



New York City
Health Benefits Program
Transfer Period Procedures Manual
Fall 2019



2019 Fall Transfer Periods for Calendar Year 2020:

Active Employees: **November 1, 2019 - November 29, 2019**, effective January 1, 2020.
The new premiums based on the Transfer Period changes will be reflected in the first full pay period in January 2020.

Transferring Health Plans:

Employees may transfer from their current City health plan into another City health plan during the Transfer Period, without a Qualifying Event. In addition, employees can add or drop optional rider (including prescription drugs). Employees who do not wish to make any changes to their current health plan do not need to do anything for open enrollment.

Empire Health Plans

- a) The Empire HMO plan will be closing effective December 31, 2019. The plan will be replaced by the **Empire Blue Access Gated EPO** plan effective January 1, 2020. Please refer to the rate chart for the Empire Blue Access Gated EPO premiums.
- b) All employees and their dependent(s) enrolled in the Empire HMO plan will be enrolled **automatically** in the Empire Blue Access Gated EPO plan on January 1, 2020. They have been notified by Empire of this change. Please [click here to view letter provided from EMPIRE HMO](#). If the employee has questions regarding benefits, they should contact Empire at **1-844-235-4453** between 8:30a.m. – 5:00p.m. ET
- c) If the employee does not want to be automatically enrolled in the Empire Blue Access Gated EPO plan, the employee may select another health plan during this Transfer Period.

Please note: Please refer to the revised Health Benefits Summary Plan Description (SPD) and Summary Benefits Converge (SBC) and Health Plan Rate Charts on our website which will be available at the end of the October 2019.

Please contact our **HR Shared Services Benefits Department** at **646-458-5634** or email us at HHCBENEFITS@nychhc.org for answers to specific questions concerning data entry and processing in the Employee Self Service Website.

All City health benefits rules apply, including pay dates, which are included in this Transfer Period package.

For Plan Specific information, please visit <https://www1.nyc.gov/site/olr/health/healthhome.page>

EMPLOYEE Health Plan Rates as of November 2019 & January 1, 2020 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in November 2019 & January 2020

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$78.54	\$197.43	\$0.00	\$45.98	\$0.00	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$27.70	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$1.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$443.94	\$256.79	\$0.00	\$138.53	\$257.42	\$18.80	\$130.50	\$62.75	\$29.61	\$310.38	\$52.40	\$108.92
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.65	\$510.17	\$0.00	\$230.06	\$502.34	\$0.00	\$134.50	\$0.00	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$50.79	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$4.67	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,364.17	\$715.13	\$0.00	\$377.13	\$649.41	\$34.18	\$350.00	\$153.73	\$55.46	\$760.42	\$118.17	\$316.29

* 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.

As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments

***As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$157.07	\$394.85	\$0.00	\$91.97	\$0.00	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$55.41	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$3.81	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$887.88	\$513.58	\$0.00	\$277.05	\$514.83	\$37.59	\$261.00	\$125.49	\$59.22	\$620.75	\$104.81	\$217.84
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$460.12	\$1,004.68	\$0.00	\$269.00	\$0.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$101.58	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$9.34	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,728.33	\$1,430.26	\$0.00	\$754.26	\$1,298.82	\$68.36	\$700.00	\$307.45	\$110.92	\$1,520.85	\$236.34	\$632.58

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SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$171.10	\$430.11	\$0.00	\$100.18	\$0.00	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$60.36	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$4.15	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$967.16	\$559.44	\$0.00	\$301.79	\$560.80	\$40.95	\$284.30	\$136.70	\$64.51	\$676.18	\$114.17	\$237.30
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$501.21	\$1,094.38	\$0.00	\$293.02	\$0.00	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$110.65	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$10.17	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,971.94	\$1,557.96	\$0.00	\$821.61	\$1,414.79	\$74.47	\$762.50	\$334.91	\$120.82	\$1,656.64	\$257.44	\$689.06

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An Anthem Company

Empire HealthChoice
HMO, Inc.

PO Box 659960
San Antonio, TX 78265-9164

**IMPORTANT: WE WILL NOT OFFER YOUR HEALTH INSURANCE POLICY NEXT YEAR,
BUT YOUR GROUP HAS OPTIONS FOR NEW COVERAGE.**

[Date]

Dear [Certificate holder]:

We are writing to let you know that your group's current HMO contract will not be available in 2020. The current coverage will end on December 31, 2019. Your employer offers a number of different health insurance coverages. Please contact your Employer to determine your options. If you do not select different coverage through your Employer, effective January 1, 2020, you will be covered by an Empire Blue Access Gated EPO certificate. A statement of benefits has been added for your reference.

Your rights:

- If you are totally disabled at the time your existing Empire HealthChoice HMO, Inc. ("Empire") group coverage terminates, you may be eligible for a limited extension of your benefits for covered care or treatment of the condition causing your disability. Only care or treatment related to your disabling condition is eligible for this extension of benefits. If you develop a new condition or if you have an accidental injury after your coverage terminates, then that condition or injury will not be covered. Contact Empire to learn about this benefit.
- If you are either: a) in an ongoing course of treatment with a provider for a life-threatening or a degenerative and disabling condition or disease; or b) in the second or third trimester of a pregnancy when your new coverage becomes effective, then you may be able to continue to receive care from your provider for up to 60 days (or through pregnancy) under your new health insurance

policy, even if your provider does not participate in your new health insurer's network.

To receive this transitional care, your provider must agree to accept as payment your new health insurer's reimbursement for such services and to certain other conditions of providing care under the new policy. If your provider agrees, you will receive the services as if they were being provided by a participating provider and you will only pay for any applicable in-network cost-sharing. You, your representative or your provider should contact your new health insurer to determine if you are eligible for transitional care.

- Please see Attachment A describing certain rights that may be available if you or your dependent have a serious medical condition.

Please call **1-844-235-4453** between 8:30a.m. – 5:00p.m. ET or visit www.empireblue.com if you have any questions.

Para obtener asistencia en Español, llame al **1-844-235-4453**

Sincerely,

A handwritten signature in black ink, appearing to read "Alan J. Murray". The signature is stylized with a large initial "A" and "M".

Alan J. Murray
President &
CEO

Attachment A - Ian's Law Attachment
Add tagline attachment

Ian's Law Notice
Group Member
Attachment A

RIGHTS FOR INDIVIDUALS WITH A SERIOUS MEDICAL CONDITION

When a group policy is discontinued, a provision of New York Law (known as "Ian's Law") provides certain rights to an individual covered under the policy if:

1. The covered person has a serious medical condition; and
2. He or she has used a benefit under the group's policy in the last 12 months related to that condition; and
3. The benefit used is not covered by the replacement group policy from Empire

If you or your dependent meet all of these criteria, Empire must offer replacement group coverage to your employer providing benefits that are the same as (or substantially similar to) the benefits under the policy being discontinued that you (or your dependent) used in connection with the serious medical condition.

To find out more, you or the covered person must contact the Department of Financial Services ("DFS") in writing within 45 days of the date of this notice:

By email at: classdiscontinuance@dfs.ny.gov

By mail at the following address:

New York Department of Financial Services
Health Bureau-Class Discontinuance
One Commerce Plaza
Albany, NY 12257

When contacting DFS, please provide the following information:

- Name and contact information of the person contacting DFS
- The name of the covered person who has the serious medical condition
- The covered person's relationship to the person contacting DFS
- The name of the insurer
- The group policy number
- The covered person's insurance identification number
- The type of coverage (e.g., HMO, PPO, EPO)
- The name (or general description) of the covered person's serious medical condition
- The benefits under the policy related to the serious medical condition that the covered person has used within the previous 12 months
- If the benefits used include prescription drugs, identify the specific prescription drug
- Whether the replacement coverage available to the group policyholder will cover the benefit related to the serious medical condition (if known)

DFS will review the information provided and notify the person contacting DFS if this right is applicable. If so, Empire will offer replacement coverage to you (as the group

policyholder) that includes the benefits used to treat the serious medical condition. If Empire does not have replacement coverage available with these benefits, Empire will allow your group to continue the current policy to ensure access to the benefits. If in the future Empire introduces an alternative health insurance policy that includes these benefits, your group may be required to switch to the alternative health insurance policy.

Please call Empire at **1-844-235-4453** between 9A.M. and 5 P.M. with any questions you may have.

[**View Empire Rates**](#)