



Information Announcement

2018 NYSHIP Opt-Out Program

November 22, 2017

The New York State Health Insurance Program (NYSHIP) will again offer the Opt-out Program for Plan Year 2018. This program allows eligible employees who have other employer sponsored group health insurance to opt-out of NYSHIP medical coverage in exchange for an incentive payment.

All employees planning to participate in the Opt-out Program for 2018, including those currently enrolled, must sign-up for the program by **December 15, 2017**. The Opt-out Program does not automatically renew each year.

To be eligible for incentive payments, you must enroll during the Option Transfer period and attest to having other coverage for the coming plan year. If you are currently enrolled in the Opt-out Program, you may choose other NYSHIP coverage or elect to Opt-out again for 2018.

Incentive Payments for Opt-out Program

The annual incentive amount for opting out of NYSHIP coverage is **\$1,000** (\$38.47 for 26 bi-weekly paychecks) for Individual coverage, or **\$3,000** (\$115.39 for 26 bi-weekly paychecks) for Family coverage. The Opt-out incentive payments are treated as taxable income and credited to the employee's biweekly payroll check in equal increments throughout the year (payable only when an employee is on the payroll and meets the requirements to be eligible for the State to contribute to the cost of NYSHIP coverage). Incentive payments to employees participating in the Opt-out Program will begin coincident with the plan year's rate change. For more information on eligibility, please go to the link found on the BSC Website at: [2018 Opt-out Program Information Guide](#).

Electing to Opt-out of NYSHIP

To elect in the Opt-out Program for 2018, an employee must complete and submit the following required forms **by December 15, 2017**:

1. [NYS Health Insurance Transaction Form](#) (PS-404); **and**
2. [Opt-out Attestation Form](#) (PS-409). Included with the signed and completed PS-409, the employee must provide proof of the other employer-sponsored coverage in effect no later than January 1, 2018.

For employees of agencies that are BSC Benefits customers, the completed forms and required proof

of other employer sponsored coverage should be submitted to the BSC Benefits Unit by e-mail to BSCBenefitsAdmin@ogs.ny.gov, or fax to (518) 457-1879, or mail to:

OGS Business Services Center, Benefits Unit
1220 Washington Avenue
Building 5, Floor 4
Albany, NY 12226-1900

Employees from agencies that are not Benefits customers of the BSC should contact their agency HR office. For a list of agencies receiving BSC Benefits services, please visit the BSC website at: https://bsc.ogs.ny.gov/sites/default/files/BSC_HR_Services_Provided_to_Agency_Lists.pdf.

If you have any questions regarding the 2018 Opt-out Program, please feel free to reach out to the BSC Benefits Unit at BSCBenefitsAdmin@ogs.ny.gov or (518) 457-4272.