



RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2024

EMPLOYEES HIRED PRIOR TO 9/28/2006

Full Monthly Premium Rates

| Coverage | NYSHIP Empire Plan | CDPHP HMO | MVP HMO | Empire Blue Cross EPO |
|------------|------------------------------------|---------------------------|-------------------------|---------------------------------------|
| Single | \$1,452.66 | \$1,044.38 | \$994.86 | \$2,075.50 |
| Two Person | \$3,429.94 | \$2,193.20 | \$2,288.18 | \$4,047.25 |
| Family | \$3,429.94 | \$2,715.39 | \$2,437.41 | \$6,019.35 |

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

| Coverage | NYSHIP Empire Plan | CDPHP HMO | MVP HMO | Empire Blue Cross EPO |
|------------|------------------------------------|---------------------------|-------------------------|---------------------------------------|
| Single | \$134.09 | \$96.40 | \$91.83 | \$191.58 |
| Two Person | \$316.61 | \$202.45 | \$211.22 | \$373.59 |
| Family | \$316.61 | \$250.65 | \$224.99 | \$555.63 |

Employee Annual Share of Premium Cost at 20%

| Coverage | NYSHIP Empire Plan | CDPHP HMO | MVP HMO | Empire Blue Cross EPO |
|------------|------------------------------------|---------------------------|-------------------------|---------------------------------------|
| Single | \$3,486.38 | \$2,506.51 | \$2,387.66 | \$4,981.20 |
| Two Person | \$8,231.86 | \$5,263.68 | \$5,491.63 | \$9,713.40 |
| Family | \$8,231.86 | \$6,516.94 | \$5,849.78 | \$14,446.44 |

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 2024. 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.