

2024 Dental and Vision Plan Rates*

COVERAGE LEVEL	DENTAL PLAN MONTHLY RATE	REGULAR VISION PLAN MONTHLY RATE	VISION PLAN PLUS MONTHLY RATE
Individual	\$34.53	\$4.34	\$15.05
Family	\$81.64	\$10.30	\$35.29

* Dental and vision rates are applicable to those currently enrolled. If you did not elect retiree dental coverage or COBRA vision coverage within 60 days of your retirement, you are not

Retiree Health Care Rates

SERVICE AT RETIREMENT	ELIGIBLE TO RETIRE BEFORE 1/1/2012	ELIGIBLE TO RETIRE AFTER 1/1/2012 AND HIRED BEFORE 1/1/2012			HIRED ON OR AFTER 1/1/2012			EMPLOYEE POST 65 SPOUSE RATES		
	N/A	20 OR MORE	15 TO 19	10 TO 14	20 OR MORE	15 TO 19	10 TO 14	20 OR MORE	15 TO 19	10 TO 14
	MEDICARE PART A AND B STATUS: NOT MEDICARE ELIGIBLE				MEDICARE PART A AND B STATUS: NOT MEDICARE ELIGIBLE			MEDICARE STATUS: EMPLOYEE ELIGIBLE & SPOUSE UNDER 65		
MONTHLY RATE										
Empire Blue Cross										
Individual	\$203.23	\$203.23	\$338.70	\$541.93	\$203.23	\$541.93	\$1,083.86	\$406.45	\$745.15	\$1,151.60
Individual + Spouse/DP	\$637.59	\$637.59	\$1,135.04	\$1,772.64	\$637.59	\$1,338.27	\$2,314.57			
Individual + Child(ren)	\$519.00	\$519.00	\$917.61	\$1,436.61	\$519.00	\$1,120.84	\$1,978.54			
Family	\$1,013.78	\$1,013.78	\$1,824.71	\$2,838.49	\$1,013.78	\$2,027.94	\$3,380.42			
Empire Blue Cross Deductible PPO										
Individual	\$85.97	\$85.97	\$221.44	\$424.67	\$85.97	\$424.67	\$966.60	\$371.27	\$680.66	\$1,051.93
Individual + Spouse/DP	\$402.99	\$402.99	\$900.44	\$1,538.04	\$402.99	\$1,103.67	\$2,079.97			
Individual + Child(ren)	\$307.92	\$307.92	\$706.53	\$1,225.53	\$307.92	\$909.76	\$1,767.46			
Family	\$662.33	\$662.33	\$1,473.26	\$2,487.04	\$662.33	\$1,676.49	\$3,028.97			
Capital District Physicians' Health Plan										
Individual	\$159.01	\$159.01	\$265.02	\$424.03	\$159.01	\$424.03	\$848.06	\$318.02	\$583.04	\$901.06
Individual + Spouse/DP	\$508.83	\$508.83	\$906.36	\$1,415.19	\$508.83	\$1,065.37	\$1,839.22			
Individual + Child(ren)	\$445.23	\$445.23	\$789.75	\$1,234.98	\$445.23	\$948.76	\$1,659.01			
Family	\$731.45	\$731.45	\$1,314.48	\$2,045.93	\$731.45	\$1,473.49	\$2,469.96			
Independent Health Association										
Individual	\$140.82	\$140.82	\$234.70	\$375.52	\$140.82	\$375.52	\$751.05	\$281.64	\$516.35	\$797.99
Individual + Spouse/DP	\$535.12	\$535.12	\$957.59	\$1,492.71	\$535.12	\$1,098.41	\$1,868.24			
Individual + Child(ren)	\$366.14	\$366.14	\$647.78	\$1,013.92	\$366.14	\$788.60	\$1,389.44			
Family	\$647.78	\$647.78	\$1,164.13	\$1,811.90	\$647.78	\$1,304.95	\$2,187.43			
MVP										
Individual	\$157.24	\$157.24	\$262.07	\$419.32	\$157.24	\$419.32	\$838.64	\$314.49	\$576.56	\$891.05
Individual + Spouse/DP	\$592.80	\$592.80	\$1,060.59	\$1,653.39	\$592.80	\$1,217.84	\$2,072.71			
Individual + Child(ren)	\$449.11	\$449.11	\$797.16	\$1,246.27	\$449.11	\$954.40	\$1,665.59			
Family	\$666.22	\$666.22	\$1,195.20	\$1,861.43	\$666.22	\$1,352.45	\$2,280.75			

* These rates are for retirees who retired or were eligible to retire before January 1, 2012. Retirees who were hired before January 1, 1986 do not contribute to coverage under these rules.