

NYS Health Insurance Program
Participating Employers - Monthly Rates WITH Drug Coverage
 Rates Effective January 1, 2019
Benefit Program D01, M04, M11, G01, G04, G07, G08, G09, G10, G11, G13,
G15, G16, G17, G19, G21, G24, G25, G27, G77, G80
 90% / 75% Employer Contribution Rate Formula
WITHOUT CAPPING

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
Empire Plan					
Individual	001	1	78.18	703.63	781.81
Family	001	4	373.84	1,590.60	1,964.44
HIP - Downstate (050)					
Individual	050	1	95.28	857.48	952.76
Family	050	4	431.63	1,866.52	2,298.15
MVP Health Care Roch. (058)					
Individual	058	1	71.28	641.55	712.83
Family	058	4	303.89	1,339.37	1,643.26
Independent Health (059)					
Individual	059	1	67.63	608.70	676.33
Family	059	4	312.10	1,342.10	1,654.20
MVP Health Care - East Region (060)					
Individual	060	1	72.74	654.62	727.36
Family	060	4	309.92	1,366.18	1,676.10
Capital District PHP - Capital (063)					
Individual	063	1	73.58	662.19	735.77
Family	063	4	339.94	1,461.29	1,801.23
Blue Choice (066)					
Individual	066	1	66.57	599.12	665.69
Family	066	4	311.04	1,332.54	1,643.58
BlueCross BlueShield of Western NY (067)					
Individual	067	1	69.23	623.04	692.27
Family	067	4	322.44	1,382.66	1,705.10
HMO Blue - CNY (072)					
Individual	072	1	73.80	664.22	738.02
Family	072	4	334.92	1,447.58	1,782.50
HMO Blue - Utica (160)					
Individual	160	1	90.06	810.53	900.59
Family	160	4	435.42	1,846.62	2,282.04
HIP - Capital (220)					
Individual	220	1	105.08	945.73	1,050.81
Family	220	4	476.97	2,061.39	2,538.36
Empire BlueCross BlueShield HMO - Upstate (280)					
Individual	280	1	89.49	805.44	894.93
Family	280	4	439.03	1,854.06	2,293.09
Empire BlueCross BlueShield HMO - Downstate (290)					
Individual	290	1	121.27	1,091.41	1,212.68
Family	290	4	598.89	2,524.26	3,123.15
Capital District PHP - Central (300)					
Individual	300	1	85.71	771.42	857.13
Family	300	4	392.52	1,691.85	2,084.37
Capital District PHP - W. Hudson Valley (310)					
Individual	310	1	93.68	843.15	936.83
Family	310	4	435.43	1,868.41	2,303.84
Empire BlueCross BlueShield HMO - Mid-Hudson (320)					
Individual	320	1	125.57	1,130.11	1,255.68
Family	320	4	620.52	2,614.98	3,235.50
MVP Health Care - Central Region (330)					
Individual	330	1	82.96	746.68	829.64
Family	330	4	356.88	1,568.45	1,925.33
MVP Health Care - Mid Hudson (340)					
Individual	340	1	81.70	735.34	817.04
Family	340	4	351.88	1,545.89	1,897.77
HIP - Hudson Valley (350)					
Individual	350	1	105.08	945.73	1,050.81
Family	350	4	476.97	2,061.39	2,538.36
MVP Health Care -North Regions (360)					
Individual	360	1	100.18	901.58	1,001.76
Family	360	4	430.30	1,891.94	2,322.24