

**NYS Health Insurance Program**  
 Participating Employers - Monthly Rates **WITHOUT Drug Coverage**  
 Rates Effective January 1, 2019

**Benefit Program D12, M05, M12, G02, G14, G18, G22, G81**  
 90% / 75% Employer Contribution Rate Formula  
**WITHOUT CAPPING**

	<b>O P T</b>	<b>C O V</b>	Employee Share	Employer Share	Full Share LWOP
<b>Empire Plan</b>					
Individual	001	1	61.19	550.69	611.88
Family	001	4	307.09	1,288.39	1,595.48
<b>HIP - Downstate (050)</b>					
Individual	050	1	73.88	664.89	738.77
Family	050	4	332.63	1,441.14	1,773.77
<b>MVP Health Care Roch. (058)</b>					
Individual	058	1	55.59	500.30	555.89
Family	058	4	235.21	1,039.16	1,274.37
<b>Independent Health (059)</b>					
Individual	059	1	54.64	491.75	546.39
Family	059	4	250.27	1,078.65	1,328.92
<b>MVP Health Care - East Region (060)</b>					
Individual	060	1	59.58	536.26	595.84
Family	060	4	252.69	1,115.58	1,368.27
<b>Capital District PHP - Capital (063)</b>					
Individual	063	1	60.03	540.30	600.33
Family	063	4	275.56	1,186.91	1,462.47
<b>Blue Choice (066)</b>					
Individual	066	1	56.59	509.34	565.93
Family	066	4	262.94	1,128.40	1,391.34
<b>BlueCross BlueShield of Western NY (067)</b>					
Individual	067	1	49.73	447.60	497.33
Family	067	4	222.54	966.03	1,188.57
<b>HMO Blue - CNY (072)</b>					
Individual	072	1	62.01	558.09	620.10
Family	072	4	282.42	1,219.33	1,501.75
<b>HMO Blue - Utica (160)</b>					
Individual	160	1	76.80	691.16	767.96
Family	160	4	372.72	1,578.92	1,951.64
<b>HIP - Capital (220)</b>					
Individual	220	1	81.18	730.58	811.76
Family	220	4	366.39	1,586.23	1,952.62
<b>Empire BlueCross BlueShield HMO - Upstate (280)</b>					
Individual	280	1	70.88	637.89	708.77
Family	280	4	345.91	1,462.99	1,808.90
<b>Empire BlueCross BlueShield HMO - Downstate (290)</b>					
Individual	290	1	100.92	908.30	1,009.22
Family	290	4	497.12	2,096.89	2,594.01
<b>Capital District PHP - Central (300)</b>					
Individual	300	1	71.89	647.03	718.92
Family	300	4	326.84	1,411.90	1,738.74
<b>Capital District PHP - W. Hudson Valley (310)</b>					
Individual	310	1	80.39	723.52	803.91
Family	310	4	372.27	1,599.17	1,971.44
<b>Empire BlueCross BlueShield HMO - Mid-Hudson (320)</b>					
Individual	320	1	105.33	947.98	1,053.31
Family	320	4	519.29	2,189.88	2,709.17
<b>MVP Health Care - Central Region (330)</b>					
Individual	330	1	68.39	615.54	683.93
Family	330	4	291.22	1,284.03	1,575.25
<b>MVP Health Care - Mid Hudson (340)</b>					
Individual	340	1	69.99	629.94	699.93
Family	340	4	298.22	1,314.65	1,612.87
<b>HIP - Hudson Valley (350)</b>					
Individual	350	1	81.18	730.58	811.76
Family	350	4	366.39	1,586.23	1,952.62
<b>MVP Health Care -North Regions (360)</b>					
Individual	360	1	82.45	742.02	824.47
Family	360	4	352.71	1,552.82	1,905.53