



Town of Glenville Finance Department

Memo

To: All Employees
From: Jason Cuthbert, Comptroller
Date: November 20, 2020
Re: 2021 Health Insurance Information

The open enrollment period for 2021 health insurance runs now through Thursday, December 10, 2020. In 2021, the Town will again be offering “base” health insurance plans from MVP, Blue Shield of NE NY, and CDPHP. Attached is a brief comparison of each plan as well as 2021 employer-employee cost share amounts. More detailed plan information can be found under the ‘Staff’ tab at the town website: townofglenville.org.

If you wish to change your health insurance carrier or add/remove dependents then please complete the proper enrollment forms and return them to Jeff Prescott or me by December 10, 2020.

If you wish to keep your existing health insurance carrier with no changes to dependents then no action is necessary. You will be automatically renewed with your current carrier.

Any non-represented or CSEA Town Hall unit employee who wishes to participate in a medical or dependent care Flexible Spending Account (FSA) must complete a new enrollment form for 2021 and return it to Jeff Prescott or me by December 10, 2020. This is true even if you are currently participating in the FSA program.

If you have any questions regarding open enrollment please contact me.

2021 HEALTH INSURANCE PLANS OVERVIEW

CARRIER	Blue Shield of NE NY	CDPHP	MVP
METAL TIER	Platinum	Platinum	Platinum
TOWN BASE PLAN	Yes	Yes	Yes
Product	POS	EPO	EPO
Plan Name	Platinum POS Classic (2701)	EPO Copayment (130)	Platinum 5
Network	Local	National	Cigna
Deductible (Single/Family)	None	None	None
Coinsurance	None	None	None
Out-of-Pocket (OOP) Max (Single/Family)	\$2,000/\$4,000 (EMB)	\$4,000/\$8,000 (EMB)	\$3,550/\$7,100 (EMB)
Office Visit	\$15	\$15	\$15
Specialist Visit	\$35	\$35	\$25
Inpatient Hospital	\$500	\$500	\$550
Outpatient Surgery	\$100	\$75	Facility: \$300 Physician: \$0
Emergency Room	\$100	\$100	\$200
Urgent Care	\$55	\$60	\$25
Telemedicine	Covered in full	\$15	Covered in full
Prescription	\$10/\$30/\$60	\$4/\$30/\$60	\$10/\$40/\$60
Pediatric Dental	Yes, Bundled	Yes, Bundled	Yes, Embedded
Pediatric Vision	Yes, Embedded	Yes, Embedded	Yes, Embedded
Adult Vision	Discount Program	Yes, Every 12 Months	Yes, Every 24 Months
Out-of-Network (OON) Benefit - Yes or No	Yes	No	No
OON Deductible	\$5,000/\$10,000 (EMB)	N/A	N/A
OON Coinsurance	Deductible, then 50%	N/A	N/A
OON OOP Max	\$10,000/\$20,000 (EMB)	N/A	N/A

HEALTH INSURANCE RATES 2021

ACTIVE EMPLOYEES

	Individual	Employee & Child(ren), no spouse	Two Person: Employee & Spouse	Family
Blue Shield NE NY monthly Employer cost	\$ 767.72	\$ 1,305.12	\$ 1,535.44	\$ 2,188.00
Bi-weekly employee share at 8%	\$ 28.35	\$ 48.19	\$ 56.69	\$ 80.79
Bi-weekly employee share at 13%	\$ 46.06	\$ 78.31	\$ 92.13	\$ 131.28
Bi-weekly employee share at 15%	\$ 53.15	\$ 90.35	\$ 106.30	\$ 151.48
Bi-weekly employee share at 20%	\$ 70.87	\$ 120.47	\$ 141.73	\$ 201.97
 CDPHP monthly Employer cost	 \$ 807.40	 \$ 1,372.59	 \$ 1,614.81	 \$ 2,301.10
Bi-weekly employee share at 8%	\$ 29.81	\$ 50.68	\$ 59.62	\$ 84.96
Bi-weekly employee share at 13%	\$ 48.44	\$ 82.36	\$ 96.89	\$ 138.07
Bi-weekly employee share at 15%	\$ 55.90	\$ 95.03	\$ 111.79	\$ 159.31
Bi-weekly employee share at 20%	\$ 74.53	\$ 126.70	\$ 149.06	\$ 212.41
 MVP monthly Employer cost	 \$ 853.34	 \$ 1,450.68	 \$ 1,706.68	 \$ 2,432.02
Bi-weekly employee share at 8%	\$ 31.51	\$ 53.56	\$ 63.02	\$ 89.80
Bi-weekly employee share at 13%	\$ 51.20	\$ 87.04	\$ 102.40	\$ 145.92
Bi-weekly employee share at 15%	\$ 59.08	\$ 100.43	\$ 118.15	\$ 168.37
Bi-weekly employee share at 20%	\$ 78.77	\$ 133.91	\$ 157.54	\$ 224.49

DENTAL RATES 2021

	1/1/21-6/30/21 Family	7/1/21-12/31/21 Family
Dutchess Dental monthly Employer cost	\$ 145.78	\$ 154.53
Bi-weekly employee share at 10%	\$ 6.73	\$ 7.13
Bi-weekly employee share at 15%	\$ 10.09	\$ 10.70
Bi-weekly employee share at 20%	\$ 13.46	\$ 14.26
<i>Only one composite rate is available</i>		

VISION RATES 2021

	1/1/21-12/31/21 Individual	1/1/21-12/31/21 Family
Gold 12 Vision monthly Employer cost	\$ 9.67	\$ 26.06
Bi-weekly employee share at 0% for individual	\$ -	\$ 7.56
Bi-weekly employee share at 10% for individual	\$ 0.45	\$ 8.01
Bi-weekly employee share at 15% for individual	\$ 0.67	\$ 8.23
Bi-weekly employee share at 20% for individual	\$ 0.89	\$ 8.46
<i>Two person coverage is not offered</i>		