

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	\$ 96.40	\$ 91.83	\$ 191.58
69	\$ 101.91	\$ 97.08	\$ 202.53
68	\$ 107.42	\$ 102.33	\$ 213.48
67	\$ 112.93	\$ 107.58	\$ 224.43
66	\$ 118.44	\$ 112.82	\$ 235.38
65	\$ 123.95	\$ 118.07	\$ 246.32
64	\$ 129.46	\$ 123.32	\$ 257.27
63	\$ 134.97	\$ 128.57	\$ 268.22
62	\$ 140.47	\$ 133.81	\$ 279.17
61	\$ 145.98	\$ 139.06	\$ 290.11
60	\$ 151.49	\$ 144.31	\$ 301.06
59	\$ 157.00	\$ 149.56	\$ 312.01
58	\$ 162.51	\$ 154.80	\$ 322.96
57	\$ 168.02	\$ 160.05	\$ 333.90
56	\$ 173.53	\$ 165.30	\$ 344.85
55	\$ 179.04	\$ 170.55	\$ 355.80
54	\$ 184.55	\$ 175.80	\$ 366.75
53	\$ 190.05	\$ 181.04	\$ 377.70
52	\$ 195.56	\$ 186.29	\$ 388.64
51	\$ 201.07	\$ 191.54	\$ 399.59
50	\$ 206.58	\$ 196.79	\$ 410.54
49	\$ 212.09	\$ 202.03	\$ 421.49
48	\$ 217.60	\$ 207.28	\$ 432.43
47	\$ 223.11	\$ 212.53	\$ 443.38
46	\$ 228.62	\$ 217.78	\$ 454.33
45	\$ 234.12	\$ 223.02	\$ 465.28
44	\$ 239.63	\$ 228.27	\$ 476.22
43	\$ 245.14	\$ 233.52	\$ 487.17
42	\$ 250.65	\$ 238.77	\$ 498.12
41	\$ 256.16	\$ 244.01	\$ 509.07
40	\$ 261.67	\$ 249.26	\$ 520.02
39	\$ 267.18	\$ 254.51	\$ 530.96
38	\$ 272.69	\$ 259.76	\$ 541.91
37	\$ 278.20	\$ 265.00	\$ 552.86
36	\$ 283.70	\$ 270.25	\$ 563.81
35	\$ 289.21	\$ 275.50	\$ 574.75

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2024. 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, 2024

**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	\$ 202.45	\$ 211.22	\$ 373.59
69	\$ 214.02	\$ 223.29	\$ 394.94
68	\$ 225.59	\$ 235.36	\$ 416.29
67	\$ 237.15	\$ 247.43	\$ 437.64
66	\$ 248.72	\$ 259.49	\$ 458.98
65	\$ 260.29	\$ 271.56	\$ 480.33
64	\$ 271.86	\$ 283.63	\$ 501.68
63	\$ 283.43	\$ 295.70	\$ 523.03
62	\$ 295.00	\$ 307.77	\$ 544.38
61	\$ 306.57	\$ 319.84	\$ 565.73
60	\$ 318.13	\$ 331.91	\$ 587.07
59	\$ 329.70	\$ 343.98	\$ 608.42
58	\$ 341.27	\$ 356.05	\$ 629.77
57	\$ 352.84	\$ 368.12	\$ 651.12
56	\$ 364.41	\$ 380.19	\$ 672.47
55	\$ 375.98	\$ 392.26	\$ 693.81
54	\$ 387.55	\$ 404.33	\$ 715.16
53	\$ 399.11	\$ 416.40	\$ 736.51
52	\$ 410.68	\$ 428.47	\$ 757.86
51	\$ 422.25	\$ 440.54	\$ 779.21
50	\$ 433.82	\$ 452.61	\$ 800.55
49	\$ 445.39	\$ 464.68	\$ 821.90
48	\$ 456.96	\$ 476.75	\$ 843.25
47	\$ 468.53	\$ 488.82	\$ 864.60
46	\$ 480.09	\$ 500.89	\$ 885.95
45	\$ 491.66	\$ 512.95	\$ 907.30
44	\$ 503.23	\$ 525.02	\$ 928.64
43	\$ 514.80	\$ 537.09	\$ 949.99
42	\$ 526.37	\$ 549.16	\$ 971.34
41	\$ 537.94	\$ 561.23	\$ 992.69
40	\$ 549.51	\$ 573.30	\$ 1,014.04
39	\$ 561.07	\$ 585.37	\$ 1,035.38
38	\$ 572.64	\$ 597.44	\$ 1,056.73
37	\$ 584.21	\$ 609.51	\$ 1,078.08
36	\$ 595.78	\$ 621.58	\$ 1,099.43
35	\$ 607.35	\$ 633.65	\$ 1,120.78

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2024. There is no payroll deduction for single dental.

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**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	\$ 250.65	\$ 224.99	\$ 555.63
69	\$ 264.97	\$ 237.85	\$ 587.38
68	\$ 279.30	\$ 250.71	\$ 619.13
67	\$ 293.62	\$ 263.56	\$ 650.88
66	\$ 307.94	\$ 276.42	\$ 682.63
65	\$ 322.27	\$ 289.28	\$ 714.38
64	\$ 336.59	\$ 302.13	\$ 746.13
63	\$ 350.91	\$ 314.99	\$ 777.89
62	\$ 365.23	\$ 327.85	\$ 809.64
61	\$ 379.56	\$ 340.70	\$ 841.39
60	\$ 393.88	\$ 353.56	\$ 873.14
59	\$ 408.20	\$ 366.42	\$ 904.89
58	\$ 422.53	\$ 379.27	\$ 936.64
57	\$ 436.85	\$ 392.13	\$ 968.39
56	\$ 451.17	\$ 404.99	\$ 1,000.14
55	\$ 465.50	\$ 417.84	\$ 1,031.89
54	\$ 479.82	\$ 430.70	\$ 1,063.64
53	\$ 494.14	\$ 443.56	\$ 1,095.39
52	\$ 508.46	\$ 456.41	\$ 1,127.14
51	\$ 522.79	\$ 469.27	\$ 1,158.89
50	\$ 537.11	\$ 482.13	\$ 1,190.64
49	\$ 551.43	\$ 494.98	\$ 1,222.39
48	\$ 565.76	\$ 507.84	\$ 1,254.14
47	\$ 580.08	\$ 520.70	\$ 1,285.89
46	\$ 594.40	\$ 533.55	\$ 1,317.64
45	\$ 608.72	\$ 546.41	\$ 1,349.39
44	\$ 623.05	\$ 559.27	\$ 1,381.14
43	\$ 637.37	\$ 572.12	\$ 1,412.89
42	\$ 651.69	\$ 584.98	\$ 1,444.64
41	\$ 666.02	\$ 597.84	\$ 1,476.39
40	\$ 680.34	\$ 610.69	\$ 1,508.14
39	\$ 694.66	\$ 623.55	\$ 1,539.90
38	\$ 708.99	\$ 636.41	\$ 1,571.65
37	\$ 723.31	\$ 649.26	\$ 1,603.40
36	\$ 737.63	\$ 662.12	\$ 1,635.15
35	\$ 751.95	\$ 674.98	\$ 1,666.90

The payroll deduction for family dental coverage will be \$36.99 per pay period for 2024. There is no payroll deduction for single dental