NYS Health Insurance Program
Participating Employers Monthly Rates - **WITHOUT Drug Coverage**
Rates Effective January 1, 2011

Low Income Subsidy
Benefit Program G51, G54, G57, G58, G59, G61, G65, G69, G71, G74, G75
90% / 75% Employer Contribution Rate Formula
WITH CAPPING *Medicare: 96.40

	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Empire Plan						
Individual	001	1	0	40.80	367.18	407.98
Medicare	001	1	1	(55.60)	463.58	311.58
Family	001	4	0	188.58	810.53	999.11
1 Medicare	001	4	1	92.18	906.93	902.71
2 Medicares	001	4	2	(4.22)	1,003.33	806.31
HIP (050)						
Individual	050	1	0	96.36	365.00	461.36
Medicare	050	1	1	(0.04)	461.40	364.96
Family	050	4	0	324.36	806.06	1,130.42
1 Medicare	050	4	1	227.96	902.46	1,034.02
2 Medicares	050	4	2	131.56	998.86	937.62
MVP Health Care Rochester (058)						
Individual	058	1	0	33.95	305.54	339.49
Medicare	058	1	1	(62.45)	401.94	243.09
Family	058	4	0	161.28	687.54	848.82
1 Medicare	058	4	1	64.88	783.94	752.42
2 Medicares	058	4	2	(31.52)	880.34	656.02
Independent Health (059)						
Individual	059	1	0	38.76	348.81	387.57
Medicare	059	1	1	(57.64)	445.21	291.17
Family	059	4	0	184.76	786.83	971.59
1 Medicare	059	4	1	88.36	883.23	875.19
2 Medicares	059	4	2	(8.04)	979.63	778.79
MVP Health Care - East Region (060)						
Individual	060	1	0	37.45	337.01	374.46
Medicare	060	1	1	(58.95)	433.41	278.06
Family	060	4	0	177.80	758.06	935.86
1 Medicare	060	4	1	81.40	854.46	839.46
2 Medicares	060	4	2	(15.00)	950.86	743.06
Capital District PHP - Capital (063)						
Individual	063	1	0	47.63	365.00	412.63
Medicare	063	1	1	(48.77)	461.40	316.23
Family	063	4	0	225.39	806.08	1,031.47
1 Medicare	063	4	1	128.99	902.48	935.07
2 Medicares	063	4	2	32.59	998.88	838.67

NYS Health Insurance Program

Participating Employers Monthly Rates - **WITHOUT Drug Coverage**

Rates Effective January 1, 2011

Low Income Subsidy

Benefit Program G51, G54, G57, G58, G59, G61, G65, G69, G71, G74, G75

90% / 75% Employer Contribution Rate Formula

WITH CAPPING *Medicare: 96.40

	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Blue Choice (066)						
Individual	066	1	0	36.92	332.33	369.25
Medicare	066	1	1	(59.48)	428.73	272.85
Family	066	4	0	168.60	727.36	895.96
1 Medicare	066	4	1	72.20	823.76	799.56
2 Medicares	066	4	2	(24.20)	920.16	703.16
Community Blue (067)						
Individual	067	1	0	39.83	358.43	398.26
Medicare	067	1	1	(56.57)	454.83	301.86
Family	067	4	0	304.84	806.08	1,110.92
1 Medicare	067	4	1	208.44	902.48	1,014.52
2 Medicares	067	4	2	112.04	998.88	918.12
HMO Blue - Central New York Region (072)						
Individual	072	1	0	171.97	365.00	536.97
Medicare	072	1	1	75.57	461.40	440.57
Family	072	4	0	524.98	806.08	1,331.06
1 Medicare	072	4	1	428.58	902.48	1,234.66
2 Medicares	072	4	2	332.18	998.88	1,138.26
HMO Blue - Utica (160)						
Individual	160	1	0	135.58	365.00	500.58
Medicare	160	1	1	39.18	461.40	404.18
Family	160	4	0	492.52	806.08	1,298.60
1 Medicare	160	4	1	396.12	902.48	1,202.20
2 Medicares	160	4	2	299.72	998.88	1,105.80
Aetna (210)						
Individual	210	1	0	214.74	365.00	579.74
Medicare	210	1	1	118.34	461.40	483.34
Family	210	4	0	939.92	806.08	1,746.00
1 Medicare	210	4	1	843.52	902.48	1,649.60
2 Medicares	210	4	2	747.12	998.88	1,553.20
GHI HMO (220)						
Individual	220	1	0	217.47	365.00	582.47
Medicare	220	1	1	121.07	461.40	486.07
Family	220	4	0	738.15	806.08	1,544.23
1 Medicare	220	4	1	641.75	902.48	1,447.83
2 Medicares	220	4	2	545.35	998.88	1,351.43

NYS Health Insurance Program

Participating Employers Monthly Rates - **WITHOUT Drug Coverage**

Rates Effective January 1, 2011

Low Income Subsidy

Benefit Program G51, G54, G57, G58, G59, G61, G65, G69, G71, G74, G75

90% / 75% Employer Contribution Rate Formula

WITH CAPPING *Medicare: 96.40

	OPT	COV	MED	Employee Share	Employer Share	Full Share LWOP
Empire BlueCross BlueShield HMO - Upstate (280)						
Individual	280	1	0	158.69	365.00	523.69
Medicare	280	1	1	62.29	461.40	427.29
Family	280	4	0	562.26	806.08	1,368.34
1 Medicare	280	4	1	465.86	902.48	1,271.94
2 Medicares	280	4	2	369.46	998.88	1,175.54
Empire BlueCross BlueShield HMO - Downstate (290)						
Individual	290	1	0	262.19	365.00	627.19
Medicare	290	1	1	165.79	461.40	530.79
Family	290	4	0	832.72	806.08	1,638.80
1 Medicare	290	4	1	736.32	902.48	1,542.40
2 Medicares	290	4	2	639.92	998.88	1,446.00
Capital District PHP - Central (300)						
Individual	300	1	0	127.95	365.00	492.95
Medicare	300	1	1	31.55	461.40	396.55
Family	300	4	0	426.16	806.08	1,232.24
1 Medicare	300	4	1	329.76	902.48	1,135.84
2 Medicares	300	4	2	233.36	998.88	1,039.44
Capital District PHP - W. Hudson Valley (310)						
Individual	310	1	0	149.03	365.00	514.03
Medicare	310	1	1	52.63	461.40	417.63
Family	310	4	0	478.76	806.08	1,284.84
1 Medicare	310	4	1	382.36	902.48	1,188.44
2 Medicares	310	4	2	285.96	998.88	1,092.04
Empire BlueCross BlueShield HMO - Mid-Hudson (320)						
Individual	320	1	0	263.94	365.00	628.94
Medicare	320	1	1	167.54	461.40	532.54
Family	320	4	0	837.23	806.08	1,643.31
1 Medicare	320	4	1	740.83	902.48	1,546.91
2 Medicares	320	4	2	644.43	998.88	1,450.51
MVP Health Care - Central Region (330)						
Individual	330	1	0	70.61	365.00	435.61
Medicare	330	1	1	(25.79)	461.40	339.21
Family	330	4	0	283.07	806.08	1,089.15
1 Medicare	330	4	1	186.67	902.48	992.75
2 Medicares	330	4	2	90.27	998.88	896.35
MVP Health Care - Mid Hudson (340)						
Individual	340	1	0	62.01	365.00	427.01
Medicare	340	1	1	(34.39)	461.40	330.61
Family	340	4	0	261.62	806.08	1,067.70
1 Medicare	340	4	1	165.22	902.48	971.30
2 Medicares	340	4	2	68.82	998.88	874.90
GHI HMO - HV & Ulster Regions (350)						
Individual	350	1	0	279.32	365.00	644.32
Medicare	350	1	1	182.92	461.40	547.92
Family	350	4	0	906.16	806.08	1,712.24
1 Medicare	350	4	1	809.76	902.48	1,615.84
2 Medicares	350	4	2	713.36	998.88	1,519.44
MVP HealthCare - North Regions (360)						
Individual	360	1	0	150.41	365.00	515.41
Medicare	360	1	1	54.01	461.40	419.01
Family	360	4	0	481.64	806.08	1,287.72
1 Medicare	360	4	1	385.24	902.48	1,191.32
2 Medicares	360	4	2	288.84	998.88	1,094.92