

**2019-2020 Health Insurance Options and
 Employee Contributions Levels (per payroll deduction)
 SABEA**

June is open enrollment for the BOCES sponsored Health, Dental and Vision Plans. Any changes you wish to make to your health plans **must** be requested no later than **June 26, 2019**, to be effective **July 1, 2019**. As always, feel free to contact the Benefit Coordination office with any questions, concerns or to request change forms at lkincaid@wswhiboces.org or (518) 746-3303/581-3303.

	Single		Two Person		Family	
	Bi-Weekly	Annual	Bi-Weekly	Annual	Bi-Weekly	Annual
<u>Empire Blue Cross Alternate PPO</u> (Health, Prescription Drug & Vision)						
Unit members earning less than \$30,000 in total compensation (10%)	\$42.66	\$853.20	\$83.19	\$1,663.68	\$123.72	\$2,474.28
Unit members earning more than \$30,000 in total compensation (11%)	\$46.93	\$938.52	\$91.51	\$1,830.12	\$136.09	\$2,721.72
<u>Empire Blue Cross HRA¹</u> (Health, Prescription Drug & Vision)						
Unit members earning less than \$30,000 in total compensation (5%)	\$14.76	\$295.08	\$28.77	\$575.40	\$42.79	\$855.72
Unit members earning more than \$30,000 in total compensation (6%)	\$17.71	\$354.12	\$34.53	\$690.48	\$51.35	\$1,026.84
<u>*MVP (HMO)-East 1²</u> (Health & Prescription)						
Unit members earning less than \$30,000 in total compensation (10% plus 100% difference of premium of Alt. PPO.)	\$163.14	\$3,262.77	\$509.64	\$10,192.68	\$226.93	\$4,538.52
Unit members earning more than \$30,000 in total compensation (11% plus 100% difference of premium of Alt. PPO.)	\$167.41	\$3,348.17	\$517.96	\$10,359.13	\$239.30	\$4,785.98
<u>*MVP (HMO)-East 2²</u> (Health & Prescription)						
Unit members earning less than \$30,000 in total compensation (10% plus 100% difference of premium of Alt. PPO.)	\$193.93	\$3,878.52	\$580.44	\$11,608.80	\$302.36	\$6,047.04
Unit members earning more than \$30,000 in total compensation (11% plus 100% difference of premium of Alt. PPO.)	\$198.20	\$3,963.84	\$588.77	\$11,775.24	\$314.73	\$6,294.48
<u>*CDPHP (HMO) - Closed to new enrollment 6/30/2007</u> (Health & Prescription)						
Unit members earning less than \$30,000 in total compensation (10% plus 100% difference of premium of Alt. PPO.)	\$107.58	\$2,151.36	\$234.38	\$4,687.32	\$164.51	\$3,290.04
Unit members earning more than \$30,000 in total compensation (11% plus 100% difference of premium of Alt. PPO.)	\$111.84	\$2,236.68	\$242.69	\$4,853.76	\$176.88	\$3,537.48
<u>Empire Blue Cross Dental</u>						
Unit members earning less than \$30,000 in total compensation (12%)	\$2.39	\$47.76	N/A	N/A	\$6.33	\$126.60
Unit members earning more than \$30,000 in total compensation (13%)	\$2.59	\$51.72	N/A	N/A	\$6.86	\$137.16
<u>Fitzharris & Co. Vision</u>						
Unit members earning less than \$30,000 in total compensation (12%)	\$.24	\$4.68	N/A	N/A	\$.68	\$13.44
Unit members earning more than \$30,000 in total compensation (13%)	\$.26	\$5.04	N/A	N/A	\$.73	\$14.52

¹Annual HRA Employer Contribution toward deductible: \$1,000 Individual/\$2,000 Family

² May participate in MVP by paying the additional cost of the plan premium over what the district would pay to cover its cost of the premiums for the Alternate PPO.

PLEASE NOTE, no new enrollment in CDPHP. Current members may maintain coverage by paying the additional cost of the plan premium over what the district would pay to cover its cost of the premiums for the Alternate PPO.