

NYS Health Insurance Program
 Participating Employers Monthly Rates - **WITHOUT Drug Coverage**
 Rates Effective January 1, 2017

Benefit Program G53, G73 (Low Income Subsidy)
Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Retirees)
 100% / 75% Employer Contribution Rate Formula
WITH CAPPING

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
<u>Empire Plan</u>					
Individual	001	1	0.00	545.24	545.24
Family	001	4	222.21	1,211.88	1,434.09
<u>HIP - Downstate (050)</u>					
Individual	050	1	127.37	545.24	672.61
Family	050	4	404.75	1,211.88	1,616.63
<u>MVP Health Care Roch. (058)</u>					
Individual	058	1	1.46	545.24	546.70
Family	058	4	177.61	1,079.53	1,257.14
<u>Independent Health (059)</u>					
Individual	059	1	0.00	528.91	528.91
Family	059	4	190.28	1,100.16	1,290.44
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	50.96	545.24	596.20
Family	060	4	194.31	1,179.15	1,373.46
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	5.99	545.24	551.23
Family	063	4	198.45	1,146.57	1,345.02
<u>Blue Choice (066)</u>					
Individual	066	1	0.00	529.84	529.84
Family	066	4	193.94	1,111.68	1,305.62
<u>BlueCross BlueShield of Western NY (067)</u>					
Individual	067	1	0.00	469.16	469.16
Family	067	4	164.01	961.20	1,125.21
<u>HMO Blue - CNY (072)</u>					
Individual	072	1	108.62	545.24	653.86
Family	072	4	379.44	1,211.88	1,591.32
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	153.51	545.24	698.75
Family	160	4	565.94	1,211.88	1,777.82
<u>HIP - Capital (220)</u>					
Individual	220	1	158.70	545.24	703.94
Family	220	4	481.55	1,211.88	1,693.43
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	210.19	545.24	755.43
Family	280	4	724.95	1,211.88	1,936.83
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	428.04	545.24	973.28
Family	290	4	1,294.16	1,211.88	2,506.04
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	83.92	545.24	629.16
Family	300	4	324.72	1,211.88	1,536.60
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	206.08	545.24	751.32
Family	310	4	633.36	1,211.88	1,845.24
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	409.31	545.24	954.55
Family	320	4	1,245.23	1,211.88	2,457.11
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	111.61	545.24	656.85
Family	330	4	304.11	1,211.88	1,515.99
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	143.89	545.24	689.13
Family	340	4	379.96	1,211.88	1,591.84
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	158.70	545.24	703.94
Family	350	4	481.55	1,211.88	1,693.43
<u>MVP Health Care -North Regions (360)</u>					
Individual	360	1	257.20	545.24	802.44
Family	360	4	646.26	1,211.88	1,858.14