



RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2022

EMPLOYEES HIRED PRIOR TO 9/28/2006

Full Monthly Premium Rates

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$1,196.12	\$867.37	\$894.67	\$1,456.45
Two Person	\$2,763.74	\$1,734.73	\$2,057.74	\$2,840.09
Family	\$2,763.74	\$2,255.15	\$2,191.94	\$4,223.98

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

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$110.41	\$80.06	\$82.58	\$134.44
Two Person	\$255.11	\$160.13	\$189.95	\$262.16
Family	\$255.11	\$208.17	\$202.33	\$389.91

Employee Annual Share of Premium Cost at 20%

Coverage	NYSHIP Empire Plan	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
Single	\$2,870.69	\$2,081.69	\$2,147.21	\$3,495.48
Two Person	\$6,632.98	\$4,163.35	\$4,938.58	\$6,816.22
Family	\$6,632.98	\$5,412.36	\$5,260.66	\$10,137.55

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 \$24.86 for 2022. 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.