

HEALTH INSURANCE BIWEEKLY RATES: EFFECTIVE JULY 1, 2024

NYSCOPBA

Special Option Transfer Period: May 28 – June 28, 2024

HEALTH PLAN/CODE #		NYSCOPBA employees equated to <i>Salary Grade 9 and below</i>		NYSCOPBA employees equated to <i>Salary Grade 10 and above</i>	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
EMPIRE PLAN (001)	7/1/24	\$60.07	\$271.92	\$80.09	\$323.33
	Through 6/30/24	\$61.81	\$279.97	\$82.42	\$332.90
CDPHP (300)	7/1/24	\$72.59	\$225.20	\$90.95	\$269.15
	Through 6/30/24	\$59.65	\$225.20	\$78.60	\$269.15
HMO BLUE (072)	7/1/24	\$52.85	\$223.02	\$70.47	\$265.85
	Through 6/30/24	\$52.85	\$233.02	\$70.47	\$265.85
MVP (330)	7/1/24	\$63.00	\$223.75	\$81.59	\$267.38
	Through 6/30/24	\$56.62	\$223.75	\$75.50	\$267.38

NYSCOPBA SPECIAL OPTION TRANSFER PERIOD WILL RUN MAY 28 THROUGH JUNE 28, 2024. NO ACTION IS REQUIRED IF YOU ARE NOT MAKING A HEALTH PLAN CHANGE FOR THE REMAINDER OF 2024. IF YOU WISH TO WISH TO MAKE A PLAN CHANGE DURING THIS SPECIAL OPTION TRANSFER PERIOD, YOUR PS 404 HEALTH INSURANCE FORM MUST BE RECEIVED IN HR NO LATER THAN FRIDAY, JUNE 28, 2024, CLOSE OF BUSINESS. SUMMER HOURS ARE 8 AM - 4 PM M-F.

The [2024 Choices booklet](#) and the [2024 Choices Supplement Insert](#) along with the [PS-404 Health Insurance Form](#) are available upon request from Human Resources, AD 242.

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