NOVEMBER 2026

NYSHIP
RATES AND INFORMATION
FOR 2027



For employees on leave without pay and COBRA enrollees,
their covered dependents, and Young Adult Option enrollees | 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

2027 HEALTH INSURANCE PREMIUMS FOR DIRECT-PAY ENROLLEES

Employees on leave without pay are billed for two biweekly pay cycles every 28 days. Family coverage is not available through the Young Adult Option.

Code	Plan		Leave Without Pay (Biweekly) Individual	Leave Without Pay (Biweekly) Family	COBRA (Monthly) Individual	COBRA (Monthly) Family	Young Adult Option, Long-Term Disability, Military Leave, UUP Monthly and Other Monthly Enrollees Individual	Young Adult Option, Long-Term Disability, Military Leave, UUP Monthly and Other Monthly Enrollees Family*
001	The Empire Plan	NYS employees represented by C-82, DC-37, NYSCOPBA, PBA, PBANYS or PIA, some Courts	$584.58	$1,509.57	$1,295.47	$3,345.31	$1,270.07	$3,279.72
		All others	$573.64	$1,471.84	$1,271.23	$3,261.68	$1,246.30	$3,197.73
066	Blue Choice		$463.08	$1,140.61	$1,026.22	$2,527.67	$1,006.10	$2,478.11
063	Capital District Physicians' Health Plan (CDPHP) (Capital Region)		$559.10	$1,290.34	$1,239.00	$2,859.50	$1,214.71	$2,803.43
300	Capital District Physicians' Health Plan (CDPHP) (Central New York)		$609.65	$1,420.59	$1,351.03	$3,148.13	$1,324.54	$3,086.40
310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)		$676.46	$1,566.16	$1,499.09	$3,470.72	$1,469.70	$3,402.67
050	EmblemHealth (Downstate)		$652.76	$1,572.06	$1,446.56	$3,483.80	$1,418.20	$3,415.49
220	EmblemHealth (Capital Region)		$726.17	$1,751.90	$1,609.24	$3,882.33	$1,577.69	$3,806.21
350	EmblemHealth (Hudson Valley)		$557.23	$1,337.99	$1,234.86	$2,965.09	$1,210.65	$2,906.95
067	Highmark Blue Cross Blue Shield		$542.23	$1,332.82	$1,201.61	$2,953.63	$1,178.05	$2,895.72
069	Highmark Blue Shield		$573.13	$1,320.38	$1,270.10	$2,926.05	$1,245.20	$2,868.68
072	HMOBlue (Central New York Region)		$559.29	$1,362.66	$1,239.43	$3,019.76	$1,215.13	$2,960.55
160	HMOBlue (Utica Region)		$596.80	$1,519.76	$1,322.54	$3,367.90	$1,296.61	$3,301.86
059	Independent Health		$508.90	$1,244.39	$1,127.75	$2,757.65	$1,105.64	$2,703.58
058	MVP Health Care (Rochester)		$538.85	$1,242.77	$1,194.13	$2,754.06	$1,170.72	$2,700.06
060	MVP Health Care (East)		$541.55	$1,250.10	$1,200.12	$2,770.31	$1,176.59	$2,715.99
330	MVP Health Care (Central New York)		$617.69	$1,430.63	$1,368.85	$3,170.38	$1,342.01	$3,108.22
340	MVP Health Care (Mid-Hudson)		$606.49	$1,411.65	$1,344.03	$3,128.33	$1,317.68	$3,066.99
360	MVP Health Care (North)		$610.03	$1,410.03	$1,351.87	$3,124.74	$1,325.36	$3,063.47

* Not available to Young Adult Option enrollees.

Open Enrollment

The New York State Health Insurance Program (NYSHIP) now offers Open Enrollment instead of Option Transfer. This year's Open Enrollment will run **December 1–31, 2026**. During this time, you can choose between The Empire Plan or a NYSHIP HMO serving the area where you live or work.

Employees on leave without pay cannot make option changes outside of Open Enrollment unless they experience a qualifying event (see your *General Information Book* for details).

COBRA enrollees may change health plan options once every 12 months for any reason.

No action is required if you want to keep your health plan option and are still eligible for it.

How To Make Changes

To change your health plan option, complete the *NYSHIP Health Insurance Transaction Form* (PS-404R) on nyship.ny.gov and return it to:

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

Premium Information and Payment Options

Employees on **leave without pay** are billed for two biweekly pay cycles every 28 days. The first bill should arrive four to six weeks after you are reported on leave without pay and will include any premiums owed since your leave began.

Young Adult Option and **COBRA enrollees** are billed monthly. COBRA premiums include a 2% administrative fee. Premiums are due by the last day of each month for the following month's coverage. The first bill will include any premiums owed from the start of enrollment through the current billing period.

To continue coverage, each premium bill must be paid in full by the due date.

You can pay your premium online through nyship.ny.gov or by mail.

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.

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 (Direct-Pay) – 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 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).

2027 Rates and Information was printed on paper containing recycled fiber using environmentally sensitive inks.

2027 Rates and Information/Direct-Pay AL2113

Dental and Vision Coverage

Dental and vision premiums for employees on leave without pay and COBRA enrollees are below. Young Adult Option enrollees are not eligible for dental or vision coverage through NYSHIP. If your dental and vision coverage is provided by an employee benefit fund, contact the fund for 2027 premiums.

2027 DENTAL AND VISION PREMIUMS

Type of Coverage	Leave Without Pay Individual Rate (Biweekly)*	Leave Without Pay Family Rate (Biweekly)*	COBRA Individual Rate (Monthly)	COBRA Family Rate (Monthly)
Dental	$19.75	$58.30	$43.76	$129.19
Vision	$2.26	$4.97	$5.02	$11.01

* Employees on leave without pay are billed for two biweekly pay cycles every 28 days.