



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



Annual Transfer Period – Fall 2018

The Fall 2018 Health Benefits Program Transfer Period begins **October 1, 2018** and ends **October 31, 2018**. Health plan changes requested during the Transfer Period will be effective the first day of your first full payroll period in **January 2019**.

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. To obtain an application, contact one of the following offices: NYCAPS Central (212.487.0500) for employees of NYCAPS centralized agencies, HR Connect for employees of the Department of Education, or your agency Health Benefits or Personnel Office. An application is also available on our Web site at nyc.gov/olr. Employees with access to employee self-service may participate in some transfer period activities on-line.

The Annual Transfer Period is your only opportunity to make changes. Please use this time to review your health care and prescription drug needs. Visit the Summary Program Description (SPD) at nyc.gov/olr for plan summaries. For more information about health plans, see the list of phone numbers and Web sites 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 not be available through that Optional Rider (in certain plans) and 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 (212.487.0500) or your agency Health Benefits or Personnel office.

The annual incentive payments for MSC Health Benefits Buy-Out Waiver for Plan Year 2018 will be \$500 (individual) and \$1,000 (family).

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

| | | |
|--------------------|----------------|--------------------------------------------------------------------------|
| CIGNA HealthCare | (888) 992-4462 | www.cigna.com |
| Empire HMO | (800) 767-8672 | www.empireblue.com/nyc |
| GHI HMO | (877) 244-4466 | www.emblemhealth.com/city |
| HIP PRIME HMO | (800) 447-6929 | www.emblemhealth.com/city |
| MetroPlus Gold | (800) 303-9626 | www.metroplus.org |
| 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 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 Prime POS | (800) 447-6929 | www.emblemhealth.com/city |

EMPLOYEE Health Plan Rates as of July 1, 2018 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in July 2018

WEEKLY

*Please note that the GHI-CBP/EBCBS rate is not yet finalized. The rate will be modified on a later date retroactive to July 1, 2018.

| INDIVIDUAL | Aetna EPO | CIGNA | DC37 Med Team | Empire HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
|------------------------------|-------------------|-----------------|---------------|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Basic | \$55.56 | \$183.45 | \$0.00 | \$87.28 | \$161.30 | \$0.00 | \$33.31 | \$0.00 | \$251.41 | \$0.00 | \$23.29 |
| Prescription Drugs | \$357.70 | \$67.33 | \$0.00 | \$54.08 | \$54.08 | \$24.28 | \$74.29 | \$53.16 | \$65.67 | \$47.77 | \$64.28 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1.26 | \$0.00 | \$1.84 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$413.26 | \$250.78 | \$0.00 | \$141.37 | \$215.38 | \$25.54 | \$107.59 | \$55.00 | \$317.08 | \$47.77 | \$87.57 |
| FAMILY | Aetna EPO | CIGNA | DC37 Med Team | Empire HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
| Basic | \$261.12 | \$497.17 | \$0.00 | \$252.05 | \$411.73 | \$0.00 | \$101.64 | \$0.00 | \$615.94 | \$0.00 | \$92.13 |
| Prescription Drugs | \$1,011.70 | \$200.93 | \$0.00 | \$132.58 | \$132.58 | \$43.50 | \$189.40 | \$130.25 | \$160.89 | \$107.72 | \$167.17 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3.20 | \$0.00 | \$4.51 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$1,272.81 | \$698.11 | \$0.00 | \$384.64 | \$544.31 | \$46.69 | \$291.03 | \$134.76 | \$776.83 | \$107.72 | \$259.30 |

** 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 HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
|------------------------------|-------------------|-------------------|---------------|-----------------|-------------------|----------------|-----------------|-----------------|-------------------|-----------------|-----------------|
| Basic | \$111.12 | \$366.91 | \$0.00 | \$174.57 | \$322.60 | \$0.00 | \$66.61 | \$0.00 | \$502.82 | \$0.00 | \$46.58 |
| Prescription Drugs | \$715.40 | \$134.66 | \$0.00 | \$108.16 | \$108.16 | \$48.56 | \$148.57 | \$106.33 | \$131.34 | \$95.54 | \$128.56 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2.52 | \$0.00 | \$3.68 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$826.52 | \$501.57 | \$0.00 | \$282.73 | \$430.77 | \$51.08 | \$215.18 | \$110.01 | \$634.16 | \$95.54 | \$175.14 |
| FAMILY | Aetna EPO | CIGNA | DC37 Med Team | Empire HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
| Basic | \$522.23 | \$994.34 | \$0.00 | \$504.11 | \$823.45 | \$0.00 | \$203.27 | \$0.00 | \$1,231.87 | \$0.00 | \$184.26 |
| Prescription Drugs | \$2,023.40 | \$401.87 | \$0.00 | \$265.17 | \$265.17 | \$86.99 | \$378.79 | \$260.50 | \$321.79 | \$215.44 | \$334.34 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.39 | \$0.00 | \$9.02 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$2,545.63 | \$1,396.21 | \$0.00 | \$769.27 | \$1,088.62 | \$93.38 | \$582.06 | \$269.52 | \$1,553.66 | \$215.44 | \$518.60 |

** 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 HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
|------------------------------|-------------------|-------------------|---------------|-----------------|-------------------|-----------------|-----------------|-----------------|-------------------|-----------------|-----------------|
| Basic | \$120.71 | \$398.58 | \$0.00 | \$189.64 | \$350.45 | \$0.00 | \$72.36 | \$0.00 | \$546.22 | \$0.00 | \$50.60 |
| Prescription Drugs | \$777.15 | \$146.28 | \$0.00 | \$117.50 | \$117.50 | \$52.75 | \$161.40 | \$115.51 | \$142.68 | \$103.79 | \$139.66 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2.74 | \$0.00 | \$4.00 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$897.86 | \$544.86 | \$0.00 | \$307.14 | \$467.95 | \$55.49 | \$233.76 | \$119.50 | \$688.89 | \$103.79 | \$190.26 |
| FAMILY | Aetna EPO | CIGNA | DC37 Med Team | Empire HMO | Empire EPO | GHI-CBP/EBCBS* | GHI HMO | HIP HMO | HIP POS | MetroPlus Gold | Vytra |
| Basic | \$567.31 | \$1,080.17 | \$0.00 | \$547.62 | \$894.53 | \$0.00 | \$220.82 | \$0.00 | \$1,338.20 | \$0.00 | \$200.16 |
| Prescription Drugs | \$2,198.04 | \$436.56 | \$0.00 | \$288.06 | \$288.06 | \$94.50 | \$411.49 | \$282.99 | \$349.56 | \$234.04 | \$363.20 |
| Rider Other** | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6.95 | \$0.00 | \$9.80 | \$0.00 | \$0.00 | \$0.00 |
| Total (Basic + Rider) | \$2,765.34 | \$1,516.72 | \$0.00 | \$835.67 | \$1,182.58 | \$101.45 | \$632.30 | \$292.78 | \$1,687.76 | \$234.04 | \$563.36 |

** 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.