NOVEMBER 2025

NYSHIP RATES AND DEADLINES FOR 2026

For NYS employees and their covered dependents

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

If You Plan To Retire Or Vest In 2026

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 2026, 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 a copy of *Health Insurance Choices for 2026* for retirees. These publications are also available on the NYSHIP website.

Choose Your Health Insurance Option for 2026 by December 31, 2025

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. You may also be able to opt out of coverage for the 2026 plan year in exchange for an incentive payment (see page 8). Premium changes could be reflected in paychecks as early as December 11, 2025. The 2025 **Institutional** payroll has a total of 27 coverage periods instead of the typical 26 periods. Please note the 27th coverage period of 2025 will not include an Opt-out incentive payment.

Except under limited circumstances, you cannot change options outside the Option Transfer Period, which ends on December 31, 2025.

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, 2025**. You can download the form from the NYSHIP website at cs.ny.gov/forms/ps404.pdf or ask your HBA for a copy. You may also change your option online using MyNYSHIP at cs.ny.gov/mynyship.

Pre-Tax Contribution Program (PTCP) Election Period Changes for 2026

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, 2025. 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 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. You can use the NYSHIP Plan Comparison Tool to compare benefits provided by plans in your service area, download enrollment forms and access *Health Insurance Choices for 2026*.

For printed copies of NYSHIP publications, contact your HBA. Your current plan will notify you directly of any copayment or benefit changes for 2026.

If you have questions about The Empire Plan, call toll free at 1-877-NYSHIP (1-877-769-7447). If you have questions about NYSHIP 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 the 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 directly.

Keep Your Information Up to Date

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

New York State Health Insurance Program 2026 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 NYS employees			
			For employees in titles allocated or equated to salary grade 9 and below[1,2]		For employees in titles allocated or equated to salary grade 10 and above[1,2]	
Page in *Choices*	**Code**	**Plan**	**Individual**	**Family**	**Individual**	**Family**
13	001	The Empire Plan	**65.99**	**298.75**	**87.99**	**355.24**
24	066	Blue Choice	**52.97**	**227.14**	**70.62**	**270.59**
26	063	Capital District Physicians' Health Plan (CDPHP) (Capital Region)	**84.56**	**256.02**	**105.32**	**305.98**
26	300	Capital District Physicians' Health Plan (CDPHP) (Central New York)	**113.41**	**276.16**	**134.47**	**329.89**
26	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	**188.66**	**422.78**	**209.96**	**478.62**
28	050	EmblemHealth – HIP (Downstate)	**171.02**	**445.52**	**194.44**	**506.98**
28	220	EmblemHealth – HIP (Capital Region)	**233.35**	**602.96**	**257.64**	**666.53**
28	350	EmblemHealth – HIP (Hudson Valley)	**156.87**	**410.33**	**180.20**	**471.55**
30	067	Highmark Blue Cross Blue Shield	**60.19**	**257.38**	**80.25**	**306.65**
32	069	Highmark Blue Shield	**64.07**	**252.67**	**85.43**	**301.97**
34	072	HMOBlue (Central New York Region)	**62.02**	**262.05**	**82.70**	**312.37**
34	160	HMOBlue (Utica Region)	**82.29**	**301.99**	**104.11**	**359.23**
36	059	Independent Health	**60.47**	**257.21**	**80.63**	**306.51**
38	058	MVP Health Care (Rochester)	**59.85**	**235.44**	**79.81**	**281.41**
38	060	MVP Health Care (East)	**62.37**	**245.98**	**83.16**	**293.97**
38	330	MVP Health Care (Central New York)	**130.14**	**287.91**	**151.59**	**344.09**
38	340	MVP Health Care (Mid-Hudson)	**121.28**	**278.53**	**142.29**	**332.77**
38	360	MVP Health Care (North)	**118.43**	**278.48**	**139.76**	**332.79**

Your Biweekly Premium Contribution

For all New York State employees in titles allocated or equated to salary grade 9 and below,[1,2] the State will pay 88% of the cost of the premium for Individual coverage and 73% for the additional cost of Family coverage.

For all New York State employees in titles allocated or equated to salary grade 10 and above,[1,2] the State will pay 84% of the cost of the premium for Individual coverage and 69% 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.

1 UUP-represented employees with an annualized salary of less than $52,413 are charged the same premium as those who are in titles allocated or equated to salary grade 9 and below. UUP-represented employees with an annualized salary of $52,413 or higher are charged the same premium as those who are in titles allocated or equated to salary grade 10 and above.

2 SUNY M/C (Bargaining Unit 13) employees with an annualized salary of less than $54,205 are charged the same premium as those who are in titles allocated or equated to salary grade 9 and below. SUNY M/C (Bargaining Unit 13) employees with an annualized salary of $54,205 or higher are charged the same premium as those who are in titles allocated or equated to salary grade 10 and above.

CODE AND PLAN	SERVICE AREA
	1-877-7-NYSHIP (1-877-769-7447) • cs.ny.gov
001 **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 PO 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
066 **Blue Choice**	165 Court St., Rochester, NY 14647 • 1-800-499-1275 • TTY: 1-800-662-1220 excellusbcbs.com/mygroup/nyship 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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.

Department of Civil Service
New York State Health Insurance Program

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

Rates and Deadlines for 2026 (Active) – November 2025

Your only notice of health insurance rate changes for 2026

2026 Rates and Deadlines/Active NY1544

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 the Option Transfer Period. Contact your HBA for more information.

Opt-out Program for 2026

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 2026* for details. If you are interested in participating in the Opt-out Program for 2026, 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 2026 plan year. **Note:** Employees who are represented by UUP are not eligible to participate in this program.