



**New York City Office of Labor Relations
Health Benefits Program
Retiree Transfer Application**

Return form to:
NYC Health Benefits Program
40 Rector Street, 3rd Floor
New York, NY 10006

**TRANSFER
PERIOD
FALL 2016**

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

Transfers will be effective **January 1, 2017**. 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				

If you wish to add or drop dependents from your health plan, please complete the Health Benefits Application which can be found on www.nyc.gov/hbp.

Medicare HMOs & Advantage Plans

(Contact the health plan directly for a Special Medicare HMO Enrollment Form - the form must be returned directly to the health plan.)

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, 2016. (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
 Aetna Medicare PPO ESA 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

- | | |
|--|---|
| <input type="checkbox"/> Aetna EPO | <input type="checkbox"/> GHI HMO |
| <input type="checkbox"/> Cigna Healthcare | <input type="checkbox"/> HIP Prime HMO |
| <input type="checkbox"/> DC 37 Med-Team (DC 37 members only) | <input type="checkbox"/> HIP Prime POS |
| <input type="checkbox"/> Empire EPO | <input type="checkbox"/> MetroPlus Gold |
| <input type="checkbox"/> Empire HMO | <input type="checkbox"/> Vytra Health Plans |
| <input type="checkbox"/> GHI-CBP/Empire BlueCross BlueShield | |

Medicare Supplemental Plans

- 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. Return 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 / /
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MONTHLY NON-MEDICARE

RETIREE Health Plan Rates as of January 1, 2017
NOTE: ALL Rates are subject to change

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$184.28	\$712.56	\$0.00	\$327.63	\$531.54	\$0.00	\$123.57	\$0.00	\$717.31	\$0.00	\$87.61
Prescription Drugs	\$569.93	\$250.73	\$0.00	\$196.09	\$196.09	\$115.00	\$215.92	\$151.52	\$728.97	\$171.54	\$187.27
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.49	\$0.00	\$6.08	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$754.21	\$963.29	\$0.00	\$523.72	\$727.63	\$120.49	\$339.49	\$157.60	\$1,446.28	\$171.54	\$274.88
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$909.15	\$1,928.66	\$0.00	\$946.71	\$1,360.90	\$0.00	\$378.26	\$0.00	\$1,757.65	\$0.00	\$347.25
Prescription Drugs	\$1,560.26	\$750.69	\$0.00	\$480.71	\$480.71	\$207.00	\$550.52	\$371.22	\$1,775.85	\$393.99	\$487.04
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.91	\$0.00	\$14.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,469.41	\$2,679.35	\$0.00	\$1,427.42	\$1,841.61	\$220.91	\$928.78	\$386.12	\$3,533.50	\$393.99	\$834.29

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	\$123.93	\$0.00	\$129.20	\$0.00	\$82.00	\$0.00	\$329.85	\$0.00	\$0.00	\$106.75	\$95.35
Prescription Drugs	\$180.86	\$196.14	\$0.00	\$0.00	\$200.64	\$107.00	\$74.00	\$155.47	\$80.90	\$111.82	\$120.76
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$304.79	\$196.14	\$129.20	\$0.00	\$282.64	\$109.05	\$403.85	\$155.47	\$80.90	\$218.57	\$216.11
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	\$247.86	\$0.00	\$258.40	\$0.00	\$158.03	\$0.00	\$659.70	\$0.00	\$0.00	\$213.50	\$190.70
Prescription Drugs	\$361.72	\$392.28	\$0.00	\$0.00	\$401.28	\$214.00	\$148.00	\$310.94	\$161.80	\$223.64	\$241.52
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$609.58	\$392.28	\$258.40	\$0.00	\$559.31	\$218.10	\$807.70	\$310.94	\$161.80	\$437.14	\$432.22

* 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.	\$14.91	\$137.57	\$81.14	\$55.30	a UWF providing prescription drug coverage.	\$29.82	\$275.14	\$162.28	\$110.60
If a member of a UWF that does NOT provide prescription drug coverage.	\$194.25	\$316.91	\$260.48	\$234.64	a UWF that does NOT provide prescription drug coverage.	\$388.50	\$633.82	\$520.96	\$469.28

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



New York City Office of Labor Relations

Health Benefits Program

nyc.gov/olr



Fall 2016 Retiree Transfer Period

The Fall 2016 Health Benefits Program Retiree Transfer Period begins **November 1, 2016 and ends November 30, 2016.**

Changes requested during the Transfer Period are effective January 1, 2017.

Refer to the Summary Program Description at nyc.gov/hbp 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 add or drop dependents (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, 2016. 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, 2016.

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, 2016.

Health Maintenance Organizations (Non-Medicare Only)

- Use Attached Transfer Application -

Health Plan	Phone Number	Web Address
Cigna Healthcare	(800) 244-6224	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) 447-8255	www.emblemhealth.com