

NYS Health Insurance Program
 Participating Employers Monthly Rates - **WITH Drug Coverage**
 Rates Effective January 1, 2019
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	781.81	781.81
Family	001	4	295.66	1,668.78	1,964.44
<u>HIP - Downstate (050)</u>					
Individual	050	1	126.89	825.87	952.76
Family	050	4	501.79	1,796.36	2,298.15
<u>MVP Health Care Rochester (058)</u>					
Individual	058	1	0.00	712.83	712.83
Family	058	4	232.61	1,410.65	1,643.26
<u>Independent Health (059)</u>					
Individual	059	1	0.00	676.33	676.33
Family	059	4	244.47	1,409.73	1,654.20
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	0.00	727.36	727.36
Family	060	4	237.18	1,438.92	1,676.10
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	0.00	735.77	735.77
Family	063	4	266.36	1,534.87	1,801.23
<u>Blue Choice (066)</u>					
Individual	066	1	0.00	665.69	665.69
Family	066	4	244.47	1,399.11	1,643.58
<u>Community Blue (067)</u>					
Individual	067	1	0.00	692.27	692.27
Family	067	4	253.21	1,451.89	1,705.10
<u>HMO Blue - Central New York Region (072)</u>					
Individual	072	1	8.22	729.80	738.02
Family	072	4	261.12	1,521.38	1,782.50
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	156.08	744.51	900.59
Family	160	4	651.50	1,630.54	2,282.04
<u>HIP - Capital (220)</u>					
Individual	220	1	199.88	850.93	1,050.81
Family	220	4	689.71	1,848.65	2,538.36
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	96.89	798.04	894.93
Family	280	4	533.83	1,759.26	2,293.09
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	397.34	815.34	1,212.68
Family	290	4	1,325.85	1,797.30	3,123.15
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	107.04	750.09	857.13
Family	300	4	441.01	1,643.36	2,084.37
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	192.03	744.80	936.83
Family	310	4	671.73	1,632.11	2,303.84
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	441.43	814.25	1,255.68
Family	320	4	1,440.58	1,794.92	3,235.50
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	72.05	757.59	829.64
Family	330	4	276.76	1,648.57	1,925.33
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	88.05	728.99	817.04
Family	340	4	305.24	1,592.53	1,897.77
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	199.88	850.93	1,050.81
Family	350	4	689.71	1,848.65	2,538.36
<u>MVP Health Care - North Regions (360)</u>					
Individual	360	1	212.59	789.17	1,001.76
Family	360	4	615.80	1,706.44	2,322.24