



# Your 2024 Health Care Plan Options

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
<b>ACTIVE EMPLOYEE BIWEEKLY RATES</b>					
Individual	\$93.80	\$39.68	\$73.39	\$64.99	\$72.57
Individual + Spouse Domestic Partner	\$294.27	\$186.00	\$234.84	\$246.98	\$273.60
Individual + Children	\$239.54	\$142.12	\$205.49	\$168.99	\$207.28
Family	\$467.90	\$305.69	\$337.59	\$298.98	\$307.49
<b>WHAT YOU PAY</b>					
Preventive Care	\$0 (gym reimbursement up to \$400)	\$0 (gym reimbursement up to \$400)	\$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
<b>DEDUCTIBLES</b>					
Inpatient Hospital Services	\$100	Deductible and coinsurance	\$100	\$100	\$240

<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.

# Your 2024 Dental and Vision Plan Options

## 2024 Dental Care Plan Offered through Delta Dental

Covers preventive, basic, major and orthodontic care.

## 2024 Vision Care Plans Administered by Davis Vision, Inc.

**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	BIWEEKLY RATES	COVERAGE LEVEL	BIWEEKLY RATES	COVERAGE LEVEL	BIWEEKLY RATES
Individual	\$1.59	Individual	\$0	Individual	\$4.85
Family	\$7.03	Family	\$0	Family	\$11.31

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