

2024 Health Care Plan Comparison

PLAN FEATURE	EMPIRE BLUE CROSS TRADITIONAL PPO	EMPIRE BLUE CROSS DEDUCTIBLE PPO ¹	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP)	INDEPENDENT HEALTH ASSOCIATION (IHA)	MVP	GRADUATE STUDENT AND POSTDOCTORAL PPO PLAN BY BLUE CROSS
POSTDOCTORAL FELLOWS BIWEEKLY RATES						
Individual	\$625.30	\$571.18	\$489.26	\$433.30	\$483.83	\$185.68
Individual + Spouse/ Domestic Partner	\$1,293.56	\$1,185.28	\$1,027.45	\$1,039.92	\$1,153.92	\$402.89
Individual + Child(ren)	\$1,111.10	\$1,013.68	\$929.60	\$779.94	\$932.85	
Family	\$1,872.30	\$1,710.09	\$1,369.93	\$1,213.23	\$1,266.88	\$531.07
WHAT YOU PAY						
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
DEDUCTIBLES						
Inpatient Hospital Services	\$100	deductible and coinsurance	\$100	\$100	\$240	\$200

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

2024 Dental Plan Rates

COVERAGE LEVEL	POSTDOCTORAL FELLOWS BIWEEKLY RATES
Individual	\$15.94
Family	\$37.68

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

2024 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