

August 2010

# NYSHIP Rate Changes Effective October 1, 2010

For Retirees, Vestees, Dependent Survivors, and Enrollees Covered Under Preferred List Provisions of New York State Government and their Enrolled Dependents

## Special Option Transfer Period (August 2-31, 2010)

*Legislation passed on June 7, 2010 will result in a NYSHIP rate change effective October 1; the new rates included in this publication will be in effect through the end of 2010. As a result of these rate changes, there will be a Special Option Transfer Period during the month of August. The annual rate change for 2011 will occur on the first of the year, as usual.*

## How is the law changing?

Civil Service Law requires that New York State Health Insurance Program (NYSHIP) enrollees and dependents who are eligible for Medicare coverage that is primary to (pays before) NYSHIP coverage be reimbursed for their cost of the Medicare Part B premium. Prior to the recent change in NYS Law, the full cost of this reimbursement to State enrollees was paid by the State. Provisions of 2010-2011 Emergency Budget legislation now require that, effective April 1, 2010, the cost of Medicare Part B premium reimbursement be shared by the State and NYSHIP enrollees. Although this change does not modify the percentage enrollees pay for individual coverage and dependent coverage, it will result in NYSHIP rate changes for enrollees effective October 1, 2010. (See rate chart, pages 2-4).

Note: For most Empire Plan enrollees, the State pays 90 percent of the cost of the premium for enrollee coverage and 75 percent of the premium for dependent coverage. For most HMO enrollees, the State pays 90 percent of the premium for enrollee coverage and 75 percent for dependent coverage. However, the State's dollar contribution for the non-prescription drug components of the HMO premium will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

## Why was the change made?

When Medicare pays before NYSHIP, the claims cost to NYSHIP is substantially reduced. Since NYSHIP premiums are based on the combined experience of all enrollees and dependents, including both those who are NYSHIP primary and those who are Medicare primary, all premium payors benefit from the provision of the law that requires enrollment in Medicare when an enrollee or dependent is eligible for Medicare primary coverage and the related reimbursement of the Medicare Part B premium paid by those enrollees and dependents. The change in the law results in this cost being fairly and equitably reflected in the premium share paid by enrollees, as well as in the premium paid by the State as an employer.

## How will the Special Option Transfer Period work?

As a result of the rate changes, there will be a **Special Option Transfer Period, August 2 through August 31, 2010**. You may select The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving your area.

**No action is required if you wish to keep your current health insurance option.**

**PLEASE NOTE: A change during this Special Option Transfer Period will not be counted as an option change for the purposes of the once in a 12-month period limit for retirees. In addition, health insurance rates and benefit plan information for the 2011 plan year will be available at the end of the 2010 calendar year as they normally are and you will have the opportunity to review this material and change options again at that time if you wish to do so.**

*continued on page 7*

# New York State Health Insurance Program 2010 Rates

## Check your plan – this is your only notice of a rate change.

Code	Plan and Service Area
001	<b>The Empire Plan</b> (available to enrollees and their eligible dependents worldwide) 1-877-7-NYSHIP (1-877-769-7444) Medical Benefits Program: UnitedHealthcare, PO Box 1600, Kingston, NY 12402-1600 (TTY: 1-888-697-9054) Hospital Benefits Program: Empire BlueCross BlueShield, NYS Service Center, PO Box 1407, Church Street Station, N Mental Health/Substance Abuse Program: UnitedHealthcare/OptumHealth, PO Box 5190, Kingston, NY 12402-5190 Prescription Drug Program: UnitedHealthcare/Medco Health Solutions, PO Box 5900, Kingston, NY 12402-5900 (T
210	<b>Aetna*</b> 99 Park Ave., New York, NY 10016 1-800-323-9930 Medicare Advantage Customer Service 1-800-282-5 www.aetna.com Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk,
066	<b>Blue Choice*</b> 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282); Med Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
063	<b>Capital District Physicians' Health Plan (CDPHP)*</b> Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany or 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Albany, Columbia, Fulton, Greene, Montgom
300	<b>Capital District Physicians' Health Plan (CDPHP)*</b> Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany or 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Broome, Chenango, Delaware, Essex, Hamilt
310	<b>Capital District Physicians' Health Plan (CDPHP)*</b> Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany or 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Dutchess, Orange and Ulster counties
067	<b>Community Blue*</b> PO Box 80, Buffalo, NY 14240 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) Seni www.bcbswny.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming co
280	<b>Empire BlueCross BlueShield HMO (Upstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenecta
290	<b>Empire BlueCross BlueShield HMO (Downstate)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-08 Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties
320	<b>Empire BlueCross BlueShield HMO (Mid-Hudson)</b> 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0 Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties
220	<b>GHI HMO</b> 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington countie
350	<b>GHI HMO</b> 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY:
050	<b>HIP Health Plan of New York*</b> 55 Water St., New York, NY 10041 1-877-861-0175 (TTY: 1-888-447-4833) hipusa
072	<b>HMOBlue Excellus BlueCross BlueShield (Central New York Region)</b> 333 Butternut Dr., Syracuse, NY 13214 1-800- Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins countie
160	<b>HMOBlue Excellus BlueCross BlueShield (Utica Region)</b> 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1- Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, O
059	<b>Independent Health*</b> 511 Farber Lakes Dr., Buffalo, NY 14221 1-800-501-3439 (TTY: 716-631-3108) www.independ
060	<b>MVP Health Care* (East)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-68 Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, V
330	<b>MVP Health Care* (Central)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888- Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga
340	<b>MVP Health Care (Mid-Hudson)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1- Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties
360	<b>MVP Health Care (North)</b> PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-68
058	<b>MVP Health Care* (Rochester)</b> 220 Alexander St., Rochester, NY 14607 585-325-3113 or 1-800-950-3224 Medic Serving Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties

**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.**

	Month
	<b>A</b>
	Ind
7) <a href="https://www.cs.state.ny.us">https://www.cs.state.ny.us</a>	0.00 18
New York, NY 10008-1407 (TTY: 1-800-241-6894) 90 (TTY: 1-800-855-2881) TTY: 1-800-759-1089)	
366 (TTY: 1-800-654-5984) Sullivan and Westchester counties in New York State, and all counties in New Jersey	169.89 8
Medicare Blue Choice 1-877-883-9577 (TTY: 1-800-421-1220) <a href="http://www.excellusbcb.com">www.excellusbcb.com</a>	0.00 18
ny, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary 518-641-3950 ery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	0.00 18
ny, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary 518-641-3950 on, Herkimer, Madison, Oneida, Otsego and Tioga counties	46.99 3
ny, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary or 518-641-3950	63.12 4
or Blue HMO Medicare Advantage Plan PO Box 62, Buffalo, NY 14240 1-800-329-2792 (TTY: 1-877-834-6918) counties	18.86 3
1-800-453-0113 (TTY: 1-800-241-6894) <a href="http://www.empireblue.com">www.empireblue.com</a> ady, Schoharie, Warren and Washington counties	120.40 6
800 1-800-453-0113 (TTY: 1-800-241-6894) <a href="http://www.empireblue.com">www.empireblue.com</a>	177.03 7
800 1-800-453-0113 (TTY: 1-800-241-6894) <a href="http://www.empireblue.com">www.empireblue.com</a>	242.33 9
1-877-208-7920) <a href="http://www.ghi.com">www.ghi.com</a> es	71.57 4
1-877-208-7920) <a href="http://www.ghi.com">www.ghi.com</a> Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties	108.61 6
a.com® Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties	39.28 3
-447-6269 (TTY: 1-877-398-2275) <a href="http://www.excellusbcb.com">www.excellusbcb.com</a> es	86.18 4
877-398-2275) <a href="http://www.excellusbcb.com">www.excellusbcb.com</a> oneida, Otsego and St. Lawrence counties	54.51 3
enthealth.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties	6.19 2
7-6277) (TTY: 1-800-662-1220) <a href="http://www.joinmvp.com">www.joinmvp.com</a> Warren and Washington counties	0.00 18
-687-6277) (TTY: 1-800-662-1220) <a href="http://www.joinmvp.com">www.joinmvp.com</a> a, Oswego, Otsego, Tioga and Tompkins counties	28.85 3
888-687-6277) (TTY: 1-800-662-1220) <a href="http://www.joinmvp.com">www.joinmvp.com</a>	69.03 4
87-6277) (TTY: 1-800-662-1220) <a href="http://www.joinmvp.com">www.joinmvp.com</a> Serving Franklin and St. Lawrence counties	89.30 4
care-eligible 585-327-5760 or 1-800-665-7924 (TTY: 585-325-2629) <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>	6.82 2

**Monthly Rates:** Rates for retirees do not reflect sick leave credits.  
(See page 8 for more information on how sick leave credit impacts your premium.)

	<b>B</b>		<b>C</b>		<b>D</b>	
<b>Fam</b>	<b>Ind</b>	<b>Fam</b>	<b>Ind</b>	<b>Fam</b>	<b>Ind</b>	<b>Fam</b>
180.75	59.48	240.23	180.75	180.75	594.83	1317.82
212.55	224.65	867.31	290.18	290.18	717.48	1878.21
268.31	45.96	214.27	168.31	168.31	459.64	1132.89
286.24	51.86	238.12	186.24	186.24	518.64	1263.62
371.25	102.31	426.57	218.19	218.19	600.14	1472.89
412.08	118.28	467.24	223.91	223.91	614.73	1510.37
489.84	74.37	445.35	234.33	234.33	573.97	1511.31
508.63	181.96	670.19	278.49	278.49	735.95	1849.90
557.12	238.70	818.79	301.79	301.79	793.73	2000.91
572.94	304.06	989.67	328.34	328.34	859.56	2172.92
583.43	129.70	541.56	247.93	247.93	652.81	1644.52
603.03	166.74	661.16	268.56	268.56	689.86	1764.12
612.43	98.51	371.66	213.91	213.91	631.52	1487.18
614.02	142.35	470.19	217.89	217.89	647.81	1519.37
680.99	108.38	434.86	213.29	213.29	593.17	1446.33
677.60	62.85	334.26	209.16	209.16	572.79	1409.45
682.46	50.35	235.51	182.46	182.46	503.46	1233.29
682.02	82.50	385.67	207.00	207.00	565.32	1393.33
689.24	123.38	493.59	225.74	225.74	612.54	1515.52
691.69	143.65	546.04	233.79	233.79	632.81	1567.96
692.30	60.14	282.62	185.97	185.97	539.95	1283.83

Enrollee contributions for Retirees, Vestees, Dependent Survivors and enrollees covered under Preferred List provisions.

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>A</b> Retirement Prior to 1/1/83
<b>B</b> Retirement on or after 1/1/83 and certain Dependent Survivors; Eligible survivors of active employees who died on or after April 1, 1979 or of retirees who retired on or after April 1, 1979; DC-37 Retirees; Enrollees covered under Preferred List provisions
<b>C</b> Amended Dependent Survivors; Eligible survivors of active employees who died between April 1, 1975 and March 31, 1979
<b>D</b> Vestees, Long Term Disability Enrollees and all other Dependent Survivors

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

† If Medicare-primary, check with the plan.

## If You Are Changing Your Health Insurance Option

1. Complete the NYSHIP Option Transfer Request form on page 6. **Enrollee signature is required.**
2. Send the completed form to the Employee Benefits Division at the address provided by August 31, 2010.

### 3. If you are enrolling in or transferring out of one of the following Medicare Advantage Plans...

Option 210	Aetna	Option 050	HIP Health Plan of New York
Option 066	Blue Choice	Option 059	Independent Health
Option 063	CDPHP	Option 060	MVP Health Care (East)
Option 300	CDPHP	Option 330	MVP Health Care (Central)
Option 310	CDPHP	Option 058	MVP Health Care (Rochester)
Option 067	Community Blue		

**...the Social Security number, Medicare identification number and signature of each Medicare-primary dependent are also required.**

If you are Medicare-primary and plan to change options into or out of one of the Medicare Advantage HMOs listed above, Medicare works with NYSHIP to coordinate enrollment within the NYSHIP rules. Disenrollment from your current option will be effective September 30 and enrollment in your new option will be effective October 1. Remember, you must submit this request by August 31, 2010.

# NYSHIP Option Transfer Request

**No action is required if you wish to keep your current health insurance.  
Please fill in this form and return it by August 31, 2010 to:**

NYS Department of Civil Service  
Employee Benefits Division, Operations Unit  
Alfred E. Smith State Office Building  
Albany, New York 12239

Call us at 518-457-5754 (Albany area) or  
1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin  
Islands) if you have any questions about this form.

Enrollee Name \_\_\_\_\_  
Social Security Number (SSN) \_\_\_\_\_  
Address \_\_\_\_\_

County\* \_\_\_\_\_ City or Post Office \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Is this a new address?  Yes  No Date of New Address: \_\_\_\_\_

Medicare  Yes  No If Yes: Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_

Dependent Medicare  Yes  No

If Yes: Part A Effective Date \_\_\_\_\_ Part B Effective Date \_\_\_\_\_

Are you or your dependent reimbursed from another source for Part B coverage?  Yes  No  
If Yes, by whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Effective October 1, 2010, please change my health insurance option

From: Current Option Code Number \_\_\_\_\_ Current Plan Name \_\_\_\_\_

To: New Option Code Number \_\_\_\_\_ New Plan Name \_\_\_\_\_

Date \_\_\_\_\_ Enrollee Signature (required) \_\_\_\_\_

If you have Family coverage, please complete the following for each dependent enrolled in Medicare

(attach a separate sheet of paper if necessary):

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (on his or her Medicare card) \_\_\_\_\_

Date \_\_\_\_\_ Dependent Signature (required) \_\_\_\_\_

Dependent Name \_\_\_\_\_ SSN \_\_\_\_\_

Medicare ID # (on his or her Medicare card) \_\_\_\_\_

Date \_\_\_\_\_ Dependent Signature (required) \_\_\_\_\_

I have no Medicare-eligible dependents

\* If you are enrolling in an HMO, please double check the enclosed rate chart or the HMO's page in *Choices*. Is the HMO approved by NYSHIP to serve your county?

**USE THIS FORM FOR OPTION CHANGE ONLY**



## Choices Explains Your Current Plan and Other Available Plans

If you are considering changing your health insurance plan or wish to review your current plan, refer to the *Choices for 2010* booklet that was mailed to your home last fall (also available from the Employee Benefits Division). You can also visit our web site at <https://www.cs.state.ny.us> 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. From the Department home page click on Benefit Programs then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices for the most up-to-date option transfer information or to find the easy-to-use NYSHIP Plan Comparison tool.

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select Option 1 and then the option transfer prompt for assistance with your benefit questions. If you have questions about NYSHIP-approved HMOs, call the HMOs directly. (See the rate listing inside 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 you decide to change plans, complete the Option Transfer Request form on page 6 (see instructions on page 5) and mail it to the Employee Benefits Division by August 31, 2010 at the address provided.

## To Contact the Employee Benefits Division

You may call the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). Please call Monday through Friday between 9 a.m. and 3 p.m. Eastern time to speak to a representative, or any time to use our automated telephone system.

## Your Retirement Check and "Notice of Change" Document

Your deductions will change to reflect the changes to the 2010 health insurance rates of your 2010 health insurance plan. The 2010 monthly Medicare reimbursement for the Medicare Part B premium will not change.

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'

continued on page 8

## Sample Pension Check Stub

### 1. Medicare Premium and Your Credit (Reimbursement) Will Not Change

For most, the cost for the Medicare Part B premium for 2010 is \$96.40 per month.

The State will reimburse you and your enrolled dependents for this amount when Medicare becomes primary to NYSHIP, unless you or your dependent receives reimbursement from another source or are NYSHIP-primary for claims purposes. If you pay a higher premium, you must apply for the additional reimbursement.

### 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 will reflect the October 2010 rate change.

The deduction of your new health insurance premium (due to the rate changes) or for your new health insurance plan (if you change plans) plus or minus any retroactive adjustment needed will be reflected no earlier than your September 30 pension check. The date of the adjustment will depend on when your health insurance plan change request is received and processed.

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTHS ENDING September 30, 2009.

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 "X".

**NEW YORK STATE & LOCAL RETIREMENT SYSTEM**

Name: \_\_\_\_\_ Check #: \_\_\_\_\_  
Retirement #: \_\_\_\_\_ Date: May 31, 2009  
Registration #: \_\_\_\_\_

NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT		GHROSS TOTAL
FEDERAL WITHHOLDING	INSURANCE PREMIUM			TOTAL DEDUCTIONS
				NET AMOUNT

**Benefits:**  
 Normal Allowance  
 Cost of Living Supplemental Allowance  
 Benefit Adjustments  
 Gross Benefit

**Miscellaneous Adjustments:**  
 Total Federal Withholding Tax  
 Miscellaneous Deductions

**Health Insurance:**  
 Health Ins. Deduction  
 Medicare Credit  
 Medicare Deduction

**Net Retirement Benefit Paid**

This difference is due to changes in the amount of Federal Income Tax already been advised regarding this difference.

I hope this information is helpful. If you need more information, contact our Call Center toll-free at (866) 833-0990, or (518) 474-7736 in the Albany area.

IN THE EVENT OF THE DEATH OF THE PAYEE, THIS CHECK IS VOID AND MUST BE RETURNED TO THE PAYER.

If you have any questions, need to order forms and booklets, or to change your mailing address, contact our Call Center toll-free at (866) 833-0990, or (518) 474-7736 in the Albany, New York area.

You may also call this number to request an Electronic Funds Transfer (EFT) enrollment form. With EFT, funds are deposited directly into your account, replacing the traditional "check in the mail." EFT is the most reliable, easiest and safest way to get your monthly pension payment with no hassles.

DETACH HERE BEFORE CASHING

State of New York  
Department of Civil Service  
Employee Benefits Division  
P.O. Box 1068  
Schenectady, New York 12301-1068  
<https://www.cs.state.ny.us>



## Retiree NYSHIP Rate Changes – August 2010

Address Service Requested

Your Only Notice of  
Health Insurance  
Rate Changes for October 2010

**! Please do not send mail or  
correspondence to the return  
address listed above.**

 Retiree NYSHIP Rate Changes was printed on paper containing recycled fiber using environmentally sensitive inks.  AL1029 Retiree NYSHIP Rate Changes 08/10

It is the policy of the State of New York 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.state.ny.us>). 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 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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

### Enrollees Who Pay the Employee Benefits Division Directly

If you remain in your current plan, the October 2010 rate change will be reflected in your bill dated September 3, which bills for your October coverage.

If you change plans, the October 2010 rate change for your new health insurance plan will be reflected in your September 3 or October 1 bill, depending on when your request to change plans is received and processed.

### Keep Your Health Insurance Up to Date

You must write to the Employee Benefits Division at the New York State Department of Civil Service, Alfred E. Smith State Office Building, 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 number, telephone number and address in your letter. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

### Employee Benefits Division Web Site

Visit our web site at <https://www.cs.state.ny.us> 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. Go to <https://www.cs.state.ny.us>. Click on Retirees, then Health Benefits and follow the prompts to MyNYSHIP - Enrollee Self Service. Or, you can go directly to <https://www.cs.state.ny.us/mynyship>.

### 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. When the premium rises, the balance you must pay may also rise. To calculate the balance you will pay for the remainder of 2010, subtract your monthly sick leave credit from your new monthly premium.