

August 2011

NYSHIP Rate Changes

Effective October 1, 2011

For Retirees and Vestees of New York State Government and their Enrolled Dependents

Special Option Transfer Period (September 1 through September 30, 2011)

The terms of a collective bargaining agreement have been administratively extended to Retirees and Vestees of New York State Government and their enrolled dependents. This will result in a NYSHIP rate change effective October 1; the new rates included in this publication will be in effect through the end of 2011. As a result of these rate changes, there will be a Special Option Transfer Period during the month of September. The annual rate change for 2012 will occur on the first of this year, as usual.

How will the Special Option Transfer Period work?

As a result of the rate changes, there will be a Special Option Transfer Period, **September 1 through September 30, 2011**. You may select The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving your area.

No action is required if you wish to keep your current health insurance option.

PLEASE NOTE: A change during this Special Option Transfer Period will not be counted as an option change for the purpose of the once in a 12-month period limit for retirees. In addition, health insurance rates and benefit plan information for the 2012 plan year will be available at the end of the 2011 calendar year as they normally are and you will have the opportunity to review this material and change options again at that time if you wish to do so.

Choices and The Empire Plan Special Report Explain 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 2011* booklet that was mailed to your home last fall (also available from the Employee Benefits Division). You can also visit our web site at <https://www.cs.ny.gov> for this information. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices for the most up-to-date option transfer information.

Also, please reference the August 2011 *Empire Plan Special Report* with the *Empire Plan Preventive Care Coverage* chart for Empire Plan benefit changes, including preventive care services required by the federal Patient Protection and Affordable Care Act (PPACA). You should have received this *Report* in the mail separately. You can also access this *Report* on our web site at <https://www.cs.ny.gov>. Click on Benefits and Publications.

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select the Medical Program and then the appropriate prompt for Option Transfer benefit questions.

If you have questions about NYSHIP HMOs, call the HMOs directly. (See the rate listing inside for telephone numbers.) Be sure you understand how your benefits will be affected if you change plans.

Continued on page 7



New York State Department of Civil Service, Employee Benefits Division
Alfred E. Smith State Office Building, Albany, New York 12239
<https://www.cs.ny.gov>

New York State Health Insurance Program 2011 Rates

Check your plan – this is your only notice of a rate change.

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) ht Medical/Surgical Program: UnitedHealthcare, PO Box 1600, Kingston, NY 12402-1600 (TTY: 1-888-697-9054) Hospital Program: Empire BlueCross BlueShield, NYS Service Center, PO Box 1407, Church Street Station, New York, NY Mental Health/Substance Abuse Program: UnitedHealthcare/OptumHealth, PO Box 5190, Kingston, NY 12402-5190 (TT Prescription Drug Program: UnitedHealthcare/Medco Health Solutions, PO Box 5900, Kingston, NY 12402-5900 (TTY: 1-
210	Aetna** † 99 Park Ave., New York, NY 10016 1-800-323-9930 (TTY: 1-800-654-5984) www.aetna.com Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westches
066	Blue Choice † 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282) www.excellus
063	Capital District Physicians' Health Plan (CDPHP) (Capital) † 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641 Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Wa
300	Capital District Physicians' Health Plan (CDPHP) (Central) † 500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641 Serving Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley) † 500 Patroon Creek Blvd., Albany, NY 12206-1057
067	Community Blue** † PO Box 80, Buffalo, NY 14240-0080 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) www.b
280	Empire BlueCross BlueShield HMO (Upstate) 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800 Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, S
290	Empire BlueCross BlueShield HMO (Downstate) 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1- 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
220	GHI HMO 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: 1-877-208-79
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-
050	HIP Health Plan of New York † 55 Water St., New York, NY 10041 1-877-861-0175 (TTY: 1-888-447-4833) hipusa.com Se
072	HMOBlue Excellus BlueCross BlueShield (Central New York Region) 333 Butternut Dr., Syracuse, NY 13214 1-800-44 Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
160	HMOBlue Excellus BlueCross BlueShield (Utica Region) 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1-877-3 Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneid
059	Independent Health † 511 Farber Lakes Dr., Buffalo, NY 14221 1-800-501-3439 (TTY: 716-631-3108) www.independent
058	MVP Health Care (Rochester) † PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687- Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties
060	MVP Health Care (East) † PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warr
330	MVP Health Care (Central) † PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-62 Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Osw
340	MVP Health Care (Mid-Hudson) † PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-
360	MVP Health Care (North) PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277)

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.

<https://www.cs.ny.gov>

1-800-855-2881 (TTY: 1-800-241-6894)
1-800-759-1089

Serving Ulster counties in New York State, and all counties in New Jersey

www.excellusbcbs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties

1-877-261-1164 or 1-800-777-2273 (TTY: 1-877-261-1164) www.cdphp.com
Serving Washington counties

1-877-261-1164 or 1-800-777-2273 (TTY: 1-877-261-1164) www.cdphp.com

1-877-261-1164 or 1-800-777-2273 (TTY: 1-877-261-1164) www.cdphp.com Serving Dutchess, Orange and Ulster counties

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Serving Otsego and St. Lawrence counties

www.joinmvp.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties

1-800-662-1220 (TTY: 1-800-662-1220) www.joinmvp.com

1-800-662-1220 (TTY: 1-800-662-1220) www.joinmvp.com
Serving Franklin and Washington counties

1-800-662-1220 (TTY: 1-800-662-1220) www.joinmvp.com
Serving Otsego, Tioga and Tompkins counties

1-800-662-1220 (TTY: 1-800-662-1220) www.joinmvp.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties

1-800-662-1220 (TTY: 1-800-662-1220) www.joinmvp.com Serving Franklin and St. Lawrence counties

Monthly Rates: Rates for retirees do not reflect sick leave credit. (See page 8 for more information on how sick leave credit impacts your premium.)

A		B		C	
Ind	Fam	Ind	Fam	Ind	Fam
0.00	193.09	69.72	278.26	580.96	1353.34
170.53	928.55	238.05	1011.56	733.21	2072.27
0.00	159.68	55.49	227.94	462.44	1101.15
3.42	211.87	67.41	291.18	536.63	1319.68
83.74	413.95	148.14	493.77	620.41	1529.12
104.82	466.11	169.09	545.77	640.39	1578.89
0.00	311.29	66.11	395.64	550.95	1507.69
114.48	567.20	183.24	652.75	687.50	1770.17
217.98	837.86	286.80	923.49	791.51	2041.96
219.73	842.60	288.62	928.31	793.82	2047.93
173.26	747.65	243.98	835.53	762.63	1980.68
235.11	915.67	305.83	1003.55	824.47	2148.69
52.15	319.43	119.40	402.69	612.57	1480.26
127.76	511.83	192.93	592.34	670.80	1630.55
91.37	475.71	154.37	553.77	616.40	1565.46
0.00	195.30	63.96	274.89	532.96	1314.17
0.00	166.28	54.94	234.52	457.82	1122.94
0.00	174.77	57.69	246.45	480.75	1179.85
26.40	266.04	89.26	343.94	550.22	1353.93
17.80	243.27	80.24	320.64	538.09	1323.66
106.20	468.21	170.13	547.47	638.95	1575.82

Enrollee contributions for Retirees and Vestees

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.

A Retirement Prior to 1/1/1983

B Retirement on or after 1/1/1983

C Vestees and Long Term Disability Enrollees

* These two HMOs will provide nongrandfathered benefits, including preventive care services required by the federal Patient Protection and Affordable Care Act (PPACA). Contact the HMO directly for specific information.

† Medicare-primary enrollees will be enrolled in this plan's Medicare Advantage Plan. As a rule, the Centers of Medicare & Medicaid Services (CMS) states that, except under certain circumstances, if an enrollee's temporary residence is out of the HMO's Medicare Advantage Plan service area for more than six consecutive months, the enrollee will be disenrolled from that HMO Medicare Advantage Plan.

‡ If Medicare-primary, check with the plan.

If You Are Changing Your Health Insurance Option

1. Complete the NYSHIP Option Transfer Request form on page 6. **Enrollee signature is required.**
2. Send the completed form to the Employee Benefits Division at the address provided by September 30, 2011.
3. **If you are enrolling in or transferring out of one of the following Medicare Advantage Plans...**

Option 210	Aetna	Option 050	HIP Health Plan of New York
Option 066	Blue Choice	Option 059	Independent Health
Option 063	CDPHP	Option 058	MVP Health Care (Rochester)
Option 300	CDPHP	Option 060	MVP Health Care (East)
Option 310	CDPHP	Option 330	MVP Health Care (Central)
Option 067	Community Blue	Option 340	MVP Health Care (Mid-Hudson)

...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required.

If you are Medicare-primary and plan to change options into or out of one of the Medicare Advantage HMOs listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. The effective date of your requested change is dependent upon the date it is received and processed by the Employee Benefits Division and the date the HMO has completed the Medicare-required enrollment process. Therefore, if you are requesting a change involving a Medicare Advantage HMO, submit your request as soon as possible.

NYSHIP Option Transfer Request

No action is required if you wish to keep your current health insurance.

Please fill in this form and return it by September 30, 2011 to:

NYS Department of Civil Service Employee Benefits Division, Operations Unit

Alfred E. Smith State Office Building, Albany, New York 12239

Call us at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)
if you have any questions about this form.

Enrollee Name _____

Social Security Number (SSN) _____

Address _____

County* _____ City or Post Office _____

State _____ ZIP Code _____ Telephone Number (____) _____

Is this a new address? Yes No Date of New Address: _____

Medicare Yes No If Yes: Part A Effective Date: _____ Part B Effective Date: _____

Dependent Medicare Yes No

If Yes: Part A Effective Date _____ Part B Effective Date _____

Are you or your dependent reimbursed from another source for Part B coverage? Yes No

If Yes, by whom? _____ Amount \$ _____

Effective October 1, 2011, please change my health insurance option.

From: Current Option Code Number _____ Current Plan Name _____

To: New Option Code Number _____ New Plan Name _____

Date _____ Enrollee Signature (required) _____

If you have Family coverage, please complete the following for each dependent enrolled in Medicare

(attach a separate sheet of paper if necessary):

Dependent Name _____ SSN _____

Medicare ID # (on his or her Medicare card) _____

Date _____ Dependent Signature (required) _____

Dependent Name _____ SSN _____

Medicare ID # (on his or her Medicare card) _____

Date _____ Dependent Signature (required) _____

I have no Medicare-eligible dependents

* If you are enrolling in an HMO, please double check the enclosed rate chart or the HMO's page in *Choices*.
Is the HMO approved by NYSHIP to serve your county?

USE THIS FORM FOR OPTION CHANGE ONLY

Sample Pension Check Stub

1. Medicare Premium and Your Credit (Reimbursement) Will Not Change

If you or your dependent is Medicare primary, the State’s reimbursement of the standard Part B premium is shown as a credit in the box, unless you or your dependent receive reimbursement from another source. The standard Medicare Part B premium varies somewhat depending on your individual circumstances, such as when you first became Medicare-eligible.

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 will reflect the October 2011 rate change.

The deduction of your new health insurance premium (due to the rate changes) or for your new health insurance plan (if you change plans) plus or minus any retroactive adjustment needed will be reflected no earlier than your September 30 pension check. The date of the adjustment will depend on when your health insurance plan change request is received and processed.

Changing plans may result in substantially different coverage. If you decide to change plans, complete the Option Transfer Request form on page 6 (see instructions on page 5) and mail it to the Employee Benefits Division by September 30, 2011 at the address provided.

To Contact the Employee Benefits Division

You may call the Employee Benefits Division at 518-457-5754 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 service.

Your Retirement Check and “Notice of Change” Document

Your deductions will change to reflect the changes to the 2011 health insurance rates of your 2011 health insurance plan. The 2011 monthly Medicare reimbursement for the Medicare Part B premium will not change.

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 left are from the New York State and Local Employees’ Retirement System. Note: If you receive your pension from another retirement program, your check stub and “Notice of Change” document will be different.

Enrollees Who Pay the Employee Benefits Division Directly

If you remain in your current plan, the October 2011 rate change will be reflected in your bill due September 30, which bills for your October coverage.

If you change plans, the October 2011 rate change for your new health insurance plan will be reflected in your October 31 bill with any retroactive adjustments.

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.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2011.

Registration #: YTD Federal Tax Withheld:

Retirement #: YTD Federal Tax Withheld:

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 “**”.

	Last Month	This Month
Benefits		
Normal Allowance		
Cost of Living		
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$0.00	\$0.00
Gross Benefit		

Miscellaneous

NEW YORK STATE & LOCAL RETIREMENT SYSTEM

Name: Check #: Retirement #: Date: May 31, 2011 Registration #:

	NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT	GROSS TOTAL
Health:				
FEDERAL WITHHOLDING				TOTAL DEDUCTIONS
Net Ret:				CHECK AMOUNT

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER.

If you have any questions, need to order forms and booklets, or to change your mailing address, contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany, New York area.

You may also call this number to request an Electronic Fund Transfer (EFT) enrollment form. With EFT, funds are deposited directly into your account, replacing the traditional “check in the mail.” EFT is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

Continued on back cover

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://www.cs.ny.gov>
Address Service Requested
Time-Sensitive Materials
**Your Only Notice of Health Insurance
Rate Changes for October 1, 2011**



Important Health Insurance Information
for the Enrollee, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents

NYSHIP Rate Changes for NY Retirees – August 2011

**Please do not send mail or
correspondence to the return
address listed above. See
page 1 for address.**

It is the policy of the New York State 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 (<https://www.cs.ny.gov>). 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 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

2011 NYSHIP Rate Changes for NY Retirees 08/11

 NYSHIP Rate Changes was printed on paper containing recycled fiber using environmentally sensitive inks.

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Lifetime Sick Leave Credit

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. When the premium or your contribution rate rises, the balance you must pay may also rise. To calculate the balance you will pay for the remainder of 2011, subtract your monthly sick leave credit from your new monthly premium.