

**Benefit Program D12, M05, M12, G02, G14, G18, G22, G81**  
 90% / 75% Employer Contribution Rate Formula  
**WITHOUT CAPPING**

	<b>O P T</b>	<b>C O V</b>	Employee Share	Employer Share	Full Share LWOP
<b><u>Empire Plan</u></b>					
Individual	001	1	54.52	490.72	545.24
Family	001	4	276.73	1,157.36	1,434.09
<b><u>HIP - Downstate (050)</u></b>					
Individual	050	1	67.26	605.35	672.61
Family	050	4	303.26	1,313.37	1,616.63
<b><u>MVP Health Care Roch. (058)</u></b>					
Individual	058	1	54.67	492.03	546.70
Family	058	4	232.28	1,024.86	1,257.14
<b><u>Independent Health (059)</u></b>					
Individual	059	1	52.89	476.02	528.91
Family	059	4	243.27	1,047.17	1,290.44
<b><u>MVP Health Care - East Region (060)</u></b>					
Individual	060	1	59.62	536.58	596.20
Family	060	4	253.93	1,119.53	1,373.46
<b><u>Capital District PHP - Capital (063)</u></b>					
Individual	063	1	55.12	496.11	551.23
Family	063	4	253.57	1,091.45	1,345.02
<b><u>Blue Choice (066)</u></b>					
Individual	066	1	52.98	476.86	529.84
Family	066	4	246.92	1,058.70	1,305.62
<b><u>BlueCross BlueShield of Western NY (067)</u></b>					
Individual	067	1	46.92	422.24	469.16
Family	067	4	210.93	914.28	1,125.21
<b><u>HMO Blue - CNY (072)</u></b>					
Individual	072	1	65.39	588.47	653.86
Family	072	4	299.75	1,291.57	1,591.32
<b><u>HMO Blue - Utica (160)</u></b>					
Individual	160	1	69.87	628.88	698.75
Family	160	4	339.64	1,438.18	1,777.82
<b><u>HIP - Capital (220)</u></b>					
Individual	220	1	70.39	633.55	703.94
Family	220	4	317.76	1,375.67	1,693.43
<b><u>Empire BlueCross BlueShield HMO - Upstate (280)</u></b>					
Individual	280	1	75.54	679.89	755.43
Family	280	4	370.89	1,565.94	1,936.83
<b><u>Empire BlueCross BlueShield HMO - Downstate (290)</u></b>					
Individual	290	1	97.33	875.95	973.28
Family	290	4	480.52	2,025.52	2,506.04
<b><u>Capital District PHP - Central (300)</u></b>					
Individual	300	1	62.92	566.24	629.16
Family	300	4	289.78	1,246.82	1,536.60
<b><u>Capital District PHP - W. Hudson Valley (310)</u></b>					
Individual	310	1	75.13	676.19	751.32
Family	310	4	348.61	1,496.63	1,845.24
<b><u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u></b>					
Individual	320	1	95.45	859.10	954.55
Family	320	4	471.09	1,986.02	2,457.11
<b><u>MVP Health Care - Central Region (330)</u></b>					
Individual	330	1	65.68	591.17	656.85
Family	330	4	280.46	1,235.53	1,515.99
<b><u>MVP Health Care - Mid Hudson (340)</u></b>					
Individual	340	1	68.91	620.22	689.13
Family	340	4	294.59	1,297.25	1,591.84
<b><u>HIP - Hudson Valley (350)</u></b>					
Individual	350	1	70.39	633.55	703.94
Family	350	4	317.76	1,375.67	1,693.43
<b><u>MVP Health Care -North Regions (360)</u></b>					
Individual	360	1	80.24	722.20	802.44
Family	360	4	344.16	1,513.98	1,858.14