



**Employee Benefits Office - Management Services**

900 Watervliet-Shaker Road, Suite 102  
Albany, New York 12205

**Board of Cooperative Educational Services**  
[www.capregboces.org](http://www.capregboces.org)  
*Leaders for Educational Excellence*

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**MEMORANDUM**

**TO:** BOCES Employees Eligible for Health Insurance  
**FROM:** Employee Benefits Office  
**SUBJECT: HEALTH AND VISION INFORMATION SESSIONS AND OPEN ENROLLMENT**  
**DATE:** October 27, 2010

During the month of November employees and retirees will be able to add or change health insurance coverage options. Employees eligible for health insurance will be permitted to enroll in any health insurance program offered by BOCES.

Employees can view their benefits information and make changes to health/vision benefits through e-Benefits (on-line employee benefit enrollment system). A link to e-Benefits is located on the BOCES web-page under the "Staff Resources" link, then noted under Human Resources.

Staff from the benefits office will be available to answer questions and assist with e-Benefits at the following informational sessions:

<b>Where:</b>	Capital Region BOCES 900 Watervliet-Shaker Road, Suite 102 Albany, New York 12205	
<b>When:</b>	Monday, November 8 <sup>th</sup> Capital Room	2:00p.m. – 4:00p.m.
	Friday, November 19 <sup>th</sup> Saratoga Room	2:00p.m. – 4:00p.m.

*See attachment for open enrollment changes and additional information*

Option changes, enrollments and changes of dependent coverage will be permitted to/from NYSHIP, Blue Shield Community Blue (HMO), Capital District Physicians Health Plan (CDPHP) and Mohawk Valley Physicians (MVP). Changes in coverage will become effective January 1, 2011.

**Reminder: For those who plan to retire and elect health insurance through BOCES to continue after retirement – Medicare Part B is reimbursed only if you elect the Empire Plan (NYSHIP) and is not reimbursed if you elect any other coverage option.**

The Capital Region BOCES will provide full coverage and benefits in accordance with the appropriate collective bargaining agreements.

The employee contribution rates include the medical and the prescription drug component for all plans. Prescription coverage for the HMO plans is with Medco and is self insured by the BOCES. The self-funded prescription drug cost is included in the contribution rates for the HMO plans.

(Over)

	<u>Current Rates</u> <u>20% Contribution</u>		<u>Current Rates</u> <u>50% Contribution</u>	
NYSHIP	Individual	\$ 84.50* per pay	Individual	\$211.25* per pay
	Family	\$183.67* per pay	Family	\$459.17* per pay
<b>*Approximate rates as of January 1, 2011</b>				
BS Community Blue (HMO)	Individual	\$ 97.57 per pay	Individual	\$243.91 per pay
	Family	\$238.74 per pay	Family	\$596.85 per pay
CDPHP	Individual	\$ 79.69 per pay	Individual	\$199.21 per pay
	Family	\$190.24 per pay	Family	\$475.60 per pay
MVP	Individual	\$ 83.37 per pay	Individual	\$208.42 per pay
	Family	\$201.69 per pay	Family	\$502.73 per pay

**Please Note: If you are not changing your health insurance coverage option, adding dependents or enrolling in a health insurance plan offered by BOCES, no action needs to be taken.**

### VISION INSURANCE

Individuals who are eligible for the vision care insurance program offered by BOCES will be permitted to enroll or add dependents during the open enrollment period.

Employees' of the Program Associates Organization hired **after June 30, 1984** must share the cost of the vision care benefit on an 80%/20% basis with BOCES paying 80% of the premium cost.

Employees' of the Service Unit, Teachers' Unit and Educational Assistants' Unit must share the cost of the vision care benefit on an 80%/20% basis with BOCES paying 80% of the premium cost. Therefore, the 2009-10 per pay employee contribution is as follows:

#### **Davis Vision Care Insurance**

##### Program Associates Organization (PAO)

\$10/20 Co-Pay	Individual	\$ .40 per pay
\$10/20 Co-Pay	Family	\$1.04 per pay

##### Service Unit, Teachers' Unit and Educational Assistants Unit

\$0 Co-Pay	Individual	\$.52 per pay
\$0 Co-Pay	Family	\$1.34 per pay

Individuals must complete the online enrollment form electronically through e-Benefits **no later than November 30, 2010**. Changes in coverage are effective January 1, 2011. If you have any questions, please contact Anne L. Kennison at 862-4912, Nicole Yamin at 862-4913 or Renee Brozowski at 862-4934.

Attachments

cc: Bruce Bonacquist

# CAPITAL REGION BOCES

## ATTACHMENT

### Open Enrollment Changes and Additional Information

#### NYSHIP Changes:

##### Effective January 1, 2011:

- Annual Deductible Out of Network increase from \$375 each enrollee/spouse/children to \$388 each enrollee/spouse/children
- Out of Network Coverage – Annual Out-of-Pocket Maximum increase from \$1,033 each enrollee/spouse and \$1,033 for all dependent children (total \$3,099) to: \$1,069 each enrollee/spouse and \$1,069 for all dependent children (total \$3,207)

#### Capital Region BOCES – Medco Prescription Drug Program (HMO Plans Only)

- Employees enrolled in the HMO plans also participate in the BOCES Medco Prescription Drug Program. This plan may be used as a primary prescription drug program for all eligible family members. No Coordination of Benefits necessary.

#### Dependent Coverage – Age 26 - Health Insurance Enrollment Only

**NYSHIP** - If a child is not currently on the coverage, then the child may be added during the health insurance open enrollment in November, 2010. The effective date of coverage is January 1, 2011. (Employees must complete the online enrollment form electronically through e-Benefits).

**CDPHP, MVP and Blue Shield Community Blue (HMO)** – If a child is not currently on the coverage, then the child may be added upon the group plan renewal which is July 1, 2011. The effective date of coverage is July 1, 2011. (Employees must complete the online enrollment form electronically through e-Benefits in June, 2011).

#### Dependent Coverage – Age 29 Health Insurance Enrollment Only

##### Eligibility Criteria:

- **The Parent** – The parent must be covered under the group policy as an employee or a member of the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- **The Young Adult**
  - Must be unmarried;
  - Must be 29 years of age or under;
  - Must not be insured or eligible for comprehensive (ie. medical and hospital) health insurance through his/her own employer;
  - Must live, work or reside in New York State or the health insurance company's service area; and
  - Must not be covered under Medicare.
- **Note:** Please be aware that the young adult does not have to live with a parent, be financially dependent on a parent, or be a student.

(OVER)

**NYSHIP, MVP, Blue Shield Community Blue (HMO) and CDPHP - Young Adult** may enroll during the health insurance open enrollment in November, 2010. The effective date of coverage is January 1, 2011. Enrollment outside of the open enrollment period may occur due to the following:

- **Age Off a Policy** – If the young adult is currently covered under a parent’s group policy, they may enroll within 60 days of the date that their coverage would otherwise end due to reaching the maximum age for dependent coverage. Coverage will be retroactive to the date that your coverage would otherwise have terminated.
- **Change in Circumstances** – The young adult may enroll within 60 days of newly meeting the eligibility requirements. Coverage will be prospective and will start within 30 days the BOCES receives notice of your election and premium payment. Examples of changes in circumstance could be moving back to New York State after living outside the state or losing health insurance coverage sponsored by an employer.

**Cost** – The young adult or his/her parent will be responsible for 100% of the individual premium of the Health Insurance Plan chosen, over and above what the parent pays for the group coverage.

**How to enroll** – The young adult or his/her parent should notify the BOCES in writing that they wish to enroll and include payment of the first month’s premium. Please contact Anne Kennison at 862-4912 or Nicole Yamin at 862-4913 in the Employee Benefits Office for further information regarding the premium payment.

\*For more information please visit the New York State Insurance Department website at\* [www.ins.state.ny.us](http://www.ins.state.ny.us)

### **Active Employees’**

**Reminder:** For those who plan to retire and elect health insurance through BOCES to continue after retirement – Medicare Part B is reimbursed Only if you elect the Empire Plan (NYSHIP) and is **Not** reimbursed if you elect any other coverage option.

### **Retirees’**

**Reminder:** Medicare Part B is reimbursed Only if you elect the Empire Plan (NYSHIP) and is Not reimbursed if you elect any other option.



	BlueShield Plan	CDPHP Plan	MVP Plan	NYSHIP
	Community Blue HMO 202 / 202 +	AvidCare 10	HMO 10+	\$20 Copay In-Network No Deductible/ No Co-Insurance
<b>Physician Services</b>				
Primary Care	\$10 / \$0 or \$5	\$10	\$10	\$20
Specialist Care	\$10 / \$20 or \$15	\$10	\$10	\$20
Well baby, Child Care & Immunizations	\$0	\$0	\$0	\$0
Adult Annual Exam	\$10 / \$0 or \$5	\$0 Preventive	\$10	\$20
OB/GYN Annual Exam	\$10 / \$0 or \$5	\$0 Preventive	\$10	\$20
<b>Hospital Services</b>				
Inpatient Hospital	\$0	\$0	\$0	\$0
Outpatient Surgery	\$10 / \$20 or \$15	\$75	\$10	\$60
<b>Diagnostic Testing</b>				
Laboratory Services	\$0	\$10 (waived if preferred provider is used)	\$0	\$40 at participating labs
Radiology/Imaging Services	\$10 / \$20 or \$15	\$10 (waived if preferred provider is used)	\$10	\$40 at participating provider
<b>Maternity</b>				
Physician Services	\$10 / \$20 or \$15	\$10 first visit / \$0 following visits	\$10 first visit / \$0 following visits	\$0
Inpatient Services	\$0	\$0	\$0	\$0
<b>Emergency Care</b>				
Emergency Room Care	\$50 (waived if admitted)	\$50 (waived if admitted)	\$35 In-area waived if admitted / \$0 out-of-area	\$70 (waived if admitted)
Urgent Care Facility	\$10 / \$0 or \$5	\$25	\$10	\$20
<b>Ambulance</b>				
Chiropractic Benefits	\$50 (if medically necessary)	\$50	\$0	\$35
Mental Health	\$10	\$10 - referral necessary	\$10	\$20
Inpatient Care	\$0 - 30 days/year	\$0 IP if medical - 30 days / yr	\$0 IP / \$0 IP Dr. 30 day max.	\$0
Outpatient Care	\$10/\$20 or \$15 (20 Visits Yr.)	\$10 (20 Visits Yr.)	\$10 (20 Visits Yr.)	\$20
<b>Chemical Abuse/Dependency</b>				
Inpatient Detoxification	\$0 - 7 days	\$0 (7 days per yr)	\$0 (7 days per yr)	\$0: 3 stays lifetime
Outpatient Rehabilitation	\$10 / \$20 or \$15 (30visits/total with S.T. & O.T.)	\$10 (60 Visits Yr.)	\$10 (60 Visits Yr.)	\$20
Physical Therapy	\$10 / \$20 or \$15 (30visits/total with S.T. & O.T.)	\$10 - 120 visits per yr	Combined with Speech/Occ	\$20
<b>Speech/Occupational Therapy</b>	\$10 / \$20 or \$15 (30visits/total with P.T.)	\$10 - 60 / 120 visits per yr	\$10 - 30 visit combined total	\$20
<b>Home Health Care</b>	\$10 / \$20/ or \$15 (40 visits/ plan yr)	\$0 Pre-Authorized	\$10 - 60 visit max/yr	\$0 - Home Care Advocacy Program
Lifetime Maximum (in Network)	No maximum	No Maximum	No Maximum	No Maximum
Dependent Eligibility	19 / 25	19/25	19 / 25	19/25
Dependent/ Student Age to:	50% coinsurance with \$1,000 Maximum	20% coinsurance	20% coinsurance	\$0 - Home Care Advocacy Program
Durable Medical Equipment	\$10 / \$0 or \$5	\$10	\$10	\$0 - Home Care Advocacy Program
Diabetic Drugs & Supplies				
Miscellaneous				
Vision Exam	\$10 (2 yrs) / \$20 or \$15 (1 yr)	\$10 (2 yrs)	Not Covered	Not Covered
Dental (Exam & Cleaning) 1X/yr	HMO 202+ only - \$20 or \$15	Not Covered	Preventative Dental for dependents to 19	Not Covered
Out of Network Coverage	HMO 202+ only	Not Covered	Not Covered	Basic Medical (Provider Services)
Annual Deductible	\$250 / \$500	---	---	\$388 enrollee / \$388 spouse / \$388 children
Coinsurance	80% / 20%	---	---	80%UCR to \$1,069 ea person(3agg)/then100% covered
Annual Out-of-Pocket Max	\$5,000	---	---	\$3,207
Annual Maximum	\$250,000	---	---	None
<b>Prescription Drug *</b>	Covered through Systemed Rx	Covered through Systemed Rx	Covered through Systemed Rx	Covered through NYSHIP Rx

\* Systemed/Medco Rx will be the Drug Option for the HMO plans. NYSHIP Drug Option is through Medco but is completely separate from the HMO Medco plan. All RX options are outlined on the back of this comparison.

This is a summary of covered benefits and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions. that may apply. Please refer to the complete contract or group plan issued upon enrollment.

**Capital Region BOCES/Systemed Medco Rx**

(Prescription drug plan for employees using BS Community Blue(HMO), CDPHP or MVP)  
 This information is an overview of your prescription drug benefit through Systemed Medco.

<b>Up to a 30 day supply from a participating retail pharmacy</b>	
Generic Drug.....	\$5
Brand-Name Drug.....	\$10
*No differentiation between preferred and non-preferred drugs.	

<b>Up to a 90 day supply through Medco Mail Service.</b>	
Generic Drug.....	\$10
Brand-Name Drug.....	\$20
* No differentiation between preferred and non-preferred drugs.	

- \* This plan may be used as a primary prescription drug program for all eligible family members. No Coordination of Benefits necessary.
- \* Non-Participating Pharmacy: member must pay then submit for reimbursement.
- \* Non-Participating Pharmacy: full cost of drug may not be covered.
- \* For more information please visit the Systemed website at [www.medco.com](http://www.medco.com) or call toll free at 1-800-711-0917
- \* Medco Mail Service: no cost for shipping.

**NYSHIP Medco Rx**

This information is an overview of your prescription drug benefit.  
 You will have the following co-payments for drugs purchased from a participating pharmacy or through Medco Mail Service.

<b>Up to a 30 day supply from a participating retail pharmacy or through the Medco Mail service</b>	
Generic Drug.....	\$5
Preferred Brand-Name Drug .....	\$15
Non-Preferred Brand-Name Drug-	\$40

<b>31 to 90 day supply from a participating retail pharmacy</b>	
Generic Drug.....	\$10
Preferred Brand-Name Drug.....	\$30
Non-Preferred Brand-Name Drug.	\$70

<b>31 to 90 day supply through the Medco Mail Service</b>	
Generic Drug.....	\$5
Preferred Brand-Name Drug.....	\$20
Non-Preferred Brand-Name Drug	\$65

- \* Non-Participating Pharmacy: member must pay then submit for reimbursement.
- \* Non-Participating Pharmacy: cost of drug will be covered up to the amount the plan would reimburse to a participating pharmacy minus the co-pay.
- \* For more information please visit the NYSHIP website at [www.es.state.ny.us](http://www.es.state.ny.us) or call toll free at 1-877-769-7447
- \* Medco Mail Service: no cost for shipping.

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