

Rensselaer County Health Insurance Costs: January 1, 2025

**PART-TIME EMPLOYEES - 80 HOUR PAY CYCLE
20 HOURS PER WEEK (40 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

Single Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
80	\$ 109.16	\$ 98.78	\$ 240.48
79	\$ 114.62	\$ 103.72	\$ 252.50
78	\$ 120.08	\$ 108.66	\$ 264.53
77	\$ 125.54	\$ 113.60	\$ 276.55
76	\$ 130.99	\$ 118.54	\$ 288.57
75	\$ 136.45	\$ 123.48	\$ 300.60
74	\$ 141.91	\$ 128.42	\$ 312.62
73	\$ 147.37	\$ 133.36	\$ 324.65
72	\$ 152.83	\$ 138.30	\$ 336.67
71	\$ 158.29	\$ 143.24	\$ 348.69
70	\$ 163.74	\$ 148.18	\$ 360.72
69	\$ 169.20	\$ 153.12	\$ 372.74
68	\$ 174.66	\$ 158.05	\$ 384.77
67	\$ 180.12	\$ 162.99	\$ 396.79
66	\$ 185.58	\$ 167.93	\$ 408.81
65	\$ 191.03	\$ 172.87	\$ 420.84
64	\$ 196.49	\$ 177.81	\$ 432.86
63	\$ 201.95	\$ 182.75	\$ 444.89
62	\$ 207.41	\$ 187.69	\$ 456.91
61	\$ 212.87	\$ 192.63	\$ 468.93
60	\$ 218.32	\$ 197.57	\$ 480.96
59	\$ 223.78	\$ 202.51	\$ 492.98
58	\$ 229.24	\$ 207.45	\$ 505.01
57	\$ 234.70	\$ 212.39	\$ 517.03
56	\$ 240.16	\$ 217.32	\$ 529.05
55	\$ 245.61	\$ 222.26	\$ 541.08
54	\$ 251.07	\$ 227.20	\$ 553.10
53	\$ 256.53	\$ 232.14	\$ 565.13
52	\$ 261.99	\$ 237.08	\$ 577.15
51	\$ 267.45	\$ 242.02	\$ 589.17
50	\$ 272.91	\$ 246.96	\$ 601.20
49	\$ 278.36	\$ 251.90	\$ 613.22
48	\$ 283.82	\$ 256.84	\$ 625.25
47	\$ 289.28	\$ 261.78	\$ 637.27
46	\$ 294.74	\$ 266.72	\$ 649.29
45	\$ 300.20	\$ 271.66	\$ 661.32
44	\$ 305.65	\$ 276.60	\$ 673.34
43	\$ 311.11	\$ 281.53	\$ 685.37
42	\$ 316.57	\$ 286.47	\$ 697.39
41	\$ 322.03	\$ 291.41	\$ 709.41
40	\$ 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 - 80 HOUR PAY CYCLE
20 HOURS PER WEEK (40 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

2 Person Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
80	\$ 229.24	\$ 227.20	\$ 469.05
79	\$ 240.70	\$ 238.56	\$ 492.51
78	\$ 252.16	\$ 249.92	\$ 515.96
77	\$ 263.63	\$ 261.28	\$ 539.41
76	\$ 275.09	\$ 272.64	\$ 562.86
75	\$ 286.55	\$ 284.00	\$ 586.32
74	\$ 298.01	\$ 295.36	\$ 609.77
73	\$ 309.47	\$ 306.72	\$ 633.22
72	\$ 320.94	\$ 318.08	\$ 656.67
71	\$ 332.40	\$ 329.44	\$ 680.13
70	\$ 343.86	\$ 340.81	\$ 703.58
69	\$ 355.32	\$ 352.17	\$ 727.03
68	\$ 366.78	\$ 363.53	\$ 750.49
67	\$ 378.25	\$ 374.89	\$ 773.94
66	\$ 389.71	\$ 386.25	\$ 797.39
65	\$ 401.17	\$ 397.61	\$ 820.84
64	\$ 412.63	\$ 408.97	\$ 844.30
63	\$ 424.10	\$ 420.33	\$ 867.75
62	\$ 435.56	\$ 431.69	\$ 891.20
61	\$ 447.02	\$ 443.05	\$ 914.65
60	\$ 458.48	\$ 454.41	\$ 938.11
59	\$ 469.94	\$ 465.77	\$ 961.56
58	\$ 481.41	\$ 477.13	\$ 985.01
57	\$ 492.87	\$ 488.49	\$ 1,008.46
56	\$ 504.33	\$ 499.85	\$ 1,031.92
55	\$ 515.79	\$ 511.21	\$ 1,055.37
54	\$ 527.25	\$ 522.57	\$ 1,078.82
53	\$ 538.72	\$ 533.93	\$ 1,102.28
52	\$ 550.18	\$ 545.29	\$ 1,125.73
51	\$ 561.64	\$ 556.65	\$ 1,149.18
50	\$ 573.10	\$ 568.01	\$ 1,172.63
49	\$ 584.56	\$ 579.37	\$ 1,196.09
48	\$ 596.03	\$ 590.73	\$ 1,219.54
47	\$ 607.49	\$ 602.09	\$ 1,242.99
46	\$ 618.95	\$ 613.45	\$ 1,266.44
45	\$ 630.41	\$ 624.81	\$ 1,289.90
44	\$ 641.87	\$ 636.17	\$ 1,313.35
43	\$ 653.34	\$ 647.53	\$ 1,336.80
42	\$ 664.80	\$ 658.89	\$ 1,360.25
41	\$ 676.26	\$ 670.25	\$ 1,383.71
40	\$ 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 - 80 HOUR PAY CYCLE
20 HOURS PER WEEK (40 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

Family Coverage

80%/20% County/EE Split

Hours Worked	CDPHP HMO	MVP HMO	Empire Blue Cross EPO
80	\$ 283.82	\$ 242.02	\$ 697.44
79	\$ 298.01	\$ 254.12	\$ 732.31
78	\$ 312.20	\$ 266.22	\$ 767.18
77	\$ 326.40	\$ 278.32	\$ 802.05
76	\$ 340.59	\$ 290.42	\$ 836.92
75	\$ 354.78	\$ 302.53	\$ 871.80
74	\$ 368.97	\$ 314.63	\$ 906.67
73	\$ 383.16	\$ 326.73	\$ 941.54
72	\$ 397.35	\$ 338.83	\$ 976.41
71	\$ 411.54	\$ 350.93	\$ 1,011.28
70	\$ 425.73	\$ 363.03	\$ 1,046.16
69	\$ 439.92	\$ 375.13	\$ 1,081.03
68	\$ 454.12	\$ 387.23	\$ 1,115.90
67	\$ 468.31	\$ 399.33	\$ 1,150.77
66	\$ 482.50	\$ 411.44	\$ 1,185.64
65	\$ 496.69	\$ 423.54	\$ 1,220.52
64	\$ 510.88	\$ 435.64	\$ 1,255.39
63	\$ 525.07	\$ 447.74	\$ 1,290.26
62	\$ 539.26	\$ 459.84	\$ 1,325.13
61	\$ 553.45	\$ 471.94	\$ 1,360.00
60	\$ 567.64	\$ 484.04	\$ 1,394.87
59	\$ 581.84	\$ 496.14	\$ 1,429.75
58	\$ 596.03	\$ 508.24	\$ 1,464.62
57	\$ 610.22	\$ 520.34	\$ 1,499.49
56	\$ 624.41	\$ 532.45	\$ 1,534.36
55	\$ 638.60	\$ 544.55	\$ 1,569.23
54	\$ 652.79	\$ 556.65	\$ 1,604.11
53	\$ 666.98	\$ 568.75	\$ 1,638.98
52	\$ 681.17	\$ 580.85	\$ 1,673.85
51	\$ 695.36	\$ 592.95	\$ 1,708.72
50	\$ 709.56	\$ 605.05	\$ 1,743.59
49	\$ 723.75	\$ 617.15	\$ 1,778.46
48	\$ 737.94	\$ 629.25	\$ 1,813.34
47	\$ 752.13	\$ 641.35	\$ 1,848.21
46	\$ 766.32	\$ 653.46	\$ 1,883.08
45	\$ 780.51	\$ 665.56	\$ 1,917.95
44	\$ 794.70	\$ 677.66	\$ 1,952.82
43	\$ 808.89	\$ 689.76	\$ 1,987.70
42	\$ 823.08	\$ 701.86	\$ 2,022.57
41	\$ 837.28	\$ 713.96	\$ 2,057.44
40	\$ 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.