



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12239
www.cs.ny.gov

NY 11-29

TO: New York State Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: NYSHIP Rate Changes Effective October 1, 2011 and Special Option Transfer Period for M/C Executive Branch Employees and the Legislature

DATE: August 31, 2011

This memo explains changes in NYSHIP rates for M/C Executive branch employees and the Legislature effective October 1, 2011. These changes are the result of collective bargaining and are being administratively extended to these unrepresented employees.

The NYSHIP premium contribution sharing arrangement is changing for M/C Executive branch employees and the Legislature. 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, for M/C Executive branch employees and the Legislature. The schedules have been separated to reflect the rate differential applicable to employees in positions SG-9 or lower and those 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:

- Unrepresented Employees Grade 9 or Lower (or employees equated to a position Salary Grade 9 or lower)
 - Active Employee Share for Individual or Family Coverage
 - Full Share (Net Leave Without Pay) for Individual or Family Coverage
- Unrepresented Employees Grade 10 or Above (or an employee equated to a position Salary Grade 10 or above)
 - Active Employee Share for Individual or Family Coverage
 - 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 M/C Executive branch employees and the Legislature 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	9/29/2011	9/1/11 – 10/6/2011	9/13/2011
Admin Lag Exempt	9/14/2011	9/29/2011	9/1/11 – 10/6/2011	8/30/2011
Admin Extra Lag	10/6/2011	9/29/2011	9/1/11 – 10/6/2011	9/21/2011
Institution Lag	10/6/2011	10/6/2011	9/1/11 – 10/6/2011	9/21/2011
Institution Lag Exempt	9/22/2011	10/6/2011	9/1/11 – 10/6/2011	9/6/2011

Please contact your processor if you have any questions.

Attachment

October 1, 2011 Premium Rate Change
NYS Health Insurance Program Biweekly Rates

Page 1 of 2

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 - Unrepresented Grade 9 or Lower		Schedule I - Unrepresented Grade 10 or Above	
			<u>Benefit Programs:</u>		<u>Benefit Program:</u>	
			A05, A06, A07, A19, A28, A29, A33, A34, A35, L19		A05, A06, A07, A19, A28, A29, A33, A34, A35, L19	
			<u>Full Share</u>		<u>Full Share</u>	
			Employee	LWOP	Employee	LWOP
<u>Empire Plan (001)</u>						
Individual	001	1	32.09	267.41	42.79	267.41
Family	001	4	128.08	622.92	153.00	622.92
<u>HIP (050)</u>						
Individual	050	1	54.94	281.94	65.26	281.94
Family	050	4	185.34	681.33	210.40	681.33
<u>MVP Health Care, Inc. -Rochester (058)</u>						
Individual	058	1	25.29	210.72	33.72	210.72
Family	058	4	107.95	516.86	128.62	516.86
<u>Independent Health - Western NY (059)</u>						
Individual	059	1	29.44	245.30	39.25	245.30
Family	059	4	126.53	604.88	150.72	604.88
<u>MVP Health Care, Inc. - East Region (060)</u>						
Individual	060	1	26.55	221.27	35.40	221.27
Family	060	4	113.43	543.06	135.15	543.06
<u>Capital District PHP - Capital (063)</u>						
Individual	063	1	31.01	246.99	40.83	246.99
Family	063	4	134.02	607.42	157.94	607.42
<u>Blue Choice (066)</u>						
Individual	066	1	25.54	212.84	34.05	212.84
Family	066	4	104.92	506.83	125.19	506.83
<u>Community Blue (067)</u>						
Individual	067	1	30.43	253.58	40.57	253.58
Family	067	4	182.10	693.95	208.01	693.95
<u>HMO Blue - CNY (072)</u>						
Individual	072	1	88.79	308.75	98.78	308.75
Family	072	4	272.64	750.50	296.76	750.50
<u>HMO Blue - Utica/Watertown (160)</u>						
Individual	160	1	71.04	283.71	80.71	283.71
Family	160	4	254.88	720.54	278.41	720.54
<u>Aetna (210)</u>						
Individual	210	1	109.56	337.47	119.92	337.47
Family	210	4	465.59	953.82	490.22	953.82
<u>GHI HMO Albany Region (220)</u>						
Individual	220	1	112.29	351.01	123.14	351.01
Family	220	4	384.57	911.66	411.23	911.66

			Schedule I - Unrepresented Grade 9 or Lower		Schedule I - Unrepresented Grade 10 or Above	
			<u>Benefit Programs:</u>		<u>Benefit Program:</u>	
			A05, A06, A07, A19, A28, A29, A33, A34, A35, L19		A05, A06, A07, A19, A28, A29, A33, A34, A35, L19	
O C P O T V			<u>Full Share</u>		<u>Full Share</u>	
			Employee	LWOP	Employee	LWOP
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>						
Individual	280	1	84.33	316.43	94.88	316.43
Family	280	4	300.44	814.77	326.46	814.77
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>						
Individual	290	1	132.00	364.31	142.56	364.31
Family	290	4	425.05	939.86	451.09	939.86
<u>Capital District PHP - Central (300)</u>						
Individual	300	1	68.17	285.55	78.05	285.55
Family	300	4	227.26	703.82	251.34	703.82
<u>Capital District PHP - W. Hudson Valley (310)</u>						
Individual	310	1	77.81	294.75	87.67	294.75
Family	310	4	251.19	726.73	275.22	726.73
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>						
Individual	320	1	132.83	365.37	143.40	365.37
Family	320	4	427.27	942.61	453.34	942.61
<u>MVP Health Care, Inc. - Central Region (330)</u>						
Individual	330	1	41.07	253.25	50.72	253.25
Family	330	4	158.29	623.18	181.79	623.18
<u>MVP Health Care, Inc. - Mid-Hudson (340)</u>						
Individual	340	1	36.92	247.66	46.50	247.66
Family	340	4	147.58	609.25	170.91	609.25
<u>GHI HMO - HV & Ulster Regions (350)</u>						
Individual	350	1	140.75	379.48	151.60	379.48
Family	350	4	461.90	988.99	488.55	988.99
<u>MVP HMO - North Region (360)</u>						
Individual	360	1	78.30	294.09	88.11	294.09
Family	360	4	251.98	725.31	275.90	725.31