

# RATES & INFORMATION FOR RETIREES

2006

For Retirees, Vesteas and Dependent Survivors outside NYSHIP HMO service areas

## Health Insurance Plans Available

New York State Health Insurance Program (NYSHIP) enrollees with Retiree benefits\* may change options once in a 12-month period. Our records show that you live outside the geographic area available for enrollment in a NYSHIP Health Maintenance Organization (HMO). However, to keep you informed, we are sending you the 2006 rates for The Empire Plan and for HMOs available to enrollees in other geographic locations. If you plan to move to an area served by a NYSHIP HMO, and you wish to change your option to an HMO at that time, contact the Employee Benefits Division (at the address on the back page) or call 1-800-833-4344. Ask for a copy of *Health Insurance Choices for 2006 for Retirees, Vesteas and Dependent Survivors*.

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

Your deductions will change to reflect the 2006 health insurance rates of your 2006 health insurance plan. The 2006 Medicare reimbursement for the regular cost of Medicare Part B will be \$88.50 a month, up 13 percent from \$78.20 per month in 2005.

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 to the right 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.

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

The 2006 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 2006 Medicare rate.

\*NYSHIP Enrollees with Retiree benefits include: Retirees, Vesteas, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of New York State Government and Participating Employers and their Enrolled Dependents and COBRA enrollees with their NYSHIP benefits

## Non-NYSHIP HMOs

You may receive information from Medicare and from non-NYSHIP HMOs in your area describing Medicare options available to you that are not part of NYSHIP. You may wonder whether to join one of these plans.

Please be aware that your NYSHIP benefits will be significantly reduced if you join one of these plans.

If you join a Medicare Advantage (formerly Medicare+Choice) plan offered outside NYSHIP, you may have no or very few benefits except the benefits available through that HMO.

(continued on back)

## 1 Medicare Premium and Your Credit (Reimbursement) Will be \$88.50 per Month

The Medicare Part B premium for 2006 is \$88.50 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, 2005 should reflect the 2006 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.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING March 31, 2006.

Registration #: YTD Federal Tax Withheld:  
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 "X".

	Last Month	This Month
<b>Benefit</b>		
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>		

This difference is due to changes in the amount of Federal Income Tax we already been advised regarding this

I hope this information is helpful to booklets; or change your mailing address 805-0990, or (518) 474-7736 in the A

**SAMPLE**



# New York State Health Insurance Program 2006 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 booklet. Retirees of other Participating Employers: Contact your former employer for 2006 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2006 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. COBRA enrollees will be notified of their rates separately.

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.

### Monthly Rates: Rates for retirees do not reflect sick leave credits.

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 2006 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) 1-877-7-NYSHIP (1-877-769-7447) www.cs.state.ny.us Empire BlueCross BlueShield 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) Empire BlueCross BlueShield/Caremark PO Box 11826, Albany, NY 12211 (TTY: 1-800-863-5488) GHI/ValueOptions PO Box 778, Troy, NY 12181-0778 (TTY: 1-800-334-1897)	0.00	139.43	45.77	185.20	139.43	139.43	457.74	1,015.45
210	<b>Aetna</b> 99 Park Avenue, New York, NY 10016 1-800-323-9930 Medicare Advantage Customer Service 1-800-307-4830 (TTY: 1-800-654-5984) www.aetna.com 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 in Pennsylvania: Call the HMO for available counties)	88.22	379.36	124.98	416.12	165.48	165.48	455.85	1,117.78
066	<b>Blue Choice</b> 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282) www.excellusbcbcs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties	0.00	120.98	30.78	151.76	120.98	120.98	307.84	791.76
063	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 518-641-5000 or 1-800-993-7299 (TTY: 1-877-261-1164) www.cdphp.com Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	0.00	145.58	38.13	183.71	145.58	145.58	381.27	963.58
300	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 518-641-5000 or 1-800-993-7299 (TTY: 1-877-261-1164) www.cdphp.com Serving Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties	0.00	199.99	40.47	240.52	154.76	154.76	404.75	1,023.78
310	<b>Capital District Physicians' Health Plan (CDPHP)</b> Patroon Creek Corporate Center, 1223 Washington Ave., Albany, NY 12206-1057 518-641-5000 or 1-800-993-7299 (TTY: 1-877-261-1164) www.cdphp.com Serving Orange and Ulster counties	0.40	202.42	40.93	242.95	155.13	155.13	405.70	1,026.21
067	<b>Community Blue</b> 1901 Main St., Buffalo, NY 14240 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) www.bcbswny.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties	0.00	177.19	35.66	215.87	153.83	153.83	356.62	971.94
280	<b>Empire BlueCross BlueShield HMO (Upstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-662-5193 (TTY: 1-800-241-6894) www.empireblue.com Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	6.49	228.80	45.99	268.30	157.65	157.65	401.54	1,032.13
290	<b>Empire BlueCross BlueShield HMO (Downstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-662-5193 (TTY: 1-800-241-6894) www.empireblue.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties	39.47	315.10	79.01	354.64	171.10	171.10	434.90	1,119.30
320	<b>Empire BlueCross BlueShield HMO (Mid-Hudson)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-662-5193 (TTY: 1-800-241-6894) www.empireblue.com Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties	80.14	421.68	119.76	461.30	187.80	187.80	476.33	1,227.52
220	<b>GHI HMO</b> 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-239-7634 (TTY: 1-877-208-7920) www.ghi.com Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties	0.00	166.96	36.27	205.33	145.02	145.02	362.66	942.74
350	<b>GHI HMO</b> 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-239-7634 (TTY: 1-877-208-7920) www.ghi.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties	6.42	243.27	44.79	281.64	157.23	157.23	390.11	1,019.04
050	<b>HIP Health Plan of New York</b> 7 West 34th St., New York, NY 10001 1-877-861-0175 (TTY: 1-888-447-4833) www.hipusa.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties	0.00	131.99	37.36	169.35	131.99	131.99	373.59	901.57
072	<b>HMOBlue Excellus BlueCross BlueShield, Central New York Region</b> 344 S. Warren St., PO Box 4712, Syracuse, NY 13221-4712 1-800-447-6269 (TTY: 1-877-398-2275) www.excellusbcbcs.com Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties	80.09	354.17	120.04	394.12	168.49	168.49	479.63	1,153.59
160	<b>HMOBlue Excellus BlueCross BlueShield, Utica Region</b> 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1-877-398-2275) www.excellusbcbcs.com Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties	171.62	574.57	210.66	613.61	199.86	199.86	562.02	1,361.47
059	<b>Independent Health</b> 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	0.00	133.30	31.76	165.06	133.30	133.30	317.63	850.83
060	<b>MVP Health Care (East)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) (TTY: 1-800-662-1220) www.joinmvp.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	0.00	189.29	35.97	225.42	138.84	138.84	359.74	915.10
330	<b>MVP Health Care (Central)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) (TTY: 1-800-662-1220) www.joinmvp.com Serving Broome, Cayuga, Chenango, Cortland, Delaware, Jefferson, Herkimer, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Tioga and Ulster counties	18.50	241.61	54.63	277.74	146.89	146.89	379.86	967.42
340	<b>MVP Health Care (Mid-Hudson)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) (TTY: 1-800-662-1220) www.joinmvp.com Serving Dutchess, Orange, Putnam, Rockland and Sullivan counties	35.05	284.65	71.18	320.78	153.51	153.51	396.41	1,010.46
058	<b>Preferred Care</b> 259 Monroe Ave., Rochester, NY 14607 585-325-3113 or 1-800-950-3224 (TTY: 585-325-2629) www.preferredcare.org Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties	0.00	106.68	29.51	136.19	106.68	106.68	295.12	721.83
057	<b>Univera Healthcare</b> 205 Park Club Ln., Buffalo, NY 14221-5239 1-800-337-3338 (TTY: 1-800-421-1220) www.univerahealthcare.com Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties	0.00	212.45	36.14	250.11	155.41	155.41	361.41	983.07
070	<b>Vytra Health Plans</b> Corporate Center, 395 North Service Rd., Melville, NY 11747-3127 1-800-406-0806 (TTY: 1-800-239-1235) www.vytra.com Serving Nassau, Queens and Suffolk counties	14.65	269.26	56.33	310.94	172.87	172.87	431.51	1,122.99

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)



2006 Rates for Non HMO-Eligible Retirees  
November 2005

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 Rates & Information was printed using recycled paper and environmentally sensitive inks.  NF0172 2006 Non-HMO

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).

If you cancel your NYSHIP coverage to join a non-NYSHIP Medicare Advantage plan:

- The State no longer reimburses you or your Medicare-eligible dependents for the Part B premium.
- If you wish to re-enroll in NYSHIP, there is a three-month waiting period.
- If you die while you are not enrolled in NYSHIP, your dependents are not eligible for Dependent Survivor coverage.

Before you choose a Medicare Advantage option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected. Before you consider joining a non-NYSHIP Medicare Advantage HMO, refer to the October 2002 flyer, *The Empire Plan and Medicare+Choice HMOs – A Special Report for Retirees and Dependent Survivors enrolled in The Empire Plan through New York State Agencies and Participating Employers*.

### 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 sign the letter and include your identification number, telephone number and address. 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 need a *NYSHIP General Information Book* and/or *Empire Plan Certificate* or a replacement Empire Plan Benefit Card for The Empire Plan. Please call Monday through Friday between 9 a.m. and 3 p.m. Eastern time to speak to a representative, or any time to use our automated telephone system.

### 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. The amount of your monthly credit remains the same throughout your lifetime. However, the balance you pay for your health insurance premium may change each year. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2006, subtract your monthly sick leave credit from the new monthly premium.

### Employee Benefits Division Web Site

Visit our web site at [www.cs.state.ny.us](http://www.cs.state.ny.us). You'll find the latest Empire Plan benefit information and an up-to-date *Empire Plan Participating Provider Directory*. For the *Choices* booklet, click on "Employee Benefits," then on "Choosing a Health Plan?"