

DECEMBER 2014

NYSHIP RATES & DEADLINES FOR 2015

For Employees of the State of New York who are unrepresented or in Negotiating Units that have agreements/awards with New York State effective October 1, 2011 or later and their enrolled Dependents.

CHOOSE YOUR HEALTH INSURANCE PLAN FOR 2015 BY JANUARY 16, 2015

Now is the Option Transfer Period – the time to choose the health insurance plan you want in 2015. The New York State Health Insurance Program (NYSHIP) offers you the choice of The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work.

Except under very defined circumstances, you cannot change plans outside the annual Option Transfer Period, which ends January 16, 2015.

To change your health insurance plan during the Option Transfer Period, see your agency Health Benefits Administrator (HBA) as soon as possible. Ask for the Health Insurance Transaction Form PS-404. Return the completed form to your agency HBA by January 16, 2015. Or, change your option online using MyNYSHIP. Go to <https://www.cs.ny.gov/employee-benefits>. Select your group if prompted, and then click on MyNYSHIP Employee Self-Service. Or, you can go directly to <https://www.cs.ny.gov/mynyship>.

Note: You must register and receive an activation code by mail to use MyNYSHIP.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR THAT PLAN. (See the note at the top of page 4).



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

If you are considering changing your health insurance plan for 2015 or wish to review your current plan, ask your agency HBA (usually located in the personnel office) for a copy of *2015 Health Insurance Choices*, your guide to NYSHIP options. Or, find *Choices* and other option transfer publications on our web site at <https://www.cs.ny.gov/employee-benefits>. 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.

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 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 pages 6 and 7 for telephone numbers). Be sure you understand how your benefits will be affected if you change plans. You are choosing a benefit package for yourself and your dependents for the entire 2015 program year. Changing plans may result in substantially different coverage and cost.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service web site. Go to our homepage at <https://www.cs.ny.gov/employee-benefits>. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the easy-to-read comparison table.

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act.

To view a copy of 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.

KEEP YOUR INFORMATION UP TO DATE

Notify your agency HBA when changes in your family, marital or employment status affect your coverage or if your name, address or phone number changes. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

RETIRING OR LEAVING STATE SERVICE IN 2015?

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance plan when your status changes. As a retiree or vestee, you also may change health insurance options at any time once during a 12-month period. If you are planning to leave the payroll: Will you or your spouse/domestic partner be eligible for Medicare? Are you planning to move out of the area? Ask your agency HBA for a copy of *Choices for Retirees* to see how retirement will affect your coverage.

IMPORTANT DATES FOR YOUR BENEFIT CHOICES

JANUARY 16, 2015

Deadline for submitting a signed Health Insurance Transaction Form PS-404 to your agency HBA if you want to change your health insurance option.

JANUARY 1, 2015 • ADMINISTRATION LAG-EXEMPT PAYROLL EMPLOYEES

New health insurance option begins for Administration Lag-Exempt Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 17, 2014. Due to processing time limits and payroll deadlines, deduction changes related to an option change will be made in a January paycheck and will include adjustments retroactive to the beginning of the plan year.

JANUARY 1, 2015 • ADMINISTRATION LAG-PAYROLL EMPLOYEES

New health insurance option begins for Administration Lag-Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 31, 2014. Due to processing time limits and payroll deadlines, deduction changes related to an option change will be made in a January paycheck and will include adjustments retroactive to the beginning of the plan year.

DECEMBER 25, 2014 • INSTITUTION LAG-EXEMPT PAYROLL EMPLOYEES

New health insurance option begins for Institution Lag-Exempt Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of December 11, 2014. Due to processing time limits and payroll deadlines, deduction changes related to an option change will be made in a January paycheck and will include adjustments retroactive to the beginning of the plan year.

DECEMBER 25, 2014 • INSTITUTION LAG-PAYROLL EMPLOYEES

New health insurance option begins for Institution Lag-Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of December 24, 2014. Due to processing time limits and payroll deadlines, deduction changes related to an option change will be made in a January paycheck and will include adjustments retroactive to the beginning of the plan year.

JANUARY 1, 2015 • TRIPLE LAG-PAYROLL EMPLOYEES

New health insurance option begins for Institution Payroll employees who were triple lagged. The earliest paycheck in which you will see a deduction change will be the check of January 8, 2015. Due to processing time limits and payroll deadlines, deduction changes related to an option change will be made in a January paycheck and will include adjustments retroactive to the beginning of the plan year.

NEW YORK STATE HEALTH INSURANCE PROGRAM 2015 RATES

ENROLLEE CONTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

Note: To enroll in an HMO, you must live or work in the HMO's service area. If you no longer live or work in the NYSHIP service area of the HMO in which you are enrolled, you must change to another plan. Service areas may change from year to year. Please check *Choices* or call the HMO for NYSHIP service area information.

Page in CHOICES

			Biweekly Costs Schedule for Employees who are unrepresented or in Negotiating Units other than DC-37 that have agreements/awards with New York State effective October 1, 2011 or later ("Settled Groups")				Biweekly Costs Schedule for District Council 37 (DC-37) Employees			
			For Employees in titles allocated or equated to Salary Grade 9 and below; for UUP Employees with annualized salaries equal to \$40,936 or less		For Employees in titles allocated or equated to Salary Grade 10 and above; for UUP Employees with annualized salaries equal to \$40,937 or more		For Employees in titles allocated or equated to Salary Grade 9 and below		For Employees in titles allocated or equated to Salary Grade 10 and above	
Code	Plan		Individual	Family	Individual	Family	Individual	Family	Individual	Family
18	001	The Empire Plan	35.42	149.56	47.23	178.28	39.20	158.55	58.56	205.25
28	210	Aetna	153.25	592.09	165.62	622.57	156.15	599.11	174.31	643.64
30	066	Blue Choice	39.35	143.50	49.88	170.31	41.58	149.00	56.58	186.82
32	067	BlueCross BlueShield of Western New York	36.40	157.04	48.52	187.04	39.16	164.02	56.79	207.98
34	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	47.95	159.87	58.72	187.23	50.50	166.12	66.36	205.99
34	300	Capital District Physicians' Health Plan (CDPHP) (Central)	67.75	206.39	78.57	233.88	70.40	213.01	86.53	253.72
34	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	87.73	259.25	98.48	286.58	90.37	265.82	106.39	306.29
36	280	Empire BlueCross BlueShield HMO (Upstate)	84.83	287.67	96.41	317.33	87.60	294.64	104.72	338.24
36	290	Empire BlueCross BlueShield HMO (Downstate)	172.33	517.86	184.18	548.22	175.14	524.94	192.61	569.45
36	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	163.00	492.98	174.76	523.12	165.80	500.03	183.17	544.29
38	050	HIP Health Plan of New York (Downstate)	93.02	261.20	104.28	289.69	95.78	268.04	112.55	310.21
38	220	HIP Health Plan of New York (Capital)	102.99	285.25	114.37	314.01	105.83	292.38	122.90	335.39
38	350	HIP Health Plan of New York (Hudson Valley)	91.47	254.03	102.75	282.53	94.30	261.13	111.25	303.82
40	072	HMOBlue (Central New York Region)	102.91	292.95	114.07	321.02	105.65	299.71	122.28	341.29
40	160	HMOBlue (Utica Region)	119.84	369.45	130.88	397.48	122.53	376.15	138.95	417.58
42	059	Independent Health	32.24	137.86	42.98	164.25	34.96	144.63	51.15	184.56
44	058	MVP Health Care (Rochester)	31.04	132.43	41.38	157.79	33.35	138.08	48.30	174.74
44	060	MVP Health Care (East)	51.92	167.77	62.27	194.12	54.41	173.89	69.75	212.48
44	330	MVP Health Care (Central)	81.66	244.42	92.29	271.46	84.27	250.91	100.10	290.94
44	340	MVP Health Care (Mid-Hudson)	74.02	225.32	84.24	251.24	76.61	231.78	92.01	270.61
44	360	MVP Health Care (North)	129.73	365.14	140.64	392.85	132.39	371.76	148.61	412.71

YOUR BIWEEKLY PREMIUM CONTRIBUTION

New York State helps both Empire Plan and HMO enrollees pay for health insurance coverage. After the State's contribution, you pay the balance of your premium through biweekly deductions from your paycheck.

For all non-UUP New York State employees who are unrepresented or in Settled groups with titles allocated or equated to Salary Grade 9 and below and United University Professions employees with annualized salaries equal to \$40,936 or less, the State will pay 88 percent of the cost of the premium for enrollee coverage and 73 percent for the additional cost of dependent coverage.

For all non-UUP New York State employees who are unrepresented or in Settled groups with titles allocated or equated to Salary Grade 10 and above and United University Professions employees with annualized salaries equal to \$40,937 or more, the State will pay 84 percent of the cost of the premium for enrollee coverage and 69 percent for the additional cost of dependent coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees. Direct Pay enrollees will be notified of their rates separately.

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)

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
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Time-Sensitive Materials



Important Health Insurance Information
for the Enrollee, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents
Rates & Deadlines for 2015 (Settled) – 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 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 NYSHIP Online at <https://www.cs.ny.gov/employee-benefits>. Visit 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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CHANGING PLANS OUTSIDE THE OPTION TRANSFER PERIOD

You may change plans outside the designated Option Transfer Period only under certain circumstances. Read your *NYSHIP General Information Book* for a list of events that allow you to change plans outside of the Option Transfer Period. Contact your agency HBA for more information.

OPT-OUT PROGRAM FOR 2015

If you have coverage under another employer-sponsored health insurance program, you may be eligible for an incentive payment if you waive your NYSHIP coverage. See *Planning for Option Transfer* and *Choices* for details.

Enrollment in the Opt-out Program does not continue automatically from year to year. If you are enrolled in the Opt-out Program for 2014, to be eligible to continue receiving incentive payments in 2015, you must reenroll during the Option Transfer Period and attest to having other coverage for the coming plan year.

If you are interested in participating in the Opt-out Program for 2015, see your agency HBA.