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

Rates Effective January 1, 2011

Gross Rates for Individual

	OPT	Monthly Cost
Empire Plan		
Individual	001	422.70
HIP (050)		
Individual	050	461.62
MVP Health Care - Rochester (058)		
Individual	058	339.78
Independent Health (059)		
Individual	059	387.83
MVP Health Care - East Region (060)		
Individual	060	374.72
Capital District PHP - Capital (063)		
Individual	063	412.89
Blue Choice (066)		
Individual	066	369.51
Community Blue (067)		
Individual	067	398.52
HMO Blue - Central New York Region (072)		
Individual	072	537.23
HMO Blue - Utica (160)		
Individual	160	500.84
Aetna (210)		
Individual	210	580.00
GHI HMO (220)		
Individual	220	582.73
Empire BlueCross BlueShield HMO - Upstate (280)		
Individual	280	523.95
Empire BlueCross BlueShield HMO - Downstate (290)		
Individual	290	627.45
Capital District PHP - Central (300)		
Individual	300	493.21
Capital District PHP - W. Hudson Valley (310)		
Individual	310	514.29
Empire BlueCross BlueShield HMO - Mid-Hudson (320)		
Individual	320	629.20
MVP Health Care - Central Region (330)		
Individual	330	435.87
MVP Health Care - Mid Hudson (340)		
Individual	340	427.27
GHI HMO - HV & Ulster Regions (350)		
Individual	350	644.58
MVP Health Care -North Regions (360)		
Individual	360	515.67