

November 2020

# NYSHIP RATES & INFORMATION



# for 2021

## For Retirees of New York State

For retirees, vestees, dependent survivors and enrollees covered under Preferred List provisions of the State of New York 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/retirees](http://www.cs.ny.gov/retirees)

## Choose Your Health Insurance Option

You may change your New York State Health Insurance Program (NYSHIP) health insurance option once at any time 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.<sup>1</sup>

Consider your options carefully. You are choosing a benefit package for yourself and your dependent(s) for 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. Please be aware that your NYSHIP benefits will be significantly reduced or even canceled if you join a Medicare Advantage or prescription drug option that is not part of NYSHIP. Before you choose one of these plans, 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 IT.**

## Choices Explains Your Health Plan 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<sup>2</sup> 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 *Health Insurance Choices for 2021* booklet. You can also visit [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) for this information or to generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area using the online NYSHIP Plan Comparison tool.

Your current plan will notify you directly if there are any copayment or benefit changes for 2021.

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, contact the HMOs directly (see pages 6 and 7). 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 Decide to Change Your Option

The 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.**

<sup>1</sup> This flyer includes 2021 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.

<sup>2</sup> 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.

## 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 an *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.

## Keep Your Information Up To Date

It's important for you to keep the Employee Benefits Division (EBD) up to date with any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner as deadlines may apply.

Call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands).

Representatives are available Monday through Friday from 9 a.m. to 4 p.m. Eastern time.

Or write to EBD at:

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

Before sending a letter to EBD be sure that it includes the last four digits of your Social Security number or your Empire Plan ID number, your permanent address, and your phone number (including area code). The letter must also be signed and dated.

You may also make address or phone number changes online using MyNYSHIP at [www.cs.ny.gov/mynyship](http://www.cs.ny.gov/mynyship). See your *General Information Book* for more information on enrollment changes and applicable deadlines.

## 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 2021 premium. The Notice of Change document shown here (for the direct-deposit enrollee) is from the New York State and Local Retirement System (NYSRLS). **Note:** *If you receive your pension from another retirement system, your Notice of Change document will be different.*

## Enrollees Who Pay the Employee Benefits Division Directly

The 2021 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 2021, subtract your monthly sick leave credit from the new monthly premium.

NOTICE OF CHANGE IN YOUR NET RETIREMENT BENEFIT DEPOSITED FOR MONTH ENDING January 30, 2020.

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 \*.

Benefits	Last Month	This Month
Normal Allowance	\$2,950.00	\$2,950.00
Cost of Living	\$11.00	\$11.00
Supplemental Allowance	\$0.00	\$0.00
Benefit Adjustments	\$14.00	\$0.00
Gross Benefit	\$85.00 *	\$2,970.00
Miscellaneous Adjustments		
Total Federal Withholding Tax	\$0.00	\$0.00
Miscellaneous Deductions	\$0.00	\$0.00
Health Insurance Deduction	\$364.47	\$372.25
Medical Credit	\$135.50	\$144.60
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.

# New York State Health Insurance Program 2021 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. Medicare-primary NYSHIP HMO enrollees will be enrolled in the HMO's Medicare Advantage Plan.

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.)

Code	Plan	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	
		Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	0.00	308.41	100.59	433.68	134.12	516.55	83.82	392.23	308.41	308.41	838.22	2,071.88
066	Blue Choice	0.00	280.87	92.05	395.39	122.74	471.02	76.71	357.58	280.87	280.87	767.10	1,890.60
067	BlueCross BlueShield of Western New York	0.00	257.99	85.16	363.79	113.55	433.46	70.97	328.96	257.99	257.99	709.70	1,741.66
069	BlueShield of Northeastern New York	0.00	286.86	94.20	404.01	125.59	481.29	78.50	365.36	286.86	286.86	784.96	1,932.39
063	Capital District Physicians' Health Plan (CDPHP) (Capital)	0.00	285.45	95.11	403.39	126.82	480.77	79.26	364.71	285.45	285.45	792.61	1,934.40
300	Capital District Physicians' Health Plan (CDPHP) (Central)	45.29	307.21	141.72	428.56	173.86	510.55	125.65	387.57	299.14	299.14	848.89	2,045.44
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	224.71	788.11	322.00	910.54	354.43	993.24	305.78	869.18	376.52	376.52	1,035.48	2,541.57
050	EmblemHealth – HIP (Downstate)	145.22	586.14	254.62	723.46	291.09	815.78	236.38	677.30	372.00	372.00	1,056.91	2,544.93
220	EmblemHealth – HIP (Capital)	260.19	882.36	374.39	1,025.64	412.46	1,121.87	355.36	977.53	428.19	428.19	1,211.90	2,924.66
350	EmblemHealth – HIP (Hudson Valley)	260.19	882.36	374.39	1,025.64	412.46	1,121.87	355.36	977.53	428.19	428.19	1,211.90	2,924.66
072	HMOBlue (Central New York Region)	0.00	289.74	97.27	410.19	129.69	488.97	81.06	370.80	289.74	289.74	810.58	1,969.56
160	HMOBlue (Utica Region)	0.00	322.71	100.62	449.15	134.16	534.32	83.85	406.56	322.71	322.71	838.52	2,129.36
059	Independent Health	0.00	248.64	83.21	351.74	110.94	419.26	69.34	317.98	248.64	248.64	693.40	1,687.97
058	MVP Health Care (Rochester)	0.00	248.66	91.89	360.44	122.52	430.86	76.58	325.24	248.66	248.66	765.78	1,760.42
060	MVP Health Care (East)	0.00	255.99	94.49	370.96	125.98	443.41	78.74	334.73	255.99	255.99	787.38	1,811.34
330	MVP Health Care (Central)	61.76	307.14	161.38	423.58	194.59	506.15	144.78	382.29	293.09	293.09	891.97	2,064.33
340	MVP Health Care (Mid-Hudson)	61.28	289.31	159.37	417.90	192.07	499.34	143.02	377.18	289.31	289.31	878.73	2,035.96
360	MVP Health Care (North)	227.95	680.66	331.02	809.74	365.38	896.12	313.84	766.55	357.04	357.04	1,086.90	2,515.05

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



Code and Plan	Service Area
<p><b>001</b> <b>The Empire Plan</b> (available to enrollees and their eligible dependents worldwide)</p>	<p>1-877-7-NYSHIP (1-877-769-7447) • www.cs.ny.gov</p> <hr/> <p><b>Medical Program:</b> UnitedHealthcare P.O. Box 1600, Kingston, NY 12402-1600 TTY: 1-888-697-9054</p> <p><b>Hospital Program:</b> Empire BlueCross NYS Service Center P.O. Box 1407, Church Street Station New York, NY 10008-1407 TTY: 1-800-241-6894</p> <p><b>Mental Health/Substance Abuse Program:</b> Beacon Health Options, Inc. P.O. Box 1850, Hicksville, NY 11802 TTY: 1-855-643-1476</p> <p><b>Prescription Drug Program:</b> CVS Caremark P.O. Box 6590 Lee's Summit, MO 64064-6590 TTY: 711</p> <p>SilverScript Insurance Company (an affiliate of CVS Caremark) P.O. Box 52067, Phoenix, AZ 85072-2067 TTY: 711</p>
<p><b>066</b> <b>Blue Choice</b></p>	<p>165 Court St., Rochester, NY 14647 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbs.com Medicare Blue Choice: 1-877-883-9577 Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</p>
<p><b>067</b> <b>BlueCross BlueShield of Western New York</b></p>	<p>P.O. Box 80, Buffalo, NY 14240-0080 1-877-576-6440 • TTY: 711 • www.bcbswny.com/nyship Medicare Senior Blue HMO: 1-800-329-2792 Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties</p>
<p><b>069</b> <b>BlueShield of Northeastern New York</b></p>	<p>P.O. Box 15013, Albany, NY 12212 1-800-888-1238 • TTY: 711 • www.bsneny.com Medicare Senior Blue HMO: 1-800-329-2792 Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties</p>
<p><b>063</b> <b>Capital District Physicians' Health Plan (CDPHP) (Capital)</b></p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com Medicare Advantage: 518-641-3950 or 1-888-248-6522 Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties</p>
<p><b>300</b> <b>Capital District Physicians' Health Plan (CDPHP) (Central)</b></p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com Medicare Advantage: 518-641-3950 or 1-888-248-6522 Serving Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties</p>
<p><b>310</b> <b>Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)</b></p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com Medicare Advantage: 518-641-3950 or 1-888-248-6522 Serving Delaware, Dutchess, Orange and Ulster counties</p>
<p><b>050</b> <b>EmblemHealth – HIP (Downstate)</b></p>	<p>EmblemHealth, 55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Medicare Advantage: 1-877-344-7364 Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties</p>

Code and Plan	Service Area
<b>220</b> <b>EmblemHealth – HIP (Capital)</b>	EmblemHealth, 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>EmblemHealth – HIP (Hudson Valley)</b>	EmblemHealth, 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 • TTY: 1-800-662-1220 • www.excellusbcbs.com Medicare HMOBlue: 344 South Warren St., Syracuse, NY 13202 • 1-877-883-9577 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: 1-800-662-1220 • www.excellusbcbs.com Medicare HMOBlue: 344 South Warren St., Syracuse, NY 13202 • 1-877-883-9577 Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties
<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 Medicare Advantage: 1-800-665-1502 • TTY: 711 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) • TTY: 1-800-662-1220 • www.mvphealthcare.com Medicare Advantage: 1-800-209-3945 Serving Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, 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 Medicare Advantage: 1-800-209-3945 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 Medicare Advantage: 1-800-209-3945 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 Medicare Advantage: 1-800-209-3945 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 Medicare Advantage: 1-800-209-3945 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 & Information for 2021 (NY Retirees) – 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.**

---

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 the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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

2021 Rates & Information/NY Retiree  NY1329

---

## Employee Benefits Division Website

To find the latest benefit information, visit our website at [www.cs.ny.gov/retirees](http://www.cs.ny.gov/retirees) and click on Health Benefits. Select the group from which you retired and your plan type (Empire Plan or HMO), if prompted. You may also use MyNYSHIP to view your enrollment record, change your address, order Empire Plan benefit cards, compare benefit plans and submit option transfer requests. See the *Health Insurance Choices for 2021* 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.