

**New York State Health Insurance Program
Dental and Vision Coverage (non-GSEU Enrollees)
Rates Effective January 1, 2017**

Schedule II

Dental Plan (Preferred Plan)

	Gross Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	27.22		27.22	12.53
Family	71.82		71.82	33.06
COBRA				
Individual	27.22	0.54	27.76	
Family	71.82	1.44	73.26	

Vision Plan*

	Gross Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	3.38		3.38	1.56
Family	8.74		8.74	4.02
COBRA				
Individual	3.38	0.07	3.45	
Family	8.74	0.17	8.91	

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

Vision Plan with Laser Vision Benefit**

	Gross Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	6.59		6.59	3.03
Family	11.95		11.95	5.50
COBRA				
Individual	6.59	0.13	6.72	
Family	11.95	0.24	12.19	

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

(1) for LWOP rates.