

## 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 Health Maintenance Organization (HMO) to The Empire Plan, or from The Empire Plan to an HMO or from one HMO to another HMO in your area.\*

Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for a 12-month period.



## DECEMBER 2013

For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of Participating Employers and their Enrolled Dependents

**Important:** You may receive information from Medicare and from non-NYSHIP plans in your area describing Medicare options available to you that are not part of NYSHIP. Please be aware that your NYSHIP benefits will be significantly reduced or even canceled if you join one of these plans. Before you choose a Medicare Advantage or Prescription Drug option that is not part of NYSHIP, check with the Employee Benefits Division to see how your NYSHIP benefits will be affected.

**NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR THAT PLAN.**

\* This flyer includes 2014 rates for all NYSHIP options, but NYSHIP HMOs have limited service areas. If you reside outside New York State or New Jersey, your only NYSHIP option is The Empire Plan. If you move into an area served by a NYSHIP HMO, you will be eligible to change your option to an HMO at that time.



## CHOICES EXPLAINS YOUR CURRENT PLAN AND OTHER AVAILABLE PLANS

You may change options more than once in a 12-month period only: if you are enrolled in an HMO and you or one of your enrolled dependents (other than a student attending college) 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.

If you are considering changing your health insurance plan or wish to review your current plan, refer to the *2014 Health Insurance Choices* booklet. You can also visit our web site at <https://www.cs.ny.gov> for this information or to use our online NYSHIP Plan Comparison tool

\* As a general rule, the Centers for 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.

to generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area.

If there are any copayment or benefit changes for 2014, your current plan will notify you directly. Read your *Empire Plan Reports* or *HMO Reports* for changes that may affect you.

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 assistance with option transfer benefit questions. If you have questions about NYSHIP-approved HMOs, call the HMOs directly. (See pages 6 and 7 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.

**If your modified adjusted gross income for 2012 was below \$85,000 (if you filed an individual Federal tax return) or \$170,000 (if you filed a joint Federal tax return), the following information does NOT apply to you.**

## MEDICARE'S INCOME-RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA)

**The information below applies only if you are subject to Medicare's IRMAA based on the income levels listed below.** If you are Medicare-primary, enrolled in a NYSHIP option that includes Medicare Part D prescription drug coverage and your income is above a certain limit, Medicare requires you to pay an IRMAA to Social Security in addition to your NYSHIP premium for your prescription drug coverage. The chart below shows the estimated Part D plan IRMAA cost for 2014, based on income. If you are subject to Part D IRMAA, what you pay may be higher or lower. **Note:** While New York State law requires the reimbursement of your Medicare Part B premium, including any Part B IRMAA you owe, the law does not authorize NYSHIP to reimburse the Part D IRMAA.

2014 Estimated Part D IRMAA Chart		
If your 2012 Modified Adjusted Gross Income was:		You pay in 2014:
Individual Tax Return	Joint Tax Return	
\$85,000 or below	\$170,000 or below	Your NYSHIP Premium
\$85,001 – \$107,000	\$170,001 – \$214,000	\$12.10 + Your NYSHIP Premium
\$107,001 – \$160,000	\$214,001 – \$320,000	\$31.10 + Your NYSHIP Premium
\$160,001 – \$214,000	\$320,001 – \$428,000	\$50.20 + Your NYSHIP Premium
above \$214,000	above \$428,000	\$69.30 + Your NYSHIP Premium

## YOUR RETIREMENT CHECK AND "NOTICE OF CHANGE" DOCUMENT

Your deductions will change to reflect the 2014 health insurance rates of your 2014 health insurance plan.

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. *Note: If you receive your pension from another retirement program, your check stub and "Notice of Change" document will be different.*

### 1. Medicare Part B Premium and Your Credit (Reimbursement)

NYSHIP will reimburse you and your enrolled dependents for the standard Part B premium when Medicare becomes primary to NYSHIP, unless you or your dependent receives reimbursement from another source or are NYSHIP-primary for claims purposes. In 2014, the standard Medicare Part B premium will be \$104.90 per month.

### 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, 2013, should reflect the 2014 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, 2013

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 "\*".

	Last Month	This Month
<b>Benefits</b>		
Normal Allowance		
Cost of Living		
Supplemental Allowance		
Benefit Adjustments		
Gross Benefit		
<b>Miscellaneous Adjustment</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 change the amount of Federal Income already been advised regarding		
I hope this information is helpful. For more information, see the booklets or change your mailing address or (518) 474-7736 in the Albany area.		

### NEW YORK STATE & LOCAL RETIREMENT SYSTEMS

Name: \_\_\_\_\_  
 Retirement #: \_\_\_\_\_

Check #: \_\_\_\_\_  
 Date: May 31, 2013  
 Registration #: \_\_\_\_\_

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT	C.S.E.A. UNION DUES	GROSS TOTAL
\$609.58	\$75.00	•		\$684.58
FEDERAL WITHHOLDING	INSURANCE PREMIUM	C.S.E.A. UNION DUES	TOTAL DEDUCTIONS	CHECK AMOUNT
\$58.00		\$2.00		\$624.58
				\$624.58

SAMPLE

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER.  
 If you have questions, need to order forms and booklets, or change your mailing address, please contact our Call Center toll-free at 1-866-805-0990, or 518-474-7736 in the Albany, New York area.  
 You may also call this number to request a direct deposit enrollment form. With direct deposit, funds are deposited directly into your account, replacing the traditional "check in the mail." Direct deposit is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

**NEW YORK STATE HEALTH INSURANCE PROGRAM 2014 RATES • CHECK YOUR PLAN – THIS IS YOUR ONLY NOTICE OF A RATE CHANGE.**

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.

**Not all Participating Employers (PE) use the contribution rates reflected in this flyer. If you have questions regarding whether any of these rates apply to you or what your NYSHIP rates will be for 2014, contact your former employer.**

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.

<b>These rates reflect the monthly cost for NYSHIP retiree coverage.                      Rates for retirees do not reflect sick leave credits.                      (See the facing page for more information on how sick leave credit impacts your premium.)</b>									
Code	Plan	Thruway Authority Retirees and Retirees of Employers that Contribute 100% Individual/ 75% Dependent		Retirees and Dependent Survivors of Employers that Contribute 90% Individual/ 75% Dependent		Most Dependent Survivors of the Thruway Authority		Vestees and All Other Dependent Survivors (Full Share Premium)♦	
		Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	220.52	61.75	282.27	220.52	220.52	617.51	1499.61
210	Aetna*	259.05	1194.08	323.62	1258.65	409.57	409.57	904.73	2543.00
066	Blue Choice*	0.00	191.22	51.76	242.98	191.22	191.22	517.64	1282.52
067	BlueCross BlueShield of Western New York*	0.00	217.58	59.33	276.91	217.58	217.58	593.28	1463.59
063	Capital District Physicians’ Health Plan (CDPHP) (Capital)*	9.02	206.44	64.86	263.18	206.44	206.44	567.45	1393.21
300	Capital District Physicians’ Health Plan (CDPHP) (Central)*	90.76	401.30	147.31	457.85	240.20	240.20	656.28	1617.07
310	Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)*	104.58	434.23	161.17	490.82	245.07	245.07	670.46	1650.76
280	Empire BlueCross BlueShield HMO (Upstate)*	145.96	625.94	207.53	687.51	299.51	299.51	761.64	1959.68
290	Empire BlueCross BlueShield HMO (Downstate)*	300.72	1033.56	363.09	1095.93	365.12	365.12	924.42	2384.91
320	Empire BlueCross BlueShield HMO (Mid-Hudson)*	285.16	991.56	347.19	1053.59	357.48	357.48	905.47	2335.41
220	GHI HMO (Capital)	151.01	662.66	213.33	724.98	308.18	308.18	774.25	2006.97
350	GHI HMO (Hudson Valley)	208.70	845.71	270.89	907.90	339.14	339.14	830.63	2187.20
050	HIP Health Plan of New York*	91.00	375.30	148.32	432.62	234.78	234.78	664.23	1603.36
072	HMOBlue (Central New York Region)	242.84	780.12	303.58	840.86	305.44	305.44	850.23	2072.00
160	HMOBlue (Utica Region)	255.14	887.76	314.63	947.25	328.71	328.71	850.01	2164.86
059	Independent Health*	34.79	269.34	93.61	328.16	227.63	227.63	622.95	1533.47
058	MVP Health Care* (Rochester)	0.00	185.38	51.13	236.51	185.38	185.38	511.29	1252.83
060	MVP Health Care* (East)	0.00	200.48	54.97	255.45	200.48	200.48	549.66	1351.59
330	MVP Health Care* (Central)	50.61	298.09	106.94	354.42	223.82	223.82	613.95	1509.22
340	MVP Health Care* (Mid-Hudson)	33.78	244.99	89.43	300.64	212.83	212.83	590.32	1441.65
360	MVP Health Care (North)	153.81	560.92	211.36	618.47	267.15	267.15	729.32	1797.94

† If Medicare-primary, check with the plan.

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

♦ Not all PE use the contribution rates reflected in this flyer. If you are not required to pay the full cost for your coverage, multiply the percent you contribute to the rates in this column to determine your approximate monthly rate.

**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 PE: Contact your former employer for 2014 rates. Dependent survivors of other PE: Contact the former employer of the enrollee for 2014 rates.

**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 each year. When the premium rises, the balance you must pay may also rise. To calculate the balance you will pay in calendar year 2014, subtract your monthly sick leave credit from the new monthly premium.

**SUMMARY OF BENEFITS AND COVERAGE**

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. To view the SBC for The Empire Plan or a NYSHIP HMO, visit <https://www.cs.ny.gov/sbc/index.cfm>. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to request a copy for The Empire Plan. For a copy of the SBC for a NYSHIP HMO, contact the HMO directly.

**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)  
<https://www.cs.ny.gov>  
 Medical 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 10008-1407  
 (TTY: 1-800-241-6894)  
 Mental Health/Substance Abuse Program:  
 ValueOptions  
 PO Box 1800, Latham, NY 12110  
 (TTY: 1-866-974-2415)  
 Empire Plan Medicare Rx: CVS Caremark, Inc.,  
 PO Box 280200, Nashville, TN 37228  
 (TTY: 1-866-236-1069)  
**Note:** If you are not Medicare-primary, see your  
*Choices* booklet for alternate contact information.

**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](http://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

**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  
 (TTY: 1-800-421-1220)  
[www.excellusbcbcs.com](http://www.excellusbcbcs.com)  
 Serving Livingston, Monroe, Ontario, Seneca,  
 Wayne and Yates counties

**067 BlueCross BlueShield  
of Western New York\***

PO Box 80, Buffalo, NY 14240  
 716-887-8840 or 1-877-576-6440  
 (TTY: 1-888-249-2583)  
 Senior Blue HMO Medicare Advantage Plan  
 PO Box 62, Buffalo, NY 14240  
 1-800-329-2792 (TTY: 1-877-834-6918)  
[www.bcbswny.com](http://www.bcbswny.com)  
 Serving Allegany, Cattaraugus, Chautauqua, Erie,  
 Genesee, Niagara, Orleans and Wyoming counties

**Code Plan and Service Area****063 Capital District Physicians' Health Plan  
(CDPHP) (Capital)\***

500 Patroon Creek Blvd., Albany, NY 12206-1057  
 518-641-3700 or 1-800-777-2273  
 Medicare-primary 518-641-3950 or 1-888-248-6522  
 (TTY: 1-877-261-1164)  
[www.cdphp.com](http://www.cdphp.com)  
 Serving Albany, Columbia, Fulton, Greene,  
 Montgomery, Rensselaer, Saratoga, Schenectady,  
 Schoharie, Warren and Washington counties

**300 Capital District Physicians' Health Plan  
(CDPHP) (Central)\***

500 Patroon Creek Blvd., Albany, NY 12206-1057  
 518-641-3700 or 1-800-777-2273  
 Medicare-primary 518-641-3950 or 1-888-248-6522  
 (TTY: 1-877-261-1164)  
[www.cdphp.com](http://www.cdphp.com)  
 Serving Broome, Chenango, 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  
 518-641-3700 or 1-800-777-2273  
 Medicare-primary 518-641-3950 or 1-888-248-6522  
 (TTY: 1-877-261-1164)  
[www.cdphp.com](http://www.cdphp.com)  
 Serving Delaware, Dutchess, Orange and  
 Ulster counties

**280 Empire BlueCross BlueShield HMO (Upstate)\***

11 Corporate Woods Blvd., PO Box 11800,  
 Albany, NY 12211-0800  
 1-800-453-0113 (TTY: 1-800-241-6894)  
 Medicare 1-800-564-9053 • [www.empireblue.com](http://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: 1-800-241-6894)  
 Medicare 1-800-564-9053 • [www.empireblue.com](http://www.empireblue.com)  
 Serving Bronx, Kings, Nassau, New York,  
 Queens, Richmond, Rockland, Suffolk and  
 Westchester counties

**Code Plan and Service Area**

**320 Empire BlueCross BlueShield HMO (Mid-Hudson)\***  
11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800  
1-800-453-0113 (TTY: 1-800-241-6894)  
Medicare 1-800-564-9053  
www.empireblue.com  
Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties

**220 GHI HMO (Capital)**  
55 Water St., New York, NY 10041 or PO Box 2844, New York, NY 10116  
1-877-244-4466 (TTY: 1-877-208-7920)  
www.emblemhealth.com  
Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties

**350 GHI HMO (Hudson Valley)**  
55 Water St., New York, NY 10041 or PO Box 2844, New York, NY 10116  
1-877-244-4466 (TTY: 1-877-208-7920)  
www.emblemhealth.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.emblemhealth.com  
Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties

**072 HMOBlue (Central New York Region)**  
333 Butternut Dr., Syracuse, NY 13214-1803  
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

**160 HMOBlue (Utica Region)**  
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

**Code Plan and Service Area**

**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

**058 MVP Health Care\* (Rochester)**  
PO Box 2207, 625 State St., Schenectady, NY 12301-2207  
1-888-MVP-MBRS (1-888-687-6277) (TTY: 1-800-662-1220);  
Medicare 1-800-209-3945 • www.mvphealthcare.com  
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) (TTY: 1-800-662-1220);  
Medicare 1-800-209-3945 • www.mvphealthcare.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);  
Medicare 1-800-209-3945 • www.mvphealthcare.com  
Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins 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);  
Medicare 1-800-209-3945 • www.mvphealthcare.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);  
Medicare 1-800-209-3945 • www.mvphealthcare.com  
Serving Franklin and St. Lawrence counties

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



Important Health Insurance Information  
for the Enrollee, Enrolled Spouse/Domestic Partner  
and Other Enrolled Dependents  
*2014 Rates and Information (PE Retirees) – December 2013*

## Your Only Notice of Health Insurance Rate Changes for 2014

**Please do not send mail or  
correspondence to the return  
address above. See the front  
cover for address information.**

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

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### ENROLLEES WHO PAY THE EMPLOYEE BENEFITS DIVISION DIRECTLY

The 2014 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 bill when you see your premium change will depend on when your health insurance plan change is received and processed.

### EMPLOYEE BENEFITS DIVISION WEB SITE

Visit our web site at <https://www.cs.ny.gov> to find the latest benefit information. You may also view your enrollment record, change your address, order Empire Plan Benefit Cards, compare benefit plans and submit option transfer requests online using MyNYSHIP, a secure portion of the Employee Benefits Division's web site, NYSHIP Online. See the *Choices* booklet for details. **Note:** For a replacement Empire Plan Medicare Rx Card,

call 1-877-769-7447 and press 4 for Empire Plan Medicare Rx.

### KEEP YOUR INFORMATION UP TO DATE

You must write to the Employee Benefits Division at the New York State Department of Civil Service, 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 or Empire Plan ID 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 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). Please call Monday through Friday between 9 a.m. and 4 p.m. Eastern time to speak to a representative.