

**NYS Health Insurance Program**  
 Participating Employers Monthly Rates - **WITHOUT Drug Coverage**  
 Rates Effective January 1, 2017  
**Low Income Subsidy**  
**Benefit Program G51, G54, G57, G58, G59, G61, G65, G69, G71, G74, G75**  
 90% / 75% Employer Contribution Rate Formula  
**WITH 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	181.89	490.72	672.61
Family	050	4	459.27	1,157.36	1,616.63
<b><u>MVP Health Care Roch. (058)</u></b>					
Individual	058	1	55.98	490.72	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	105.48	490.72	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	60.51	490.72	551.23
Family	063	4	253.57	1,091.45	1,345.02
<b><u>Blue Choice (066)</u></b>					
Individual	066	1	52.95	476.89	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	163.14	490.72	653.86
Family	072	4	433.96	1,157.36	1,591.32
<b><u>HMO Blue - Utica (160)</u></b>					
Individual	160	1	208.03	490.72	698.75
Family	160	4	620.46	1,157.36	1,777.82
<b><u>HIP - Capital (220)</u></b>					
Individual	220	1	213.22	490.72	703.94
Family	220	4	536.07	1,157.36	1,693.43
<b><u>Empire BlueCross BlueShield HMO - Upstate (280)</u></b>					
Individual	280	1	264.71	490.72	755.43
Family	280	4	779.47	1,157.36	1,936.83
<b><u>Empire BlueCross BlueShield HMO - Downstate (290)</u></b>					
Individual	290	1	482.56	490.72	973.28
Family	290	4	1,348.68	1,157.36	2,506.04
<b><u>Capital District PHP - Central (300)</u></b>					
Individual	300	1	138.44	490.72	629.16
Family	300	4	379.24	1,157.36	1,536.60
<b><u>Capital District PHP - W. Hudson Valley (310)</u></b>					
Individual	310	1	260.60	490.72	751.32
Family	310	4	687.88	1,157.36	1,845.24
<b><u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u></b>					
Individual	320	1	463.83	490.72	954.55
Family	320	4	1,299.75	1,157.36	2,457.11
<b><u>MVP Health Care - Central Region (330)</u></b>					
Individual	330	1	166.13	490.72	656.85
Family	330	4	358.63	1,157.36	1,515.99
<b><u>MVP Health Care - Mid Hudson (340)</u></b>					
Individual	340	1	198.41	490.72	689.13
Family	340	4	434.48	1,157.36	1,591.84
<b><u>HIP - Hudson Valley (350)</u></b>					
Individual	350	1	213.22	490.72	703.94
Family	350	4	536.07	1,157.36	1,693.43
<b><u>MVP Health Care -North Regions (360)</u></b>					
Individual	360	1	311.72	490.72	802.44
Family	360	4	700.78	1,157.36	1,858.14