

May 2024



NYSHIP
New York State
Health Insurance Program

NYSHIP RATE CHANGES

Effective July 1, 2024

**For Employees of the State of New York represented by District Council 37 (DC-37) and the
New York State Correctional Officers and Police Benevolent Association (NYSCOPBA)
and their enrolled dependents**

SPECIAL OPTION TRANSFER PERIOD (MAY 28 – JUNE 28, 2024)

As a result of the recently ratified contract between the State of New York and District Council 37 (DC-37) and the recently ratified contract between the State of New York and the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), there will be NYSHIP rate changes effective July 1, 2024. The new rates included in this publication will be in effect through the end of the year (see page 4).

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 Health Benefits Administrator (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.

As a result of the rate change, there will be a Special Option Transfer Period during which you may change your health insurance option. You may choose to change your plan option between The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. Enrollment in the Opt-out Program is not permitted during a Special Option Transfer Period. If you wish to change your option, you must submit a completed *NYSHIP Health Insurance Transaction Form (PS-404)* to your HBA or the Business Services Center (BSC) by the Special Option Transfer Period deadline (**June 28, 2024**). **Note: Pre-Tax Contribution Program election changes and online option changes using MyNYSHIP will NOT be permitted during the Special Option Transfer Period.**

Refer to the *May 2024 Empire Plan Special Report* for information about changes to Empire Plan benefits, effective July 1, 2024. See *Health Insurance Choices for 2024* for details of NYSHIP HMO benefits and coverage.

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

YOUR NYSHIP OPTIONS FOR 2024

If you are considering changing your health insurance option for the remainder of 2024 or wish to review your current option, ask your HBA for a copy of *Health Insurance Choices for 2024*.^{*} You can also find *Choices* on NYSHIP Online at www.cs.ny.gov/employee-benefits. Select your group and plan, if prompted, and then select Health Benefits & Option Transfer. Choose Rates and Health Plan Choices for the most up-to-date option transfer information.

To generate a comparison of the benefits provided by each of the NYSHIP plans in your area, use the NYSHIP Plan Comparison tool. This tool is also located on the Rates and Health Plan Choices page of NYSHIP Online. Select NYSHIP Plan Comparison, then confirm your group and select the counties where you live and work. On the list of available options, check the box next to the plans you want to compare and click on Compare Plans to generate the side-by-side comparison table.

^{*} Note: Not all of the Empire Plan benefit changes described in the *Empire Plan Special Report* are reflected in *Choices*, but HMO benefit descriptions are accurate for the remainder of the 2024 plan year.

For printed copies of NYSHIP publications, contact your HBA. 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 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 remainder of the 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 updated *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

June 28, 2024

Deadline for submitting a signed *NYSHIP Health Insurance Transaction Form (PS-404)* to your HBA if you want to change your health insurance option for the remainder of 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	July 4, 2024	June 18, 2024
Administration Lag-Payroll Employees	July 4, 2024	July 3, 2024
Institution Lag-Exempt Payroll Employees	June 27, 2024	June 13, 2024
Institution Lag-Payroll Employees	June 27, 2024	June 27, 2024
Triple Lag-Payroll Employees	July 4, 2024	July 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 appropriate paycheck dates as noted in the chart above.

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. Please check pages 6–7 for NYSHIP service area information.

BIWEEKLY COSTS SCHEDULE

For all Employees in titles allocated or equated to Salary Grade 9 and below

For all Employees in titles allocated or equated to Salary Grade 10 and above

Page in Choices	Code	Plan	Individual	Family	Individual	Family
13	001	The Empire Plan	60.07	271.92	80.09	323.33
24	066	Blue Choice	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
26	300	Capital District Physicians’ Health Plan (CDPHP) (Central)	72.59	225.20	90.95	269.15
26	310	Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)	145.64	323.59	164.03	371.80
28	050	EmblemHealth (Downstate)	138.50	364.59	159.17	418.72
28	220	EmblemHealth (Capital)	219.00	430.86	237.39	485.88
28	350	EmblemHealth (Hudson Valley)	215.73	535.27	233.00	581.05
30	067	Highmark Blue Cross Blue Shield of Western New York	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
34	072	HMOBlue (Central New York)	52.85	223.02	70.47	265.85
34	160	HMOBlue (Utica Region)	55.31	246.94	73.75	293.77
36	059	Independent Health	49.73	210.99	66.30	251.45
38	058	MVP Health Care (Rochester)	47.97	188.11	63.96	224.86
38	060	MVP Health Care (East)	50.48	198.04	67.30	236.72
38	330	MVP Health Care (Central)	63.00	223.75	81.59	267.38
38	340	MVP Health Care (Mid-Hudson)	71.76	226.13	90.15	270.21
38	360	MVP Health Care (North)	55.15	217.09	73.53	259.46

YOUR BIWEEKLY PREMIUM CONTRIBUTION

For all New York State employees in titles allocated or equated to Salary Grade 9 and below, 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 New York State employees in titles allocated or equated to Salary Grade 10 and above, 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.

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 New York State 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 Street, Rochester, NY 14647 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbcs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</p>
<p>063 Capital District Physicians' Health Plan (CDPHP) (Capital)</p>	<p>6 Wellness Way, Latham, NY 12110 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>6 Wellness Way, Latham, NY 12110 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>6 Wellness Way, Latham, NY 12110 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 (Downstate)</p>	<p>55 Water Street, 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 (Capital)</p>	<p>55 Water Street, 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 (Hudson Valley)</p>	<p>55 Water Street, 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)	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 Street, 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 Street, 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 Street, 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 Street, 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 Street, 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

*NYSHIP July 1, 2024 Rate Changes for DC-37
and NYSCOPBA – May 2024*

**Your Only Notice of Health Insurance
Rate Changes for July 1, 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.

♻️ *NYSHIP July 1, 2024 Rate Changes* was printed on paper containing recycled fiber using environmentally sensitive inks.

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