

# 2025 Health Care Plan Comparison

PLAN FEATURE	Anthem BLUE CROSS TRADITIONAL PPO	Anthem BLUE CROSS DEDUCTIBLE PPO <sup>1</sup>	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP)	INDEPENDENT HEALTH ASSOCIATION (IHA)	MVP	GRADUATE STUDENT AND POSTDOCTORAL PPO PLAN BY ANTHEM
<b>POSTDOCTORAL FELLOWS BIWEEKLY RATES</b>						
Individual	\$625.30	\$571.18	\$554.35	\$464.44	\$537.01	\$204.13
Individual + Spouse/ Domestic Partner	\$1,293.56	\$1,185.29	\$1,164.14	\$1,114.65	\$1,264.48	\$443.40**
Individual + Child(ren)	\$1,111.10	\$1,013.68	\$1,053.27	\$835.98	\$1,015.16	
Family	\$1,872.30	\$1,710.09	\$1,552.18	\$1,300.42	\$1,367.85	\$583.72
<b>WHAT YOU PAY</b>						
Preventive Care	\$0 (gym reimbursement up to \$300)	\$0 (gym reimbursement up to \$300)	\$0	\$0	\$0	\$0
Office Visit	\$20	\$30	\$20	\$20	\$20	\$10
Lab	\$20	deductible and coinsurance	\$20	\$0-\$20	\$20	\$15
X-ray	\$20	deductible and coinsurance	\$20	\$20	\$20	\$15
Emergency Room	\$50	\$50	\$50	\$125	\$50	\$25
Outpatient Surgery	\$0	deductible and coinsurance	\$75	\$15	\$75	\$15
Durable Medical Equipment	\$0 covered in full	deductible and coinsurance	20%	50%	20%	\$0 covered in full
Generic Rx	\$10	\$10	\$10	\$10	\$10	\$5
Preferred Rx	\$25	\$25	\$25	\$30	\$25	\$25
Nonpreferred Rx	\$45	\$45	\$45	\$50	\$40	\$45
Mail Order Rx	\$10/\$50/\$90	\$10/\$50/\$90	2.5 copays	2.5 copays	2.5 copays	\$5/\$50/\$90
<b>DEDUCTIBLES</b>						
Inpatient Hospital Services	\$100	deductible and coinsurance	\$100	\$100	\$240	\$200

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

\*\* This rate is for Individual plus Spouse or Individual plus One Child. Families with multiple children fall under the Family Tier.

## 2025 Dental Plan Rates

COVERAGE LEVEL	POSTDOCTORAL FELLOWS BIWEEKLY RATES
Individual	\$15.93
Family	\$37.68

For full detail, please refer to the RF Benefits Handbook or visit [www.rfsuny.org/benefits](http://www.rfsuny.org/benefits).

## 2025 Vision Plan Rates

COVERAGE LEVEL	POSTDOCTORAL FELLOWS BIWEEKLY RATES
Single	\$1.96
Family	\$4.66
Plan Plus Single	\$6.81
Plan Plus Family	\$15.97

If you are electing dental and vision care, the Anthem Graduate Student and Post Doc medical plan includes dental and vision plan plus insurance. If you elect other medical coverage, dental and vision must be elected separately.