

**CSEA 2020
INSURANCE DEDUCTION RATES**

HEALTH INSURANCE

NYSHIP

INDIVIDUAL	\$180.56/MO.	\$ 90.28 TWICE A MONTH
FAMILY	\$596.90/MO.	\$298.45 TWICE A MONTH

CDPHP (HDEPO)

INDIVIDUAL	\$ 29.96/MO.	\$ 14.98 TWICE A MONTH
FAMILY	\$220.26/MO.	\$110.13 TWICE A MONTH

DENTAL INSURANCE-- EMPIRE BLUE CROSS

INDIVIDUALS THAT HAVE NYSHIP HEALTH INSURANCE

INDIVIDUAL	\$7.34/MO.	\$3.67 TWICE A MONTH
FAMILY	\$7.34/MO.	\$3.67 TWICE A MONTH

INDIVIDUALS THAT HAVE CDPHP (HDEPO), NO HEALTH INSURANCE, OR HEALTH INS. BUY-OUT

INDIVIDUAL	\$0.00/MO.
FAMILY	\$0.00/MO.

VISION INSURANCE-- CSEA EBF (PLATINUM 12)

INDIVIDUALS THAT HAVE NYSHIP HEALTH INSURANCE

INDIVIDUAL	NO DEDUCTION	
FAMILY	\$21.66/MO.	\$10.83 TWICE A MONTH

INDIVIDUALS THAT HAVE CDPHP (HDEPO), NO HEALTH INSURANCE, OR HEALTH INS. BUY-OUT

INDIVIDUAL	\$0.00/MO.
FAMILY	\$0.00/MO.

**DEPENDENTS, UP TO AGE 26, CAN BE KEPT OR ADDED ON TO POLICIES FOR NYSHIP,
CDPHP AND DENTAL ONLY
[NOT VISION].**

**THESE RATES WILL BE DEDUCTED BEGINNING THE APRIL 3RD PAYROLL
FOR THE EFFECTIVE DATE OF COVERAGE OF MAY 1, 2020**