



NYSHIP Rates & Deadlines for 2020

Choose Your Health Insurance Option for 2020 by December 31, 2019

The Option Transfer Period is here — the time to choose the health insurance option you want for 2020. 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 2020 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, 2019.

To change your health insurance option during the Option Transfer Period, contact your Health Benefits Administrator (HBA) as soon as possible for the *Health Insurance Transaction Form* (PS-404).

Return the completed and signed form to your HBA by **December 31, 2019**. You may also change your option online using MyNYSHIP at www.cs.ny.gov/mynyship.

Pre-Tax Contribution Program (PTCP) Election Period Changes for 2020

The PTCP Election Period now 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, 2019. 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.)

November 2019

For Employees of the State of New York who are Management/Confidential; represented by Civil Service Employees Association (CSEA), District Council 37 (DC-37), NYS Correctional Officers and Police Benevolent Association (NYSCOPBA), Police Benevolent Association (PBA), Police Investigators Association (PIA) or United University Professions (UUP); judges, justices and nonjudicial Employees of the Unified Court System (UCS); Legislature; and their Enrolled Dependents



Choices Explains Your Current Option and Other Available Options

If you are considering changing your health insurance option for 2020 or wish to review your current option, ask your HBA for a copy of *Health Insurance Choices for 2020*, your guide to NYSHIP options. You can also find *Choices* 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.

Your current plan will notify you directly of any copayment or benefit changes for 2020. 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).

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 2020 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. 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.

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 2020?

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance plan when your status changes. As a retiree or vestee, you may also change your health insurance option at any time once during a 12-month period. If you are planning to retire or vest in 2020, 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.

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 directly.

Important Dates For Your Benefit Choices

December 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
and/or Pre-Tax election for the 2020 plan year.

Employees	Date new health insurance options begin	Earliest paycheck in which a deduction change will be made
Administration Lag-Exempt Payroll Employees	December 26, 2019	December 11, 2019
Administration Lag-Payroll Employees	December 26, 2019	December 24, 2019
Institution Lag-Exempt Payroll Employees	January 2, 2020	December 19, 2019
Institution Lag-Payroll Employees	January 2, 2020	January 2, 2020
Triple Lag-Payroll Employees	December 26, 2019	January 2, 2020

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 2020 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 UUP Employees with an annualized salary less than \$45,198

For Employees in titles allocated or equated to Salary Grade 10 and above; for UUP Employees with an annualized salary of \$45,198 or more

Page in Choices	Code	Plan	Individual	Family	Individual	Family
16	001	The Empire Plan	44.63	196.04	59.51	233.35
26	066	Blue Choice	40.69	174.96	54.25	208.41
28	067	BlueCross BlueShield of Western New York	37.79	161.94	50.39	192.93
30	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	42.70	181.37	56.93	216.15
30	300	Capital District Physicians' Health Plan (CDPHP) (Central)	80.74	214.05	95.01	250.99
30	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	126.67	353.30	140.89	390.12
32	050	HIP Health Plan of New York (Downstate)	113.44	312.07	129.45	353.16
32	220	HIP Health Plan of New York (Capital)	162.54	435.89	179.20	478.58
32	350	HIP Health Plan of New York (Hudson Valley)	162.54	435.89	179.20	478.58
34	072	HMOBlue (Central New York Region)	47.64	190.68	62.58	227.29
34	160	HMOBlue (Utica Region)	38.71	172.17	51.61	204.84
36	059	Independent Health	37.43	158.50	49.90	188.90
38	058	MVP Health Care (Rochester)	41.29	162.21	55.06	193.90
38	060	MVP Health Care (East)	42.47	167.11	56.62	199.73
38	330	MVP Health Care (Central)	81.74	194.82	96.30	232.25
38	340	MVP Health Care (Mid-Hudson)	90.49	213.73	104.52	250.06
38	360	MVP Health Care (North)	152.97	364.42	168.19	403.22

Your Biweekly Premium Contribution

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 9 and below and United University Professions (UUP) employees with an annualized salary less than \$45,198, 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 all non-UUP New York State employees in titles allocated or equated to Salary Grade 10 and above and UUP employees with an annualized salary equal to \$45,198 or more, 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.

As of January 1, 2020, the Empire BlueCross BlueShield HMOs will no longer be offered through NYSHIP. If you currently have coverage under an Empire BlueCross BlueShield HMO, you must make an option change. As previously advised, if no action has been taken by **December 20, 2019** however, you will be enrolled in The Empire Plan for plan year 2020 to ensure no interruption in coverage.

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
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: 1-800-662-1220
www.excellusbcbcs.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: 711
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: 711
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: 711
www.cdphp.com
Serving Delaware, Dutchess, Orange and
Ulster counties

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: 1-888-447-4833
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: 1-888-447-4833
www.emblemhealth.com
Serving Delaware, Dutchess, Orange, Putnam,
Sullivan and Ulster counties

Code Plan and Service Area

072 HMOBlue (Central New York Region)
333 Butternut Dr., Syracuse, NY 13214-1803
1-800-499-1275
TTY: 1-800-662-1220
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: 1-800-662-1220
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

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

Code Plan and Service Area

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

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.

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

Rates & Deadlines for 2020 (Active–Ratified) – November 2019

**Your Only Notice of Health Insurance
Rate Changes for 2020**

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.

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Changing Options Outside the Option Transfer Period

Read 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 2020

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 2020, see 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 2020 plan year. **Note:** Employees who are represented by UUP are not eligible to participate in this program.