



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



Annual Transfer Period – Fall 2019

The Fall 2019 Annual Health Benefits Program Transfer Period begins **November 1, 2019** and ends **November 29, 2019**. Health plan changes requested during the Transfer Period will be effective January 1, 2020 and the new payroll deduction, if applicable, will begin with your first full paycheck in **January 2020**.

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, employees 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).

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 at (718) 935-4000
- Agencies at NYC H+H should contact the HR Share Services Benefits Department office at 646-458-5634, or
- Your agency Health Benefits or Personnel Office

Employees with access to Employee Self-Service may participate in some Transfer Period activities on-line. The Health Benefits Application is available on our Website at nyc.gov/hbp for those agencies that do not have Employee Self-Service and these employees may need to complete the Health Benefits application.

The Annual Transfer Period is your opportunity to make changes to your health coverage.

Please review the following Health Benefits Program materials at nyc.gov/hbp:

- The Summary Program Description (SPD)
- The Summary of Benefits and Coverage (SBC)
- Health Plan websites (links are embedded on the Health Benefits homepage for each health plan, under “Health Plan Websites”), or contact the health plans listed in this notice for additional health plan information.

If your union welfare fund provides prescription drug coverage, and you are selecting either HIP HMO or GHI-CBP, then prescription drug coverage will be available through your union or welfare fund and not through the health plan 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 Changes:

HIP HMO Prescription Rider -There are 2 Plans:

- HIP HMO Gold Preferred Plan (Grandfathered), or
- HIP HMO Gold Preferred Plan (Standard)

1. **HIP HMO Gold Preferred Plan (Grandfathered):** This is the current prescription drug rider for HIP HMO Gold Preferred plan.

Only those employees who were in the HIP HMO Gold Preferred Plan (Grandfathered) prior to November 1, 2019 can continue to be enrolled in this plan.

2. **HIP HMO Gold Preferred Plan (Standard):** This prescription drug rider has a lower premium than the HIP HMO Preferred Plan (Grandfathered) plan, and the cost sharing is similar to the GHI-CBP Optional Rider. Please refer to the SBC for this plan’s prescription drug rider information. All new employees who are hired on or after November 1, 2019 will only be offered this new HIP HMO Gold Preferred Plan (Standard).

3. Employees who are currently in the Grandfathered plan can select the HIP HMO Gold Preferred Plan (Standard) during the 2019 Annual Transfer Period, effective January 1, 2020.
4. Any employee who transfers out of the HIP HMO Grandfathered plan and selects another health plan will not be allowed to choose the HIP HMO Grandfathered plan again. However, for as long as the employee remains in the Grandfathered plan, the employee can make changes within the plan such as adding or dropping dependents and/or changing their rider option to either individual or family, if the employee experiences a Qualifying Event (employment and/or family status change).
5. Employees who were hired on or after July 1, 2019 and are enrolled in the HIP HMO Grandfathered plan will be allowed to transfer to the new HIP HMO Gold Preferred Plan (Standard) during the Transfer Period, effective January 1, 2020. The employee's original hire date will be used as the start date for the 365 day HIP requirement, and not the Plan transfer date.

Empire Health Plan:

- The Empire HMO plan will be closing effective December 31, 2019. The plan will be replaced by the **Empire Blue Access Gated EPO** plan effective January 1, 2020.
- All employees and their dependent(s) enrolled in the Empire HMO plan will be enrolled **automatically** in the Empire Blue Access Gated EPO plan on January 1, 2020. They have been notified by Empire of this change.
- If the employee doesn't want to be automatically enrolled in the Empire Blue Access Gated EPO plan, the employee may select another health plan during this transfer period.

Note: Please refer to the revised Health Benefits Program SPD, SBC, and November 2019 Health Plan Rate Charts on our website (available at the end of October 2019).

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 2020 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 how to obtain forms, contact NYCAPS Central (212.487.0500) or your agency Health Benefits or Personnel office.

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 r (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

Please note: The New York City Office of Labor Relations has relocated its offices. Our new address is 22 Cortlandt Street, 12th Floor, New York, NY 10007. Our telephone numbers have remained the same.

EMPLOYEE Health Plan Rates as of November 2019 & January 1, 2020 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in November 2019 & January 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 (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$78.54	\$197.43	\$0.00	\$45.98	\$0.00	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$27.70	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$1.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$443.94	\$256.79	\$0.00	\$138.53	\$257.42	\$18.80	\$130.50	\$62.75	\$29.61	\$310.38	\$52.40	\$108.92
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.65	\$510.17	\$0.00	\$230.06	\$502.34	\$0.00	\$134.50	\$0.00	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$50.79	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$4.67	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,364.17	\$715.13	\$0.00	\$377.13	\$649.41	\$34.18	\$350.00	\$153.73	\$55.46	\$760.42	\$118.17	\$316.29

* 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.

As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments

***As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

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 (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$157.07	\$394.85	\$0.00	\$91.97	\$0.00	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$55.41	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$3.81	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$887.88	\$513.58	\$0.00	\$277.05	\$514.83	\$37.59	\$261.00	\$125.49	\$59.22	\$620.75	\$104.81	\$217.84
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$460.12	\$1,004.68	\$0.00	\$269.00	\$0.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$101.58	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$9.34	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,728.33	\$1,430.26	\$0.00	\$754.26	\$1,298.82	\$68.36	\$700.00	\$307.45	\$110.92	\$1,520.85	\$236.34	\$632.58

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As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments

***As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

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 (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$171.10	\$430.11	\$0.00	\$100.18	\$0.00	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$60.36	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$4.15	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$967.16	\$559.44	\$0.00	\$301.79	\$560.80	\$40.95	\$284.30	\$136.70	\$64.51	\$676.18	\$114.17	\$237.30
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$501.21	\$1,094.38	\$0.00	\$293.02	\$0.00	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$110.65	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$10.17	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,971.94	\$1,557.96	\$0.00	\$821.61	\$1,414.79	\$74.47	\$762.50	\$334.91	\$120.82	\$1,656.64	\$257.44	\$689.06

* 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.

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***As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan