



# RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2025

## EMPLOYEES HIRED PRIOR TO 9/28/2006

### Full Monthly Premium Rates

Coverage	<a href="#">NYSHIP Empire Plan</a>	<a href="#">CDPHP HMO</a>	<a href="#">MVP HMO</a>	<a href="#">Empire Blue Cross EPO</a>
Single	\$1,479.53	\$1,182.59	\$1,070.16	\$2,605.19
Two Person	\$3,367.80	\$2,483.44	\$2,461.37	\$5,081.41
Family	\$3,367.80	\$3,074.74	\$2,621.89	\$7,555.57

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

Coverage	<a href="#">NYSHIP Empire Plan</a>	<a href="#">CDPHP HMO</a>	<a href="#">MVP HMO</a>	<a href="#">Empire Blue Cross EPO</a>
Single	\$136.57	\$109.16	\$98.78	\$240.48
Two Person	\$310.87	\$229.24	\$227.20	\$469.05
Family	\$310.87	\$283.82	\$242.02	\$697.44

### Employee Annual Share of Premium Cost at 20%

Coverage	<a href="#">NYSHIP Empire Plan</a>	<a href="#">CDPHP HMO</a>	<a href="#">MVP HMO</a>	<a href="#">Empire Blue Cross EPO</a>
Single	\$3,550.87	\$2,838.22	\$2,568.38	\$6,252.46
Two Person	\$8,082.72	\$5,960.26	\$5,907.29	\$12,195.38
Family	\$8,082.72	\$7,379.38	\$6,292.54	\$18,133.37

### Plan Benefit Highlights

Coverage	<a href="#">NYSHIP Empire Plan</a>	<a href="#">CDPHP HMO</a>	<a href="#">MVP HMO</a>	<a href="#">Empire Blue Cross EPO</a>
<b>In Network</b>				
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
<b>Out of Network</b>				
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 2025. 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.