NEW YORK STATE | Department of Civil Service
New York State Health Insurance Program

KATHY HOCHUL
Governor

TIMOTHY R. HOGUES
Commissioner

November 16, 2026

The January 1, 2027, changes in the biweekly premium for Student Employee Health Plan (SEHP) enrollees employed by SUNY are listed on the chart below. This chart also reflects the new premium for those on leave without pay (LWOP).

	SUNY SEHP Biweekly Premium	SEHP LWOP Biweekly Premium
Individual Coverage	$ 39.46	$ 328.81
Family Coverage	$ 241.89	$ 1,078.51

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

- December 30, 2026, for Administration Lag-Payroll employees
- January 7, 2027, for Institution Lag-Payroll employees

SEHP enrollees on LWOP will be billed once every 28 days for any premiums due. The first bill should arrive about two to four weeks after you are reported on LWOP and includes all premiums owed from your LWOP start date through the current coverage period.

Pre-Tax Contribution Program (PTCP) election period

Under Internal Revenue Service rules, the PTCP election period is the only time you can change whether your health insurance premiums are deducted before or after taxes. Mid-year changes are not allowed.

If you want to change your PTCP election for the 2027 plan year, complete and sign a *NYSHIP Health Insurance Transaction Form* (PS-404G) and submit it to your HBA **by December 31**.

If you have questions about your enrollment, eligibility or the cost of your health insurance, contact your HBA.

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 cs.ny.gov/sbc/sehp or call 1-877-7-NYSHIP (1-877-769-7447) to request a paper copy.

Empire State Plaza, Core Building 1, Albany, NY 12239 | nyship.ny.gov

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Effective January 1, 2027, the full-share monthly premiums for COBRA enrollees, which include a 2% administrative fee, will be as follows.

	SEHP COBRA Monthly Premium
Individual Coverage	$ 728.66
Family Coverage	$ 2,390.01

Beginning in December 2026, your monthly bills will reflect the new premium. Payment is due before the first day of each month (for example, the payment for January coverage is due December 31.) If it isn't paid by that date, a 30-day grace period applies. If payment is not received by the end of the grace period, coverage will be canceled.

If you have questions about the cost of your COBRA continuation coverage or want 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