



2016

# Rates & Information

for Retirees of  
Participating Employers

## 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 a 12-month period. 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 at least 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 the most common 2016 enrollee rates for all NYSHIP options, but NYSHIP HMOs have limited service areas. If you reside outside New York State, 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.

November 2015

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



**NYSHIP**  
New York State  
Health Insurance Program

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

## 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 *2016 Health Insurance Choices* booklet. You can also visit our website at <https://www.cs.ny.gov/retirees> for

\* 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.

this information or to use our online NYSHIP Plan Comparison tool 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 2016, 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 2014 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 additional premium known as 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 2016, based on income. **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.

2016 Part D IRMAA Chart		
If your 2014 Modified Adjusted Gross Income was:		You pay in 2016:
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	\$12.70 + Your NYSHIP Premium
\$107,001 – \$160,000	\$214,001 – \$320,000	\$32.80 + Your NYSHIP Premium
\$160,001 – \$214,000	\$320,001 – \$428,000	\$52.80 + Your NYSHIP Premium
above \$214,000	above \$428,000	\$72.90 + Your NYSHIP Premium

# Your “Notice of Change” Document

Your deductions for your NYSHIP coverage will change to reflect your health plan’s 2016 premium. If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. The “Notice of Change” document (for the direct-deposit enrollee) shown below is from the New York State and Local Employees’ Retirement System. *Note: If you receive your pension from another retirement system, your “Notice of Change” document will be different.*

NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2015.

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 \*.

	<u>Last Month</u>		<u>This Month</u>
<u>Benefits</u>			
Normal Allowance	\$2,955.53		\$2,955.53
Cost of Living	\$15.00		\$15.00
Supplemental Allowance	\$0.00		\$0.00
Benefit Adjustments	\$14.50	*	\$0.00
Gross Benefit	\$2,985.03	*	\$2,970.53
<u>Miscellaneous Adjustments</u>			
Total Federal Withholding Tax	\$0.00		\$0.00
Miscellaneous Deductions	\$0.00		\$0.00
<u>Health Insurance</u>			
Health Ins. Deduction	\$364.47		\$372.25
Medicare Credit	\$104.90		\$104.90
Medicare Deduction	\$0.00		\$0.00
Net Retirement Benefit Paid	\$2,725.46	*	\$2,703.18

This difference is due to changes in your basic benefits. You should have already been advised regarding this matter.

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

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

When Medicare is primary to NYSHIP, NYSHIP reimburses you for the standard Medicare Part B premium (excluding any penalty for late enrollment) and any IRMAA you must pay for Part B, unless you receive reimbursement from another source or your Medicare premium is paid by another entity on your behalf. The standard Medicare Part B premium depends on your individual circumstances, such as when you first enrolled in Medicare Part B, whether you pay for it through a Social Security deduction or directly to CMS, and whether you are subject to the IRMAA additional premium. The Social Security Administration will notify you of your Medicare Part B premium for 2016.

**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 by the Employee Benefits Division.**



# New York State Health Insurance Program 2016 Rates

<b>Check Your Plan – This Is Your Only Notice of a Rate Change.</b> 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.  <b>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 2016, contact your former employer.</b>  To enroll in an HMO or to remain enrolled in your current HMO, you must live or work <sup>†</sup> in the HMO's NYSHIP service area.		These rates reflect the monthly cost for NYSHIP retiree, Dependent Survivor and Vestee 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).							
		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)	
Code	Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	250.35	68.09	318.44	250.35	250.35	680.91	1,682.33
066	Blue Choice*	23.76	224.73	82.20	285.34	224.52	224.52	608.23	1,506.33
067	BlueCross BlueShield of Western New York*	0.00	226.55	61.62	288.17	226.55	226.55	616.21	1,522.42
063	Capital District Physicians' Health Plan (CDPHP) (Capital)*	40.81	262.27	101.72	323.18	236.12	236.12	649.96	1,594.43
300	Capital District Physicians' Health Plan (CDPHP) (Central)*	119.03	496.62	181.55	559.14	280.33	280.33	744.30	1,865.64
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)*	189.86	647.64	254.17	711.95	304.74	304.74	832.94	2,051.92
280	Empire BlueCross BlueShield HMO (Upstate)*	150.92	627.10	216.27	692.45	315.29	315.29	804.40	2,065.55
290	Empire BlueCross BlueShield HMO (Downstate)*	372.05	1,212.29	439.21	1,279.45	411.75	411.75	1,043.68	2,690.67
320	Empire BlueCross BlueShield HMO (Mid-Hudson)*	352.94	1,160.00	419.52	1,226.58	401.73	401.73	1,018.81	2,625.73
050	HIP Health Plan of New York (Downstate)*	140.54	489.87	204.12	553.45	274.25	274.25	776.41	1,873.40
220	HIP Health Plan of New York (Capital)	153.75	524.03	217.84	588.12	280.87	280.87	794.66	1,918.13
350	HIP Health Plan of New York (Hudson Valley)	153.75	524.03	217.84	588.12	280.87	280.87	794.66	1,918.13
072	HMOBlue (Central New York Region)	148.55	520.70	210.20	582.35	273.07	273.07	765.05	1,857.32
160	HMOBlue (Utica Region)	193.27	707.08	254.44	768.25	309.70	309.70	805.01	2,043.83
059	Independent Health*	9.84	227.20	71.37	289.72	227.20	227.20	625.20	1,534.01
058	MVP Health Care (Rochester)*	3.78	196.58	63.53	256.71	196.58	196.58	601.35	1,387.67
060	MVP Health Care (East)*	37.61	199.41	94.74	260.30	199.41	199.41	608.92	1,406.56
330	MVP Health Care (Central)*	106.78	329.35	165.46	388.03	227.89	227.89	693.56	1,605.14
340	MVP Health Care (Mid-Hudson)*	127.52	372.45	183.66	428.59	228.37	228.37	688.98	1,602.47
360	MVP Health Care (North)	240.26	651.60	301.16	712.50	280.25	280.25	849.24	1,970.26

## 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 2016, subtract your monthly sick leave credit from the new monthly premium.

## Enrollees Who Pay the Employee Benefits Division Directly

The 2016 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.

**Note:** As of January 1, 2016, Aetna will no longer be offered as a NYSHIP HMO. If you currently have coverage under Aetna, be sure to review your plan materials and any other related NYSHIP mailings carefully and select The Empire Plan or a different NYSHIP HMO by **December 15, 2015**.

<sup>†</sup> If Medicare primary, check with the plan.

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

**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  
P.O. Box 1600, Kingston, NY 12402-1600  
TTY: 1-888-697-9054

Hospital Program: Empire BlueCross BlueShield  
NYS Service Center, P.O. Box 1407,  
Church Street Station, New York, NY 10008-1407  
TTY: 1-800-241-6894

Mental Health/Substance Abuse Program:  
Beacon Health Options, Inc.  
P.O. Box 1800, Latham, NY 12110  
TTY: 1-855-643-1476

Prescription Drug Program:  
CVS/caremark, Inc.  
P.O. Box 6590, Lee's Summit, MO 64064-6590  
TTY: 1-800-863-5488

SilverScript Insurance Company  
(a CVS/caremark company)  
P.O. Box 52067  
Phoenix, AZ 85072-2067  
TTY: 1-866-236-1069

**066 Blue Choice**

165 Court St., Rochester, NY 14647

585-454-4810 or 1-800-462-0108

TTY: 1-877-398-2282

[www.excellusbcs.com](http://www.excellusbcs.com)

Serving Livingston, Monroe, Ontario, Seneca,  
Wayne and Yates counties

**067 BlueCross BlueShield of Western New York**

P.O. Box 80, Buffalo, NY 14240

716-887-8840 or 1-877-576-6440

TTY: 1-888-249-2583

[www.bcbswny.com](http://www.bcbswny.com)

Serving Allegany, Cattaraugus, Chautauqua, Erie,  
Genesee, Niagara, Orleans and Wyoming counties

**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](http://www.cdphp.com)

Serving Albany, Columbia, Fulton, Greene,  
Montgomery, Rensselaer, Saratoga, Schenectady,  
Schoharie, Warren and Washington counties

**Code Plan and Service Area****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](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

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., P.O. Box 11800,  
Albany, NY 12211-0800

1-800-453-0113

TTY: 1-800-241-6894

[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., P.O. Box 11800,  
Albany, NY 12211-0800

1-800-453-0113

TTY: 1-800-241-6894

[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., P.O. 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  
1-800-447-8255 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  
1-800-447-8255 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  
1-800-447-8255 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, Hamilton, 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)**  
P.O. 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)**  
P.O. 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)**  
P.O. 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)**  
P.O. 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, Ulster and Westchester counties

**360 MVP Health Care (North)**  
P.O. 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 Clinton, Essex, 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

## Your Only Notice of Health Insurance Rate Changes for 2016

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

## Save this document



**NYSHIP**  
New York State  
Health Insurance Program

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

*Rates & Information for 2016 (PE Retirees) – November 2015*

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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 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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## 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>. 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 Website

Visit our website at <https://www.cs.ny.gov/retirees> 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 website, 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 the last four digits of your Social Security or full 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.