

"EFFECTIVE 7/1/2023 ACTIVE EMPLOYEE RATE SCHEDULE" for ACTIVE EMPLOYEES IN CSEA, NCCFT, DAI, PBA, SOA, COBA, ORDINANCE #543 and COLLEGE ORDINANCE #543

	L E G E N D	Monthly Premium	ORD hired prior 1/1/02 CSEA, IPBA, DAI, PBA, SOA hired before 4/1/14 College Ords prior to 6/1/02	CSEA, DAI, PBA, SOA hired on or after 4/1/14	COBA hired before 6/1/14	****COBA hired on or after 6/1/14 IPBA hired after 12/26/2019	*Ord. #543 hired on/after 1/1/02 but before 7/1/14	*Ord. #543 hired on/after 7/1/14	**College Ord. #543 hired on/after 6/1/02 CLASS CODE CO	NCCFT hired before 5/1/14	****NCCFT hired on of after 5/1/14	***COBRA	Domestic Partner Imputed Value
Empire Plan:													
Individual	1	\$1,308.34	\$0.00	\$98.13	\$0.00	\$98.13	\$32.71	\$98.13	\$65.42	\$0.00	\$98.13	\$1,308.34	N/A
Family		3,089.17	\$0.00	\$231.69	\$0.00	\$231.69	\$154.46	\$231.69	\$154.46	\$0.00	\$231.69	3,089.17	N/A
HIP Plan:													
Individual		1,545.87	118.77	\$216.89	118.77	\$216.89	\$151.47	\$216.89	\$184.18	118.77	\$216.89	\$1,576.79	\$1,545.87
Family		3,787.38	349.11	\$580.79	349.11	\$580.79	\$503.56	\$580.79	\$503.56	349.11	\$580.79	\$3,863.13	
EMPIRE BCBS BLUE ACCESS PPO # *****PBA, DAI & SOA EMPLOYEES are Subject to a 2.5 % Payroll Deduction - See Footnote at Bottom													
Individual		1,143.30	N/A	\$15.61	N/A	\$15.61	N/A	\$15.61	N/A	N/A	\$15.61	\$1,166.17	\$1,143.30
Family		2,699.49	N/A	\$36.85	N/A	\$36.85	N/A	\$36.85	N/A	N/A	\$36.85	\$2,753.48	
EMPIRE BCBS HDHP WITH HSA *****POLICE DEPT PBA, DAI, SOA MEMBERS ONLY *****													
Individual		962.38	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$981.63	\$962.38
Family		2,235.25	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$2,279.96	
HIP/VYTRA Network:													
Individual		1,572.43	\$132.05	\$230.17	\$132.05	\$230.17	\$164.75	\$230.17	\$197.46	\$132.05	\$230.17	\$1,603.88	\$1,572.43
Family		3,852.46	\$381.65	\$613.33	\$381.65	\$613.33	\$536.10	\$613.33	\$536.10	\$381.65	\$613.33	\$3,929.51	
DENTAL Plan:													
Individual		\$46.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.69	\$46.75
Family		\$46.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.69	
OPTICAL Plan:													
Individual		\$9.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.38	\$9.20
Family		\$9.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.38	

*Per Ordinance #4–2002, Ordinance #543 employees **hired on/after 1/1/02 but before 7/1/14** and earning an annual salary greater than \$30,000 will have a payroll deduction of 5% (individual plan) or 10% (family plan) of the NYSHIP Empire Plan monthly premium. If the employee chooses a plan that costs more than the Empire Plan, the employee is also responsible for the difference in the premiums.

Per Ordinance #77-2014, Ordinance #543 employees **hired on/after 7/1/14** and earning an annual salary greater than \$30,000 will have a payroll deduction of 15% of the NYSHIP Empire Plan monthly premium. If the employee chooses a plan that costs more than the NYSHIP Empire Plan, the employee is also responsible for the difference in the premiums.

The College Board of Trustees has authorized that College Ordinance #543 **employees hired after 6/1/02 must contribute 10% (individual plan) or 10% (family plan) of the cost of the health insurance premium. If the employee chooses a plan that is more costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium.

***COBRA premiums include a 2% administrative service fee as authorized in the Federal Consolidated Omnibus Reconciliation Act (COBRA).

****NCCFT members hired on or after 5/1/14 contribute fifteen percent(15%).

*****COBA members **hired on or after 6/1/14** - If enrolled in NYSHIP Empire Plan, the employee will have a payroll deduction of 15% of the cost of the monthly premium. If enrolled with an alternative health insurance plan (which shall include, but not be limited to, any offered HIP, and HIP/VYTRA Network), the County shall pay, towards the cost of the premium in either the individual or family plan, all amounts up to the monetary equivalent of 85% of the cost of The Empire Plan (individual or family, as appropriate). To the extent the annual premium cost is equal to or less than 85% of the cost of The Empire Plan, the employer shall pay the full cost of the health insurance premium. To the extent the annual premium exceeds 85% of the cost of The Empire Plan, the employee shall pay the difference. **This also applies to members of CSEA, PBA, DAI & SOA Union who were hired on or after 4/1/2014.**

The Empire BlueCross PPO plan is only available to those employees who would otherwise have to contribute 15% towards any other plan due to recent MOA's with various unions and a new Ordinance in 2014.

*****IPBA members hired on or after 12/26/2019 - If enrolled in The Empire Plan, the employee shall contribute 15% of the cost of the health insurance premium. If enrolled with an alternative health insurance plan (which shall include, but not be limited to, any offered HIP, and HIP/VYTRA Network), the County shall pay, towards the cost of the premium in either the individual or family plan, all amounts up to the monetary equivalent of 85% of the cost of The Empire Plan (individual or family, as appropriate). To the extent the annual premium cost is equal to or less than 85% of the cost of The Empire Plan, the employer shall pay the full cost of the health insurance premium. To the extent the annual premium exceeds 85% of the cost of The Empire Plan, the employee shall pay the difference.

*****The 2018-26 MOA's between Nassau County and the DAI, SOA & PBA UNIONS establishes a health insurance payroll deduction of 2.5% of base earnings for 2023. These members will have no payroll deduction if they select the BCBS HDHP with HSA; are a post 4/1/14 hire who selects NYSHIP and contributes 15% of premium, or if they waive participation in the County's Health Insurance coverage.

Legend:

1) Young Adult Option: Provides Coverage for Unmarried Young adults through Age 29.