November 1, 2011 Premium Rate Change
NYS Health Insurance Program Biweekly Rates

Administrative Paycheck October 12, 2011 - Employees exempt from Lag Payroll
Administrative Paycheck October 26, 2011 - Employees subject to Lag Payroll

	OPT	COV	Schedule I - UCS **Grade 9 or Lower** **Benefit Programs:** A13, A15, A17, A36, A41, A43, A46 Employee	Full Share LWOP	Schedule I - UCS **Grade 10 or Above** **Benefit Program:** A13, A15, A17, A36, A41, A43, A46, Employee	Full Share LWOP
Empire Plan (001)						
Individual	001	1	34.02	264.81	49.00	264.81
Family	001	4	133.26	622.34	168.15	622.34
HIP (050)						
Individual	050	1	58.01	281.94	72.46	281.94
Family	050	4	190.37	681.33	225.45	681.33
MVP Health Care, Inc. -Rochester (058)						
Individual	058	1	26.98	210.72	38.78	210.72
Family	058	4	112.09	516.86	141.03	516.86
Independent Health - Western NY (059)						
Individual	059	1	31.40	245.30	45.14	245.30
Family	059	4	131.37	604.88	165.24	604.88
MVP Health Care, Inc. - East Region (060)						
Individual	060	1	28.32	221.27	40.71	221.27
Family	060	4	117.77	543.06	148.18	543.06
Capital District PHP - Capital (063)						
Individual	063	1	33.53	246.99	47.28	246.99
Family	063	4	138.82	607.42	172.31	607.42
Blue Choice (066)						
Individual	066	1	27.24	212.84	39.16	212.84
Family	066	4	108.98	506.83	137.35	506.83
Community Blue (067)						
Individual	067	1	32.46	253.58	46.65	253.58
Family	067	4	187.30	693.95	223.58	693.95
HMO Blue - CNY (072)						
Individual	072	1	91.79	308.75	105.78	308.75
Family	072	4	277.48	750.50	311.25	750.50
HMO Blue - Utica/Watertown (160)						
Individual	160	1	73.98	283.71	87.51	283.71
Family	160	4	259.60	720.54	292.54	720.54
Aetna (210)						
Individual	210	1	112.64	337.47	127.14	337.47
Family	210	4	470.53	953.82	505.01	953.82
GHI HMO Albany Region (220)						
Individual	220	1	115.46	351.01	130.65	351.01
Family	220	4	389.61	911.66	427.24	911.66

	OPT	COV	Schedule I - UCS **Grade 9 or Lower** **Benefit Programs:** A13, A15, A17, A36, A41, A43, A46, A47 Employee	Full Share LWOP	Schedule I - UCS **Grade 10 or Above** **Benefit Program:** A13, A15, A17, A36, A41, A43, A46, A47 Employee	Full Share LWOP
Empire BlueCross BlueShield HMO - Upstate (280)						
Individual	280	1	87.45	316.43	102.22	316.43
Family	280	4	305.66	814.77	342.09	814.77
Empire BlueCross BlueShield HMO - Downstate (290)						
Individual	290	1	135.12	364.31	149.90	364.31
Family	290	4	430.27	939.86	466.73	939.86
Capital District PHP - Central (300)						
Individual	300	1	71.15	285.55	84.98	285.55
Family	300	4	232.09	703.82	265.80	703.82
Capital District PHP - W. Hudson Valley (310)						
Individual	310	1	80.79	294.75	94.59	294.75
Family	310	4	256.01	726.73	286.65	726.73
Empire BlueCross BlueShield HMO - Mid-Hudson (320)						
Individual	320	1	135.95	365.37	150.75	365.37
Family	320	4	432.50	942.61	469.00	942.61
MVP Health Care, Inc. - Central Region (330)						
Individual	330	1	44.00	253.25	57.51	253.25
Family	330	4	163.00	623.18	195.90	623.18
MVP Health Care, Inc. - Mid-Hudson (340)						
Individual	340	1	39.84	247.66	53.25	247.66
Family	340	4	152.26	609.25	184.93	609.25
GHI HMO - HV & Ulster Regions (350)						
Individual	350	1	143.92	379.48	159.11	379.48
Family	350	4	467.24	988.99	504.55	988.99
MVP HMO - North Region (360)						
Individual	360	1	81.27	294.09	95.00	294.09
Family	360	4	256.78	725.31	290.27	725.31