



New York City Office of Labor Relations
Health Benefits Program
40 Rector Street - 3rd Floor
New York, NY 10006
www.nyc.gov/olr

2012 Retiree Transfer Period

The 2012 Retiree Transfer Period begins **October 1, 2012** and will end on **October 31, 2012**. Changes requested during the Transfer Period are effective on **January 1, 2013**. Retirees may transfer into any plan for which they are eligible, add or drop Optional Rider coverage, and add or drop dependents in their present plan. Refer to the Summary Program Description which is available on our website at www.nyc.gov/olr for plan descriptions. For additional information, contact the health plans directly.

Each health plan has prepared a Summary of Benefits and Coverage as required by the Patient Protection and Affordable Care Act. Contact the health plan directly for further information.

IF YOU DO NOT WISH TO MAKE A CHANGE, DO NOTHING

If you choose to, or need to, make changes to your health benefits you must submit an application. You can obtain one by sending in the request form below or you can visit our website to download an application.

Once you have an application follow the instructions to complete it. Then mail the application, along with any necessary documentation, to the address above. Include the words "2012 TRANSFER PERIOD" on the envelope. Incomplete applications, and those postmarked, or submitted later than November 1, 2012 will not be accepted.

Special Note for Medicare Eligible Retirees: If you are currently enrolled in a Medicare HMO and are requesting a transfer to a Medicare Supplemental plan you must disenroll from your current HMO by notifying the plan directly, in writing. To enroll in a Medicare HMO you must contact that HMO directly and request a special Medicare application. You must complete and submit that application to the health plan, and send a copy of it to this office along with our Health Benefits Transfer Period Application.

Health Plans

<u>Health Plan Name</u>	<u>Phone Number</u>	<u>Website Address</u>
Aetna HMO*	(800) 445-8742	www.aetna.com
AvMed Medicare Plan* (Florida only)	(800) 782-8633	www.avmed.org
BlueCross Health Options of Florida*	(800) 876-2227	www.bcbsfl.com
CIGNA HealthCare*	(800) 244-6224	www.cigna.com
CIGNA HealthCare for Seniors* (AZ only)	(800) 592-9231	www.cigna.com
DC 37 Med-Team (DC37 members only)	(212) 501-4444	www.emblemhealth.com
Elderplan*	(718) 360-1934	www.elderplan.org
Empire EPO	(800) 767-8672	www.empireblue.com/nyc
Empire HMO*	(800) 767-8672	www.empireblue.com/nyc
Empire MediBlue*	(800) 809-7328	www.empireblue.com/nyc
Empire Medicare-Related Coverage	(866) 395-5175	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
GHI HMO*	(877) 244-4466	www.emblemhealth.com
HIP PRIME HMO* or HIP POS	(800) 447-6929	www.emblemhealth.com
Humana Gold Plus* (Florida only)	(800) 833-1289	www.humana.com
MetroPlus (HHC retirees only)	(800) 303-9626	www.metroplus.org
SecureHorizons by UnitedHealth Care*	(800) 203-5631	www.uhcretiree.com
Vytra*	(800) 448-2527	www.vytra.com

*To determine if you live in the health plan service area, contact the health plan directly.

Request for Health Benefits Transfer Period Application



Please Print Clearly:

Retiree:	First Name	Last Name	Social Security Number	
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Street Address	Apt. #	City	State	Zip Code
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Retiree Signature	Date
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Monthly Health Plan Rates Effective July 1, 2012

Medicare and Non-Medicare Eligible Retirees and Their Dependents

(All rates are subject to change; all or some of the rates below may change in January 2013)

Retiree contracts in which there is one Medicare-eligible person and one non-Medicare eligible person will be deducted at the combined rate for one Medicare individual plus one non-Medicare individual. No more than two Medicare-eligible individual deductions will be charged regardless of the number of Medicare-eligibles who are included in the retiree's contract.

Medicare eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree's pension check.

There is no pension deduction for the following health plans: Elderplan and DC 37 Med-Team and in Florida: AvMed and BlueCross BlueShield Health Options of Florida.

		Basic Plan	Optional Rider		
			Prescription Drugs	Enhanced Schedule	Total
GHI-CBP/Empire BlueCross BlueShield	Nationwide				
	Individual	\$0.00	\$110.00	\$6.50	\$116.50
	Family	0.00	200.00	16.47	216.47
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only)				
	(Per Person)	0.00	126.75	2.21	\$128.96
HIP Prime HMO		Basic Plan	Optional Rider		
			Prescription Drug Rider	Appliances & Nursing	Total
	Individual	0.00	129.72	5.18	134.90
	Family	0.00	317.81	12.69	330.50
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties	Basic Plan	Prescription Drug Coverage	Total	
		0.00	126.71	126.71	
Aetna HMO	Individual	107.00	119.90	226.90	
	Family	627.75	290.40	918.15	
Aetna Medicare Plan (HMO) (Medicare Only) (Per Person)	NY	5 boroughs of New York City, Rockland and Westchester counties	114.16	175.80	289.96
	NJ	Entire State	96.56	182.00	278.56
	PA	Certain counties (please call plan directly)	99.66	187.00	286.66

Aetna Medicare Plan (PPO) (Available in CT, DE, GA, MA, MD, TX and NC ONLY)	Individual		14.56	189.00	203.56
	Family		29.12	378.00	407.12
CIGNA	Individual		344.81	166.91	511.72
	Family		966.50	499.70	1,466.20
CIGNA Healthcare for Seniors	Phoenix, Arizona (Medicare Only) (Per Person)		0.00	158.00	158.00
Empire EPO	Individual		410.57	117.24	527.81
	Family		1,054.28	287.41	1,341.69
Empire HMO New York	Individual		133.24	117.24	250.48
	Family		428.99	287.41	716.40
Empire MediBlue (Medicare Only) (Per Person)	NY	5 Boroughs of New York	0.00	129.80	129.80
		Rockland & Westchester	0.00	322.68	322.68
		Nassau	0.00	237.71	237.71
		Suffolk	0.00	348.62	348.62
Empire Medicare-Related Coverage	Nationwide (Medicare Only) - Individual		70.07	140.99	211.06
	Family		134.67	281.98	416.65
GHI HMO	Individual		125.23	164.93	290.16
	Family		374.26	420.53	794.79
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)		262.82	67.05	329.87
HIP PRIME POS	Individual		489.34	426.17	915.51
	Family		1,199.05	1,044.04	2,243.09
HIP MCP			23.37	350.54	373.91
Humana (Florida) (Medicare Only)	Individual		0.00	75.00	75.00
	Family		0.00	150.00	150.00
MetroPlus	Individual		0.00	116.12	116.12
	Family		0.00	264.29	264.29
SecureHorizons Health Plans (Medicare Only) (Per Person)	NY	5 Boroughs of New York	4.54	129.00	133.54
	NJ	Union County	19.60	119.03	138.63
Vytra (Non-Medicare Retirees)	Individual		54.52	146.06	200.58
	Family		245.20	379.83	625.03