



December 2, 2024

Dear SEHP enrollee:

Effective January 1, 2025, 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:

Table with 3 columns: Coverage Type, SUNY SEHP Biweekly Premium, and SEHP LWOP Biweekly Premium. Rows include Individual Coverage and Family Coverage.

\*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:

- December 31, 2024 for Administration Lag-Payroll employees, and
December 26, 2024 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; mid-year status changes are not allowed. If you wish to change your PTCP election for the 2025 plan year, complete and sign a NYSHIP Health Insurance Transaction Form (PS-404G) and submit it to your Health Benefits Administrator (HBA) by December 31.

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 or 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, 2025 will be:

Table with 3 columns: Coverage Type, SEHP YAO Monthly Premium, and SEHP COBRA Monthly Premium\*\*. Rows include Individual Coverage (\$608.24) and Family Coverage (N/A).

\*\*COBRA rates include a two percent administrative fee.

Your monthly bills will reflect your new rate, beginning with the bill you receive in December 2024. Payment is due prior to the first of the month for which premium is being paid.

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,

Handwritten signature of Daniel T. Yanulavich

Daniel T. Yanulavich Director Employee Benefits Division