



Health Insurance Deduction and Premium Amounts for GSEHP Participants

Graduate Student Employees – Biweekly Health Plan

The following table lists the biweekly deduction amounts for graduate student employees. The rates include dental and vision coverage.

Effective January 1, 2019 - December 31, 2019

Coverage	Biweekly Premium
Individual	\$13.05
Individual + 1 dependent	\$51.57
Individual + 2 or more dependents	\$74.17

Graduate and Postdoctoral Fellows – Biweekly Health Plan

The following table lists the biweekly deduction amounts for fellows paying for their own coverage under the Graduate Student Employee Health Plan. The rates include dental and vision coverage.

Effective January 1, 2019 - December 31, 2019

Coverage	Biweekly Premium
Individual	\$132.00
Individual + 1 dependent	\$285.46
Individual + 2 or more dependents	\$375.69

Change History

- **December 3, 2018** - updated all rates
- **November 8, 2017** - updated all rates
- **July 28, 2015** - updated all rates
- **August 7, 2014** - updated all rates
- **December 4, 2013** - updated labels
- **August 2, 2013** - updated all rates
- **August 8, 2012** - extended current rates into 2013

- **August 4, 2011** - Updated all rates
- **August 3, 2010** - Extended current rates through August 14, 2011
- **September 21, 2009** - Updated all rates.
- **July 30, 2008** - Updated all rates.
- **August 15, 2007** - Updated all rates.
- **August 15, 2006** - Updated all rates.
- **August 15, 2005** - Updated all rates.
- **April 8, 2005** - Remove section: "Monthly Premiums for Fellows when the Grant is Charged."
- **January 28, 2003** - Premium rates updated. New document, information previously included with RF regular employee rates (premiums.htm).

Feedback

Was this document clear and easy to follow? Please send your feedback to webfeedback@rfsuny.org.

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