

NYS Health Insurance Program
 Participating Employers - Monthly Rates **WITHOUT Drug Coverage**
 Rates Effective January 1, 2018

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

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
<u>Empire Plan</u>					
Individual	001	1	58.46	526.10	584.56
Family	001	4	294.78	1,235.05	1,529.83
<u>HIP - Downstate (050)</u>					
Individual	050	1	69.16	622.42	691.58
Family	050	4	311.97	1,350.85	1,662.82
<u>MVP Health Care Roch. (058)</u>					
Individual	058	1	53.90	485.10	539.00
Family	058	4	228.84	1,009.91	1,238.75
<u>Independent Health (059)</u>					
Individual	059	1	54.12	487.08	541.20
Family	059	4	249.03	1,071.83	1,320.86
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	58.88	529.92	588.80
Family	060	4	250.63	1,105.16	1,355.79
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	56.83	511.49	568.32
Family	063	4	261.60	1,125.79	1,387.39
<u>Blue Choice (066)</u>					
Individual	066	1	57.48	517.29	574.77
Family	066	4	268.47	1,150.25	1,418.72
<u>BlueCross BlueShield of Western NY (067)</u>					
Individual	067	1	50.91	458.15	509.06
Family	067	4	229.46	993.80	1,223.26
<u>HMO Blue - CNY (072)</u>					
Individual	072	1	54.17	487.56	541.73
Family	072	4	246.74	1,065.29	1,312.03
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	76.29	686.65	762.94
Family	160	4	371.57	1,572.51	1,944.08
<u>HIP - Capital (220)</u>					
Individual	220	1	74.68	672.10	746.78
Family	220	4	337.49	1,460.55	1,798.04
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	73.79	664.08	737.87
Family	280	4	361.94	1,528.54	1,890.48
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	106.36	957.24	1,063.60
Family	290	4	525.87	2,215.76	2,741.63
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	67.74	609.62	677.36
Family	300	4	315.53	1,353.00	1,668.53
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	79.52	715.64	795.16
Family	310	4	369.35	1,585.15	1,954.50
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	106.22	956.03	1,062.25
Family	320	4	525.18	2,212.92	2,738.10
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	68.14	613.23	681.37
Family	330	4	291.13	1,282.22	1,573.35
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	68.92	620.30	689.22
Family	340	4	294.57	1,297.24	1,591.81
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	74.68	672.10	746.78
Family	350	4	337.49	1,460.55	1,798.04
<u>MVP Health Care -North Regions (360)</u>					
Individual	360	1	80.33	722.99	803.32
Family	360	4	344.48	1,515.45	1,859.93