

**NYSHIP RATE SCHEDULE REGISTER  
PARTICIPATING EMPLOYERS  
RATES EFFECTIVE JANUARY 1, 2022**

**SECTION I: RATIFIED GROUP**

**ROSWELL PARK CSEA, PEF, M/C, & NYSCOPBA;  
RETIREES, DEPENDENT SURVIVORS, VESTEES, LTD, & PREFERRED LIST**

<b>EXHIBIT 1</b>	<b>EMPIRE PLAN RATES</b>	<b>PAGE #</b>
Schedule I	Roswell Park Actives	1
Schedule II	Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, and YAOs for Ratified Unions	2
Schedule IIa	Post 1/1/83 Retirees (& Corresponding YAOs) and M/C Monthly & M/C LTD (& Corresponding YAOs) Without Drug Coverage	2
Schedule III	Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Authority retirees)	2
Schedule IV	Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors	3
Schedule V	Attica Dependent Survivors	3
Schedule VI	COBRA	3
Schedule VII	COBRA Without Drug Coverage	4
Schedule VIII	NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees and NYSERDA Preferred List	4
Schedule IX	NYS Thruway Authority (Agency 55090) 4/1/1991 and Forward Retirees (Enrollees w/ R1 Rate Qualifier)	4
<b>EXHIBIT 2</b>	<b>HMO RATES</b>	
Schedule I	Roswell Park Actives	5
Schedule II	Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, and YAOs for Ratified Unions	6
Schedule IIa	Post 1/1/83 Retirees (& Corresponding YAOs) and M/C Monthly & M/C LTD (& Corresponding YAOs) Without Drug Coverage	7
Schedule III	Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Authority retirees)	8
Schedule IV	Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors	9
Schedule V	Attica Dependent Survivors	10
Schedule VI	COBRA	11
Schedule VII	COBRA Without Drug Coverage	12
Schedule VIII	NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees and NYSERDA Preferred List	13
Schedule IX	NYS Thruway Authority (Agency 55090) 4/1/1991 and Forward Retirees (Enrollees w/ R1 Rate Qualifier)	14

**SECTION II: LOW INCOME SUBSIDY GROUP (NON DRUG)**

<b>EXHIBIT 1</b>	<b>EMPIRE PLAN RATES</b>	
Schedule II	LIS Post 1/1/83 Retirees, Dependent Survivors, and Full Share Payers	15
Schedule III	LIS Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Authority retirees)	15
Schedule IV	LIS Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors	16
Schedule V	LIS Attica Dependent Survivors	16

New York State Health Insurance Program  
 Empire Plan Rates - Participating Employers  
 Effective January 1, 2022  
 Biweekly  
 Ratified Group

Schedule I - Roswell Park Actives

								DIVIDENDS				< SG 10		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	CONTRIBUTIONS		
												LWOP Rate	12/27 EE	88/73 ER
Individual	146.93	153.67	8.90	87.85	30.83	0.08	428.26	1.61	1.61	0.15	0.80	424.09	50.89	373.20
Family	414.59	408.40	45.52	193.25	52.00	0.22	1,113.98	24.82	24.83	2.43	12.40	1,049.50	219.75	829.75

SG 10+		
CONTRIBUTIONS		
LWOP Rate	16/31 EE	84/69 ER
424.09	67.85	356.24
1,049.50	261.73	787.77

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2022  
Monthly  
Ratified Group

**Schedule II - Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, and YAOs for Ratified Unions**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	10/25 EE	90/75 ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	92.14	829.24
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	431.83	1,848.32

CONTRIBUTIONS		
LWOP Rate	100/100 EE	0/0 ER
921.38	921.38	0.00
2,280.15	2,280.15	0.00

**Schedule IIa - Post 1/1/83 Retirees (& Corresponding YAOs) & M/C Monthly & M/C LTD (& Corresponding YAOs) Without Drug Coverage**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA		Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA		LWOP Rate	10/25 EE	90/75 ER
Individual	319.23	333.86	19.33		66.98	0.17	739.57	3.49	3.50	0.32		732.26	73.23	659.03
Family	900.74	887.30	98.90		112.97	0.48	2,000.39	53.92	53.94	5.29		1,887.24	361.97	1,525.27

CONTRIBUTIONS		
LWOP Rate	100/100 EE	0/0 ER
732.26	732.26	0.00
1,887.24	1,887.24	0.00

**Schedule III - Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Authority retirees)**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	0/25 EE	100/75 ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	0.00	921.38
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	339.69	1,940.46

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2022  
Monthly  
Ratified Group

**Schedule IV - Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	* EE	** ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	339.69	581.69
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	339.69	1,940.46

\* EE pays 25% of the difference between LWOP for Individual Coverage and Family Coverage, regardless of whether the EE is Individual or Family Coverage.

\*\* Individual Coverage ER pays the difference between LWOP Rate and EE share; Family Coverage ER pays 75% of the difference between LWOP for Individual Coverage and Family Coverage, plus the whole LWOP Rate for Individual Coverage.

**Schedule V - Attica Dependent Survivors**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	0/0 EE	100/100 ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	0.00	921.38
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	0.00	2,280.15

**Schedule VI - COBRA**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	COBRA Admin	EE Cost
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	1.62	923.00
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	1.62	2,281.77

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2022  
Monthly  
Ratified Group

**Schedule VII - COBRA Without Drug Coverage**

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	Medicare Part B	Admin	Gross Rate	DIVIDENDS			CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	LWOP Rate	COBRA Admin	EE Cost
Individual	319.23	333.86	19.33	66.98	0.17	739.57	3.49	3.50	0.32	732.26	1.62	733.88
Family	900.74	887.30	98.90	112.97	0.48	2,000.39	53.92	53.94	5.29	1,887.24	1.62	1,888.86

**Schedule VIII - NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees and NYSERDA Preferred List**

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	12/27 EE	88/73 ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	110.57	810.81
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	477.44	1,802.71

CONTRIBUTIONS		
LWOP Rate	16/31 EE	84/69 ER
921.38	147.42	773.96
2,280.15	568.64	1,711.51

**Schedule IX - NYS Thruway Authority (Agency 55090) 4/1/1991 and Forward Retirees  
(Enrollees w/ R1 Rate Qualifier)**

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	CVS Caremark Drug	LWOP Rate	6/25 EE	94/75 ER
Individual	319.23	333.86	19.33	190.86	66.98	0.17	930.43	3.49	3.50	0.32	1.74	921.38	55.28	866.10
Family	900.74	887.30	98.90	419.86	112.97	0.48	2,420.25	53.92	53.94	5.29	26.95	2,280.15	394.97	1885.18

Schedule I - Participating Employer  
Roswell Park Actives  
Rates Effective January 1, 2022  
Biweekly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							12/27 Employee	88/73 Employer	16/31 Employee	84/69 Employer
<b>HIP - Downstate (050)</b>										
Individual	480.19	27.15	0.16	507.50	0.00	507.50	107.39	400.11	125.58	381.92
Family	1,176.46	44.84	0.46	1,221.76	0.00	1,221.76	309.10	912.66	355.37	866.39
<b>MVP Health Care - Rochester (058)</b>										
Individual	335.38	27.15	0.16	362.69	0.80	361.89	43.42	318.47	57.90	303.99
Family	788.15	44.84	0.46	833.45	1.89	831.56	170.24	661.32	203.50	628.06
<b>Independent Health (059)</b>										
Individual	300.84	27.15	0.16	328.15	0.00	328.15	39.38	288.77	52.50	275.65
Family	752.85	44.84	0.46	798.15	0.00	798.15	166.28	631.87	198.21	599.94
<b>MVP Health Care - East Region (060)</b>										
Individual	344.90	27.15	0.16	372.21	0.83	371.38	44.57	326.81	59.42	311.96
Family	809.69	44.84	0.46	854.99	1.95	853.04	174.62	678.42	208.74	644.30
<b>Capital District PHP - Capital (063)</b>										
Individual	348.90	27.15	0.16	376.21	0.00	376.21	45.14	331.07	60.19	316.02
Family	872.26	44.84	0.46	917.56	0.00	917.56	191.31	726.25	228.01	689.55
<b>Blue Choice (066)</b>										
Individual	327.52	27.15	0.16	354.83	0.00	354.83	42.58	312.25	56.77	298.06
Family	827.97	44.84	0.46	873.27	0.00	873.27	182.57	690.70	217.50	655.77
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	323.88	27.15	0.16	351.19	0.00	351.19	42.14	309.05	56.19	295.00
Family	815.80	44.84	0.46	861.10	0.00	861.10	179.83	681.27	214.27	646.83
<b>BlueShield of Northeastern NY (069)</b>										
Individual	362.62	27.15	0.16	389.93	0.00	389.93	46.79	343.14	62.39	327.54
Family	912.87	44.84	0.46	958.17	0.00	958.17	200.21	757.96	238.55	719.62
<b>HMO Blue - CNY (072)</b>										
Individual	359.66	27.15	0.16	386.97	0.00	386.97	46.44	340.53	61.91	325.06
Family	894.62	44.84	0.46	939.92	0.00	939.92	195.73	744.19	233.33	706.59
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	365.11	27.15	0.16	392.42	0.00	392.42	47.09	345.33	62.79	329.63
Family	949.88	44.84	0.46	995.18	0.00	995.18	209.84	785.34	249.64	745.54
<b>HIP - Capital (220)</b>										
Individual	567.18	27.15	0.16	594.49	0.00	594.49	174.19	420.30	193.30	401.19
Family	1,389.58	44.84	0.46	1,434.88	0.00	1,434.88	477.75	957.13	526.27	908.61
<b>Capital District PHP - Central (300)</b>										
Individual	336.07	27.15	0.16	363.38	0.00	363.38	43.60	319.78	58.14	305.24
Family	833.06	44.84	0.46	878.36	0.00	878.36	182.66	695.70	217.79	660.57
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	392.39	27.15	0.16	419.70	0.00	419.70	74.60	345.10	90.28	329.42
Family	980.99	44.84	0.46	1,026.29	0.00	1,026.29	232.75	793.54	273.01	753.28
<b>MVP Health Care - Central Region (330)</b>										
Individual	390.40	27.15	0.16	417.71	0.95	416.76	53.90	362.86	70.39	346.37
Family	919.61	44.84	0.46	964.91	2.24	962.67	197.41	765.26	235.91	726.76
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	384.46	27.15	0.16	411.77	0.94	410.83	53.23	357.60	69.48	341.35
Family	907.74	44.84	0.46	953.04	2.23	950.81	195.10	755.71	233.13	717.68
<b>HIP - Hudson Valley (350)</b>										
Individual	527.52	27.15	0.16	554.83	0.00	554.83	170.33	384.50	187.81	367.02
Family	1,292.41	44.84	0.46	1,337.71	0.00	1,337.71	459.44	878.27	503.98	833.73
<b>MVP Health Care - North Region (360)</b>										
Individual	390.40	27.15	0.16	417.71	1.16	416.55	53.69	362.86	70.18	346.37
Family	919.61	44.84	0.46	964.91	2.73	962.18	197.31	764.87	235.79	726.39

Schedule II - Participating Employers  
Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, and YAOs for Ratified Unions  
Rates Effective January 1, 2022  
Monthly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							10/25 Enrollee	90/75 Employer	100/100 Enrollee	0/0 Employer
<b>HIP - Downstate (050)</b>										
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	213.56	889.02	1,102.58	0.00
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	621.29	2,033.12	2,654.41	0.00
<b>MVP Health Care - Rochester (058)</b>										
Individual	728.66	58.98	0.34	787.98	1.74	786.24	78.62	707.62	786.24	0.00
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	333.74	1,472.94	1,806.68	0.00
<b>Independent Health (059)</b>										
Individual	653.60	58.98	0.34	712.92	0.00	712.92	71.29	641.63	712.92	0.00
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	326.58	1,407.49	1,734.07	0.00
<b>MVP Health Care - East Region (060)</b>										
Individual	749.34	58.98	0.34	808.66	1.80	806.86	80.69	726.17	806.86	0.00
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	342.31	1,511.03	1,853.34	0.00
<b>Capital District PHP - Capital (063)</b>										
Individual	758.03	58.98	0.34	817.35	0.00	817.35	81.74	735.61	817.35	0.00
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	375.78	1,617.73	1,993.51	0.00
<b>Blue Choice (066)</b>										
Individual	711.57	58.98	0.34	770.89	0.00	770.89	77.09	693.80	770.89	0.00
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	358.69	1,538.60	1,897.29	0.00
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	703.66	58.98	0.34	762.98	0.00	762.98	76.30	686.68	762.98	0.00
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	353.27	1,517.58	1,870.85	0.00
<b>BlueShield of Northeastern NY (069)</b>										
Individual	787.83	58.98	0.34	847.15	0.00	847.15	84.72	762.43	847.15	0.00
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	393.37	1,688.37	2,081.74	0.00
<b>HMO Blue - CNY (072)</b>										
Individual	781.40	58.98	0.34	840.72	0.00	840.72	84.07	756.65	840.72	0.00
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	384.42	1,657.67	2,042.09	0.00
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	793.25	58.98	0.34	852.57	0.00	852.57	85.26	767.31	852.57	0.00
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	412.66	1,749.48	2,162.14	0.00
<b>HIP - Capital (220)</b>										
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	357.71	933.87	1,291.58	0.00
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	985.27	2,132.18	3,117.45	0.00
<b>Capital District PHP - Central (300)</b>										
Individual	730.15	58.98	0.34	789.47	0.00	789.47	78.95	710.52	789.47	0.00
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	358.67	1,549.68	1,908.35	0.00
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	852.52	58.98	0.34	911.84	0.00	911.84	145.02	766.82	911.84	0.00
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	461.94	1,767.79	2,229.73	0.00
<b>MVP Health Care - Central Region (330)</b>										
Individual	848.19	58.98	0.34	907.51	2.06	905.45	99.19	806.26	905.45	0.00
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	387.06	1,704.46	2,091.52	0.00
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	835.28	58.98	0.34	894.60	2.04	892.56	97.99	794.57	892.56	0.00
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	382.55	1,683.20	2,065.75	0.00
<b>HIP - Hudson Valley (350)</b>										
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	351.08	854.33	1,205.41	0.00
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	949.81	1,956.53	2,906.34	0.00
<b>MVP Health Care - North Region (360)</b>										
Individual	848.19	58.98	0.34	907.51	2.53	904.98	98.72	806.26	904.98	0.00
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	386.87	1,703.58	2,090.45	0.00

Schedule Iia - Participating Employers  
Post 1/1/83 Retirees (& Corresponding YAOs)  
and M/C Monthly & MCLTD (& Corresponding YAOs) Without Drug Coverage  
Rates Effective January 1, 2022  
Monthly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							10/25 Enrollee	90/75 Employer	100/100 Enrollee	0/0 Employer
<b>HIP - Downstate (050)</b>										
Individual	787.73	58.98	0.34	847.05	0.00	847.05	188.01	659.04	847.05	0.00
Family	1,929.95	97.42	1.00	2,028.37	0.00	2,028.37	503.11	1,525.26	2,028.37	0.00
<b>MVP Health Care - Rochester (058)</b>										
Individual	558.44	58.98	0.34	617.76	1.74	616.02	61.60	554.42	616.02	0.00
Family	1,312.34	97.42	1.00	1,410.76	4.10	1,406.66	259.27	1,147.39	1,406.66	0.00
<b>Independent Health (059)</b>										
Individual	542.11	58.98	0.34	601.43	0.00	601.43	60.14	541.29	601.43	0.00
Family	1,356.63	97.42	1.00	1,455.05	0.00	1,455.05	273.55	1,181.50	1,455.05	0.00
<b>MVP Health Care - East Region (060)</b>										
Individual	590.88	58.98	0.34	650.20	1.80	648.40	64.84	583.56	648.40	0.00
Family	1,386.80	97.42	1.00	1,485.22	4.23	1,480.99	272.99	1,208.00	1,480.99	0.00
<b>Capital District PHP - Capital (063)</b>										
Individual	617.32	58.98	0.34	676.64	0.00	676.64	67.67	608.97	676.64	0.00
Family	1,543.30	97.42	1.00	1,641.72	0.00	1,641.72	308.94	1,332.78	1,641.72	0.00
<b>Blue Choice (066)</b>										
Individual	551.20	58.98	0.34	610.52	0.00	610.52	61.05	549.47	610.52	0.00
Family	1,393.45	97.42	1.00	1,491.87	0.00	1,491.87	281.39	1,210.48	1,491.87	0.00
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	480.67	58.98	0.34	539.99	0.00	539.99	54.00	485.99	539.99	0.00
Family	1,181.76	97.42	1.00	1,280.18	0.00	1,280.18	239.05	1,041.13	1,280.18	0.00
<b>BlueShield of Northeastern NY (069)</b>										
Individual	548.82	58.98	0.34	608.14	0.00	608.14	60.82	547.32	608.14	0.00
Family	1,349.42	97.42	1.00	1,447.84	0.00	1,447.84	270.75	1,177.09	1,447.84	0.00
<b>HMO Blue - CNY (072)</b>										
Individual	605.21	58.98	0.34	664.53	0.00	664.53	66.45	598.08	664.53	0.00
Family	1,505.46	97.42	1.00	1,603.88	0.00	1,603.88	301.29	1,302.59	1,603.88	0.00
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	614.31	58.98	0.34	673.63	0.00	673.63	67.36	606.27	673.63	0.00
Family	1,598.10	97.42	1.00	1,696.52	0.00	1,696.52	323.09	1,373.43	1,696.52	0.00
<b>HIP - Capital (220)</b>										
Individual	926.89	58.98	0.34	986.21	0.00	986.21	327.17	659.04	986.21	0.00
Family	2,270.88	97.42	1.00	2,369.30	0.00	2,369.30	844.04	1,525.26	2,369.30	0.00
<b>Capital District PHP - Central (300)</b>										
Individual	603.44	58.98	0.34	662.76	0.00	662.76	66.28	596.48	662.76	0.00
Family	1,493.15	97.42	1.00	1,591.57	0.00	1,591.57	298.49	1,293.08	1,591.57	0.00
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	732.76	58.98	0.34	792.08	0.00	792.08	133.04	659.04	792.08	0.00
Family	1,831.89	97.42	1.00	1,930.31	0.00	1,930.31	405.05	1,525.26	1,930.31	0.00
<b>MVP Health Care - Central Region (330)</b>										
Individual	684.61	58.98	0.34	743.93	2.06	741.87	82.83	659.04	741.87	0.00
Family	1,613.46	97.42	1.00	1,711.88	4.86	1,707.02	315.47	1,391.55	1,707.02	0.00
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	684.69	58.98	0.34	744.01	2.04	741.97	82.93	659.04	741.97	0.00
Family	1,618.17	97.42	1.00	1,716.59	4.84	1,711.75	316.64	1,395.11	1,711.75	0.00
<b>HIP - Hudson Valley (350)</b>										
Individual	929.10	58.98	0.34	988.42	0.00	988.42	329.38	659.04	988.42	0.00
Family	2,276.29	97.42	1.00	2,374.71	0.00	2,374.71	849.45	1,525.26	2,374.71	0.00
<b>MVP Health Care - North Region (360)</b>										
Individual	684.61	58.98	0.34	743.93	2.53	741.40	82.36	659.04	741.40	0.00
Family	1,613.46	97.42	1.00	1,711.88	5.93	1,705.95	315.28	1,390.67	1,705.95	0.00



SECTION I  
Exhibit 2

Schedule III - Participating Employers  
Retirees Prior to 1/1/83  
(includes pre-4/1/1991 Thruway Authority retirees)  
Rates Effective January 1, 2022  
Monthly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							Enrollee	Employer
<b>HIP - Downstate (050)</b>								
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	114.79	987.79
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	522.52	2,131.89
<b>MVP Health Care - Rochester (058)</b>								
Individual	728.66	58.98	0.34	787.98	1.74	786.24	0.00	786.24
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	255.12	1,551.56
<b>Independent Health (059)</b>								
Individual	653.60	58.98	0.34	712.92	0.00	712.92	0.00	712.92
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	255.29	1,478.78
<b>MVP Health Care - East Region (060)</b>								
Individual	749.34	58.98	0.34	808.66	1.80	806.86	0.00	806.86
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	261.62	1,591.72
<b>Capital District PHP - Capital (063)</b>								
Individual	758.03	58.98	0.34	817.35	0.00	817.35	0.00	817.35
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	294.04	1,699.47
<b>Blue Choice (066)</b>								
Individual	711.57	58.98	0.34	770.89	0.00	770.89	0.00	770.89
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	281.60	1,615.69
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	703.66	58.98	0.34	762.98	0.00	762.98	0.00	762.98
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	276.97	1,593.88
<b>BlueShield of Northeastern NY (069)</b>								
Individual	787.83	58.98	0.34	847.15	0.00	847.15	0.00	847.15
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	308.65	1,773.09
<b>HMO Blue - CNY (072)</b>								
Individual	781.40	58.98	0.34	840.72	0.00	840.72	0.00	840.72
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	300.35	1,741.74
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	793.25	58.98	0.34	852.57	0.00	852.57	0.00	852.57
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	327.40	1,834.74
<b>HIP - Capital (220)</b>								
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	253.95	1,037.63
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	881.51	2,235.94
<b>Capital District PHP - Central (300)</b>								
Individual	730.15	58.98	0.34	789.47	0.00	789.47	0.00	789.47
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	279.72	1,628.63
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	852.52	58.98	0.34	911.84	0.00	911.84	59.82	852.02
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	376.74	1,852.99
<b>MVP Health Care - Central Region (330)</b>								
Individual	848.19	58.98	0.34	907.51	2.06	905.45	9.61	895.84
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	296.51	1,795.01
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	835.28	58.98	0.34	894.60	2.04	892.56	9.71	882.85
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	293.29	1,772.46
<b>HIP - Hudson Valley (350)</b>								
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	256.16	949.25
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	854.89	2,051.45
<b>MVP Health Care - North Region (360)</b>								
Individual	848.19	58.98	0.34	907.51	2.53	904.98	9.14	895.84
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	296.37	1,794.08

**Schedule IV - Participating Employers**  
**Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors**  
**Rates Effective January 1, 2022**

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							* Enrollee	** Employer
* EE pays 25% of the difference between LWOP for Individual Coverage and Family Coverage, regardless of whether the EE is Individual or Family Coverage.								
** Individual Coverage ER pays the difference between LWOP Rate and EE share; Family Coverage ER pays 75% of the difference between LWOP for Individual Coverage and Family Coverage, plus the whole LWOP Rate for Individual Coverage.								
<b>HIP - Downstate (050)</b>								
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	387.96	714.62
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	387.96	2,266.45
<b>MVP Health Care - Rochester (058)</b>								
Individual	728.66	58.98	0.34	787.98	1.74	786.24	255.12	531.12
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	255.12	1,551.56
<b>Independent Health (059)</b>								
Individual	653.60	58.98	0.34	712.92	0.00	712.92	255.29	457.63
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	255.29	1,478.78
<b>MVP Health Care - East Region (060)</b>								
Individual	749.34	58.98	0.34	808.66	1.80	806.86	261.62	545.24
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	261.62	1,591.72
<b>Capital District PHP - Capital (063)</b>								
Individual	758.03	58.98	0.34	817.35	0.00	817.35	294.04	523.31
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	294.04	1,699.47
<b>Blue Choice (066)</b>								
Individual	711.57	58.98	0.34	770.89	0.00	770.89	281.60	489.29
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	281.60	1,615.69
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	703.66	58.98	0.34	762.98	0.00	762.98	276.97	486.01
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	276.97	1,593.88
<b>BlueShield of Northeastern NY (069)</b>								
Individual	787.83	58.98	0.34	847.15	0.00	847.15	308.65	538.50
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	308.65	1,773.09
<b>HMO Blue - CNY (072)</b>								
Individual	781.40	58.98	0.34	840.72	0.00	840.72	300.35	540.37
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	300.35	1,741.74
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	793.25	58.98	0.34	852.57	0.00	852.57	327.40	525.17
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	327.40	1,834.74
<b>HIP - Capital (220)</b>								
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	456.47	835.11
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	456.47	2,660.98
<b>Capital District PHP - Central (300)</b>								
Individual	730.15	58.98	0.34	789.47	0.00	789.47	279.72	509.75
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	279.72	1,628.63
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	852.52	58.98	0.34	911.84	0.00	911.84	329.47	582.37
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	329.47	1,900.26
<b>MVP Health Care - Central Region (330)</b>								
Individual	848.19	58.98	0.34	907.51	2.06	905.45	296.51	608.94
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	296.51	1,795.01
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	835.28	58.98	0.34	894.60	2.04	892.56	293.29	599.27
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	293.29	1,772.46
<b>HIP - Hudson Valley (350)</b>								
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	425.23	780.18
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	425.23	2,481.11
<b>MVP Health Care - North Region (360)</b>								
Individual	848.19	58.98	0.34	907.51	2.53	904.98	296.37	608.61
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	296.37	1,794.08

**Schedule V - Participating Employers  
Attica Dependent Survivors  
Rates Effective January 1, 2022  
Monthly  
Ratified Group**

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							0/0 Enrollee	100/100 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	181.20	921.38
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	374.26	2,280.15
<b>MVP Health Care - Rochester (058)</b>								
Individual	728.66	58.98	0.34	787.98	1.74	786.24	0.00	786.24
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	0.00	1,806.68
<b>Independent Health (059)</b>								
Individual	653.60	58.98	0.34	712.92	0.00	712.92	0.00	712.92
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	0.00	1,734.07
<b>MVP Health Care - East Region (060)</b>								
Individual	749.34	58.98	0.34	808.66	1.80	806.86	0.00	806.86
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	0.00	1,853.34
<b>Capital District PHP - Capital (063)</b>								
Individual	758.03	58.98	0.34	817.35	0.00	817.35	0.00	817.35
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	0.00	1,993.51
<b>Blue Choice (066)</b>								
Individual	711.57	58.98	0.34	770.89	0.00	770.89	0.00	770.89
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	0.00	1,897.29
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	703.66	58.98	0.34	762.98	0.00	762.98	0.00	762.98
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	0.00	1,870.85
<b>BlueShield of Northeastern NY (069)</b>								
Individual	787.83	58.98	0.34	847.15	0.00	847.15	0.00	847.15
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	0.00	2,081.74
<b>HMO Blue - CNY (072)</b>								
Individual	781.40	58.98	0.34	840.72	0.00	840.72	0.00	840.72
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	0.00	2,042.09
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	793.25	58.98	0.34	852.57	0.00	852.57	0.00	852.57
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	0.00	2,162.14
<b>HIP - Capital (220)</b>								
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	370.20	921.38
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	837.30	2,280.15
<b>Capital District PHP - Central (300)</b>								
Individual	730.15	58.98	0.34	789.47	0.00	789.47	0.00	789.47
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	0.00	1,908.35
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	852.52	58.98	0.34	911.84	0.00	911.84	0.00	911.84
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	0.00	2,229.73
<b>MVP Health Care - Central Region (330)</b>								
Individual	848.19	58.98	0.34	907.51	2.06	905.45	0.00	905.45
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	0.00	2,091.52
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	835.28	58.98	0.34	894.60	2.04	892.56	0.00	892.56
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	0.00	2,065.75
<b>HIP - Hudson Valley (350)</b>								
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	284.03	921.38
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	626.19	2,280.15
<b>MVP Health Care - North Region (360)</b>								
Individual	848.19	58.98	0.34	907.51	2.53	904.98	0.00	904.98
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	0.00	2,090.45

Schedule VI - Participating Employers  
Rates Effective January 1, 2022  
COBRA  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							COBRA Admin	Enrollee Cost
<b>HIP - Downstate (050)</b>								
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	1.62	1,104.20
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	1.62	2,656.03
<b>MVP Health Care - Rochester (058)</b>								
Individual	728.66	58.98	0.34	787.98	1.74	786.24	1.62	787.86
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	1.62	1,808.30
<b>Independent Health (059)</b>								
Individual	653.60	58.98	0.34	712.92	0.00	712.92	1.62	714.54
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	1.62	1,735.69
<b>MVP Health Care - East Region (060)</b>								
Individual	749.34	58.98	0.34	808.66	1.80	806.86	1.62	808.48
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	1.62	1,854.96
<b>Capital District PHP - Capital (063)</b>								
Individual	758.03	58.98	0.34	817.35	0.00	817.35	1.62	818.97
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	1.62	1,995.13
<b>Blue Choice (066)</b>								
Individual	711.57	58.98	0.34	770.89	0.00	770.89	1.62	772.51
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	1.62	1,898.91
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	703.66	58.98	0.34	762.98	0.00	762.98	1.62	764.60
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	1.62	1,872.47
<b>BlueShield of Northeastern NY (069)</b>								
Individual	787.83	58.98	0.34	847.15	0.00	847.15	1.62	848.77
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	1.62	2,083.36
<b>HMO Blue - CNY (072)</b>								
Individual	781.40	58.98	0.34	840.72	0.00	840.72	1.62	842.34
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	1.62	2,043.71
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	793.25	58.98	0.34	852.57	0.00	852.57	1.62	854.19
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	1.62	2,163.76
<b>HIP - Capital (220)</b>								
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	1.62	1,293.20
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	1.62	3,119.07
<b>Capital District PHP - Central (300)</b>								
Individual	730.15	58.98	0.34	789.47	0.00	789.47	1.62	791.09
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	1.62	1,909.97
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	852.52	58.98	0.34	911.84	0.00	911.84	1.62	913.46
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	1.62	2,231.35
<b>MVP Health Care - Central Region (330)</b>								
Individual	848.19	58.98	0.34	907.51	2.06	905.45	1.62	907.07
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	1.62	2,093.14
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	835.28	58.98	0.34	894.60	2.04	892.56	1.62	894.18
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	1.62	2,067.37
<b>HIP - Hudson Valley (350)</b>								
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	1.62	1,207.03
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	1.62	2,907.96
<b>MVP Health Care - North Region (360)</b>								
Individual	848.19	58.98	0.34	907.51	2.53	904.98	1.62	906.60
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	1.62	2,092.07

Schedule VII - Participating Employers  
Rates Effective January 1, 2022  
COBRA Without Drug Coverage  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							COBRA Admin	Enrollee Cost
<b>HIP - Downstate (050)</b>								
Individual	787.73	58.98	0.34	847.05	0.00	847.05	1.62	848.67
Family	1,929.95	97.42	1.00	2,028.37	0.00	2,028.37	1.62	2,029.99
<b>MVP Health Care - Rochester (058)</b>								
Individual	558.44	58.98	0.34	617.76	1.74	616.02	1.62	617.64
Family	1,312.34	97.42	1.00	1,410.76	4.10	1,406.66	1.62	1,408.28
<b>Independent Health (059)</b>								
Individual	542.11	58.98	0.34	601.43	0.00	601.43	1.62	603.05
Family	1,356.63	97.42	1.00	1,455.05	0.00	1,455.05	1.62	1,456.67
<b>MVP Health Care - East Region (060)</b>								
Individual	590.88	58.98	0.34	650.20	1.80	648.40	1.62	650.02
Family	1,386.80	97.42	1.00	1,485.22	4.23	1,480.99	1.62	1,482.61
<b>Capital District PHP - Capital (063)</b>								
Individual	617.32	58.98	0.34	676.64	0.00	676.64	1.62	678.26
Family	1,543.30	97.42	1.00	1,641.72	0.00	1,641.72	1.62	1,643.34
<b>Blue Choice (066)</b>								
Individual	551.20	58.98	0.34	610.52	0.00	610.52	1.62	612.14
Family	1,393.45	97.42	1.00	1,491.87	0.00	1,491.87	1.62	1,493.49
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	480.67	58.98	0.34	539.99	0.00	539.99	1.62	541.61
Family	1,181.76	97.42	1.00	1,280.18	0.00	1,280.18	1.62	1,281.80
<b>BlueShield of Northeastern NY (069)</b>								
Individual	548.82	58.98	0.34	608.14	0.00	608.14	1.62	609.76
Family	1,349.42	97.42	1.00	1,447.84	0.00	1,447.84	1.62	1,449.46
<b>HMO Blue - CNY (072)</b>								
Individual	605.21	58.98	0.34	664.53	0.00	664.53	1.62	666.15
Family	1,505.46	97.42	1.00	1,603.88	0.00	1,603.88	1.62	1,605.50
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	614.31	58.98	0.34	673.63	0.00	673.63	1.62	675.25
Family	1,598.10	97.42	1.00	1,696.52	0.00	1,696.52	1.62	1,698.14
<b>HIP - Capital (220)</b>								
Individual	926.89	58.98	0.34	986.21	0.00	986.21	1.62	987.83
Family	2,270.88	97.42	1.00	2,369.30	0.00	2,369.30	1.62	2,370.92
<b>Capital District PHP - Central (300)</b>								
Individual	603.44	58.98	0.34	662.76	0.00	662.76	1.62	664.38
Family	1,493.15	97.42	1.00	1,591.57	0.00	1,591.57	1.62	1,593.19
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	732.76	58.98	0.34	792.08	0.00	792.08	1.62	793.70
Family	1,831.89	97.42	1.00	1,930.31	0.00	1,930.31	1.62	1,931.93
<b>MVP Health Care - Central Region (330)</b>								
Individual	684.61	58.98	0.34	743.93	2.06	741.87	1.62	743.49
Family	1,613.46	97.42	1.00	1,711.88	4.86	1,707.02	1.62	1,708.64
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	684.69	58.98	0.34	744.01	2.04	741.97	1.62	743.59
Family	1,618.17	97.42	1.00	1,716.59	4.84	1,711.75	1.62	1,713.37
<b>HIP - Hudson Valley (350)</b>								
Individual	929.10	58.98	0.34	988.42	0.00	988.42	1.62	990.04
Family	2,276.29	97.42	1.00	2,374.71	0.00	2,374.71	1.62	2,376.33
<b>MVP Health Care - North Region (360)</b>								
Individual	684.61	58.98	0.34	743.93	2.53	741.40	1.62	743.02
Family	1,613.46	97.42	1.00	1,711.88	5.93	1,705.95	1.62	1,707.57

Schedule VIII - Participating Employers  
 NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees and NYSERDA Preferred List  
 Rates Effective January 1, 2022  
 Monthly  
 Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							12/27 Enrollee	88/73 Employer	16/31 Enrollee	84/69 Employer
<b>HIP - Downstate (050)</b>										
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	233.32	869.26	272.83	829.75
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	671.56	1,982.85	772.09	1,882.32
<b>MVP Health Care - Rochester (058)</b>										
Individual	728.66	58.98	0.34	787.98	1.74	786.24	94.34	691.90	125.79	660.45
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	369.87	1,436.81	442.14	1,364.54
<b>Independent Health (059)</b>										
Individual	653.60	58.98	0.34	712.92	0.00	712.92	85.55	627.37	114.07	598.85
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	361.27	1,372.80	430.63	1,303.44
<b>MVP Health Care - East Region (060)</b>										
Individual	749.34	58.98	0.34	808.66	1.80	806.86	96.82	710.04	129.10	677.76
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	379.37	1,473.97	453.51	1,399.83
<b>Capital District PHP - Capital (063)</b>										
Individual	758.03	58.98	0.34	817.35	0.00	817.35	98.08	719.27	130.78	686.57
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	415.65	1,577.86	495.39	1,498.12
<b>Blue Choice (066)</b>										
Individual	711.57	58.98	0.34	770.89	0.00	770.89	92.51	678.38	123.34	647.55
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	396.64	1,500.65	472.53	1,424.76
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	703.66	58.98	0.34	762.98	0.00	762.98	91.56	671.42	122.08	640.90
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	390.69	1,480.16	465.52	1,405.33
<b>BlueShield of Northeastern NY (069)</b>										
Individual	787.83	58.98	0.34	847.15	0.00	847.15	101.66	745.49	135.55	711.60
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	435.00	1,646.74	518.28	1,563.46
<b>HMO Blue - CNY (072)</b>										
Individual	781.40	58.98	0.34	840.72	0.00	840.72	100.89	739.83	134.52	706.20
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	425.26	1,616.83	506.95	1,535.14
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	793.25	58.98	0.34	852.57	0.00	852.57	102.31	750.26	136.41	716.16
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	455.90	1,706.24	542.38	1,619.76
<b>HIP - Capital (220)</b>										
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	378.46	913.12	419.97	871.61
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	1,037.98	2,079.47	1,143.40	1,974.05
<b>Capital District PHP - Central (300)</b>										
Individual	730.15	58.98	0.34	789.47	0.00	789.47	94.74	694.73	126.32	663.15
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	396.84	1,511.51	473.18	1,435.17
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	852.52	58.98	0.34	911.84	0.00	911.84	162.06	749.78	196.14	715.70
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	505.68	1,724.05	593.14	1,636.59
<b>MVP Health Care - Central Region (330)</b>										
Individual	848.19	58.98	0.34	907.51	2.06	905.45	117.11	788.34	152.94	752.51
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	428.90	1,662.62	512.55	1,578.97
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	835.28	58.98	0.34	894.60	2.04	892.56	115.65	776.91	150.96	741.60
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	423.87	1,641.88	506.50	1,559.25
<b>HIP - Hudson Valley (350)</b>										
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	370.07	835.34	408.04	797.37
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	998.19	1,908.15	1,094.95	1,811.39
<b>MVP Health Care - North Region (360)</b>										
Individual	848.19	58.98	0.34	907.51	2.53	904.98	116.64	788.34	152.47	752.51
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	428.67	1,661.78	512.29	1,578.16

SECTION I  
Exhibit 2

Schedule IX - Participating Employers  
NYS Thruway Authority (Agency 55090) 4/1/1991 and Forward Retirees  
(Enrollees w/ R1 Rate Qualifier)  
Rates Effective January 1, 2022  
Monthly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	LWOP Rate	CONTRIBUTIONS	
							6/25 Enrollee	94/75 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,043.26	58.98	0.34	1,102.58	0.00	1,102.58	174.05	928.53
Family	2,555.99	97.42	1.00	2,654.41	0.00	2,654.41	581.78	2,072.63
<b>MVP Health Care - Rochester (058)</b>								
Individual	728.66	58.98	0.34	787.98	1.74	786.24	47.17	739.07
Family	1,712.36	97.42	1.00	1,810.78	4.10	1,806.68	302.29	1,504.39
<b>Independent Health (059)</b>								
Individual	653.60	58.98	0.34	712.92	0.00	712.92	42.78	670.14
Family	1,635.65	97.42	1.00	1,734.07	0.00	1,734.07	298.07	1,436.00
<b>MVP Health Care - East Region (060)</b>								
Individual	749.34	58.98	0.34	808.66	1.80	806.86	48.41	758.45
Family	1,759.15	97.42	1.00	1,857.57	4.23	1,853.34	310.03	1,543.31
<b>Capital District PHP - Capital (063)</b>								
Individual	758.03	58.98	0.34	817.35	0.00	817.35	49.04	768.31
Family	1,895.09	97.42	1.00	1,993.51	0.00	1,993.51	343.08	1,650.43
<b>Blue Choice (066)</b>								
Individual	711.57	58.98	0.34	770.89	0.00	770.89	46.25	724.64
Family	1,798.87	97.42	1.00	1,897.29	0.00	1,897.29	327.85	1,569.44
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	703.66	58.98	0.34	762.98	0.00	762.98	45.78	717.20
Family	1,772.43	97.42	1.00	1,870.85	0.00	1,870.85	322.75	1,548.10
<b>BlueShield of Northeastern NY (069)</b>								
Individual	787.83	58.98	0.34	847.15	0.00	847.15	50.83	796.32
Family	1,983.32	97.42	1.00	2,081.74	0.00	2,081.74	359.48	1,722.26
<b>HMO Blue - CNY (072)</b>								
Individual	781.40	58.98	0.34	840.72	0.00	840.72	50.44	790.28
Family	1,943.67	97.42	1.00	2,042.09	0.00	2,042.09	350.79	1,691.30
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	793.25	58.98	0.34	852.57	0.00	852.57	51.16	801.41
Family	2,063.72	97.42	1.00	2,162.14	0.00	2,162.14	378.56	1,783.58
<b>HIP - Capital (220)</b>								
Individual	1,232.26	58.98	0.34	1,291.58	0.00	1,291.58	316.20	975.38
Family	3,019.03	97.42	1.00	3,117.45	0.00	3,117.45	943.76	2,173.69
<b>Capital District PHP - Central (300)</b>								
Individual	730.15	58.98	0.34	789.47	0.00	789.47	47.37	742.10
Family	1,809.93	97.42	1.00	1,908.35	0.00	1,908.35	327.09	1,581.26
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	852.52	58.98	0.34	911.84	0.00	911.84	110.94	800.90
Family	2,131.31	97.42	1.00	2,229.73	0.00	2,229.73	427.86	1,801.87
<b>MVP Health Care - Central Region (330)</b>								
Individual	848.19	58.98	0.34	907.51	2.06	905.45	63.35	842.10
Family	1,997.96	97.42	1.00	2,096.38	4.86	2,091.52	350.84	1,740.68
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	835.28	58.98	0.34	894.60	2.04	892.56	62.68	829.88
Family	1,972.17	97.42	1.00	2,070.59	4.84	2,065.75	346.85	1,718.90
<b>HIP - Hudson Valley (350)</b>								
Individual	1,146.09	58.98	0.34	1,205.41	0.00	1,205.41	313.11	892.30
Family	2,807.92	97.42	1.00	2,906.34	0.00	2,906.34	911.84	1,994.50
<b>MVP Health Care - North Region (360)</b>								
Individual	848.19	58.98	0.34	907.51	2.53	904.98	62.88	842.10
Family	1,997.96	97.42	1.00	2,096.38	5.93	2,090.45	350.67	1,739.78

**New York State Health Insurance Program  
Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy  
Empire Plan Rates - Participating Employers  
Effective January 1, 2022  
Monthly  
Ratified Group**

**Schedule II - LIS Post 1/1/83 Retirees, Dependent Survivors, and Full Share Payers**

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	Medicare Part B	Admin	Gross Rate	DIVIDENDS			CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	LWOP Rate	10/25 EE	90/75 ER
Individual	319.23	333.86	19.33	66.98	0.17	739.57	3.49	3.50	0.32	732.26	73.23	659.03
Family	900.74	887.30	98.90	112.97	0.48	2,000.39	53.92	53.94	5.29	1,887.24	361.97	1,525.27

CONTRIBUTIONS		
LWOP Rate	100/100 EE	0/0 ER
732.26	732.26	0.00
1,887.24	1,887.24	0.00

**Schedule III - LIS Retirees Prior to 1/1/83 (includes pre-4/1/1991 Thruway Authority retirees)**

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	Medicare Part B	Admin	Gross Rate	DIVIDENDS			CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	LWOP Rate	0/25 EE	100/75 ER
Individual	319.23	333.86	19.33	66.98	0.17	739.57	3.49	3.50	0.32	732.26	0.00	732.26
Family	900.74	887.30	98.90	112.97	0.48	2,000.39	53.92	53.94	5.29	1,887.24	288.74	1,598.50



**New York State Health Insurance Program  
Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy  
Empire Plan Rates - Participating Employers  
Effective January 1, 2022  
Monthly  
Ratified Group**

**Schedule IV - LIS Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors**

							DIVIDENDS			CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	LWOP Rate	* EE	** ER
Individual	319.23	333.86	19.33	66.98	0.17	739.57	3.49	3.50	0.32	732.26	288.74	443.52
Family	900.74	887.30	98.90	112.97	0.48	2,000.39	53.92	53.94	5.29	1,887.24	288.74	1,598.50

\* EE pays 25% of the difference between LWOP for Individual Coverage and Family Coverage, regardless of whether the EE is Individual or Family Coverage.

\*\* Individual Coverage ER pays the difference between LWOP Rate and EE share; Family Coverage ER pays 75% of the difference between LWOP for Individual Coverage and Family Coverage, plus the whole LWOP Rate for Individual Coverage.

**Schedule V - LIS Attica Dependent Survivors**

							DIVIDENDS			CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSA	LWOP Rate	0/0 EE	100/100 ER
Individual	319.23	333.86	19.33	66.98	0.17	739.57	3.49	3.50	0.32	732.26	0.00	732.26
Family	900.74	887.30	98.90	112.97	0.48	2,000.39	53.92	53.94	5.29	1,887.24	0.00	1,887.24