RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2024

EMPLOYEES HIRED ON OR AFTER 1/1/18

Full Monthly Premium Rates

| Coverage | CDPHP HMO | MVP HMO |
|------------|------------|------------|
| Single | \$1,044.38 | \$994.86 |
| Two Person | \$2,193.20 | \$2,288.18 |
| Family | \$2,715.39 | \$2,437.41 |

*** Full-Time Employee Bi-Weekly Share of Premium Cost at 25% ***

| Coverage | CDPHP HMO | MVP HMO |
|------------|-----------|----------|
| Single | \$120.51 | \$114.79 |
| Two Person | \$253.06 | \$264.02 |
| Family | \$313.31 | \$281.24 |

Employee Annual Share of Premium Cost at 25%

| Coverage | CDPHP HMO | MVP HMO |
|------------|------------|------------|
| Single | \$3,133.26 | \$2,984.54 |
| Two Person | \$6,579.56 | \$6,864.52 |
| Family | \$8,146.06 | \$7,312.24 |

Plan Benefit Highlights

| Coverage | CDPHP HMO | MVP HMO |
|-------------------|--------------------|--------------------|
| In Network | | |
| Doctor Co-Pay | \$25.00 | \$25.00 |
| Specialist Co-Pay | \$25.00 | \$40.00 |
| Drug Co-Pay | \$10G/\$25B/\$40NF | \$10G/\$30B/\$50NF |
| Inpatient Co-Pay | \$0 | \$500 |
| Out of Network | | |
| Deductible | NA | NA |
| Coinsurance | NA | NA |
| Inpatient Co-Pay | \$0 | \$500 |

^{*}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.