



New York City Office of Labor Relations
Health Benefits Program
nyc.gov/hbp



Annual Transfer Period – Fall 2020

The Fall 2020 Annual Health Benefits Program Transfer Period begins **October 1, 2020** and ends **October 30, 2020**. Health plan changes requested during the Transfer Period will be effective January 1, 2021 and the new payroll deduction, if applicable, will begin with your first full paycheck in **January 2021**.

Employees who do not wish to make any changes to their current health plan do not need to do anything during the Transfer Period.

During the Annual Transfer Period, you may:

- Transfer into any health plan listed in this notice for which they are eligible,
- Add or drop the Optional Rider, or
- Add or drop dependent(s).

Family Status and Other Changes:

- If you have changed your address, please update your address through your ESS or your agency HR/Personnel
- If you changed your marital status, contact NYCAPS Central or your agency HR/Personnel.
- If you changed your domestic partnership status, contact NYCAPS Central, your agency HR/Personnel and union/welfare fund. **This is important for taxation purposes.**
- You must contact your union/welfare fund so that your records can be updated accordingly.

To make changes, complete a Health Benefits Application. To obtain an application, contact one of the following offices:

- Employees of NYCAPS centralized agencies contact NYCAPS at (212) 487-0500
- DOE employees contact HR Connect at (718) 935-4000
- NYC H+H employees contact the HR Share Services Benefits Department office at (646) 458-5634
- All other employees and employees of non-NYCAPS centralized agencies should contact their agency HR/Personnel Office

Employee Self-Service (ESS): Employees with access to Employee Self-Service may make changes to their health benefits online.

Health Benefits Application: Employees who do not have access to ESS can make changes to their health benefits by completing this application, which is available on our Website at nyc.gov/hbp. Completed applications should be submitted to their agency HR/Personnel Office for processing.

If you are making changes to your health benefits plan/option, please review the following Health Benefits Program materials on our website at nyc.gov/hbp:

- Health Plan Rate Chart for Employees
- Summary Program Description (SPD)
- Summary of Benefits and Coverage (SBC)
- Links to the Health Plans' websites for additional health plan and contact information

Many of the health plans will be offering informational webinars for employees to learn more about their health plan offering. Please visit the Health Benefits Program website at nyc.gov/hbp for registration information.

Prescription Drug Coverage:

- If your union welfare fund provides prescription drug coverage, and you are selecting either HIP HMO or GHI-CBP, then prescription drug coverage (aside from those covered under the basic plan) will be available **only** through your union or welfare fund and **not** through the Optional Rider.

- If you are selecting any other health plan, you are eligible to select the Optional Rider for prescription drugs **in addition to** your union or welfare fund's prescription drug coverage. Your health premium deduction will be adjusted accordingly.
- Contact your union/welfare fund for your prescription coverage information.

Health Plan Coverage for Employees Hired On or After July 1, 2019:

City of New York employees, and employees of Participating Employers, hired on or after July 1, 2019, and their eligible dependents, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan, and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

After 365 days of employment, the employee will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan within 30 days before the end of the 365 day period. If a new health plan is selected, the new plan will be effective on the 366th day.

Only after the 365th day can the employee participate in any Annual Fall Transfer Period.

MSC Health Benefits Buy-Out Waiver Program:

To enroll in the Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program, please complete the MSC Health Benefits Buy-Out Waiver Enrollment/Change Form and a Health Benefits Application to receive annual incentive payments.

The annual incentive payment for the MSC Health Benefits Buy-Out Waiver Program for Plan Year 2021 will be \$500 (individual) and \$1,000 (family).

MSC Health Benefits Premium Conversion Program:

Health premiums are deducted on a pre-tax basis. If you wish to have deduction on a post-tax basis, you must fill out an MSC Premium Conversion Enrollment/Change Form.

For information about MSC Program and to download forms, visit nyc.gov/fsa.

Summary of Benefits and Coverage:

Each health plan has prepared a 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

CIGNA HealthCare	(888) 992-4462	www.cigna.com
GHI HMO	(877) 244-4466	www.emblemhealth.com/city
HIP HMO Gold Preferred Plan	(800) 447-6929	www.emblemhealth.com/city
MetroPlus Gold	(877) 475-3795	www.metroplus.org/Plans/City-Employees/gold
Vytra Health Plans	(800) 447-8255	www.emblemhealth.com/city

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

Aetna EPO	(800) 445-8742	www.aetna.com
DC37 Med-Team (DC37 members only)	(212) 501-4444	www.emblemhealth.com/city
Empire Blue EPO	(800) 767-8672	www.empireblue.com/nyc
Empire Blue Access Gated EPO	(800) 767-8672	www.empireblue.com/nyc
GHI-CBP/Empire BlueCross BlueShield		
Group Health Incorporated:	(212) 501-4444	www.emblemhealth.com/city
Empire BlueCross BlueShield:	(800) 433-9592	www.empireblue.com/nyc
HIP HMO Gold Preferred Plan	(800) 447-6929	www.emblemhealth.com/city

EMPLOYEE Health Plan Rates as of July 2020 (NOTE: GHI-CBP Rates are subject to change)

These rates are in effective July 1, 2020 and will be reflected as of your first full payroll period in July 2020

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$84.90	\$237.84	\$0.00	\$73.55	\$246.83	\$0.00	\$50.65	\$0.00	\$0.00	\$281.35	\$0.00	\$40.12
Prescription Drugs	\$422.47	\$71.09	\$0.00	\$62.42	\$62.42	\$18.23	\$92.85	\$66.83	\$30.43	\$77.86	\$53.07	\$78.68
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.08	\$0.00	\$1.97	\$1.97	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$507.38	\$308.93	\$0.00	\$135.97	\$309.25	\$19.31	\$143.50	\$68.80	\$32.40	\$359.22	\$53.07	\$118.80
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$355.66	\$639.34	\$0.00	\$217.94	\$626.16	\$0.00	\$146.75	\$0.00	\$0.00	\$689.31	\$0.00	\$138.10
Prescription Drugs	\$1,194.90	\$215.09	\$0.00	\$153.03	\$153.03	\$32.40	\$236.76	\$163.74	\$55.79	\$190.77	\$119.68	\$204.63
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.74	\$0.00	\$4.82	\$4.82	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,550.56	\$854.43	\$0.00	\$370.98	\$779.19	\$35.14	\$383.51	\$168.56	\$60.62	\$880.08	\$119.68	\$342.74

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$169.80	\$475.68	\$0.00	\$147.09	\$493.66	\$0.00	\$101.30	\$0.00	\$0.00	\$562.70	\$0.00	\$80.23
Prescription Drugs	\$844.95	\$142.17	\$0.00	\$124.84	\$124.84	\$36.45	\$185.70	\$133.66	\$60.86	\$155.73	\$106.14	\$157.36
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.17	\$0.00	\$3.94	\$3.94	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,014.75	\$617.86	\$0.00	\$271.94	\$618.51	\$38.62	\$286.99	\$137.60	\$64.80	\$718.43	\$106.14	\$237.59
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$711.32	\$1,278.67	\$0.00	\$435.88	\$1,252.31	\$0.00	\$293.51	\$0.00	\$0.00	\$1,378.63	\$0.00	\$276.21
Prescription Drugs	\$2,389.80	\$430.19	\$0.00	\$306.07	\$306.07	\$64.79	\$473.51	\$327.48	\$111.58	\$381.54	\$239.36	\$409.27
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.49	\$0.00	\$9.65	\$9.65	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,101.12	\$1,708.86	\$0.00	\$741.95	\$1,558.38	\$70.28	\$767.02	\$337.12	\$121.23	\$1,760.17	\$239.36	\$685.47

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$184.46	\$516.74	\$0.00	\$159.79	\$536.27	\$0.00	\$110.04	\$0.00	\$0.00	\$611.27	\$0.00	\$87.16
Prescription Drugs	\$917.88	\$154.45	\$0.00	\$135.62	\$135.62	\$39.60	\$201.73	\$145.20	\$66.12	\$169.17	\$115.31	\$170.95
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.36	\$0.00	\$4.28	\$4.28	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,102.34	\$671.19	\$0.00	\$295.41	\$671.89	\$41.96	\$311.77	\$149.48	\$70.39	\$780.44	\$115.31	\$258.10
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$772.71	\$1,389.04	\$0.00	\$473.51	\$1,360.40	\$0.00	\$318.84	\$0.00	\$0.00	\$1,497.62	\$0.00	\$300.05
Prescription Drugs	\$2,596.07	\$467.32	\$0.00	\$332.49	\$332.49	\$70.39	\$514.38	\$355.74	\$121.22	\$414.47	\$260.02	\$444.59
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.96	\$0.00	\$10.48	\$10.48	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,368.78	\$1,856.35	\$0.00	\$805.99	\$1,692.89	\$76.35	\$833.22	\$366.22	\$131.70	\$1,912.09	\$260.02	\$744.64

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.