

NOVEMBER 2016

2017 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 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 2017 enrollee rates for all NYSHIP options. 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.



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 *2017 Health Insurance Choices* booklet. You can also visit our website at www.cs.ny.gov/retirees for 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 2017, your current plan will notify you directly.

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.

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.**

Keep Your Information Up to Date

When changes in your family or marital status affect your coverage or if your name, address or phone number change, you must write to:

New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239

Be sure to sign the letter and include your Empire Plan alternate ID number or the last four digits of your Social Security number, address and telephone number, including area code. You may also make address or phone number changes online using MyNYSHIP. When any of these changes occur, please act promptly as deadlines may apply. See your *NYSHIP General Information Book* for details.

* 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.

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 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.

Your “Notice of Change” Document

Your deductions for your NYSHIP coverage will change to reflect your health plan’s 2017 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 here 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, 2016.

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 | \$2,955.53 | \$3,372.25 |
| Cost of Living | \$15.00 | \$15.00 |
| Supplemental Allowance | | \$0.00 |
| Benefit Adjustments | \$0.00 | \$0.00 |
| Gross Benefit | \$2,970.53 | \$3,387.25 |
| Miscellaneous Adjustments | | |
| Total Federal Withholding Tax | \$0.00 | \$0.00 |
| Miscellaneous Deductions | \$0.00 | \$0.00 |
| Health Insurance Deductions | | |
| Health Insurance Deduction | \$364.47 | \$372.25 |
| Health Insurance Deduction | \$104.90 | \$104.90 |
| Health Insurance 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.

Enrollees Who Pay the Employee Benefits Division Directly

The 2017 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.

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 2017, subtract your monthly sick leave credit from the new monthly premium.

New York State Health Insurance Program 2017 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 2017, 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, 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).

| 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 | 272.82 | 72.26 | 345.08 | 272.82 | 272.82 | 722.61 | 1,813.90 |
| 066 | Blue Choice* | 0.00 | 230.08 | 62.45 | 292.53 | 230.08 | 230.08 | 624.49 | 1,544.80 |
| 067 | BlueCross BlueShield of Western New York* | 0.00 | 240.20 | 65.40 | 305.60 | 240.20 | 240.20 | 654.01 | 1,614.82 |
| 063 | Capital District Physicians' Health Plan (CDPHP) (Capital)* | 5.99 | 247.52 | 73.59 | 315.73 | 247.52 | 247.52 | 682.07 | 1,672.16 |
| 300 | Capital District Physicians' Health Plan (CDPHP) (Central)* | 83.92 | 372.93 | 151.44 | 440.45 | 275.07 | 275.07 | 759.19 | 1,859.47 |
| 310 | Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)* | 206.08 | 684.27 | 274.17 | 752.36 | 324.39 | 324.39 | 887.04 | 2,184.59 |
| 280 | Empire BlueCross BlueShield HMO (Upstate)* | 210.19 | 798.97 | 283.21 | 871.99 | 369.37 | 369.37 | 940.47 | 2,417.97 |
| 290 | Empire BlueCross BlueShield HMO (Downstate)* | 428.04 | 1,373.61 | 502.42 | 1,447.99 | 462.64 | 462.64 | 1,171.86 | 3,022.43 |
| 320 | Empire BlueCross BlueShield HMO (Mid-Hudson)* | 409.31 | 1,322.79 | 483.22 | 1,396.70 | 453.20 | 453.20 | 1,148.42 | 2,961.21 |
| 050 | HIP Health Plan of New York (Downstate)* | 127.37 | 462.61 | 197.85 | 533.09 | 293.86 | 293.86 | 832.18 | 2,007.63 |
| 220 | HIP Health Plan of New York (Capital) | 158.70 | 543.12 | 230.20 | 614.62 | 308.95 | 308.95 | 873.79 | 2,109.58 |
| 350 | HIP Health Plan of New York (Hudson Valley) | 158.70 | 543.12 | 230.20 | 614.62 | 308.95 | 308.95 | 873.79 | 2,109.58 |
| 072 | HMOBlue (Central New York Region) | 108.62 | 423.16 | 175.81 | 490.35 | 278.09 | 278.09 | 780.57 | 1,892.93 |
| 160 | HMOBlue (Utica Region) | 153.51 | 611.30 | 220.20 | 677.99 | 315.13 | 315.13 | 820.50 | 2,081.02 |
| 059 | Independent Health* | 0.00 | 238.79 | 65.78 | 304.57 | 238.79 | 238.79 | 657.76 | 1,612.94 |
| 058 | MVP Health Care (Rochester)* | 1.46 | 216.83 | 67.60 | 283.12 | 216.83 | 216.83 | 662.88 | 1,530.20 |
| 060 | MVP Health Care (East)* | 50.96 | 224.44 | 114.52 | 293.10 | 224.44 | 224.44 | 686.63 | 1,584.39 |
| 330 | MVP Health Care (Central)* | 111.61 | 340.32 | 176.72 | 405.43 | 250.99 | 250.99 | 762.72 | 1,766.70 |
| 340 | MVP Health Care (Mid-Hudson)* | 143.89 | 408.78 | 206.76 | 471.65 | 254.50 | 254.50 | 772.61 | 1,790.61 |
| 360 | MVP Health Care (North) | 257.20 | 689.43 | 324.51 | 756.74 | 307.09 | 307.09 | 930.34 | 2,158.72 |

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.

[†] 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)

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: 711

066 Blue Choice

165 Court St., Rochester, NY 14647

1-800-499-1275

Medicare Advantage: 1-877-883-9577

TTY: 1-800-421-1220

www.excellusbcbcs.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

Medicare Advantage: 1-800-329-2792

TTY: 711

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

Medicare Advantage: 518-641-3950 or 1-888-248-6522

TTY: 1-877-261-1164

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

Medicare Advantage: 518-641-3950 or 1-888-248-6522

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

Medicare Advantage: 518-641-3950 or 1-888-248-6522

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., P.O. Box 11800,

Albany, NY 12211-0800

1-800-453-0113

Medicare Advantage: 1-800-564-9053

TTY: 1-800-241-6894 or 711

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

Medicare Advantage: 1-800-564-9053

TTY: 1-800-241-6894 or 711

www.empireblue.com

Serving Bronx, Kings, Nassau, New York,

Queens, Richmond, Rockland, Suffolk and

Westchester counties

320 Empire BlueCross BlueShield HMO (Mid-Hudson)

11 Corporate Woods Blvd., P.O. Box 11800,

Albany, NY 12211-0800

1-800-453-0113

Medicare Advantage: 1-800-564-9053

TTY: 1-800-241-6894 or 711

www.empireblue.com

Serving Dutchess, Orange, Putnam, Sullivan

and Ulster counties

Code Plan and Service Area

050 HIP Health Plan of New York (Downstate)

55 Water St., New York, NY 10041

1-800-447-8255

Medicare Advantage: 1-877-344-7364

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: 1-877-447-4833

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: 1-877-447-4833

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

1-800-499-1275

TTY: 1-800-421-1220

www.excellusbcs.com

Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties

160 HMOBlue (Utica Region)

12 Rhoads Dr., Utica, NY 13502

1-800-499-1275

TTY: 1-800-421-1220

www.excellusbcs.com

Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties

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

Code Plan and Service Area

058 MVP Health Care (Rochester)

P.O. Box 2207, 625 State St.,

Schenectady, NY 12301-2207

1-888-MVP-MBRS (1-888-687-6277)

Medicare Advantage: 1-800-209-3945

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
www.cs.ny.gov
Address Service Requested
Time-Sensitive Materials



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 2017 (PE Retirees) – November 2016

Your Only Notice of Health Insurance Rate Changes for 2017

**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 NYSHIP Online at 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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Employee Benefits Division Website

Visit our website at 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.

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.