

NYS Health Insurance Program
 Participating Employers Monthly Rates - **WITH Drug Coverage**
 Rates Effective January 1, 2018
Benefit Program G03, G20, G23 (includes Pre-4/1/1991 Thruway retirees)
 PENSION DEDUCTION RETIREES
 Retirees Prior to 1/1/83
WITH CAPPING

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
<u>Empire Plan</u>					
Individual	001	1	0.00	778.51	778.51
Family	001	4	292.52	1,656.09	1,948.61
<u>HIP - Downstate (050)</u>					
Individual	050	1	107.02	772.34	879.36
Family	050	4	437.39	1,685.53	2,122.92
<u>MVP Health Care Rochester (058)</u>					
Individual	058	1	0.00	692.76	692.76
Family	058	4	226.85	1,373.30	1,600.15
<u>Independent Health (059)</u>					
Individual	059	1	0.00	670.79	670.79
Family	059	4	243.60	1,401.59	1,645.19
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	4.24	715.91	720.15
Family	060	4	235.81	1,427.58	1,663.39
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	0.00	697.94	697.94
Family	063	4	253.38	1,458.09	1,711.47
<u>Blue Choice (066)</u>					
Individual	066	1	0.00	677.55	677.55
Family	066	4	250.24	1,428.26	1,678.50
<u>Community Blue (067)</u>					
Individual	067	1	0.00	715.16	715.16
Family	067	4	263.53	1,505.75	1,769.28
<u>HMO Blue - Central New York Region (072)</u>					
Individual	072	1	0.00	644.98	644.98
Family	072	4	228.21	1,329.60	1,557.81
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	178.38	717.64	896.02
Family	160	4	700.15	1,575.34	2,275.49
<u>HIP - Capital (220)</u>					
Individual	220	1	162.22	789.89	952.11
Family	220	4	578.97	1,722.15	2,301.12
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	153.31	779.56	932.87
Family	280	4	674.98	1,722.55	2,397.53
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	479.04	800.11	1,279.15
Family	290	4	1,534.35	1,767.74	3,302.09
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	92.80	716.00	808.80
Family	300	4	424.32	1,572.87	1,997.19
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	210.60	713.27	923.87
Family	310	4	709.26	1,567.04	2,276.30
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	477.69	789.51	1,267.20
Family	320	4	1,526.59	1,744.48	3,271.07
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	96.81	732.72	829.53
Family	330	4	330.79	1,594.53	1,925.32
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	104.66	706.75	811.41
Family	340	4	338.74	1,537.02	1,875.76
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	162.22	789.89	952.11
Family	350	4	578.97	1,722.15	2,301.12
<u>MVP Health Care - North Regions (360)</u>					
Individual	360	1	218.76	758.48	977.24
Family	360	4	625.12	1,643.55	2,268.67