



# The New York City Office of Labor Relations Health Benefits Program

[www.nyc.gov/olr](http://www.nyc.gov/olr)

## Annual Transfer Period - Fall 2012

The Fall 2012 Health Benefits Program Transfer Period begins **November 1, 2012** and ends **November 30, 2012**. Health plan changes requested during the Transfer Period will be effective the first day of the first full payroll period in **January 2013**.

During the Annual Transfer Period employees may transfer into any health plan listed below for which they are eligible, add or drop the Optional Rider or add or drop dependent(s). To make changes complete a Health Benefits Application. Health Benefits Applications are available through NYCAPS Central (212-487-0500) for employees of agencies with centralized health benefits (employees of the Department of Education should contact HR Connect). All other employees can obtain a Health Benefits Application by contacting their agency personnel office or health benefits representative. A Health Benefits Application is also available for download at [www.nyc.gov/olr](http://www.nyc.gov/olr) by selecting Health Benefits and then the Application PDF. Employees with access to Employee Self Service may participate in some Transfer Period activities on-line. Forms, or Self Service election, must be submitted no later than Friday, November 30, 2012.

**The Annual Transfer Period is your only opportunity to make changes.** Please use this time to review your and your family's health care and prescription drug needs. Visit [www.nyc.gov/olr](http://www.nyc.gov/olr) to review the Summary Program Description where you will find plan summaries. Call the health plans directly for information or visit their websites listed below. Contact your union welfare fund about other benefits available to you. If your union welfare fund provides benefits similar to some of those listed in the Optional Rider for your plan, those specific benefits will be provided only by your welfare fund and will not be available through the health plan Optional Rider in certain plans. In these cases, payroll deductions will be reduced accordingly. If your health plan's Optional Rider consists only of a prescription drug plan and your welfare fund provides this benefit, your deductions will not be adjusted if you elect the rider.

To elect the Medical Spending Conversion Enrollment (MSC) Buy-Out Waiver Program or change health premium contribution tax status, you must fill out both a Health Benefits Application and a MSC Buy-Out Enrollment/Change Form or MSC Premium Conversion Form. For information about how to obtain forms contact NYCAPS Central at (212) 487-0500, your agency personnel office or health benefits representative. Forms must be submitted no later than Friday, November 23, 2012.

Each health plan has prepared a Summary of Benefits and Coverage (SBC) as required by the Patient Protection and Affordable Care Act. To review the SBC of a particular plan please visit the Health Benefits Program website or contact the health plan directly.

### Health Maintenance Organizations

Aetna HMO	(800) 445-8742	<a href="http://www.aetna.com">www.aetna.com</a>
CIGNA HealthCare	(800) 244-4466	<a href="http://www.cigna.com">www.cigna.com</a>
Empire HMO	(800) 767-8672	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
GHI HMO	(877) 244-4466	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
HIP PRIME HMO	(800) 447-6929	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
MetroPlus (HHC employees only)	(800) 303-9626	<a href="http://www.metroplus.org">www.metroplus.org</a>
Vytra Health Plans	(800) 448-2527	<a href="http://www.vytra.com">www.vytra.com</a>

### Point of Service, Exclusive Provider Organization, and Participating Provider Organizations/Indemnity Plans

DC37 Med-Team (DC37 members only)	(212) 501-4444	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Empire EPO	(800) 767-8672	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
GHI-CBP/Empire BlueCross BlueShield Group Health Incorporated:	(212) 501-4444	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Empire BlueCross BlueShield:	(800) 433-9592	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
HIP Prime POS	(800) 447-6929	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>

## Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2012

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$24.63	\$144.47	\$49.25	\$288.94	\$53.50	\$313.87
	Optional Rider Prescription Drugs	27.59	66.83	55.19	133.66	59.95	145.20
	<b>TOTAL</b>	<b>\$52.22</b>	<b>\$211.30</b>	<b>\$104.44</b>	<b>\$422.60</b>	<b>\$113.45</b>	<b>\$459.07</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$79.35	\$222.42	\$158.71	\$444.86	\$172.41	\$483.25
	Optional Rider Prescription Drugs	38.41	115.00	76.82	230.00	83.46	249.85
	<b>TOTAL</b>	<b>\$117.76</b>	<b>\$337.42</b>	<b>\$235.53</b>	<b>\$674.86</b>	<b>\$255.87</b>	<b>\$733.10</b>
<b>DC37 Med-Team (DC 37 members only)</b> (No Rider Available)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Empire EPO</b>	Basic Plan	\$94.49	\$242.63	\$188.98	\$485.26	\$205.29	\$527.14
	Optional Rider Prescription Drugs	26.98	66.14	53.96	132.29	58.62	143.71
	<b>TOTAL</b>	<b>\$121.47</b>	<b>\$308.77</b>	<b>\$242.94</b>	<b>\$617.55</b>	<b>\$263.91</b>	<b>\$670.85</b>
<b>Empire HMO</b>	Basic Plan	\$30.66	\$98.72	\$61.33	\$197.46	\$66.62	\$214.49
	Optional Rider Prescription Drugs	26.98	66.14	53.96	132.29	58.62	143.71
	<b>TOTAL</b>	<b>\$57.64</b>	<b>\$164.86</b>	<b>\$115.29</b>	<b>\$329.75</b>	<b>\$125.24</b>	<b>\$358.20</b>
<b>GHI-CBP/Empire BlueCross BlueShield</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	25.32	46.03	50.63	92.05	55.00	100.00
	Enhanced Reimbursement Schedule	1.50	3.79	2.99	7.58	3.42	8.67
	<b>TOTAL</b>	<b>\$26.82</b>	<b>\$49.82</b>	<b>\$53.62</b>	<b>\$99.63</b>	<b>\$58.42</b>	<b>\$108.67</b>
<b>GHI HMO</b>	Basic Plan	\$28.82	\$86.13	\$57.64	\$172.27	\$62.62	\$187.13
	Optional Rider Prescription Drugs	37.96	96.78	75.91	193.56	82.47	210.27
	<b>TOTAL</b>	<b>\$66.78</b>	<b>\$182.91</b>	<b>\$133.55</b>	<b>\$365.83</b>	<b>\$145.09</b>	<b>\$397.40</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	29.85	73.14	59.71	146.28	64.86	158.91
	Appliances and Private Duty Nursing	1.19	2.92	2.38	5.84	2.59	6.35
	<b>TOTAL</b>	<b>\$31.04</b>	<b>\$76.06</b>	<b>\$62.09</b>	<b>\$152.12</b>	<b>\$67.45</b>	<b>\$165.26</b>
<b>HIP Prime POS</b>	Basic Plan	\$112.62	\$275.94	\$225.23	\$551.90	\$244.67	\$599.52
	Optional Rider Prescription Drugs	98.08	240.27	196.15	480.54	213.09	522.02
	<b>TOTAL</b>	<b>\$210.70</b>	<b>\$516.21</b>	<b>\$421.38</b>	<b>\$1,032.44</b>	<b>\$457.76</b>	<b>\$1,121.54</b>
<b>Metroplus (HHC Employees Only)</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	26.72	60.82	53.45	121.65	58.06	132.15
	<b>TOTAL</b>	<b>\$26.72</b>	<b>\$60.82</b>	<b>\$53.45</b>	<b>\$121.65</b>	<b>\$58.06</b>	<b>\$132.15</b>
<b>Vytra</b>	Basic Plan	\$12.55	\$56.43	\$25.09	\$112.86	\$27.26	\$122.60
	Optional Rider Prescription Drugs	33.61	87.41	67.23	174.83	73.03	189.92
	<b>TOTAL</b>	<b>\$46.16</b>	<b>\$143.84</b>	<b>\$92.32</b>	<b>\$287.69</b>	<b>\$100.29</b>	<b>\$312.52</b>