

NOVEMBER 2025

NYSHIP RATES AND INFORMATION FOR 2026

For enrollees in leave without pay status, COBRA enrollees and Young Adult Option enrollees whose parents are enrolled in NYSHIP through employment with NYS or a Participating Employer and their spouse/domestic partner and other covered dependents, if eligible

Your only notice of health insurance
rate changes for 2026



Department of Civil Service
New York State Health Insurance Program

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • nyship.ny.gov

New York State Health Insurance Program 2026 Rates								
Enrollee Premiums For NYS leave without pay (LWOP) enrollees and for NYS and Participating Employer COBRA and Young Adult Option (YAO) enrollees			NYS LWOP biweekly premium		NYS/PE monthly premium*		NYS/PE COBRA monthly premium†	
Code	Plan		Individual	Family	Individual	Family	Individual	Family
001	The Empire Plan	For NYS employees	549.95	1,412.04	1,194.83	3,067.83	1,218.73	3,129.19
		For NYS retirees and for employees or retirees of Participating Employers (PE)	N/A	N/A	1,194.83	3,067.83	1,218.73	3,129.19
066	Blue Choice		441.40	1,086.46	958.99	2,360.45	978.17	2,407.66
063	Capital District Physicians’ Health Plan (CDPHP) (Capital Region)		541.28	1,248.95	1,175.99	2,713.49	1,199.51	2,767.76
300	Capital District Physicians’ Health Plan (CDPHP) (Central New York)		576.77	1,343.25	1,253.09	2,918.35	1,278.15	2,976.72
310	Capital District Physicians’ Health Plan (CDPHP) (Hudson Valley)		657.35	1,521.72	1,428.16	3,306.10	1,456.72	3,372.22
050	EmblemHealth – HIP (Downstate)		686.34	1,654.88	1,491.14	3,595.41	1,520.96	3,667.32
220	EmblemHealth – HIP (Capital Region)		767.71	1,854.25	1,667.93	4,028.57	1,701.29	4,109.14
350	EmblemHealth – HIP (Hudson Valley)		670.08	1,615.07	1,455.83	3,508.92	1,484.95	3,579.10
067	Highmark Blue Cross Blue Shield		501.55	1,231.87	1,089.68	2,676.38	1,111.47	2,729.91
069	Highmark Blue Shield		533.93	1,232.44	1,160.02	2,677.61	1,183.22	2,731.16
072	HMOBlue (Central New York Region)		516.87	1,257.74	1,122.95	2,732.59	1,145.41	2,787.24
160	HMOBlue (Utica Region)		562.37	1,430.93	1,221.80	3,108.85	1,246.24	3,171.03
059	Independent Health		503.93	1,232.58	1,094.83	2,677.92	1,116.73	2,731.48
058	MVP Health Care (Rochester)		498.79	1,149.11	1,083.68	2,496.57	1,105.35	2,546.50
060	MVP Health Care (East)		519.78	1,199.81	1,129.28	2,606.71	1,151.87	2,658.84
330	MVP Health Care (Central New York)		602.07	1,393.72	1,308.06	3,028.02	1,334.22	3,088.58
340	MVP Health Care (Mid-Hudson)		583.61	1,355.84	1,267.96	2,945.71	1,293.32	3,004.62
360	MVP Health Care (North)		587.63	1,357.86	1,276.68	2,950.11	1,302.21	3,009.11

*Family coverage is not available to YAO enrollees. †Includes a 2% 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 2026. 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, enrollees in leave without pay (LWOP) status and Young Adult Option (YAO) enrollees cannot change options outside the annual Option Transfer Period, which ends on **December 31, 2025**.

If you would like to change your NYSHIP option for the 2026 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 2026* 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. Participating Employer (PE) enrollees will be billed by their employer.

YAO and COBRA Premium Information

Your first bill will include any premiums owed from your YAO or COBRA enrollment start date through the current billing period. Monthly premiums are due by the last day of each month and cover the following month.

YAO enrollees pay the NYS/PE monthly premium for individual coverage; family coverage is not available. YAO coverage continues only while the parent remains enrolled in NYSHIP and the YAO enrollee is under age 30.

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 once at any time during a 12-month period, for any reason.

LWOP and YAO enrollees: You may change options outside of the designated Option Transfer Period only under certain circumstances (see your *General Information Book* or contact EBD for more information). **The deadline for submitting a signed and dated *NYSHIP Option Transfer Request Form* to EBD is December 31, 2025.**

Dental and Vision Rates for 2026

The rate chart (pages 2–3) does not include dental and vision costs for COBRA and LWOP enrollees. The dental and vision premiums for the 2026 plan year are:

Direct Pay Dental and Vision	LWOP Individual* Biweekly Rate	LWOP Family* Biweekly Rate	COBRA Individual Monthly Rate	COBRA Family Monthly Rate
Dental premium	\$16.05	\$47.19	\$35.56	\$104.58
Vision premium	\$2.46	\$5.41	\$5.46	\$11.99

* 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 2026 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 nyship.ny.gov. 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 vestees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

♻️ 2026 Rates and Information was printed on paper containing recycled fiber using environmentally sensitive inks. ☐ 2026 Rates and Information/Direct Pay ☐ AL2092