

November 2023



NYSHIP
New York State
Health Insurance Program

NYSHIP RATES & DEADLINES

for 2024

For Employees of the State of New York and their enrolled dependents

CHOOSE YOUR HEALTH INSURANCE OPTION FOR 2024 BY DECEMBER 29, 2023

The annual Option Transfer Period is here. This is the time to choose the health insurance option you want for 2024. The New York State Health Insurance Program (NYSHIP) offers you the choice of The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. You may also be able to opt out of coverage for the 2024 plan year in exchange for an incentive payment (see page 8).

KEEP YOUR INFORMATION UP TO DATE

It's important for you to keep your personal information updated, such as your name, address, personal email and phone number. Notify your HBA of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. You may also update your information online using MyNYSHIP at www.cs.ny.gov/mynyship. In some cases, deadlines apply. See your *General Information Book* for more information on enrollment changes and applicable deadlines.

IF YOU PLAN TO RETIRE OR VEST IN 2024

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes and, thereafter, at any time once during a 12-month period. If you are planning to retire or vest in 2024, take the time now to familiarize yourself with the eligibility requirements for continuing your health insurance coverage. Refer to your *General Information Book* for more information or ask your HBA for copies of *Planning for Retirement and Health Insurance Choices for 2024* for Retirees. These publications are also available on NYSHIP Online.

Except under limited circumstances, you cannot change options outside the Option Transfer Period, which ends on December 29, 2023.

To change your health insurance option during the Option Transfer Period, return the completed and signed *NYSHIP Health Insurance Transaction Form* (PS-404) to your Health Benefits Administrator (HBA) by **December 29, 2023**. You can find the form on NYSHIP Online at www.cs.ny.gov/forms/ps404.pdf or by contacting your HBA. You may also change your option online using MyNYSHIP at www.cs.ny.gov/mynyship.

PRE-TAX CONTRIBUTION PROGRAM (PTCP) ELECTION PERIOD CHANGES FOR 2024

The PTCP Election Period runs concurrently with the annual Option Transfer Period. If you wish to change your Pre-Tax election, you must submit a *NYSHIP Health Insurance Transaction Form* (PS-404) to your HBA by December 29, 2023. For more information about the PTCP, see *Planning for Option Transfer* or your *General Information Book*.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION OR PRE-TAX STATUS AND STILL QUALIFY FOR THEM. (SEE THE NOTE AT THE TOP OF PAGE 4.)

YOUR NYSHIP OPTIONS FOR 2024

The Option Transfer Guide, available on NYSHIP Online, provides easy access to option transfer-related information and instructions, as well as tools and additional resources to assist you in your research. To access the guide, go to www.cs.ny.gov/employee-benefits and click on the link to the right of the Active Employees group wizard. You can use the NYSHIP Plan Comparison Tool to compare benefits of plans in your service area, download enrollment forms and access *Health Insurance Choices for 2024*. Employees who are represented by Council 82 (C-82), District Council 37 (DC-37), the Police Benevolent Association (PBA), the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), the Police Investigator Association (PIA) or are members of the Agency Police Services Unit (APSU) represented by the Police Benevolent Association of New York State (PBANYS) should refer to the companion publication *Choices Supplement for 2024* for information about 2024 Empire Plan benefits, including copayments, coinsurance and deductibles.

For printed copies of NYSHIP publications, contact your HBA. Your current plan will notify you directly of any copayment or benefit changes for 2024.

For questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select the Medical/Surgical Program and then the appropriate prompt for option transfer benefit questions. For questions about NYSHIP HMOs, contact the HMOs directly (see pages 6 and 7).

Be sure you understand how your benefits will be affected if you change options. You are choosing a benefit package for yourself and your covered dependents for the entire 2024 plan year. Changing options may result in substantially different coverage and cost.

SUMMARY OF BENEFITS AND COVERAGE

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act.

To view a copy of the *SBC* for The Empire Plan or a NYSHIP HMO, visit www.cs.ny.gov/sbc. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) and select the Medical/Surgical Program to request a copy for The Empire Plan. If you need an *SBC* for a NYSHIP HMO, contact the HMO directly.



IMPORTANT DATES FOR YOUR BENEFIT CHOICES

If you want to make a change for 2024

December 29, 2023

Deadline for submitting a signed *NYSHIP Health Insurance Transaction Form (PS-404)* to your HBA if you want to change your health insurance option and/or Pre-Tax election for the 2024 plan year.

Employees	Date New Health Insurance Options Begin	Earliest Paycheck In Which You Will See A Deduction Change
Administration Lag-Exempt Payroll Employees	January 4, 2024	December 20, 2023
Administration Lag-Payroll Employees	January 4, 2024	January 3, 2024
Institution Lag-Exempt Payroll Employees	December 28, 2023	December 14, 2023
Institution Lag-Payroll Employees	December 28, 2023	December 28, 2023
Triple Lag-Payroll Employees	January 4, 2024	January 11, 2024

Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.

NEW YORK STATE HEALTH INSURANCE PROGRAM 2024 RATES

ENROLLEE CONTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

Note: To enroll in an HMO, you must live or work in the HMO's service area. If you no longer live or work in the NYSHIP service area of the HMO in which you are enrolled, you must change to another option. Service areas may change from year to year. Please check pages 6–7 for NYSHIP service area information.

Biweekly Costs Schedule for employees of the State of New York who are Management/Confidential; represented by CSEA, PEF or UUP; justices, judges and nonjudicial employees of the Unified Court System (UCS); and Legislature

Biweekly Costs Schedule for employees of the State of New York who are represented by C-82, DC-37, NYSCOPBA, PBA, PBANYS or PIA

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 9 and below*

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 10 and above*

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 9 and below

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 10 and above

Page in Choices	Code	Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family
13	001	The Empire Plan	60.07	271.92	80.09	323.33	61.81	279.97	82.42	332.90
24	066	Blue Choice	45.11	193.12	60.14	230.08	45.11	193.12	60.14	230.08
26	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	51.60	202.77	68.80	242.36	51.60	202.77	68.80	242.36
26	300	Capital District Physicians' Health Plan (CDPHP) (Central)	72.59	225.20	90.95	269.15	59.65	225.20	78.60	269.15
26	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	145.64	323.59	164.03	371.80	132.70	293.45	151.68	343.19
28	050	EmblemHealth – HIP (Downstate)	138.50	364.59	159.17	418.72	125.56	334.44	146.82	390.10
28	220	EmblemHealth – HIP (Capital)	219.00	430.86	237.39	485.88	206.06	400.72	225.04	457.27
28	350	EmblemHealth – HIP (Hudson Valley)	215.73	535.27	233.00	581.05	202.79	505.13	220.65	552.44
30	067	Highmark Blue Cross Blue Shield of Western New York	48.85	209.18	65.13	249.21	48.85	209.18	65.13	249.21
32	069	Highmark Blue Shield of Northeastern New York	51.40	220.91	68.54	263.16	51.40	220.91	68.54	263.16
34	072	HMOBlue (Central New York Region)	52.85	223.02	70.47	265.85	52.85	223.02	70.47	265.85
34	160	HMOBlue (Utica Region)	55.31	246.94	73.75	293.77	55.31	246.94	73.75	293.77
36	059	Independent Health	49.73	210.99	66.30	251.45	49.73	210.99	66.30	251.45
38	058	MVP Health Care (Rochester)	47.97	188.11	63.96	224.86	47.97	188.11	63.96	224.86
38	060	MVP Health Care (East)	50.48	198.04	67.30	236.72	50.48	198.04	67.30	236.72
38	330	MVP Health Care (Central)	63.00	223.75	81.59	267.38	56.62	223.75	75.50	267.38
38	340	MVP Health Care (Mid-Hudson)	71.76	226.13	90.15	270.21	58.82	226.13	77.80	270.21
38	360	MVP Health Care (North)	55.15	217.09	73.53	259.46	55.15	217.09	73.53	259.46

YOUR BIWEEKLY PREMIUM CONTRIBUTION

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 9 and below and United University Professions (UUP) employees with an annualized salary less than \$49,403, the State will pay 88 percent of the cost of the premium for individual coverage and 73 percent for the additional cost of family coverage.

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 10 and above and UUP employees with an annualized salary equal to \$49,403 or more, the State will pay 84 percent of the cost of the premium for individual coverage and 69 percent for the additional cost of family coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees. Direct Pay enrollees will be notified of their rates separately.

* UUP Employees with an annualized salary of less than \$49,403 are considered to be salary grade 9 and below while UUP employees with an annualized salary of \$49,403 or more are considered to be salary grade 10 and above.

CODE AND PLAN	SERVICE AREA
<p>001 The Empire Plan (available to enrollees and their eligible dependents worldwide)</p>	<p>1-877-7-NYSHIP (1-877-769-7447) • www.cs.ny.gov</p> <p>Medical/Surgical Program: UnitedHealthcare P.O. Box 1600, Kingston, NY 12402-1600 TTY: 1-888-697-9054</p> <p>Hospital Program: Anthem Blue Cross NYS Service Center P.O. Box 1407, Church Street Station New York, NY 10008-1407 TTY: 711</p> <p>Mental Health/Substance Use Program: Carelton Behavioral Health P.O. Box 1850, Hicksville, NY 11802 TTY: 1-855-643-1476</p> <p>Prescription Drug Program: CVS Caremark P.O. Box 6590 Lee's Summit, MO 64064-6590 TTY: 711</p>
<p>066 Blue Choice</p>	<p>165 Court St., Rochester, NY 14647 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcb.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</p>
<p>063 Capital District Physicians' Health Plan (CDPHP) (Capital)</p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties</p>
<p>300 Capital District Physicians' Health Plan (CDPHP) (Central)</p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Otsego, St. Lawrence and Tioga counties</p>
<p>310 Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)</p>	<p>500 Patroon Creek Blvd., Albany, NY 12206-1057 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Delaware, Dutchess, Orange and Ulster counties</p>
<p>050 EmblemHealth – HIP (Downstate)</p>	<p>EmblemHealth, 55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties</p>
<p>220 EmblemHealth – HIP (Capital)</p>	<p>EmblemHealth, 55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties</p>
<p>350 EmblemHealth – HIP (Hudson Valley)</p>	<p>EmblemHealth, 55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties</p>

CODE AND PLAN	SERVICE AREA
067 Highmark Blue Cross Blue Shield of Western New York	P.O. Box 80, Buffalo, NY 14240-0080 1-844-639-2441 • TTY: 711 • www.highmark.com/member/nyship-bcbswny Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
069 Highmark Blue Shield of Northeastern New York	P.O. Box 15013, Albany, NY 12212 1-844-639-2440 • TTY: 711 • www.highmark.com/member/nyship-blueshieldnny Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties
072 HMOBlue (Central New York Region)	333 Butternut Drive, Syracuse, NY 13214-1803 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbs.com Serving Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins counties
160 HMOBlue (Utica Region)	333 Butternut Drive, Syracuse, NY 13214-1803 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbs.com Serving Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence counties
059 Independent Health	511 Farber Lakes Drive, Buffalo, NY 14221 1-800-501-3439 • TTY: 716-631-3108 • www.independenthealth.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
058 MVP Health Care (Rochester)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com Serving Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties
060 MVP Health Care (East)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
330 MVP Health Care (Central)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties
340 MVP Health Care (Mid-Hudson)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties
360 MVP Health Care (North)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 1-800-662-1220 • www.mvphealthcare.com Serving Clinton, Essex, Franklin and St. Lawrence counties

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov
Time-Sensitive Materials



NYSHIP
New York State
Health Insurance Program

Important Health Insurance Information
for the Enrollee, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents

Rates & Deadlines for 2024 (Active) – November 2023

**Your Only Notice of Health Insurance
Rate Changes for 2024**

**Please do not send mail or
correspondence to the return
address above. See the front
cover for address information.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator.

♻️ 2024 Rates & Deadlines was printed on paper containing recycled fiber using environmentally sensitive inks.

2024 Rates & Deadlines/Active NY1471

CHANGING OPTIONS OUTSIDE THE OPTION TRANSFER PERIOD

Refer to your *General Information Book* for a list of qualifying life events that allow you to change options outside of the Option Transfer Period. Contact your HBA for more information.

OPT-OUT PROGRAM FOR 2024

If you have coverage under another employer-sponsored health insurance program, you may be eligible to opt out of NYSHIP coverage in exchange for an incentive payment. See *Planning for Option Transfer and Choices* for details. If you are interested in participating in the Opt-out Program for 2024, contact your HBA. No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program for the 2024 plan year. **Note:** Employees who are represented by UUP are not eligible to participate in this program.