



December 1, 2023

Dear SEHP enrollee:

Effective January 1, 2024, the employee share of the biweekly premiums for SUNY employees* enrolled in the Student Employee Health Plan (SEHP) under the New York State Health Insurance Program (NYSHIP) and SEHP enrollees on Leave without Pay (LWOP) will be:

	SUNY SEHP Biweekly Premium	SEHP LWOP Biweekly Premium
Individual Coverage	\$ 31.52	\$ 262.67
Family Coverage	\$ 194.97	\$ 868.04

*For CUNY employees who are enrolled in SEHP, please see your HBA for your biweekly SEHP premiums.

The new biweekly rate will be deducted automatically from employees' paychecks beginning:

- January 3, 2024 for Administration Lag-Payroll employees, and
- December 28, 2023 for Institution Lag-Payroll employees.

SEHP enrollees on LWOP will be billed once every 28 days for any premiums due. Your first bill should arrive approximately 2 – 4 weeks after you are reported on LWOP and will include all premiums due from your start date in LWOP status through the current coverage period.

The Pre-Tax Contribution Program (PTCP) Election Period

Per Internal Revenue Service rules, the PTCP election period is the only opportunity for employees to change their PTCP status; arbitrary, mid-year status changes are not allowed. If you wish to change your PTCP election for the 2024 plan year, complete and sign a *NYSHIP Health Insurance Transaction Form (PS-404G)* and submit it to your Health Benefits Administrator (HBA) **by December 29**.

If you have any questions about enrollment, eligibility or the cost of your health insurance, please contact the HBA in the Human Resources (Personnel) office on your campus.

The *Summary of Benefits and Coverage (SBC)* is a standardized comparison document required by the Patient Protection and Affordable Care Act. To view a copy of the *SBC* for SEHP, visit www.cs.ny.gov/sbc/sehp. If you do not have internet access, call 1-877-7-NYSHIP (1-877-769-7447) to request a copy.

For Young Adult Option (YAO) enrollees whose parents are enrolled in SEHP and COBRA enrollees who are enrolled in SEHP under NYSHIP, the full-share monthly premium effective January 1, 2024 will be:

	SEHP YAO Monthly Premium	SEHP COBRA Monthly Premium*
Individual Coverage	\$ 572.25	\$ 583.69
Family Coverage	N/A	\$ 1,928.91

*COBRA rates include a two percent administrative fee.

Your monthly bills will reflect your new rate, beginning with the bill you receive in December 2023. Payment is due prior to the first of the month for which premium is being paid. If payment is not received within the 30-day grace period, coverage will be cancelled.

If you have questions about the cost of your COBRA continuation coverage, or wish to end your COBRA continuation coverage, contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344.

Sincerely,



Daniel T. Yanulavich
Director
Employee Benefits Division