

NOVEMBER 2017

# 2018 Rates & Information for Retirees of New York State

For Retirees, Vesteers, Dependent Survivors and Enrollees covered under Preferred List Provisions of New York State Government and their Enrolled Dependents



## Choose Your Health Insurance Option

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-approved 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 2018 rates for all NYSHIP options. If you reside outside New York State, your only NYSHIP option is The Empire Plan. NYSHIP HMOs have limited service areas. 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 Option and Other Available Options

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 option or wish to review your current option, refer to the *2018 Health Insurance Choices* booklet. You can also visit [www.cs.ny.gov/retirees](http://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 2018, 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/Surgical 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 Option

The correct deduction for your new health insurance plan, plus or minus any retroactive adjustment needed, will be reflected in your pension check or monthly billing statement.

**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

You must notify the Employee Benefits Division in writing if your address changes or if changes in your family or marital status affect your coverage.

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

Be sure to sign the letter and include the last four digits of your Social Security number or your Empire Plan alternate ID number, your address and telephone number, including area code. You may also make address or phone number changes online using MyNYSHIP. Deadlines may apply, so act promptly once you determine a change is needed. See your *NYSHIP General Information Book* for details.

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act (PPACA).

To view a copy of the SBC for The Empire Plan or a NYSHIP HMO, visit [www.cs.ny.gov/sbc](http://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/Surgical Program to request a copy for The Empire Plan. If you need a NYSHIP HMO SBC, contact the HMO.

\* 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.

## Your Notice of Change Document

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Because you pay for your NYSHIP coverage via a deduction from your monthly pension, your deductions will change to reflect your health plan's 2018 premium. The Notice of Change document (for the direct-deposit enrollee) is from the New York State and Local Retirement System (NYSLRS). **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, 2017.

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
<b>Benefits</b>		
Normal Allowance	\$2,955.53	\$2,955.53
Cost of Living	\$15.00	\$15.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$0.00	\$0.00
Gross Benefit	\$2,985.53	\$2,985.53
<b>Miscellaneous Adjustments</b>		
Total Federal Withholding Tax	\$0.00	\$0.00
Miscellaneous Deductions	\$0.00	\$0.00
<b>Health Insurance Deductions</b>		
Health Insurance Deduction	\$364.47	\$372.25
Federal Insurance Deduction	\$109.00	\$109.00
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 2018 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 adjustment will depend on when your change request is received and processed by the Employee Benefits Division.

## 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. The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new plan year.

If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in calendar year 2018, subtract your monthly sick leave credit from the new monthly premium.



New York State Health Insurance Program 2018 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.

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.

Leave Without Pay, COBRA and Young Adult Option enrollees will be notified of their rates separately.

These rates reflect the monthly cost for NYSHIP retiree coverage. Rates for retirees do not reflect sick leave credits. (See page 3 for information on how sick leave credit impacts your premium.)

		Retirement prior to 1/1/83		Retirement between 1/1/83 and 12/31/11 (all Salary Grades) or Retirement on or after 1/1/12 from a title allocated or equated to Salary Grade 9 or below**		Retirement on or after 1/1/12 from a title allocated or equated to Salary Grade 10 or above**		Eligible survivors of active Employees who died on or after 4/1/79 or of Retirees who retired on or after 4/1/79		Amended Dependent Survivors; Eligible survivors of active Employees who died between 4/1/75 and 3/31/79		Vesteess, Long Term Disability Enrollees and all other Dependent Survivors	
Code	Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	292.52	93.42	409.35	124.56	487.29	77.85	370.37	292.52	292.52	778.51	1,948.61
066	Blue Choice*	0.00	250.24	81.31	351.57	108.41	418.70	67.75	317.99	250.24	250.24	677.55	1,678.50
067	BlueCross BlueShield of Western New York*	0.00	263.53	85.82	370.43	114.43	441.21	71.52	335.05	263.53	263.53	715.16	1,769.28
063	Capital District Physicians’ Health Plan (CDPHP) (Capital)*	0.00	253.38	83.75	357.40	111.67	425.86	69.79	323.17	253.38	253.38	697.94	1,711.47
300	Capital District Physicians’ Health Plan (CDPHP) (Central)*	92.80	424.32	178.72	533.09	207.36	607.43	164.40	495.92	297.10	297.10	808.80	1,997.19
310	Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)*	210.60	709.26	296.20	817.62	324.72	891.68	281.93	780.59	338.11	338.11	923.87	2,276.30
280	Empire BlueCross BlueShield HMO (Upstate)*	153.31	674.98	246.86	793.67	278.04	875.15	231.27	752.94	366.16	366.16	932.87	2,397.53
290	Empire BlueCross BlueShield HMO (Downstate)*	479.04	1,534.35	575.06	1,656.17	607.06	1,739.77	559.05	1,614.36	505.73	505.73	1,279.15	3,302.09
320	Empire BlueCross BlueShield HMO (Mid-Hudson)*	477.69	1,526.59	572.43	1,646.80	604.01	1,729.31	556.64	1,605.54	500.97	500.97	1,267.20	3,271.07
050	HIP Health Plan of New York (Downstate)*	107.02	437.39	199.70	554.42	230.59	634.01	184.26	514.63	310.89	310.89	879.36	2,122.92
220	HIP Health Plan of New York (Capital)	162.22	578.97	257.01	698.61	288.60	779.92	241.21	657.96	337.25	337.25	952.11	2,301.12
350	HIP Health Plan of New York (Hudson Valley)	162.22	578.97	257.01	698.61	288.60	779.92	241.21	657.96	337.25	337.25	952.11	2,301.12
072	HMOBlue (Central New York Region)*	0.00	228.21	77.40	323.86	103.20	386.18	64.50	292.71	228.21	228.21	644.98	1,557.81
160	HMOBlue (Utica Region)	178.38	700.15	264.50	809.14	293.20	883.58	250.15	771.92	344.87	344.87	896.02	2,275.49
059	Independent Health*	0.00	243.60	80.49	343.58	107.33	409.39	67.08	310.68	243.60	243.60	670.79	1,645.19
058	MVP Health Care (Rochester)*	0.00	226.85	83.13	328.13	110.84	392.13	69.28	296.13	226.85	226.85	692.76	1,600.15
060	MVP Health Care (East)*	4.24	235.81	90.15	341.09	118.79	407.62	75.83	307.82	235.81	235.81	720.15	1,663.39
330	MVP Health Care (Central)*	96.81	330.79	184.74	441.70	214.05	516.97	170.09	404.07	273.95	273.95	829.53	1,925.32
340	MVP Health Care (Mid-Hudson)*	104.66	338.74	189.47	445.69	217.74	518.24	175.34	409.42	266.09	266.09	811.41	1,875.76
360	MVP Health Care (North)	218.76	625.12	309.78	739.74	340.12	817.28	294.61	700.97	322.86	322.86	977.24	2,268.67

† If Medicare primary, check with the plan.    \* Medicare-primary enrollees will be enrolled in this plan’s Medicare Advantage plan.

\*\*Enrollees covered under Preferred List provisions receive the same rates as enrollees who retired on or after 1/1/12.

**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](http://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 1850, Hicksville, NY 11802  
TTY: 1-855-643-1476  
Prescription Drug Program:  
CVS Caremark  
P.O. Box 6590, Lee's Summit, MO 64064-6590  
TTY: 711  
SilverScript Insurance Company  
(an affiliate of CVS Caremark)  
P.O. Box 52067  
Phoenix, AZ 85072-2067  
TTY: 711

**066 Blue Choice**

165 Court St., Rochester, NY 14647  
1-800-499-1275  
Medicare Blue Choice: 1-877-883-9577  
TTY: 1-800-421-1220  
[www.excellusbcbs.com](http://www.excellusbcbs.com)  
Serving Livingston, Monroe, Ontario, Seneca, Wayne  
and Yates counties

**067 BlueCross BlueShield of Western New York**

P.O. Box 80, Buffalo, NY 14240-0080  
716-887-8840 or 1-877-576-6440  
Medicare Advantage/Senior Blue HMO members:  
1-800-329-2792  
TTY: 711  
[www.bcbswny.com/nyship](http://www.bcbswny.com/nyship)  
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](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  
Medicare Advantage: 518-641-3950 or 1-888-248-6522  
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  
Medicare Advantage: 518-641-3950 or 1-888-248-6522  
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  
Medicare Advantage: 1-800-564-9053  
TTY: 1-800-241-6894 or 711  
[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  
Medicare Advantage: 1-800-564-9053  
TTY: 1-800-241-6894 or 711  
[www.empireblue.com](http://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](http://www.empireblue.com)  
Serving Dutchess, Orange, Putnam, Sullivan  
and Ulster counties

Code	Plan and Service Area
<b>050</b>	<b>HIP Health Plan of New York (Downstate)</b> Emblem Health 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
<b>220</b>	<b>HIP Health Plan of New York (Capital)</b> Emblem Health 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
<b>350</b>	<b>HIP Health Plan of New York (Hudson Valley)</b> Emblem Health 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
<b>072</b>	<b>HMOBlue (Central New York Region)</b> 333 Butternut Dr., Syracuse, NY 13214-1803 1-800-499-1275 Medicare HMOBlue: 344 South Warren Street, Syracuse, NY 13202 1-877-883-9577 TTY: 1-800-421-1220 www.excellusbcbs.com Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
<b>160</b>	<b>HMOBlue (Utica Region)</b> 12 Rhoads Dr., Utica, NY 13502 1-800-499-1275 TTY: 1-800-421-1220 www.excellusbcbs.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
<b>059</b>	<b>Independent Health</b> 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
<b>058</b>	<b>MVP Health Care (Rochester)</b> 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
<b>060</b>	<b>MVP Health Care (East)</b> 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
<b>330</b>	<b>MVP Health Care (Central)</b> 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
<b>340</b>	<b>MVP Health Care (Mid-Hudson)</b> 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
<b>360</b>	<b>MVP Health Care (North)</b> 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](http://www.cs.ny.gov)



**NYSHIP**  
New York State  
Health Insurance Program

### **Address Service Requested**

Time-Sensitive Materials

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

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

*Rates & Information for 2018 (NY Retirees) – November 2017*

**Your Only Notice of Health Insurance  
Rate Changes for 2018**

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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 [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. 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](http://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 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). Representatives are available Monday through Friday between 9 a.m. and 4 p.m. Eastern time.