CHOOSE YOUR HEALTH INSURANCE PLAN FOR 2014 BY DECEMBER 31, 2013

Now is the Option Transfer Period – the time to choose the health insurance plan you want in 2014. 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.

Except under very defined circumstances, you cannot change plans outside the annual Option Transfer Period, which ends December 31, 2013.

DECEMBER 2013

For Employees of the State of New York who are unrepresented or in Negotiating Units that have agreements/awards with New York State effective October 1, 2011 or later and their enrolled Dependents.

To change your health insurance plan during the Option Transfer Period, see your agency Health Benefits Administrator (HBA) as soon as possible. Ask for the Health Insurance Transaction Form PS-404. Return the completed form to your agency HBA by December 31, 2013. Or, change your option online using MyNYSHIP. Go to https://www.cs.ny.gov. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on MyNYSHIP Employee Self-Service. Or, you can go directly to https://www.cs.ny.gov/mynyship. **Note:** You must register and receive an activation code by mail to use MyNYSHIP.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR THAT PLAN. (See the note at the top of page 4.)

NYSHIP
New York State Health Insurance Program
New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 · https://www.cs.ny.gov

CHOICES EXPLAINS YOUR CURRENT PLAN AND OTHER AVAILABLE PLANS

If you are considering changing your health insurance plan for 2014 or wish to review your current plan, ask your agency HBA (usually located in the Personnel Office) for a copy of *2014 Health Insurance Choices*, your guide to NYSHIP options. Or, find *Choices* and other option transfer publications on our web site at https://www.cs.ny.gov. Click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices for the most up-to-date option transfer information.

Keep Your Information Up to Date

Notify your agency HBA when changes in your family, marital or employment status affect your coverage or if your name, address or phone number changes. Act promptly. Deadlines may apply. See your *NYSHIP General Information Book* for details.

Retiring or Vesting in 2014?

You may change your health insurance plan when you retire or vest your health insurance. Retirees and vestees who continue their NYSHIP enrollment no longer have to wait until the Option Transfer Period; they may change health insurance options at any time once during a 12-month period. If you are planning to leave the payroll: Will you or your spouse/domestic partner be eligible for Medicare? Are you planning to move out of the area? Ask your agency HBA for a copy of *Choices* for Retirees to see how retirement will affect your coverage.

If there are any copayment or benefit changes for 2014, your current plan will notify you directly. Read your *Empire Plan Reports* or *HMO Reports* for changes that may affect you. If you have questions about The Empire Plan, call toll free 1-877-7-NYSHIP (1-877-769-7447). Select the Medical Program and then the appropriate prompt for Option Transfer benefit questions.

If you have questions about NYSHIP 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. You are choosing a benefit package for yourself and your dependents for the entire 2014 program year. Changing plans may result in substantially different coverage and cost.

To generate a side-by-side comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool, available on the Department of Civil Service web site. Go to our home page at https://www.cs.ny.gov, click on Benefit Programs, then NYSHIP Online. Select your group if prompted, and then choose Health Benefits & Option Transfer. Click on Rates and Health Plan Choices and then NYSHIP Plan Comparison. Select your group and 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 easy-to-read comparison table.

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 https://www.cs.ny.gov/sbc/index.cfm. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and press 1 for the Medical Program to request a copy for The Empire Plan. To request a copy of the *SBC* for a NYSHIP HMO, contact the HMO directly.

IMPORTANT Dates FOR YOUR BENEFIT CHOICES

DECEMBER 31, 2013

Deadline for submitting signed Health Insurance Transaction Form PS-404 to your agency HBA if you want to change your health insurance option.

JANUARY 2, 2014 ADMINISTRATION LAG-EXEMPT

New health insurance option begins for Administration Lag-Exempt Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 18, 2013. If you change options, because of processing time, most paycheck changes will be made in January and will include retroactive adjustments for option changes beginning on January 2, 2014.

JANUARY 2, 2014 ADMINISTRATION LAG

New health insurance option begins for Administration Lag-Payroll employees. The earliest paycheck in which a deduction change will be made is the check of December 31, 2013. If you change options, because of processing time, most paycheck changes will be made later in January and will include retroactive adjustments for option changes beginning on January 2, 2014.

DECEMBER 26, 2013 INSTITUTION LAG-EXEMPT

New health insurance option begins for Institution Lag-Exempt Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of December 12, 2013. If you change options, because of processing time, most paycheck changes will be made in January and will include retroactive adjustments for option changes beginning on December 26, 2013.

DECEMBER 26, 2013 INSTITUTION LAG

New health insurance option begins for Institution Lag-Payroll employees. The earliest paycheck in which you will see a deduction change will be the check of December 26, 2013. If you change options, because of processing time, most paycheck changes will be made in January and will include retroactive adjustments for option changes beginning on December 26, 2013.

JANUARY 2, 2014 TRIPLE LAG

New health insurance option begins for Institution Payroll employees who were triple lagged. The earliest paycheck in which you will see a deduction change will be the check of January 9, 2014. If you change options, because of processing time, most paycheck changes will be made later in January and will include retroactive adjustments for option changes beginning on January 2, 2014.

NEW YORK STATE HEALTH INSURANCE PROGRAM 2014 RATES • ENROLLEE CO

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 *Choices* or call the HMO for NYSHIP service area information.

Page in *CHOICES*	Code	Plan	Biweekly Costs Sched for all other Employees who are ur in Negotiating Units that have agre with New York State effective Oc or later ("Settled Grou		
			For employees in titles allocated or equated to Salary Grade 9 and below		For em alloca to Sa
			Individual	**Family**	**Individu**
18	001	The Empire Plan	**34.11**	**143.73**	**45.48**
28	210	Aetna	**154.90**	**593.89**	**166.7**
30	066	Blue Choice	**28.59**	**123.64**	**38.12**
32	067	BlueCross BlueShield of Western New York	**32.77**	**140.92**	**43.69**
34	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	**34.99**	**133.96**	**45.28**
34	300	Capital District Physicians' Health Plan (CDPHP) (Central)	**73.02**	**223.93**	**83.43**
34	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	**79.40**	**239.11**	**89.83**
36	280	Empire BlueCross BlueShield HMO (Upstate)	**101.19**	**330.92**	**112.5**
36	290	Empire BlueCross BlueShield HMO (Downstate)	**172.87**	**519.10**	**184.3**
36	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	**165.52**	**499.54**	**176.9**
38	220	GHI HMO (Capital)	**103.93**	**348.27**	**115.4**
38	350	GHI HMO (Hudson Valley)	**130.41**	**432.43**	**141.8**
40	050	HIP Health Plan of New York	**73.55**	**212.43**	**84.10**
42	072	HMOBlue (Central New York Region)	**145.33**	**401.01**	**156.5**
42	160	HMOBlue (Utica Region)	**150.29**	**449.84**	**161.2**
44	059	Independent Health	**48.50**	**164.75**	**59.33**
46	058	MVP Health Care (Rochester)	**28.24**	**120.39**	**37.65**
46	060	MVP Health Care (East)	**30.36**	**130.02**	**40.48**
46	330	MVP Health Care (Central)	**54.41**	**176.26**	**64.79**
46	340	MVP Health Care (Mid-Hudson)	**46.30**	**151.36**	**56.54**
46	360	MVP Health Care (North)	**102.59**	**298.08**	**113.1**

NTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

lule nrepresented or ements/awards tober 1, 2011 ps”)		Biweekly Costs Schedule for United University Professions (UUP) Employees			
nployees in titles ated or equated alary Grade 10 and above		For employees with annualized salaries equal to $40,136 or less		For employees with annualized salaries equal to $40,137 or more	
ual	Family	Individual	Family	Individual	Family
8	171.34	36.87	150.40	53.78	191.35
79	623.05	157.74	600.83	175.30	643.84
2	147.26	30.64	128.71	44.28	162.48
9	167.87	35.43	147.73	51.67	188.29
8	159.61	37.48	140.07	52.75	177.95
3	250.30	75.63	230.48	91.25	269.95
1	265.49	81.97	245.57	97.53	284.88
52	359.87	103.58	336.97	119.70	378.01
35	548.44	175.28	525.20	191.59	566.72
04	528.72	167.94	505.65	184.20	547.06
41	377.45	106.61	355.02	123.43	397.69
36	461.54	133.06	439.11	149.80	481.56
0	239.06	76.24	219.16	92.16	259.23
51	429.00	148.03	407.71	164.59	449.08
24	477.54	152.94	456.49	169.18	497.48
3	192.18	51.17	171.35	67.33	211.98
5	143.45	30.49	125.90	44.40	159.99
8	154.90	32.81	136.03	47.83	172.94
9	202.54	56.96	182.68	72.44	221.78
4	177.31	48.84	157.73	64.14	196.41
18	324.91	105.19	304.62	120.99	344.53

YOUR BIWEEKLY PREMIUM CONTRIBUTION

New York State helps both Empire Plan and HMO enrollees pay for health insurance coverage. After the State’s contribution, you pay the balance of your premium through biweekly deductions from your paycheck.

For all non-UUP New York State employees who are unrepresented or in Settled Groups with titles allocated or equated to Salary Grade 9 and below and United University Professions employees with annualized salaries equal to $40,136 or less, 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 who are unrepresented or in Settled Groups with titles allocated or equated to Salary Grade 10 and above and UUP employees with annualized salaries equal to $40,137 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.

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) https://www.cs.ny.gov Medical Program: UnitedHealthcare, PO Box 1600, Kingston, NY 12402-1600 (TTY: 1-888-697-9054) Hospital Program: Empire BlueCross BlueShield, NYS Service Center, PO Box 1407, Church Street Station, New York, NY 10008-1407 (TTY: 1-800-241-6894) Mental Health/Substance Abuse Program: OptumHealth, PO Box 5190, Kingston, NY 12402-5190 (TTY: 1-800-855-2881) Prescription Drug Program: CVS Caremark, Inc., PO Box 6590, Lee's Summit, MO 64064-6590 (TTY: 1-800-863-5488)
210	**Aetna** 99 Park Ave., New York, NY 10016 1-800-323-9930 (TTY: 1-800-654-5984) www.aetna.com Serving Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan and Westchester counties in New York State, and all counties in New Jersey
066	**Blue Choice** 165 Court St., Rochester, NY 14647 585-454-4810 or 1-800-462-0108 (TTY: 1-877-398-2282) www.excellusbcbs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties
067	**BlueCross BlueShield of Western New York** PO Box 80, Buffalo, NY 14240 716-887-8840 or 1-877-576-6440 (TTY: 1-888-249-2583) www.bcbswny.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties

Code	Plan and Service Area
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
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., PO 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., PO 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

Code	Plan and Service Area
320	**Empire BlueCross BlueShield HMO (Mid-Hudson)** 11 Corporate Woods Blvd., PO 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
220	**GHI HMO (Capital)** 55 Water St., New York, NY 10041 or PO Box 2844, New York, NY 10116 1-877-244-4466 (TTY: 1-877-208-7920) www.emblemhealth.com Serving Albany, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties
350	**GHI HMO (Hudson Valley)** 55 Water St., New York, NY 10041 or PO Box 2844, New York, NY 10116 1-877-244-4466 (TTY: 1-877-208-7920) www.emblemhealth.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster counties
050	**HIP Health Plan of New York** 55 Water St., New York, NY 10041 1-877-861-0175 (TTY: 1-888-447-4833) www.emblemhealth.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties
072	**HMOBlue (Central New York Region)** 333 Butternut Dr., Syracuse, NY 13214-1803 1-800-447-6269 (TTY: 1-877-398-2275) www.excellusbcbs.com Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
160	**HMOBlue (Utica Region)** 12 Rhoads Dr., Utica, NY 13502 1-800-722-7884 (TTY: 1-877-398-2275) www.excellusbcbs.com Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties

Code	Plan and Service Area
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)** PO 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)** PO 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)** PO 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)** PO 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 and Ulster counties
360	**MVP Health Care (North)** PO 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 Franklin and St. Lawrence counties

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
https://www.cs.ny.gov

Address Service Requested

Time-Sensitive Materials

Your Only Notice of Health Insurance Rate Changes for 2014

! Please do not send mail or correspondence to the return address listed above. See page 1 for address.

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 2014 (Settled) – December 2013

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 the Department of Civil Service web site (https://www.cs.ny.gov). Click on Benefit Programs then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. 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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CHANGING PLANS OUTSIDE THE OPTION TRANSFER PERIOD

You may change plans outside the designated Option Transfer Period only under certain circumstances. Read your *NYSHIP General Information Book* and *Empire Plan Report* or *HMO Report* updating your book for a list of events that allow you to change plans outside of the Option Transfer Period. Contact your agency HBA for more information.

OPT-OUT PROGRAM FOR 2014

If you have coverage under another employer-sponsored health insurance program, you may be eligible for an incentive payment if you waive your NYSHIP coverage. See *Planning for Option Transfer* and *Choices* for details.

Enrollment in the Opt-out Program does not continue automatically from year to year. If you are enrolled in the Opt-out Program for 2013, to be eligible to continue receiving incentive payments in 2014, you must re-enroll during the Option Transfer Period and attest to having other coverage for the coming plan year.

If you are interested in participating in the Opt-out Program for 2014, see your agency HBA.