

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
CSEA / Management**

**5% Contribution: Employees hired prior to 12/31/2000**

**Medical Coverage (3 Tier: Individual, 2 Person and Family)**

**POS \$25 Co-Pay, \$5/25/50 (CSEA, Mgmt)**

	Monthly Premium	Annual Premium	5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	938.24	11,258.88	562.94	10,695.94	891.33	21.65
Two-Person	1,913.14	22,957.68	1,147.88	21,809.80	1,817.48	44.15
Family	2,532.37	30,388.44	1,519.42	28,869.02	2,405.75	58.44

**PPO \$15 Co-Pay; \$5/25/50 (CSEA, Mgmt)**

	Monthly Premium	Annual Premium	5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	982.71	11,792.52	589.63	11,202.89	933.57	22.68
Two-Person	2,003.87	24,046.44	1,202.32	22,844.12	1,903.68	46.24
Family	2,652.46	31,829.52	1,591.48	30,238.04	2,519.84	61.21

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	34.66	658.58	54.88	1.33

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	14.83

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
CSEA / Management**

**15% Contribution: Employees hired on/between: 1/1/2001 &12/31/2010**

**Medical Coverage (3 Tier: Individual, 2 Person and Family)**

**POS \$25 Co-Pay, \$5/25/50 (CSEA, Mgmt)**

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	938.24	11,258.88	1,688.83	9,570.05	797.50	64.96
Two-Person	1,913.14	22,957.68	3,443.65	19,514.03	1,626.17	132.45
Family	2,532.37	30,388.44	4,558.27	25,830.17	2,152.51	175.32

**PPO \$15 Co-Pay; \$5/25/50 (CSEA, Management)**

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	982.71	11,792.52	1,768.88	10,023.64	835.30	68.03
Two-Person	2,003.87	24,046.44	3,606.97	20,439.47	1,703.29	138.73
Family	2,652.46	31,829.52	4,774.43	27,055.09	2,254.59	183.63

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	103.99	589.25	49.10	4.00

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	17.50

## CSEA / Management

**20% Contribution: Employees hired on/between 1/1/2011 & Present day**

### Medical Coverage (3 Tier: Individual, 2 Person and Family)

POS \$25 Co-Pay, \$5/25/50 (CSEA, Mgmt)

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	938.24	11,258.88	2,251.78	9,007.10	750.59	86.61
Two-Person	1,913.14	22,957.68	4,591.54	18,366.14	1,530.51	176.60
Family	2,532.37	30,388.44	6,077.69	24,310.75	2,025.90	233.76

PPO \$15 Co-Pay; \$5/25/50 (CSEA, Mgmt)

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	982.71	11,792.52	2,358.50	9,434.02	786.17	90.71
Two-Person	2,003.87	24,046.44	4,809.29	19,237.15	1,603.10	184.97
Family	2,652.46	31,829.52	6,365.90	25,463.62	2,121.97	244.84

### Dental Coverage (same for all)

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	138.65	554.59	46.22	5.33

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	18.83

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
UPSEU (Corrections)**

**5% Contribution: Employees hired prior to 12/31/1997**

**Medical Coverage (3 Tier: Individual, 2 Person and Family)**

**POS \$25/\$40 Co-Pay; \$10/\$30/\$50 (Corrections Unit Only):**

	Monthly Premium	Annual Premium	5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	947.90	11,374.80	568.74	10,806.06	900.51	21.87
Two-Person	1,932.84	23,194.08	1,159.70	22,034.38	1,836.20	44.60
Family	2,558.48	30,701.76	1,535.09	29,166.67	2,430.56	59.04

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	34.66	658.58	54.88	1.33

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	14.83

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
UPSEU (Corrections)**

**17.5% Contribution: Employees hired on/between: 1/1/1998 & 5/31/2013**

**Medical Coverage (3 Tier: Individual, 2 Person and Family)**

**POS \$25/\$40 Co-Pay; \$10/\$30/\$50 (Corrections Unit Only):**

	Monthly Premium	Annual Premium	17.5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	947.90	11,374.80	1,990.59	9,384.21	782.02	76.56
Two-Person	1,932.84	23,194.08	4,058.96	19,135.12	1,594.59	156.11
Family	2,558.48	30,701.76	5,372.81	25,328.95	2,110.75	206.65

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	17.5% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	121.32	571.92	47.66	4.67

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all	Bi-Weekly Cost for all
Buy-Up Plan					
Ind / 2 Per / Fam	87.02	1,044.24	351.00	18.17	18.17

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
UPSEU (Corrections)**

**20% Contribution: Employees hired on/between 6/1/2013 & Present day**

**POS \$25/\$40 Co-Pay; \$10/\$30/\$50 (Corrections Unit Only):**

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	947.90	11,374.80	2,274.96	9,099.84	758.32	87.50
Two-Person	1,932.84	23,194.08	4,638.82	18,555.26	1,546.27	178.42
Family	2,558.48	30,701.76	6,140.35	24,561.41	2,046.78	236.17

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	138.65	554.59	46.22	5.33

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	18.83

**2024 Health Insurance Rates; CDPHP, MetLife Dental  
PBA**

**20% Contribution: All PBA Employees**

**Medical Coverage (3 Tier: Individual, 2 Person and Family)**

**POS \$30/\$40 Co-Pay, \$10/\$40/\$60**

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	938.24	11,258.88	2,251.78	9,007.10	750.59	86.61
Two-Person	1,913.14	22,957.68	4,591.54	18,366.14	1,530.51	176.60
Family	2,532.37	30,388.44	6,077.69	24,310.75	2,025.90	233.76

**PPO \$30/\$40 Co-Pay: \$10/\$40/\$60**

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Individual	982.71	11,792.52	2,358.50	9,434.02	786.17	90.71
Two-Person	2,003.87	24,046.44	4,809.29	19,237.15	1,603.10	184.97
Family	2,652.46	31,829.52	6,365.90	25,463.62	2,121.97	244.84

**Dental Coverage (same for all)**

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution
Basic Plan						
Ind / 2 Per / Fam	57.77	693.24	138.65	554.59	46.22	5.33

	Monthly Premium	Annual Premium	Annual Difference	Bi-Weekly Cost for all
Buy-Up Plan				
Ind / 2 Per / Fam	87.02	1,044.24	351.00	18.83