

NEW YORK STATE HEALTH INSURANCE PROGRAM 2015 RATES

ENROLLEE CONTRIBUTIONS FOR EMPLOYEES OF NEW YORK STATE

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

Page in CHOICES

			Biweekly Costs Schedule for Employees who are unrepresented or in Negotiating Units other than DC-37 that have agreements/awards with New York State effective October 1, 2011 or later ("Settled Groups")				Biweekly Costs Schedule for District Council 37 (DC-37) Employees			
			For Employees in titles allocated or equated to Salary Grade 9 and below; for UUP Employees with annualized salaries equal to \$40,936 or less		For Employees in titles allocated or equated to Salary Grade 10 and above; for UUP Employees with annualized salaries equal to \$40,937 or more		For Employees in titles allocated or equated to Salary Grade 9 and below		For Employees in titles allocated or equated to Salary Grade 10 and above	
Code	Plan		Individual	Family	Individual	Family	Individual	Family	Individual	Family
18	001	The Empire Plan	35.42	149.56	47.23	178.28	39.20	158.55	58.56	205.25
28	210	Aetna	153.25	592.09	165.62	622.57	156.15	599.11	174.31	643.64
30	066	Blue Choice	39.35	143.50	49.88	170.31	41.58	149.00	56.58	186.82
32	067	BlueCross BlueShield of Western New York	36.40	157.04	48.52	187.04	39.16	164.02	56.79	207.98
34	063	Capital District Physicians' Health Plan (CDPHP) (Capital)	47.95	159.87	58.72	187.23	50.50	166.12	66.36	205.99
34	300	Capital District Physicians' Health Plan (CDPHP) (Central)	67.75	206.39	78.57	233.88	70.40	213.01	86.53	253.72
34	310	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	87.73	259.25	98.48	286.58	90.37	265.82	106.39	306.29
36	280	Empire BlueCross BlueShield HMO (Upstate)	84.83	287.67	96.41	317.33	87.60	294.64	104.72	338.24
36	290	Empire BlueCross BlueShield HMO (Downstate)	172.33	517.86	184.18	548.22	175.14	524.94	192.61	569.45
36	320	Empire BlueCross BlueShield HMO (Mid-Hudson)	163.00	492.98	174.76	523.12	165.80	500.03	183.17	544.29
38	050	HIP Health Plan of New York (Downstate)	93.02	261.20	104.28	289.69	95.78	268.04	112.55	310.21
38	220	HIP Health Plan of New York (Capital)	102.99	285.25	114.37	314.01	105.83	292.38	122.90	335.39
38	350	HIP Health Plan of New York (Hudson Valley)	91.47	254.03	102.75	282.53	94.30	261.13	111.25	303.82
40	072	HMOBlue (Central New York Region)	102.91	292.95	114.07	321.02	105.65	299.71	122.28	341.29
40	160	HMOBlue (Utica Region)	119.84	369.45	130.88	397.48	122.53	376.15	138.95	417.58
42	059	Independent Health	32.24	137.86	42.98	164.25	34.96	144.63	51.15	184.56
44	058	MVP Health Care (Rochester)	31.04	132.43	41.38	157.79	33.35	138.08	48.30	174.74
44	060	MVP Health Care (East)	51.92	167.77	62.27	194.12	54.41	173.89	69.75	212.48
44	330	MVP Health Care (Central)	81.66	244.42	92.29	271.46	84.27	250.91	100.10	290.94
44	340	MVP Health Care (Mid-Hudson)	74.02	225.32	84.24	251.24	76.61	231.78	92.01	270.61
44	360	MVP Health Care (North)	129.73	365.14	140.64	392.85	132.39	371.76	148.61	412.71

YOUR BIWEEKLY PREMIUM CONTRIBUTION

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

For all non-UUP New York State employees who are unrepresented or in Settled groups with titles allocated or equated to Salary Grade 9 and below and United University Professions employees with annualized salaries equal to \$40,936 or less, the State will pay 88 percent of the cost of the premium for enrollee coverage and 73 percent for the additional cost of dependent coverage.

For all non-UUP New York State employees who are unrepresented or in Settled groups with titles allocated or equated to Salary Grade 10 and above and United University Professions employees with annualized salaries equal to \$40,937 or more, the State will pay 84 percent of the cost of the premium for enrollee coverage and 69 percent for the additional cost of dependent coverage.

The State's dollar contribution for the non-prescription drug components of the HMO premium, however, will not exceed its dollar contribution for the non-prescription drug components of The Empire Plan premium.

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