

# Benefits Bulletin

Retirees / October 2025

## 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 2026 unless you make changes during Open Enrollment, or become eligible for Medicare in 2026.

Your new choices, if applicable, are effective January 1, 2026. You will receive your new billing coupons with your 2026 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](http://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.

## New Healthcare Premiums for 2026

While there was no increase to PPO plan premiums for 2025, premiums will rise in 2026 due to increases in health care costs. We remain committed to providing high-quality coverage and will continue to work to control costs to minimize the impact on employees. Vision Plan Plus premiums for 2026 will decrease, and there will be no increase to Dental Plan premiums for 2026.

### **Learn More Inside**

- 2-3 2026 Plan Comparison and Rates
- 4 RF Retiree Benefits Plans
- 5 Annual Notices

### **For More Information**

Visit the RF website at [www.rfsuny.org](http://www.rfsuny.org) and click on Information For > Retirees

# Your 2026 Health Care Plan Comparison

For retirees and dependents not Medicare eligible

	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>WHAT YOU PAY</b>					
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
Inpatient Hospital Services	\$100	deductible and coinsurance	\$100	\$100	\$240
<b>DEDUCTIBLES</b>					
In Network	\$0	\$500 individual \$1,250 family	\$0	\$0	\$0

<sup>1</sup>This plan has a \$500 in-network individual deductible or \$1,250 family deductible and 10 percent coinsurance for services other than an office, urgent care or emergency room visit.

## Your 2026 Dental and Vision Plan Options and Rates\*

2026 Dental Care Plan Offered through Delta Dental		2026 Vision Care Plans Administered by Davis Vision, Inc.			
Covers preventive, basic, major and orthodontic care.		<b>Basic Vision Plan</b> Provides a basic level of coverage for eye exams, and eyeglasses or contact lenses.		<b>Vision Plan Plus</b> 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	\$12.37
Family	\$81.64	Family	\$10.30	Family	\$29.05

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

# 2026 Health Care Plan Rates

For retirees and dependents not Medicare eligible

SERVICE AT RETIREMENT	ELIGIBLE TO RETIRE BEFORE 1/1/2012	ELIGIBLE TO RETIRE AFTER 1/1/2012 AND HIRED BEFORE 1/1/2012			HIRED ON OR AFTER 1/1/2012			EMPLOYEE POST 65 SPOUSE RATES		
	N/A	20 OR MORE	15 TO 19	10 TO 14	20 OR MORE	15 TO 19	10 TO 14	20 OR MORE	15 TO 19	10 TO 14
	MEDICARE PART A AND B STATUS: NOT MEDICARE ELIGIBLE				MEDICARE PART A AND B STATUS: NOT MEDICARE ELIGIBLE			MEDICARE STATUS: EMPLOYEE ELIGIBLE & SPOUSE UNDER 65		
MONTHLY RATE										
<b>Anthem Blue Cross</b>										
Individual	\$215.93	\$215.93	\$359.87	\$575.79	\$215.93	\$575.79	\$1,151.58			
Individual + Spouse/DP	\$686.25	\$686.25	\$1,222.12	\$1,908.36	\$686.25	\$1,438.04	\$2,484.15	\$431.85	\$791.72	\$1,223.56
Individual + Child(ren)	\$548.43	\$548.43	\$969.46	\$1,517.89	\$548.43	\$1,185.38	\$2,093.68			
Family	\$1,076.13	\$1,076.13	\$1,936.92	\$3,013.05	\$1,076.13	\$2,152.84	\$3,588.84			
<b>Anthem Blue Cross Deductible PPO</b>										
Individual	\$96.02	\$96.02	\$239.96	\$455.88	\$96.02	\$455.88	\$1,031.67			
Individual + Spouse/DP	\$446.48	\$446.48	\$982.35	\$1,668.59	\$446.48	\$1,198.27	\$2,244.38	\$395.87	\$725.77	\$1,121.64
Individual + Child(ren)	\$332.60	\$332.60	\$753.63	\$1,302.06	\$332.60	\$969.55	\$1,877.85			
Family	\$717.58	\$717.58	\$1,578.37	\$2,654.50	\$717.58	\$1,794.29	\$3,230.29			
<b>Capital District Physicians' Health Plan</b>										
Individual	\$204.16	\$204.16	\$340.27	\$544.44	\$204.16	\$544.44	\$1,088.87			
Individual + Spouse/DP	\$653.32	\$653.32	\$1,163.73	\$1,817.06	\$653.32	\$1,367.90	\$2,361.49	\$408.33	\$748.60	\$1,156.93
Individual + Child(ren)	\$586.67	\$586.67	\$1,014.02	\$1,585.68	\$586.67	\$1,223.62	\$2,131.92			
Family	\$939.15	\$939.15	\$1,687.76	\$2,626.91	\$939.15	\$1,891.92	\$3,171.35			
<b>Independent Health Association</b>										
Individual	\$173.78	\$173.78	\$289.64	\$463.42	\$173.78	\$463.42	\$926.84			
Individual + Spouse/DP	\$660.38	\$660.38	\$1,181.73	\$1,842.10	\$660.38	\$1,355.51	\$2,305.52	\$347.56	\$637.20	\$984.77
Individual + Child(ren)	\$451.83	\$451.83	\$799.40	\$1,251.23	\$451.83	\$973.18	\$1,714.65			
Family	\$799.40	\$799.40	\$1,436.60	\$2,236.00	\$799.40	\$1,610.38	\$2,699.42			
<b>MVP</b>										
Individual	\$194.73	\$194.73	\$324.55	\$519.28	\$194.73	\$519.28	\$1,038.56			
Individual + Spouse/DP	\$742.96	\$742.96	\$1,295.70	\$2,020.14	\$742.96	\$1,494.75	\$2,540.86	\$389.46	\$714.01	\$1,103.47
Individual + Child(ren)	\$530.67	\$530.67	\$940.43	\$1,471.10	\$530.67	\$1,135.16	\$1,990.38			
Family	\$774.47	\$774.47	\$1,387.41	\$2,161.89	\$774.47	\$1,582.14	\$2,681.17			

<sup>1</sup> 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.

# 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 2026 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 2026, 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.

2026 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	\$2,759	\$0	\$0	\$0
15-19YOS	\$4,912	\$180	\$3,627	\$180
20+YOS	\$5,740	\$4,195	\$5,740	\$4,195
All current retirees under pre-2012 rules and employees eligible to retire under pre-2012 rules	\$5,740	\$5,740	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)   <a href="http://www.ssa.gov">www.ssa.gov</a>
Medicare benefits	Medicare	800-633-4227   877-486-2048 (TTY)   <a href="http://www.medicare.gov">www.medicare.gov</a>
Retiree Health Exchange	Alight Retiree Health Solutions	844-689-7837   <a href="https://retiree.alight.com/home.aspx">https://retiree.alight.com/home.aspx</a>
Premiums and billing	Inspira Financial	844-729-3539   <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>

# 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](http://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](http://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](http://www.express-scripts.com).

Copays for certain specialty medications may be set to the maximum amount 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](mailto: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](http://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.



The Research  
Foundation for

The State University of New York

35 State Street

Albany, New York 12207-2826

## ► 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 2026 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*.

