

**New York State Health Insurance Program
Dental and Vision Coverage (non-GSEU Enrollees)
Rates Effective January 1, 2018**

Schedule II

Dental Plan (Preferred Plan)

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	27.01		27.01	12.43
Family	71.93		71.93	33.11
COBRA				
Individual	27.01	0.54	27.55	
Family	71.93	1.44	73.37	

Vision Plan*

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	3.30		3.30	1.52
Family	8.56		8.56	3.94
COBRA				
Individual	3.30	0.07	3.37	
Family	8.56	0.17	8.73	

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

Vision Plan with Laser Vision Benefit**

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share				
Individual	6.75		6.75	3.11
Family	12.01		12.01	5.53
COBRA				
Individual	6.75	0.14	6.89	
Family	12.01	0.24	12.25	

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

(1) for LWOP rates.