NYS Health Insurance Program
Participating Employers Monthly Rates - **WITHOUT Drug Coverage**
Rates Effective January 1, 2014
Gross Rates for Individual
(For Imputed Income Calculation Purposes)

	OPT	Monthly Cost
Empire Plan (001)		
Individual	001	472.25
HIP (050)		
Individual	050	555.11
MVP Health Care - Rochester (058)		
Individual	058	412.21
Independent Health (059)		
Individual	059	499.25
MVP Health Care - East Region (060)		
Individual	060	456.60
Capital District PHP - Capital (063)		
Individual	063	473.46
Blue Choice (066)		
Individual	066	437.02
BCBS of WNY(067)		
Individual	067	455.76
HMO Blue - Central New York Region (072)		
Individual	072	714.06
HMO Blue - Utica (160)		
Individual	160	719.12
Aetna (210)		
Individual	210	724.90
GHI HMO (220)		
Individual	220	628.55
Empire BlueCross BlueShield HMO - Upstate (280)		
Individual	280	614.16
Empire BlueCross BlueShield HMO - Downstate (290)		
Individual	290	770.97
Capital District PHP - Central (300)		
Individual	300	555.16
Capital District PHP - W. Hudson Valley (310)		
Individual	310	568.98
Empire BlueCross BlueShield HMO - Mid-Hudson (320)		
Individual	320	752.02
MVP Health Care - Central Region (330)		
Individual	330	514.99
MVP Health Care - Mid Hudson (340)		
Individual	340	497.71
GHI HMO - HV & Ulster Regions (350)		
Individual	350	692.97
MVP Health Care -North Regions (360)		
Individual	360	618.21