

DECEMBER 2014

2015 RATES & INFORMATION FOR RETIREES OF PARTICIPATING EMPLOYERS

For Retirees, Vestees, Dependent Survivors and Enrollees Covered Under Preferred List Provisions of 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 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.

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 2015 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.



New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 | <https://www.cs.ny.gov>

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) moves 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 *2015 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 to generate a side-by-side comparison

* 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.

of the benefits provided by each of the NYSHIP plans in your area.

If there are any copayment or benefit changes for 2015, 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 and cost.

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

If your modified adjusted gross income for 2013 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.

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 2015, 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.

2015 Part D IRMAA Chart		
If your 2013 Modified Adjusted Gross Income was:		You pay in 2015:
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	\$12.30 + Your NYSHIP Premium
\$107,001 – \$160,000	\$214,001 – \$320,000	\$31.80 + Your NYSHIP Premium
\$160,001 – \$214,000	\$320,001 – \$428,000	\$51.30 + Your NYSHIP Premium
above \$214,000	above \$428,000	\$70.80 + Your NYSHIP Premium

YOUR RETIREMENT CHECK AND “NOTICE OF CHANGE” DOCUMENT

Your deductions for your NYSHIP coverage will change to reflect your health plan’s 2015 premium.

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 2015, the standard Medicare Part B premium will be \$104.90 per month (the same as the 2014 amount).

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, 2014, should reflect the 2015 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 YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2014.

Registration #: YTD Federal Tax Withheld: \$0.00
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	
Benefits			
Normal Allowance			
Cost of Living			
Supplemental Allowance			
Benefit Adjustments			
Gross Benefit			
Miscellaneous Adjustments			
Total Federal Withholding			
Miscellaneous Deductions			
Health Insurance			
Health Ins. Deduction			
Medicare Credit			
Medicare Deduction			
Net Retirement Benefit Paid			

This difference is due to a change regarding this matter.

I hope this information is helpful. If you have questions, please call the 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.

NEW YORK STATE & LOCAL RETIREMENT SYSTEMS

Name: _____ Check # _____
Retirement #: _____ Date: April 30, 2014
Registration #: _____

NORMAL ALLOWANCE	C. O. L. / SUPPLEMENTAL	MEDICARE CREDIT	FEDERAL WITHHOLDING	INSURANCE PREMIUM	GROSS TOTAL
\$2,955.53	\$15.00	\$104.90			\$3,075.43
				\$372.75	TOTAL DEDUCTIONS
					CHECK AMOUNT
					\$2,702.18

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 the 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 2015 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 2015, 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.

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).

Code	Plan	Retirees of Employers that contribute 100% Individual/ 75% Dependent		Retirees and Dependent Survivors of Employers that contribute 90% Individual/ 75% Dependent		Amended Dependent Survivors (25% Dependent contribution)		Vestees and all other Dependent Survivors (full share premium) [♦]	
		Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	229.61	64.14	293.75	229.61	229.61	641.39	1,559.83
210	Aetna*	252.35	1,186.11	319.53	1,253.29	417.80	417.80	924.16	2,595.36
066	Blue Choice*	16.88	225.44	74.07	282.63	217.99	217.99	588.81	1,460.76
067	BlueCross BlueShield of Western New York*	0.11	242.77	65.93	308.60	242.77	242.77	658.31	1,629.38
063	Capital District Physicians' Health Plan (CDPHP) (Capital)*	34.06	259.20	92.50	317.64	225.19	225.19	618.50	1,519.25
300	Capital District Physicians' Health Plan (CDPHP) (Central)*	76.71	359.79	135.46	418.54	240.53	240.53	664.19	1,626.30
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)*	120.50	475.16	178.91	533.57	257.48	257.48	704.62	1,734.53
280	Empire BlueCross BlueShield HMO (Upstate)*	108.83	529.88	171.72	592.77	289.43	289.43	737.71	1,895.42
290	Empire BlueCross BlueShield HMO (Downstate)*	297.23	1,027.84	361.55	1,092.16	371.12	371.12	940.46	2,424.96
320	Empire BlueCross BlueShield HMO (Mid-Hudson)*	277.49	974.46	341.36	1,038.33	361.35	361.35	916.16	2,361.57
050	HIP Health Plan of New York (Downstate)*	128.65	475.34	189.85	536.54	262.10	262.10	740.61	1,789.00
220	HIP Health Plan of New York (Capital)	149.59	526.69	211.39	588.49	271.28	271.28	767.58	1,852.72
350	HIP Health Plan of New York (Hudson Valley)	125.25	459.74	186.48	520.97	258.98	258.98	737.57	1,773.50
072	HMOBlue (Central New York Region)	150.89	545.39	211.48	605.98	270.78	270.78	756.81	1,839.94
160	HMOBlue (Utica Region)	188.39	712.24	248.37	772.22	303.96	303.96	788.21	2,004.05
059	Independent Health*	0.00	212.47	58.37	270.84	212.47	212.47	583.66	1,433.53
058	MVP Health Care (Rochester)*	0.00	203.96	56.19	260.15	203.96	203.96	561.91	1,377.77
060	MVP Health Care (East)*	45.35	279.65	101.57	335.87	221.56	221.56	607.50	1,493.73
330	MVP Health Care (Central)*	108.13	443.92	165.87	501.66	250.97	250.97	685.57	1,689.44
340	MVP Health Care (Mid-Hudson)*	94.22	405.89	149.72	461.39	237.72	237.72	649.18	1,600.08
360	MVP Health Care (North)	210.79	703.98	270.03	763.22	294.43	294.43	803.14	1,980.85

ENROLLEE CONTRIBUTIONS FOR RETIREES, VESTEES, DEPENDENT SURVIVORS AND ENROLLEES COVERED UNDER PREFERRED LIST PROVISIONS

The most common rates used by Participating Employers are included in this chart. Contact your former employer if your rate share is different from those shown or if you are unsure of your premium contribution.

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 2015, subtract your monthly sick leave credit from the new monthly premium.

ENROLLEES WHO PAY THE EMPLOYEE BENEFITS DIVISION DIRECTLY

The 2015 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.

[†] If Medicare primary, check with the plan.

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

[♦] Not all PEs 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.

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: 1-855-643-1476)
Prescription Drug Program:
CVS/caremark, Inc.,
PO Box 6590, Lee's Summit, MO 64064-6590
(TTY: 1-800-863-5488)
SilverScript Insurance Company
(a CVS/caremark company)
PO Box 52067
Phoenix, AZ 85072-2067
(TTY: 1-866-236-1069)

210 Aetna

9 Entin Road, Parsippany, NJ 07054
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 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)
www.excellusbcbs.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)
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
(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) (Central)

500 Patroon Creek Blvd., Albany, NY 12206-1057
518-641-3700 or 1-800-777-2273
(TTY: 1-877-261-1164)
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
(TTY: 1-877-261-1164)
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)
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)
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)

www.empireblue.com

Serving Dutchess, Orange, Putnam, Sullivan
and Ulster counties

050 HIP Health Plan of New York (Downstate)

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

220 HIP Health Plan of New York (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, Greene,
Rensselaer, Saratoga, Schenectady, Warren
and Washington counties

350 HIP Health Plan of New York (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 Delaware, Dutchess, Orange, Putnam,
Sullivan and Ulster 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)

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)

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)

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)

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)

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
Rates & Information for 2015 (PE Retirees) – December 2014

Your Only Notice of Health Insurance Rate Changes for 2015

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

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).

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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 select the Medical Program to request a copy for The Empire Plan. If you need a NYSHIP HMO SBC, contact the HMO.

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.