

**New York State Health Insurance Program
Dental and Vision Coverage
Rates Effective January 1, 2011**

Dental Plan

Full Share

Individual
Family

Full Share Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
29.10		29.10	13.39
76.08		76.08	35.02
COBRA			
29.10	0.58	29.68	
76.08	1.52	77.60	

Vision Plan*

Full Share

Individual
Family

Full Share Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
3.95		3.95	1.82
10.85		10.85	4.99
COBRA			
3.95	0.08	4.03	
10.85	0.22	11.07	

* Excludes NYSCOPBA (A04, A48, C04 & C48), ALESU (A37 & C37) & Council-82 (A25, A50, C25 & C50)

Vision Plan with Laser Vision Benefit**

Full Share

Individual
Family

Full Share Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
46.87		46.87	21.57
53.77		53.77	24.75
COBRA			
46.87	0.94	47.81	
53.77	1.08	54.85	

** NYSCOPBA (A04, A48, C04 & C48), ALESU (A37 & C37) & Council-82 (A25, A50, C25 & C50)

(1) for LWOP rates.