

HI PREMIUMS PRO-RATED FOR PART TIME EMPLOYEES 2018

35 Hour Base

CDPHP HMO

HOURS WORKED	INDIVIDUAL or MEDICARE		TWO PERSON		FAMILY	
	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE
30+	\$ 1,670.16	\$ 6,680.64	\$4,175.40	\$12,526.20	\$5,428.05	\$16,284.15
29	\$ 2,815.41	\$ 5,535.39	\$6,322.75	\$10,378.85	\$8,219.62	\$13,492.58
28	\$ 3,006.29	\$ 5,344.51	\$6,680.64	\$10,020.96	\$8,684.88	\$13,027.32
27	\$ 3,197.16	\$ 5,153.64	\$7,038.53	\$9,663.07	\$9,150.14	\$12,562.06
26	\$ 3,388.04	\$ 4,962.76	\$7,396.42	\$9,305.18	\$9,615.40	\$12,096.80
25	\$ 3,578.91	\$ 4,771.89	\$7,754.31	\$8,947.29	\$10,080.66	\$11,631.54
24	\$ 3,769.79	\$ 4,581.01	\$8,112.21	\$8,589.39	\$10,545.93	\$11,166.27
23	\$ 3,960.67	\$ 4,390.13	\$8,470.10	\$8,231.50	\$11,011.19	\$10,701.01
22	\$ 4,151.54	\$ 4,199.26	\$8,827.99	\$7,873.61	\$11,476.45	\$10,235.75
21	\$ 4,342.42	\$ 4,008.38	\$9,185.88	\$7,515.72	\$11,941.71	\$9,770.49
20	\$ 4,533.29	\$ 3,817.51	\$9,543.77	\$7,157.83	\$12,406.97	\$9,305.23

CDPHP CENTRAL NY HMO

HOURS WORKED	INDIVIDUAL or MEDICARE		TWO PERSON		FAMILY	
	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE
30+	\$1,910.76	\$7,643.04	\$4,776.93	\$14,330.79	\$6,210.00	\$18,630.00
29	\$3,221.00	\$6,332.80	\$7,233.64	\$11,874.08	\$9,403.71	\$15,436.29
28	\$3,439.37	\$6,114.43	\$7,643.09	\$11,464.63	\$9,936.00	\$14,904.00
27	\$3,657.74	\$5,896.06	\$8,052.54	\$11,055.18	\$10,468.29	\$14,371.71
26	\$3,876.11	\$5,677.69	\$8,461.99	\$10,645.73	\$11,000.57	\$13,839.43
25	\$4,094.49	\$5,459.31	\$8,871.44	\$10,236.28	\$11,532.86	\$13,307.14
24	\$4,312.86	\$5,240.94	\$9,280.89	\$9,826.83	\$12,065.14	\$12,774.86
23	\$4,531.23	\$5,022.57	\$9,690.34	\$9,417.38	\$12,597.43	\$12,242.57
22	\$4,749.60	\$4,804.20	\$10,099.79	\$9,007.93	\$13,129.71	\$11,710.29
21	\$4,967.98	\$4,585.82	\$10,509.25	\$8,598.47	\$13,662.00	\$11,178.00
20	\$5,186.35	\$4,367.45	\$10,918.70	\$8,189.02	\$14,194.29	\$10,645.71

BLUE SHIELD HMO

HOURS WORKED	INDIVIDUAL or MEDICARE		TWO PERSON		FAMILY	
	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE	EMPLOYEE ANNUAL COST	EMPLOYER SHARE
30+	\$3,577.32	\$6,680.64	\$8,502.36	\$12,526.20	\$11,955.21	\$16,284.15
29	\$4,722.57	\$5,535.39	\$10,649.71	\$10,378.85	\$14,746.78	\$13,492.58
28	\$4,913.45	\$5,344.51	\$11,007.60	\$10,020.96	\$15,212.04	\$13,027.32
27	\$5,104.32	\$5,153.64	\$11,365.49	\$9,663.07	\$15,677.30	\$12,562.06
26	\$5,295.20	\$4,962.76	\$11,723.38	\$9,305.18	\$16,142.56	\$12,096.80
25	\$5,486.07	\$4,771.89	\$12,081.27	\$8,947.29	\$16,607.82	\$11,631.54
24	\$5,676.95	\$4,581.01	\$12,439.17	\$8,589.39	\$17,073.09	\$11,166.27
23	\$5,867.83	\$4,390.13	\$12,797.06	\$8,231.50	\$17,538.35	\$10,701.01
22	\$6,058.70	\$4,199.26	\$13,154.95	\$7,873.61	\$18,003.61	\$10,235.75
21	\$6,249.58	\$4,008.38	\$13,512.84	\$7,515.72	\$18,468.87	\$9,770.49
20	\$6,440.45	\$3,817.51	\$13,870.73	\$7,157.83	\$18,934.13	\$9,305.23