



TO: BOCES Retirees
FROM: Employee Benefits
SUBJECT: **BENEFIT RATE UPDATES Effective January 1, 2018**

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 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, 2018 – December 31, 2018.**

Dependent Contribution (Per Month)

NYSHIP	Family Both Under 65	\$666.58
NYSHIP Family 1	1 Under 65 1 Over 65	\$666.57
NYSHIP Family 2	Both Over 65	\$381.28

Surviving Spouse (Per Month)

NYSHIP Surviving Spouse (Medicare)	
100% Contribution	\$444.39
NYSHIP Surviving Spouse (Individual)	
100% Contribution	\$1,014.98

Empire Prism (EPO) through Empire BlueCross BlueShield

The dependent coverage contribution rates for the Empire plan listed below include the medical and prescription drug component for the plan. These premium contributions are effective **July 1, 2017 – June 30, 2018.**

Dependent Contribution (Per Month)

Empire (EPO)	Medicare Family	\$664.29
Empire (EPO)	Family	\$664.29

Surviving Spouse (Per Month)

Empire (Individual)	
Surviving Spouse 100% Contribution	\$1,002.16
Empire (Medicare)	
Surviving Spouse 100% Contribution	\$805.49

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, 2017 – June 30, 2018.**

MetLife Dental/Ortho COBRA (Per Month)

Individual	\$39.72
Family	\$126.61

Vision Care COBRA PAO (Per Month)

Individual	\$3.63
Family	\$9.43

Vision Care COBRA Non-PAO (Per Month)

Individual	\$4.66
Family	\$12.15

Invoices will continue to be mailed on a monthly basis. Therefore, please verify that the amounts you are submitting for payment reflects the amount billed on the invoice. Payments are due by the beginning of every month. Please make checks payable to the Capital Region BOCES and include your invoice number on your checks. If you are unsure of any amount that may be due please contact Jennifer Vona at (518) 862-4912.

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. 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: Mr. Robert Zordan
Mrs. Carol
Ratigan