

NOVEMBER 2024



Department of Civil Service
New York State Health Insurance Program

For Leave Without Pay (LWOP) status enrollees, COBRA enrollees and Young Adult Option (YAO) enrollees whose parents are enrolled in NYSHIP through employment with the State of New York (NY) or a Participating Employer (PE) and their spouse/domestic partner and other enrolled dependents, if eligible



NYSHIP RATES & INFORMATION for 2025

Your Only Notice of Health Insurance Rate Changes for 2025

NEW YORK STATE HEALTH INSURANCE PROGRAM 2025 RATES

| 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 | For employees of the State of New York who are Management/Confidential; represented by C-82, CSEA, DC-37, NYSCOPBA, PBANYS, PEF and UUP; justices, judges and nonjudicial employees of the Unified Court System (UCS); Legislature; or employees of Participating Employers | 501.94 | 1,288.74 | 1,090.54 | 2,799.95 | 1,112.35 | 2,855.95 |
| | | For employees of the State of New York who are represented by PBA or PIA | 531.88 | 1,367.12 | 1,155.58 | 2,970.24 | 1,178.69 | 3,029.64 |
| | | For retirees of the State of New York and employees or retirees of Participating Employers (PE) | N/A | N/A | 1,090.54 | 2,799.95 | 1,112.35 | 2,855.95 |
| 066 | Blue Choice | | 416.12 | 1,025.14 | 904.08 | 2,227.25 | 922.16 | 2,271.80 |
| 063 | Capital District Physicians' Health Plan (CDPHP) (Capital) | | 484.36 | 1,117.14 | 1,052.33 | 2,427.13 | 1,073.38 | 2,475.67 |
| 300 | Capital District Physicians' Health Plan (CDPHP) (Central) | | 521.93 | 1,210.14 | 1,133.96 | 2,629.18 | 1,156.64 | 2,681.76 |
| 310 | Capital District Physicians' Health Plan (CDPHP) (Hudson Valley) | | 586.44 | 1,357.05 | 1,274.12 | 2,948.36 | 1,299.60 | 3,007.33 |
| 050 | EmblemHealth – HIP (Downstate) | | 652.69 | 1,574.72 | 1,418.04 | 3,421.28 | 1,446.40 | 3,489.71 |
| 220 | EmblemHealth – HIP (Capital) | | 719.84 | 1,739.27 | 1,563.93 | 3,778.78 | 1,595.21 | 3,854.36 |
| 350 | EmblemHealth – HIP (Hudson Valley) | | 636.79 | 1,535.81 | 1,383.50 | 3,336.74 | 1,411.17 | 3,403.47 |
| 067 | Highmark Blue Cross Blue Shield | | 449.42 | 1,108.92 | 976.42 | 2,409.28 | 995.95 | 2,457.47 |
| 069 | Highmark Blue Shield | | 461.14 | 1,139.76 | 1,001.89 | 2,476.27 | 1,021.93 | 2,525.80 |
| 072 | HMOBlue (Central New York Region) | | 489.75 | 1,192.72 | 1,064.04 | 2,591.34 | 1,085.32 | 2,643.17 |
| 160 | HMOBlue (Utica Region) | | 527.37 | 1,342.75 | 1,145.78 | 2,917.29 | 1,168.70 | 2,975.64 |
| 059 | Independent Health | | 443.37 | 1,083.53 | 963.27 | 2,354.11 | 982.54 | 2,401.19 |
| 058 | MVP Health Care (Rochester) | | 430.84 | 991.66 | 936.05 | 2,154.50 | 954.77 | 2,197.59 |
| 060 | MVP Health Care (East) | | 457.65 | 1,054.36 | 994.29 | 2,290.73 | 1,014.18 | 2,336.54 |
| 330 | MVP Health Care (Central) | | 517.22 | 1,196.03 | 1,123.71 | 2,598.54 | 1,146.18 | 2,650.51 |
| 340 | MVP Health Care (Mid-Hudson) | | 519.11 | 1,205.00 | 1,127.83 | 2,618.03 | 1,150.39 | 2,670.39 |
| 360 | MVP Health Care (North) | | 499.89 | 1,153.91 | 1,086.06 | 2,507.02 | 1,107.78 | 2,557.16 |

* Family coverage is not available to YAO enrollees.

† Includes a 2 percent administrative fee.

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.

CHOOSE YOUR HEALTH INSURANCE OPTION

The annual Option Transfer Period is here. This is the time to choose the health insurance option you want for 2025. 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.

Except under very defined circumstances, LWOP and YAO enrollees cannot change options outside of the annual Option Transfer Period, which ends **December 31, 2024**.

If you would like to change your NYSHIP option for the 2025 plan year, see page 4 for instructions.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR IT.

GENERAL INFORMATION

Your premium bill must be paid in full upon receipt each month in order to continue coverage.

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 *Health Insurance Choices for 2025* or call the HMO for NYSHIP service area information.

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

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. **Reminder:** YAO Enrollees pay the Individual full share monthly premium. Family coverage is not available for YAO enrollees. Eligibility for YAO coverage is dependent upon the parent's continued participation in NYSHIP.

HOW TO CHANGE OPTIONS

To change your health insurance option, complete the enclosed *NYSHIP Option Transfer Request Form* and return it to:

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

COBRA enrollees: You may change health insurance options for any reason at any time once during a 12-month period.

LWOP and YAO enrollees: You may change options outside of the designated Option Transfer Period only under certain circumstances. Read your *General Information Book* for a list of events that allow you to change options outside of the Option Transfer Period. Contact the Employee Benefits Division for more information.

The deadline for submitting a signed and dated *NYSHIP Option Transfer Request Form* to the Employee Benefits Division is December 31, 2024.

DENTAL AND VISION RATES FOR 2025

The rate chart (pages 2–3) does not include dental and vision costs for COBRA and LWOP enrollees, whose dental and/or vision coverage is administered by the Employee Benefits Division. For COBRA and LWOP enrollees, the dental and vision premiums for the 2025 plan year are:

| Direct Pay Dental & Vision | LWOP Individual* Biweekly rate | LWOP Family* Biweekly rate | COBRA Individual Monthly rate | COBRA Family Monthly rate |
|-------------------------------|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| Dental premium | \$15.34 | \$43.83 | \$34.00 | \$97.13 |
| Vision premium | \$2.57 | \$5.64 | \$5.70 | \$12.51 |

* LWOP enrollees are billed once every 28 days.

Note: These rates do not apply to YAO enrollees. Dental and/or vision coverage is not available to YAO enrollees through NYSHIP. If your dental and/or vision coverage is provided by an Employee Benefit Fund, contact the Fund for 2025 rates.

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 the NYSHIP website at www.cs.ny.gov/employee-benefits. Visit the NYSHIP website 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 Health Benefits Administrator. COBRA Enrollees, Preferred List Enrollees and Vesteas: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

♻️ 2025 Rates & Information was printed on paper containing recycled fiber using environmentally sensitive inks.

2025 Rates & Information/Direct Pay

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