

# New York State Health Insurance Program 2004 Rates and Information for Retirees

For Retirees, Vestees, Dependent Survivors, and Enrollees  
Covered Under Preferred List Provisions of New York State Government  
and Participating Employers and their Enrolled Dependents.

## Choose Your Health Insurance Plan

You may change your health insurance option for any reason at any time once during the year. You may change from an HMO to the Empire Plan, or from the Empire Plan to an HMO or from one HMO to another HMO in your area. However, once you change your option, you may not do so again for twelve months. *Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for a twelve-month period.*

You may change options more than once in a twelve-month period **only** if you are enrolled in an HMO and you move 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. **No action is required if you wish to keep your current health insurance option and still qualify for that plan.**

## Choices Explains Your Current Plan and Other Available Plans

If you are considering changing your health insurance plan or wish to review your current plan, refer to the *Choices* booklet mailed to your home this fall or contact the Employee Benefits Division (at the address on the back page) or call 1-800-833-4344 for a copy of the *Choices* booklet for your area. If there are any copayment or benefit changes for 2004, your plan will notify you directly. Read your *Empire Plan Reports* or recent HMO notices for changes that may affect you. Check our Web site for more information: [www.cs.state.ny.us](http://www.cs.state.ny.us). Click on "Employee Benefits," then on "Choosing a Health Plan." If you have questions about the Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for United HealthCare and select prompt 3 on the United HealthCare telephone system for assistance with option transfer questions. If you have questions about NYSHIP-approved HMOs, call the HMOs directly. (See *Choices* and the rate listing inside for telephone numbers.) Be sure you understand how your benefits will be affected if you change plans. Changing plans may result in substantially different coverage.

## What Your Retirement Check and "Notice of Change" Document Will Show

Your deductions will change to reflect the 2004 health insurance rates of your 2004 health insurance plan. The 2004 Medicare reimbursement for the regular cost of Medicare Part B will be \$66.60 a month, up 13.5 percent from \$58.70 per month in 2003.

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. The sample check stub and "Notice of Change" document (for the direct deposit enrollee) shown below are from the New York State and Local Employees' Retirement System. If you receive your pension from another retirement program, your check stub and

"Notice of Change" document will be different.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING March 31, 2003.																											
Social Security #: 999999999	Fed. Tax Filing Status: MARRIED, HIGHER SINGLE RATE																										
Registration #: 99999999	Number of Exemptions: 2																										
Retirement #: 099999999	YTD Federal Tax Withheld: \$1,140.67																										
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 "x".																											
	<table border="1"> <thead> <tr> <th>Last Month</th> <th>This Month</th> </tr> </thead> <tbody> <tr> <td>Normal Allowance</td> <td></td> </tr> <tr> <td>Cost of Living Supplemental Allowance</td> <td></td> </tr> <tr> <td>Benefit Adjustments</td> <td></td> </tr> <tr> <td>Gross Benefit</td> <td></td> </tr> <tr> <td colspan="2"><b>Miscellaneous Adjustments</b></td> </tr> <tr> <td>Total Federal Withholding Tax</td> <td></td> </tr> <tr> <td>Miscellaneous Deductions</td> <td></td> </tr> <tr> <td colspan="2"><b>Health Insurance</b></td> </tr> <tr> <td>Health Ins. Deduction</td> <td></td> </tr> <tr> <td>Medicare Credit</td> <td></td> </tr> <tr> <td>Medicare Deduction</td> <td></td> </tr> <tr> <td colspan="2"><b>Net Retirement Benefit Paid</b></td> </tr> </tbody> </table>	Last Month	This Month	Normal Allowance		Cost of Living Supplemental Allowance		Benefit Adjustments		Gross Benefit		<b>Miscellaneous Adjustments</b>		Total Federal Withholding Tax		Miscellaneous Deductions		<b>Health Insurance</b>		Health Ins. Deduction		Medicare Credit		Medicare Deduction		<b>Net Retirement Benefit Paid</b>	
Last Month	This Month																										
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Medicare Credit																											
Medicare Deduction																											
<b>Net Retirement Benefit Paid</b>																											
<p>This change in your net retirement benefit from 1st withholding status to MARRIED, HIGHER SINGLE RATE of \$250.00. If you have questions regarding Federal at (518) 474-5400.</p>																											

  

NEW YORK STATE & LOCAL RETIREMENT SYSTEMS					
Name: JANE Q. PUBLIC		Check #: 066778173		Date: August 31, 2003	
SSN: 999999999		Retirement #: 123456789		Registration #: 12345678	
NORMAL ALLOWANCE	COLA/SUPPLEMENTAL	MEDICARE CREDIT			GROSS TOTAL
\$4,383.83	\$21.35	\$58.70			\$4,463.88
FEDERAL WITHHOLDING	INSURANCE PREMIUM	SIC LIFE INSURANCE			TOTAL DEDUCTIONS
\$444.87	\$40.17	\$10.93			\$505.97
					CHECK AMOUNT
					\$3,957.91

In the event of the death of the payee, this check is void and must be returned to the payee.

DETACH HERE BEFORE CASHING

## 1 Medicare Premium and Your Credit (Reimbursement) Will be \$66.60 per Month

The Medicare Part B premium for 2004 is \$66.60 per month.

The State will reimburse you and your enrolled dependents for this amount when Medicare becomes primary to NYSHIP, unless you or your dependent receives reimbursement from another source or are NYSHIP-primary for claims purposes.

## 2 Insurance Premium Deduction

Your share of the NYSHIP premium, less any sick leave credit, is shown as a deduction in this box.

Your retirement check of December 31, 2003, should reflect the 2004 rates.

IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN:

The correct deduction for your new health insurance plan plus or minus any retroactive adjustment needed will be reflected in your pension check. The date of the change will depend on when your health insurance plan change is received and processed.



**New York State Health Insurance Program 2004 Rates • Check your plan – this is your only notice of a rate change.**

Enrollee contributions for Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions. The premium contributions of retirees and some dependent survivors of the Thruway Authority are included in this rate sheet. Retirees of other Participating Employers: Contact your former employer for 2004 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2004 rates.

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.

To learn more about a plan, refer to the *Choices* booklet mailed to you this fall or contact the Employee Benefits Division for a copy of *Choices* for your geographic region.

Note: 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. Please see your *Choices* booklet for more information.

**Monthly Rates**

Rates for retirees do not reflect sick leave credits. (See page 4 for more information on how sick leave credit impacts your premium.)

Code	Plan and Service Area	Retirement Prior to 1/1/83 and all retirees of Thruway Authority Retirees of other Participating Employers: Contact your former employer for 2004 rates.		Retirement on or after 1/1/83 and certain Dependent Survivors Eligible survivors of active employees who died on or after April 1, 1979 or of retirees who retired on or after April 1, 1979. DC-37 Retirees Enrollees covered under Preferred List provisions		Amended Dependent Survivors Eligible survivors of active employees who died between April 1, 1975 and March 31, 1979 Some dependent survivors of Thruway Authority		Vestees, Long Term Disability Enrollees and all other Dependent Survivors	
		Ind	Fam	Ind	Fam	Ind	Fam	Ind	Fam
001	<b>The Empire Plan</b> (available to enrollees and their eligible dependents worldwide) <b>1-877-7-NYSHIP (1-877-769-7447)</b> Empire Blue Cross Blue Shield NYS Service Center, PO Box 1407, Church Street Station, New York, NY 10008-1407 (TTY: 1-800-241-6894) United HealthCare PO Box 1600, Kingston, NY 12402-1600 (TTY: 1-888-697-9054) CIGNA/Express Scripts PO Box 1180, Troy, NY 12181-1180 (TTY: 1-800-840-7879) GHI/ValueOptions PO Box 778, Troy, NY 12181-0778 (TTY: 1-800-334-1897)	0.00	119.92	38.65	158.57	119.92	119.92	386.48	866.17
210	<b>Aetna</b> 99 Park Avenue, New York, NY 10016 <b>1-800-323-9930</b> Medicare+Choice Customer Service <b>1-800-307-4830</b> (TTY: 1-800-654-5984) Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York State, and all counties in New Jersey; (For retirees, vestees and dependent survivors only: also serves the Philadelphia and Pittsburgh areas in Pennsylvania)	70.70	304.00	99.90	333.20	134.35	134.35	362.72	900.14
066	<b>Blue Choice</b> 165 Court St., Rochester, NY 14647 <b>585-454-4810 or 1-800-462-0108</b> (TTY: 1-800-454-2845) Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties	0.00	100.12	26.21	126.33	100.12	100.12	262.10	662.58
063	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 <b>518-641-5000 or 1-800-993-7299</b> (TTY: 1-877-261-1164) Serving Albany, Columbia, Essex, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	0.00	148.50	31.71	181.21	127.10	127.10	317.14	825.55
300	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 <b>518-641-5000 or 1-800-993-7299</b> (TTY: 1-877-261-1164) Serving Broome, Chenango, Delaware, Herkimer, Madison, Oneida, Otsego and Tioga counties	7.96	195.35	40.67	228.06	134.32	134.32	335.11	872.40
310	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 <b>518-641-5000 or 1-800-993-7299</b> (TTY: 1-877-261-1164) Serving Orange and Ulster counties	12.25	206.52	44.96	239.23	136.04	136.04	339.40	883.57
067	<b>Community Blue</b> 1901 Main St., Buffalo, NY 14240 <b>716-884-2800 or 1-800-544-2583</b> (TTY: 1-888-249-2583) Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties	0.00	119.80	25.69	149.04	117.13	117.13	256.88	725.41
068*	<b>Elderplan</b> 745 64th Street, Brooklyn, NY 11220 <b>1-800-353-3765</b> (TTY: 1-800-610-6303) Serving people age 65 and over in Kings, New York, Queens and Richmond counties	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
280	<b>Empire BlueCross BlueShield HMO (Upstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 <b>1-800-662-5193</b> (TTY: 1-800-241-6894) Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	1.83	182.18	34.63	214.98	132.80	132.80	329.91	861.11
290	<b>Empire BlueCross BlueShield HMO (Downstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 <b>1-800-662-5193</b> (TTY: 1-800-241-6894) Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties	2.99	185.04	35.75	217.80	133.10	133.10	330.65	863.05
320	<b>Empire BlueCross BlueShield HMO (Mid-Hudson)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 <b>1-800-662-5193</b> (TTY: 1-800-241-6894) Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties	38.40	278.12	71.30	311.02	147.93	147.93	367.43	959.14
220	<b>GHI HMO</b> 120 Wood Rd., PO Box 4181, Kingston, NY 12401 <b>1-877-244-4466</b> (TTY: 1-877-208-7920) Serving Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties	0.00	122.18	29.99	152.17	122.18	122.18	299.91	788.62
050	<b>HIP Health Plan of New York</b> 7 West 34th St., New York, NY 10001 <b>1-877-861-0175</b> (TTY: 1-888-447-4833) Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties	0.00	124.01	31.57	155.79	114.44	114.44	315.72	773.49
072	<b>HMOBlue</b> Excellus BlueCross BlueShield, <b>Central New York Region</b> 344 S. Warren St., PO Box 4712, Syracuse, NY 13221-4712 <b>1-800-447-6269</b> (TTY: 315-448-6764) Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties	45.54	320.62	77.37	352.45	153.54	153.54	363.83	978.01
160	<b>HMOBlue</b> Excellus BlueCross BlueShield, <b>Utica Region</b> 12 Rhoads Dr., Utica, NY 13502 <b>1-800-722-7884</b> (TTY: 315-448-6764) Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties	169.39	590.27	201.56	622.44	189.63	189.63	491.08	1249.62
059	<b>Independent Health</b> 511 Farber Lakes Dr., Buffalo, NY 14221 <b>1-800-501-3439</b> (TTY: 716-631-3108) Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties	0.00	112.34	25.08	137.42	112.34	112.34	250.83	700.19
060	<b>MVP Health Care (East)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 <b>1-888-TALK-MVP (1-888-825-5687)</b> (TTY: 1-800-662-1220) Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	10.02	187.64	39.93	217.55	122.59	122.59	309.15	799.50
330	<b>MVP Health Care (Central)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 <b>1-888-TALK-MVP (1-888-825-5687)</b> (TTY: 1-800-662-1220) Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga and Ulster counties	37.57	256.67	67.48	286.58	132.96	132.96	336.70	868.53
340	<b>MVP Health Care (Mid-Hudson)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 <b>1-888-TALK-MVP (1-888-825-5687)</b> (TTY: 1-800-662-1220) Serving Dutchess, Orange and Putnam counties	58.76	314.36	88.67	344.27	142.08	142.08	357.89	926.22
058	<b>Preferred Care</b> 259 Monroe Ave., Rochester, NY 14607 <b>585-325-3113 or 1-800-950-3224</b> (TTY: 585-325-2629) Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties	33.28	206.45	63.18	236.35	121.08	121.08	332.30	816.64
057	<b>Univera Healthcare</b> 205 Park Club Ln., Buffalo, NY 14221-5239 <b>1-800-427-8490</b> (TTY: 1-800-421-1220) Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties	0.00	116.77	26.38	143.15	116.77	116.77	263.81	730.91
070	<b>Vytra Health Plans</b> Corporate Center, 395 North Service Rd., Melville, NY 11747-3127 <b>1-800-406-0806</b> (TTY: 1-800-239-1235) Serving Nassau, Queens and Suffolk counties	13.65	224.78	47.18	258.31	143.15	143.15	349.00	921.62

\* Plan information for 2004 was not submitted.

State of New York Department of Civil Service  
Employee Benefits Division  
The State Campus  
Albany, New York 12239  
Web site: [www.cs.state.ny.us](http://www.cs.state.ny.us)  
Address Service Requested



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It is the policy of the State of New York 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 the Employee Benefits Division Web site ([www.cs.state.ny.us](http://www.cs.state.ny.us)), which 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 the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

### **Note to Enrollees Who Pay the Employee Benefits Division Directly:**

The 2004 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 health insurance plan change is received and processed. The amount of your Medicare credit will also be adjusted to reflect the 2004 Medicare rate.

### **Note to Retirees, Vestees, and Enrollees covered under Preferred List provisions of Participating Employers:**

Check with your former agency for information about Medicare premium reimbursement. Ask whether your former agency continues your NYSHIP coverage after you become eligible for Medicare at 65.

### **Keep Your Health Insurance Up To Date**

You must write to the Employee Benefits Division at the NYS Department of Civil Service, The State Campus, Albany, New York 12239, when changes in your family or marital status affect your coverage or if your address changes. Be sure to include your identification number, telephone number and address in your letter. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

### **To Contact the Employee Benefits Division**

Call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands) if you would like to speak to a representative. Please call Monday through Friday between 9 am and 3 pm Eastern time to speak to a representative, or any time to use our automated telephone system.

### **Employee Benefits Division Web site**

Visit our Web site at [www.cs.state.ny.us](http://www.cs.state.ny.us) to find the latest benefit information. For the *Choices* booklet for your geographic region, click on "Employee Benefits," then on "Choosing a Health Plan?"

### **Lifetime sick leave credit: You pay the balance**

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit which reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. Your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium is likely to change each year. When the premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2004, subtract your monthly sick leave credit from the new monthly premium.