

Rensselaer County Health Insurance Costs: January 1, 2017

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

Single Coverage

(see additional pages for 2 person and family coverage)

Hours Worked	NYSHIP Empire			Empire Blue Cross Direct	
	Plan	CDPHP HMO	MVP HMO	HMO	
80	\$ 87.46	\$ 64.35	\$ 66.84	\$ 94.19	
79	\$ 91.84	\$ 67.57	\$ 70.18	\$ 98.90	
78	\$ 96.21	\$ 70.79	\$ 73.52	\$ 103.61	
77	\$ 100.58	\$ 74.00	\$ 76.86	\$ 108.32	
76	\$ 104.96	\$ 77.22	\$ 80.20	\$ 113.02	
75	\$ 109.33	\$ 80.44	\$ 83.54	\$ 117.73	
74	\$ 113.70	\$ 83.66	\$ 86.89	\$ 122.44	
73	\$ 118.08	\$ 86.87	\$ 90.23	\$ 127.15	
72	\$ 122.45	\$ 90.09	\$ 93.57	\$ 131.86	
71	\$ 126.82	\$ 93.31	\$ 96.91	\$ 136.57	
70	\$ 131.20	\$ 96.53	\$ 100.25	\$ 141.28	
69	\$ 135.57	\$ 99.74	\$ 103.59	\$ 145.99	
68	\$ 139.94	\$ 102.96	\$ 106.94	\$ 150.70	
67	\$ 144.32	\$ 106.18	\$ 110.28	\$ 155.41	
66	\$ 148.69	\$ 109.40	\$ 113.62	\$ 160.12	
65	\$ 153.06	\$ 112.61	\$ 116.96	\$ 164.83	
64	\$ 157.44	\$ 115.83	\$ 120.30	\$ 169.54	
63	\$ 161.81	\$ 119.05	\$ 123.65	\$ 174.25	
62	\$ 166.18	\$ 122.27	\$ 126.99	\$ 178.96	
61	\$ 170.56	\$ 125.49	\$ 130.33	\$ 183.66	
60	\$ 174.93	\$ 128.70	\$ 133.67	\$ 188.37	
59	\$ 179.30	\$ 131.92	\$ 137.01	\$ 193.08	
58	\$ 183.68	\$ 135.14	\$ 140.35	\$ 197.79	
57	\$ 188.05	\$ 138.36	\$ 143.70	\$ 202.50	
56	\$ 192.42	\$ 141.57	\$ 147.04	\$ 207.21	
55	\$ 196.79	\$ 144.79	\$ 150.38	\$ 211.92	
54	\$ 201.17	\$ 148.01	\$ 153.72	\$ 216.63	
53	\$ 205.54	\$ 151.23	\$ 157.06	\$ 221.34	
52	\$ 209.91	\$ 154.44	\$ 160.40	\$ 226.05	
51	\$ 214.29	\$ 157.66	\$ 163.75	\$ 230.76	
50	\$ 218.66	\$ 160.88	\$ 167.09	\$ 235.47	
49	\$ 223.03	\$ 164.10	\$ 170.43	\$ 240.18	
48	\$ 227.41	\$ 167.31	\$ 173.77	\$ 244.89	
47	\$ 231.78	\$ 170.53	\$ 177.11	\$ 249.60	
46	\$ 236.15	\$ 173.75	\$ 180.46	\$ 254.31	
45	\$ 240.53	\$ 176.97	\$ 183.80	\$ 259.01	
44	\$ 244.90	\$ 180.18	\$ 187.14	\$ 263.72	
43	\$ 249.27	\$ 183.40	\$ 190.48	\$ 268.43	
42	\$ 253.65	\$ 186.62	\$ 193.82	\$ 273.14	
41	\$ 258.02	\$ 189.84	\$ 197.16	\$ 277.85	
40	\$ 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.

**ANY PAYROLL DEDUCTIONS REQUIRED FOR ANY PLAN YOU ELECT WILL COME OUT OF YOUR
PAYCHECK THE PAY PERIOD BEFORE THE COVERAGE IS EFFECTIVE.**

Rensselaer County Health Insurance Costs: January 1, 2017

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

2 Person Coverage

(see additional pages for single and family coverage)

Hours Worked	NYSHIP Empire			Empire Blue
	Plan	CDPHP HMO	MVP HMO	Cross Direct HMO
80	\$ 200.18	\$ 128.86	\$ 153.79	\$ 183.84
79	\$ 210.19	\$ 135.30	\$ 161.48	\$ 193.03
78	\$ 220.20	\$ 141.74	\$ 169.17	\$ 202.22
77	\$ 230.21	\$ 148.19	\$ 176.86	\$ 211.41
76	\$ 240.21	\$ 154.63	\$ 184.55	\$ 220.60
75	\$ 250.22	\$ 161.07	\$ 192.24	\$ 229.80
74	\$ 260.23	\$ 167.52	\$ 199.93	\$ 238.99
73	\$ 270.24	\$ 173.96	\$ 207.62	\$ 248.18
72	\$ 280.25	\$ 180.40	\$ 215.30	\$ 257.37
71	\$ 290.26	\$ 186.84	\$ 222.99	\$ 266.56
70	\$ 300.27	\$ 193.29	\$ 230.68	\$ 275.75
69	\$ 310.28	\$ 199.73	\$ 238.37	\$ 284.95
68	\$ 320.29	\$ 206.17	\$ 246.06	\$ 294.14
67	\$ 330.29	\$ 212.62	\$ 253.75	\$ 303.33
66	\$ 340.30	\$ 219.06	\$ 261.44	\$ 312.52
65	\$ 350.31	\$ 225.50	\$ 269.13	\$ 321.71
64	\$ 360.32	\$ 231.94	\$ 276.82	\$ 330.91
63	\$ 370.33	\$ 238.39	\$ 284.51	\$ 340.10
62	\$ 380.34	\$ 244.83	\$ 292.20	\$ 349.29
61	\$ 390.35	\$ 251.27	\$ 299.89	\$ 358.48
60	\$ 400.36	\$ 257.72	\$ 307.58	\$ 367.67
59	\$ 410.37	\$ 264.16	\$ 315.27	\$ 376.86
58	\$ 420.37	\$ 270.60	\$ 322.96	\$ 386.06
57	\$ 430.38	\$ 277.04	\$ 330.65	\$ 395.25
56	\$ 440.39	\$ 283.49	\$ 338.34	\$ 404.44
55	\$ 450.40	\$ 289.93	\$ 346.03	\$ 413.63
54	\$ 460.41	\$ 296.37	\$ 353.72	\$ 422.82
53	\$ 470.42	\$ 302.82	\$ 361.40	\$ 432.02
52	\$ 480.43	\$ 309.26	\$ 369.09	\$ 441.21
51	\$ 490.44	\$ 315.70	\$ 376.78	\$ 450.40
50	\$ 500.45	\$ 322.14	\$ 384.47	\$ 459.59
49	\$ 510.46	\$ 328.59	\$ 392.16	\$ 468.78
48	\$ 520.46	\$ 335.03	\$ 399.85	\$ 477.97
47	\$ 530.47	\$ 341.47	\$ 407.54	\$ 487.17
46	\$ 540.48	\$ 347.92	\$ 415.23	\$ 496.36
45	\$ 550.49	\$ 354.36	\$ 422.92	\$ 505.55
44	\$ 560.50	\$ 360.80	\$ 430.61	\$ 514.74
43	\$ 570.51	\$ 367.24	\$ 438.30	\$ 523.93
42	\$ 580.52	\$ 373.69	\$ 445.99	\$ 533.13
41	\$ 590.53	\$ 380.13	\$ 453.68	\$ 542.32
40	\$ 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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Rensselaer County Health Insurance Costs: January 1, 2017

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

Family Coverage

(see additional pages for single and 2 person coverage)

Hours Worked	NYSHIP Empire			Empire Blue
	Plan	CDPHP HMO	MVP HMO	Cross Direct HMO
80	\$ 200.18	\$ 167.29	\$ 163.77	\$ 273.01
79	\$ 210.19	\$ 175.66	\$ 171.96	\$ 286.66
78	\$ 220.20	\$ 184.02	\$ 180.15	\$ 300.31
77	\$ 230.21	\$ 192.39	\$ 188.34	\$ 313.96
76	\$ 240.21	\$ 200.75	\$ 196.53	\$ 327.62
75	\$ 250.22	\$ 209.12	\$ 204.71	\$ 341.27
74	\$ 260.23	\$ 217.48	\$ 212.90	\$ 354.92
73	\$ 270.24	\$ 225.85	\$ 221.09	\$ 368.57
72	\$ 280.25	\$ 234.21	\$ 229.28	\$ 382.22
71	\$ 290.26	\$ 242.58	\$ 237.47	\$ 395.87
70	\$ 300.27	\$ 250.94	\$ 245.66	\$ 409.52
69	\$ 310.28	\$ 259.31	\$ 253.85	\$ 423.17
68	\$ 320.29	\$ 267.67	\$ 262.03	\$ 436.82
67	\$ 330.29	\$ 276.04	\$ 270.22	\$ 450.47
66	\$ 340.30	\$ 284.40	\$ 278.41	\$ 464.12
65	\$ 350.31	\$ 292.77	\$ 286.60	\$ 477.77
64	\$ 360.32	\$ 301.13	\$ 294.79	\$ 491.42
63	\$ 370.33	\$ 309.50	\$ 302.98	\$ 505.07
62	\$ 380.34	\$ 317.86	\$ 311.17	\$ 518.72
61	\$ 390.35	\$ 326.22	\$ 319.35	\$ 532.38
60	\$ 400.36	\$ 334.59	\$ 327.54	\$ 546.03
59	\$ 410.37	\$ 342.95	\$ 335.73	\$ 559.68
58	\$ 420.37	\$ 351.32	\$ 343.92	\$ 573.33
57	\$ 430.38	\$ 359.68	\$ 352.11	\$ 586.98
56	\$ 440.39	\$ 368.05	\$ 360.30	\$ 600.63
55	\$ 450.40	\$ 376.41	\$ 368.49	\$ 614.28
54	\$ 460.41	\$ 384.78	\$ 376.67	\$ 627.93
53	\$ 470.42	\$ 393.14	\$ 384.86	\$ 641.58
52	\$ 480.43	\$ 401.51	\$ 393.05	\$ 655.23
51	\$ 490.44	\$ 409.87	\$ 401.24	\$ 668.88
50	\$ 500.45	\$ 418.24	\$ 409.43	\$ 682.53
49	\$ 510.46	\$ 426.60	\$ 417.62	\$ 696.18
48	\$ 520.46	\$ 434.97	\$ 425.81	\$ 709.83
47	\$ 530.47	\$ 443.33	\$ 433.99	\$ 723.48
46	\$ 540.48	\$ 451.70	\$ 442.18	\$ 737.13
45	\$ 550.49	\$ 460.06	\$ 450.37	\$ 750.79
44	\$ 560.50	\$ 468.43	\$ 458.56	\$ 764.44
43	\$ 570.51	\$ 476.79	\$ 466.75	\$ 778.09
42	\$ 580.52	\$ 485.15	\$ 474.94	\$ 791.74
41	\$ 590.53	\$ 493.52	\$ 483.13	\$ 805.39
40	\$ 600.54	\$ 501.88	\$ 491.31	\$ 819.04

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