Choose Your Health Insurance Plan For 2016 by December 18, 2015

Now is the Option Transfer Period — the time to choose the health insurance plan you want in 2016. 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 18, 2015. To change your health insurance plan during the Option Transfer Period, see your Health Benefits Administrator (HBA) as soon as possible. Ask for the Health Insurance Transaction Form PS-404. Return the completed form to your HBA by December 18, 2015. Or, change your option online using MyNYSHIP. Go to https://www.cs.ny.gov/employee-benefits. 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).
Choices Explains Your Current Plan and Other Available Plans

If you are considering changing your health insurance plan for 2016 or wish to review your current plan, ask your HBA (usually located in the personnel office) for a copy of *Health Insurance Choices for 2016*, your guide to NYSHIP options. Or, find *Choices* and other option transfer publications on our website at https://www.cs.ny.gov/employee-benefits. 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.

If there are any copayment or benefit changes for 2016, 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 2016 program year. Changing plans may result in substantially different coverage and cost.

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 https://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 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

Notify your 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 Leaving State Service In 2016?

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 also may change health insurance option 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 HBA for a copy of *Choices* for Retirees to see how retirement will affect your coverage.
## Important Dates For Your Benefit Choices

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>December 18, 2015</td>
<td>Deadline for submitting a signed Health Insurance Transaction Form PS-404 to your HBA if you want to change your health insurance option.</td>
</tr>
<tr>
<td>December 31, 2015</td>
<td>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 16, 2015. 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.</td>
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<tr>
<td>December 31, 2015</td>
<td>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 30, 2015. 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.</td>
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<tr>
<td>January 7, 2016</td>
<td>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 24, 2015. 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.</td>
</tr>
<tr>
<td>January 7, 2016</td>
<td>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 January 7, 2016. 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.</td>
</tr>
<tr>
<td>December 31, 2015</td>
<td>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 7, 2016. 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.</td>
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### New York State Health Insurance Program 2016 Rates

#### Biweekly Costs Schedule for Employees who are unrepresented or in Negotiating Units other than PBA-T that have agreements/awards with New York State effective October 1, 2011 or later ("Settled Groups")

<table>
<thead>
<tr>
<th>Page in Choices</th>
<th>Code</th>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
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<td>The Empire Plan</td>
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<td>Blue Choice</td>
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<td>BlueCross BlueShield of Western New York</td>
<td>33.94</td>
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<td>32</td>
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<td>285.05</td>
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<td>HMOBlue (Central New York Region)</td>
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<td>40</td>
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<td>MVP Health Care (Central)</td>
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<td>MVP Health Care (Mid-Hudson)</td>
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<td>360</td>
<td>MVP Health Care (North)</td>
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</table>

**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.

#### Your Biweekly Premium Contribution

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 (UUP) employees with annualized salaries equal to $41,756 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 greater than $41,756, 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.

For PIA employees, the State will pay 90 percent of the cost of the premium for enrollee coverage and 75 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.

**Note:** As of January 1, 2016, Aetna will no longer be offered as a NYSHIP HMO. If you currently have coverage under Aetna, be sure to review your plan materials and any related NYSHIP mailings carefully and select The Empire Plan, a different NYSHIP HMO or the Opt-out Program (if eligible) by December 15, 2015.
<table>
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<tr>
<th>Code</th>
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<tr>
<td>001</td>
<td><strong>The Empire Plan</strong>&lt;br&gt;(available to enrollees and their eligible dependents worldwide)&lt;br&gt;1-877-7-NYSHIP (1-877-769-7447)&lt;br&gt;<a href="https://www.cs.ny.gov">https://www.cs.ny.gov</a>&lt;br&gt;Medical Program: UnitedHealthcare&lt;br&gt;P.O. Box 1600, Kingston, NY 12402-1600&lt;br&gt;TTY: 1-888-697-9054&lt;br&gt;Hospital Program: Empire BlueCross BlueShield&lt;br&gt;NYS Service Center, P.O. Box 1407,&lt;br&gt;Church Street Station, New York, NY 10008-1407&lt;br&gt;TTY: 1-800-241-6894&lt;br&gt;Mental Health/Substance Abuse Program:&lt;br&gt;Beacon Health Options, Inc.&lt;br&gt;P.O. Box 1800, Latham, NY 12110&lt;br&gt;TTY: 1-855-643-1476&lt;br&gt;Prescription Drug Program:&lt;br&gt;CVS/caremark, Inc.&lt;br&gt;P.O. Box 6590, Lee's Summit, MO 64064-6590&lt;br&gt;TTY: 1-800-863-5488</td>
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<td>006</td>
<td><strong>Blue Choice</strong>&lt;br&gt;165 Court St., Rochester, NY 14647&lt;br&gt;585-454-4810 or 1-800-462-0108&lt;br&gt;TTY: 1-877-398-2282&lt;br&gt;www.excellusbcbs.com&lt;br&gt;Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</td>
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<td>066</td>
<td><strong>BlueCross BlueShield of Western New York</strong>&lt;br&gt;P.O. Box 80, Buffalo, NY 14240-0800&lt;br&gt;716-887-8840 or 1-877-576-6440&lt;br&gt;TTY: 1-888-249-2583&lt;br&gt;www.bcbswny.com&lt;br&gt;Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties</td>
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<td>300</td>
<td><strong>Capital District Physicians’ Health Plan (CDPHP) (Central)</strong>&lt;br&gt;500 Patroon Creek Blvd., Albany, NY 12206-1057&lt;br&gt;518-641-3700 or 1-800-777-2273&lt;br&gt;TTY: 1-877-261-1164&lt;br&gt;www.cdphp.com&lt;br&gt;Serving Broome, Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego and Tioga counties</td>
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<td>310</td>
<td><strong>Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)</strong>&lt;br&gt;500 Patroon Creek Blvd., Albany, NY 12206-1057&lt;br&gt;518-641-3700 or 1-800-777-2273&lt;br&gt;TTY: 1-877-261-1164&lt;br&gt;www.cdphp.com&lt;br&gt;Serving Delaware, Dutchess, Orange and Ulster counties</td>
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<td>280</td>
<td><strong>Empire BlueCross BlueShield HMO (Upstate)</strong>&lt;br&gt;11 Corporate Woods Blvd., P.O. Box 11800, Albany, NY 12211-0800&lt;br&gt;1-800-453-0113&lt;br&gt;TTY: 1-800-241-6894&lt;br&gt;www.empireblue.com&lt;br&gt;Serving Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties</td>
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<td><strong>Empire BlueCross BlueShield HMO (Downstate)</strong>&lt;br&gt;11 Corporate Woods Blvd., P.O. Box 11800, Albany, NY 12211-0800&lt;br&gt;1-800-453-0113&lt;br&gt;TTY: 1-800-241-6894&lt;br&gt;www.empireblue.com&lt;br&gt;Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties</td>
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<td><a href="http://www.empireblue.com">www.empireblue.com</a></td>
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<td></td>
<td>55 Water St., New York, NY 10041</td>
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<td>1-800-447-8255 TTY: 1-888-447-4833</td>
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<td>072</td>
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<tr>
<td></td>
<td>333 Butternut Dr., Syracuse, NY 13214-1803</td>
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<td><a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a></td>
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<td>Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties</td>
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<td>160</td>
<td>HMOBlue (Utica Region)</td>
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<td>Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties</td>
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</tbody>
</table>
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 for a list of events that allow you to change plans outside of the Option Transfer Period. Contact your HBA for more information.

Opt-Out Program for 2016

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 2015, to be eligible to continue receiving incentive payments in 2016, you must reenroll 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 2016, see your HBA.