## 2025 Health Insurance Rates

## **Hudson Valley Community College Non-Teaching Professionals**

Are you a Non Teaching Professional covered under the NTP Collective Bargaining Agreement first employed after November 6, 2014 in a qualifying position which includes health insurance as a benefit?

Then your health insurance rates are:

| ,  | Per Pay Period | Monthly Employee<br>Share | Monthly Employer Share | Total Monthly<br>Premium |
|--|----------------|---------------------------|------------------------|--------------------------|
| Highmark EPO Individual Coverage                     | 79.81          | 159.62                    | 904.53                 | 1,064.15                 |
| Highmark EPO Family Coverage                         | 315.47         | 630.94                    | 1,869.81               | 2,500.75                 |
| Alternative Plan (Highmark) HDHP Individual Coverage | 58.74          | 117.48                    | 665.64                 | 783.12                   |
| Alternative Plan (Highmark) HDHP Family Coverage     | 275.25         | 550.50                    | 1,289.84               | 1,840.34                 |

Are you a Non Teaching Professional covered under the NTP Collective Bargaining Agreement first employed prior to November 6, 2014 in a qualifying position which includes health insurance as a benefit?

Then your health insurance rates are:

|  | Per Pay Period | Monthly Employee<br>Share | Monthly Employer Share | Total Monthly<br>Premium |
|--|----------------|---------------------------|------------------------|--------------------------|
| Highmark EPO Individual Coverage                     | 53.21          | 106.42                    | 957.73                 | 1,064.15                 |
| Highmark EPO Family Coverage                         | 315.47         | 630.94                    | 1,869.81               | 2,500.75                 |
| Alternative Plan (Highmark) HDHP Individual Coverage | 39.15          | 78.30                     | 704.82                 | 783.12                   |
| Alternative Plan (Highmark) HDHP Family Coverage     | 275.25         | 550.50                    | 1,289.84               | 1,840.34                 |

Are you a Non Teaching Professional not covered under the NTP Collective Bargaining Agreement employed less than 36 Months in a qualifying position which includes health insurance as a benefit?

Then your health insurance rates are:

|  | Per Pay Period | Monthly Employee<br>Share | Monthly Employer Share | Total Monthly<br>Premium |
|--|----------------|---------------------------|------------------------|--------------------------|
| Highmark EPO Individual Coverage                     | 133.02         | 266.04                    | 798.11                 | 1,064.15                 |
| Highmark EPO Family Coverage                         | 315.47         | 630.94                    | 1,869.81               | 2,500.75                 |
| Alternative Plan (Highmark) HDHP Individual Coverage | 97.90          | 195.80                    | 587.32                 | 783.12                   |
| Alternative Plan (Highmark) HDHP Family Coverage     | 275.25         | 550.50                    | 1,289.84               | 1,840.34                 |

Are you a Non Teaching Professional not covered under the NTP Collective Bargaining Agreement employed more than 36 Months in a qualifying position which includes health insurance as a benefit?

Then your health insurance rates are:

| ·  | Per Pay Period | Monthly Employee<br>Share | Monthly Employer Share | Total Monthly<br>Premium |
|--|----------------|---------------------------|------------------------|--------------------------|
| Highmark EPO Individual Coverage                     | -              | -                         | 1,064.15               | 1,064.15                 |
| Highmark EPO Family Coverage                         | 315.47         | 630.94                    | 1,869.81               | 2,500.75                 |
| Alternative Plan (Highmark) HDHP Individual Coverage | -              | -                         | 783.12                 | 783.12                   |
| Alternative Plan (Highmark) HDHP Family Coverage     | 275.25         | 550.50                    | 1,289.84               | 1,840.34                 |