

**NYSHIP RATE SCHEDULE REGISTER  
PARTICIPATING EMPLOYERS  
RATES EFFECTIVE JANUARY 1, 2024**

**SECTION I: RATIFIED GROUP**

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

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**CITY UNIVERSITY OF NEW YORK**

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New York State Health Insurance Program  
 Empire Plan Rates - Participating Employers  
 Effective January 1, 2024  
 Biweekly  
 Ratified Group

**Schedule I - Roswell Park Actives: Ratified Unions**

Benefit Programs: A21, A22, A23, A45

								DIVIDENDS				< SG 10 CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	12/27 EE	88/73 ER
	Individual	166.46	165.17	11.68	120.96	36.22	0.09	500.58	0.00	0.00	0.00	0.00	500.58	60.07
Family	467.18	430.20	57.21	268.23	62.13	0.26	1,285.21	0.00	0.00	0.00	0.00	1,285.21	271.92	1,013.29

SG 10+ CONTRIBUTIONS		
Net Rate	16/31 EE	84/69 ER
500.58	80.09	420.49
1,285.21	323.33	961.88

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2024  
Monthly  
Ratified Group

**Schedule II - Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, & Ratified YAO**

Benefit Programs: D01, G01, G04, G07, G08, G09, G10, G11, G13, G15, G16, G17, G19, G21, G24, G25, G27, G77, G80, G87, G88, G90, G91, M04, M11

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	EE	ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	Varies by employer.	
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	Varies by employer.	

**Schedule IIa - No Drug Coverage: Post 1/1/83 Retirees, M/C Monthly, & M/C LTD (& Corresponding YAO)**

Benefit Programs: D12, G02, G14, G18, G22, G81, M05, M12

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Net Rate	EE	ER	
Individual	362.64	359.83	25.45		78.91	0.20	827.03	0.00	0.00	0.00	827.03	Varies by employer.	
Family	1,017.79	937.22	124.64		135.36	0.57	2,215.58	0.00	0.00	0.00	2,215.58	Varies by employer.	

**Schedule III - Retirees Prior to 1/1/83 (Includes Pre-4/1/1991 Thruway Authority Retirees)**

Benefit Programs: G03, G20, G23

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	0/25 EE	100/75 ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	0.00	1,090.54
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	427.35	2,372.59

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2024  
Monthly  
Ratified Group

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

Benefit Programs: G05

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	* EE	** ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	427.35	663.19
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	427.35	2,372.59

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

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

**Schedule V - Attica Dependent Survivors**

Benefit Programs: G06

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	0/0 EE	100/100 ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	0.00	1,090.54
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	0.00	2,799.94

**Schedule VI - COBRA Retirees & Ratified Unions**

Benefit Programs: C21, C29, C45, G78, G84, G85

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	2.0% Admin	EE Cost
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	21.81	1,112.35
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	56.00	2,855.94

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective January 1, 2024  
Monthly  
Ratified Group

**Schedule VII - COBRA Without Drug Coverage**

Benefit Programs: C30, G79

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU		Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU		Net Rate	2.0% Admin	EE Cost
Individual	362.64	359.83	25.45		78.91	0.20	827.03	0.00	0.00	0.00		827.03	16.54	843.57
Family	1,017.79	937.22	124.64		135.36	0.57	2,215.58	0.00	0.00	0.00		2,215.58	44.31	2,259.89

**Schedule VIII - NYSERDA (Agency 55500) 1/1/13 & Forward Retirees (BPs G01, G13, G16 & G21)  
& NYSERDA Preferred List (BPs G10 & G27)**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	12/27 EE	88/73 ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	130.86	959.68
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	592.40	2,207.54

CONTRIBUTIONS		
Net Rate	16/31 EE	84/69 ER
1,090.54	174.49	916.05
2,799.94	704.40	2,095.54

**Schedule IX - NYS Thruway Authority (Agency 55090) 4/1/91 & Forward Retirees  
(Enrollees w/ R1 Rate Qualifier)**

								DIVIDENDS				CONTRIBUTIONS		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	6/25 EE	94/75 ER
Individual	362.64	359.83	25.45	263.51	78.91	0.20	1,090.54	0.00	0.00	0.00	0.00	1,090.54	65.43	1,025.11
Family	1,017.79	937.22	124.64	584.36	135.36	0.57	2,799.94	0.00	0.00	0.00	0.00	2,799.94	492.78	2,307.16

Schedule I - Participating Employers  
Roswell Park Actives  
Effective January 1, 2024  
Biweekly  
Ratified Group

Benefit Programs: A21, A22, A23, A45

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							12/27 Employee	88/73 Employer	16/31 Employee	84/69 Employer
<b>HIP - Downstate (050)</b>										
Individual	562.28	30.91	0.20	593.39	0.00	593.39	138.50	454.89	159.17	434.22
Family	1,377.59	51.92	0.58	1,430.09	0.00	1,430.09	364.59	1,065.50	418.72	1,011.37
<b>MVP Health Care - Rochester (058)</b>										
Individual	368.64	30.91	0.20	399.75	0.00	399.75	47.97	351.78	63.96	335.79
Family	866.29	51.92	0.58	918.79	0.00	918.79	188.11	730.68	224.86	693.93
<b>Independent Health (059)</b>										
Individual	383.27	30.91	0.20	414.38	0.00	414.38	49.73	364.65	66.30	348.08
Family	959.13	51.92	0.58	1,011.63	0.00	1,011.63	210.99	800.64	251.45	760.18
<b>MVP Health Care - East Region (060)</b>										
Individual	389.52	30.91	0.20	420.63	0.00	420.63	50.48	370.15	67.30	353.33
Family	914.65	51.92	0.58	967.15	0.00	967.15	198.04	769.11	236.72	730.43
<b>Capital District PHP - Capital (063)</b>										
Individual	398.89	30.91	0.20	430.00	0.00	430.00	51.60	378.40	68.80	361.20
Family	937.38	51.92	0.58	989.88	0.00	989.88	202.77	787.11	242.36	747.52
<b>Blue Choice (066)</b>										
Individual	344.77	30.91	0.20	375.88	0.00	375.88	45.11	330.77	60.14	315.74
Family	871.56	51.92	0.58	924.06	0.00	924.06	193.12	730.94	230.08	693.98
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	375.97	30.91	0.20	407.08	0.00	407.08	48.85	358.23	65.13	341.95
Family	948.39	51.92	0.58	1,000.89	0.00	1,000.89	209.18	791.71	249.21	751.68
<b>BlueShield of Northeastern NY (069)</b>										
Individual	397.24	30.91	0.20	428.35	0.00	428.35	51.40	376.95	68.54	359.81
Family	1,003.65	51.92	0.58	1,056.15	0.00	1,056.15	220.91	835.24	263.16	792.99
<b>HMO Blue - CNY (072)</b>										
Individual	409.32	30.91	0.20	440.43	0.00	440.43	52.85	387.58	70.47	369.96
Family	1,018.19	51.92	0.58	1,070.69	0.00	1,070.69	223.02	847.67	265.85	804.84
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	429.83	30.91	0.20	460.94	0.00	460.94	55.31	405.63	73.75	387.19
Family	1,118.18	51.92	0.58	1,170.68	0.00	1,170.68	246.94	923.74	293.77	876.91
<b>HIP - Capital (220)</b>										
Individual	592.43	30.91	0.20	623.54	0.00	623.54	219.00	404.54	237.39	386.15
Family	1,451.45	51.92	0.58	1,503.95	0.00	1,503.95	430.86	1,073.09	485.88	1,018.07
<b>Capital District PHP - Central (300)</b>										
Individual	445.56	30.91	0.20	476.67	0.00	476.67	72.59	404.08	90.95	385.72
Family	1,046.36	51.92	0.58	1,098.86	0.00	1,098.86	225.20	873.66	269.15	829.71
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	519.12	30.91	0.20	550.23	0.00	550.23	145.64	404.59	164.03	386.20
Family	1,219.94	51.92	0.58	1,272.44	0.00	1,272.44	323.59	948.85	371.80	900.64
<b>MVP Health Care - Central Region (330)</b>										
Individual	440.79	30.91	0.20	471.90	0.00	471.90	63.00	408.90	81.59	390.31
Family	1,038.36	51.92	0.58	1,090.86	0.00	1,090.86	223.75	867.11	267.38	823.48
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	445.18	30.91	0.20	476.29	0.00	476.29	71.76	404.53	90.15	386.14
Family	1,049.59	51.92	0.58	1,102.09	0.00	1,102.09	226.13	875.96	270.21	831.88
<b>HIP - Hudson Valley (350)</b>										
Individual	564.54	30.91	0.20	595.65	0.00	595.65	215.73	379.92	233.00	362.65
Family	1,383.10	51.92	0.58	1,435.60	0.00	1,435.60	535.27	900.33	581.05	854.55
<b>MVP Health Care - North Region (360)</b>										
Individual	428.45	30.91	0.20	459.56	0.00	459.56	55.15	404.41	73.53	386.03
Family	1,006.85	51.92	0.58	1,059.35	0.00	1,059.35	217.09	842.26	259.46	799.89

Schedule II - Participating Employers  
Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, & Ratified YAO  
Effective January 1, 2024  
Monthly  
Ratified Group

Benefit Programs: D01, G01, G04, G07, G08, G09, G10, G11, G13, G15, G16, G17, G19, G21, G24, G25,  
G27, G77, G80, G87, G88, G90, G91, M04, M11  
EE/ER Contributions vary by employer.

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate
<b>HIP - Downstate (050)</b>						
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56
<b>MVP Health Care - Rochester (058)</b>						
Individual	803.10	67.33	0.43	870.86	0.00	870.86
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67
<b>Independent Health (059)</b>						
Individual	834.98	67.33	0.43	902.74	0.00	902.74
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93
<b>MVP Health Care - East Region (060)</b>						
Individual	848.59	67.33	0.43	916.35	0.00	916.35
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03
<b>Capital District PHP - Capital (063)</b>						
Individual	869.00	67.33	0.43	936.76	0.00	936.76
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53
<b>Blue Choice (066)</b>						
Individual	751.10	67.33	0.43	818.86	0.00	818.86
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14
<b>BlueCross BlueShield of Western NY (067)</b>						
Individual	819.08	67.33	0.43	886.84	0.00	886.84
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53
<b>BlueShield of Northeastern NY (069)</b>						
Individual	865.41	67.33	0.43	933.17	0.00	933.17
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91
<b>HMO Blue - CNY (072)</b>						
Individual	891.74	67.33	0.43	959.50	0.00	959.50
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58
<b>HMO Blue - Utica/Watertown (160)</b>						
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43
<b>HIP - Capital (220)</b>						
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47
<b>Capital District PHP - Central (300)</b>						
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96
<b>Capital District PHP - Hudson Valley (310)</b>						
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11
<b>MVP Health Care - Central Region (330)</b>						
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54
<b>MVP Health Care - Mid-Hudson (340)</b>						
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99
<b>HIP - Hudson Valley (350)</b>						
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58
<b>MVP Health Care - North Region (360)</b>						
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89

Schedule IIa - Participating Employers  
No Drug Coverage - Post 1/1/83 Retirees, M/C Monthly, & M/C LTD (& Corresponding YAO)  
Effective January 1, 2024  
Monthly  
Ratified Group

Benefit Programs: D12, G02, G14, G18, G22, G81, M05, M12

EE/ER Contributions vary by employer.

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate
<b>HIP - Downstate (050)</b>						
Individual	925.83	67.33	0.43	993.59	0.00	993.59
Family	2,268.28	113.12	1.27	2,382.67	0.00	2,382.67
<b>MVP Health Care - Rochester (058)</b>						
Individual	615.46	67.33	0.43	683.22	0.00	683.22
Family	1,446.32	113.12	1.27	1,560.71	0.00	1,560.71
<b>Independent Health (059)</b>						
Individual	672.81	67.33	0.43	740.57	0.00	740.57
Family	1,683.71	113.12	1.27	1,798.10	0.00	1,798.10
<b>MVP Health Care - East Region (060)</b>						
Individual	669.09	67.33	0.43	736.85	0.00	736.85
Family	1,570.87	113.12	1.27	1,685.26	0.00	1,685.26
<b>Capital District PHP - Capital (063)</b>						
Individual	710.19	67.33	0.43	777.95	0.00	777.95
Family	1,668.95	113.12	1.27	1,783.34	0.00	1,783.34
<b>Blue Choice (066)</b>						
Individual	582.22	67.33	0.43	649.98	0.00	649.98
Family	1,471.83	113.12	1.27	1,586.22	0.00	1,586.22
<b>BlueCross BlueShield of Western NY (067)</b>						
Individual	538.27	67.33	0.43	606.03	0.00	606.03
Family	1,322.98	113.12	1.27	1,437.37	0.00	1,437.37
<b>BlueShield of Northeastern NY (069)</b>						
Individual	549.94	67.33	0.43	617.70	0.00	617.70
Family	1,351.54	113.12	1.27	1,465.93	0.00	1,465.93
<b>HMO Blue - CNY (072)</b>						
Individual	691.11	67.33	0.43	758.87	0.00	758.87
Family	1,719.21	113.12	1.27	1,833.60	0.00	1,833.60
<b>HMO Blue - Utica/Watertown (160)</b>						
Individual	725.63	67.33	0.43	793.39	0.00	793.39
Family	1,887.54	113.12	1.27	2,001.93	0.00	2,001.93
<b>HIP - Capital (220)</b>						
Individual	1,116.19	67.33	0.43	1,183.95	0.00	1,183.95
Family	2,380.95	113.12	1.27	2,495.34	0.00	2,495.34
<b>Capital District PHP - Central (300)</b>						
Individual	797.35	67.33	0.43	865.11	0.00	865.11
Family	1,872.23	113.12	1.27	1,986.62	0.00	1,986.62
<b>Capital District PHP - Hudson Valley (310)</b>						
Individual	956.34	67.33	0.43	1,024.10	0.00	1,024.10
Family	2,247.39	113.12	1.27	2,361.78	0.00	2,361.78
<b>MVP Health Care - Central Region (330)</b>						
Individual	775.04	67.33	0.43	842.80	0.00	842.80
Family	1,826.74	113.12	1.27	1,941.13	0.00	1,941.13
<b>MVP Health Care - Mid-Hudson (340)</b>						
Individual	795.41	67.33	0.43	863.17	0.00	863.17
Family	1,876.57	113.12	1.27	1,990.96	0.00	1,990.96
<b>HIP - Hudson Valley (350)</b>						
Individual	1,116.37	67.33	0.43	1,184.13	0.00	1,184.13
Family	2,735.10	113.12	1.27	2,849.49	0.00	2,849.49
<b>MVP Health Care - North Region (360)</b>						
Individual	753.83	67.33	0.43	821.59	0.00	821.59
Family	1,771.50	113.12	1.27	1,885.89	0.00	1,885.89



Schedule III - Participating Employers  
Retirees Prior to 1/1/83 (includes Pre-4/1/91 Thruway Authority Retirees)  
Effective January 1, 2024  
Monthly  
Ratified Group

Benefit Programs: G03, G20, G23

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							0/25 Enrollee	100/75 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	166.58	1,126.15
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	622.67	2,492.89
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	0.00	870.86
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	282.70	1,718.97
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	0.00	902.74
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	325.30	1,878.63
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	0.00	916.35
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	297.67	1,809.36
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	0.00	936.76
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	304.94	1,851.59
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	0.00	818.86
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	298.57	1,714.57
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	0.00	886.84
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	323.42	1,857.11
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	0.00	933.17
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	341.93	1,958.98
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	0.00	959.50
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	343.27	1,989.31
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	0.00	1,004.18
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	386.56	2,163.87
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	356.94	1,001.48
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	778.56	2,497.91
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	38.10	1,000.34
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	338.88	2,055.08
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	197.09	1,001.62
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	552.27	2,219.84
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	15.79	1,012.26
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	337.12	2,039.42
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	36.16	1,001.46
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	340.84	2,060.15
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	357.12	940.52
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	1,022.19	2,105.39
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	0.00	1,001.16
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	326.68	1,981.21

**Schedule IV - Participating Employers**  
**Amended Dependent Survivors (between 4/1/75 & 3/31/79) & some Thruway Authority Survivors**  
**Effective January 1, 2024**  
**Monthly**  
**Ratified Group**

Benefit Programs: G05

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							* Enrollee	** Employer
* EE pays 25% of the difference between Net for Individual Coverage & Family Coverage, regardless of whether the EE is Individual or Family Coverage.								
** Individual Coverage ER pays the difference between Net Rate & EE share; Family Coverage ER pays 75% of the difference between Net for Individual Coverage & Family Coverage, plus the whole Net Rate for Individual Coverage.								
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	455.71	837.02
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	455.71	2,659.85
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	282.70	588.16
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	282.70	1,718.97
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	325.30	577.44
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	325.30	1,878.63
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	297.67	618.68
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	297.67	1,809.36
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	304.94	631.82
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	304.94	1,851.59
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	298.57	520.29
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	298.57	1,714.57
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	323.42	563.42
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	323.42	1,857.11
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	341.93	591.24
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	341.93	1,958.98
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	343.27	616.23
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	343.27	1,989.31
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	386.56	617.62
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	386.56	2,163.87
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	479.51	878.91
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	479.51	2,796.96
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	338.88	699.56
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	338.88	2,055.08
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	393.35	805.36
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	393.35	2,378.76
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	337.12	690.93
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	337.12	2,039.42
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	340.84	696.78
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	340.84	2,060.15
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	457.48	840.16
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	457.48	2,670.10
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	326.68	674.48
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	326.68	1,981.21

Schedule V - Participating Employers  
Attica Dependent Survivors  
Effective January 1, 2024  
Monthly  
Ratified Group

Benefit Programs: G06

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							00 Enrollee	100/100 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	202.19	1,090.54
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	315.62	2,799.94
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	0.00	870.86
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	0.00	2,001.67
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	0.00	902.74
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	0.00	2,203.93
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	0.00	916.35
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	0.00	2,107.03
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	0.00	936.76
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	0.00	2,156.53
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	0.00	818.86
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	0.00	2,013.14
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	0.00	886.84
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	0.00	2,180.53
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	0.00	933.17
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	0.00	2,300.91
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	0.00	959.50
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	0.00	2,332.58
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	0.00	1,004.18
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	0.00	2,550.43
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	267.88	1,090.54
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	476.53	2,799.94
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	0.00	1,038.44
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	0.00	2,393.96
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	108.17	1,090.54
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	0.00	2,772.11
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	0.00	1,028.05
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	0.00	2,376.54
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	0.00	1,037.62
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	0.00	2,400.99
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	207.10	1,090.54
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	327.64	2,799.94
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	0.00	1,001.16
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	0.00	2,307.89

SECTION I  
Exhibit 2

Schedule VI - Participating Employers  
Effective January 1, 2024  
COBRA Retirees & Ratified Unions  
Ratified Group

Benefit Programs: C21, C29, C45, G78, G84, G85

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							2.0% Admin	Enrollee Cost
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	25.85	1,318.58
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	62.31	3,177.87
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	17.42	888.28
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	40.03	2,041.70
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	18.05	920.79
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	44.08	2,248.01
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	18.33	934.68
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	42.14	2,149.17
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	18.74	955.50
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	43.13	2,199.66
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	16.38	835.24
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	40.26	2,053.40
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	17.74	904.58
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	43.61	2,224.14
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	18.66	951.83
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	46.02	2,346.93
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	19.19	978.69
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	46.65	2,379.23
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	20.08	1,024.26
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	51.01	2,601.44
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	27.17	1,385.59
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	65.53	3,342.00
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	20.77	1,059.21
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	47.88	2,441.84
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	23.97	1,222.68
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	55.44	2,827.55
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	20.56	1,048.61
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	47.53	2,424.07
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	20.75	1,058.37
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	48.02	2,449.01
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	25.95	1,323.59
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	62.55	3,190.13
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	20.02	1,021.18
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	46.16	2,354.05

SECTION I  
Exhibit 2

Schedule VII - Participating Employers  
Effective January 1, 2024  
COBRA Without Drug Coverage  
Ratified Group

Benefit Programs: C30, G79

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							2.0% Admin	Enrollee Cost
<b>HIP - Downstate (050)</b>								
Individual	925.83	67.33	0.43	993.59	0.00	993.59	19.87	1,013.46
Family	2,268.28	113.12	1.27	2,382.67	0.00	2,382.67	47.65	2,430.32
<b>MVP Health Care - Rochester (058)</b>								
Individual	615.46	67.33	0.43	683.22	0.00	683.22	13.66	696.88
Family	1,446.32	113.12	1.27	1,560.71	0.00	1,560.71	31.21	1,591.92
<b>Independent Health (059)</b>								
Individual	672.81	67.33	0.43	740.57	0.00	740.57	14.81	755.38
Family	1,683.71	113.12	1.27	1,798.10	0.00	1,798.10	35.96	1,834.06
<b>MVP Health Care - East Region (060)</b>								
Individual	669.09	67.33	0.43	736.85	0.00	736.85	14.74	751.59
Family	1,570.87	113.12	1.27	1,685.26	0.00	1,685.26	33.71	1,718.97
<b>Capital District PHP - Capital (063)</b>								
Individual	710.19	67.33	0.43	777.95	0.00	777.95	15.56	793.51
Family	1,668.95	113.12	1.27	1,783.34	0.00	1,783.34	35.67	1,819.01
<b>Blue Choice (066)</b>								
Individual	582.22	67.33	0.43	649.98	0.00	649.98	13.00	662.98
Family	1,471.83	113.12	1.27	1,586.22	0.00	1,586.22	31.72	1,617.94
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	538.27	67.33	0.43	606.03	0.00	606.03	12.12	618.15
Family	1,322.98	113.12	1.27	1,437.37	0.00	1,437.37	28.75	1,466.12
<b>BlueShield of Northeastern NY (069)</b>								
Individual	549.94	67.33	0.43	617.70	0.00	617.70	12.35	630.05
Family	1,351.54	113.12	1.27	1,465.93	0.00	1,465.93	29.32	1,495.25
<b>HMO Blue - CNY (072)</b>								
Individual	691.11	67.33	0.43	758.87	0.00	758.87	15.18	774.05
Family	1,719.21	113.12	1.27	1,833.60	0.00	1,833.60	36.67	1,870.27
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	725.63	67.33	0.43	793.39	0.00	793.39	15.87	809.26
Family	1,887.54	113.12	1.27	2,001.93	0.00	2,001.93	40.04	2,041.97
<b>HIP - Capital (220)</b>								
Individual	1,116.19	67.33	0.43	1,183.95	0.00	1,183.95	23.68	1,207.63
Family	2,380.95	113.12	1.27	2,495.34	0.00	2,495.34	49.91	2,545.25
<b>Capital District PHP - Central (300)</b>								
Individual	797.35	67.33	0.43	865.11	0.00	865.11	17.30	882.41
Family	1,872.23	113.12	1.27	1,986.62	0.00	1,986.62	39.73	2,026.35
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	956.34	67.33	0.43	1,024.10	0.00	1,024.10	20.48	1,044.58
Family	2,247.39	113.12	1.27	2,361.78	0.00	2,361.78	47.24	2,409.02
<b>MVP Health Care - Central Region (330)</b>								
Individual	775.04	67.33	0.43	842.80	0.00	842.80	16.86	859.66
Family	1,826.74	113.12	1.27	1,941.13	0.00	1,941.13	38.82	1,979.95
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	795.41	67.33	0.43	863.17	0.00	863.17	17.26	880.43
Family	1,876.57	113.12	1.27	1,990.96	0.00	1,990.96	39.82	2,030.78
<b>HIP - Hudson Valley (350)</b>								
Individual	1,116.37	67.33	0.43	1,184.13	0.00	1,184.13	23.68	1,207.81
Family	2,735.10	113.12	1.27	2,849.49	0.00	2,849.49	56.99	2,906.48
<b>MVP Health Care - North Region (360)</b>								
Individual	753.83	67.33	0.43	821.59	0.00	821.59	16.43	838.02
Family	1,771.50	113.12	1.27	1,885.89	0.00	1,885.89	37.72	1,923.61

SECTION I  
Exhibit 2

Schedule VIII - Participating Employers  
 NYSERDA (Agency 55500) 1/1/13 & Forward Retirees (BPs G01, G13, G16 & G21)  
 & NYSERDA Preferred List (BPs G10 & G27)  
 Effective January 1, 2024  
 Monthly  
 Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							12/27 Enrollee	88/73 Employer	16/31 Enrollee	84/69 Employer
<b>HIP - Downstate (050)</b>										
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	301.73	991.00	346.77	945.96
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	794.27	2,321.29	912.20	2,203.36
<b>MVP Health Care - Rochester (058)</b>										
Individual	803.10	67.33	0.43	870.86	0.00	870.86	104.50	766.36	139.34	731.52
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	409.82	1,591.85	489.89	1,511.78
<b>Independent Health (059)</b>										
Individual	834.98	67.33	0.43	902.74	0.00	902.74	108.33	794.41	144.44	758.30
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	459.65	1,744.28	547.81	1,656.12
<b>MVP Health Care - East Region (060)</b>										
Individual	848.59	67.33	0.43	916.35	0.00	916.35	109.96	806.39	146.62	769.73
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	431.44	1,675.59	515.73	1,591.30
<b>Capital District PHP - Capital (063)</b>										
Individual	869.00	67.33	0.43	936.76	0.00	936.76	112.41	824.35	149.88	786.88
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	441.75	1,714.78	528.01	1,628.52
<b>Blue Choice (066)</b>										
Individual	751.10	67.33	0.43	818.86	0.00	818.86	98.26	720.60	131.02	687.84
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	420.72	1,592.42	501.25	1,511.89
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	819.08	67.33	0.43	886.84	0.00	886.84	106.42	780.42	141.89	744.95
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	455.72	1,724.81	542.93	1,637.60
<b>BlueShield of Northeastern NY (069)</b>										
Individual	865.41	67.33	0.43	933.17	0.00	933.17	111.98	821.19	149.31	783.86
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	481.27	1,819.64	573.31	1,727.60
<b>HMO Blue - CNY (072)</b>										
Individual	891.74	67.33	0.43	959.50	0.00	959.50	115.14	844.36	153.52	805.98
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	485.87	1,846.71	579.17	1,753.41
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	120.50	883.68	160.67	843.51
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	537.99	2,012.44	640.01	1,910.42
<b>HIP - Capital (220)</b>										
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	477.12	881.30	517.18	841.24
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	938.65	2,337.82	1,058.52	2,217.95
<b>Capital District PHP - Central (300)</b>										
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	158.15	880.29	198.16	840.28
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	490.61	1,903.35	586.37	1,807.59
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	317.29	881.42	357.36	841.35
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	704.96	2,067.15	810.00	1,962.11
<b>MVP Health Care - Central Region (330)</b>										
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	137.27	890.78	177.76	850.29
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	487.46	1,889.08	582.52	1,794.02
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	156.34	881.28	196.40	841.22
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	492.63	1,908.36	588.66	1,812.33
<b>HIP - Hudson Valley (350)</b>										
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	469.99	827.65	507.61	790.03
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	1,166.14	1,961.44	1,265.88	1,861.70
<b>MVP Health Care - North Region (360)</b>										
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	120.14	881.02	160.19	840.97
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	472.96	1,834.93	565.28	1,742.61

Schedule IX - Participating Employers  
NYS Thruway Authority (Agency 55090) 4/1/91 & Forward Retirees  
(Enrollees w/ RI Rate Qualifier)  
Effective January 1, 2024  
Monthly  
Ratified Group

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							6/25 Enrollee	94/75 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	234.15	1,058.58
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	690.24	2,425.32
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	52.25	818.61
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	334.95	1,666.72
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	54.16	848.58
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	379.46	1,824.47
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	54.98	861.37
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	352.65	1,754.38
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	56.21	880.55
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	361.15	1,795.38
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	49.13	769.73
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	347.70	1,665.44
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	53.21	833.63
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	376.63	1,803.90
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	55.99	877.18
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	397.92	1,902.99
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	57.57	901.93
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	400.84	1,931.74
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	60.25	943.93
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	446.81	2,103.62
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	417.03	941.39
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	838.65	2,437.82
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	98.12	940.32
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	401.19	1,992.77
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	257.19	941.52
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	612.37	2,159.74
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	76.52	951.53
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	398.81	1,977.73
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	96.25	941.37
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	403.10	1,997.89
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	413.55	884.09
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	1,078.62	2,048.96
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	60.07	941.09
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	386.75	1,921.14

New York State Health Insurance Program  
Empire Plan Rates - Participating Employers  
Effective July 1, 2023  
Biweekly  
Non Ratified Group

**Schedule I - Roswell Park Actives: Non Ratified Unions**

Benefit Programs using EE/ER Rates: A24

								DIVIDENDS				CONTRIBUTIONS		
												< SG 10		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	12/27 EE	88/73 ER
Individual	166.46	179.88	11.67	120.78	36.22	0.09	515.10	0.00	0.00	0.00	0.00	515.10	61.81	453.29
Family	467.18	468.52	57.16	267.85	62.13	0.26	1,323.10	0.00	0.00	0.00	0.00	1,323.10	279.97	1,043.13

SG 10+		
CONTRIBUTIONS		
Net Rate	16/31 EE	84/69 ER
515.10	82.42	432.68
1,323.10	332.90	990.20

**Schedule II - YAO: Non Ratified Unions**

Benefit Programs using 100/100 EE Rates (& 0/0 ER Rates): G89

								DIVIDENDS				CONTRIBUTIONS		
												100/100 0/0		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	100/100 EE	0/0 ER
Individual	362.64	391.88	25.42	263.13	78.91	0.20	1,122.18	0.00	0.00	0.00	0.00	1,122.18	1,122.18	0.00
Family	1,017.79	1,020.71	124.52	583.53	135.36	0.57	2,882.48	0.00	0.00	0.00	0.00	2,882.48	2,882.48	0.00

**Schedule III - COBRA: Non Ratified Unions**

Benefit Programs using EE Cost: G86

								DIVIDENDS				CONTRIBUTIONS		
												2.0% Admin Cost		
	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Medicare Part B	Admin	Gross Rate	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	2.0% Admin Cost	EE Cost
Individual	362.64	391.88	25.42	263.13	78.91	0.20	1,122.18	0.00	0.00	0.00	0.00	1,122.18	22.44	1,144.62
Family	1,017.79	1,020.71	124.52	583.53	135.36	0.57	2,882.48	0.00	0.00	0.00	0.00	2,882.48	57.65	2,940.13



SECTION II  
Exhibit 2

Schedule I - Participating Employers  
Roswell Park Actives  
Effective January 1, 2024  
Biweekly  
Non Ratified Group

Benefit Programs using EE/ER Rates: A24

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS		CONTRIBUTIONS	
							12/27 Employee	88/73 Employer	16/31 Employee	84/69 Employer
<b>HIP - Downstate (050)</b>										
Individual	562.28	30.91	0.20	593.39	0.00	593.39	125.56	467.83	146.82	446.57
Family	1,377.59	51.92	0.58	1,430.09	0.00	1,430.09	334.44	1,095.65	390.10	1,039.99
<b>MVP Health Care - Rochester (058)</b>										
Individual	368.64	30.91	0.20	399.75	0.00	399.75	47.97	351.78	63.96	335.79
Family	866.29	51.92	0.58	918.79	0.00	918.79	188.11	730.68	224.86	693.93
<b>Independent Health (059)</b>										
Individual	383.27	30.91	0.20	414.38	0.00	414.38	49.73	364.65	66.30	348.08
Family	959.13	51.92	0.58	1,011.63	0.00	1,011.63	210.99	800.64	251.45	760.18
<b>MVP Health Care - East Region (060)</b>										
Individual	389.52	30.91	0.20	420.63	0.00	420.63	50.48	370.15	67.30	353.33
Family	914.65	51.92	0.58	967.15	0.00	967.15	198.04	769.11	236.72	730.43
<b>Capital District PHP - Capital (063)</b>										
Individual	398.89	30.91	0.20	430.00	0.00	430.00	51.60	378.40	68.80	361.20
Family	937.38	51.92	0.58	989.88	0.00	989.88	202.77	787.11	242.36	747.52
<b>Blue Choice (066)</b>										
Individual	344.77	30.91	0.20	375.88	0.00	375.88	45.11	330.77	60.14	315.74
Family	871.56	51.92	0.58	924.06	0.00	924.06	193.12	730.94	230.08	693.98
<b>BlueCross BlueShield of Western NY (067)</b>										
Individual	375.97	30.91	0.20	407.08	0.00	407.08	48.85	358.23	65.13	341.95
Family	948.39	51.92	0.58	1,000.89	0.00	1,000.89	209.18	791.71	249.21	751.68
<b>BlueShield of Northeastern NY (069)</b>										
Individual	397.24	30.91	0.20	428.35	0.00	428.35	51.40	376.95	68.54	359.81
Family	1,003.65	51.92	0.58	1,056.15	0.00	1,056.15	220.91	835.24	263.16	792.99
<b>HMO Blue - CNY (072)</b>										
Individual	409.32	30.91	0.20	440.43	0.00	440.43	52.85	387.58	70.47	369.96
Family	1,018.19	51.92	0.58	1,070.69	0.00	1,070.69	223.02	847.67	265.85	804.84
<b>HMO Blue - Utica/Watertown (160)</b>										
Individual	429.83	30.91	0.20	460.94	0.00	460.94	55.31	405.63	73.75	387.19
Family	1,118.18	51.92	0.58	1,170.68	0.00	1,170.68	246.94	923.74	293.77	876.91
<b>HIP - Capital (220)</b>										
Individual	592.43	30.91	0.20	623.54	0.00	623.54	206.06	417.48	225.04	398.50
Family	1,451.45	51.92	0.58	1,503.95	0.00	1,503.95	400.72	1,103.23	457.27	1,046.68
<b>Capital District PHP - Central (300)</b>										
Individual	445.56	30.91	0.20	476.67	0.00	476.67	59.65	417.02	78.60	398.07
Family	1,046.36	51.92	0.58	1,098.86	0.00	1,098.86	225.20	873.66	269.15	829.71
<b>Capital District PHP - Hudson Valley (310)</b>										
Individual	519.12	30.91	0.20	550.23	0.00	550.23	132.70	417.53	151.68	398.55
Family	1,219.94	51.92	0.58	1,272.44	0.00	1,272.44	293.45	978.99	343.19	929.25
<b>MVP Health Care - Central Region (330)</b>										
Individual	440.79	30.91	0.20	471.90	0.00	471.90	56.62	415.28	75.50	396.40
Family	1,038.36	51.92	0.58	1,090.86	0.00	1,090.86	223.75	867.11	267.38	823.48
<b>MVP Health Care - Mid-Hudson (340)</b>										
Individual	445.18	30.91	0.20	476.29	0.00	476.29	58.82	417.47	77.80	398.49
Family	1,049.59	51.92	0.58	1,102.09	0.00	1,102.09	226.13	875.96	270.21	831.88
<b>HIP - Hudson Valley (350)</b>										
Individual	564.54	30.91	0.20	595.65	0.00	595.65	202.79	392.86	220.65	375.00
Family	1,383.10	51.92	0.58	1,435.60	0.00	1,435.60	505.13	930.47	552.44	883.16
<b>MVP Health Care - North Region (360)</b>										
Individual	428.45	30.91	0.20	459.56	0.00	459.56	55.15	404.41	73.53	386.03
Family	1,006.85	51.92	0.58	1,059.35	0.00	1,059.35	217.09	842.26	259.46	799.89

Schedule II - Participating Employers  
Effective January 1, 2024  
Monthly (YAO)  
Non Ratified Group

Benefit Programs using 100/100 EE Rates (&amp; 0/0 ER Rates): G89

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							100/100 Enrollee	0/0 Employer
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	1,292.73	0.00
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	3,115.56	0.00
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	870.86	0.00
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	2,001.67	0.00
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	902.74	0.00
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	2,203.93	0.00
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	916.35	0.00
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	2,107.03	0.00
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	936.76	0.00
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	2,156.53	0.00
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	818.86	0.00
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	2,013.14	0.00
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	886.84	0.00
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	2,180.53	0.00
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	933.17	0.00
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	2,300.91	0.00
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	959.50	0.00
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	2,332.58	0.00
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	1,004.18	0.00
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	2,550.43	0.00
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	1,358.42	0.00
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	3,276.47	0.00
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	1,038.44	0.00
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	2,393.96	0.00
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	1,198.71	0.00
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	2,772.11	0.00
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	1,028.05	0.00
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	2,376.54	0.00
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	1,037.62	0.00
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	2,400.99	0.00
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	1,297.64	0.00
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	3,127.58	0.00
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	1,001.16	0.00
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	2,307.89	0.00

Schedule III - Participating Employers  
Effective January 1, 2024  
COBRA  
Non Ratified Group

Benefit Programs using EE Cost: G86

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS	
							2.0% Admin	Enrollee Cost
<b>HIP - Downstate (050)</b>								
Individual	1,224.97	67.33	0.43	1,292.73	0.00	1,292.73	25.85	1,318.58
Family	3,001.17	113.12	1.27	3,115.56	0.00	3,115.56	62.31	3,177.87
<b>MVP Health Care - Rochester (058)</b>								
Individual	803.10	67.33	0.43	870.86	0.00	870.86	17.42	888.28
Family	1,887.28	113.12	1.27	2,001.67	0.00	2,001.67	40.03	2,041.70
<b>Independent Health (059)</b>								
Individual	834.98	67.33	0.43	902.74	0.00	902.74	18.05	920.79
Family	2,089.54	113.12	1.27	2,203.93	0.00	2,203.93	44.08	2,248.01
<b>MVP Health Care - East Region (060)</b>								
Individual	848.59	67.33	0.43	916.35	0.00	916.35	18.33	934.68
Family	1,992.64	113.12	1.27	2,107.03	0.00	2,107.03	42.14	2,149.17
<b>Capital District PHP - Capital (063)</b>								
Individual	869.00	67.33	0.43	936.76	0.00	936.76	18.74	955.50
Family	2,042.14	113.12	1.27	2,156.53	0.00	2,156.53	43.13	2,199.66
<b>Blue Choice (066)</b>								
Individual	751.10	67.33	0.43	818.86	0.00	818.86	16.38	835.24
Family	1,898.75	113.12	1.27	2,013.14	0.00	2,013.14	40.26	2,053.40
<b>BlueCross BlueShield of Western NY (067)</b>								
Individual	819.08	67.33	0.43	886.84	0.00	886.84	17.74	904.58
Family	2,066.14	113.12	1.27	2,180.53	0.00	2,180.53	43.61	2,224.14
<b>BlueShield of Northeastern NY (069)</b>								
Individual	865.41	67.33	0.43	933.17	0.00	933.17	18.66	951.83
Family	2,186.52	113.12	1.27	2,300.91	0.00	2,300.91	46.02	2,346.93
<b>HMO Blue - CNY (072)</b>								
Individual	891.74	67.33	0.43	959.50	0.00	959.50	19.19	978.69
Family	2,218.19	113.12	1.27	2,332.58	0.00	2,332.58	46.65	2,379.23
<b>HMO Blue - Utica/Watertown (160)</b>								
Individual	936.42	67.33	0.43	1,004.18	0.00	1,004.18	20.08	1,024.26
Family	2,436.04	113.12	1.27	2,550.43	0.00	2,550.43	51.01	2,601.44
<b>HIP - Capital (220)</b>								
Individual	1,290.66	67.33	0.43	1,358.42	0.00	1,358.42	27.17	1,385.59
Family	3,162.08	113.12	1.27	3,276.47	0.00	3,276.47	65.53	3,342.00
<b>Capital District PHP - Central (300)</b>								
Individual	970.68	67.33	0.43	1,038.44	0.00	1,038.44	20.77	1,059.21
Family	2,279.57	113.12	1.27	2,393.96	0.00	2,393.96	47.88	2,441.84
<b>Capital District PHP - Hudson Valley (310)</b>								
Individual	1,130.95	67.33	0.43	1,198.71	0.00	1,198.71	23.97	1,222.68
Family	2,657.72	113.12	1.27	2,772.11	0.00	2,772.11	55.44	2,827.55
<b>MVP Health Care - Central Region (330)</b>								
Individual	960.29	67.33	0.43	1,028.05	0.00	1,028.05	20.56	1,048.61
Family	2,262.15	113.12	1.27	2,376.54	0.00	2,376.54	47.53	2,424.07
<b>MVP Health Care - Mid-Hudson (340)</b>								
Individual	969.86	67.33	0.43	1,037.62	0.00	1,037.62	20.75	1,058.37
Family	2,286.60	113.12	1.27	2,400.99	0.00	2,400.99	48.02	2,449.01
<b>HIP - Hudson Valley (350)</b>								
Individual	1,229.88	67.33	0.43	1,297.64	0.00	1,297.64	25.95	1,323.59
Family	3,013.19	113.12	1.27	3,127.58	0.00	3,127.58	62.55	3,190.13
<b>MVP Health Care - North Region (360)</b>								
Individual	933.40	67.33	0.43	1,001.16	0.00	1,001.16	20.02	1,021.18
Family	2,193.50	113.12	1.27	2,307.89	0.00	2,307.89	46.16	2,354.05

**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, 2024  
Monthly  
Ratified Group**

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

Benefit Programs: G51, G54, G57, G58, G59, G61, G65, G69, G71, G74, G75

							DIVIDENDS			CONTRIBUTIONS				
	Blue Cross	United	Beacon		Medicare		Gross	Blue Cross	United	Beacon		Net		
	Hospital	HealthCare	Health		Part B	Admin	Rate	Hospital	HealthCare	Health		Rate	EE	ER
Individual	362.64	359.83	25.45		78.91	0.20	827.03	0.00	0.00	0.00		827.03	Varies by employer.	
Family	1,017.79	937.22	124.64		135.36	0.57	2,215.58	0.00	0.00	0.00		2,215.58	Varies by employer.	

**Schedule III - LIS Retirees Prior to 1/1/83 (includes pre-4/1/91 Thruway Authority retirees)**

Benefit Programs: G53, G73

							DIVIDENDS			CONTRIBUTIONS				
	Blue Cross	United	Beacon		Medicare		Gross	Blue Cross	United	Beacon		Net	0/25	100/75
	Hospital	HealthCare	Health		Part B	Admin	Rate	Hospital	HealthCare	Health		Rate	EE	ER
Individual	362.64	359.83	25.45		78.91	0.20	827.03	0.00	0.00	0.00		827.03	0.00	827.03
Family	1,017.79	937.22	124.64		135.36	0.57	2,215.58	0.00	0.00	0.00		2,215.58	347.14	1,868.44

**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, 2024  
Monthly  
Ratified Group**

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

Benefit Programs: G55

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Medicare Part B	Admin	Gross Rate	DIVIDENDS			CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Net Rate	* EE	** ER
Individual	362.64	359.83	25.45	78.91	0.20	827.03	0.00	0.00	0.00	827.03	347.14	479.89
Family	1,017.79	937.22	124.64	135.36	0.57	2,215.58	0.00	0.00	0.00	2,215.58	347.14	1,868.44

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

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

**Schedule V - LIS Attica Dependent Survivors**

Benefit Programs: G56

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Medicare Part B	Admin	Gross Rate	DIVIDENDS			CONTRIBUTIONS		
							Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	Net Rate	0/0 EE	100/100 ER
Individual	362.64	359.83	25.45	78.91	0.20	827.03	0.00	0.00	0.00	827.03	0.00	827.03
Family	1,017.79	937.22	124.64	135.36	0.57	2,215.58	0.00	0.00	0.00	2,215.58	0.00	2,215.58

New York State Health Insurance Program  
Graduate Student Employee Union Rates  
City University of New York  
Effective January 1, 2024

**Schedule I - GSEU Actives (Biweekly)**

Benefit Programs using EE/ER Rates: A52

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug		Admin	Gross Rate	DIVIDENDS				Net Rate	10/25 EE	90/75 ER
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug			
Individual	73.32	74.43	59.90	52.99		0.09	260.73	0.00	0.00	0.00	0.00	260.73	26.07	234.66
Family	389.91	244.10	120.87	106.59		0.26	861.73	0.00	0.00	0.00	0.00	861.73	176.32	685.41

**Schedule II - GSEU YAO (Monthly)**

Benefit Programs using EE/ER Rates: D21 (shared by SUNY [GSC] and CUNY)

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug		Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	100/100 EE	0/0 ER
Individual	159.73	162.15	130.50	115.44		0.20	568.02	0.00	0.00	0.00	0.00	568.02	568.02	0.00
Family	849.44	531.80	263.32	232.22		0.57	1,877.35	0.00	0.00	0.00	0.00	1,877.35	1,877.35	0.00

**Schedule III - GSEU COBRA (Monthly)**

Benefit Programs using EE Cost: C52

	Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug		Admin	Gross Rate	DIVIDENDS				CONTRIBUTIONS		
								Blue Cross Hospital	United HealthCare Medical	Beacon Health MHSU	CVS Caremark Drug	Net Rate	2.0% Admin	EE Cost
Individual	159.73	162.15	130.50	115.44		0.20	568.02	0.00	0.00	0.00	0.00	568.02	11.36	579.38
Family	849.44	531.80	263.32	232.22		0.57	1,877.35	0.00	0.00	0.00	0.00	1,877.35	37.55	1,914.90