



RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2023

EMPLOYEES HIRED PRIOR TO 1/1/18 AND AFTER 9/28/06

AND COUNCIL 82

Full Monthly Premium Rates

Coverage	<u>CDPHP HMO</u>	<u>MVP HMO</u>	<u>Empire Blue Cross EPO</u>
Single	\$957.43	\$946.80	\$1,836.73
Two Person	\$1,914.85	\$2,177.64	\$3,581.64
Family	\$2,489.31	\$2,319.66	\$5,326.86

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

Coverage	<u>CDPHP HMO</u>	<u>MVP HMO</u>	<u>Empire Blue Cross EPO</u>
Single	\$88.38	\$87.40	\$169.54
Two Person	\$176.76	\$201.01	\$330.61
Family	\$229.78	\$214.12	\$491.71

Employee Annual Share of Premium Cost at 20%

Coverage	<u>CDPHP HMO</u>	<u>MVP HMO</u>	<u>Empire Blue Cross EPO</u>
Single	\$2,297.83	\$2,272.32	\$4,408.15
Two Person	\$4,595.64	\$5,226.34	\$8,595.94
Family	\$5,974.34	\$5,567.18	\$12,784.46

Plan Benefit Highlights

Coverage	<u>CDPHP HMO</u>	<u>MVP HMO</u>	<u>Empire Blue Cross EPO</u>
In Network			
Doctor Co-Pay	\$25.00	\$25.00	\$25.00
Specialist Co-Pay	\$25.00	\$40.00	\$25.00
Drug Co-Pay	\$10G/\$25B/\$40NF	\$10G/\$30B/\$50NF	\$10G/\$25B/\$50NF
Inpatient Co-Pay	\$0	\$500	\$100
Out of Network			
Deductible	NA	NA	NA
Coinsurance	NA	NA	NA
Inpatient Co-Pay	\$0	\$500	\$0

The payroll deduction for family dental coverage will be \$24.86 for 2023. 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.