Participating Employers Monthly Rates - **WITH Drug Coverage**

Rates Effective January 1, 2011

Gross Rates for Individual

	OPT	Monthly Cost
Empire Plan		
Individual	001	599.25
HIP (050)		
Individual	050	589.81
MVP Health Care - Rochester (058)		
Individual	058	435.06
Independent Health (059)		
Individual	059	510.20
MVP Health Care - East Region (060)		
Individual	060	457.99
Capital District PHP - Capital (063)		
Individual	063	513.87
Blue Choice (066)		
Individual	066	439.68
Community Blue (067)		
Individual	067	528.19
HMO Blue - Central New York Region (072)		
Individual	072	648.04
HMO Blue - Utica (160)		
Individual	160	593.64
Aetna (210)		
Individual	210	710.45
GHI HMO (220)		
Individual	220	739.87
Empire BlueCross BlueShield HMO - Upstate (280)		
Individual	280	664.74
Empire BlueCross BlueShield HMO - Downstate (290)		
Individual	290	768.75
Capital District PHP - Central (300)		
Individual	300	597.65
Capital District PHP - W. Hudson Valley (310)		
Individual	310	617.63
Empire BlueCross BlueShield HMO - Mid-Hudson (320)		
Individual	320	771.06
MVP Health Care - Central Region (330)		
Individual	330	527.46
MVP Health Care - Mid Hudson (340)		
Individual	340	515.33
GHI HMO - HV & Ulster Regions (350)		
Individual	350	801.71
MVP Health Care -North Regions (360)		
Individual	360	616.19