

New York State Health Insurance Program
Enrollment Summary Worksheet (May 20XX)
(NYSHIP Option # XXX) NYSHIP Option/HMO Name

<u>Total Enrollment</u>		
With Drug Coverage		
Individual	2,000	<u>Note:</u> All enrollment/contract count figures are for illustrative purposes only
Family	3,000	
Without Drug Coverage		
Individual	10	
Family	10	

<u>Medicare Enrollment & Contract Counts</u>		
	Enrollment*	Medicare Contracts **
With Drug Coverage		
Individual	800	800
Family	400	700
		1,500 Total Contracts
Without Drug Coverage		
Individual	8	8
Family	4	7
		15 Total Contracts

* Represents NYSHIP Enrollees who are Medicare Primary (enrolled in Medicare). Use enrollment by coverage when completing Schedules III Medicare Contracts with Multiple Medicare Rates.

** Represents all NYSHIP members (enrollees & dependents) who are Medicare Primary (enrolled in Medicare). Use total contracts when completing Schedules III Medicare Contracts with Single Medicare Rates