

## New York State 2023 Employee Bi-weekly Health Insurance Rates (rev. 12/2022)

Enrollee Pay Grade	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
Grade 9 and below*	88%	12%	73%	27%
Grade 10 and above*	84%	16%	69%	31%
* Or salary equivalent, if no Grade assigned.				

Health Insurance Options/Plan	Individual	Family	LEAVE WITHOUT PAY	
			Individual	Family
<u>Empire Plan:</u>				
PEF, CSEA Sg. 09 and below - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary less than \$47,024	\$56.01	\$241.79	\$466.77	\$1,154.83
PEF, CSEA Sg. 10 and above - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary of \$47,024 or above-	\$74.68	\$287.98		
<u>HMO BLUE:</u>				
PEF, CSEA Sg. 09 and below - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary less than \$47,024-	\$49.00	\$206.60	\$408.34	\$992.06
PEF, CSEA Sg. 10 and above - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary of \$47,024 or above-	\$65.33	\$246.29		
<u>MVP Health Care:</u>				
CSEA Sg. 09 and below - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary less than \$47,024-	\$52.54	\$206.63	\$437.85	\$1,008.56
CSEA Sg. 10 and above - UUP represented & M/C (unclassified) with a *full-time equivalent annual salary of \$47,024 or above-	\$70.05	\$246.97		
<b>LWOP Rates</b>		<b>2023</b>		
DENTAL (PEF & M/C)	Individual	\$12.38	Biweekly	
	Family	\$33.09	Biweekly	
VISION (PEF & M/C)	Individual	\$1.90	Biweekly	
	Family	\$4.55	Biweekly	