

**New York State Health Insurance Program
Dental and Vision Coverage (non-GSEU Enrollees)
Rates Effective January 1, 2019**

Dental Plan (Preferred Plan)

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share Employer Cost				
Individual	22.95		22.95	10.56
Family	63.06		63.06	29.02
COBRA (Full Share Enrollee Cost)				
Individual	22.95	0.46	23.41	
Family	63.06	1.26	64.32	

Vision Plan*

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share Employer Cost				
Individual	3.10		3.10	1.43
Family	7.99		7.99	3.68
COBRA (Full Share Enrollee Cost)				
Individual	3.10	0.06	3.16	
Family	7.99	0.16	8.15	

* Excludes NYSCOPBA (A04, A48, C04 & C48), APSU (A37 & C37) & Council-82 (A25, A50, C25 & C50)

Vision Plan with Laser Vision Benefit**

	Net Rate	2% Admin Charge	Monthly Enrollee Cost	Biweekly Enrollee Cost(1)
Full Share Employer Cost				
Individual	6.95		6.95	3.20
Family	11.84		11.84	5.45
COBRA (Full Share Enrollee Cost)				
Individual	6.95	0.14	7.09	
Family	11.84	0.24	12.08	

** NYSCOPBA (A04, A48, A64, C04, C48 & C63), APSU (A37 & C37) & Council-82 (A25, A50, C25 & C50)

(1) for LWOP rates.