

NOVEMBER 2024



Department of Civil Service
New York State Health Insurance Program

For Employees of the State of New York
and their enrolled dependents

NYSHIP RATES & DEADLINES

for 2025

CHOOSE YOUR HEALTH INSURANCE OPTION FOR 2025 BY DECEMBER 31, 2024

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. You may also be able to opt out of coverage for the 2025 plan year in exchange for an incentive payment (see page 8).

Except under limited circumstances, you cannot change options outside the Option Transfer Period, which ends on December 31, 2024.

To change your health insurance option during the Option Transfer Period, return the completed and signed *NYSHIP Health Insurance Transaction Form (PS-404)* to your Health Benefits Administrator (HBA) by **December 31, 2024**. You can find the form on the NYSHIP website at www.cs.ny.gov/forms/ps404.pdf or by contacting your HBA. You may also change your option online using MyNYSHIP at www.cs.ny.gov/mynyship.

PRE-TAX CONTRIBUTION PROGRAM (PTCP) ELECTION PERIOD CHANGES FOR 2025

The PTCP Election Period runs concurrently with the annual Option Transfer Period. If you wish to change your Pre-Tax election, you must submit a *NYSHIP Health Insurance Transaction Form (PS-404)* to your HBA by December 31, 2024. For more information about the PTCP, see *Planning for Option Transfer* or your *General Information Book*.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION OR PRE-TAX STATUS AND STILL QUALIFY FOR THEM. (SEE THE NOTE AT THE TOP OF PAGE 4.)

YOUR NYSHIP OPTIONS FOR 2025

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 www.cs.ny.gov/employee-benefits. You can use the NYSHIP Plan Comparison Tool to compare benefits of plans in your service area, download enrollment forms and access *Health Insurance Choices for 2025*. Employees who are represented by the Police Benevolent Association (PBA) or the Police Investigator Association (PIA) should refer to the companion publication *Choices Supplement for 2025* for information about 2025 Empire Plan benefits, including copayments, coinsurance and deductibles.

KEEP YOUR INFORMATION UP TO DATE

It's important for you to keep your personal information updated, such as your name, address, personal email and phone number. Notify your HBA of any changes to your enrollment record (address, adding or removing dependents, marital status changes) in a timely manner. You may also update your information online using MyNYSHIP at www.cs.ny.gov/mynyship. In some cases, deadlines apply. See your *General Information Book* for more information on enrollment changes and applicable deadlines.

IF YOU PLAN TO RETIRE OR VEST IN 2025

If you continue your NYSHIP enrollment as a retiree or vestee, you may change your health insurance option when your status changes and, thereafter, at any time once during a 12-month period. If you are planning to retire or vest in 2025, take the time now to familiarize yourself with the eligibility requirements for continuing your health insurance coverage. Refer to your *General Information Book* for more information or ask your HBA for copies of *Planning for Retirement* and *Health Insurance Choices for 2025* for Retirees. These publications are also available on the NYSHIP website.

For printed copies of NYSHIP publications, contact your HBA. Your current plan will notify you directly of any copayment or benefit changes for 2025.

For questions about The Empire Plan, call toll free at 1-877-7-NYSHIP (1-877-769-7447). Select the Medical/Surgical Program and then the appropriate prompt for option transfer benefit questions. For questions about NYSHIP HMOs, contact the HMOs directly (see pages 6 and 7).

Be sure you understand how your benefits will be affected if you change options. You are choosing a benefit package for yourself and your covered dependents for the entire 2025 plan year. Changing options may result in substantially different coverage and cost.

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 the *SBC* for The Empire Plan or a NYSHIP HMO, visit www.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 directly.

IMPORTANT DATES FOR YOUR BENEFIT CHOICES

If you want to make a change for 2025

December 31, 2024

Deadline for submitting a signed *NYSHIP Health Insurance Transaction Form (PS-404)* to your HBA if you want to change your health insurance option and/or Pre-Tax election for the 2025 plan year.

Employees	Date New Health Insurance Options Begin	Earliest Paycheck In Which You Will See A Deduction Change
Administration Lag-Exempt Payroll Employees	January 2, 2025	December 18, 2024
Administration Lag-Payroll Employees	January 2, 2025	December 31, 2024
Institution Lag-Exempt Payroll Employees	December 26, 2024	December 12, 2024
Institution Lag-Payroll Employees	December 26, 2024	December 26, 2024
Triple Lag-Payroll Employees	January 2, 2025	January 9, 2025

Based on payroll deadlines, deduction changes related to an option-change request may be made in a future paycheck and will include adjustments retroactive to the beginning of the plan year.

NEW YORK STATE HEALTH INSURANCE PROGRAM 2025 RATES

ENROLLEE CONTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

Note: 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 pages 6–7 for NYSHIP service area information.

Biweekly Costs Schedule for employees of the State of New York who are Management/Confidential; represented by C-82, CSEA, DC-37, NYSCOPBA, PBANYS, PEF or UUP; justices, judges and nonjudicial employees of the Unified Court System (UCS); and Legislature

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 9 and below*

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 10 and above*

Biweekly Costs Schedule for employees of the State of New York who are represented by PBA or PIA

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 9 and below

For Employees in the groups listed above and in titles allocated or equated to Salary Grade 10 and above

Page in Choices	Code	Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family
13	001	The Empire Plan	60.23	272.67	80.31	324.22	63.83	289.34	85.10	344.02
24	066	Blue Choice	49.93	214.37	66.58	255.38	49.93	214.37	66.58	255.38
26	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	66.53	228.97	85.52	273.66	58.12	228.97	77.50	273.66
26	300	Capital District Physicians' Health Plan (CDPHP) (Central)	98.03	248.45	117.29	296.86	71.64	248.45	92.10	296.86
26	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	162.11	368.80	181.40	419.00	135.73	307.00	156.21	360.33
28	050	EmblemHealth – HIP (Downstate)	173.20	458.53	195.00	515.22	146.82	396.73	169.81	456.55
28	220	EmblemHealth – HIP (Capital)	280.97	597.60	300.92	656.06	254.59	535.80	275.73	597.39
28	350	EmblemHealth – HIP (Hudson Valley)	270.78	669.54	287.41	713.59	244.39	607.74	262.22	654.93
30	067	Highmark Blue Cross Blue Shield	53.93	231.99	71.91	276.35	53.93	231.99	71.91	276.35
32	069	Highmark Blue Shield	55.34	238.57	73.78	284.15	55.34	238.57	73.78	284.15
34	072	HMOBlue (Central New York Region)	58.77	248.57	78.36	296.28	58.77	248.57	78.36	296.28
34	160	HMOBlue (Utica Region)	82.98	291.46	103.18	344.91	63.28	283.44	84.38	337.15
36	059	Independent Health	53.20	226.04	70.94	269.39	53.20	226.04	70.94	269.39
38	058	MVP Health Care (Rochester)	51.70	203.12	68.93	242.78	51.70	203.12	68.93	242.78
38	060	MVP Health Care (East)	54.92	216.03	73.22	258.20	54.92	216.03	73.22	258.20
38	330	MVP Health Care (Central)	87.54	245.35	107.07	293.19	62.07	245.35	82.76	293.19
38	340	MVP Health Care (Mid-Hudson)	94.72	247.48	114.01	295.68	68.34	247.48	88.82	295.68
38	360	MVP Health Care (North)	73.33	236.58	92.72	282.74	59.98	236.58	79.98	282.74

YOUR BIWEEKLY PREMIUM CONTRIBUTION

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 9 and below and United University Professions (UUP) employees with an annualized salary less than \$50,885, the State will pay 88 percent of the cost of the premium for individual coverage and 73 percent for the additional cost of family coverage.

For all non-UUP New York State employees in titles allocated or equated to Salary Grade 10 and above and UUP employees with an annualized salary equal to \$50,885 or more, the State will pay 84 percent of the cost of the premium for individual coverage and 69 percent for the additional cost of family coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees. Direct Pay enrollees will be notified of their rates separately.

* UUP Employees with an annualized salary of less than \$50,885 are considered to be salary grade 9 and below while UUP employees with an annualized salary of \$50,885 or more are considered to be salary grade 10 and above.

CODE AND PLAN	SERVICE AREA	
<p>001 The Empire Plan (available to enrollees and their eligible dependents worldwide)</p>	<p>1-877-7-NYSHIP (1-877-769-7447) • www.cs.ny.gov</p> <p>Medical/Surgical Program: UnitedHealthcare P.O. Box 1600, Kingston, NY 12402-1600 TTY: 1-888-697-9054</p> <p>Hospital Program: Anthem Blue Cross NYS Service Center P.O. Box 1407, Church Street Station New York, NY 10008-1407 TTY: 711</p> <p>Mental Health/Substance Use Program: Carelton Behavioral Health P.O. Box 1850, Hicksville, NY 11802 TTY: 711</p> <p>Prescription Drug Program: CVS Caremark P.O. Box 6590 Lee's Summit, MO 64064-6590 TTY: 711</p>	
<p>066 Blue Choice</p>	<p>165 Court St., Rochester, NY 14647 1-800-499-1275 • TTY: 1-800-662-1220 • www.excellusbcbcs.com Serving Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties</p>	
<p>063 Capital District Physicians' Health Plan (CDPHP) (Capital)</p>	<p>6 Wellness Way, Latham, NY 12110 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties</p>	
<p>300 Capital District Physicians' Health Plan (CDPHP) (Central)</p>	<p>6 Wellness Way, Latham, NY 12110 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Broome, Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Otsego, St. Lawrence and Tioga counties</p>	
<p>310 Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)</p>	<p>6 Wellness Way, Latham, NY 12110 518-641-3700 or 1-800-777-2273 • TTY: 711 • www.cdphp.com/stateemployees Serving Delaware, Dutchess, Orange and Ulster counties</p>	
<p>050 EmblemHealth – HIP (Downstate)</p>	<p>55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties</p>	
<p>220 EmblemHealth – HIP (Capital)</p>	<p>55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington counties</p>	
<p>350 EmblemHealth – HIP (Hudson Valley)</p>	<p>55 Water St., New York, NY 10041 1-800-447-8255 • TTY: 1-888-447-4833 • www.emblemhealth.com Serving Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties</p>	

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 • www.highmark.com/member/nyship-bcbswny.html Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
069 Highmark Blue Shield	P.O. Box 15013, Albany, NY 12212 1-844-639-2440 • TTY: 711 • www.highmark.com/member/nyship-blueshieldnny.html 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 • www.excellusbcbs.com 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 • www.excellusbcbs.com 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 • www.independenthealth.com Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties
058 MVP Health Care (Rochester)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • www.mvphealthcare.com Serving Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties
060 MVP Health Care (East)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • www.mvphealthcare.com Serving Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties
330 MVP Health Care (Central)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • www.mvphealthcare.com Serving Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga and Tompkins counties
340 MVP Health Care (Mid-Hudson)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • www.mvphealthcare.com Serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties
360 MVP Health Care (North)	P.O. Box 2207, 625 State St., Schenectady, NY 12301-2207 1-888-MVP-MBRS (1-888-687-6277) • TTY: 711 • www.mvphealthcare.com Serving Clinton, Essex, Franklin and St. Lawrence counties

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
www.cs.ny.gov
Time-Sensitive Materials



Department of Civil Service
New York State Health Insurance Program

Important Health Insurance Information
for the Enrollee, Enrolled Spouse/Domestic Partner
and Other Enrolled Dependents

Rates & Deadlines for 2025 (Active) – November 2024

**Your Only Notice of Health Insurance
Rate Changes for 2025**

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

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 agency Health Benefits Administrator.

2025 Rates & Deadlines was printed on paper containing recycled fiber using environmentally sensitive inks. 2025 Rates & Deadlines/Active NY1510

CHANGING OPTIONS OUTSIDE THE OPTION TRANSFER PERIOD

Refer to your *General Information Book* for a list of qualifying life events that allow you to change options outside of the Option Transfer Period. Contact your HBA for more information.

OPT-OUT PROGRAM FOR 2025

If you have coverage under another employer-sponsored health insurance program, you may be eligible to opt out of NYSHIP coverage in exchange for an incentive payment. See *Planning for Option Transfer and Health Insurance Choices for 2025* for details. If you are interested in participating in the Opt-out Program for 2025, contact your HBA.

No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program for the 2025 plan year. **Note:** Employees who are represented by UUP are not eligible to participate in this program.