

**New York State Health Insurance Program
Dental and Vision Coverage (non-GSEU Enrollees)
Rates Effective January 1, 2014**

Dental Plan (Preferred Plan)

	Gross Rate	COBRA 48%	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share					
Individual	28.21			28.21	12.98
Family	72.78			72.78	33.50
COBRA					
Individual	28.21		0.56	28.77	
Family	72.78		1.46	74.24	
COBRA with Disability					
Individual	28.21	13.54	0.56	42.31	
Family	72.78	34.93	1.46	109.17	

Vision Plan*

	Gross Rate	COBRA 48%	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share					
Individual	3.60			3.60	1.66
Family	9.34			9.34	4.30
COBRA					
Individual	3.60		0.07	3.67	
Family	9.34		0.19	9.53	
COBRA with Disability					
Individual	3.60	1.73	0.07	5.40	
Family	9.34	4.48	0.19	14.01	

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

Vision Plan with Laser Vision Benefit**

	Gross Rate	COBRA 48%	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share					
Individual	15.31			15.31	7.05
Family	21.05			21.05	9.69
COBRA					
Individual	15.31		0.31	15.62	
Family	21.05		0.42	21.47	
COBRA with Disability					
Individual	15.31	7.35	0.31	22.97	
Family	21.05	10.10	0.42	31.57	

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

(1) for LWOP rates.