

NYS Health Insurance Program
 Participating Employers Monthly Rates - WITH Drug Coverage
 Rates Effective January 1, 2020
 Gross Rates for Individual
 (For Imputed Income Calculation Purposes)

Schedule VIII

	O P T	Monthly Cost
<u>Empire Plan (001)</u> Individual	001	843.53
<u>HIP - Downstate (050)</u> Individual	050	1,014.65
<u>MVP Health Care - Rochester (058)</u> Individual	058	749.66
<u>Independent Health (059)</u> Individual	059	679.47
<u>MVP Health Care - East Region (060)</u> Individual	060	771.00
<u>Capital District PHP - Capital (063)</u> Individual	063	775.24
<u>Blue Choice (066)</u> Individual	066	738.72
<u>BlueCross BlueShield of WNY (067)</u> Individual	067	686.13
<u>HMO Blue - Central New York Region (072)</u> Individual	072	819.50
<u>HMO Blue - Utica (160)</u> Individual	160	702.80
<u>HIP - Capital (220)</u> Individual	220	1,152.81
<u>Capital District PHP - Central (300)</u> Individual	300	859.53
<u>Capital District PHP - W. Hudson Valley (310)</u> Individual	310	957.41
<u>MVP Health Care - Central Region (330)</u> Individual	330	876.01
<u>MVP Health Care - Mid Hudson (340)</u> Individual	340	869.34
<u>HIP HMO - Hudson Valley (350)</u> Individual	350	1,152.81
<u>MVP Health Care - North Regions (360)</u> Individual	360	1,062.59