



Contract Administration

TO: Executive Board, Council Leaders, Regional Offices and Field
FROM: Erika Frasier, Health Benefits Specialist
DATE: November 27, 2024
RE: 2025 Annual Option Transfer and Pre-Tax Contribution Program Election Period

The Empire Plan and HMO premium rates for 2025 have been finalized by the Department of Civil Service. Pursuant to the authority established in New York State *Insurance Law* §§4235 (j)(1), (2) and (3), Empire Plan premium rates are adjusted annually based on enrollee utilization and projected costs. These rates are not negotiated by PEF. PEF negotiates the level of benefits and the employee/state premium percentage cost share, which has not changed from 2024 to 2025.

For PEF-represented employees in titles allocated or equal to Salary Grade 9 and below the State will pay 88% of the cost of the premium for individual coverage and 73% for the additional cost of family coverage. For PEF-represented employees in titles allocated or equal to Salary Grade 10 and above the State will pay 84% of the cost of the premium for individual coverage and 69% for the additional cost of family coverage.

The Option Transfer Period will run from November 29, 2024, through December 31, 2024.

The 2025 Empire Plan premium rates for PEF-represented active employees and all other applicable ratified unions are indicated in the tables below. HMO rates are additionally attached to this memo.

Salary Grade 9 and Below:

Type of Coverage	2024 Biweekly Premium Deduction	2025 Biweekly Premium Deduction	\$ Change from 2024 to 2025	% Change from 2024 to 2025
Individual	\$60.07	\$60.23	\$0.16	0.3%
Family	\$271.92	\$272.67	\$0.75	0.3%

Salary Grade 10 and Above:

Type of Coverage	2024 Biweekly Premium Deduction	2025 Biweekly Premium Deduction	\$ Change from 2024 to 2025	% Change from 2024 to 2025
Individual	\$80.09	\$80.31	\$0.22	0.3%
Family	\$323.33	\$324.22	\$0.89	0.3%

Enrollment, Changes, and Informational Pieces:

Active Employees can submit and make changes to all health benefits online using MyNYSHIP: <https://www.cs.ny.gov/mynyship/welcome/>. If employees do not participate online, they must complete the PS-404 form in order to enroll or make changes to benefits. Any changes must be submitted online or to your agency Health Benefits Administrator (HBA) for processing no later than December 31, 2024.

Option Transfer information such as premium rates and side-by-side plan comparisons can be found on the Department of Civil Service web site at <https://cs.ny.gov/employee-benefits>. Select your group (PEF) if prompted, and then click on Health Benefits & Option Transfer. Choose Rates and Health Plan Choices. This information is also available on the PEF website: <https://www.pef.org/benefits/> (Health Benefits Tab).

Young Adult Option (YAO):

The Open Enrollment period for the YAO will coincide with the annual Option Transfer Period. The YAO provides coverage to children of NYSHIP enrollees, up to age 30. For additional YAO information, employees may visit: <http://www.cs.ny.gov/employee-benefits/young-adult-option/>.

HMO:

It is important to look at more than premium rates when selecting or remaining with an HMO. PEF and other state employee unions only negotiate the benefit level within the Empire plan and do not negotiate the benefits that HMOs provide. HMOs are allowed to change benefit levels on an annual basis, independent of the negotiated Empire Plan benefits. For this reason, we always recommend that HMO enrollees review their plan options carefully each year during the Option Transfer Period.

The actual percentage of rate change for the HMOs varies by Plan and coverage type (Individual vs. Family). The change in the employee deduction for each HMO can vary due to the impact of the HMO premium "capping" formula. If a PEF-represented state employee enrolls in an HMO, the State's dollar contribution for the non-prescription drug components of the HMO premium will not exceed the state's dollar contribution for the non-prescription drug components of The Empire Plan premium. The enrollee must pay 100% of the premium amount exceeding the cap.

If you have any questions about the rates, please contact Health Benefits in the Contract Administration Department (x283) at PEF headquarters.

att. Salary Grade 9 and Below Premium Comparison Chart
 Salary Grade 10 and Above Premium Comparison Chart

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SG 9 and Below Biweekly Health Insurance Premium Contributions: Comparison of Current and 1/1/25 Rates

Plan	Coverage Level	1/1/24 Rates	1/1/25 Rates	Amount of Change	
Empire Plan	Individual	\$60.07	\$60.23	\$0.16	0.3%
	Family	\$271.92	\$272.67	\$0.75	0.3%
<u>HMO Options:</u>					
Blue Choice (066)	Individual	\$45.11	\$49.93	\$4.82	10.7%
	Family	\$193.12	\$214.37	\$21.25	11.0%
CDPHP-Capital (063)	Individual	\$51.60	\$66.53	\$14.93	28.9%
	Family	\$202.77	\$228.97	\$26.20	12.9%
CDPHP-Central (300)	Individual	\$72.59	\$98.03	\$25.44	35.0%
	Family	\$225.20	\$248.45	\$23.25	10.3%
CDPHP-Hudson Valley (310)	Individual	\$145.64	\$162.11	\$16.47	11.3%
	Family	\$323.59	\$368.80	\$45.21	14.0%
EmblemHealth HIP Downstate (050)	Individual	\$138.50	\$173.20	\$34.70	25.1%
	Family	\$364.59	\$458.53	\$93.94	25.8%
EmblemHealth HIP Capital Region (220)	Individual	\$219.00	\$280.97	\$61.97	28.3%
	Family	\$430.86	\$597.60	\$166.74	38.7%
EmblemHealth - HIP Hudson Valley (350)	Individual	\$215.73	\$270.78	\$55.05	25.5%
	Family	\$535.27	\$669.54	\$134.27	25.1%
Highmark BCBSWNY (067)	Individual	\$48.85	\$53.93	\$5.08	10.4%
	Family	\$209.18	\$231.99	\$22.81	10.9%
Highmark BSNNY (069)	Individual	\$51.40	\$55.34	\$3.94	7.7%
	Family	\$220.91	\$238.57	\$17.66	8.0%
HMOBlue-Central NY Region (072)	Individual	\$52.85	\$58.77	\$5.92	11.2%
	Family	\$223.02	\$248.57	\$25.55	11.5%
HMOBlue-Utica & Watertown Reg (160)	Individual	\$55.31	\$82.98	\$27.67	50.0%
	Family	\$246.94	\$291.46	\$44.52	18.0%
Independent Health (059)	Individual	\$49.73	\$53.20	\$3.47	7.0%
	Family	\$210.99	\$226.04	\$15.05	7.1%
MVP-Rochester (058)	Individual	\$47.97	\$51.70	\$3.73	7.8%
	Family	\$188.11	\$203.12	\$15.01	8.0%
MVP-East (060)	Individual	\$50.48	\$54.92	\$4.44	8.8%
	Family	\$198.04	\$216.03	\$17.99	9.1%
MVP-Central (330)	Individual	\$63.00	\$87.54	\$24.54	39.0%
	Family	\$223.75	\$245.35	\$21.60	9.7%
MVP-Mid-Hudson (340)	Individual	\$71.76	\$94.72	\$22.96	32.0%
	Family	\$226.13	\$247.48	\$21.35	9.4%
MVP-North (360)	Individual	\$55.15	\$73.33	\$18.18	33.0%
	Family	\$217.09	\$236.58	\$19.49	9.0%

SG 10 and Above Biweekly Health Insurance Premium Contributions: Comparison of Current and 1/1/25 Rates

Plan	Coverage Level	1/1/24 Rates	1/1/25 Rates	Amount of Change	
Empire Plan	Individual	\$80.09	\$80.31	\$0.22	0.3%
	Family	\$323.33	\$324.22	\$0.89	0.3%
<u>HMO Options:</u>					
Blue Choice (066)	Individual	\$60.14	\$66.58	\$6.44	10.7%
	Family	\$230.08	\$255.38	\$25.30	11.0%
CDPHP-Capital (063)	Individual	\$68.80	\$85.52	\$16.72	24.3%
	Family	\$242.36	\$273.66	\$31.30	12.9%
CDPHP-Central (300)	Individual	\$90.95	\$117.29	\$26.34	29.0%
	Family	\$269.15	\$296.86	\$27.71	10.3%
CDPHP-Hudson Valley (310)	Individual	\$164.03	\$181.40	\$17.37	10.6%
	Family	\$371.80	\$419.00	\$47.20	12.7%
EmblemHealth HIP Downstate (050)	Individual	\$159.17	\$195.00	\$35.83	22.5%
	Family	\$418.72	\$515.22	\$96.50	23.0%
EmblemHealth HIP Capital Region (220)	Individual	\$237.39	\$300.92	\$63.53	26.8%
	Family	\$485.88	\$656.06	\$170.18	35.0%
EmblemHealth - HIP Hudson Valley (350)	Individual	\$233.00	\$287.41	\$54.41	23.4%
	Family	\$581.05	\$713.59	\$132.54	22.8%
Highmark BCBSWNY (067)	Individual	\$65.13	\$71.91	\$6.78	10.4%
	Family	\$249.21	\$276.35	\$27.14	10.9%
Highmark BSNNY (069)	Individual	\$68.54	\$73.78	\$5.24	7.6%
	Family	\$263.16	\$284.15	\$20.99	8.0%
HMOBlue-Central NY Region (072)	Individual	\$70.47	\$78.36	\$7.89	11.2%
	Family	\$265.85	\$296.28	\$30.43	11.4%
HMOBlue-Utica & Watertown Reg (160)	Individual	\$73.75	\$103.18	\$29.43	39.9%
	Family	\$293.77	\$344.91	\$51.14	17.4%
Independent Health (059)	Individual	\$66.30	\$70.94	\$4.64	7.0%
	Family	\$251.45	\$269.39	\$17.94	7.1%
MVP-Rochester (058)	Individual	\$63.96	\$68.93	\$4.97	7.8%
	Family	\$224.86	\$242.78	\$17.92	8.0%
MVP-East (060)	Individual	\$67.30	\$73.22	\$5.92	8.8%
	Family	\$236.72	\$258.20	\$21.48	9.1%
MVP-Central (330)	Individual	\$81.59	\$107.07	\$25.48	31.2%
	Family	\$267.38	\$293.19	\$25.81	9.7%
MVP-Mid-Hudson (340)	Individual	\$90.15	\$114.01	\$23.86	26.5%
	Family	\$270.21	\$295.68	\$25.47	9.4%
MVP-North (360)	Individual	\$73.53	\$92.72	\$19.19	26.1%
	Family	\$259.46	\$282.74	\$23.28	9.0%