

November 2020

**NYSHIP**

# **RATES & DEADLINES**



# **for 2021**

For Employees of the State of New York in the Agency Police Services Unit (APSU) represented by the Police Benevolent Association of New York State (PBANYS) or represented by Council 82 (C-82) or the Public Employees Federation (PEF); and their enrolled dependents



**NYSHIP**  
New York State  
Health Insurance Program

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239  
[www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)

## Choose Your Health Insurance Option for 2021 by December 31, 2020

The Option Transfer Period is here — the time to choose the health insurance option you want for 2021. The New York State Health Insurance Program (NYSHIP) offers you the choice of The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. You may also be able to opt out of coverage for the 2021 plan year in exchange for an incentive payment (see page 8).

Except under limited circumstances, you cannot change options outside the annual Option Transfer Period, which ends on December 31, 2020.

To change your health insurance option during the Option Transfer Period, return the completed and signed *Health Insurance Transaction Form* (PS-404) to your HBA by **December 31, 2020**. You can find a copy of the form in *2021 Planning for Option Transfer*, which was mailed to your home in October, on NYSHIP Online at [www.cs.ny.gov/forms/ps404.pdf](http://www.cs.ny.gov/forms/ps404.pdf) or by contacting your Health Benefits Administrator (HBA). You may also change your option online using MyNYSHIP at [www.cs.ny.gov/mynyship](http://www.cs.ny.gov/mynyship).

## Pre-Tax Contribution Program (PTCP) Election Period Changes for 2021

The PTCP Election Period runs concurrently with the Option Transfer Period. If you wish to change your Pre-Tax election, you must submit a *Health Insurance Transaction Form* (PS-404) to your HBA

by December 31, 2020. For more information about the PTCP, see *Planning for Option Transfer* or your *General Information Book*.

**NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION OR PRE-TAX STATUS AND STILL QUALIFY FOR THEM. (SEE THE NOTE AT THE TOP OF PAGE 4.)**

## Choices Explains Your NYSHIP Options

If you are considering changing your health insurance option for 2021 or wish to review your current option, ask your HBA for a copy of *Health Insurance Choices for 2021*. For information about 2021 Empire Plan benefits, including copayments, coinsurance and deductibles, see the companion publication *Choices for 2021 Supplement*. You can also find *Choices*, the *Choices Supplement* and other option transfer publications on NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://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.

Your current plan will notify you directly of any copayment or benefit changes for 2021. For 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 option transfer benefit questions. For questions about NYSHIP HMOs, contact the HMOs directly (see pages 6 and 7).

## Keep Your Information Up To Date

It's important for you to keep your personal information updated, such as your name, address and phone number. Notify your HBA of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. In some cases, deadlines apply. See your *General Information Book* for more information on enrollment changes and applicable deadlines.

## If You Plan to Retire or Vest in 2021

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes and, thereafter, at any time once during a 12-month period. If you are planning to retire or vest in 2021, take the time now to familiarize yourself with the eligibility requirements for continuing your health insurance coverage. Refer to your *General Information Book* for more information or ask your HBA for copies of *Planning for Retirement* and *Health Insurance Choices for 2021 for Retirees*. These publications are also available on NYSHIP Online.

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 entire 2021 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](http://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. Next, confirm your group and select the counties where you live and work. On the list

of available options, 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](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 an SBC for a NYSHIP HMO, contact the HMO directly.

## Important Dates For Your Benefit Choices

**December 31, 2020**  
**Deadline for submitting a signed *Health Insurance Transaction Form (PS-404)* to your HBA if you want to change your health insurance option and/or Pre-Tax election for the 2021 plan year.**

| Employees                                      | Date new health insurance options begin | Earliest paycheck in which you will see a deduction change |
|--|---|--|
| Administration<br>Lag-Exempt Payroll Employees | <b>January 7, 2021</b>                  | <b>December 23, 2020</b>                                   |
| Administration<br>Lag-Payroll Employees        | <b>January 7, 2021</b>                  | <b>January 6, 2021</b>                                     |
| Institution<br>Lag-Exempt Payroll Employees    | <b>December 31, 2020</b>                | <b>December 17, 2020</b>                                   |
| Institution<br>Lag-Payroll Employees           | <b>December 31, 2020</b>                | <b>December 31, 2020</b>                                   |
| Triple Lag-Payroll Employees                   | <b>January 7, 2021</b>                  | <b>January 14, 2021</b>                                    |

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 the beginning of the plan year.

# New York State Health Insurance Program 2021 Rates

## 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 option. 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 |
|-----------------|------|--|------------|--------|------------|--------|
| 13              | 001  | The Empire Plan  | 47.36      | 204.76 | 63.14      | 243.86 |
| 24              | 066  | Blue Choice  | 42.37      | 181.98 | 56.50      | 216.79 |
| 26              | 067  | BlueCross BlueShield of Western New York                         | 39.20      | 167.44 | 52.27      | 199.51 |
| 28              | 069  | BlueShield of Northeastern New York                              | 43.36      | 185.96 | 57.81      | 221.53 |
| 30              | 063  | Capital District Physicians' Health Plan (CDPHP) (Capital)       | 43.78      | 185.67 | 58.37      | 221.28 |
| 30              | 300  | Capital District Physicians' Health Plan (CDPHP) (Central)       | 57.45      | 195.59 | 72.60      | 233.24 |
| 30              | 310  | Capital District Physicians' Health Plan (CDPHP) (Hudson Valley) | 140.43     | 400.28 | 155.71     | 439.31 |
| 32              | 050  | EmblemHealth – HIP (Downstate)                                   | 109.42     | 314.18 | 126.56     | 357.63 |
| 32              | 220  | EmblemHealth – HIP (Capital)                                     | 164.55     | 453.25 | 182.42     | 498.51 |
| 32              | 350  | EmblemHealth – HIP (Hudson Valley)                               | 164.55     | 453.25 | 182.42     | 498.51 |
| 34              | 072  | HMOBlue (Central New York Region)                                | 44.77      | 188.80 | 59.69      | 225.06 |
| 34              | 160  | HMOBlue (Utica Region)   | 46.31      | 206.73 | 61.75      | 245.93 |
| 36              | 059  | Independent Health   | 38.30      | 161.90 | 51.06      | 192.98 |
| 38              | 058  | MVP Health Care (Rochester)                                      | 42.30      | 165.91 | 56.39      | 198.32 |
| 38              | 060  | MVP Health Care (East)   | 43.49      | 170.74 | 57.98      | 204.09 |
| 38              | 330  | MVP Health Care (Central)  | 66.50      | 194.97 | 82.14      | 232.97 |
| 38              | 340  | MVP Health Care (Mid-Hudson)                                     | 65.58      | 192.35 | 80.98      | 229.83 |
| 38              | 360  | MVP Health Care (North)  | 144.58     | 353.88 | 160.75     | 394.60 |

## Your Biweekly Premium Contribution

For New York State 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 New York State 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. Direct Pay enrollees will be notified of their rates separately.



| Code and Plan   | Service Area  |  |   |   |
|---|---|--|---|---|
| <p><b>001</b><br/><b>The Empire Plan</b><br/>(available to enrollees and their eligible dependents worldwide)</p>   | <p>1-877-7-NYSHIP (1-877-769-7447) • <a href="http://www.cs.ny.gov">www.cs.ny.gov</a></p> <hr/> <table border="0"> <tr> <td data-bbox="483 352 1008 678"> <p><b>Medical Program:</b><br/>UnitedHealthcare<br/>P.O. Box 1600, Kingston, NY 12402-1600<br/>TTY: 1-888-697-9054</p> <p><b>Hospital Program:</b><br/>Empire BlueCross<br/>NYS Service Center<br/>P.O. Box 1407, Church Street Station<br/>New York, NY 10008-1407<br/>TTY: 1-800-241-6894</p> </td> <td data-bbox="1008 352 1529 678"> <p><b>Mental Health/Substance Abuse Program:</b><br/>Beacon Health Options, Inc.<br/>P.O. Box 1850, Hicksville, NY 11802<br/>TTY: 1-855-643-1476</p> <p><b>Prescription Drug Program:</b><br/>CVS Caremark<br/>P.O. Box 6590<br/>Lee's Summit, MO 64064-6590<br/>TTY: 711</p> </td> </tr> </table> |  | <p><b>Medical Program:</b><br/>UnitedHealthcare<br/>P.O. Box 1600, Kingston, NY 12402-1600<br/>TTY: 1-888-697-9054</p> <p><b>Hospital Program:</b><br/>Empire BlueCross<br/>NYS Service Center<br/>P.O. Box 1407, Church Street Station<br/>New York, NY 10008-1407<br/>TTY: 1-800-241-6894</p> | <p><b>Mental Health/Substance Abuse Program:</b><br/>Beacon Health Options, Inc.<br/>P.O. Box 1850, Hicksville, NY 11802<br/>TTY: 1-855-643-1476</p> <p><b>Prescription Drug Program:</b><br/>CVS Caremark<br/>P.O. Box 6590<br/>Lee's Summit, MO 64064-6590<br/>TTY: 711</p> |
| <p><b>Medical Program:</b><br/>UnitedHealthcare<br/>P.O. Box 1600, Kingston, NY 12402-1600<br/>TTY: 1-888-697-9054</p> <p><b>Hospital Program:</b><br/>Empire BlueCross<br/>NYS Service Center<br/>P.O. Box 1407, Church Street Station<br/>New York, NY 10008-1407<br/>TTY: 1-800-241-6894</p> | <p><b>Mental Health/Substance Abuse Program:</b><br/>Beacon Health Options, Inc.<br/>P.O. Box 1850, Hicksville, NY 11802<br/>TTY: 1-855-643-1476</p> <p><b>Prescription Drug Program:</b><br/>CVS Caremark<br/>P.O. Box 6590<br/>Lee's Summit, MO 64064-6590<br/>TTY: 711</p>   |  |   |   |
| <p><b>066</b><br/><b>Blue Choice</b></p>  | <p>165 Court St., Rochester, NY 14647<br/>1-800-499-1275 • TTY: 1-800-662-1220 • <a href="http://www.excellusbcbcs.com">www.excellusbcbcs.com</a><br/>Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</p>   |  |   |   |
| <p><b>067</b><br/><b>BlueCross BlueShield of Western New York</b></p>   | <p>P.O. Box 80, Buffalo, NY 14240-0800<br/>1-877-576-6440 • TTY: 711 • <a href="http://www.bcbswny.com/nyship">www.bcbswny.com/nyship</a><br/>Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties</p>   |  |   |   |
| <p><b>069</b><br/><b>BlueShield of Northeastern New York</b></p>  | <p>P.O. Box 15013, Albany, NY 12212<br/>1-800-888-1238 • TTY: 711 • <a href="http://www.bsneny.com">www.bsneny.com</a><br/>Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties</p>  |  |   |   |
| <p><b>063</b><br/><b>Capital District Physicians' Health Plan (CDPHP) (Capital)</b></p>   | <p>500 Patroon Creek Blvd., Albany, NY 12206-1057<br/>518-641-3700 or 1-800-777-2273 • TTY: 711 • <a href="http://www.cdphp.com">www.cdphp.com</a><br/>Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties</p>   |  |   |   |
| <p><b>300</b><br/><b>Capital District Physicians' Health Plan (CDPHP) (Central)</b></p>   | <p>500 Patroon Creek Blvd., Albany, NY 12206-1057<br/>518-641-3700 or 1-800-777-2273 • TTY: 711 • <a href="http://www.cdphp.com">www.cdphp.com</a><br/>Serving Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties</p>   |  |   |   |
| <p><b>310</b><br/><b>Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)</b></p>   | <p>500 Patroon Creek Blvd., Albany, NY 12206-1057<br/>518-641-3700 or 1-800-777-2273 • TTY: 711 • <a href="http://www.cdphp.com">www.cdphp.com</a><br/>Serving Delaware, Dutchess, Orange and Ulster counties</p>   |  |   |   |
| <p><b>050</b><br/><b>EmblemHealth – HIP (Downstate)</b></p>   | <p>EmblemHealth, 55 Water St., New York, NY 10041<br/>1-800-447-8255 • TTY: 1-888-447-4833 • <a href="http://www.emblemhealth.com">www.emblemhealth.com</a><br/>Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties</p>  |  |   |   |

| Code and Plan   | Service Area  |
|---|---|
| <b>220</b><br><b>EmblemHealth – HIP</b><br><b>(Capital)</b>       | EmblemHealth, 55 Water St., New York, NY 10041<br>1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com<br>Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties  |
| <b>350</b><br><b>EmblemHealth – HIP</b><br><b>(Hudson Valley)</b> | EmblemHealth, 55 Water St., New York, NY 10041<br>1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com<br>Serving Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties   |
| <b>072</b><br><b>HMOBlue</b><br><b>(Central New York Region)</b>  | 333 Butternut Dr., Syracuse, NY 13214-1803<br>1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbs.com<br>Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties  |
| <b>160</b><br><b>HMOBlue</b><br><b>(Utica Region)</b>             | 12 Rhoads Dr., Utica, NY 13502<br>1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbs.com<br>Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties                                    |
| <b>059</b><br><b>Independent Health</b>                           | 511 Farber Lakes Dr., Buffalo, NY 14221<br>1-800-501-3439 • TTY: 716-631-3108 • www.independenthealth.com<br>Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties  |
| <b>058</b><br><b>MVP Health Care</b><br><b>(Rochester)</b>        | P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207<br>1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com<br>Serving Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties                             |
| <b>060</b><br><b>MVP Health Care</b><br><b>(East)</b>             | P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207<br>1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com<br>Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties             |
| <b>330</b><br><b>MVP Health Care</b><br><b>(Central)</b>          | P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207<br>1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com<br>Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties |
| <b>340</b><br><b>MVP Health Care</b><br><b>(Mid-Hudson)</b>       | P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207<br>1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com<br>Serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties  |
| <b>360</b><br><b>MVP Health Care</b><br><b>(North)</b>            | P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207<br>1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com<br>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

*Rates & Deadlines for 2021 (Active–Unratified) – November 2020*

**Your Only Notice of Health Insurance  
Rate Changes for 2021**

**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.**

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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/employee-benefits](http://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.

2021 Rates & Deadlines was printed on paper containing recycled fiber using environmentally sensitive inks.

2021 Rates & Deadlines/Active–Unratified  NY1384

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## Changing Options Outside the Option Transfer Period

Refer to your *General Information Book* for a list of qualifying life events that allow you to change options outside of the Option Transfer Period. Contact your HBA for more information.

## Opt-Out Program for 2021

If you have coverage under another employer-sponsored health insurance program, you may be eligible to opt out of NYSHIP coverage in exchange for an incentive payment. See *Planning for Option Transfer* and *Choices* for details. If you are interested in participating in the Opt-out Program for 2021, contact your HBA.

**It is no longer necessary to reenroll in the Opt-out Program each year.** No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program for the 2021 plan year.