

NEW YORK STATE HEALTH INSURANCE PROGRAM 2015 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 2015, 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 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	229.61	64.14	293.75	229.61	229.61	641.39	1,559.83
210	Aetna*	252.35	1,186.11	319.53	1,253.29	417.80	417.80	924.16	2,595.36
066	Blue Choice*	16.88	225.44	74.07	282.63	217.99	217.99	588.81	1,460.76
067	BlueCross BlueShield of Western New York*	0.11	242.77	65.93	308.60	242.77	242.77	658.31	1,629.38
063	Capital District Physicians' Health Plan (CDPHP) (Capital)*	34.06	259.20	92.50	317.64	225.19	225.19	618.50	1,519.25
300	Capital District Physicians' Health Plan (CDPHP) (Central)*	76.71	359.79	135.46	418.54	240.53	240.53	664.19	1,626.30
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)*	120.50	475.16	178.91	533.57	257.48	257.48	704.62	1,734.53
280	Empire BlueCross BlueShield HMO (Upstate)*	108.83	529.88	171.72	592.77	289.43	289.43	737.71	1,895.42
290	Empire BlueCross BlueShield HMO (Downstate)*	297.23	1,027.84	361.55	1,092.16	371.12	371.12	940.46	2,424.96
320	Empire BlueCross BlueShield HMO (Mid-Hudson)*	277.49	974.46	341.36	1,038.33	361.35	361.35	916.16	2,361.57
050	HIP Health Plan of New York (Downstate)*	128.65	475.34	189.85	536.54	262.10	262.10	740.61	1,789.00
220	HIP Health Plan of New York (Capital)	149.59	526.69	211.39	588.49	271.28	271.28	767.58	1,852.72
350	HIP Health Plan of New York (Hudson Valley)	125.25	459.74	186.48	520.97	258.98	258.98	737.57	1,773.50
072	HMOBlue (Central New York Region)	150.89	545.39	211.48	605.98	270.78	270.78	756.81	1,839.94
160	HMOBlue (Utica Region)	188.39	712.24	248.37	772.22	303.96	303.96	788.21	2,004.05
059	Independent Health*	0.00	212.47	58.37	270.84	212.47	212.47	583.66	1,433.53
058	MVP Health Care (Rochester)*	0.00	203.96	56.19	260.15	203.96	203.96	561.91	1,377.77
060	MVP Health Care (East)*	45.35	279.65	101.57	335.87	221.56	221.56	607.50	1,493.73
330	MVP Health Care (Central)*	108.13	443.92	165.87	501.66	250.97	250.97	685.57	1,689.44
340	MVP Health Care (Mid-Hudson)*	94.22	405.89	149.72	461.39	237.72	237.72	649.18	1,600.08
360	MVP Health Care (North)	210.79	703.98	270.03	763.22	294.43	294.43	803.14	1,980.85

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 2015, subtract your monthly sick leave credit from the new monthly premium.

ENROLLEES WHO PAY THE EMPLOYEE BENEFITS DIVISION DIRECTLY

The 2015 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.

[†] If Medicare primary, check with the plan.

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

[♦] Not all PEs use the contribution rates reflected in this flyer. If you are not required to pay the full cost for your coverage, multiply the percent you contribute to the rates in this column to determine your approximate monthly rate.