

2025 Health Insurance Rates

Hudson Valley Community College Department Chairs

| Are you a Department Chair first employed for or after 2009/2010 academic year, not yet tenured in a qualifying position which includes health insurance as a benefit? | | | | |
|--|----------------|------------------------|------------------------|-----------------------|
| Then your health insurance rates are: | | | | |
| | Per Pay Period | Monthly Employee Share | Monthly Employer Share | Total Monthly 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 Department Chair first employed for or after 2009/2010 academic year, tenured in a qualifying position which includes health insurance as a benefit? | | | | |
|--|----------------|------------------------|------------------------|-----------------------|
| Then your health insurance rates are: | | | | |
| | Per Pay Period | Monthly Employee Share | Monthly Employer Share | Total Monthly Premium |
| Highmark EPO Individual Coverage | 26.61 | 53.22 | 1,010.93 | 1,064.15 |
| Highmark EPO Family Coverage | 315.47 | 630.94 | 1,869.81 | 2,500.75 |
| Alternative Plan (Highmark) HDHP Individual Coverage | 19.57 | 39.14 | 743.98 | 783.12 |
| Alternative Plan (Highmark) HDHP Family Coverage | 275.25 | 550.50 | 1,289.84 | 1,840.34 |

| Are you a Department Chair first employed prior to September 1, 2009 in a qualifying position which includes health insurance as a benefit? | | | | |
|---|----------------|------------------------|------------------------|-----------------------|
| Then your health insurance rates are: | | | | |
| | Per Pay Period | Monthly Employee Share | Monthly Employer Share | Total Monthly 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 |