

**HEALTH INSURANCE BIWEEKLY RATES: EFFECTIVE JANUARY 4, 2024**

**New rates begin with the check dated January 3, 2024**

**NYSCOPBA & PBANYS**

HEALTH PLAN/CODE #		PBANYS & NYSCOPBA employees equated to <u>Salary Grade 9 and below</u>		PBANYS & NYSCOPBA employees equated to <u>Salary Grade 10 and above</u>	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
EMPIRE PLAN (001)	<b>2024</b>	<b>\$61.81</b>	<b>\$279.97</b>	<b>\$82.42</b>	<b>\$332.90</b>
	2023	\$56.01	\$241.79	\$74.68	\$287.98
CDPHP (300)	<b>2024</b>	<b>\$59.65</b>	<b>\$225.20</b>	<b>\$78.60</b>	<b>\$269.15</b>
	2023	\$48.29	\$203.99	\$64.38	\$243.15
HMO BLUE (072)	<b>2024</b>	<b>\$52.85</b>	<b>\$233.02</b>	<b>\$70.47</b>	<b>\$265.85</b>
	2023	\$49.00	\$206.60	\$65.33	\$246.29
MVP (330)	<b>2024</b>	<b>\$56.62</b>	<b>\$223.75</b>	<b>\$75.50</b>	<b>\$267.38</b>
	2023	\$52.54	\$206.63	\$70.05	\$246.97

**OPTION TRANSFER PERIOD 2024 WILL RUN NOVEMBER 30 THROUGH DECEMBER 29, 2023, INCLUDING THE PRE-TAX CONTRIBUTION PROGRAM (IF YOU WISH TO CHANGE YOUR TAX ELECTION). NO ACTION IS REQUIRED IF YOU ARE NOT MAKING CHANGES TO YOUR HEALTH PLAN OR TAX ELECTION FOR 2024.**

The [2024 Choices booklet](#) and the [2024 Choices Supplement Insert](#) along with the [PS-404 Health Insurance Form](#) are available upon request from Human Resources, AD 242. **NOTE: THE HR OFFICE WILL BE CLOSED FROM DEC. 25, 2023 UNTIL JAN. 2, 2024.**

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