

NEW YORK STATE HEALTH INSURANCE PROGRAM 2015 RATES

ENROLLEE CONTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

Note: To enroll in an HMO, you must live or work in the HMO's service area. If you no longer live or work in the NYSHIP service area of the HMO in which you are enrolled, you must change to another plan. Service areas may change from year to year. Please check *Choices* or call the HMO for NYSHIP service area information.

Page in CHOICES

			Biweekly Employee Costs Schedule	
			For Employees of the State of New York who are in Negotiating Units that do not have agreements/awards with New York State effective October 1, 2011 or later	
Code	Plan		Individual	Family
16	001	The Empire Plan	29.99	137.27
24	210	Aetna	144.95	571.80
26	066	Blue Choice	31.97	127.44
28	067	BlueCross BlueShield of Western New York	30.30	142.04
30	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	40.46	141.14
30	300	Capital District Physicians' Health Plan (CDPHP) (Central)	60.23	187.59
30	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	80.23	240.52
32	280	Empire BlueCross BlueShield HMO (Upstate)	76.92	267.77
32	290	Empire BlueCross BlueShield HMO (Downstate)	164.29	497.63
32	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	155.00	472.85
34	050	HIP Health Plan of New York (Downstate)	85.27	241.89
34	220	HIP Health Plan of New York (Capital)	95.18	265.80
34	350	HIP Health Plan of New York (Hudson Valley)	83.72	234.73
36	072	HMOBlue (Central New York Region)	95.22	273.86
36	160	HMOBlue (Utica Region)	112.20	350.37
38	059	Independent Health	26.86	124.65
40	058	MVP Health Care (Rochester)	25.86	119.74
40	060	MVP Health Care (East)	44.63	149.53
40	330	MVP Health Care (Central)	74.23	225.85
40	340	MVP Health Care (Mid-Hudson)	66.79	207.30
40	360	MVP Health Care (North)	122.16	346.22

YOUR BIWEEKLY PREMIUM CONTRIBUTION

New York State helps pay for your health insurance coverage. After the State's contribution, you pay the balance of your premium through biweekly deductions from your paycheck.

For Empire Plan enrollees, the State pays 90 percent of the cost of the premium for enrollee coverage and 75 percent of the premium for the additional cost of dependent coverage.

For HMO enrollees, the State pays 90 percent of the premium for enrollee coverage and 75 percent for the additional cost of dependent coverage. However, the State's dollar contribution for the non-prescription drug components of the HMO premium cannot exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium. The difference (if any) will be added to the employee's cost.

Note: This information does not apply to Leave Without Pay, COBRA and Young Adult Option ("Direct Pay") enrollees. Direct Pay enrollees will be notified of their rates separately.