

NYSHIP MONTHLY 2024 RATES

To enroll in an HMO or to remain enrolled in your current HMO, you must live or work† in the HMO’s NYSHIP service area. If you reside outside New York State, your only NYSHIP option is The Empire Plan. If you move into an area served by a NYSHIP HMO, you will be eligible to change your option to an HMO at that time.

| Enrollee contributions for retirees, vestees, dependent survivors and enrollees covered under Preferred List Provisions. Rates for retirees do not reflect sick leave credit. | | <u>EMPIRE PLAN</u> | | <u>CDPHP *</u> | | <u>HMO BLUE*</u> | | <u>MVP *</u> | |
|---|------|--------------------|----------|----------------|----------|------------------|----------|--------------|----------|
| | | Individual | Family | Individual | Family | Individual | Family | Individual | Family |
| Retirement prior to 1/1/83 | 2024 | 0.00 | 427.35 | 38.10 | 338.88 | 0.00 | 343.27 | 15.79 | 337.12 |
| | 2023 | 0.00 | 363.35 | 0.00 | 313.22 | 0.00 | 317.05 | 9.43 | 309.98 |
| Retirement between 1/1/83 -12/31/11, or on or after 1/1/12 for Classified Employees Grade 9 or below & UUP & MC Unclassified less than \$49,403 ** | 2024 | 130.86 | 592.40 | 158.15 | 490.61 | 115.14 | 485.87 | 137.27 | 487.46 |
| | 2023 | 118.42 | 510.84 | 104.91 | 443.19 | 106.46 | 448.87 | 122.45 | 448.93 |
| Retirement on or after 1/1/12, for Classified Employees Grade 10 and above and UUP & MC Unclassified \$49,403 and above ** | 2024 | 174.49 | 704.40 | 198.16 | 586.37 | 153.52 | 579.17 | 177.76 | 582.52 |
| | 2023 | 157.90 | 608.46 | 139.88 | 528.28 | 141.95 | 535.09 | 160.12 | 536.58 |
| Eligible survivors of active employees who died on or after 4/1/79 or of Retirees who retired on or after 4/1/79 | 2024 | 109.05 | 536.40 | 138.14 | 442.73 | 95.95 | 439.22 | 117.02 | 439.93 |
| | 2023 | 98.68 | 462.03 | 87.43 | 400.65 | 88.72 | 405.77 | 103.61 | 405.10 |
| Amended Dependent Survivors; Eligible survivors of active Employees who died between 4/1/75 and 3/31/79 | 2024 | 427.35 | 427.35 | 338.88 | 338.88 | 343.27 | 343.27 | 337.12 | 337.12 |
| | 2023 | 363.35 | 363.35 | 313.22 | 313.22 | 317.05 | 317.05 | 309.97 | 309.97 |
| Vestees, Long Term Disability Enrollees and all other Dependent Survivors | 2024 | 1,090.54 | 2,799.94 | 1,038.44 | 2,393.96 | 959.50 | 2,332.58 | 1,028.05 | 2,376.54 |
| | 2023 | 986.85 | 2,440.27 | 874.28 | 2,127.17 | 887.17 | 2,155.35 | 951.28 | 2,191.20 |

****NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH INSURANCE OPTION AND STILL QUALIFY FOR THE PLAN****

* Medicare-primary enrollees will be enrolled in this option’s Medicare Advantage plan. †If Medicare is primary, check with the plan.

**Enrollees covered under Preferred List provisions receive the same rates as enrollees who retired on or after 1/1/12.

* [Choices Book](#) provides more information on choosing your health insurance plan, including the NYSHIP Option Transfer * **Reminder:** NYSHIP enrollees with retiree benefits are permitted to change health insurance options at any time, once during any 12-month period. * Employee Benefits Division: 800-833-4344 or 518-457-5754, Monday through Friday between 9 am – 4pm ET.