

NYS Health Insurance Program
 Participating Employers Monthly Rates - **WITH Drug Coverage**
 Rates Effective January 1, 2017
Benefit Program G05
AMENDED DEPENDENT SURVIVORS
 Between 4/1/75 & 3/31/79 & Some Thruway Survivors

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
<u>Empire Plan</u>					
Individual	001	1	272.82	449.79	722.61
Family	001	4	272.82	1,541.08	1,813.90
<u>HIP - Downstate (050)</u>					
Individual	050	1	293.86	538.32	832.18
Family	050	4	293.86	1,713.77	2,007.63
<u>MVP Health Care Roch. (058)</u>					
Individual	058	1	216.83	446.05	662.88
Family	058	4	216.83	1,313.37	1,530.20
<u>Independent Health (059)</u>					
Individual	059	1	238.79	418.97	657.76
Family	059	4	238.79	1,374.15	1,612.94
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	224.44	462.19	686.63
Family	060	4	224.44	1,359.95	1,584.39
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	247.52	434.55	682.07
Family	063	4	247.52	1,424.64	1,672.16
<u>Blue Choice (066)</u>					
Individual	066	1	230.08	394.41	624.49
Family	066	4	230.08	1,314.72	1,544.80
<u>BlueCross BlueShield of Western NY (067)</u>					
Individual	067	1	240.20	413.81	654.01
Family	067	4	240.20	1,374.62	1,614.82
<u>HMO Blue - CNY (072)</u>					
Individual	072	1	278.09	502.48	780.57
Family	072	4	278.09	1,614.84	1,892.93
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	315.13	505.37	820.50
Family	160	4	315.13	1,765.89	2,081.02
<u>HIP - Capital (220)</u>					
Individual	220	1	308.95	564.84	873.79
Family	220	4	308.95	1,800.63	2,109.58
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	369.37	571.10	940.47
Family	280	4	369.37	2,048.60	2,417.97
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	462.64	709.22	1,171.86
Family	290	4	462.64	2,559.79	3,022.43
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	275.07	484.12	759.19
Family	300	4	275.07	1,584.40	1,859.47
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	324.39	562.65	887.04
Family	310	4	324.39	1,860.20	2,184.59
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	453.20	695.22	1,148.42
Family	320	4	453.20	2,508.01	2,961.21
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	250.99	511.73	762.72
Family	330	4	250.99	1,515.71	1,766.70
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	254.50	518.11	772.61
Family	340	4	254.50	1,536.11	1,790.61
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	308.95	564.84	873.79
Family	350	4	308.95	1,800.63	2,109.58
<u>MVP Health Care -North Regions (360)</u>					
Individual	360	1	307.09	623.25	930.34
Family	360	4	307.09	1,851.63	2,158.72