

NYSHIP Rates

Effective July 1, 2012

For Retirees of Participating Employers

For Retirees, Vestees and Dependent Survivors of Participating Employers and their Enrolled Dependents

Special Option Transfer Period (June 1–30, 2012)

Provisions of the 2012–2013 Executive Budget change the way the cost of reimbursing the Medicare Part B premium is shared among the State and NYSHIP participants. This will result in a rate change effective July 1, 2012. You may see a change in the amount deducted from your pension check or the amount billed for NYSHIP coverage. Pages 3–4 of this publication reflect your NYSHIP premium effective July 1, 2012. As a result of these rate changes, there will be a Special Option Transfer Period from June 1–30, 2012.

Note: There will be NO CHANGE to the standard Medicare Part B reimbursement amount.

Why are NYSHIP rates changing?

A provision of the 2012–2013 Executive Budget requires the Medicare Part B premium to be included as a component of the NYSHIP premiums. Prior to this change in the law, the cost of the Medicare Part B premium reimbursement for your former employer's Medicare-primary population was borne entirely by your former employer. Since all employers and enrollees benefit from this overall reduction in plan costs when Medicare provides primary coverage for certain enrollees, it is appropriate and equitable to spread the cost of the Medicare Part B reimbursement across all payers.

How will this change affect me?

You will likely see an increase in the amount deducted from your pension check or the amount you are direct-billed for your NYSHIP coverage. The premium increase that you

experience as a result of this change will depend on your former employer's required enrollee premium contribution. In other words, to the extent that your former employer requires an enrollee premium contribution, the Medicare Part B component of the NYSHIP premiums will now be shared between you and your former employer. Pages 3–4 of this publication reflect the NYSHIP premiums effective July 1, 2012.

Special Option Transfer Period (June 1–30, 2012)

As a result of the change in your health insurance premium, there will be a Special Option Transfer Period from June 1–30, 2012. During this time, you may select The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving your area. If you would like to change your health insurance option during the Special Option Transfer Period, please complete the Option Transfer Request form on page 6 and return the completed form to the Employee Benefits Division by June 30, 2012.

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 2013 plan year will be available at the end of the 2012 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 Rates Effective July 1, 2012

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) http://www.nyship.org 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 10013-1407 (TTY: 1-888-697-9054) Mental Health/Substance Abuse Program: UnitedHealthcare/OptumHealth, PO Box 5190, Kingston, NY 12402-5190 (TTY: 1-888-697-9054) Prescription Drug Program: UnitedHealthcare/Medco Health Solutions, PO Box 5900, Kingston, NY 12402-5900 (TTY: 1-800-451-4514)
210	Aetna* 99 Park Ave., New York, NY 10016 1-800-323-9930 Medicare Advantage Customer Service 1-800-282-5366 (TTY: 1-800-282-5366) www.aetna.com Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Ulster counties
066	Blue Choice* 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282); Medicare Blue Cross of New York www.excellusbcs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
063	Capital District Physicians' Health Plan (CDPHP) (Capital)* Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany, NY 12211-0800 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer and Schoharie counties
300	Capital District Physicians' Health Plan (CDPHP) (Central)* Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany, NY 12211-0800 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Broome, Chenango, Delaware, Essex, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Schoharie, Warren and Yates counties
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)* Patroon Creek Corporate Center, 500 Patroon Creek Blvd., Albany, NY 12211-0800 1-888-248-6522 (TTY: 1-877-261-1164) www.cdphp.com Serving Dutchess, Orange and Ulster counties
067	Community Blue* PO Box 80, Buffalo, NY 14240 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) Senior Blue HMO www.bcbswny.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
280	Empire BlueCross BlueShield HMO (Upstate)* 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-451-4514 Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Yates counties
290	Empire BlueCross BlueShield HMO (Downstate)* 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-451-4514 Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties
320	Empire BlueCross BlueShield HMO (Mid-Hudson)* 11 Corporate Woods Blvd., PO Box 11800, Albany, NY 12211-0800 1-800-451-4514 Serving Dutchess, Orange and Ulster counties
220	GHI HMO 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: 1-877-208-7920) www.ghi.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schoharie, Warren and Yates counties
350	GHI HMO 789 Grant Ave., Lake Katrine, NY 12449 or PO Box 4181, Kingston, NY 12401 1-877-244-4466 (TTY: 1-877-208-7920) www.ghi.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schoharie, Warren and Yates counties
050	HIP Health Plan of New York* EmblemHealth 55 Water St., New York, NY 10041 1-877-861-0175 (TTY: 1-888-447-4833) www.hip.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schoharie, Warren and Yates counties
072	HMOBlue Excellus BlueCross BlueShield (Central New York Region) 333 Butternut Dr., Syracuse, NY 13214-1803 1-800-451-4514 Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
160	HMOBlue Excellus BlueCross BlueShield (Utica Region) 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1-877-398-2282) Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Schoharie, Warren and Yates counties
059	Independent Health* 511 Farber Lakes Dr., Buffalo, NY 14221 1-800-501-3439 (TTY: 716-631-3108) www.independenthealth.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schoharie, Warren and Yates 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: 1-888-687-6277) 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: 1-888-687-6277) Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Yates 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: 1-888-687-6277) Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Schoharie, Warren and Yates 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: 1-888-687-6277) Serving Dutchess, Orange 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: 1-888-687-6277) Serving Dutchess, Orange and Ulster 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.

**Monthly Rate
(See page**

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://www.cs.ny.gov	0.00	202.92
008-1407 (TTY: 1-800-241-6894) 1-800-855-2881) 0-759-1089)		
800-654-5984) and Westchester counties in New York State, and all counties in New Jersey	198.47	1,016.79
Choice 1-877-883-9577 (TTY: 1-800-421-1220)	0.00	173.82
Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary 518-641-3950 Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties	0.00	188.84
Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary 518-641-3950 Franklin, Madison, Oneida, Otsego and Tioga counties	54.89	337.27
Franklin Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 Medicare-primary or 518-641-3950	65.66	363.07
Medicare Advantage Plan PO Box 62, Buffalo, NY 14240 1-800-329-2792 (TTY: 1-877-834-6918)	0.00	272.57
518-453-0113 (TTY: 1-800-241-6894) www.empireblue.com Schoharie, Warren and Washington counties	13.02	314.96
518-453-0113 (TTY: 1-800-241-6894) www.empireblue.com	187.44	776.84
518-453-0113 (TTY: 1-800-241-6894) www.empireblue.com Serving Dutchess, Orange, Putnam, Sullivan and Ulster counties	165.20	711.99
www.ghi.com Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties	176.37	751.53
518-453-0113 (TTY: 1-800-241-6894) www.ghi.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties	233.52	921.84
www.emblemhealth.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties	60.00	337.55
518-447-6269 (TTY: 1-877-398-2275) www.excellusbcb.com	114.01	478.30
518-447-6269 (TTY: 1-877-398-2275) www.excellusbcb.com Franklin, Otsego and St. Lawrence counties	140.31	605.09
www.emblemhealth.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties	26.51	272.03
518-447-6269 (TTY: 1-800-662-1220) Medicare-eligible 1-800-209-3945 www.joinmvp.com	0.00	173.28
518-447-6269 (TTY: 1-800-662-1220) www.joinmvp.com Saratoga and Washington counties	0.00	188.59
518-447-6269 (TTY: 1-800-662-1220) www.joinmvp.com Franklin, Otsego, Tioga and Tompkins counties	41.20	298.04
518-447-6269 (TTY: 1-800-662-1220) www.joinmvp.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties	51.45	323.03
518-447-6269 (TTY: 1-800-662-1220) www.joinmvp.com Serving Franklin and St. Lawrence counties	128.70	520.67

Notes: Rates for retirees do not reflect sick leave credits.
 † For more information on how sick leave credit impacts your premium.)

B		C		D	
Ind	Fam	Ind	Fam	Ind	Fam
61.23	264.15	202.92	202.92	612.26	1,423.94
258.44	1,076.76	359.48	359.48	798.16	2,236.07
47.74	221.56	173.82	173.82	477.43	1,172.72
52.63	241.47	188.84	188.84	526.33	1,281.69
110.74	393.12	221.58	221.58	613.45	1,499.79
121.21	418.62	224.48	224.48	621.14	1,519.05
59.57	332.78	237.40	237.40	595.70	1,545.29
76.74	378.68	252.10	252.10	650.21	1,658.63
252.71	842.11	328.61	328.61	840.11	2,154.57
230.02	776.81	316.63	316.63	813.45	2,079.97
237.40	812.56	310.83	310.83	786.72	2,030.06
294.55	982.87	339.13	339.13	843.87	2,200.38
119.30	396.85	228.73	228.73	653.01	1,567.93
170.31	534.60	240.77	240.77	676.99	1,640.09
195.97	660.75	266.43	266.43	696.90	1,762.63
84.21	329.73	217.49	217.49	603.53	1,473.48
48.46	221.74	173.28	173.28	484.62	1,177.74
52.58	241.17	188.59	188.59	525.77	1,280.12
95.74	352.58	211.51	211.51	586.64	1,432.70
106.03	377.61	215.31	215.31	597.30	1,458.55
184.25	576.22	248.13	248.13	684.23	1,676.77

Enrollee Contributions for Retirees, Vestees and Dependent Survivors

The premium contributions of retirees and some dependent survivors of the Thruway Authority are included on this rate sheet. Retirees of other Participating Employers: Contact your former employer for 2012 rates. Dependent survivors of other Participating Employers: Contact the former employer of the enrollee for 2012 rates. COBRA and Young Adult Option enrollees will be notified of their rates separately.

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.

Not all Participating Employers 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 2012, contact your former employer.

A Retirement prior to 1/1/83 and all retirees of the Thruway Authority

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

C Amended Dependent Survivors; Eligible Survivors of active employees who died between April 1, 1975 and March 31, 1979; some dependent survivors of Thruway Authority

D Vestees, Long Term Disability Enrollees and all other Dependent Survivors

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

† If Medicare-primary, check with the plan.

Note: 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 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 June 30, 2012.

3. If you are enrolling in one of the following Medicare Advantage Plans...

Option 210	Aetna	Option 320	Empire BlueCross BlueShield HMO (Mid-Hudson)
Option 066	Blue Choice	Option 050	HIP Health Plan of New York
Option 063	CDPHP (Capital)	Option 059	Independent Health
Option 300	CDPHP (Central)	Option 058	MVP Health Care (Rochester)
Option 310	CDPHP (Hudson Valley)	Option 060	MVP Health Care (East)
Option 067	Community Blue	Option 330	MVP Health Care (Central)
Option 280	Empire BlueCross BlueShield HMO (Upstate)	Option 340	MVP Health Care (Mid-Hudson)
Option 290	Empire BlueCross BlueShield HMO (Downstate)		

...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 July 31, 2012 and enrollment in your new option will be effective August 1, 2012. Remember, you must submit this request by June 30, 2012.

NYSHIP Option Transfer Request

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

If you want to change your health insurance option, please fill in this form and return it by June 30, 2012 to:

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

Call us at 518-457-5754 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 July 1, 2012, 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



1. Medicare Part B Premium and Your Credit (Reimbursement)

The State 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 2012, the standard Medicare Part B premium is \$99.90 per month. This amount is not affected by the change to how the cost of reimbursement for the Medicare Part B premium is factored into the cost of NYSHIP coverage.

2. Insurance Premium Deduction

Your share of the NYSHIP premium, less any sick leave credit, is shown as a deduction in this box.

IF YOU ARE CHANGING YOUR HEALTH INSURANCE PLAN: The correct deduction for your new health insurance plan will be reflected in your pension check. Depending on when your health insurance plan change is received and processed, you may see an additional special adjustment for changes retroactive to the effective date of coverage.

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 2012* booklet. If you need a copy of *Choices*, please contact the Employee Benefits Division. 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 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 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 the rate listing inside or the *Choices* booklet 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 participating provider networks.

Your Retirement Check and "Notice of Change" Document

Your deductions will change to reflect the July 1, 2012 health insurance rates of your 2012 health insurance plan.

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 to the left 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.

Enrollees Who Pay the Employee Benefits Division Directly

The 2012 rate for your current health insurance plan will be reflected in your June bill for your July coverage. If you are changing options, the date of

NOTICE OF CHANGE IN NET RETIREMENT SYSTEMS BENEFIT PAID FOR MONTH ENDING September 30, 2011.

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".

Benefits	Last Month	This Month
Normal Allowance		
Cost of Living		
Supplemental Allowance		
Benefit Adjustment	\$0.00	\$0.00
Gr		

NEW YORK STATE & LOCAL RETIREMENT SYSTEM

Name: Check #: Date: May 31, 2011
Retirement #: Registration #:

	NORMAL ALLOWANCE	C.O.L.A./ SUPPLEMENTAL	MEDICARE CREDIT	GROSS TOTAL
Miscell				
Tot				
Net				
Health				
FEDERAL WITHHOLDING				TOTAL DEDUCTIONS
INSURANCE PREMIUM				
Net Ret				CHECK AMOUNT

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) 805-0990, or (518) 474-7736 in the Albany, New York area.

You may also call this number to request an Electronic Fund 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

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



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

Time Sensitive Materials

NYSHIP Rates Effective July 1, 2012 for PE Retirees - June 2012

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

 *NYSHIP Rates Effective July 1, 2012 for PE Retirees* was printed on paper containing recycled fiber using environmentally sensitive inks.  PE0115 *NYSHIP Rates Effective July 1, 2012 for PE Retirees*

the bill when you see your premium change will depend on when your health insurance plan change 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.

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, or any time to use our automated telephone system. For the latest benefit information, visit our web site at <https://www.cs.ny.gov>.

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 for the remainder of calendar year 2012, subtract your monthly sick leave credit from the new monthly premium.