Benefit Program G05
AMENDED DEPENDENT SURVIVORS
Between 4/1/75 & 3/31/79 & Some Thruway Survivors

*Medicare: 104.90

	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Empire Plan						
Individual	001	1	0	250.35	430.56	680.91
Medicare	001	1	1	145.45	535.46	576.01
Family	001	4	0	250.35	1,431.98	1,682.33
1 Medicare	001	4	1	145.45	1,536.88	1,577.43
2 Medicares	001	4	2	40.55	1,641.78	1,472.53
HIP (050)						
Individual	050	1	0	274.25	502.16	776.41
Medicare	050	1	1	169.35	607.06	671.51
Family	050	4	0	274.25	1,599.15	1,873.40
1 Medicare	050	4	1	169.35	1,704.05	1,768.50
2 Medicares	050	4	2	64.45	1,808.95	1,663.60
MVP Health Care Roch. (058)						
Individual	058	1	0	196.58	404.77	601.35
Medicare	058	1	1	91.68	509.67	496.45
Family	058	4	0	196.58	1,191.09	1,387.67
1 Medicare	058	4	1	91.68	1,295.99	1,282.77
2 Medicares	058	4	2	(13.22)	1,400.89	1,177.87
Independent Health (059)						
Individual	059	1	0	227.20	398.00	625.20
Medicare	059	1	1	122.30	502.90	520.30
Family	059	4	0	227.20	1,306.81	1,534.01
1 Medicare	059	4	1	122.30	1,411.71	1,429.11
2 Medicares	059	4	2	17.40	1,516.61	1,324.21
MVP Health Care - East Region (060)						
Individual	060	1	0	199.41	409.51	608.92
Medicare	060	1	1	94.51	514.41	504.02
Family	060	4	0	199.41	1,207.15	1,406.56
1 Medicare	060	4	1	94.51	1,312.05	1,301.66
2 Medicares	060	4	2	(10.39)	1,416.95	1,196.76
Capital District PHP - Capital (063)						
Individual	063	1	0	236.12	413.84	649.96
Medicare	063	1	1	131.22	518.74	545.06
Family	063	4	0	236.12	1,358.31	1,594.43
1 Medicare	063	4	1	131.22	1,463.21	1,489.53
2 Medicares	063	4	2	26.32	1,568.11	1,384.63

Participating Employers Monthly Rates - **WITH Drug Coverage**
Rates Effective January 1, 2016

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	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Blue Choice (066)						
Individual	066	1	0	224.52	383.71	608.23
Medicare	066	1	1	119.62	488.61	503.33
Family	066	4	0	224.52	1,281.81	1,506.33
1 Medicare	066	4	1	119.62	1,386.71	1,401.43
2 Medicares	066	4	2	14.72	1,491.61	1,296.53
BlueCross BlueShield of Western NY (067)						
Individual	067	1	0	226.55	389.66	616.21
Medicare	067	1	1	121.65	494.56	511.31
Family	067	4	0	226.55	1,295.87	1,522.42
1 Medicare	067	4	1	121.65	1,400.77	1,417.52
2 Medicares	067	4	2	16.75	1,505.67	1,312.62
HMO Blue - CNY (072)						
Individual	072	1	0	273.07	491.98	765.05
Medicare	072	1	1	168.17	596.88	660.15
Family	072	4	0	273.07	1,584.25	1,857.32
1 Medicare	072	4	1	168.17	1,689.15	1,752.42
2 Medicares	072	4	2	63.27	1,794.05	1,647.52
HMO Blue - Utica (160)						
Individual	160	1	0	309.70	495.31	805.01
Medicare	160	1	1	204.80	600.21	700.11
Family	160	4	0	309.70	1,734.13	2,043.83
1 Medicare	160	4	1	204.80	1,839.03	1,938.93
2 Medicares	160	4	2	99.90	1,943.93	1,834.03
HIP HMO (220)						
Individual	220	1	0	280.87	513.79	794.66
Medicare	220	1	1	175.97	618.69	689.76
Family	220	4	0	280.87	1,637.26	1,918.13
1 Medicare	220	4	1	175.97	1,742.16	1,813.23
2 Medicares	220	4	2	71.07	1,847.06	1,708.33

Participating Employers Monthly Rates - **WITH Drug Coverage**

Rates Effective January 1, 2016

Benefit Program G05

AMENDED DEPENDENT SURVIVORS

Between 4/1/75 & 3/31/79 & Some Thruway Survivors

*Medicare: 104.90

	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Empire BlueCross BlueShield HMO - Upstate (280)						
Individual	280	1	0	315.29	489.11	804.40
Medicare	280	1	1	210.39	594.01	699.50
Family	280	4	0	315.29	1,750.26	2,065.55
1 Medicare	280	4	1	210.39	1,855.16	1,960.65
2 Medicares	280	4	2	105.49	1,960.06	1,855.75
Empire BlueCross BlueShield HMO - Downstate (290)						
Individual	290	1	0	411.75	631.93	1,043.68
Medicare	290	1	1	306.85	736.83	938.78
Family	290	4	0	411.75	2,278.92	2,690.67
1 Medicare	290	4	1	306.85	2,383.82	2,585.77
2 Medicares	290	4	2	201.95	2,488.72	2,480.87
Capital District PHP - Central (300)						
Individual	300	1	0	280.33	463.97	744.30
Medicare	300	1	1	175.43	568.87	639.40
Family	300	4	0	280.33	1,585.31	1,865.64
1 Medicare	300	4	1	175.43	1,690.21	1,760.74
2 Medicares	300	4	2	70.53	1,795.11	1,655.84
Capital District PHP - W. Hudson Valley (310)						
Individual	310	1	0	304.74	528.20	832.94
Medicare	310	1	1	199.84	633.10	728.04
Family	310	4	0	304.74	1,747.18	2,051.92
1 Medicare	310	4	1	199.84	1,852.08	1,947.02
2 Medicares	310	4	2	94.94	1,956.98	1,842.12
Empire BlueCross BlueShield HMO - Mid-Hudson (320)						
Individual	320	1	0	401.73	617.08	1,018.81
Medicare	320	1	1	296.83	721.98	913.91
Family	320	4	0	401.73	2,224.00	2,625.73
1 Medicare	320	4	1	296.83	2,328.90	2,520.83
2 Medicares	320	4	2	191.93	2,433.80	2,415.93
MVP Health Care - Central Region (330)						
Individual	330	1	0	227.89	465.67	693.56
Medicare	330	1	1	122.99	570.57	588.66
Family	330	4	0	227.89	1,377.25	1,605.14
1 Medicare	330	4	1	122.99	1,482.15	1,500.24
2 Medicares	330	4	2	18.09	1,587.05	1,395.34
MVP Health Care - Mid Hudson (340)						
Individual	340	1	0	228.37	460.61	688.98
Medicare	340	1	1	123.47	565.51	584.08
Family	340	4	0	228.37	1,374.10	1,602.47
1 Medicare	340	4	1	123.47	1,479.00	1,497.57
2 Medicares	340	4	2	18.57	1,583.90	1,392.67
HIP HMO - HV & Ulster Regions (350)						
Individual	350	1	0	280.87	513.79	794.66
Medicare	350	1	1	175.97	618.69	689.76
Family	350	4	0	280.87	1,637.26	1,918.13
1 Medicare	350	4	1	175.97	1,742.16	1,813.23
2 Medicares	350	4	2	71.07	1,847.06	1,708.33
MVP Health Care -North Regions (360)						
Individual	360	1	0	280.25	568.99	849.24
Medicare	360	1	1	175.35	673.89	744.34
Family	360	4	0	280.25	1,690.01	1,970.26
1 Medicare	360	4	1	175.35	1,794.91	1,865.36
2 Medicares	360	4	2	70.45	1,899.81	1,760.46