

Choices User Guide Effective January 4, 2024 NYSCOPBA, PBA Represented Employees

This guide will help you use the *Choices* booklet at https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/choices/2024/active-choices-2024.pdf

*For Empire Plan information, view the *Choices Supplement*: https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/choices/2024/active-choices-supplement-2024.pdf

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			NYSCOPBA and PBA represented employees at Grade 9 and below		NYSCOPBA and PBA represented employees at Grade 10 and above	
Code	Plans	Pages	Individual Bi-weekly	Family Bi-weekly Rates	Individual Bi-weekly	Family Bi-weekly Rates
001	Empire Plan	Choices Supplement *	\$61.81	\$279.97	\$82.42	\$332.90
069	Highmark BS NENY	32-33	\$51.40	\$220.91	\$68.54	\$263.16
063	СДРНР	26-27	\$51.60	\$202.77	\$68.80	\$242.36
220	Emblem HIP	28-29	\$206.06	\$400.72	\$225.04	\$457.27
060	MVP	38-39	\$50.48	\$198.04	\$67.30	\$236.72

For a comparison between The Empire Plan, a preferred provider organization (PPO), and the four health maintenance organizations (HMOs), turn to pages 6-9 and consult the 2024 Empire Plan Supplement linked at the top of this page*. For general suggestions on choosing a plan, see page 9. For Pre-tax Contribution Program (PTCP) information, see page 4. When reading each of the HMO summaries on the pages listed above, check the "Additional Benefits" and "Plan Highlights" sections. For the NYSHIP Opt-out Program, read page 12. (Please note: UUP-represented employees are currently ineligible for the Opt-out Program.)

If you have additional questions after reading *Choices*, please contact the insurance carriers at the numbers provided in each summary. For questions about completing health insurance forms, please call the UAlbany Benefits office at 518-437-4700 or email Benefits@albany.edu. Please note that we cannot accept health insurance enrollment forms or other documentation with Personal Identifiable Information (PII) such as Social Security cards via email or fax.