



Board of Cooperative Educational Services
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Leaders for Educational Excellence

MANAGEMENT SERVICES

Employee Benefits Office

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MEMORANDUM

TO: BOCES Retirees
FROM: Anne L. Kennison / Nicole Yamin/ Richard Dunn – Employee Benefits
SUBJECT: **BENEFIT RATE UPDATES**
DATE: **June 24, 2011**

The purpose of this correspondence is to provide you with contribution information regarding dependent coverage for health insurance and retiree COBRA Dental/Ortho and Vision insurance, if eligible. If you are **not** a contributing retiree please disregard this memo.

NYSHIP

NYSHIP rate changes are effective January 1 of each year. Therefore, the following premium contributions will apply for dependent coverage effective **January 1, 2011 – December 31, 2011.**

Dependent Contribution (Per Month)

NYSHIP	Family Both Under 65	\$410.00
NYSHIP Family 1	1 Under 65 1 Over 65	\$409.99
NYSHIP Family 2	Both Over 65	\$265.83

Surviving Spouse (Per Month)

NYSHIP Surviving Spouse (Medicare)	
100% Contribution	\$405.64
NYSHIP Surviving Spouse (Individual)	
100% Contribution	\$693.92

HMO (BS Community Blue, CDPHP, MVP)

The dependent coverage contribution rates for the HMO plans listed below include the medical and prescription drug component for all plans. These premium contributions are effective **July 1, 2011 – June 30, 2012.**

Dependent Contribution (Per Month)

BS Community Blue	Medicare	\$627.41
BS Community Blue	Family	\$627.41
CDPHP (Effective 8/1/11 – 6/30/12)	Medicare	\$449.66
*CDPHP (Effective 7/1/11 – 7/31/11)	Medicare	\$444.67
CDPHP (Effective 8/1/11 – 6/30/12)	Family	\$449.66
*CDPHP (Effective 7/1/11 – 7/31/11)	Family	\$444.67
MVP	Family	\$476.98

Surviving Spouse (Per Month)

BS Community Blue (Medicare/Individual)	
Surviving Spouse 100% Contribution	\$932.18
CDPHP (Medicare/Individual) Surviving Spouse	
100% Contribution (Effective 8/1/11 – 6/30/12)	\$757.90
*CDPHP (Medicare/Individual) Surviving Spouse	
100% Contribution (Effective 7/1/11 – 7/31/11)	\$731.89
MVP (Individual) Surviving Spouse	
100% Contribution	\$794.30

*CDPHP holding rate for one month due to a filing issue.

(OVER)

COBRA (Dental/Ortho and Vision)

The following rates apply to those who have had **COBRA** Dental/Ortho or Vision coverage since retirement and are still eligible for COBRA insurance. These rates are effective **July 1, 2011 – June 30, 2012**. Please note, **effective September 1, 2010 we are no longer charging a 2% administrative fee.**

Metlife Dental/Ortho COBRA (Per Month)

Individual	\$43.35
Family	\$138.16

Vision Care COBRA PAO (Per Month)

Individual	\$3.44
Family	\$8.94

Vision Care COBRA Non-PAO (Per Month)

Individual	\$4.42
Family	\$11.50

It is important that you understand that you will not be receiving an invoice. Therefore, please verify that the amounts you are submitting for payment are correct. Payments are due by the first of every month. Please make check payable to the Capital Region BOCES.

Please mail all remittance to:

**Employee Benefits
Capital Region BOCES
900 Watervliet-Shaker Road
Suite 102
Albany, NY 12205**

If you have mailed premiums in advance, please remit the additional balance that is due for those months. If you are unsure of any amount that may be due please contact the benefits office at (518) 862-4912 or 862-4913 or 862-4934. Also, please be sure to indicate on your check what coverage you are paying for (Health, Dental/Ortho,Vision) and for what month(s) you are paying for.

cc: Ms. Dana Piazza