The New York City Office of Labor Relations
Health Benefits Program

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 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 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	www.aetna.com
CIGNA HealthCare	(800) 244-4466	www.cigna.com
Empire HMO	(800) 767-8672	www.empireblue.com/nyc
GHI HMO	(877) 244-4466	www.emblemhealth.com
HIP PRIME HMO	(800) 447-6929	www.emblemhealth.com
MetroPlus (HHC employees only)	(800) 303-9626	www.metroplus.org
Vytra Health Plans	(800) 448-2527	www.vytra.com

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

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

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
Aetna HMO	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
	TOTAL	**$52.22**	**$211.30**	**$104.44**	**$422.60**	**$113.45**	**$459.07**
CIGNA HealthCare	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
	TOTAL	**$117.76**	**$337.42**	**$235.53**	**$674.86**	**$255.87**	**$733.10**
DC37 Med-Team (DC 37 members only)	Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
(No Rider Available)	**TOTAL**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Empire EPO	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
	TOTAL	**$121.47**	**$308.77**	**$242.94**	**$617.55**	**$263.91**	**$670.85**
Empire HMO	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
	TOTAL	**$57.64**	**$164.86**	**$115.29**	**$329.75**	**$125.24**	**$358.20**
GHI-CBP/Empire BlueCross BlueShield							
	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
	TOTAL	**$26.82**	**$49.82**	**$53.62**	**$99.63**	**$58.42**	**$108.67**
GHI HMO	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
	TOTAL	**$66.78**	**$182.91**	**$133.55**	**$365.83**	**$145.09**	**$397.40**
HIP Prime HMO	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
	TOTAL	**$31.04**	**$76.06**	**$62.09**	**$152.12**	**$67.45**	**$165.26**
HIP Prime POS	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
	TOTAL	**$210.70**	**$516.21**	**$421.38**	**$1,032.44**	**$457.76**	**$1,121.54**
Metroplus (HHC Employees Only)	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
	TOTAL	**$26.72**	**$60.82**	**$53.45**	**$121.65**	**$58.06**	**$132.15**
Vytra	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
	TOTAL	**$46.16**	**$143.84**	**$92.32**	**$287.69**	**$100.29**	**$312.52**