shows the enrollee contribution rates that will be in effect October 1. This chart is available on HBA Online under Easy References > Rates.

Please contact your processor if you have any questions about whether an enrollee's requested option change is permissible, or if an enrollee has requested to make a change to individual coverage or cancel coverage due to an increase in premium.

Enrollees who are considering changing their health insurance plan should be encouraged to carefully review the 2011 NYSHIP *Choices* booklet, the August 2011 *Empire Plan Special Report* that describes October 1 benefit changes, and the *NYSHIP Rate Changes Effective October 1, 2011* flyer. The latter two publications will be mailed to enrollee homes in late August. Enrollees may request 2011 *Choices* booklets from you to help them through the decision-making process.

Please provide the Health Insurance Transaction Form PS-404 to those enrollees requesting an option change. Forms must be completed and returned to you by September 30, 2011. **Online option changes using MyNYSHIP will NOT** be available to active enrollees during this Special Option Transfer Period.

No action is required for enrollees who wish to keep their current health insurance option.

PLEASE NOTE: The regular annual Option Transfer Period, normally held at the end of the calendar year, will still occur and enrollees will have the opportunity to review health insurance plan options for 2012 as usual.

NYBEAS Processing and Important Dates for Benefit Plan Changes

To process a Benefit Plan Change during this Special Option Transfer period, the PLN/CHG transaction should be used. The effective dates for Benefit Plan changes during this Special Option Transfer period are as follows:

• October 1, 2011 for Administrative and Institution payroll employees

The PLN/CHG transaction will be available on NYBEAS between September 1 and October 6. Please see the charts below for more details, and for the dates that transactions must be processed in order to avoid retroactivity in health insurance deductions.

Payroll	(Paycheck #1)	Transaction Effective Date	Keying Window	To avoid retroactivity key by
Admin Lag	9/28/2011	10/1/2011	9/1/11 – 10/6/2011	9/13/2011
Admin Lag Exempt	9/14/2011	10/1/2011	9/1/11 – 10/6/2011	8/30/2011
Admin Extra Lag	10/6/2011	10/1/2011	9/1/11 – 10/6/2011	9/21/2011
Institution Lag	10/6/2011	10/1/2011	9/1/11 – 10/6/2011	9/21/2011
Institution Lag Exempt	9/22/2011	10/1/2011	9/1/11 – 10/6/2011	9/6/2011

Please contact your processor if you have any questions.

Attachment

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Administrative Paycheck September 14, 2011 - Employees exempt from Lag Payroll Administrative Paycheck September 28, 2011 - Employees subject to Lag Payroll Administrative Paycheck October 6, 2011 - Employees subject to Extra Lag Payroll Institution Paycheck October 6, 2011 - Employees subject to Lag Payroll Institution Paycheck September 22, 2011 - Employees exempt from Lag Payroll

		Schedule I - CSEA Grade 9 or Lower Benefit Programs:		Schedule I - CSEA Grade 10 or Above Benefit Program:	
		A01, A39		A01, A39	
	O C P O T V	Employee	Full Share LWOP	Employee	<u>Full Share</u> LWOP
Empire Plan (001)					
Individual	001 1	32.09	267.41	42.79	267.41
Family	001 4	128.08	622.92	153.00	622.92
HIP (050)					
Individual	050 1	54.94	281.94	65.26	281.94
Family	050 4	185.34	681.33	210.40	681.33
MVP Health Care, I	<u> </u>				
Individual	058 1	25.29	210.72	33.72	210.72
Family	058 4	107.95	516.86	128.62	516.86
	- Western NY (059)				
Individual	059 1	29.44	245.30	39.25	245.30
Family	059 4	126.53	604.88	150.72	604.88
	Inc East Region (060)	00.55	004.07	05.40	004.07
Individual	060 1 060 4	26.55	221.27	35.40	221.27
Family	1	113.43	543.06	135.15	543.06
Capital District PHP Individual	063 1	31.01	246.99	40.83	246.99
Family	063 4	134.02	607.42	157.94	607.42
Blue Choice (066)	003 4	134.02	007.42	137.94	007.42
Individual	066 1	25.54	212.84	34.05	212.84
Family	066 4	104.92	506.83	125.19	506.83
Community Blue (06	1	10 1102	000.00	120.10	000.00
Individual	067 1	30.43	253.58	40.57	253.58
Family	067 4	182.10	693.95	208.01	693.95
HMO Blue - CNY (0	•				
Individual	072 1	88.79	308.75	98.78	308.75
Family	072 4	272.64	750.50	296.76	750.50
HMO Blue - Utica/V					
Individual	160 1	71.04	283.71	80.71	283.71
Family	160 4	254.88	720.54	278.41	720.54
Aetna (210)					
Individual	210 1	109.56	337.47	119.92	337.47
Family	210 4	465.59	953.82	490.22	953.82
GHI HMO Albany I	Region (220)				
Individual	220 1	112.29	351.01	123.14	351.01
Family	220 4	384.57	911.66	411.23	911.66

			Schedule I - CSEA Grade 9 or Lower		Schedule I - CSEA Grade 10 or Above	
			Benefit Programs:		Benefit Program:	
			A01, A39		A01, A39	
	0	С				
	Р	0		Full Share		Full Share
	Т	V	Employee	LWOP	Employee	LWOP
		<u>HMO - Upstate (280)</u>				
Individual	280	1	84.33	316.43	94.88	316.43
Family	280	4 HM (200)	300.44	814.77	326.46	814.77
		<u>HMO - Downstate (290)</u>	422.00	204.24	140.50	204.24
Individual	290 290	1 4	132.00	364.31 939.86	142.56 451.09	364.31 939.86
Family Capital District PHF		•	425.05	939.86	451.09	939.86
Individual	300	1 (300) 1	68.17	285.55	78.05	285.55
Family	300	4	227.26	703.82	251.34	703.82
Capital District PHF			227.20	703.02	201.04	703.02
Individual	310	1	77.81	294.75	87.67	294.75
Family	310	4	251.19	726.73	275.22	726.73
,		HMO - Mid-Hudson (320)	201.10	720.70	210.22	720.70
Individual	320	1	132.83	365.37	143.40	365.37
Family	320	4	427.27	942.61	453.34	942.61
MVP Health Care, I	nc Cent	ral Region (330)				
Individual	330	1	41.07	253.25	50.72	253.25
Family	330	4	158.29	623.18	181.79	623.18
MVP Health Care, I	nc Mid-	Hudson (340)				
Individual	340	1	36.92	247.66	46.50	247.66
Family	340	4	147.58	609.25	170.91	609.25
GHI HMO - HV & U	Ulster Reg	ions (350)				
Individual	350	1	140.75	379.48	151.60	379.48
Family	350	4	461.90	988.99	488.55	988.99
MVP HMO - North		<u>860)</u>				
Individual	360	1	78.30	294.09	88.11	294.09
Family	360	4	251.98	725.31	275.90	725.31