

2009 Rates & 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 New York State Health Insurance Program (NYSHIP) health insurance option for any reason at any time once during the year. You may change from a NYSHIP 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 12 months. Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for a 12-month period.

You may change options more than once in a 12-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; or you add a newly eligible dependent to your coverage. **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 for 2009* booklet mailed to your home later this fall, 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 after December 12.

If there are any copayment or benefit changes for 2009, your plan will notify you directly. Read your *Empire Plan Report* or recent HMO notices for changes that may affect you. Check our web site for more information: www.cs.state.ny.us. Click on Benefit Programs then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices for the most up-to-date option transfer information. If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select UnitedHealthcare and then the appropriate prompt on the UnitedHealthcare telephone system for assistance with option transfer questions. If you have questions about NYSHIP-approved HMOs, call the HMOs directly. (See the rate listing inside and *Choices* 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 2009 health insurance rates of your 2009 health insurance plan.

The 2009 Medicare reimbursement for the Medicare Part B premium will be \$96.40 per month.

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 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.

1 Medicare Premium and Your Credit (Reimbursement) Will Be \$96.40 per Month

The cost for the Medicare Part B premium for 2009 is \$96.40 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, 2008, should reflect the 2009 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 adjustment 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 September 30, 2008.

Registration #: YTD Federal Tax Withhold:

Retirement #: YTD Federal Tax Withhold:

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".

Benefit	2008	2009
Normal Allowance		
Cost of Living		
Supplemental Allowance		
Benefit Adjustments		
Cost Benefit		
Miscellaneous Allowances		
Total Federal Withholding Tax		
Miscellaneous Deductions		
Health Insurance		
Health Ins. Deduction		
Medicare Credit		
Medicare Deduction		
Net Retirement Benefit Paid		

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

I hope this information is helpful. If you have any questions, please call the Albany area office at 518-474-7796 or 800-0990, or (518) 474-7796 in the Albany area.

New York State Health Insurance Program 2009 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 on this rate sheet. Retirees of other Participating Employers: Contact your former employer for 2009 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2009 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.

Code	Plan and Service Area
001	The Empire Plan (available to enrollees and their eligible dependents worldwide) 1-877-7-NYSHIP (1-877-769-7447) www.cs.state.ny.us Medical Benefits Program: UnitedHealthcare, PO Box 1600, Kingston, NY 12402-1600 (TTY: 1-888-697-9054) Hospital Benefits Program: Empire BlueCross BlueShield, NYS Service Center, PO Box 1407, Church Street Station, New York, NY 10008-1407 (TTY: 1-800-541-1234) Mental Health/Substance Abuse Program: UnitedHealthcare/OptumHealth, PO Box 5190, Kingston, NY 12402-5190 (TTY: 1-800-855-2881) Prescription Drug Program: UnitedHealthcare/Medco Health Solutions, PO Box 5900, Kingston, NY 12402-5900 (TTY: 1-800-759-1089)
210	Aetna* 99 Park Ave., New York, NY 10016 1-800-323-9930 Medicare Advantage Customer Service 1-800-282-5366 (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
066	Blue Choice* 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282); Medicare Blue Choice 1-877-883-9577 www.excellusbcbs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
063	Capital District Physicians' Health Plan (CDPHP)* 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-993-7299 Medicare-eligible (TTY: 1-877-261-1164) www.cdphp.com Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
300	Capital District Physicians' Health Plan (CDPHP)* 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-993-7299 Medicare-eligible (TTY: 1-877-261-1164) www.cdphp.com Serving Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties
310	Capital District Physicians' Health Plan (CDPHP)* 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-993-7299 Medicare-eligible (TTY: 1-877-261-1164) www.cdphp.com Serving Dutchess, Orange and Ulster counties
067	Community Blue* 1901 Main St., PO Box 80, Buffalo, NY 14240 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) Senior Blue Medicare Advantage 1-800-329-2792 (TTY: 1-877-834-6918) www.bcbswny.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
280	Empire BlueCross BlueShield HMO (Upstate) 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-453-0113 (TTY: 1-800-241-1234) www.empireblue.com Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
290	Empire BlueCross BlueShield HMO (Downstate) 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-453-0113 (TTY: 1-800-241-1234) www.empireblue.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties
320	Empire BlueCross BlueShield HMO (Mid-Hudson) 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-453-0113 (TTY: 1-800-241-1234) www.empireblue.com Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties
220	GHI HMO 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: 1-877-208-7920) www.ghi.com Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties
350	GHI HMO 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: 1-877-208-7920) www.ghi.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties
050	HIP Health Plan of New York* 55 Water St., New York, NY 10041 1-877-861-0175 (TTY: 1-888-447-4833) www.hipusa.com® Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties
072	HMOBlue Excellus BlueCross BlueShield, Central New York Region PO Box 22999, Rochester, NY 14692 1-800-447-6269 (TTY: 1-877-398-2275) www.excellusbcbs.com Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
160	HMOBlue Excellus BlueCross BlueShield, Utica Region Utica Business Park, 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1-877-398-2275) www.excellusbcbs.com Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties
059	Independent Health* 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
060	MVP Health Care* (East) 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
330	MVP Health Care* (Central) 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, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego and Tioga counties
340	MVP Health Care (Mid-Hudson) 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, Sullivan and Ulster counties
360	MVP Health Care (North) 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 Franklin and St. Lawrence counties
058	Preferred Care* 220 Alexander St., Rochester, NY 14607 585-325-3113 or 1-800-950-3224 Medicare-eligible 585-327-5760 or 1-800-665-7924 (TTY: 1-800-665-7924) www.preferredcare.org Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties
057	Univera Healthcare* 205 Park Club Ln., Buffalo, NY 14221-5239 1-800-337-3338 Medicare-eligible 1-800-558-4320 (TTY: 1-800-421-1220) www.univera.com Serving Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming counties

† If Medicare-primary, check with the plan.

* Medicare-primary enrollees will be enrolled in this plan's Medicare Advantage Plan.

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.)								
	Retirement Prior to 1/1/83 and all retirees of Thruway Authority Retirees of other Participating Employers: Contact your former employer for 2009 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
(TTY: 1-800-241-6894)	0.00	162.73	48.15	210.88	162.73	162.73	481.52	1,132.44
tna.com ate, and all counties in New Jersey (TTY: 1-800-421-1220)	168.87	746.30	211.31	788.74	256.90	256.90	593.27	1,620.86
primary 1-800-704-6152 rren and Washington counties	7.34	190.41	48.95	232.02	160.51	160.51	423.43	1,065.47
primary 1-800-704-6152 nties	0.00	161.06	41.08	202.14	161.06	161.06	410.79	1,055.02
primary 1-800-704-6152	53.40	334.79	96.63	378.02	190.39	190.39	485.67	1,247.23
primary 1-800-704-6152	66.07	366.73	109.14	409.80	194.73	194.73	496.75	1,275.68
dvantage Plan ng counties (1-6894) e, Warren and Washington counties (1-241-6894)	38.10	393.00	84.43	439.33	222.53	222.53	501.39	1,391.52
(1-241-6894)	83.36	448.45	130.71	495.80	224.22	224.22	556.89	1,453.76
(1-241-6894)	132.03	576.03	179.49	623.49	244.27	244.27	606.66	1,583.74
(1-241-6894)	182.26	706.87	229.62	754.23	264.11	264.11	655.84	1,712.28
	47.47	358.70	92.42	403.65	202.57	202.57	497.01	1,307.31
	83.75	470.00	128.70	514.95	221.33	221.33	533.29	1,418.61
	29.99	235.56	75.87	281.44	177.15	177.15	488.84	1,197.44
5)	99.83	460.96	144.00	505.13	209.71	209.71	541.51	1,380.36
275) www.excellusbcb.com counties	24.68	324.87	69.02	369.21	196.95	196.95	468.13	1,255.94
	1.46	231.19	46.18	275.91	183.08	183.08	448.68	1,181.02
www.joinmvp.com	0.00	152.49	38.40	190.89	152.49	152.49	384.05	994.00
20) www.joinmvp.com es	41.19	309.13	82.64	350.58	180.94	180.94	455.75	1,179.53
2-1220)	80.07	412.29	122.08	454.30	198.58	198.58	500.18	1,294.50
)	87.06	430.40	129.07	472.41	201.36	201.36	507.17	1,312.60
(: 585-325-2629)	0.00	142.62	38.16	180.78	142.62	142.62	381.57	952.04
niverahealthcare.com	161.00	705.33	201.46	745.79	249.47	249.47	565.63	1,563.53

State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.state.ny.us



2009 Rates for Retirees – November 2008

ADDRESS SERVICE REQUESTED

Your Only Notice of
Health Insurance
Rate Changes for 2009

**Please do not send mail
or correspondence to the
return address listed above.
See address below.**

 Retiree Rates & Information was printed on paper containing recycled fiber using environmentally sensitive inks.  AL0799 2009 Retiree Rates & Information

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 Department of Civil Service web site (www.cs.state.ny.us). Click on Benefit Programs then NYSHIP Online for timely information that 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 your agency Health Benefits Administrator. COBRA Enrollees: 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 2009 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 deduction change will depend on when your health insurance plan change is received and processed.

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.

Keep Your Health Insurance Up to Date

You must write to the Employee Benefits Division at the New York State Department of Civil Service, Alfred E. Smith State Office Building, Albany, New York 12239, when changes in your family or marital status affect your coverage or if your address changes. Be sure to sign your letter and include your Social Security 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

You may call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). 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.

Employee Benefits Division Web Site

Visit our web site at www.cs.state.ny.us to find the latest benefit information. New in 2009, you may also view your enrollment record, change your address, order Empire Plan identification cards, compare benefit plans and submit option transfer requests online using MyNYSHIP Enrollee Self-Service, a secure portion of the Employee Benefits Division's web site, NYSHIP Online. See the *Choices for 2009* booklet for details. To view *Choices* online, click on Benefit Programs then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices.

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 that 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 2009, subtract your monthly sick leave credit from the new monthly premium.