Participating Employers Monthly Rates - **WITHOUT Drug Coverage**

Rates Effective January 1, 2016

Gross Rates for Individual

(For Imputed Income Calculation Purposes)

	OPT	Monthly Cost
Empire Plan (001)		
Individual	001	506.79
HIP (050)		
Individual	050	633.13
MVP Health Care - Rochester (058)		
Individual	058	496.37
Independent Health (059)		
Individual	059	502.43
MVP Health Care - East Region (060)		
Individual	060	530.20
Capital District PHP - Capital (063)		
Individual	063	533.40
Blue Choice (066)		
Individual	066	516.35
BlueCross BlueShield of WNY (067)		
Individual	067	441.17
HMO Blue - Central New York Region (072)		
Individual	072	641.14
HMO Blue - Utica (160)		
Individual	160	685.86
HIP HMO (220)		
Individual	220	646.34
Empire BlueCross BlueShield HMO - Upstate (280)		
Individual	280	643.51
Empire BlueCross BlueShield HMO - Downstate (290)		
Individual	290	864.64
Capital District PHP - Central (300)		
Individual	300	611.62
Capital District PHP - W. Hudson Valley (310)		
Individual	310	682.45
Empire BlueCross BlueShield HMO - Mid-Hudson (320)		
Individual	320	845.53
MVP Health Care - Central Region (330)		
Individual	330	599.37
MVP Health Care - Mid Hudson (340)		
Individual	340	620.11
HIP HMO - HV & Ulster Regions (350)		
Individual	350	646.34
MVP Health Care -North Regions (360)		
Individual	360	732.85