

**New York State Health Insurance Program  
Dental and Vision Coverage (non-GSEU Enrollees)  
Rates Effective January 1, 2016**

**Dental Plan (Preferred Plan)**

	<b>Gross Rate</b>	<b>COBRA 48%</b>	<b>2% Admin Charge</b>	<b>Monthly Enrollee Cost</b>	<b>Biweekly Enrollee Cost(1)</b>
<b>Full Share</b>					
Individual	28.07			28.07	12.88
Family	73.46			73.46	33.72
<b>COBRA</b>					
Individual	28.07		0.56	28.63	
Family	73.46		1.47	74.93	

**Vision Plan\***

	<b>Gross Rate</b>	<b>COBRA 48%</b>	<b>2% Admin Charge</b>	<b>Monthly Enrollee Cost</b>	<b>Biweekly Enrollee Cost(1)</b>
<b>Full Share</b>					
Individual	3.46			3.46	1.59
Family	9.01			9.01	4.14
<b>COBRA</b>					
Individual	3.46		0.07	3.53	
Family	9.01		0.18	9.19	

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

**Vision Plan with Laser Vision Benefit\*\***

	<b>Gross Rate</b>	<b>COBRA 48%</b>	<b>2% Admin Charge</b>	<b>Monthly Enrollee Cost</b>	<b>Biweekly Enrollee Cost(1)</b>
<b>Full Share</b>					
Individual	7.95			7.95	3.65
Family	13.50			13.50	6.20
<b>COBRA</b>					
Individual	7.95		0.16	8.11	
Family	13.50		0.27	13.77	

\*\* NYSCOPBA (A04, A48, A64, C04, C48 & C63), APSU (A37 & C37) & Council-82 (A25, A50, C25 & C50)

(1) for LWOP rates.