NYSHIP RATE SCHEDULE REGISTER
PARTICIPATING EMPLOYERS
RATES EFFECTIVE JANUARY 1, 2023

SECTION I:

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

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New York State Health Insurance Program
Empire Plan Rates - Participating Employers
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Schedule I - Roswell Park Actives

Benefit Programs: A21, A22, A23, A24, A45

								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	156.64	166.14	10.15	100.21	33.54	0.09	466.77	0.00	0.00	0.00	0.00	466.77	56.01	410.76
Family	420.96	418.71	47.43	211.32	56.14	0.27	1,154.83	0.00	0.00	0.00	0.00	1,154.83	241.79	913.04

	SG 10+	
CONTRIBUTIONS		
Net Rate	**16/31** EE	**84/69** ER
466.77	74.68	392.09
1,154.83	287.98	866.85

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

Benefit Programs: D01, G01, G04, G07, G08, G09, G10, G11, G13, G15, G16, G17, G19, G21, G24, G25, G27, G77, G80, G87, G88, G89, G90, G91, M04, M11

								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	EE	ER
Individual	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	Varies by employer.	
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	Varies by employer.	

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

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

								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	EE	ER
Individual	340.32	360.96	22.05		72.87	0.20	796.40	0.00	0.00	0.00		796.40	Varies by employer.	
Family	914.58	909.70	103.04		121.96	0.59	2,049.87	0.00	0.00	0.00		2,049.87	Varies by employer.	

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

Benefit Programs: G03, G20, G23

								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	**0/25** EE	**100/75** ER
Individual	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	0.00	1,014.12
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	373.72	2,135.27

New York State Health Insurance Program
Empire Plan Rates - Participating Employers
Effective January 1, 2023
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Schedule IV - Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors

Benefit Programs: G05

								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	* EE	** ER
Individual	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	373.72	640.40
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	373.72	2,135.27

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

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

Schedule V - Attica Dependent Survivors

Benefit Programs: G06

								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	**0/0** EE	**100/100** ER
Individual	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	0.00	1,014.12
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	0.00	2,508.99

Schedule VI - COBRA

Benefit Programs: C21, C29, C45, G78, G84, G85, G86

								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	2.0% Admin	EE Cost
Individual	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	20.28	1,034.40
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	50.18	2,559.17

New York State Health Insurance Program
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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	340.32	360.96	22.05		72.87	0.20	796.40	0.00	0.00	0.00		796.40	15.93	812.33
Family	914.58	909.70	103.04		121.96	0.59	2,049.87	0.00	0.00	0.00		2,049.87	41.00	2,090.87

Schedule VIII - NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees (BPs G01, G13, G16 & G21) and 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	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	121.69	892.43
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	525.30	1,983.69

CONTRIBUTIONS		
Net Rate	**16/31** EE	**84/69** ER
1,014.12	162.26	851.86
2,508.99	625.67	1,883.32

Schedule IX - NYS Thruway Authority (Agency 55090) 4/1/1991 and 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	340.32	360.96	22.05	217.72	72.87	0.20	1,014.12	0.00	0.00	0.00	0.00	1,014.12	60.85	953.27
Family	914.58	909.70	103.04	459.12	121.96	0.59	2,508.99	0.00	0.00	0.00	0.00	2,508.99	434.57	2074.42

Schedule I - Participating Employer
Roswell Park Actives
Effective January 1, 2023
Biweekly

Benefit Programs: A21, A22, A23, A24, A45

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS 12/27 Employee	CONTRIBUTIONS 88/73 Employer	CONTRIBUTIONS 16/31 Employee	CONTRIBUTIONS 84/69 Employer
HIP - Downstate (050)										
Individual	511.30	28.70	0.16	540.16	0.00	540.16	107.49	432.67	127.17	412.99
Family	1,252.68	47.68	0.46	1,300.82	0.00	1,300.82	314.58	986.24	364.59	936.23
MVP Health Care - Rochester (058)										
Individual	351.58	28.70	0.16	380.44	3.77	376.67	45.20	331.47	60.26	316.41
Family	826.21	47.68	0.46	874.35	8.87	865.48	177.18	688.30	211.79	653.69
Independent Health (059)										
Individual	345.30	28.70	0.16	374.16	0.00	374.16	44.90	329.26	59.86	314.30
Family	864.12	47.68	0.46	912.26	0.00	912.26	190.19	722.07	226.68	685.58
MVP Health Care - East Region (060)										
Individual	366.87	28.70	0.16	395.73	4.11	391.62	46.99	344.63	62.66	328.96
Family	861.63	47.68	0.46	909.77	9.11	900.66	184.44	716.22	220.46	680.20
Capital District PHP - Capital (063)										
Individual	374.64	28.70	0.16	403.50	0.00	403.50	48.42	355.08	64.56	338.94
Family	936.61	47.68	0.46	984.75	0.00	984.75	205.35	779.40	244.74	740.01
Blue Choice (066)										
Individual	330.94	28.70	0.16	359.80	0.00	359.80	43.18	316.62	57.57	302.23
Family	836.60	47.68	0.46	884.74	0.00	884.74	184.91	699.83	220.30	664.44
BlueCross BlueShield of Western NY (067)										
Individual	348.81	28.70	0.16	377.67	0.00	377.67	45.32	332.35	60.43	317.24
Family	879.19	47.68	0.46	927.33	0.00	927.33	193.72	733.61	230.82	696.51
BlueShield of Northeastern NY (069)										
Individual	383.85	28.70	0.16	412.71	0.00	412.71	49.52	363.19	66.03	346.68
Family	967.99	47.68	0.46	1,016.13	0.00	1,016.13	212.45	803.68	253.10	763.03
HMO Blue - CNY (072)										
Individual	379.48	28.70	0.16	408.34	0.00	408.34	49.00	359.34	65.33	343.01
Family	943.92	47.68	0.46	992.06	0.00	992.06	206.60	785.46	246.29	745.77
HMO Blue - Utica/Watertown (160)										
Individual	396.97	28.70	0.16	425.83	0.00	425.83	51.10	374.73	68.13	357.70
Family	1,032.75	47.68	0.46	1,080.89	0.00	1,080.89	227.97	852.92	271.20	809.69
HIP - Capital (220)										
Individual	570.48	28.70	0.16	599.34	0.00	599.34	152.46	446.88	172.78	426.56
Family	1,397.67	47.68	0.46	1,445.81	0.00	1,445.81	483.24	962.57	531.81	914.00
Capital District PHP - Central (300)										
Individual	373.55	28.70	0.16	402.41	0.00	402.41	48.29	354.12	64.38	338.03
Family	930.95	47.68	0.46	979.09	0.00	979.09	203.99	775.10	243.15	735.94
Capital District PHP - Hudson Valley (310)										
Individual	395.64	28.70	0.16	424.50	0.00	424.50	56.52	367.98	73.25	351.25
Family	989.10	47.68	0.46	1,037.24	0.00	1,037.24	216.38	820.86	257.87	779.37
MVP Health Care - Central Region (330)										
Individual	413.39	28.70	0.16	442.25	4.40	437.85	52.54	385.31	70.05	367.80
Family	970.77	47.68	0.46	1,018.91	10.35	1,008.56	206.63	801.93	246.97	761.59
MVP Health Care - Mid-Hudson (340)										
Individual	415.01	28.70	0.16	443.87	4.33	439.54	52.74	386.80	70.32	369.22
Family	978.86	47.68	0.46	1,027.00	10.22	1,016.78	208.59	808.19	249.27	767.51
HIP - Hudson Valley (350)										
Individual	510.06	28.70	0.16	538.92	0.00	538.92	173.08	365.84	189.71	349.21
Family	1,249.63	47.68	0.46	1,297.77	0.00	1,297.77	458.73	839.04	501.29	796.48
MVP Health Care - North Region (360)										
Individual	381.27	28.70	0.16	410.13	4.40	405.73	48.69	357.04	64.92	340.81
Family	895.98	47.68	0.46	944.12	10.35	933.77	191.26	742.51	228.61	705.16

Schedule II - Participating Employers
Post 1/1/83 Retirees, 90/75 Dependent Survivors, Full Share Payers, and YAOs for Ratified Unions
Effective January 1, 2023
Monthly

Benefit Programs: D01, G01, G04, G07, G08, G09, G10, G11, G13, G15, G16, G17, G19, G21, G24, G25, G27, G77, G80, G87, G88, G89, G90, G91, M04, M11
EE/ER Contributions vary by employer.

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate
HIP - Downstate (050)						
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17
MVP Health Care - Rochester (058)						
Individual	763.84	62.36	0.34	826.54	8.20	818.34
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34
Independent Health (059)						
Individual	750.21	62.36	0.34	812.91	0.00	812.91
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99
MVP Health Care - East Region (060)						
Individual	797.06	62.36	0.34	859.76	8.94	850.82
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77
Capital District PHP - Capital (063)						
Individual	813.95	62.36	0.34	876.65	0.00	876.65
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47
Blue Choice (066)						
Individual	719.00	62.36	0.34	781.70	0.00	781.70
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20
BlueCross BlueShield of Western NY (067)						
Individual	757.83	62.36	0.34	820.53	0.00	820.53
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72
BlueShield of Northeastern NY (069)						
Individual	833.97	62.36	0.34	896.67	0.00	896.67
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66
HMO Blue - CNY (072)						
Individual	824.47	62.36	0.34	887.17	0.00	887.17
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35
HMO Blue - Utica/Watertown (160)						
Individual	862.46	62.36	0.34	925.16	0.00	925.16
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36
HIP - Capital (220)						
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19
Capital District PHP - Central (300)						
Individual	811.58	62.36	0.34	874.28	0.00	874.28
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17
Capital District PHP - Hudson Valley (310)						
Individual	859.57	62.36	0.34	922.27	0.00	922.27
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52
MVP Health Care - Central Region (330)						
Individual	898.13	62.36	0.34	960.83	9.55	951.28
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20
MVP Health Care - Mid-Hudson (340)						
Individual	901.66	62.36	0.34	964.36	9.40	954.96
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08
HIP - Hudson Valley (350)						
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56
MVP Health Care - North Region (360)						
Individual	828.35	62.36	0.34	891.05	9.55	881.50
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72

Schedule IIa - Participating Employers
Post 1/1/83 Retirees (& Corresponding YAOs)
and M/C Monthly & M/C LTD (& Corresponding YAOs) Without Drug Coverage
Effective January 1, 2023
Monthly

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
HIP - Downstate (050)						
Individual	839.08	62.36	0.34	901.78	0.00	901.78
Family	2,055.74	103.58	1.00	2,160.32	0.00	2,160.32
MVP Health Care - Rochester (058)						
Individual	585.39	62.36	0.34	648.09	8.20	639.89
Family	1,375.66	103.58	1.00	1,480.24	19.27	1,460.97
Independent Health (059)						
Individual	609.28	62.36	0.34	671.98	0.00	671.98
Family	1,524.74	103.58	1.00	1,629.32	0.00	1,629.32
MVP Health Care - East Region (060)						
Individual	628.47	62.36	0.34	691.17	8.94	682.23
Family	1,475.82	103.58	1.00	1,580.40	19.80	1,560.60
Capital District PHP - Capital (063)						
Individual	679.86	62.36	0.34	742.56	0.00	742.56
Family	1,699.65	103.58	1.00	1,804.23	0.00	1,804.23
Blue Choice (066)						
Individual	556.91	62.36	0.34	619.61	0.00	619.61
Family	1,407.85	103.58	1.00	1,512.43	0.00	1,512.43
BlueCross BlueShield of Western NY (067)						
Individual	506.48	62.36	0.34	569.18	0.00	569.18
Family	1,244.96	103.58	1.00	1,349.54	0.00	1,349.54
BlueShield of Northeastern NY (069)						
Individual	555.66	62.36	0.34	618.36	0.00	618.36
Family	1,356.94	103.58	1.00	1,461.52	0.00	1,461.52
HMO Blue - CNY (072)						
Individual	638.51	62.36	0.34	701.21	0.00	701.21
Family	1,588.28	103.58	1.00	1,692.86	0.00	1,692.86
HMO Blue - Utica/Watertown (160)						
Individual	667.86	62.36	0.34	730.56	0.00	730.56
Family	1,737.40	103.58	1.00	1,841.98	0.00	1,841.98
HIP - Capital (220)						
Individual	932.56	62.36	0.34	995.26	0.00	995.26
Family	2,448.37	103.58	1.00	2,552.95	0.00	2,552.95
Capital District PHP - Central (300)						
Individual	684.69	62.36	0.34	747.39	0.00	747.39
Family	1,705.34	103.58	1.00	1,809.92	0.00	1,809.92
Capital District PHP - Hudson Valley (310)						
Individual	747.49	62.36	0.34	810.19	0.00	810.19
Family	1,868.72	103.58	1.00	1,973.30	0.00	1,973.30
MVP Health Care - Central Region (330)						
Individual	725.42	62.36	0.34	788.12	9.55	778.57
Family	1,703.25	103.58	1.00	1,807.83	22.49	1,785.34
MVP Health Care - Mid-Hudson (340)						
Individual	739.16	62.36	0.34	801.86	9.40	792.46
Family	1,744.71	103.58	1.00	1,849.29	22.20	1,827.09
HIP - Hudson Valley (350)						
Individual	1,001.35	62.36	0.34	1,064.05	0.00	1,064.05
Family	2,453.29	103.58	1.00	2,557.87	0.00	2,557.87
MVP Health Care - North Region (360)						
Individual	669.00	62.36	0.34	731.70	9.55	722.15
Family	1,572.14	103.58	1.00	1,676.72	22.49	1,654.23

Schedule III - Participating Employers
Retirees Prior to 1/1/83
(includes pre-4/1/1991 Thruway Authority retirees)
Effective January 1, 2023
Monthly

Benefit Programs: G03, G20, G23

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS 0/25 Enrollee	CONTRIBUTIONS 100/75 Employer
HIP - Downstate (050)								
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	105.37	1,068.20
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	522.33	2,303.84
MVP Health Care - Rochester (058)								
Individual	763.84	62.36	0.34	826.54	8.20	818.34	0.00	818.34
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	265.50	1,614.84
Independent Health (059)								
Individual	750.21	62.36	0.34	812.91	0.00	812.91	0.00	812.91
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	292.27	1,689.72
MVP Health Care - East Region (060)								
Individual	797.06	62.36	0.34	859.76	8.94	850.82	0.00	850.82
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	276.49	1,680.28
Capital District PHP - Capital (063)								
Individual	813.95	62.36	0.34	876.65	0.00	876.65	0.00	876.65
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	315.71	1,823.76
Blue Choice (066)								
Individual	719.00	62.36	0.34	781.70	0.00	781.70	0.00	781.70
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	285.13	1,637.07
BlueCross BlueShield of Western NY (067)								
Individual	757.83	62.36	0.34	820.53	0.00	820.53	0.00	820.53
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	298.55	1,716.17
BlueShield of Northeastern NY (069)								
Individual	833.97	62.36	0.34	896.67	0.00	896.67	0.00	896.67
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	327.75	1,879.91
HMO Blue - CNY (072)								
Individual	824.47	62.36	0.34	887.17	0.00	887.17	0.00	887.17
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	317.05	1,838.30
HMO Blue - Utica/Watertown (160)								
Individual	862.46	62.36	0.34	925.16	0.00	925.16	0.00	925.16
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	355.80	1,992.56
HIP - Capital (220)								
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	198.85	1,103.29
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	886.79	2,254.40
Capital District PHP - Central (300)								
Individual	811.58	62.36	0.34	874.28	0.00	874.28	0.00	874.28
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	313.22	1,813.95
Capital District PHP - Hudson Valley (310)								
Individual	859.57	62.36	0.34	922.27	0.00	922.27	13.78	908.49
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	332.81	1,920.71
MVP Health Care - Central Region (330)								
Individual	898.13	62.36	0.34	960.83	9.55	951.28	0.00	951.28
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	309.98	1,881.22
MVP Health Care - Mid-Hudson (340)								
Individual	901.66	62.36	0.34	964.36	9.40	954.96	0.00	954.96
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	313.53	1,895.55
HIP - Hudson Valley (350)								
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	267.64	903.23
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	860.09	1,959.47
MVP Health Care - North Region (360)								
Individual	828.35	62.36	0.34	891.05	9.55	881.50	0.00	881.50
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	286.81	1,741.91

Schedule IV - Participating Employers
Amended Dependent Survivors (between 4/1/75 and 3/31/79) & some Thruway Authority Survivors
Effective January 1, 2023
Monthly

Benefit Programs: G05

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS * Enrollee	CONTRIBUTIONS ** Employer
* EE pays 25% of the difference between Net for Individual Coverage and Family Coverage, regardless of whether the EE is Individual or Family Coverage.								
** Individual Coverage ER pays the difference between Net Rate and EE share; Family Coverage ER pays 75% of the difference between Net for Individual Coverage and Family Coverage, plus the whole Net Rate for Individual Coverage.								
HIP - Downstate (050)								
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	413.15	760.42
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	413.15	2,413.02
MVP Health Care - Rochester (058)								
Individual	763.84	62.36	0.34	826.54	8.20	818.34	265.51	552.83
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	265.51	1,614.83
Independent Health (059)								
Individual	750.21	62.36	0.34	812.91	0.00	812.91	292.27	520.64
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	292.27	1,689.72
MVP Health Care - East Region (060)								
Individual	797.06	62.36	0.34	859.76	8.94	850.82	276.49	574.33
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	276.49	1,680.28
Capital District PHP - Capital (063)								
Individual	813.95	62.36	0.34	876.65	0.00	876.65	315.70	560.95
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	315.70	1,823.77
Blue Choice (066)								
Individual	719.00	62.36	0.34	781.70	0.00	781.70	285.12	496.58
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	285.12	1,637.08
BlueCross BlueShield of Western NY (067)								
Individual	757.83	62.36	0.34	820.53	0.00	820.53	298.55	521.98
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	298.55	1,716.17
BlueShield of Northeastern NY (069)								
Individual	833.97	62.36	0.34	896.67	0.00	896.67	327.75	568.92
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	327.75	1,879.91
HMO Blue - CNY (072)								
Individual	824.47	62.36	0.34	887.17	0.00	887.17	317.05	570.12
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	317.05	1,838.30
HMO Blue - Utica/Watertown (160)								
Individual	862.46	62.36	0.34	925.16	0.00	925.16	355.81	569.35
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	355.81	1,992.55
HIP - Capital (220)								
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	459.76	842.38
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	459.76	2,681.43
Capital District PHP - Central (300)								
Individual	811.58	62.36	0.34	874.28	0.00	874.28	313.22	561.06
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	313.22	1,813.95
Capital District PHP - Hudson Valley (310)								
Individual	859.57	62.36	0.34	922.27	0.00	922.27	332.81	589.46
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	332.81	1,920.71
MVP Health Care - Central Region (330)								
Individual	898.13	62.36	0.34	960.83	9.55	951.28	309.97	641.31
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	309.97	1,881.23
MVP Health Care - Mid-Hudson (340)								
Individual	901.66	62.36	0.34	964.36	9.40	954.96	313.52	641.44
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	313.52	1,895.56
HIP - Hudson Valley (350)								
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	412.17	758.70
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	412.17	2,407.39
MVP Health Care - North Region (360)								
Individual	828.35	62.36	0.34	891.05	9.55	881.50	286.80	594.70
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	286.80	1,741.92

Schedule V - Participating Employers
Attica Dependent Survivors
Effective January 1, 2023
Monthly

Benefit Programs: G06

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS 0/0 Enrollee	CONTRIBUTIONS 100/100 Employer
HIP - Downstate (050)								
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	159.45	1,014.12
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	317.18	2,508.99
MVP Health Care - Rochester (058)								
Individual	763.84	62.36	0.34	826.54	8.20	818.34	0.00	818.34
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	0.00	1,880.34
Independent Health (059)								
Individual	750.21	62.36	0.34	812.91	0.00	812.91	0.00	812.91
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	0.00	1,981.99
MVP Health Care - East Region (060)								
Individual	797.06	62.36	0.34	859.76	8.94	850.82	0.00	850.82
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	0.00	1,956.77
Capital District PHP - Capital (063)								
Individual	813.95	62.36	0.34	876.65	0.00	876.65	0.00	876.65
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	0.00	2,139.47
Blue Choice (066)								
Individual	719.00	62.36	0.34	781.70	0.00	781.70	0.00	781.70
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	0.00	1,922.20
BlueCross BlueShield of Western NY (067)								
Individual	757.83	62.36	0.34	820.53	0.00	820.53	0.00	820.53
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	0.00	2,014.72
BlueShield of Northeastern NY (069)								
Individual	833.97	62.36	0.34	896.67	0.00	896.67	0.00	896.67
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	0.00	2,207.66
HMO Blue - CNY (072)								
Individual	824.47	62.36	0.34	887.17	0.00	887.17	0.00	887.17
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	0.00	2,155.35
HMO Blue - Utica/Watertown (160)								
Individual	862.46	62.36	0.34	925.16	0.00	925.16	0.00	925.16
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	0.00	2,348.36
HIP - Capital (220)								
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	288.02	1,014.12
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	632.20	2,508.99
Capital District PHP - Central (300)								
Individual	811.58	62.36	0.34	874.28	0.00	874.28	0.00	874.28
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	0.00	2,127.17
Capital District PHP - Hudson Valley (310)								
Individual	859.57	62.36	0.34	922.27	0.00	922.27	0.00	922.27
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	0.00	2,253.52
MVP Health Care - Central Region (330)								
Individual	898.13	62.36	0.34	960.83	9.55	951.28	0.00	951.28
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	0.00	2,191.20
MVP Health Care - Mid-Hudson (340)								
Individual	901.66	62.36	0.34	964.36	9.40	954.96	0.00	954.96
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	0.00	2,209.08
HIP - Hudson Valley (350)								
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	156.75	1,014.12
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	310.57	2,508.99
MVP Health Care - North Region (360)								
Individual	828.35	62.36	0.34	891.05	9.55	881.50	0.00	881.50
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	0.00	2,028.72

Schedule VI - Participating Employers
Effective January 1, 2023
COBRA

Benefit Programs: C21, C29, C45, G78, G84, G85, G86

							CONTRIBUTIONS	
HMO Option	**HMO Rate**	**Medicare Part B**	**Admin**	**Gross Rate**	**MLR Credit**	**Net Rate**	**2.0% Admin**	**Enrollee Cost**
HIP - Downstate (050)								
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	23.47	1,197.04
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	56.52	2,882.69
MVP Health Care - Rochester (058)								
Individual	763.84	62.36	0.34	826.54	8.20	818.34	16.37	834.71
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	37.61	1,917.95
Independent Health (059)								
Individual	750.21	62.36	0.34	812.91	0.00	812.91	16.26	829.17
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	39.64	2,021.63
MVP Health Care - East Region (060)								
Individual	797.06	62.36	0.34	859.76	8.94	850.82	17.02	867.84
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	39.14	1,995.91
Capital District PHP - Capital (063)								
Individual	813.95	62.36	0.34	876.65	0.00	876.65	17.53	894.18
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	42.79	2,182.26
Blue Choice (066)								
Individual	719.00	62.36	0.34	781.70	0.00	781.70	15.63	797.33
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	38.44	1,960.64
BlueCross BlueShield of Western NY (067)								
Individual	757.83	62.36	0.34	820.53	0.00	820.53	16.41	836.94
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	40.29	2,055.01
BlueShield of Northeastern NY (069)								
Individual	833.97	62.36	0.34	896.67	0.00	896.67	17.93	914.60
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	44.15	2,251.81
HMO Blue - CNY (072)								
Individual	824.47	62.36	0.34	887.17	0.00	887.17	17.74	904.91
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	43.11	2,198.46
HMO Blue - Utica/Watertown (160)								
Individual	862.46	62.36	0.34	925.16	0.00	925.16	18.50	943.66
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	46.97	2,395.33
HIP - Capital (220)								
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	26.04	1,328.18
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	62.82	3,204.01
Capital District PHP - Central (300)								
Individual	811.58	62.36	0.34	874.28	0.00	874.28	17.49	891.77
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	42.54	2,169.71
Capital District PHP - Hudson Valley (310)								
Individual	859.57	62.36	0.34	922.27	0.00	922.27	18.45	940.72
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	45.07	2,298.59
MVP Health Care - Central Region (330)								
Individual	898.13	62.36	0.34	960.83	9.55	951.28	19.03	970.31
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	43.82	2,235.02
MVP Health Care - Mid-Hudson (340)								
Individual	901.66	62.36	0.34	964.36	9.40	954.96	19.10	974.06
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	44.18	2,253.26
HIP - Hudson Valley (350)								
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	23.42	1,194.29
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	56.39	2,875.95
MVP Health Care - North Region (360)								
Individual	828.35	62.36	0.34	891.05	9.55	881.50	17.63	899.13
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	40.57	2,069.29

Schedule VII - Participating Employers
Effective January 1, 2023
COBRA Without Drug Coverage

Benefit Programs: C30, G79

							CONTRIBUTIONS	
	HMO	Medicare		Gross	MLR	Net	2.0%	Enrollee
HMO Option	**Rate**	**Part B**	**Admin**	**Rate**	**Credit**	**Rate**	**Admin**	**Cost**
HIP - Downstate (050)								
Individual	839.08	62.36	0.34	901.78	0.00	901.78	18.04	919.82
Family	2,055.74	103.58	1.00	2,160.32	0.00	2,160.32	43.21	2,203.53
MVP Health Care - Rochester (058)								
Individual	585.39	62.36	0.34	648.09	8.20	639.89	12.80	652.69
Family	1,375.66	103.58	1.00	1,480.24	19.27	1,460.97	29.22	1,490.19
Independent Health (059)								
Individual	609.28	62.36	0.34	671.98	0.00	671.98	13.44	685.42
Family	1,524.74	103.58	1.00	1,629.32	0.00	1,629.32	32.59	1,661.91
MVP Health Care - East Region (060)								
Individual	628.47	62.36	0.34	691.17	8.94	682.23	13.64	695.87
Family	1,475.82	103.58	1.00	1,580.40	19.80	1,560.60	31.21	1,591.81
Capital District PHP - Capital (063)								
Individual	679.86	62.36	0.34	742.56	0.00	742.56	14.85	757.41
Family	1,699.65	103.58	1.00	1,804.23	0.00	1,804.23	36.08	1,840.31
Blue Choice (066)								
Individual	556.91	62.36	0.34	619.61	0.00	619.61	12.39	632.00
Family	1,407.85	103.58	1.00	1,512.43	0.00	1,512.43	30.25	1,542.68
BlueCross BlueShield of Western NY (067)								
Individual	506.48	62.36	0.34	569.18	0.00	569.18	11.38	580.56
Family	1,244.96	103.58	1.00	1,349.54	0.00	1,349.54	26.99	1,376.53
BlueShield of Northeastern NY (069)								
Individual	555.66	62.36	0.34	618.36	0.00	618.36	12.37	630.73
Family	1,356.94	103.58	1.00	1,461.52	0.00	1,461.52	29.23	1,490.75
HMO Blue - CNY (072)								
Individual	638.51	62.36	0.34	701.21	0.00	701.21	14.02	715.23
Family	1,588.28	103.58	1.00	1,692.86	0.00	1,692.86	33.86	1,726.72
HMO Blue - Utica/Watertown (160)								
Individual	667.86	62.36	0.34	730.56	0.00	730.56	14.61	745.17
Family	1,737.40	103.58	1.00	1,841.98	0.00	1,841.98	36.84	1,878.82
HIP - Capital (220)								
Individual	932.56	62.36	0.34	995.26	0.00	995.26	19.91	1,015.17
Family	2,448.37	103.58	1.00	2,552.95	0.00	2,552.95	51.06	2,604.01
Capital District PHP - Central (300)								
Individual	684.69	62.36	0.34	747.39	0.00	747.39	14.95	762.34
Family	1,705.34	103.58	1.00	1,809.92	0.00	1,809.92	36.20	1,846.12
Capital District PHP - Hudson Valley (310)								
Individual	747.49	62.36	0.34	810.19	0.00	810.19	16.20	826.39
Family	1,868.72	103.58	1.00	1,973.30	0.00	1,973.30	39.47	2,012.77
MVP Health Care - Central Region (330)								
Individual	725.42	62.36	0.34	788.12	9.55	778.57	15.57	794.14
Family	1,703.25	103.58	1.00	1,807.83	22.49	1,785.34	35.71	1,821.05
MVP Health Care - Mid-Hudson (340)								
Individual	739.16	62.36	0.34	801.86	9.40	792.46	15.85	808.31
Family	1,744.71	103.58	1.00	1,849.29	22.20	1,827.09	36.54	1,863.63
HIP - Hudson Valley (350)								
Individual	1,001.35	62.36	0.34	1,064.05	0.00	1,064.05	21.28	1,085.33
Family	2,453.29	103.58	1.00	2,557.87	0.00	2,557.87	51.16	2,609.03
MVP Health Care - North Region (360)								
Individual	669.00	62.36	0.34	731.70	9.55	722.15	14.44	736.59
Family	1,572.14	103.58	1.00	1,676.72	22.49	1,654.23	33.08	1,687.31

Schedule VIII - Participating Employers
NYSERDA (Agency 55500) 1/1/2013 and Forward Retirees (BPs G01, G13, G16 & G21)
and NYSERDA Preferred List (BPs G10 & G27)
Effective January 1, 2023
Monthly

HMO Option	HMO Rate	Medicare Part B	Admin	Gross Rate	MLR Credit	Net Rate	CONTRIBUTIONS 12/27 Enrollee	CONTRIBUTIONS 88/73 Employer	CONTRIBUTIONS 16/31 Enrollee	CONTRIBUTIONS 84/69 Employer
HIP - Downstate (050)										
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	233.55	940.02	276.29	897.28
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	683.47	2,142.70	792.11	2,034.06
MVP Health Care - Rochester (058)										
Individual	763.84	62.36	0.34	826.54	8.20	818.34	98.20	720.14	130.93	687.41
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	384.94	1,495.40	460.15	1,420.19
Independent Health (059)										
Individual	750.21	62.36	0.34	812.91	0.00	812.91	97.55	715.36	130.06	682.85
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	413.20	1,568.79	492.48	1,489.51
MVP Health Care - East Region (060)										
Individual	797.06	62.36	0.34	859.76	8.94	850.82	102.10	748.72	136.13	714.69
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	400.71	1,556.06	478.98	1,477.79
Capital District PHP - Capital (063)										
Individual	813.95	62.36	0.34	876.65	0.00	876.65	105.20	771.45	140.26	736.39
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	446.16	1,693.31	531.74	1,607.73
Blue Choice (066)										
Individual	719.00	62.36	0.34	781.70	0.00	781.70	93.80	687.90	125.07	656.63
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	401.74	1,520.46	478.63	1,443.57
BlueCross BlueShield of Western NY (067)										
Individual	757.83	62.36	0.34	820.53	0.00	820.53	98.46	722.07	131.28	689.25
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	420.89	1,593.83	501.48	1,513.24
BlueShield of Northeastern NY (069)										
Individual	833.97	62.36	0.34	896.67	0.00	896.67	107.60	789.07	143.47	753.20
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	461.57	1,746.09	549.88	1,657.78
HMO Blue - CNY (072)										
Individual	824.47	62.36	0.34	887.17	0.00	887.17	106.46	780.71	141.95	745.22
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	448.87	1,706.48	535.09	1,620.26
HMO Blue - Utica/Watertown (160)										
Individual	862.46	62.36	0.34	925.16	0.00	925.16	111.02	814.14	148.02	777.14
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	495.29	1,853.07	589.21	1,759.15
HIP - Capital (220)										
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	331.25	970.89	375.38	926.76
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	1,049.89	2,091.30	1,155.41	1,985.78
Capital District PHP - Central (300)										
Individual	811.58	62.36	0.34	874.28	0.00	874.28	104.91	769.37	139.88	734.40
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	443.19	1,683.98	528.28	1,598.89
Capital District PHP - Hudson Valley (310)										
Individual	859.57	62.36	0.34	922.27	0.00	922.27	122.80	799.47	159.14	763.13
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	470.11	1,783.41	560.25	1,693.27
MVP Health Care - Central Region (330)										
Individual	898.13	62.36	0.34	960.83	9.55	951.28	114.15	837.13	152.20	799.08
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	448.93	1,742.27	536.58	1,654.62
MVP Health Care - Mid-Hudson (340)										
Individual	901.66	62.36	0.34	964.36	9.40	954.96	114.59	840.37	152.79	802.17
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	453.20	1,755.88	541.57	1,667.51
HIP - Hudson Valley (350)										
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	376.03	794.84	412.16	758.71
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	996.64	1,822.92	1,089.11	1,730.45
MVP Health Care - North Region (360)										
Individual	828.35	62.36	0.34	891.05	9.55	881.50	105.78	775.72	141.04	740.46
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	415.53	1,613.19	496.68	1,532.04

Schedule IX - Participating Employers
NYS Thruway Authority (Agency 55090) 4/1/1991 and Forward Retirees
(Enrollees w/ R1 Rate Qualifier)
Effective January 1, 2023
Monthly

							CONTRIBUTIONS	
	HMO	Medicare		Gross	MLR	Net	6/25	94/75
HMO Option	Rate	Part B	Admin	Rate	Credit	Rate	Enrollee	Employer
HIP - Downstate (050)								
Individual	1,110.87	62.36	0.34	1,173.57	0.00	1,173.57	169.46	1,004.11
Family	2,721.59	103.58	1.00	2,826.17	0.00	2,826.17	586.42	2,239.75
MVP Health Care - Rochester (058)								
Individual	763.84	62.36	0.34	826.54	8.20	818.34	49.10	769.24
Family	1,795.03	103.58	1.00	1,899.61	19.27	1,880.34	314.60	1,565.74
Independent Health (059)								
Individual	750.21	62.36	0.34	812.91	0.00	812.91	48.77	764.14
Family	1,877.41	103.58	1.00	1,981.99	0.00	1,981.99	341.04	1,640.95
MVP Health Care - East Region (060)								
Individual	797.06	62.36	0.34	859.76	8.94	850.82	51.05	799.77
Family	1,871.99	103.58	1.00	1,976.57	19.80	1,956.77	327.54	1,629.23
Capital District PHP - Capital (063)								
Individual	813.95	62.36	0.34	876.65	0.00	876.65	52.60	824.05
Family	2,034.89	103.58	1.00	2,139.47	0.00	2,139.47	368.31	1,771.16
Blue Choice (066)								
Individual	719.00	62.36	0.34	781.70	0.00	781.70	46.90	734.80
Family	1,817.62	103.58	1.00	1,922.20	0.00	1,922.20	332.03	1,590.17
BlueCross BlueShield of Western NY (067)								
Individual	757.83	62.36	0.34	820.53	0.00	820.53	49.23	771.30
Family	1,910.14	103.58	1.00	2,014.72	0.00	2,014.72	347.78	1,666.94
BlueShield of Northeastern NY (069)								
Individual	833.97	62.36	0.34	896.67	0.00	896.67	53.80	842.87
Family	2,103.08	103.58	1.00	2,207.66	0.00	2,207.66	381.55	1,826.11
HMO Blue - CNY (072)								
Individual	824.47	62.36	0.34	887.17	0.00	887.17	53.23	833.94
Family	2,050.77	103.58	1.00	2,155.35	0.00	2,155.35	370.28	1,785.07
HMO Blue - Utica/Watertown (160)								
Individual	862.46	62.36	0.34	925.16	0.00	925.16	55.51	869.65
Family	2,243.78	103.58	1.00	2,348.36	0.00	2,348.36	411.31	1,937.05
HIP - Capital (220)								
Individual	1,239.44	62.36	0.34	1,302.14	0.00	1,302.14	265.04	1,037.10
Family	3,036.61	103.58	1.00	3,141.19	0.00	3,141.19	952.98	2,188.21
Capital District PHP - Central (300)								
Individual	811.58	62.36	0.34	874.28	0.00	874.28	52.45	821.83
Family	2,022.59	103.58	1.00	2,127.17	0.00	2,127.17	365.67	1,761.50
Capital District PHP - Hudson Valley (310)								
Individual	859.57	62.36	0.34	922.27	0.00	922.27	68.28	853.99
Family	2,148.94	103.58	1.00	2,253.52	0.00	2,253.52	388.14	1,865.38
MVP Health Care - Central Region (330)								
Individual	898.13	62.36	0.34	960.83	9.55	951.28	57.07	894.21
Family	2,109.11	103.58	1.00	2,213.69	22.49	2,191.20	367.05	1,824.15
MVP Health Care - Mid-Hudson (340)								
Individual	901.66	62.36	0.34	964.36	9.40	954.96	57.30	897.66
Family	2,126.70	103.58	1.00	2,231.28	22.20	2,209.08	370.83	1,838.25
HIP - Hudson Valley (350)								
Individual	1,108.17	62.36	0.34	1,170.87	0.00	1,170.87	321.83	849.04
Family	2,714.98	103.58	1.00	2,819.56	0.00	2,819.56	914.28	1,905.28
MVP Health Care - North Region (360)								
Individual	828.35	62.36	0.34	891.05	9.55	881.50	52.89	828.61
Family	1,946.63	103.58	1.00	2,051.21	22.49	2,028.72	339.70	1,689.02

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, 2023
Monthly

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

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

							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	EE	ER
Individual	340.32	360.96	22.05	72.87	0.20	796.40	0.00	0.00	0.00	796.40	Varies by employer.	
Family	914.58	909.70	103.04	121.96	0.59	2,049.87	0.00	0.00	0.00	2,049.87	Varies by employer.	

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

Benefit Programs: G53, G73

							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	**0/25** EE	**100/75** ER
Individual	340.32	360.96	22.05	72.87	0.20	796.40	0.00	0.00	0.00	796.40	0.00	796.40
Family	914.58	909.70	103.04	121.96	0.59	2,049.87	0.00	0.00	0.00	2,049.87	313.37	1,736.50

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, 2023
Monthly

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

Benefit Programs: G55

								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	* EE	** ER
Individual	340.32	360.96	22.05		72.87	0.20	796.40	0.00	0.00	0.00		796.40	313.37	483.03
Family	914.58	909.70	103.04		121.96	0.59	2,049.87	0.00	0.00	0.00		2,049.87	313.37	1,736.50

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

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

Schedule V - LIS Attica Dependent Survivors

Benefit Programs: G56

								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	**0/0** EE	**100/100** ER
Individual	340.32	360.96	22.05		72.87	0.20	796.40	0.00	0.00	0.00		796.40	0.00	796.40
Family	914.58	909.70	103.04		121.96	0.59	2,049.87	0.00	0.00	0.00		2,049.87	0.00	2,049.87