



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	\$1,445.66	\$1,044.38	\$994.86	\$2,075.50
Two Person	\$3,367.09	\$2,193.20	\$2,288.18	\$4,047.25
Family	\$3,367.09	\$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	\$133.45	\$96.40	\$91.83	\$191.58
Two Person	\$310.81	\$202.45	\$211.22	\$373.59
Family	\$310.81	\$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	\$3,469.58	\$2,506.51	\$2,387.66	\$4,981.20
Two Person	\$8,801.02	\$5,263.68	\$5,491.63	\$9,713.40
Family	\$8,801.02	\$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.