



Department of Civil Service

KATHY HOCHUL
Governor

TIMOTHY R. HOGUES
Commissioner

May 26, 2023

Dear Enrollee:

As a result of the recently ratified contract between the State of New York and the Civil Service Employees Association (CSEA); the recently ratified contracts between the Unified Court System (UCS) and its unions; and an administrative extension to employees designated Management/Confidential (M/C) in the Executive branch, State Legislature and other unrepresented employees; and to employees of NYSHIP Participating Employers, there will be rate changes for The Empire Plan effective July 1, 2023. The new rates will be in effect through the end of the year.

Effective July 1, 2023, the new full share Empire Plan rates for Leave Without Pay (LWOP) status enrollees, COBRA enrollees and Young Adult Option (YAO) enrollees in the affected groups will be:

NYSHIP Empire Plan Rates Effective July 1, 2023

	Biweekly Premium	Monthly LWOP and YAO Premium	COBRA Monthly Premium
Individual Coverage	\$ 454.22	\$ 986.85	\$ 1,006.59
Family Coverage	\$ 1,123.20	\$ 2,440.27	\$ 2,489.08

The full share rates for NYSHIP HMOs will remain the same through the end of the 2023 plan year. For a full list of NYSHIP full share rates effective July 1, 2023, see page 3.

Special Option Transfer Period (June 1 - 30, 2023)

As a result of the rate changes effective July 1, 2023, there will be a Special Option Transfer Period during which you may change your health insurance option. You may choose The Empire Plan or a NYSHIP-approved Health Maintenance Organization (HMO) serving the area where you live or work. **NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION.**

Online option changes using MyNYSHIP will NOT be available during the Special Option Transfer Period. To enroll in an HMO, you must live or work in the HMO's service area. Please check *Health Insurance Choices for 2023* or call the HMO for NYSHIP service area information.

If you wish to change your option, you must submit a completed [NYSHIP Health Insurance Transaction Form \(PS-404\)](#) by **June 30, 2023** to:

NYS Department of Civil Service
Employee Benefits Division
Program Administration Unit
Albany, NY 12239

July 1, 2023 Direct Pay Rate Changes Letter 5/23 NF1147

Refer to the May 2023 *Empire Plan Special Report* for information about changes to Empire Plan benefits. See 2023 *Choices* for details of NYSHIP HMO benefits and coverage.

LWOP Premium Information

You will be billed once every 28 days for any premiums due. Your first bill should arrive approximately 2 – 4 weeks after you are reported on LWOP and will include all premiums due from your start date in LWOP status through the current coverage period. PE enrollees will be billed by their employer.

YAO and COBRA Premium Information

YAO enrollees are not eligible for Family coverage; only the Individual premium applies. The COBRA monthly premiums include a two percent administrative fee.

Your first bill will include any past premiums owed from the start date of your enrollment in YAO or COBRA through the current billing period. The monthly premium is due by the last day of each month. This bill is for coverage for the following month.

Keep Your Information Up to Date

It's important for you to keep the Employee Benefits Division (EBD) up to date with any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner as deadlines may apply. See your *General Information Book* for more information on enrollment changes and applicable deadlines.

Sincerely,

A handwritten signature in dark ink, reading "Daniel T. Yanulavich". The signature is fluid and cursive, with the first name "Daniel" and last name "Yanulavich" clearly legible.

Daniel T. Yanulavich
Director
Employee Benefits Division



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Effective July 1, 2023, the new full share NYSHIP rates for Leave Without Pay (LWOP) status enrollees and COBRA enrollees in groups represented by the Civil Service Employees Association (CSEA); Judges, Justices & Nonjudicial Employees and Employees designated Management/Confidential of the Unified Court System (UCS); employees designated Management/Confidential (M/C) in the Executive branch; State Legislature and other unrepresented employees, Young Adult Option (YAO) enrollees whose parents are enrolled in NYSHIP through employment with the State of New York (NY) in one of the groups listed above or a Participating Employer (PE) will be:

NY and PE LWOP, YAO and COBRA Enrollees		NY LWOP* Biweekly Premium		NY/PE* Monthly Premium		NY/PE COBRA Monthly Premium	
Code	Plan	Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	454.22	1,123.20	986.85	2,440.27	1,006.59	2,489.08
066	Blue Choice	359.80	884.74	781.70	1,922.20	797.33	1,960.64
063	Capital District Physicians' Health Plan (CDPHP) (Capital)	403.50	984.75	876.65	2,139.47	894.18	2,182.26
300	Capital District Physicians' Health Plan (CDPHP) (Central)	402.41	979.09	874.28	2,127.17	891.77	2,169.71
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	424.50	1,037.24	922.27	2,253.52	940.72	2,298.59
050	EmblemHealth – HIP (Downstate)	540.16	1,300.82	1,173.57	2,826.17	1,197.04	2,882.69
220	EmblemHealth – HIP (Capital)	599.34	1,445.81	1,302.14	3,141.19	1,328.18	3,204.01
350	EmblemHealth – HIP (Hudson Valley)	538.92	1,297.77	1,170.87	2,819.56	1,194.29	2,875.95
067	Highmark BlueCross BlueShield of Western New York	377.67	927.33	820.53	2,014.72	836.94	2,055.01
069	Highmark BlueShield of Northeastern New York	412.71	1,016.13	896.67	2,207.66	914.60	2,251.81
072	HMOBlue (Central New York Region)	408.34	992.06	887.17	2,155.35	904.91	2,198.46
160	HMOBlue (Utica Region)	425.83	1,080.89	925.16	2,348.36	943.66	2,395.33
059	Independent Health	374.16	912.26	812.91	1,981.99	829.17	2,021.63
058	MVP Health Care (Rochester)	376.67	865.48	818.34	1,880.34	834.71	1,917.95
060	MVP Health Care (East)	391.62	900.66	850.82	1,956.77	867.84	1,995.91
330	MVP Health Care (Central)	437.85	1,008.56	951.28	2,191.20	970.31	2,235.02
340	MVP Health Care (Mid-Hudson)	439.54	1,016.78	954.96	2,209.08	974.06	2,253.26
360	MVP Health Care (North)	405.73	933.77	881.50	2,028.72	899.13	2,069.29

*Family coverage is not available to YAO enrollees.

July 1, 2023 Direct Pay Rates for Settled Groups