



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



Annual Transfer Period – Fall 2017

The Fall 2017 Health Benefits Program Transfer Period begins **October 2, 2017** and ends **October 31, 2017**. Health plan changes requested during the Transfer Period will be effective the first day of your first full payroll period in **January 2018**.

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. Forms or self-service election must be submitted no later than November 30, 2017.

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. Forms must be submitted by, or postmarked no later than, November 11, 2017.

The annual incentive payments for MSC Health Benefits Buy-Out Waiver for Plan Year 2017 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, 2017 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in July 2017

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	\$46.38	\$168.59	\$0.00	\$68.09	\$140.72	\$0.00	\$32.11	\$0.00	\$219.53	\$0.00	\$22.78
Prescription Drugs	\$243.77	\$60.62	\$0.00	\$49.22	\$49.22	\$24.28	\$62.89	\$44.13	\$65.46	\$43.42	\$54.43
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.26	\$0.00	\$1.73	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$290.15	\$229.21	\$0.00	\$117.31	\$189.95	\$25.54	\$95.00	\$45.85	\$284.98	\$43.42	\$77.20
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$227.38	\$457.26	\$0.00	\$200.52	\$359.75	\$0.00	\$97.53	\$0.00	\$537.84	\$0.00	\$88.80
Prescription Drugs	\$683.77	\$181.51	\$0.00	\$120.67	\$120.67	\$43.50	\$160.34	\$108.11	\$160.37	\$99.74	\$141.54
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.20	\$0.00	\$4.23	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$911.14	\$638.77	\$0.00	\$321.20	\$480.42	\$46.69	\$257.87	\$112.34	\$698.21	\$99.74	\$230.34

* 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	\$92.75	\$337.17	\$0.00	\$136.17	\$281.45	\$0.00	\$64.22	\$0.00	\$439.05	\$0.00	\$45.55
Prescription Drugs	\$487.55	\$121.25	\$0.00	\$98.45	\$98.45	\$48.56	\$125.78	\$88.25	\$130.92	\$86.85	\$108.85
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.52	\$0.00	\$3.46	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$580.30	\$458.42	\$0.00	\$234.62	\$379.90	\$51.08	\$190.00	\$91.71	\$569.97	\$86.85	\$154.41
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$454.75	\$914.52	\$0.00	\$401.04	\$719.50	\$0.00	\$195.05	\$0.00	\$1,075.67	\$0.00	\$177.60
Prescription Drugs	\$1,367.53	\$363.02	\$0.00	\$241.35	\$241.35	\$86.99	\$320.68	\$216.21	\$320.74	\$199.48	\$283.08
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.39	\$0.00	\$8.46	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,822.28	\$1,277.54	\$0.00	\$642.39	\$960.85	\$93.38	\$515.74	\$224.68	\$1,396.42	\$199.48	\$460.68

* 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	\$100.76	\$366.28	\$0.00	\$147.93	\$305.74	\$0.00	\$69.77	\$0.00	\$476.95	\$0.00	\$49.49
Prescription Drugs	\$529.63	\$131.71	\$0.00	\$106.95	\$106.95	\$52.75	\$136.64	\$95.87	\$142.22	\$94.35	\$118.25
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.74	\$0.00	\$3.76	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$630.39	\$497.99	\$0.00	\$254.87	\$412.69	\$55.49	\$206.40	\$99.63	\$619.16	\$94.35	\$167.74
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$494.00	\$993.45	\$0.00	\$435.66	\$781.60	\$0.00	\$211.89	\$0.00	\$1,168.52	\$0.00	\$192.93
Prescription Drugs	\$1,485.57	\$394.35	\$0.00	\$262.18	\$262.18	\$94.50	\$348.36	\$234.88	\$348.43	\$216.70	\$307.52
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.95	\$0.00	\$9.20	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,979.57	\$1,387.80	\$0.00	\$697.84	\$1,043.78	\$101.45	\$560.25	\$244.07	\$1,516.94	\$216.70	\$500.45

* 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.