

NYS Health Insurance Program
 Participating Employers Monthly Rates - **WITH Drug Coverage**
 Rates Effective January 1, 2019
Benefit Program G05
AMENDED DEPENDENT SURVIVORS
 Between 4/1/75 & 3/31/79 & Some Thruway Survivors

	O P T	C O V	Employee Share	Employer Share	Full Share LWOP
<u>Empire Plan</u>					
Individual	001	1	295.66	486.15	781.81
Family	001	4	295.66	1,668.78	1,964.44
<u>HIP - Downstate (050)</u>					
Individual	050	1	336.35	616.41	952.76
Family	050	4	336.35	1,961.80	2,298.15
<u>MVP Health Care Roch. (058)</u>					
Individual	058	1	232.61	480.22	712.83
Family	058	4	232.61	1,410.65	1,643.26
<u>Independent Health (059)</u>					
Individual	059	1	244.47	431.86	676.33
Family	059	4	244.47	1,409.73	1,654.20
<u>MVP Health Care - East Region (060)</u>					
Individual	060	1	237.18	490.18	727.36
Family	060	4	237.18	1,438.92	1,676.10
<u>Capital District PHP - Capital (063)</u>					
Individual	063	1	266.36	469.41	735.77
Family	063	4	266.36	1,534.87	1,801.23
<u>Blue Choice (066)</u>					
Individual	066	1	244.47	421.22	665.69
Family	066	4	244.47	1,399.11	1,643.58
<u>BlueCross BlueShield of Western NY (067)</u>					
Individual	067	1	253.21	439.06	692.27
Family	067	4	253.21	1,451.89	1,705.10
<u>HMO Blue - CNY (072)</u>					
Individual	072	1	261.12	476.90	738.02
Family	072	4	261.12	1,521.38	1,782.50
<u>HMO Blue - Utica (160)</u>					
Individual	160	1	345.36	555.23	900.59
Family	160	4	345.36	1,936.68	2,282.04
<u>HIP - Capital (220)</u>					
Individual	220	1	371.89	678.92	1,050.81
Family	220	4	371.89	2,166.47	2,538.36
<u>Empire BlueCross BlueShield HMO - Upstate (280)</u>					
Individual	280	1	349.54	545.39	894.93
Family	280	4	349.54	1,943.55	2,293.09
<u>Empire BlueCross BlueShield HMO - Downstate (290)</u>					
Individual	290	1	477.62	735.06	1,212.68
Family	290	4	477.62	2,645.53	3,123.15
<u>Capital District PHP - Central (300)</u>					
Individual	300	1	306.81	550.32	857.13
Family	300	4	306.81	1,777.56	2,084.37
<u>Capital District PHP - W. Hudson Valley (310)</u>					
Individual	310	1	341.75	595.08	936.83
Family	310	4	341.75	1,962.09	2,303.84
<u>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</u>					
Individual	320	1	494.95	760.73	1,255.68
Family	320	4	494.95	2,740.55	3,235.50
<u>MVP Health Care - Central Region (330)</u>					
Individual	330	1	273.92	555.72	829.64
Family	330	4	273.92	1,651.41	1,925.33
<u>MVP Health Care - Mid Hudson (340)</u>					
Individual	340	1	270.18	546.86	817.04
Family	340	4	270.18	1,627.59	1,897.77
<u>HIP - Hudson Valley (350)</u>					
Individual	350	1	371.89	678.92	1,050.81
Family	350	4	371.89	2,166.47	2,538.36
<u>MVP Health Care -North Regions (360)</u>					
Individual	360	1	330.12	671.64	1,001.76
Family	360	4	330.12	1,992.12	2,322.24