

# Rensselaer County Health Insurance Costs: January 1, 2024

**PART-TIME EMPLOYEES - 70 HOUR PAY CYCLE  
17.5 HOURS PER WEEK (35 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

## Single Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
70	\$ 109.16	\$ 98.78	\$ 240.48
69	\$ 115.40	\$ 104.43	\$ 254.22
68	\$ 121.64	\$ 110.07	\$ 267.96
67	\$ 127.88	\$ 115.72	\$ 281.70
66	\$ 134.11	\$ 121.36	\$ 295.45
65	\$ 140.35	\$ 127.01	\$ 309.19
64	\$ 146.59	\$ 132.65	\$ 322.93
63	\$ 152.83	\$ 138.30	\$ 336.67
62	\$ 159.06	\$ 143.94	\$ 350.41
61	\$ 165.30	\$ 149.59	\$ 364.15
60	\$ 171.54	\$ 155.23	\$ 377.90
59	\$ 177.78	\$ 160.88	\$ 391.64
58	\$ 184.02	\$ 166.52	\$ 405.38
57	\$ 190.25	\$ 172.17	\$ 419.12
56	\$ 196.49	\$ 177.81	\$ 432.86
55	\$ 202.73	\$ 183.46	\$ 446.60
54	\$ 208.97	\$ 189.10	\$ 460.35
53	\$ 215.21	\$ 194.75	\$ 474.09
52	\$ 221.44	\$ 200.39	\$ 487.83
51	\$ 227.68	\$ 206.04	\$ 501.57
50	\$ 233.92	\$ 211.68	\$ 515.31
49	\$ 240.16	\$ 217.32	\$ 529.05
48	\$ 246.39	\$ 222.97	\$ 542.80
47	\$ 252.63	\$ 228.61	\$ 556.54
46	\$ 258.87	\$ 234.26	\$ 570.28
45	\$ 265.11	\$ 239.90	\$ 584.02
44	\$ 271.35	\$ 245.55	\$ 597.76
43	\$ 277.58	\$ 251.19	\$ 611.50
42	\$ 283.82	\$ 256.84	\$ 625.25
41	\$ 290.06	\$ 262.48	\$ 638.99
40	\$ 296.30	\$ 268.13	\$ 652.73
39	\$ 302.54	\$ 273.77	\$ 666.47
38	\$ 308.77	\$ 279.42	\$ 680.21
37	\$ 315.01	\$ 285.06	\$ 693.95
36	\$ 321.25	\$ 290.71	\$ 707.70
35	\$ 327.49	\$ 296.35	\$ 721.44

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2025. There is no payroll deduction for single dental.

*Hired prior to 1/1/18 and after 9/28/2006*

# Rensselaer County Health Insurance Costs: January 1, 2025

**PART-TIME EMPLOYEES - 70 HOUR PAY CYCLE  
17.5 HOURS PER WEEK (35 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

## 2 Person Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
70	\$ 229.24	\$ 227.20	\$ 469.05
69	\$ 242.34	\$ 240.19	\$ 495.86
68	\$ 255.44	\$ 253.17	\$ 522.66
67	\$ 268.54	\$ 266.15	\$ 549.46
66	\$ 281.64	\$ 279.14	\$ 576.27
65	\$ 294.74	\$ 292.12	\$ 603.07
64	\$ 307.84	\$ 305.10	\$ 629.87
63	\$ 320.94	\$ 318.08	\$ 656.67
62	\$ 334.04	\$ 331.07	\$ 683.48
61	\$ 347.14	\$ 344.05	\$ 710.28
60	\$ 360.24	\$ 357.03	\$ 737.08
59	\$ 373.33	\$ 370.02	\$ 763.89
58	\$ 386.43	\$ 383.00	\$ 790.69
57	\$ 399.53	\$ 395.98	\$ 817.49
56	\$ 412.63	\$ 408.97	\$ 844.30
55	\$ 425.73	\$ 421.95	\$ 871.10
54	\$ 438.83	\$ 434.93	\$ 897.90
53	\$ 451.93	\$ 447.92	\$ 924.70
52	\$ 465.03	\$ 460.90	\$ 951.51
51	\$ 478.13	\$ 473.88	\$ 978.31
50	\$ 491.23	\$ 486.86	\$ 1,005.11
49	\$ 504.33	\$ 499.85	\$ 1,031.92
48	\$ 517.43	\$ 512.83	\$ 1,058.72
47	\$ 530.53	\$ 525.81	\$ 1,085.52
46	\$ 543.63	\$ 538.80	\$ 1,112.33
45	\$ 556.73	\$ 551.78	\$ 1,139.13
44	\$ 569.83	\$ 564.76	\$ 1,165.93
43	\$ 582.93	\$ 577.75	\$ 1,192.74
42	\$ 596.03	\$ 590.73	\$ 1,219.54
41	\$ 609.13	\$ 603.71	\$ 1,246.34
40	\$ 622.22	\$ 616.69	\$ 1,273.14
39	\$ 635.32	\$ 629.68	\$ 1,299.95
38	\$ 648.42	\$ 642.66	\$ 1,326.75
37	\$ 661.52	\$ 655.64	\$ 1,353.55
36	\$ 674.62	\$ 668.63	\$ 1,380.36
35	\$ 687.72	\$ 681.61	\$ 1,407.16

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2025. There is no payroll deduction for single dental.

## Rensselaer County Health Insurance Costs: January 1, 2025

**PART-TIME EMPLOYEES - 70 HOUR PAY CYCLE  
17.5 HOURS PER WEEK (35 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

### Family Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
70	\$ 283.82	\$ 242.02	\$ 697.44
69	\$ 300.04	\$ 255.85	\$ 737.29
68	\$ 316.26	\$ 269.68	\$ 777.14
67	\$ 332.48	\$ 283.51	\$ 817.00
66	\$ 348.70	\$ 297.34	\$ 856.85
65	\$ 364.91	\$ 311.17	\$ 896.71
64	\$ 381.13	\$ 325.00	\$ 936.56
63	\$ 397.35	\$ 338.83	\$ 976.41
62	\$ 413.57	\$ 352.66	\$ 1,016.27
61	\$ 429.79	\$ 366.49	\$ 1,056.12
60	\$ 446.01	\$ 380.32	\$ 1,095.97
59	\$ 462.22	\$ 394.15	\$ 1,135.83
58	\$ 478.44	\$ 407.98	\$ 1,175.68
57	\$ 494.66	\$ 421.81	\$ 1,215.53
56	\$ 510.88	\$ 435.64	\$ 1,255.24
55	\$ 527.10	\$ 449.47	\$ 1,295.24
54	\$ 543.32	\$ 463.30	\$ 1,335.09
53	\$ 559.54	\$ 477.13	\$ 1,374.95
52	\$ 575.75	\$ 490.96	\$ 1,414.80
51	\$ 591.97	\$ 504.79	\$ 1,454.65
50	\$ 608.19	\$ 518.62	\$ 1,494.51
49	\$ 624.41	\$ 532.45	\$ 1,534.36
48	\$ 640.63	\$ 546.28	\$ 1,574.22
47	\$ 656.85	\$ 560.10	\$ 1,614.07
46	\$ 673.06	\$ 573.93	\$ 1,653.92
45	\$ 689.28	\$ 587.76	\$ 1,693.78
44	\$ 705.50	\$ 601.59	\$ 1,733.63
43	\$ 721.72	\$ 615.42	\$ 1,773.48
42	\$ 737.94	\$ 629.25	\$ 1,813.34
41	\$ 754.16	\$ 643.08	\$ 1,853.19
40	\$ 770.37	\$ 656.91	\$ 1,893.04
39	\$ 786.59	\$ 670.74	\$ 1,932.90
38	\$ 802.81	\$ 684.57	\$ 1,972.75
37	\$ 819.03	\$ 698.40	\$ 2,012.60
36	\$ 835.25	\$ 712.23	\$ 2,052.46
35	\$ 851.47	\$ 726.06	\$ 2,092.31

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2025. There is no payroll deduction for single dental