Department of Human Resource Management City Hall Room 103A, 30 Church Street Rochester, New York 14614-1280 www.cityofrochester.gov

HEALTH AND DENTAL INSURANCE PLANS AND MONTHLY RATES

All Rates Effective through 12/31/25

AFSCME Local 1635 and IUOE Local 832S Hired On/After 7/1/81 IAFF, Local 1071 • IAFF Civilian, Local 1071
Police Locust Club (except previous Blue Million enrollees)
APT and Confidential (Full-time) Employees

	Monthly Contribution		
Health Insurance Plans	SINGLE	2 PERSON	FAMILY
MVP Enhanced PPO	\$131.95	\$303.48	\$359.12
MVP Core EPO	\$0.00	\$0.00	\$0.00

Dental Insurance Plan	SINGLE	FAMILY
Guardian Dental	\$2.98	\$11.00

If you have questions regarding any of these Benefit Plans, please call the Employee Benefits Office at 428-7257 or send an email to Benefits@cityofrochester.gov.

2025 Health and Dental Group 2.docx



Phone: 585.428.7257 Fax: 585.428.6902 TTY: 585.428.6054 EEO/ADA Employer