RENSSELAER COUNTY HEALTH INSURANCE COSTS: JANUARY 1, 2027

EMPLOYEES HIRED **ON OR AFTER 1/1/18**

Full Monthly Premium Rates

Coverage	CDPHP HMO	MVP HMO
Single	$1,393.87	$1,191.12
Two Person	$2,927.13	$2,738.58
Family	$3,624.06	$2,918.24

*** Full-Time Employee Bi-Weekly Share of Premium Cost at 25% ***

Coverage	CDPHP HMO	MVP HMO
Single	$160.83	$137.44
Two Person	$337.75	$315.99
Family	$418.16	$336.72

Employee Annual Share of Premium Cost at 25%

Coverage	CDPHP HMO	MVP HMO
Single	$4,181.61	$3,573.36
Two Person	$8,781.39	$8,215.74
Family	$10,872.18	$8,754.72

Plan Benefit Highlights

Coverage	CDPHP HMO	MVP HMO
In Network		
Doctor Co-Pay	$25.00	$25.00
Specialist Co-Pay	$25.00	$40.00
Drug Co-Pay	$10G/$25B/$40NF	$10G/$30B/$50NF
Inpatient Co-Pay	$0	$500
Out of Network		
Deductible	NA	NA
Coinsurance	NA	NA
Inpatient Co-Pay	$0	$500

The payroll deduction for family dental coverage will be $36.99 for 2027. There is no payroll deduction for individual dental coverage.

NOTE-THE EMPLOYEE SHARE LISTED ABOVE IS FOR FULL-TIME EMPLOYEES. IF YOU ARE NOT A FULL-TIME EMPLOYEE, THE HEALTH INSURANCE COVERAGE WILL COST YOU MORE, DEPENDING UPON THE NUMBER OF HOURS WORKED PER WEEK.