NOVEMBER 2026

NYSHIP
RATES AND INFORMATION
FOR 2027



For employees and their covered dependents | NYS

NEW YORK STATE
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

Open Enrollment

NYSHIP now offers Open Enrollment instead of an annual Option Transfer Period. This year's Open Enrollment will run **December 1–31, 2026**. During this time, you can:

- Enroll in NYSHIP with no waiting period or qualifying event
- Change between available health plan options (The Empire Plan, a NYSHIP HMO or the Opt-Out Program)
- Switch to Individual or Family coverage or add previously eligible dependents to existing Family coverage with no waiting period or qualifying event
- Change Pre-Tax Contribution Program (PTCP) status (see page 11)
- Enroll in the Productivity Enhancement Program (PEP) for the upcoming year if eligible (see page 11)
- Enroll in the Young Adult Option



No action is required if you want to keep your current health plan option or PTCP status (as long as you remain eligible for them).

However, PEP enrollment does not carry over from year to year. If you are currently enrolled in PEP, you must reenroll to continue this benefit in 2027.

See pages 2–5 for health plan premium rates and information. Premium changes could be reflected in paychecks as early as **December 16, 2026**.

How To Make Changes

The process for requesting changes depends on the type of request:

- To change your health plan option, coverage type or PTCP status (or to cancel coverage), submit a *NYSHIP Health Insurance Transaction Form* (PS-404) to your health benefits administrator (HBA).
- To enroll or reenroll in PEP, contact your HBA for an application.
- To enroll in the Young Adult Option, complete the *Request for Coverage Under the Young Adult Option* (YAO) form.

Forms are available at nyship.ny.gov.

Effective Date

Health plan option, PTCP and PEP changes made during Open Enrollment are effective **January 1, 2027**. You cannot make changes after December 31 unless you experience a qualifying event (see your *General Information Book* for details).

Changes for Settled Groups

Employees in settled groups will see several changes to their NYSHIP benefits next year. These changes were negotiated through collective bargaining.

For all settled NYSHIP enrollees:

- Lower premiums for Salary Grade 13 or below (previously was Salary Grade 9 or below)

For settled Empire Plan enrollees only:

- No copayments for laboratory services at any preferred network lab
- No copayments for outpatient drug infusions
- No copayments for hospital extension clinics

Your Health Plan Options

As a NYSHIP enrollee, you can choose one of the following health plan options:

- The Empire Plan
- A NYSHIP-approved health maintenance organization (HMO)
- The Opt-Out Program (if eligible; see page 10 for details)

Empire Plan benefits are available worldwide. To enroll in an HMO, you must live or work in that HMO's geographic service area.

Visit nyship.ny.gov for more information about how benefits differ between plans and to access the Compare NYSHIP Plans page.

Scan the QR code to get started.



Is Your Child Turning 26?

NYSHIP coverage for child dependents typically ends at age 26. Your child may be able to continue coverage through the Young Adult Option or COBRA. Alternatively, if your child served in the military and is a full-time student, they may be able to continue coverage past age 26. Visit the NYSHIP website or contact your HBA for details.

2027 BIWEEKLY PREMIUMS FOR STATE EMPLOYEES[1]

Represented by CSEA, PEF or UUP, Designated Management/Confidential

Employed by the Legislature or by some Unified Court System groups (UCS)[2]

Page in *Choices*	Code	Plan	Salary Grade 13 and Below (or Equivalent Salary)[3]		Salary Grade 14 and Above (or Equivalent Salary)[3]	
			Individual	**Family**	**Individual**	**Family**
7	001	The Empire Plan	**$68.84**	**$311.35**	**$91.78**	**$370.22**
14	066	Blue Choice	**$55.57**	**$238.50**	**$74.09**	**$284.12**
18	063	Capital District Physicians' Health Plan (CDPHP) (Capital Region)	**$84.64**	**$264.53**	**$106.20**	**$316.15**
18	300	Capital District Physicians' Health Plan (CDPHP) (Central New York)	**$125.50**	**$292.11**	**$147.50**	**$348.93**
18	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	**$190.36**	**$429.50**	**$212.45**	**$487.23**
22	050	EmblemHealth – HIP (Downstate)	**$133.01**	**$353.37**	**$156.64**	**$415.30**
22	220	EmblemHealth – HIP (Capital Region)	**$190.01**	**$497.06**	**$214.38**	**$560.80**
22	350	EmblemHealth – HIP (Hudson Valley)	**$66.87**	**$277.68**	**$89.16**	**$331.20**
26	067	Highmark Blue Cross Blue Shield	**$65.07**	**$278.53**	**$86.76**	**$331.84**
30	069	Highmark Blue Shield	**$68.78**	**$270.54**	**$91.70**	**$323.35**
34	072	HMOBlue (Central New York Region)	**$67.11**	**$284.02**	**$89.49**	**$338.53**
34	160	HMOBlue (Utica Region)	**$95.05**	**$326.75**	**$117.85**	**$387.43**
38	059	Independent Health	**$61.07**	**$259.65**	**$81.42**	**$309.42**
42	058	MVP Health Care (Rochester)	**$64.66**	**$254.72**	**$86.22**	**$304.44**
42	060	MVP Health Care (East)	**$64.99**	**$256.30**	**$86.65**	**$306.30**
42	330	MVP Health Care (Central New York)	**$128.15**	**$293.62**	**$150.40**	**$350.84**
42	340	MVP Health Care (Mid-Hudson)	**$125.65**	**$290.17**	**$147.50**	**$346.64**
42	360	MVP Health Care (North)	**$122.16**	**$289.20**	**$144.33**	**$345.60**

[1] These rates do not apply to employees on leave without pay, COBRA enrollees or Young Adult Option enrollees.
[2] UCS enrollees check with your HBA to confirm your rates.
[3] UUP-represented members should refer to their collective bargaining agreement for specific amounts.

Employer Contribution

The State already pays a share of your health insurance premium depending on your salary grade or equivalent.

Salary Grade 13 and Below

- The State pays 88% of the cost of Individual coverage
- The State pays 73% of the additional cost of Family coverage

Salary Grade 14 and Above

- The State pays 84% of the cost of Individual coverage
- The State pays 69% of the additional cost of Family coverage

UUP-represented employees with an annualized salary of less than $67,990 are charged the same premium as those who are in titles allocated or equated to salary grade 13 and below. UUP-represented employees with an annualized salary of $67,990 or higher are charged the same premium as those who are in titles allocated or equated to salary grade 14 and above.

SUNY M/C (Bargaining Unit 13) employees with an annualized salary of less than $79,546 are charged the same premium as those who are in titles allocated or equated to salary grade 13 and below. SUNY M/C (Bargaining Unit 13) employees with an annualized salary of $79,546 or higher are charged the same premium as those who are in titles allocated or equated to salary grade 14 and above.

2027 BIWEEKLY PREMIUMS FOR STATE EMPLOYEES[1]

Represented by C-82, DC-37, NYSCOPBA, PBA, PBANYS or PIA

Employed by some Unified Court System groups (UCS)[2]

			Salary Grade 9 and Below (or Equivalent Salary)		Salary Grade 10 and Above (or Equivalent Salary)	
Page in *Choices*	**Code**	**Plan**	**Individual**	**Family**	**Individual**	**Family**
7	001	The Empire Plan	**$70.15**	**$319.90**	**$93.53**	**$380.28**
14	066	Blue Choice	**$55.57**	**$238.50**	**$74.09**	**$284.12**
16	063	Capital District Physicians' Health Plan (CDPHP) (Capital Region)	**$75.64**	**$264.53**	**$97.62**	**$316.15**
16	300	Capital District Physicians' Health Plan (CDPHP) (Central New York)	**$116.50**	**$292.11**	**$138.92**	**$348.93**
16	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	**$181.36**	**$401.56**	**$203.86**	**$460.74**
18	050	EmblemHealth – HIP (Downstate)	**$124.02**	**$326.54**	**$148.05**	**$389.43**
18	220	EmblemHealth – HIP (Capital Region)	**$181.02**	**$469.13**	**$205.79**	**$534.31**
18	350	EmblemHealth – HIP (Hudson Valley)	**$66.87**	**$277.68**	**$89.16**	**$331.20**
20	067	Highmark Blue Cross Blue Shield	**$65.07**	**$278.53**	**$86.76**	**$331.84**
22	069	Highmark Blue Shield	**$68.78**	**$270.54**	**$91.70**	**$323.35**
24	072	HMOBlue (Central New York Region)	**$67.11**	**$284.02**	**$89.49**	**$338.53**
24	160	HMOBlue (Utica Region)	**$86.06**	**$320.82**	**$109.27**	**$381.60**
26	059	Independent Health	**$61.07**	**$259.65**	**$81.42**	**$309.42**
28	058	MVP Health Care (Rochester)	**$64.66**	**$254.72**	**$86.22**	**$304.44**
28	060	MVP Health Care (East)	**$64.99**	**$256.30**	**$86.65**	**$306.30**
28	330	MVP Health Care (Central New York)	**$119.15**	**$293.62**	**$141.81**	**$350.84**
28	340	MVP Health Care (Mid-Hudson)	**$116.66**	**$290.17**	**$138.92**	**$346.64**
28	360	MVP Health Care (North)	**$113.16**	**$289.20**	**$135.74**	**$345.60**

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[2] UCS enrollees check with your HBA to confirm your rates.

Employer Contribution

The State already pays a share of your health insurance premium depending on your salary grade.

Salary Grade 9 and Below

- The State pays 88% of the cost of Individual coverage
- The State pays 73% of the additional cost of Family coverage

Salary Grade 10 and Above

- The State pays 84% of the cost of Individual coverage
- The State pays 69% of the additional cost of Family coverage

CODE AND PLAN	COVERAGE AREA	CONTACT INFORMATION
001 **The Empire Plan**	Worldwide	1-877-769-7447 nyship.ny.gov **Medical/Surgical Program:** TTY: 1-888-697-9054 **Hospital, Mental Health/Substance Use and Prescription Drug Programs:** TTY: 711
066 **Blue Choice**	Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties	1-800-499-1275 TTY: 1-800-662-1220 excellusbcbs.com/mygroup/nyship
063 **Capital District Physicians' Health Plan (CDPHP)** **(Capital Region)**	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties	518-641-3700 or 1-800-777-2273 TTY: 711 cdphp.com/stateemployees
300 **Capital District Physicians' Health Plan (CDPHP)** **(Central New York)**	Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Otsego, St. Lawrence and Tioga Counties	518-641-3700 or 1-800-777-2273 TTY: 711 cdphp.com/stateemployees
310 **Capital District Physicians' Health Plan (CDPHP)** **(Hudson Valley)**	Delaware, Dutchess, Orange and Ulster Counties	518-641-3700 or 1-800-777-2273 TTY: 711 cdphp.com/stateemployees

CODE AND PLAN	COVERAGE AREA	CONTACT INFORMATION
050 **EmblemHealth** **(Downstate)**	Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester Counties	1-800-447-8255 TTY: 1-888-447-4833 emblemhealth.com/resources/new-york-state-employees
220 **EmblemHealth** **(Capital Region)**	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington Counties	1-800-447-8255 TTY: 1-888-447-4833 emblemhealth.com/resources/new-york-state-employees
350 **EmblemHealth** **(Hudson Valley)**	Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster Counties	1-800-447-8255 TTY: 1-888-447-4833 emblemhealth.com/resources/new-york-state-employees
067 **Highmark Blue Cross Blue Shield**	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties	1-844-639-2441 TTY: 711 highmark.com/member/nyship-bcbswny.html
069 **Highmark Blue Shield**	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington Counties	1-844-639-2440 TTY: 711 highmark.com/member/nyship-blueshieldneny.html

CODE AND PLAN	COVERAGE AREA	CONTACT INFORMATION
072 **HMOBlue** **(Central New York Region)**	Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins Counties	1-800-499-1275 TTY: 1-800-662-1220 excellusbcbs.com/mygroup/nyship
160 **HMOBlue** **(Utica Region)**	Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence Counties	1-800-499-1275 TTY: 1-800-662-1220 excellusbcbs.com/mygroup/nyship
059 **Independent Health**	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties	1-800-501-3439 TTY: 716-631-3108 independenthealth.com/NYSHIP
058 **MVP Health Care** **(Rochester)**	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates Counties	1-888-687-6277 TTY: 711 mvphealthcare.com/welcome/nyship
060 **MVP Health Care** **(East)**	Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties	1-888-687-6277 TTY: 711 mvphealthcare.com/welcome/nyship

CODE AND PLAN	COVERAGE AREA	CONTACT INFORMATION
330 **MVP Health Care** **(Central New York)**	Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins Counties	1-888-687-6277 TTY: 711 mvphealthcare.com/welcome/nyship
340 **MVP Health Care** **(Mid-Hudson)**	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties	1-888-687-6277 TTY: 711 mvphealthcare.com/welcome/nyship
360 **MVP Health Care** **(North)**	Clinton, Essex, Franklin and St. Lawrence Counties	1-888-687-6277 TTY: 711 mvphealthcare.com/welcome/nyship



Opt-Out Program

The Opt-Out Program allows enrollees who have other employer-sponsored group health coverage to decline NYSHIP coverage in exchange for an incentive payment. This payment is:

- $1,000 per year for opting out of Individual coverage or $3,000 per year for opting out of Family coverage
- Taxable income
- Credited to your biweekly paycheck throughout the year (lump-sum payments are not available)
- Prorated if you participate for only part of the year

The program applies to health coverage only. Enrollment does not impact eligibility for dental or vision coverage.

ELIGIBILITY

To participate in the Opt-Out Program in 2027, you must:

- Be an active New York State employee eligible for NYSHIP coverage at the employee share of the premium
- Be a member of a group eligible for the Opt-Out Program (the program is not available to employees represented by UUP)
- Have been enrolled continuously in NYSHIP since April 1, 2026, or your first date of NYSHIP eligibility if that date is later than April 1
- Have other employer-sponsored group health coverage

You cannot enroll in the Opt-Out Program if:

- Your other coverage is NYSHIP coverage through your own employment with another State agency, a Participating Employer or a Participating Agency
- You are covered as a dependent on another State employee's NYSHIP policy (however, you may be covered as a dependent on another NYSHIP policy through a Participating Employer or Participating Agency)

HOW TO ENROLL

To enroll, submit both of these forms to your HBA during Open Enrollment:

- *NYSHIP Opt-Out Program Attestation Form* (PS-409)
- *NYSHIP Health Insurance Transaction Form* (PS-404)

After you enroll, your current NYSHIP health coverage will end on December 31. Incentive payments will begin with the first payroll period of the 2027 plan year.

If you are already in the Opt-Out Program, no action is needed to continue your enrollment. If you want to leave the Opt-Out Program and enroll in a different health plan option, submit a PS-404 form to your HBA.



Opt-Out Program FAQs

Pre-Tax Contribution Program

The Pre-Tax Contribution Program (PTCP) allows you to pay your NYSHIP premium with pre-tax dollars, which may reduce your overall tax liability.

Outside of Open Enrollment, you may only change your PTCP status if you experience a PTCP qualifying event. See your *General Information Book* for details.

PTCP participation may make it more difficult for you to make NYSHIP coverage changes outside of Open Enrollment. Contact your HBA for details.

HOW TO CHANGE YOUR PTCP STATUS

To change your PTCP status for 2027, submit a *NYSHIP Health Insurance Transaction Form* (PS-404) to your HBA during Open Enrollment.

No action is required to keep your current PTCP status for the 2027 plan year.

Productivity Enhancement Program

The Productivity Enhancement Program (PEP) allows eligible employees to trade accrued leave for credit toward their NYSHIP premium. If you enroll, the credit will be added to your biweekly paycheck and divided evenly over the plan year.

ELIGIBILITY

You are eligible for PEP if you are a New York State employee who is any of the following:

- Represented by C-82, CSEA, DC-37, NYSCOPBA, PBANYS, PEF or UUP
- Designated M/C
- Employed by the Legislature or Unified Court System (UCS)

Part-time employees may participate on a prorated basis.

HOW TO ENROLL

To participate in PEP for 2027, ask your HBA for an application and submit it during Open Enrollment. If you are currently enrolled and still eligible, you must reenroll to continue receiving this benefit.



CALCULATE YOUR PEP CREDIT

Full-Time Employees in Positions at or Equated to Salary Grade 17 and Below

Employee Group	Forfeited Days	Annual NYSHIP Credit
C-82, CSEA, DC-37, NYSCOPBA, PBANYS, PEF (non-teachers), M/C and Legislature (SUNY M/C: contact your HBA)	4	$800
	8	$1,600
PEF Institution Teachers (floating, compensatory or personal leave only)	1	$200
	2	$400
	3	$600
	4	$800
	5	$1,000
	6	$1,200
	7	$1,400
	8	$1,600

Full-Time Employees in Positions at or Equated to Salary Grade 18–24 (through Grade 23 for M/C and Legislature)

Employee Group	Forfeited Days	Annual NYSHIP Credit
C-82, CSEA, DC-37, NYSCOPBA, PBANYS, PEF (non-teachers), M/C and Legislature (SUNY M/C: contact your HBA)	2.5	$750
	5	$1,500
PEF Institution Teachers (floating, compensatory or personal leave only)	1	$300
	2	$600
	3	$900
	4	$1,200
	5	$1,500

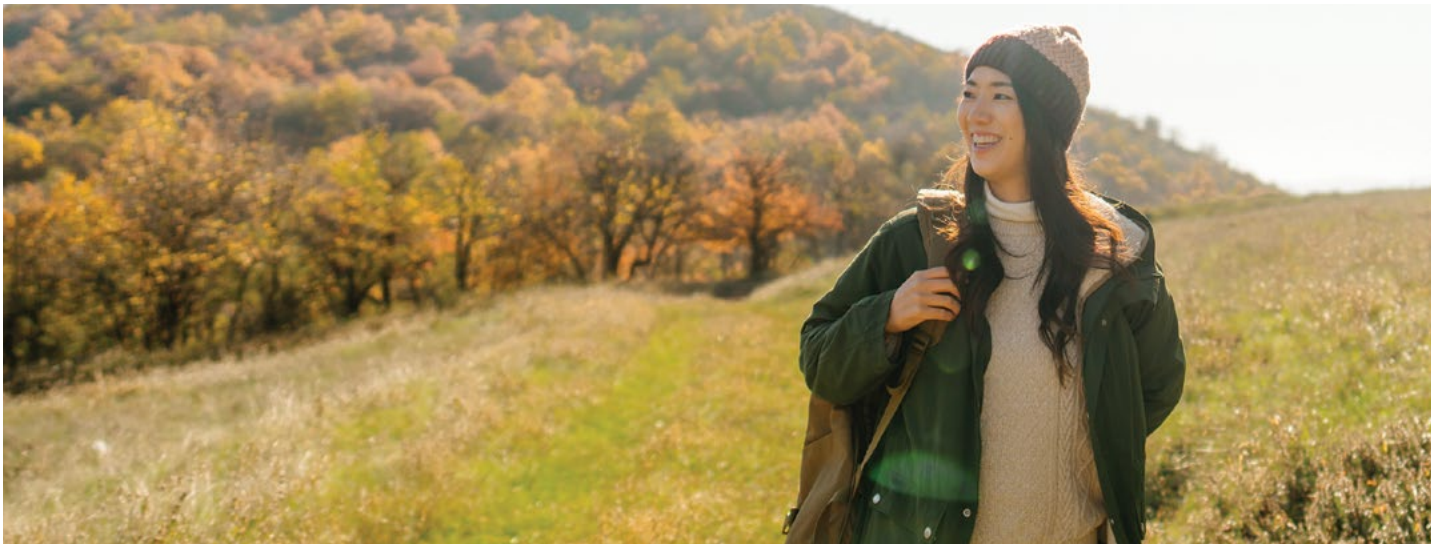
CALCULATE YOUR PEP CREDIT

UCS Employees

Employee Group	Forfeited Days	Annual NYSHIP Credit
UCS employees at or below judicial grade 16	4	$800
	8	$1,600
UCS employees in judicial grades 17–23	2	$800
	4	$1,600

UUP Employees (annual leave only)

Employee Group	Forfeited Days	Annual NYSHIP Credit
Employees earning at or below $84,288 annually	4	$800
	8	$1,600
Employees earning above $84,288 and below $120,386 annually	2.5	$750
	5	$1,500



New York State
Department of Civil Service
Employee Benefits Division
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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.

Department of Civil Service
New York State Health Insurance Program

Important health insurance information
for the enrollee, covered spouse and
other covered dependents

Rates and Information for 2027 (Active) – November 2026

Your only notice of health insurance rate changes for 2027

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 agency health benefits administrator.

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