

Rensselaer County Health Insurance Costs: January 1, 2017

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

Single Coverage

(see additional pages for 2 person and family coverage)

Hours Worked	NYSHIP		Empire Blue Cross Direct HMO		
	Empire Plan	CDPHP HMO	MVP HMO	HMO	
70	\$ 87.46	\$ 64.35	\$ 66.84	\$ 94.19	
69	\$ 92.46	\$ 68.03	\$ 70.65	\$ 99.57	
68	\$ 97.46	\$ 71.71	\$ 74.47	\$ 104.95	
67	\$ 102.46	\$ 75.38	\$ 78.29	\$ 110.33	
66	\$ 107.46	\$ 79.06	\$ 82.11	\$ 115.72	
65	\$ 112.45	\$ 82.74	\$ 85.93	\$ 121.10	
64	\$ 117.45	\$ 86.41	\$ 89.75	\$ 126.48	
63	\$ 122.45	\$ 90.09	\$ 93.57	\$ 131.86	
62	\$ 127.45	\$ 93.77	\$ 97.39	\$ 137.24	
61	\$ 132.45	\$ 97.45	\$ 101.21	\$ 142.63	
60	\$ 137.44	\$ 101.12	\$ 105.03	\$ 148.01	
59	\$ 142.44	\$ 104.80	\$ 108.85	\$ 153.39	
58	\$ 147.44	\$ 108.48	\$ 112.67	\$ 158.77	
57	\$ 152.44	\$ 112.16	\$ 116.48	\$ 164.15	
56	\$ 157.44	\$ 115.83	\$ 120.30	\$ 169.54	
55	\$ 162.43	\$ 119.51	\$ 124.12	\$ 174.92	
54	\$ 167.43	\$ 123.19	\$ 127.94	\$ 180.30	
53	\$ 172.43	\$ 126.86	\$ 131.76	\$ 185.68	
52	\$ 177.43	\$ 130.54	\$ 135.58	\$ 191.07	
51	\$ 182.43	\$ 134.22	\$ 139.40	\$ 196.45	
50	\$ 187.42	\$ 137.90	\$ 143.22	\$ 201.83	
49	\$ 192.42	\$ 141.57	\$ 147.04	\$ 207.21	
48	\$ 197.42	\$ 145.25	\$ 150.86	\$ 212.59	
47	\$ 202.42	\$ 148.93	\$ 154.68	\$ 217.98	
46	\$ 207.42	\$ 152.60	\$ 158.50	\$ 223.36	
45	\$ 212.41	\$ 156.28	\$ 162.31	\$ 228.74	
44	\$ 217.41	\$ 159.96	\$ 166.13	\$ 234.12	
43	\$ 222.41	\$ 163.64	\$ 169.95	\$ 239.50	
42	\$ 227.41	\$ 167.31	\$ 173.77	\$ 244.89	
41	\$ 232.41	\$ 170.99	\$ 177.59	\$ 250.27	
40	\$ 237.40	\$ 174.67	\$ 181.41	\$ 255.65	
39	\$ 242.40	\$ 178.35	\$ 185.23	\$ 261.03	
38	\$ 247.40	\$ 182.02	\$ 189.05	\$ 266.41	
37	\$ 252.40	\$ 185.70	\$ 192.87	\$ 271.80	
36	\$ 257.39	\$ 189.38	\$ 196.69	\$ 277.18	
35	\$ 262.39	\$ 193.05	\$ 200.51	\$ 282.56	

The payroll deduction for family dental coverage will remain at \$24.86 per pay period for 2015. There is no payroll deduction for single dental.

**OUT OF YOUR PAYCHECK THE PAY PERIOD BEFORE THE COVERAGE IS
EFFECTIVE.**

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

2 Person Coverage

(see additional pages for single and family coverage)

Hours Worked	NYSHIP			Empire Blue Cross Direct HMO
	Empire Plan	CDPHP HMO	MVP HMO	
70	\$ 200.18	\$ 128.86	\$ 153.79	\$ 183.84
69	\$ 211.62	\$ 136.22	\$ 162.58	\$ 194.34
68	\$ 223.06	\$ 143.58	\$ 171.37	\$ 204.85
67	\$ 234.49	\$ 150.95	\$ 180.15	\$ 215.35
66	\$ 245.93	\$ 158.31	\$ 188.94	\$ 225.86
65	\$ 257.37	\$ 165.67	\$ 197.73	\$ 236.36
64	\$ 268.81	\$ 173.04	\$ 206.52	\$ 246.87
63	\$ 280.25	\$ 180.40	\$ 215.30	\$ 257.37
62	\$ 291.69	\$ 187.76	\$ 224.09	\$ 267.88
61	\$ 303.13	\$ 195.13	\$ 232.88	\$ 278.38
60	\$ 314.57	\$ 202.49	\$ 241.67	\$ 288.89
59	\$ 326.00	\$ 209.85	\$ 250.46	\$ 299.39
58	\$ 337.44	\$ 217.22	\$ 259.24	\$ 309.90
57	\$ 348.88	\$ 224.58	\$ 268.03	\$ 320.40
56	\$ 360.32	\$ 231.94	\$ 276.82	\$ 330.91
55	\$ 371.76	\$ 239.31	\$ 285.61	\$ 341.41
54	\$ 383.20	\$ 246.67	\$ 294.40	\$ 351.92
53	\$ 394.64	\$ 254.03	\$ 303.18	\$ 362.42
52	\$ 406.08	\$ 261.40	\$ 311.97	\$ 372.93
51	\$ 417.52	\$ 268.76	\$ 320.76	\$ 383.43
50	\$ 428.95	\$ 276.12	\$ 329.55	\$ 393.93
49	\$ 440.39	\$ 283.49	\$ 338.34	\$ 404.44
48	\$ 451.83	\$ 290.85	\$ 347.12	\$ 414.94
47	\$ 463.27	\$ 298.21	\$ 355.91	\$ 425.45
46	\$ 474.71	\$ 305.58	\$ 364.70	\$ 435.95
45	\$ 486.15	\$ 312.94	\$ 373.49	\$ 446.46
44	\$ 497.59	\$ 320.30	\$ 382.28	\$ 456.96
43	\$ 509.03	\$ 327.67	\$ 391.06	\$ 467.47
42	\$ 520.46	\$ 335.03	\$ 399.85	\$ 477.97
41	\$ 531.90	\$ 342.39	\$ 408.64	\$ 488.48
40	\$ 543.34	\$ 349.76	\$ 417.43	\$ 498.98
39	\$ 554.78	\$ 357.12	\$ 426.22	\$ 509.49
38	\$ 566.22	\$ 364.48	\$ 435.00	\$ 519.99
37	\$ 577.66	\$ 371.85	\$ 443.79	\$ 530.50
36	\$ 589.10	\$ 379.21	\$ 452.58	\$ 541.00
35	\$ 600.54	\$ 386.57	\$ 461.37	\$ 551.51

The payroll deduction for family dental coverage will remain at \$24.86 per pay period for 2015. There is no payroll deduction for single dental.

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17.5 HOURS PER WEEK (35 HOURS BI-WEEKLY) PAYROLL DEDUCTION**

Family Coverage

(see additional pages for single and 2 person coverage)

Hours Worked	NYSHIP			Empire Blue
	Empire Plan	CDPHP HMO	MVP HMO	Cross Direct HMO
70	\$ 200.18	\$ 167.29	\$ 163.77	\$ 273.01
69	\$ 211.62	\$ 176.85	\$ 173.13	\$ 288.61
68	\$ 223.06	\$ 186.41	\$ 182.49	\$ 304.21
67	\$ 234.49	\$ 195.97	\$ 191.85	\$ 319.82
66	\$ 245.93	\$ 205.53	\$ 201.20	\$ 335.42
65	\$ 257.37	\$ 215.09	\$ 210.56	\$ 351.02
64	\$ 268.81	\$ 224.65	\$ 219.92	\$ 366.62
63	\$ 280.25	\$ 234.21	\$ 229.28	\$ 382.22
62	\$ 291.69	\$ 243.77	\$ 238.64	\$ 397.82
61	\$ 303.13	\$ 253.33	\$ 248.00	\$ 413.42
60	\$ 314.57	\$ 262.89	\$ 257.36	\$ 429.02
59	\$ 326.00	\$ 272.45	\$ 266.71	\$ 444.62
58	\$ 337.44	\$ 282.01	\$ 276.07	\$ 460.22
57	\$ 348.88	\$ 291.57	\$ 285.43	\$ 475.82
56	\$ 360.32	\$ 301.13	\$ 294.79	\$ 491.42
55	\$ 371.76	\$ 310.69	\$ 304.15	\$ 507.02
54	\$ 383.20	\$ 320.25	\$ 313.51	\$ 522.62
53	\$ 394.64	\$ 329.81	\$ 322.86	\$ 538.23
52	\$ 406.08	\$ 339.37	\$ 332.22	\$ 553.83
51	\$ 417.52	\$ 348.93	\$ 341.58	\$ 569.43
50	\$ 428.95	\$ 358.49	\$ 350.94	\$ 585.03
49	\$ 440.39	\$ 368.05	\$ 360.30	\$ 600.63
48	\$ 451.83	\$ 377.61	\$ 369.66	\$ 616.23
47	\$ 463.27	\$ 387.17	\$ 379.01	\$ 631.83
46	\$ 474.71	\$ 396.73	\$ 388.37	\$ 647.43
45	\$ 486.15	\$ 406.29	\$ 397.73	\$ 663.03
44	\$ 497.59	\$ 415.85	\$ 407.09	\$ 678.63
43	\$ 509.03	\$ 425.41	\$ 416.45	\$ 694.23
42	\$ 520.46	\$ 434.97	\$ 425.81	\$ 709.83
41	\$ 531.90	\$ 444.53	\$ 435.16	\$ 725.43
40	\$ 543.34	\$ 454.09	\$ 444.52	\$ 741.04
39	\$ 554.78	\$ 463.65	\$ 453.88	\$ 756.64
38	\$ 566.22	\$ 473.21	\$ 463.24	\$ 772.24
37	\$ 577.66	\$ 482.76	\$ 472.60	\$ 787.84
36	\$ 589.10	\$ 492.32	\$ 481.96	\$ 803.44
35	\$ 600.54	\$ 501.88	\$ 491.31	\$ 819.04

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