Gross Rates for Individual
(For Imputed Income Calculation Purposes)

	OPT	Monthly Cost
Empire Plan (001)		
Individual	001	695.47
HIP (050)		
Individual	050	776.77
MVP Health Care - Rochester (058)		
Individual	058	601.71
Independent Health (059)		
Individual	059	625.56
MVP Health Care - East Region (060)		
Individual	060	609.28
Capital District PHP - Capital (063)		
Individual	063	650.32
Blue Choice (066)		
Individual	066	608.59
BlueCross BlueShield of WNY (067)		
Individual	067	616.57
HMO Blue - Central New York Region (072)		
Individual	072	765.41
HMO Blue - Utica (160)		
Individual	160	805.37
HIP HMO (220)		
Individual	220	795.02
Empire BlueCross BlueShield HMO - Upstate (280)		
Individual	280	804.76
Empire BlueCross BlueShield HMO - Downstate (290)		
Individual	290	1,044.04
Capital District PHP - Central (300)		
Individual	300	744.66
Capital District PHP - W. Hudson Valley (310)		
Individual	310	833.30
Empire BlueCross BlueShield HMO - Mid-Hudson (320)		
Individual	320	1,019.17
MVP Health Care - Central Region (330)		
Individual	330	693.92
MVP Health Care - Mid Hudson (340)		
Individual	340	689.34
HIP HMO - HV & Ulster Regions (350)		
Individual	350	795.02
MVP Health Care -North Regions (360)		
Individual	360	849.60