



Town of Glenville Finance Department

Memo

To: All Employees
From: Jason Cuthbert, Comptroller
Date: November 20, 2023
Re: 2024 Health Insurance Information

The open enrollment period for 2024 health insurance runs now through Friday, December 8, 2023. In 2024, the Town will again be offering “base” health insurance plans from MVP, CDPHP, and Highmark Blue Shield of NE NY. Attached is a brief comparison of each plan as well as 2024 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 8, 2023.

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, CSEA Town Hall, or CSEA Highway unit employee who wishes to participate in a medical or dependent care Flexible Spending Account (FSA) must complete a new enrollment form for 2024 and return it to Jeff Prescott or me by December 8, 2023. This is true even if you are currently participating in the FSA program.

If you have any questions regarding open enrollment please contact me via email at jcuthbert@townofglenville.org.

HEALTH INSURANCE RATES 2024

ACTIVE EMPLOYEES

	Individual	Employee & Child(ren), no spouse	Two Person: Employee & Spouse	Family
Highmark BSNENY monthly Employer cost	\$ 1,056.15	\$ 1,795.46	\$ 2,112.31	\$ 3,010.04
Bi-weekly employee share at 15%	\$ 73.12	\$ 124.30	\$ 146.24	\$ 208.39
Bi-weekly employee share at 20%	\$ 97.49	\$ 165.73	\$ 194.98	\$ 277.85
CDPHP monthly Employer cost	\$ 1,056.73	\$ 1,796.44	\$ 2,113.46	\$ 3,011.68
Bi-weekly employee share at 15%	\$ 73.16	\$ 124.37	\$ 146.32	\$ 208.50
Bi-weekly employee share at 20%	\$ 97.54	\$ 165.83	\$ 195.09	\$ 278.00
MVP monthly Employer cost	\$ 1,088.16	\$ 1,849.87	\$ 2,176.32	\$ 3,101.26
Bi-weekly employee share at 15%	\$ 75.33	\$ 128.07	\$ 150.67	\$ 214.70
Bi-weekly employee share at 20%	\$ 100.45	\$ 170.76	\$ 200.89	\$ 286.27

DENTAL RATES 2024

	1/1/24-6/30/24 Family	7/1/24-12/31/24 Family
Dutchess Dental monthly Employer cost	\$ 167.00	\$ 168.67
Bi-weekly employee share at 20%	\$ 15.42	\$ 15.57
<i>Only one composite rate is available</i>		

VISION RATES 2024

	1/1/24-12/31/24 Individual	1/1/24-12/31/24 Family
Gold 12 Vision monthly Employer cost	\$ 9.67	\$ 26.06
Bi-weekly employee share at 20% for individual	\$ 0.89	\$ 8.46
<i>Two person coverage is not offered</i>		

2024 HEALTH INSURANCE PLANS OVERVIEW - COMMON COSTS			
CARRIER	Highmark BSNENY	CDPHP	MVP
METAL TIER	Platinum	Platinum	Platinum
TOWN BASE PLAN	Yes	Yes	Yes
Product	POS	EPO	EPO
Plan Name	Platinum Radius Plus (200 Plus Network)	EPO Copayment (130)	Platinum 5
Deductible (Single/Family)	None	None	None
Coinsurance	None	None	None
Out-of-Pocket (OOP) Max (Single/Family)	\$7,000/\$14,000	\$4,000/\$8,000	\$3,550/\$7,100
Office Visit	\$15	\$15	\$15
Specialist Visit	\$30	\$35	\$25
Inpatient Hospital	\$500	\$500	\$550
Outpatient Surgery	\$100	\$50	Hospital: \$300 Preferred Facility: \$0
Emergency Room	\$150	\$100	\$200
Urgent Care	\$75	\$60	\$25
Outpatient Lab	\$30	Hospital: \$35 Preferred Lab: \$0	Hospital: \$25 Preferred Facility: \$0
Prescription (30-day supply)	\$10/\$35/\$100	\$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	Not Covered
Out-of-Network (OON) Benefit - Yes or No	Yes	No	No
OON Deductible	\$5,000/\$10,000	N/A	N/A
OON Coinsurance	Deductible, then 50%	N/A	N/A
OON OOP Max	\$10,000/\$20,000	N/A	N/A