# NYSHIP RATES AND INFORMATION FOR 2026

#### **For NYS Retirees**

For retirees, vestees, dependent survivors and preferred list enrollees of NYS and their covered dependents





Department of Civil Service New York State Health Insurance Program

#### **Choose Your Health Insurance Option**

You may change your New York State Health Insurance Program (NYSHIP) health insurance option once at any time during a 12-month period. You may change from a NYSHIP-approved health maintenance organization (HMO) to The Empire Plan, from The Empire Plan to an HMO or from one HMO to another HMO in your area.<sup>1</sup>

You may change options more than once in a 12-month period only if:

- You are enrolled in an HMO and you or one of your covered dependents (other than a student attending college) moves permanently out of your HMO's service area,
- You move to a new permanent address<sup>2</sup> and your new home area is served by a NYSHIP-approved HMO that did not serve your previous home area or
- You add a newly-eligible dependent to your coverage.

Important: You may receive information from Medicare and from non-NYSHIP plans in your area describing Medicare options available to you. Please be aware that your NYSHIP benefits will be significantly reduced or even canceled if you join a Medicare Advantage or prescription drug plan that is not part of NYSHIP. Before you choose one of these plans, check with the Employee Benefits Division (EBD) to see how your NYSHIP benefits will be affected.

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

### **Your NYSHIP Options for 2026**

If you are considering changing your health insurance option or wish to review your current option, there is an Option Transfer Guide available on the NYSHIP website. This guide 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, visit nyship.ny.gov and click on "NYSHIP for Retirees." You can use the NYSHIP Plan Comparison Tool to compare benefits provided by plans in your service area, access Health Insurance Choices for 2026 and download enrollment forms.

If you have questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). If you have questions about NYSHIP-approved HMOs, contact the HMOs directly (see pages 6 and 7).

## **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 an SBC for The Empire Plan or a NYSHIP HMO, visit 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.

# If You Decide to Change Your Option

The deduction for your new health insurance plan, plus or minus any retroactive adjustment needed, will be reflected in your pension check or monthly billing statement. The date of the adjustment will depend on when your health insurance plan change request is received and processed by EBD.

<sup>&</sup>lt;sup>1</sup> This flyer includes 2026 rates for all NYSHIP options. If you reside outside New York State, your only NYSHIP option is The Empire Plan. NYSHIP HMOs have limited service areas. If you move into an area served by a NYSHIP HMO, you will be eligible to change your option to an HMO at that time.

<sup>&</sup>lt;sup>2</sup> The Centers for Medicare & Medicaid Services (CMS) states that, except under certain circumstances, if an enrollee's temporary residence is out of the HMO's Medicare Advantage plan service area for more than six consecutive months, the enrollee will be disenrolled from that HMO's Medicare Advantage plan.

#### **Keep Your Information Up to Date**

It's important for you to keep 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.

Call EBD at 518-457-5754 or 1-800-833-4344 (United States, Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday from 9 a.m. to 4 p.m., Eastern time.

Or write to EBD at New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239

Before sending a letter to EBD, be sure that it includes your Empire Plan ID number or the last four digits of your Social Security number, your permanent address and your phone number (including area code). The letter must also be signed and dated.

You may also make address or phone number changes online using MyNYSHIP at cs.ny.gov/mynyship. See your *General Information Book* for more information on enrollment changes and applicable deadlines.

### **Your Notice of Change Document**

If you receive your pension by direct deposit, your retirement system will notify you of any deduction changes. Your Notice of Change document will show new deduction amounts for your health plan's 2026 premium.

# **Enrollees Who Pay EBD Directly**

The 2026 rate for your current health insurance plan will be reflected in your December bill for your January coverage. If you are changing options, the date of the adjustment will depend on when your change request is received and processed by EBD.

#### Lifetime Sick Leave Credit

When you retired, you may have been entitled to convert your unused sick leave into a lifetime monthly credit that reduces your cost for health insurance for as long as you remain enrolled in NYSHIP. The amount of your monthly credit will remain the same throughout your lifetime. However, the balance you will pay for your health insurance premium may change each year. The most common reason for a change to the balance you pay would be a premium increase for your NYSHIP option for the new plan year.

If your monthly credit is less than your health insurance premium, you pay the balance. When the retiree premium rises, the balance you must pay will also rise. To calculate the balance you will pay in the calendar year 2026, subtract your monthly sick leave credit from the new monthly premium.



# New York State Health Insurance Program 2026 Rates

Retirement between

1/1/83 and 12/31/11

(All salary grades)

#### Check Your Plan – This is Your Only Notice of a Rate Change.

Please read this rate sheet carefully to find the rate that applies to you. There are different rates for different groups as a result of legislation and administrative agreements.

#### Enrollee contributions for retirees, vestees, dependent survivors and preferred list enrollees of NYS\*

Code

001

066

063

300

310

050

220

350

067

069

072

160

059

060

330

340

360

Plan

The Empire Plan

EmblemHealth – HIP (Downstate)

EmblemHealth – HIP (Capital Region)

EmblemHealth – HIP (Hudson Valley)

HMOBlue (Central New York Region)

MVP Health Care (Central New York)

MVP Health Care (Mid-Hudson)

Highmark Blue Cross Blue Shield

Highmark Blue Shield

HMOBlue (Utica Region)

MVP Health Care (East)

MVP Health Care (North)

MVP Health Care (Rochester)

Independent Health

Blue Choice

To enroll in an HMO or remain enrolled in your current HMO, you must live or work in the HMO's NYSHIP service area. Medicare-primary NYSHIP HMO enrollees will be enrolled in the HMO's Medicare Advantage plan.

Leave without pay, COBRA and Young Adult Option enrollees will be notified of their rates separately.

Capital District Physicians' Health Plan (CDPHP) (Capital Region)

Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)

Capital District Physicians' Health Plan (CDPHP) (Central New York)

These rates reflect the monthly cost for NYSHIP retiree coverage. Rates for retirees do not reflect sick leave credits. (See page 3 for information on how sick leave credit impacts your premium.)

Retirement on

Eligible survivors

of active employees

Amended

Retirement prior to 1/1/83		(All salary grades)  or  Retirement on or after 1/1/12  from a title allocated or equated to salary grade 9 or below*		Retirement on or after 1/1/12 from a title allocated or equated to salary grade 10 or above*		who died on or after 4/1/79 or Eligible survivors of retirees who retired on or after 4/1/79		dependent survivors  or  Eligible survivors of active employees who died between 4/1/75 and 3/31/79		Vestees, long-term disability enrollees and all other dependent survivors	
Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
0.00	468.25	143.38	649.09	191.17	771.80	119.48	587.73	468.25	468.25	1,194.83	3,067.83
0.00	350.36	115.08	493.47	153.44	587.89	95.90	446.26	350.36	350.36	958.99	2,360.45
48.40	384.37	183.71	556.24	228.82	664.78	161.16	501.97	384.37	384.37	1,175.99	2,713.49
109.13	416.31	246.41	599.99	292.17	716.73	223.53	541.62	416.31	416.31	1,253.09	2,918.35
271.04	742.17	409.90	918.55	456.18	1,039.86	386.76	857.89	469.48	469.48	1,428.16	3,306.10
218.90	773.98	371.57	967.96	422.46	1,101.48	346.13	901.21	526.07	526.07	1,491.14	3,595.41
348.69	1,109.01	507.00	1,309.99	559.77	1,448.11	480.62	1,240.94	590.16	590.16	1,667.93	4,028.57
188.78	698.28	340.83	891.50	391.51	1,024.50	315.49	824.99	513.27	513.27	1,455.83	3,508.92
0.00	396.67	130.76	559.17	174.35	666.23	108.97	505.64	396.67	396.67	1,089.68	2,676.38
0.00	379.40	139.20	548.95	185.60	656.05	116.00	495.40	379.40	379.40	1,160.02	2,677.61
0.00	402.41	134.75	569.35	179.67	678.66	112.29	514.70	402.41	402.41	1,122.95	2,732.59
36.56	471.76	178.79	656.12	226.20	780.48	155.09	593.94	471.76	471.76	1,221.80	3,108.85
0.00	395.77	131.38	558.81	175.17	665.93	109.48	505.25	395.77	395.77	1,094.83	2,677.92
0.00	353.22	130.04	511.52	173.39	611.39	108.37	461.59	353.22	353.22	1,083.68	2,496.57

2026 Rates and Information/NY Retiree 2026 Rates and Information/NY Retiree

135.51

282.76

263.49

257.30

534.42

625.51

605.15

605.03

180.68

329.37

309.15

303.64

638.68

747.58

722.98

723.03

112.93

259.46

240.67

234.13

482.29

564.47

546.24

546.03

369.36

429.99

419.44

418.36

369.36

429.99

419.44

418.36

1,129.28

1,276.68

2,606.71

2,950.11

1,308.06 3,028.02

1,267.96 2,945.71

0.00

142.95

126.52

118.29

369.36

455.95

419.44

418.36

<sup>\*</sup> Preferred list enrollees pay the same rates as enrollees who retired on or after 1/1/12.

CODE AND PLAN	SERVICE AREA					
	1-877-7-NYSHIP (1-877-769-7447) • cs.ny.gov					
O01 The Empire Plan (available to enrollees and their covered dependents worldwide)	Medical/Surgical Program: UnitedHealthcare PO Box 1600, Kingston, NY 12402-1600 TTY: 1-888-697-9054 Hospital Program: Anthem Blue Cross NYS Service Center P.O. Box 1407, Church Street Station New York, NY 10008-1407 TTY: 711	Mental Health/Substance Use Program: Carelon Behavioral Health PO Box 1850, Hicksville, NY 11802 TTY: 711  Prescription Drug Program: CVS Caremark PO Box 6590 Lee's Summit, MO 64064-6590 TTY: 711  SilverScript Insurance Company (an affiliate of CVS Caremark) PO Box 6590 Lee's Summit, MO 64064-6590 TTY: 711				
066 Blue Choice	165 Court St., Rochester, NY 14647 • 1-800-499-1275 TTY: 1-800-662-1220 • excellusbcbs.com/mygroup/nyship Medicare Blue Choice: 1-877-883-9577 Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties					
063 Capital District Physicians' Health Plan (CDPHP) (Capital Region)	6 Wellness Way, Latham, NY 12110 • 518-641-3700 or 1-800-777-2273 TTY: 711 • cdphp.com/stateemployees Medicare Advantage: 518-641-3950 or 1-888-248-6522 • cdphp.com/statemedicareretirees Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties					
300 Capital District Physicians' Health Plan (CDPHP) (Central New York)	6 Wellness Way, Latham, NY 12110 • 518-641-3700 or 1-800-777-2273 TTY: 711 • cdphp.com/stateemployees  Medicare Advantage: 518-641-3950 or 1-888-248-6522 • cdphp.com/statemedicareretirees  Serving Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Otsego, St. Lawrence and Tioga counties					
310 Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	6 Wellness Way, Latham, NY 12110 • 518-641-3700 or 1-800-777-2273 TTY: 711 • cdphp.com/stateemployees Medicare Advantage: 518-641-3950 or 1-888-248-6522 • cdphp.com/statemedicareretirees Serving Delaware, Dutchess, Orange and Ulster counties					
050 EmblemHealth – HIP (Downstate)	55 Water St., New York, NY 10041 1-800-447-8255 TTY: 1-888-447-4833 • emblemhealth.com/resources/new-york-state-employees Medicare Advantage: 1-877-344-7364 Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties					
220 EmblemHealth – HIP (Capital Region)	55 Water St., New York, NY 10041 • 1-800-447-8255 TTY: 1-888-447-4833 • emblemhealth.com/resources/new-york-state-employees Medicare Advantage: 1-877-344-7364 Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties					
350 EmblemHealth – HIP (Hudson Valley)	55 Water St., New York, NY 10041 • 1-800-447-8255 TTY: 1-888-447-4833 • emblemhealth.com/resources/new-york-state-employees Medicare Advantage: 1-877-344-7364 Serving Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties					

CODE AND PLAN	SERVICE AREA					
067 Highmark Blue Cross Blue Shield	1 Seneca Street, Suite 3400, Buffalo, NY 14203 • 1-844-639-2441 TTY: 711 • highmark.com/member/nyship-bcbswny.html Medicare Senior Blue HMO: 1-800-329-2792 Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties					
069 Highmark Blue Shield	PO Box 15013, Albany, NY 12212 • 1-844-639-2440 TTY: 711 • highmark.com/member/nyship-blueshieldneny.html Medicare Senior Blue HMO: 1-800-329-2792 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 • excellusbcbs.com/mygroup/nyship Medicare HMOBlue: 1-877-883-9577 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 • excellusbcbs.com/mygroup/nyship Medicare HMOBlue: 1-877-883-9577 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 • independenthealth.com/NYSHIP Medicare Advantage: 1-800-665-1502 • TTY: 711 Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties					
058 MVP Health Care (Rochester)	PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • mvphealthcare.com/welcome/nyship Medicare Advantage: 1-800-209-3945 Serving Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties					
060 MVP Health Care (East)	PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • mvphealthcare.com/welcome/nyship Medicare Advantage: 1-800-209-3945 Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties					
330 MVP Health Care (Central New York)	PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • mvphealthcare.com/welcome/nyship Medicare Advantage: 1-800-209-3945 Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties					
340 MVP Health Care (Mid-Hudson)	PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • mvphealthcare.com/welcome/nyship Medicare Advantage: 1-800-209-3945 Serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties					
360 MVP Health Care (North)	PO Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • mvphealthcare.com/welcome/nyship Medicare Advantage: 1-800-209-3945 Serving Clinton, Essex, Franklin and St. Lawrence counties					

New York State Department of Civil Service Employee Benefits Division PO Box 1068 Schenectady, New York 12301-1068 nyship.ny.gov

Time-Sensitive Materials

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



Important health insurance information for the enrollee, enrolled spouse/domestic partner and other covered dependents

Rates and Information for 2026 (NY Retirees) – November 2025

Your only notice of health insurance rate changes for 2026

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 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/NY Retiree

NY1545

#### **NYSHIP** Website

To find the latest benefit information, visit the NYSHIP website at nyship.ny.gov and click on "NYSHIP for Retirees." Choose the group from which you retired and your plan type (Empire Plan or HMO). You may also use MyNYSHIP (cs.ny.gov/mynyship) to view your enrollment record, change your address, order Empire Plan benefit cards, compare benefit plans and submit option transfer requests. See the *Health Insurance Choices for 2026* booklet for details.

**Note:** For a replacement Empire Plan Medicare Rx card, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for Empire Plan Medicare Rx.

#### **To Contact EBD**

You may call EBD at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands). Representatives are available Monday through Friday between 9 a.m. and 4 p.m., Eastern time.