New York City Office of Labor Relations
Health Benefits Program

nyc.gov/olr

HBP

Fall 2015 Retiree Transfer Period

The Fall 2015 Health Benefits Program Retiree Transfer Period begins November 1, 2015 and ends November 30, 2015.
Changes requested during the Transfer Period are effective January 1, 2016.
Refer to the Summary Program Description at nyc.gov/olr for plan descriptions. For additional information, contact the health plans directly.

Use the attached form if you wish to:
a) transfer into any plan for which you are eligible, or
b) add or drop Optional Rider coverage

Do not use this form to:
a) add or drop dependents in your current plan (use the Health Benefits Application)

Please note: If enrolling in a Medicare HMO, you must complete and submit the attached form as well as contact the Medicare HMO directly to request a special enrollment form. The special enrollment form must be returned directly to the health plan before November 30, 2015. If you are presently enrolled in a Medicare HMO and are transferring to a Medicare Supplemental Plan, you must first disenroll from your current plan.

Do not complete this application if you do not wish to make a change; you do not need to do anything.

Non-Medicare retirees may transfer to another health plan, or add or drop the Optional Rider, by completing the attached form and mailing it to the NYC Health Benefits Program by November 30, 2015.

Medicare-eligible retirees wishing to transfer to another health plan, depending on the health plan selected, will need to complete the attached form and a special enrollment form provided by the health plan, and return it by November 30, 2015.

Benefit changes effective January 1, 2016:
- MetroPlus will be available to all non-Medicare eligible retirees and their non-Medicare eligible dependents.
- HIP Prime HMO and HIP Prime POS, for non-Medicare retirees and their non-Medicare dependents, has been expanded to include a network of participating hospitals and medical providers in New Jersey.

Health Maintenance Organizations (Non-Medicare Only)
- Use Attached Transfer Application -

Health Plan	Phone Number	Web Address
Cigna Healthcare	(800) 832-3211	www.cigna.com
Empire HMO	(800) 767-8672	www.empireblue.com/nyc
GHI HMO	(877) 244-4466	www.emblemhealth.com
HIP Prime HMO	(800) 447-8255	www.emblemhealth.com
MetroPlus Gold	(800) 303-9626	www.metroplus.org
Vytra Health Plans	(866) 409-0999	www.vytra.com

Point of Service, Exclusive Provider Organization, and
Participating Provider Organization/Indemnity Plans (Non-Medicare Only)
- Use Attached Transfer Application -

Health Plan	Phone Number	Web Address
Aetna EPO	(800) 445-8742	www.aetna.com
DC 37 Med-Team (DC37 members only)	(800) 624-2414	www.emblemhealth.com
Empire EPO	(800) 767-8672	www.empireblue.com/nyc
GHI-CBP/Empire BlueCross BlueShield:		
Group Health Incorporated	(800) 624-2414	www.emblemhealth.com
Empire BlueCross BlueShield	(800) 433-9592	www.empireblue.com/nyc
HIP Prime POS	(800) 447-8225	www.emblemhealth.com

Medicare Supplemental Plans

- Use Attached Transfer Application -

Medicare supplemental plans allow for the use of any provider and reimburse the enrollee (subject to Medicare or plan deductibles and coinsurance).

Health Plan	Phone Number	Web Address
Aetna Medicare PPO ESA Plan*	(800) 445-8742	www.aetna.com
DC 37 Med-Team (DC37 members only)	(800) 624-2414	www.emblemhealth.com
Empire Medicare-Related Coverage	(800) 767-8672	www.empireblue.com/nyc
GHI/EBCBS Senior Care:		
Group Health Incorporated	(800) 624-2414	www.emblemhealth.com
Empire BlueCross BlueShield	(800) 433-9592	www.empireblue.com/nyc

Medicare Coordination of Benefits Plans

- Use Attached Transfer Application -

These plans only provide coverage when using a participating provider. Otherwise you will only have benefits from Medicare.

Health Plan	Phone Number	Web Address
GHI HMO Medicare Senior Supplement	(800) 624-2414	www.emblemhealth.com

Medicare HMOs

- Use Attached Transfer Application AND contact the health plan directly for a special enrollment form -

Medicare HMO plans are those in which medical and hospital care is only provided by the HMO network. Any services, other than emergency services, that are received outside the HMO, and have not been authorized by the HMO, will not be covered by either the HMO or Medicare. In such instances, any cost incurred would be the responsibility of the enrollee.

Medicare HMOs available in the New York Metropolitan Area:*

Health Plan	Phone Number	Web Address
Elderplan	(718) 921-7898	www.elderplan.org
Empire MediBlue HMO	(800) 809-7328	www.empireblue.com/nyc
HIP VIP Premier Plan	(877) 344-7364	www.emblemhealth.com
United HealthCare Group Medicare Advantage Plan	(800) 203-5631	www.uhc.com

Medicare HMOs available outside the New York Metropolitan Area:

Health Plan	Phone Number	Web Address	Location
AvMed Medicare	(800) 782-8633	www.avmed.com	Florida (Only)
Cigna HealthSpring	(800) 592-9231	www.cigna.com	Arizona (Only)
Humana Gold Plus	(800) 833-1289	www.humana.com	Florida (Only)

*** Extended Service Area**

**** Please check with the health plan to make sure that the county in which you live is in the health plan's service area.**

Don't forget to get your flu shot this season!

Visit nyc.gov/olr to find out how non-Medicare retirees and non-Medicare eligible dependents can get a free flu shot through the NYC Flu Vaccination Campaign.

RETIREE Health Plan Rates as of January 1, 2016

NOTE: ALL Rates are subject to change (* Indicates New Rate as of January 2016. All other rates are as of July 1, 2015)

MONTHLY NON-MEDICARE

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	$160.28	$607.36	$0.00	$215.46	$560.97	$0.00	$107.74	$0.00	$659.56	$0.00	$76.35
Prescription Drugs	$234.30	$225.64	$0.00	$157.11	$157.11	$120.00	$195.91	$148.04	$529.14	$153.16	$170.00
Rider Other*	$0.00	$0.00	$0.00	$0.00	$0.00	$6.42	$0.00	$5.74	$0.00	$0.00	$0.00
Total (Basic + Rider)	**$394.58**	**$833.00**	**$0.00**	**$372.57**	**$718.08**	**$126.42**	**$303.65**	**$153.78**	**$1,188.70**	**$153.16**	**$246.35**
FAMILY	**Aetna EPO**	**CIGNA**	**DC37 Med Team**	**Empire HMO**	**Empire EPO**	**GHI-CBP/EBCBS**	**GHI HMO**	**HIP HMO**	**HIP POS**	**MetroPlus**	**Vytra**
Basic	$820.39	$1,652.61	$0.00	$650.65	$1,432.99	$0.00	$334.92	$0.00	$1,616.14	$0.00	$312.15
Prescription Drugs	$593.50	$675.55	$0.00	$385.15	$385.15	$215.00	$499.49	$362.70	$1,289.04	$351.78	$442.12
Rider Other*	$0.00	$0.00	$0.00	$0.00	$0.00	$16.26	$0.00	$14.06	$0.00	$0.00	$0.00
Total (Basic + Rider)	**$1,413.89**	**$2,328.16**	**$0.00**	**$1,035.80**	**$1,818.14**	**$231.26**	**$834.41**	**$376.76**	**$2,905.18**	**$351.78**	**$754.27**

* 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.

MONTHLY MEDICARE

INDIVIDUAL	Aetna PPO/ESA (NY/NJ/PA)	Aetna PPO/ESA (all other areas)	*CIGNA (AZ)	DC37 Med Team	Empire Medicare Related	*GHI Senior Care	*GHI HMO	HIP VIP	Humana	*United Secure Horizons (NYC)	*United Secure Horizons (NJ)
Basic	$144.62	$0.00	$136.80	$0.00	$84.69	$0.00	$308.37	$0.00	$0.00	$95.27	$79.35
Prescription Drugs	$178.57	$188.65	$0.00	$0.00	$180.32	$116.00	$65.00	$113.59	$61.80	$117.24	$135.55
Rider Other*	$0.00	$0.00	$0.00	$0.00	$0.00	$2.08	$0.00	$0.00	$0.00	$0.00	$0.00
Total (Basic + Rider)	**$323.19**	**$188.65**	**$136.80**	**$0.00**	**$265.01**	**$118.08**	**$373.37**	**$113.59**	**$61.80**	**$212.51**	**$214.90**
FAMILY	**Aetna PPO/ESA (NY/NJ/PA)**	**Aetna PPO/ESA (all other areas)**	***CIGNA (AZ)**	**DC37 Med Team**	**Empire Medicare Related**	***GHI Senior Care**	***GHI HMO**	**HIP VIP**	**Humana**	***United Secure Horizons (NYC)**	***United Secure Horizons (NJ)**
Basic	$289.24	$0.00	$273.60	$0.00	$163.53	$0.00	$616.74	$0.00	$0.00	$190.54	$158.70
Prescription Drugs	$357.14	$377.30	$0.00	$0.00	$360.64	$232.00	$130.00	$227.18	$123.60	$234.48	$271.10
Rider Other*	$0.00	$0.00	$0.00	$0.00	$0.00	$4.16	$0.00	$0.00	$0.00	$0.00	$0.00
Total (Basic + Rider)	**$646.38**	**$377.30**	**$273.60**	**$0.00**	**$524.17**	**$236.16**	**$746.74**	**$227.18**	**$123.60**	**$425.02**	**$429.80**

* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.

INDIVIDUAL	Empire MediBlueHMO (NYC)	Empire MediBlueHMO (Rckl/Westchstr)	Empire MediBlueHMO (Nassau)	Empire MediBlueHMO (Suffolk)	FAMILY	Empire MediBlueHMO (NYC)	Empire MediBlueHMO (Rckl/Westchstr)	Empire MediBlueHMO (Nassau)	Empire MediBlueHMO (Suffolk)
If a member of a UWF providing prescription drug coverage.	$0.00	$30.88	$0.00	$19.20	If a member of a UWF providing prescription drug coverage.	$0.00	$61.76	$0.00	$38.40
If a member of a UWF that doe NOT provide prescription drug coverage.	$156.90	$336.84	$427.39	$597.04	If a member of a UWF that doe NOT provide prescription drug coverage.	$313.80	$673.68	$854.78	$1,194.08

NOTE: AvMed, BC Health Options & ElderPlan are "zero" premium plans.

New York City Office of Labor Relations
Health Benefits Program

Retiree Transfer Application

TRANSFER PERIOD FALL 2015

Return this form to: NYC Health Benefits Program, 40 Rector Street, 3rd Floor, New York, NY 10006 • Retain a copy for your records

Transfers will be effective **January 1, 2016. Please note, submission of this application is irrevocable.**

RETIREE LAST NAME	RETIREE FIRST NAME	MI

HOME ADDRESS	APT NO	SOCIAL SECURITY NUMBER
		- -

CITY	STATE	ZIP CODE	DATE OF BIRTH
			/ /

NAME OF AGENCY RETIRED FROM

NAME OF WELFARE FUND

NAME OF SPOUSE/DOMESTIC PARTNER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
	- -	/ /

NAME OF DEPENDENT CHILD	DATE OF BIRTH
	/ /

NAME OF DEPENDENT CHILD (ATTACH AN ADDITIONAL FORM TO LIST MORE DEPENDENTS)	DATE OF BIRTH
	/ /

Medicare HMOs

Place an "X" in the box next to the plan you choose to join. You must complete and submit this form as well as contact the Medicare HMO directly to request a special enrollment form. The special enrollment form must be returned directly to the health plan before November 30, 2015. (If you are presently enrolled in a Medicare HMO and are transferring to a Medicare Supplemental Plan, you must first disenroll from your current plan.)

- ❑ AvMed Medicare Plan
- ❑ Cigna HealthSpring
- ❑ Elderplan
- ❑ Empire MediBlue
- ❑ Humana Gold Plus
- ❑ HIP VIP Premier Medicare Plan
- ❑ United HealthCare Group Medicare Advantage Plan

Health Plans

Place an "X" in the box next to the plan you choose to join. Select only one plan, if more than one plan is selected, your transfer request will not be processed.

Non-Medicare Plans

- ❑ Aetna EPO
- ❑ Cigna Healthcare
- ❑ DC 37 Med-Team (DC 37 members only)
- ❑ Empire EPO
- ❑ Empire HMO
- ❑ GHI-CBP/Empire BlueCross BlueShield
- ❑ GHI HMO
- ❑ HIP Prime HMO
- ❑ MetroPlus Gold
- ❑ Vytra Health Plans

Medicare Supplemental Plans

- ❑ Aetna Medicare PPO ESA Plan
- ❑ DC 37 Med-Team Senior Care
- ❑ Empire Medicare-Related Coverage
- ❑ GHI/EBCBS Senior Care
- ❑ GHI HMO Medicare Senior Supplement

Optional Rider Benefits

For all plans above (you must check one): ❑ Yes, I wish to enroll with the rider - ***or*** - ❑ No, I do not wish to enroll with the rider

Signature

If you or any covered dependent is eligible for Medicare you must enroll in Medicare Part B, when you are first eligible, in order to maintain maximum benefits through the New York City Health Benefits Program. You must submit a copy of your Medicare card(s), or attach a copy to this application, to: **New York City Health Benefits Program, 40 Rector Street, 3rd Floor, New York, New York 10006**

I certify that the above information is correct, and I authorize the City of New York to deduct from my retirement allowance the amount required, if any, for the cost of health coverage through the New York City Health Benefits Program. I understand that the Program's benefits will be coordinated with those available through Medicare or any other source.

RETIREE SIGNATURE	DATE
	/ /