

Benefits Bulletin

Retirees / October 2023

Open Enrollment Is **November 1 – 30**



If you are a retiree or an eligible dependent of a retiree and you are not eligible for Medicare, your current RF benefits will continue for 2024 unless you make changes during Open Enrollment, or become eligible for Medicare in 2024.

Your new choices, if applicable, are effective January 1, 2024. You will receive your new billing coupons with your 2024 monthly premiums in December.

What You Need to Know

Do you need to make changes to your RF benefits?

You only need to take action during Open Enrollment if:

- You want to waive RF Health Care coverage (please note, if you waive coverage, you may not enroll in the future),
- You want to change health care plans, or
- You want to remove dependents from your health plan.

You can change your health insurance carrier.

To change your health insurance carrier, get the RF Benefits Enrollment Form from the RF Benefits website (www.rfsuny.org/retirees), or from RF Benefits Services (address is on page 5).

You cannot add dependents.

Dependents cannot be added to Retiree Health Care coverage for any reason.

Benefit Plan Transition:

New Name, New Brand, Same Service



Empire BlueCross will become Anthem Blue Cross to align with its new brand in the marketplace.

There will be no impact to your plans, pricing, networks or coverage.

Empire has been operating as an Anthem company since 2006 and will remain part of the Blue Cross Blue Shield Association. These new names bring together the industry-leading Anthem brand with the strength and value of the Blue Cross and Blue Shield brand.

Learn More Inside

- 2-3 2024 Plan Comparison and Rates
- 4 RF Retiree Benefits Plans
- 5 Annual Notices

For More Information

Visit the RF website at www.rfsuny.org and click on Information For > Retirees

Your 2024 Health Care Plan Comparison

For retirees and dependents not Medicare eligible

| | ANTHEM BLUE CROSS TRADITIONAL PPO | ANTHEM BLUE CROSS DEDUCTIBLE PPO ¹ | CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP) | INDEPENDENT HEALTH ASSOCIATION (IHA) | MVP |
|-----------------------------|-------------------------------------|---|--|--------------------------------------|------------|
| WHAT YOU PAY | | | | | |
| Preventive Care | \$0 (gym reimbursement up to \$300) | \$0 (gym reimbursement up to \$300) | \$0 | \$0 | \$0 |
| Office Visit | \$20 | \$30 | \$20 | \$20 | \$20 |
| Lab | \$20 | deductible and coinsurance | \$20 | \$0-\$20 | \$20 |
| X-ray | \$20 | deductible and coinsurance | \$20 | \$20 | \$20 |
| Emergency Room | \$50 | \$50 | \$50 | \$125 | \$50 |
| Outpatient Surgery | \$0 | deductible and coinsurance | \$75 | \$15 | \$75 |
| Durable Medical Equipment | \$0 covered in full | deductible and coinsurance | 20% | 50% | 20% |
| Generic Rx | \$10 | \$10 | \$10 | \$10 | \$10 |
| Preferred Rx | \$25 | \$25 | \$25 | \$30 | \$25 |
| Nonpreferred Rx | \$45 | \$45 | \$45 | \$50 | \$40 |
| Mail Order Rx | \$10/\$50/\$90 | \$10/\$50/\$90 | 2.5 copays | 2.5 copays | 2.5 copays |
| DEDUCTIBLES | | | | | |
| Inpatient Hospital Services | \$100 | deductible and coinsurance | \$100 | \$100 | \$240 |

¹This plan has a \$500 in-network deductible and 10 percent coinsurance for services other than an office, urgent care or emergency room visit.

Your 2024 Dental and Vision Plan Options and Rates*

| 2024 Dental Care Plan Offered through Delta Dental | | 2024 Vision Care Plans Administered by Davis Vision, Inc. | | | |
|---|---------------|---|---------------|--|---------------|
| Covers preventive, basic, major and orthodontic care. | | Basic Vision Plan Provides a basic level of coverage for eye exams, and eyeglasses or contact lenses. | | Vision Plan Plus Provides an enhanced level of coverage for eye exams, and eyeglasses or contact lenses. | |
| COVERAGE LEVEL | MONTHLY RATES | COVERAGE LEVEL | MONTHLY RATES | COVERAGE LEVEL | MONTHLY RATES |
| Individual | \$34.53 | Individual | \$4.34 | Individual | \$15.05 |
| Family | \$81.64 | Family | \$10.30 | Family | \$35.29 |

For full details, please refer to the RF Benefits Handbook or visit www.rfsuny.org/benefits.

* Dental and vision rates are applicable to those currently enrolled. If you did not elect retiree dental coverage or COBRA vision coverage within 60 days of your retirement, you are not eligible to enroll.

2024 Health Care Plan Rates

For retirees and dependents not Medicare eligible

| | ELIGIBLE TO RETIRE BEFORE JANUARY 1, 2012 ¹ | HIRED BEFORE 1/1/2012 AND ELIGIBLE TO RETIRE AFTER JANUARY 1, 2012 FIND YOUR RATES HERE BASED ON YOUR YEARS OF SERVICE AT RETIREMENT. | | |
|--|---|--|------------|------------|
| SERVICE AT RETIREMENT | N/A | 20 OR MORE | 15 TO 19 | 10 TO 14 |
| MEDICARE PART A AND B STATUS: NOT MEDICARE ELIGIBLE | | | | |
| MONTHLY RATE | | | | |
| Anthem Blue Cross | | | | |
| Individual | \$203.23 | \$203.23 | \$338.70 | \$541.93 |
| Individual + Spouse/DP | \$637.59 | \$637.59 | \$1,135.04 | \$1,772.64 |
| Individual + Child(ren) | \$519.00 | \$519.00 | \$917.61 | \$1,436.61 |
| Family | \$1,013.78 | \$1,013.78 | \$1,824.71 | \$2,838.49 |
| Anthem Blue Cross Deductible PPO | | | | |
| Individual | \$85.97 | \$85.97 | \$221.44 | \$424.67 |
| Individual + Spouse/DP | \$402.99 | \$402.99 | \$900.44 | \$1,538.04 |
| Individual + Child(ren) | \$307.92 | \$307.92 | \$706.53 | \$1,225.53 |
| Family | \$662.33 | \$662.33 | \$1,473.26 | \$2,487.04 |
| Capital District Physicians' Health Plan | | | | |
| Individual | \$159.01 | \$159.01 | \$265.02 | \$424.03 |
| Individual + Spouse/DP | \$508.83 | \$508.83 | \$906.36 | \$1,415.19 |
| Individual + Child(ren) | \$445.23 | \$445.23 | \$789.75 | \$1,234.98 |
| Family | \$731.45 | \$731.45 | \$1,314.48 | \$2,045.93 |
| Independent Health Association | | | | |
| Individual | \$140.82 | \$140.82 | \$234.70 | \$375.52 |
| Individual + Spouse/DP | \$535.12 | \$535.12 | \$957.59 | \$1,492.71 |
| Individual + Child(ren) | \$366.14 | \$366.14 | \$647.78 | \$1,013.92 |
| Family | \$647.78 | \$647.78 | \$1,164.13 | \$1,811.90 |
| MVP | | | | |
| Individual | \$157.24 | \$157.24 | \$262.07 | \$419.32 |
| Individual + Spouse/DP | \$592.80 | \$592.80 | \$1,060.59 | \$1,653.39 |
| Individual + Child(ren) | \$449.11 | \$449.11 | \$797.16 | \$1,246.27 |
| Family | \$666.22 | \$666.22 | \$1,195.20 | \$1,861.43 |

¹ These rates are for retirees who retired or were eligible to retire before January 1, 2012. Retirees who were hired before January 1, 1986 do not contribute to coverage under these rules.

Deductible vs. Copayment/Coinsurance: What's the Difference?

Deductible – The annual deductible is the amount you must pay each calendar year out of pocket for care before the plan pays benefits.

Copayment – The dollar amount you pay when you receive care. The plan pays the remaining amount.

Coinsurance – The percentage of the health care cost you pay when you receive care. The plan pays the remaining percentage.

2024 Retiree Health Care Plan Rates Continued

| SERVICE AT RETIREMENT | HIRED ON OR AFTER 1/1/2012 | | | EMPLOYEE POST 65 SPOUSE RATES | | |
|---|---|------------|------------|--|----------|------------|
| | 20 OR MORE | 15 TO 19 | 10 TO 14 | 20 OR MORE | 15 TO 19 | 10 TO 14 |
| | MEDICARE PART A & B STATUS: NOT MEDICARE ELIGIBLE | | | MEDICARE STATUS: EMPLOYEE ELIGIBLE & SPOUSE UNDER 65 | | |
| MONTHLY RATE | | | | | | |
| Empire Blue Cross | | | | | | |
| Individual | \$203.23 | \$541.93 | \$1,083.86 | \$406.45 | \$745.15 | \$1,151.60 |
| Individual + Spouse/DP | \$637.59 | \$1,338.27 | \$2,314.57 | | | |
| Individual + Child(ren) | \$519.00 | \$1,120.84 | \$1,978.54 | | | |
| Family | \$1,013.78 | \$2,027.94 | \$3,380.42 | | | |
| Empire Blue Cross Deductible PPO | | | | | | |
| Individual | \$85.97 | \$424.67 | \$966.60 | \$371.27 | \$680.66 | \$1,051.93 |
| Individual + Spouse/DP | \$402.99 | \$1,103.67 | \$2,079.97 | | | |
| Individual + Child(ren) | \$307.92 | \$909.76 | \$1,767.46 | | | |
| Family | \$662.33 | \$1,676.49 | \$3,028.97 | | | |
| Capital District Physicians' Health Plan | | | | | | |
| Individual | \$159.01 | \$424.03 | \$848.06 | \$318.02 | \$583.04 | \$901.06 |
| Individual + Spouse/DP | \$508.83 | \$1,065.37 | \$1,839.22 | | | |
| Individual + Child(ren) | \$445.23 | \$948.76 | \$1,659.01 | | | |
| Family | \$731.45 | \$1,473.49 | \$2,469.96 | | | |
| Independent Health Association | | | | | | |
| Individual | \$140.82 | \$375.52 | \$751.05 | \$281.64 | \$516.35 | \$797.99 |
| Individual + Spouse/DP | \$535.12 | \$1,098.41 | \$1,868.24 | | | |
| Individual + Child(ren) | \$366.14 | \$788.60 | \$1,389.44 | | | |
| Family | \$647.78 | \$1,304.95 | \$2,187.43 | | | |
| MVP | | | | | | |
| Individual | \$157.24 | \$419.32 | \$838.64 | \$314.49 | \$576.56 | \$891.05 |
| Individual + Spouse/DP | \$592.80 | \$1,217.84 | \$2,072.71 | | | |
| Individual + Child(ren) | \$449.11 | \$954.40 | \$1,665.59 | | | |
| Family | \$666.22 | \$1,352.45 | \$2,280.75 | | | |

RF Retiree Benefits Plan

For Medicare-eligible retirees and their Medicare-eligible dependents

Here’s how the program works for Medicare-eligible retirees and their Medicare-eligible dependents age 65 and older.

Plan Choices

You can choose from a wide variety of health plans through the Alight Retiree Health Solutions (formerly the AON Retiree Health Exchange). You can keep your same medical plan provider for 2024 or you can change it — the choice is yours.

Health Reimbursement Account (HRA)

To help pay for health coverage, the RF will make an annual contribution to an HRA for most Medicare-eligible retirees and/or their Medicare-eligible spouse or domestic partner.

Medicare-eligible retirees and their Medicare-eligible spouse or qualifying domestic partner each get their own HRA and HRA funding (if eligible). This provides the greatest flexibility and allows them to enroll in different health plans, if they want.

How HRA Funds Are Used

Participants can use HRA funds for their individual Medicare Supplement, prescription drug or Medicare Advantage plan premiums, as well as other eligible out-of-pocket costs, like copays and deductibles.

If you will become eligible for Medicare in 2024, you will receive an education packet from Alight Retiree Health Solutions as you get closer to Medicare eligibility. The packet contains complete information about obtaining health care coverage. Annual HRA contributions are pro-rated based on the date you become Medicare eligible.

| 2024 HRA CONTRIBUTIONS | ANNUAL RF CONTRIBUTION | | | |
|---|---------------------------------|---------|--------------------------------------|---------|
| | EMPLOYEES HIRED BEFORE 1/1/2012 | | EMPLOYEES HIRED ON OR AFTER 1/1/2012 | |
| Service Category | Retiree | Spouse | Retiree | Spouse |
| 10-14YOS | \$2,652 | \$0 | \$0 | \$0 |
| 15-19YOS | \$4,721 | \$173 | \$3,487 | \$173 |
| 20+YOS | \$5,518 | \$4,032 | \$5,518 | \$4,032 |
| All current retirees under pre-2012 rules and employees eligible to retire under pre-2012 rules | \$5,518 | \$5,518 | n/a | n/a |

Remember, if you waive coverage, you cannot re-enroll. Dependents cannot be added to Retiree Health Care coverage for any reason.

Questions?

| TOPIC | CONTACT | PHONE/WEBSITE |
|--|---------------------------------|--|
| Current medical coverage/ retiree benefits | RF Benefits Services | 518-434-7101, Monday – Friday, 8:30 a.m. – 5:00 p.m. Eastern time |
| Medicare eligibility, enrollment or cost | Social Security | 800-772-1213 800-325-0778 (TTY) www.ssa.gov |
| Medicare benefits | Medicare | 800-633-4227 877-486-2048 (TTY) www.medicare.gov |
| Retiree Health Exchange | Alight Retiree Health Solutions | 844-689-7837 https://retiree.alight.com/home.aspx |
| Premiums and billing | PayFlex | 844-729-3539 www.payflex.com |

Annual Notices

Annual Notice of Women’s Health and Cancer Rights Act

Did you know that the Women’s Health and Cancer Rights Act of 1998 requires that all RF health plans provide benefits for mastectomy-related services?

Services include all stages of reconstruction and surgery to achieve symmetry between the breasts, fashion prostheses and correct complications resulting from a mastectomy, including lymphedemas.

For more information, refer to the Benefits Handbook, available from the RF Benefits website (www.rfsuny.org/benefits) under “Quick Links” or from your campus Benefits Office.

Reminder of Health Plan Privacy Practices

There is a “Notice of Privacy Practices” that describes how protected health information (PHI) may be used or disclosed by your group health plan to carry out payment, for health care operations and for purposes that are permitted or required by law. This notice also sets out legal obligations of the RF concerning your PHI and describes your rights to access and control it.

You can access this notice on the RF Benefits website (www.rfsuny.org/benefits – *Health Insurance > Legal Notices*) or you may request a paper copy of the notice from your campus Benefits Office.

Specialty Pharmacy Copay Assistance Program

The Research Foundation for SUNY offers a specialty pharmacy copay assistance program for PPO enrollees.

Please note that there are certain specialty pharmacy drugs that are considered non-essential health benefits under the plan and the cost of these drugs will not be applied toward satisfying the participant’s out-of-pocket maximum. Although the cost of these drugs will not be applied towards satisfying a participant’s out-of-pocket maximum, the cost of the drugs will be reimbursed by the manufacturer at no cost to the participant. A listing of these drugs can be found at www.express-scripts.com.

Copays for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded copay assistance.

Keep Your Contact Information Up-to-Date!

You can update your contacts in the following ways:

- Phone** 518-434-7101
- Email** benefits@rfsuny.org
- Mail** Send a completed Information Update Form to:
The Research Foundation for SUNY
Attn: RF Benefits Services
P.O. Box 9
Albany, NY 12201-0009

Go to www.rfsuny.org, click on *Information For > Retirees* to download the form.

About This Benefits Bulletin

This document is intended to provide a brief overview of changes taking effect. It is not meant to be all-inclusive. If there are any conflicts between the information presented in this document and the legal plan documents, the legal plan documents will govern. The Research Foundation reserves the right to change or terminate the plans at its discretion.



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► Benefits Open Enrollment: **November 1 – 30**

If you are not eligible for Medicare (as a retiree or a dependent of a retiree), this is your opportunity to change or cancel your coverage.

Look inside for important details

- Understand the changes you can make during Open Enrollment
- See your 2024 monthly rates

You can also read this Benefits Bulletin online!
Go to <https://www.rfsuny.org/information-for/retirees/> and select *Benefits Publications* under *Quick Links*.

