

2024 ACTIVE EMPLOYEE RATE SCHEDULE" for ACTIVE EMPLOYEES IN CSEA, NCCFT, DAI, PBA, SOA, COBA, ORDINANCE #543 and COLLEGE ORDINANCE #543

		Monthly Premium	ORD hired prior 1/1/02 College Ords prior to 6/1/02	ALL PBA, DAI & SOA MEMBERS; COBA MEMBERS hired after 6/1/14	ALL COBA MEMBERS hired prior to 6/1/14 2.5% Base Pay Sal Deduction	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
NYSHIP EMPIRE PLAN:													
Individual	1	\$1,445.66	\$0.00	\$108.42	\$0.00	\$108.42	\$36.14	\$108.42	\$72.28	\$0.00	\$108.42	\$1,445.66	\$ 1,445.66
Family		3,367.09	\$0.00	\$252.53	\$0.00	\$252.53	\$168.35	\$252.53	\$168.35	\$0.00	\$252.53	3,367.09	
#ANTHEM HEALTH BLUE ACCESS PPO PLAN *****PBA, DAI & COBA EMPLOYEES are Subject to a 2.5 % Payroll Deduction - See Footnote at Bottom													
Individual		1,228.81	Not Eligible	(\$0.00)	Not Eligible	(\$0.00)	Not Eligible	(\$0.00)	Not Eligible	Not Eligible	(\$0.00)	\$1,253.39	\$1,228.81
Family		2,862.03	Not Eligible	\$0.00	Not Eligible	\$0.00	Not Eligible	\$0.00	Not Eligible	Not Eligible	\$0.00	\$2,919.27	
ANTHEM HEALTH HDHP WITH HSA PLAN *****POLICE DEPT PBA, DAI, SOA & COBA MEMBERS ONLY *****													
Individual		1,039.66	Not Eligible	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$1,060.45	\$1,039.66
Family		2,414.74	Not Eligible	\$0.00	\$0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$2,463.03	
EMBLEM HEALTH (HIP) PLAN:													
Individual		1,755.05	154.70	\$263.12	154.70	\$263.12	\$190.84	\$263.12	\$226.98	154.70	\$263.12	\$1,790.15	\$1,755.05
Family		4,299.85	466.38	\$718.91	466.38	\$718.91	\$634.73	\$718.91	\$634.73	466.38	\$718.91	\$4,385.85	
EMBLEM HEATHLH (VYTRA)													
Individual		1,786.07	\$170.21	\$278.63	\$170.21	\$278.63	\$206.35	\$278.63	\$242.49	\$170.21	\$278.63	\$1,821.79	\$1,786.07
Family		4,375.84	\$504.38	\$756.91	\$504.38	\$756.91	\$672.73	\$756.91	\$672.73	\$504.38	\$756.91	\$4,463.36	
NYSHIP EXCELSIOR PLAN CSEA - COUNTY & NCC EMPLOYEES ONLY													
Individual		1,344.47	Not Eligible	0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,344.47	1,344.47
Family		3,131.42	Not Eligible	0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	3,131.42	
EMBLEM HEALTH (HIP) PLAN													
Individual		1,755.05	Not Eligible	205.29	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,755.05	1,755.05
Family		4,299.85	Not Eligible	584.22	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	4,299.85	
EMBLEM HEALTH (VYTRA) PLAN													
Individual		1,786.07	Not Eligible	220.80	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	1,786.07	1,786.07
Family		4,375.84	Not Eligible	622.21	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	4,375.84	
HEATHLH DENTAL PLAN													
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
DAVIS VISION OPTICAL PLAN													
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 are 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 are also responsible for the premium portion in excess of the Empire Plan premium.

****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).

******The 10% employee contribution amount for NCCFT** members hired on or after 5/1/14 will be in effect from September 1, 2014 through August 31, 2015 at which time, the employee contribution will increase to 12.5% effective September 1, 2015. The contribution will rise to 15% effective September 1, 2016

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, PBA & COBA** establishes a health insurance payroll deduction of 2.5% of base earnings for 2024.

DAI, PBA & COBA MEMBERS will have a 2.5% of base pay deduction if enrolled in the Anthem Health Blue Access PPO Plan.

SOA Members will NOT have a Base Pay contribution if enrolled in the Anthem Health Blue Access PPO Plan.

Legend:

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