

Your Health Care Plan Rates

Biweekly rates are based on 26 pay periods during the 2024 plan year. The rates (below) are effective January 1, 2024 through December 31, 2024.

COVERAGE LEVEL	GRADUATE STUDENT EMPLOYEES BIWEEKLY RATES	GRADUATE FELLOWS BIWEEKLY RATES
Individual	\$18.57	\$185.68
Individual + one dependent	\$72.87	\$402.89
Individual + two or more dependents	\$104.92	\$531.07

There are more details about your Health Care plan in the Summary Plan Description (SPD), which can be found at www.anthem.com or www.rfsuny.org/benefits. If you have questions about your RF benefits, or to request a printed copy of the SPD, contact your campus Benefits Office.

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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.

What you pay for health care services

Preventive Care	\$0
Office Visit	\$10
Lab	\$15
Emergency Room	\$25
Generic Rx	\$5
Preferred Rx	\$25
Nonpreferred Rx	\$45
Inpatient Hospital Services	\$200

In-network copays listed above