



NYSHIP
New York State
Health Insurance Program

APRIL 2019

NYSHIP RATE CHANGES

Management/Confidential (M/C); Legislature

EFFECTIVE JUNE 1, 2019

For Employees of New York State designated Management/Confidential;
Legislature and for their enrolled Dependents



Special Option Transfer Period (May 1 – 31, 2019)

The terms of a collective bargaining agreement have been administratively extended to M/C; Legislature employees. This agreement will result in a NYSHIP rate change effective June 1, 2019; the new rates included in this publication will be in effect through the end of the year (see page 4). In addition, due to the cap of the State's dollar contribution for the non-prescription drug components of the HMO premium, June 1, 2019 biweekly premium rates for many HMOs will be slightly higher than the January 1, 2019 rates.

As a result, there will be a Special Option Transfer Period during which you may change your health insurance option. You may choose The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. Enrollment in the Opt-out Program is not permitted during a Special Option Transfer Period. If you wish to change your option, you must submit a completed *Health Insurance Transaction Form* (PS-404) to your Health Benefits Administrator (HBA) or the Business Services Center (BSC) by the Special Option Transfer Period deadline (**May 31, 2019**). Online option changes using MyNYSHIP will NOT be available during the Special Option Transfer Period.

Refer to the April 2019 *Empire Plan Special Report* for information about changes to Empire Plan benefits, including copayments, coinsurance and deductibles. See *Health Insurance Choices for 2019* for details of NYSHIP HMO benefits and coverage. *Choices* is available on NYSHIP Online (www.cs.ny.gov/employee-benefits) or from your HBA.



Keep Your Information Up To Date

Be sure to keep your personal information updated, such as your name, address and phone number. Notify your HBA when changes in your family, marital or employment status affect your coverage. Please act promptly as deadlines may apply. See your *General Information Book* for details.

Retiring Or Leaving State Service In 2019?

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes. As a retiree or vestee, you also may change your health insurance option at any time once during a 12-month period. If you are planning to retire or vest in 2019, ask your HBA for a copy of *Choices for Retirees* to see how retirement will affect your coverage. Visit NYSHIP Online at www.cs.ny.gov/employee-benefits for this publication and more information about retirement. Select your group and plan, if prompted, and then select Planning to Retire.

Choices Explains Your Current Option and Other Available Options

If you are considering changing your health insurance option at this time or wish to review your current option, ask your HBA for a copy of *Health Insurance Choices for 2019*, your guide to NYSHIP options. For information about 2019 Empire Plan benefits, including copayments, coinsurance and deductibles, see the companion publication *Choices for 2019 Supplement*. You can find *Choices*, the *Choices Supplement* and other option transfer publications on NYSHIP Online at www.cs.ny.gov/employee-benefits. Select your group and plan, if prompted, and then select Health Benefits & Option Transfer. Choose Rates and Health Plan Choices for the most up-to-date option transfer information.

If you have questions about The Empire Plan, call toll free 1-877-7-NYSHIP (1-877-769-7447). Select the Medical/Surgical Program and then the appropriate prompt for option transfer benefit questions. For questions about NYSHIP HMOs, contact the HMOs directly (see pages 6 and 7).

Be sure you understand how your benefits will be affected if you change options. You are choosing a benefit package for yourself and your covered dependents for the remainder of the 2019 plan year. Changing options may result in substantially different coverage and cost.

To generate a comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Select your group and plan, if prompted, and then choose Health Benefits & Option Transfer. Select Rates and Health Plan Choices and then NYSHIP Plan Comparison. Confirm your group and select the counties in which you live and work. Then, check the box next to the plans you want to compare and click on Compare Plans to generate the side-by-side comparison table.

Summary of Benefits and Coverage

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

To view a copy of 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/Surgical Program to request a copy for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO.

IMPORTANT DATES

May 31, 2019

Deadline for submitting a signed *Health Insurance Transaction Form (PS-404)* to your HBA if you want to change your health insurance option for the remainder of the 2019 plan year. Empire Plan benefit changes are effective beginning **June 1, 2019**.

May 30, 2019 | Administration Lag-Exempt Payroll Employees

New health insurance options begin for Administration Lag-Exempt Payroll employees who choose to change options. The earliest paycheck in which a deduction change will be made is the check of May 15, 2019. Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to June 1, 2019.

May 30, 2019 | Administration Lag-Payroll Employees

New health insurance options begin for Administration Lag-Payroll employees who choose to change options. The earliest paycheck in which a deduction change will be made is the check of May 29, 2019. Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to June 1, 2019.

June 6, 2019 | Institution Lag-Exempt Payroll Employees

New health insurance options begin for Institution Lag-Exempt Payroll employees who choose to change options. The earliest paycheck in which a deduction change will be made is the check of May 23, 2019. Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to June 1, 2019.

June 6, 2019 | Institution Lag-Payroll Employees

New health insurance options begin for Institution Lag-Payroll employees who choose to change options. The earliest paycheck in which a deduction change will be made is the check of June 6, 2019. Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to June 1, 2019.

May 30, 2019 | Triple Lag-Payroll Employees

New health insurance options begin for Institution Payroll employees who are triple lagged and choose to change options. The earliest paycheck in which a deduction change will be made is the check of June 6, 2019. Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to June 1, 2019.

NEW YORK STATE HEALTH INSURANCE PROGRAM RATES, EFFECTIVE JUNE 1, 2019

Enrollee Contributions for Employees of New York State

Note: To enroll in an HMO, you must live or work in the HMO's service area. If you no longer live or work in the NYSHIP service area of the HMO in which you are enrolled, you must change to another plan. Service areas may change from year to year. Please check pages 6-7 for NYSHIP service area information.

Biweekly Costs Schedule

For Employees in titles allocated or equated to Salary Grade 9 and below.

For Employees in titles allocated or equated to Salary Grade 10 and above.

Page in Choices	Code	Plan	Individual	Family	Individual	Family
16	001	The Empire Plan	42.90	189.12	57.20	225.09
26	066	Blue Choice	36.77	158.29	49.03	188.55
28	067	BlueCross BlueShield of Western New York	38.24	164.10	50.98	195.49
30	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	40.64	173.05	54.19	206.21
30	300	Capital District Physicians' Health Plan (CDPHP) (Central)	90.70	255.36	104.51	291.10
30	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	129.53	361.19	143.24	396.68
32	280	Empire BlueCross BlueShield HMO (Upstate)	88.68	301.57	103.37	339.85
32	290	Empire BlueCross BlueShield HMO (Downstate)	227.92	667.32	242.92	706.43
32	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	248.16	720.06	263.14	759.11
34	050	HIP Health Plan of New York (Downstate)	104.02	288.47	119.22	327.49
34	220	HIP Health Plan of New York (Capital)	139.00	376.68	154.66	416.83
34	350	HIP Health Plan of New York (Hudson Valley)	139.00	376.68	154.66	416.83
36	072	HMO Blue (Central New York Region)	44.09	170.56	57.52	203.38
36	160	HMO Blue (Utica Region)	112.97	351.85	126.67	387.30
38	059	Independent Health	37.36	158.88	49.81	189.33
40	058	MVP Health Care (Rochester)	39.37	154.99	52.50	185.25
40	060	MVP Health Care (East)	40.17	158.07	53.57	188.94
40	330	MVP Health Care (Central)	75.01	181.98	88.95	217.43
40	340	MVP Health Care (Mid-Hudson)	80.80	191.34	94.21	225.95
40	360	MVP Health Care (North)	141.44	338.26	155.97	375.31

Your Biweekly Premium Contribution

For employees in titles allocated or equated to Salary Grade 9 and below, the State will pay 88 percent of the cost of the premium for enrollee coverage and 73 percent for the additional cost of dependent coverage.

For employees in titles allocated or equated to Salary Grade 10 and above, the State will pay 84 percent of the cost of the premium for enrollee coverage and 69 percent for the additional cost of dependent coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees.

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 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

066 Blue Choice

165 Court St., Rochester, NY 14647

1-800-499-1275

TTY: 1-800-421-1220

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 14240-0800

716-887-8840 or 1-877-576-6440

TTY: 711

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

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

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

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

TTY: 1-800-241-6894

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

TTY: 1-800-241-6894

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

TTY: 1-800-241-6894

www.empireblue.com

Serving Dutchess, Orange, Putnam, Sullivan
and Ulster counties

Code Plan and Service Area

050 HIP Health Plan of New York (Downstate)
 EmblemHealth, 55 Water St., New York, NY 10041
 1-800-447-8255
 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)
 EmblemHealth, 55 Water St., New York, NY 10041
 1-800-447-8255
 TTY: 1-877-208-7920
 www.emblemhealth.com

Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties

350 HIP Health Plan of New York (Hudson Valley)
 EmblemHealth, 55 Water St., New York, NY 10041
 1-800-447-8255
 TTY: 1-877-208-7920
 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.excellusbcbcs.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.excellusbcbcs.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)
 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



NYSHIP
New York State
Health Insurance Program

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

NYSHIP Rate Changes for M/C; Legislature — April 2019

Address Service Requested

Time-Sensitive Materials

**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 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).

 NYSHIP Rate Changes for M/C; Legislature was printed on paper containing recycled fiber using environmentally sensitive inks.

NYSHIP Rate Changes for M/C; Legislature 4/19



NY1285