



RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2026

EMPLOYEES HIRED **PRIOR TO 9/28/2006**

Full Monthly Premium Rates

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$1,611.46	\$1,344.71	\$1,162.82	\$3,220.01
Two Person	\$3,663.79	\$2,823.89	\$2,674.49	\$6,280.62
Family	\$3,663.79	\$3,496.25	\$2,848.91	\$9,338.68

*** Full-Time Employee Bi-Weekly Share of Premium Cost at 20% ***

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$148.75	\$124.13	\$107.34	\$297.23
Two Person	\$338.20	\$260.67	\$246.88	\$579.75
Family	\$338.20	\$322.73	\$262.98	\$862.03

Employee Annual Share of Premium Cost at 20%

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$3,867.50	\$3,227.30	\$2,790.77	\$7,728.02
Two Person	\$8,793.10	\$6,777.34	\$6,418.78	\$15,073.49
Family	\$8,793.10	\$8,391.00	\$6,837.38	\$22,412.83

Plan Benefit Highlights

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
In Network				
Doctor Co-Pay	\$25.00	\$25.00	\$25.00	\$25.00
Specialist Co-Pay	\$25.00	\$25.00	\$40.00	\$25.00
Drug Co-Pay	\$5G/\$30B/\$60NF	\$10G/\$25B/\$40NF	\$10G/\$30B/\$50NF	\$10G/\$25B/\$50NF
Inpatient Co-Pay	\$0	\$0	\$500	\$100
Out of Network				
Deductible	\$1,250.00	NA	NA	NA
Coinsurance	20%	NA	NA	NA
Inpatient Co-Pay	10%	\$0	\$500	\$0

The payroll deduction for family dental coverage will be \$36.99 for 2026. There is no payroll deduction for individual dental coverage.

NOTE-THE EMPLOYEE SHARE LISTED ABOVE IS FOR FULL-TIME EMPLOYEES. IF YOU ARE NOT A FULL-TIME EMPLOYEE, THE HEALTH INSURANCE COVERAGE WILL COST YOU MORE, DEPENDING UPON THE NUMBER OF HOURS WORKED PER WEEK.