

New York Council of Nonprofits, INC.

2011 Monthly Health/Dental Insurance Payment Schedule - For Groups of Two or More Employees

INSURANCE CARRIER

GROUP NO.

Single

2 Person

FAMILY

Blue Shield of North Eastern New York Plans

Community Blue POS 250D Select	10399000	\$ 319.85	\$ 643.08	\$ 893.91
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or

POS 71000	10399000	\$ 300.93	\$ 604.31	\$ 838.46
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CDPHP Health Plans

HMO 25 - Rx \$4/50% -Capital Region	10002133	\$ 474.80	\$ 932.60	\$ 1,230.17
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HMO 25 - Rx \$4/50% -Central NY	10002133	\$ 534.12	\$ 1,051.22	\$ 1,387.36
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HMO 25 - Rx \$4/50% -Eastern Hudson Valley	10002133	\$ 541.25	\$ 1,065.48	\$ 1,406.24
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HMO 25 - Rx \$4/50% -Western Hudson Valley	10002133	\$ 557.91	\$ 1,098.81	\$ 1,450.40
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EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Capital Region	10002133	\$ 451.40	\$ 885.79	\$ 1,168.16
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EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Central NY	10002133	\$ 504.13	\$ 991.27	\$ 1,307.93
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EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - East Hudson Valley	10002133	\$ 514.13	\$ 1,011.26	\$ 1,334.40
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EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - West Hudson Valley	10002133	\$ 529.94	\$ 1,042.89	\$ 1,376.31
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EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Southern Tier	10002133	\$ 506.89	\$ 996.76	\$ 1,315.21
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Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Capital Region	10002133	\$ 349.05	\$ 681.05	\$ 896.87
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Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Central NY	10002133	\$ 394.37	\$ 771.76	\$ 1,017.05
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Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Eastern Hudson Valley	10002133	\$ 402.96	\$ 788.94	\$ 1,039.81
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Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Western Hudson Valley	10002133	\$ 416.57	\$ 816.13	\$ 1,075.85
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Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Southern Tier	10002133	\$ 396.74	\$ 776.48	\$ 1,023.31
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High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Capital Region	10002133	\$ 274.38	\$ 531.74	\$ 699.02
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High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Central NY	10002133	\$ 310.48	\$ 603.95	\$ 794.72
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High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Eastern Hudson Valley	10002133	\$ 317.31	\$ 617.63	\$ 812.83
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High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Western Hudson Valley	10002133	\$ 328.16	\$ 639.29	\$ 841.52
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High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Southern Tier	10002133	\$ 312.36	\$ 607.71	\$ 799.71
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Medicare PPO \$10/\$15. \$3,350 Max - Rx \$3/\$5/\$35 - All 24 CDPHP Regions	10002133	\$ 305.80	N/A	N/A
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MVP Health Plans

Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - East	213965-0006	\$ 444.81	\$ 877.60	\$ 1,149.32
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Mid Hudson	213965-0002	\$ 478.18	\$ 944.35	\$ 1,224.06
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Central NY	213965-0003	\$ 470.30	\$ 928.60	\$ 1,203.58
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - North	213965-0004	\$ 496.68	\$ 981.36	\$ 1,283.43
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Rochester	213965-0005	\$ 367.95	\$ 723.91	\$ 963.43
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Metro	213965-0007	\$ 537.80	\$ 1,063.59	\$ 1,391.96
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Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Buffalo	213965-0008	\$ 415.99	\$ 819.97	\$ 1,080.73
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - East	213965-0006	\$ 342.68	\$ 673.35	\$ 871.76
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Mid Hudson	213965-0002	\$ 368.36	\$ 724.71	\$ 938.53
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Central NY	213965-0003	\$ 361.32	\$ 710.64	\$ 920.24
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - North	213965-0004	\$ 388.76	\$ 765.52	\$ 991.58
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Rochester	213965-0005	\$ 287.10	\$ 562.19	\$ 727.25
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - NY Metro	213965-0007	\$ 426.05	\$ 840.10	\$ 1,088.53
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High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Buffalo	213965-0008	\$ 319.11	\$ 626.22	\$ 810.48
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Metlife

Group Life Insurance	NYCON		.30 per \$1,000	
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Delta Dental of New York Plans

Delta Dental Preferred Plan	1431	\$ 31.40	\$ 83.68	\$ 107.98
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DeltaCare HMO - Prepaid Managed Care Plan	1721	\$ 31.11	\$ 48.01	\$ 66.67
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Note: Prices include an administrative fee

Note: Strict adherence to advance entry and cancellation from DeltaCare DHMO Plan

Revised 1/21/2011