

**2025 ACTIVE EMPLOYEE RATE SCHEDULE for EMPLOYEES IN CSEA, NCCFT, DAI, PBA, SOA, COBA, ORDINANCE #543 and COLLEGE ORDINANCE #543**

	Monthly Premium	NC ORD hired prior 1/1/02 College Ords & NCCAA hired prior to 6/1/02	PBA, DAI & SOA MEMBERS; COBA MEMBERS hired after 6/1/14	IPBA hired prior to 12/26/2019; COBA MEMBERS hired prior to 6/1/14 2.5% Base Pay Sal Deduction	IPBA hired after 12/26/2019	*NC Ord. #543 hired on/after 1/1/02 but before 7/1/14*	*NC Ord. #543 & NCCAA hired on/after 7/1/14*	**College Ord. #543 hired on/after 6/1/02 & NCCAA Hired on after 6/1/2002 but before 7/1/2014	****NCCFT hired before 5/1/14 Base Pay Salary Deduction of 2.75%	****NCCFT hired on of after 5/1/14	COBRA***	Domestic Partner Imputed Value	
<b>NYSHIP EMPIRE PLAN:</b>													
Individual	1	\$1,479.53	\$0.00	\$110.96	\$0.00	\$110.96	\$36.99	\$110.96	\$73.98	\$0.00	\$110.96	\$1,479.53	\$ 1,479.53
Family		3,367.80	\$0.00	\$252.59	\$0.00	\$252.59	\$168.39	\$252.59	\$168.39	\$0.00	\$252.59	3,367.80	
<b>ANTHEM HEALTH BLUE ACCESS PPO PLAN</b>													
*****IPBA EMPLOYEES are Subject to a 2.5 % Payroll Deduction - See Footnote at Bottom													
Individual		1,350.46	Not Eligible	\$46.43	Not Eligible	\$46.43	Not Eligible	\$46.43	Not Eligible	Not Eligible	\$46.43	\$1,377.47	\$1,350.46
Family		3,145.37	Not Eligible	\$141.37	Not Eligible	\$141.37	Not Eligible	\$141.37	Not Eligible	Not Eligible	\$141.37	\$3,208.28	
<b>ANTHEM HEALTH HDHP WITH HSA PLAN</b>													
*****POLICE DEPT IPBA, PBA, DAI, SOA & COBA MEMBERS ONLY *****													
Individual		1,142.59	Not Eligible	\$0.00	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$1,165.44	\$1,142.59
Family		2,653.80	Not Eligible	\$0.00	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$2,706.88	
<b>EMBLEM HEALTH (HIP) PLAN:</b>													
Individual		1,911.68	216.08	\$327.04	216.08	\$327.04	\$253.06	\$327.04	\$290.05	216.08	\$327.04	\$1,949.91	\$1,911.68
Family		4,683.60	657.90	\$910.49	657.90	\$910.49	\$826.29	\$910.49	\$826.29	657.90	\$910.49	\$4,777.27	
<b>EMBLEM HEALT H (VYTRA)</b>													
Individual		1,947.34	\$233.91	\$344.87	\$233.91	\$344.87	\$270.89	\$344.87	\$307.88	\$233.91	\$344.87	\$1,986.29	\$1,947.34
Family		4,770.95	\$701.58	\$954.16	\$701.58	\$954.16	\$869.97	\$954.16	\$869.97	\$701.58	\$954.16	\$4,866.37	
<b>NYSHIP EMPIRE PLAN</b>													
CSEA - COUNTY & NCC EMPLOYEES ONLY													
Individual		1,479.53	Not Eligible	0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,479.53	1,479.53
Family		3,367.80	Not Eligible	0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	3,367.80	
<b>EMBLEM HEALTH (HIP) PLAN</b>													
Individual		1,911.68	Not Eligible	216.08	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,949.91	1,949.91
Family		4,683.60	Not Eligible	657.90	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	4,777.27	
<b>EMBLEM HEALTH (VYTRA) PLAN</b>													
Individual		1,947.34	Not Eligible	233.91	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,986.29	1,986.29
Family		4,770.95	Not Eligible	701.58	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	4,866.37	
<b>HEALTHPLEX DENTAL PLAN</b>													
Individual or Family		\$46.75	No Payroll Deduction									\$47.69	\$46.75
Buy-Up Plan		\$84.00	\$18.63	\$18.63	\$18.63	\$18.63	\$18.63	18.63	\$18.63	Not Eligible	Not Eligible	\$85.68	46.75
<b>DAVIS VISION OPTICAL PLAN</b>													
Individual or Family		\$9.20	No Payroll Deduction									\$9.38	\$9.20

**\*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. must contribute 5% (individual plan) or 10% (family plan) of the cost of the health insurance premium. If the employee chooses a plan that is more in excess of the Empire Plan premium costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium. Per Ordinance #77-2014, Ordinance #543 employees hired on/after 7/1/14 and earning an annual salary greater than \$30,000 must contribute 15% of the cost of the health insurance premium. If the employee chooses a plan that is more in excess of the Empire Plan premium costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium.

**NCCAA Members hired after 7/1/2014 must contribute 15%**

**\*\*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) with the exception of NYSHIP.

**\*\*\*\* NCCFT** members hired on or after 5/1/14 will contribute 15% of the health insurance monthly premium. NCCFT hired before 5/1/2014 will have a payroll deduction of 2.75% of annual salary toward their health insurance.

**# The Anthem Health 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.

**\*\*\*\*\*COBA members hired on or after 6/1/14** - 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.

**COBA members hired prior to 6/1/14** - If enrolled in the Empire Plan shall contribute 2.5% of Base Salary, with no health premium payroll deduction. They are not eligible for the Anthem Health Blue Access PPO Plan.

**\*\*\*\*\*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 by Emblem Health (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, (hired prior to 4/1/2014) IPBA (hired prior to 12/26/2019) & COBA (hired prior to 6/1/2014) establishes a health insurance payroll deduction of 2.5% of base earnings for members enrolled in the NYSHIP Empire Plan.**

**IPBA MEMBERS will have a 2.5% of base pay deduction if enrolled in the Anthem Health Blue Access PPO Plan.**

**DAI, PBA, SOA and COBA** Members will **NOT** have a 2.5% of base pay payroll deduction if they are eligible for and select the **Anthem Health Blue Access PPO Plan** or **Anthem Health 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.

Please be advised that benefits plans, including availability, rates and benefits levels, are subject to change.

**Legend:**

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