Your 2026 Health Care Plan Options

PLAN FEATURE	ANTHEM BLUE CROSS TRADITIONAL PPO	ANTHEM BLUE CROSS DEDUCTIBLE PPO[1]	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP)	INDEPENDENT HEALTH ASSOCIATION (IHA)	MVP
MONTHLY RATES					
Individual	$1,468.27	$1,345.96	$1,388.31	$1,181.72	$1,324.16
Individual + Spouse/ Domestic Partner	$3,067.35	$2,822.79	$2,915.46	$2,836.14	$3,125.20
Individual + Child(ren)	$2,598.80	$2,378.65	$2,637.80	$2,127.10	$2,466.35
Family	$4,392.99	$4,027.27	$3,887.28	$3,308.82	$3,295.29

Your 2026 Dental and Vision Plan Rates

2026 Dental Care Plan
Offered through Delta Dental

Covers preventive, basic, major and orthodontic care.

COVERAGE LEVEL	MONTHLY RATES
Individual	$35.22
Family	$83.27

2026 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.

COVERAGE LEVEL	MONTHLY RATES
Individual	$4.34
Family	$10.30

Vision Plan Plus
Provides an enhanced level of coverage for eye exams, and eyeglasses or contact lenses.

COVERAGE LEVEL	MONTHLY RATES
Individual	$12.37
Family	$29.05

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