

2012 Healthy NY Rates By County

*Please note premium rates are subject to change.
Be sure to contact the HMO directly to verify current rates.*

Albany County

Capital District Physicians' Health Plan

500 Patroon Creek Corporate Center
Albany, NY 12206

1-800-993-7299 - Sm. Group/Sole Prop.

1-800-777-2273 - Individuals

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 330.74	\$ 274.24	\$ 265.64	\$ 219.81
Two Adult	\$ 661.48	\$ 548.48	\$ 531.28	\$ 439.62
Parent & Child(ren)	\$ 628.41	\$ 521.06	\$ 504.72	\$ 417.64
Family	\$ 926.07	\$ 767.87	\$ 743.79	\$ 615.47

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Albany County

Empire HealthChoice, Inc. d/b/a Empire Blue Cross and Blue Shield

HMO Member Services

PO Box 1407

Church Street Station

New York, NY 10008

1-800-261-5962

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 371.50	\$ 312.69	\$ 324.55	\$ 243.76
Two Adult	\$ 780.15	\$ 656.65	\$ 681.56	\$ 511.90
Parent & Child(ren)	\$ 668.70	\$ 562.84	\$ 584.19	\$ 438.77
Family	\$ 1,125.64	\$ 947.45	\$ 983.38	\$ 738.59

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Albany County

GHI HMO Healthy New York

Sales Direct Pay
55 Water Street - 8th Floor
New York, NY 10041-8190

1-800-444-2333

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 380.44	\$ 331.53	\$ 286.71	\$ 247.69
Two Adult	\$ 846.23	\$ 737.45	\$ 637.73	\$ 550.94
Parent & Child(ren)	\$ 722.82	\$ 629.90	\$ 544.73	\$ 470.60
Family	\$ 1,108.13	\$ 965.67	\$ 835.10	\$ 721.45

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Albany County

HealthNow New York, Inc. d/b/a BlueShield of NENY
30 Century Hill Drive
Latham, NY 12110

1-877-672-2242 - Long distance

1-518-220-5630 - Local

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 321.24	\$ 238.44	\$ 260.07	\$ 181.07
Two Adult	\$ 658.55	\$ 488.80	\$ 533.15	\$ 371.20
Parent & Child(ren)	\$ 654.99	\$ 486.16	\$ 530.15	\$ 369.06
Family	\$ 930.09	\$ 690.34	\$ 752.82	\$ 524.07

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Albany County

MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305

1-888-MVP-MBRS
1-518-370-4793

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 348.13	\$ 283.12	\$ 273.75	\$ 214.88
Two Adult	\$ 696.26	\$ 566.24	\$ 547.50	\$ 429.76
Parent & Child(ren)	\$ 678.88	\$ 552.10	\$ 533.83	\$ 419.03
Family	\$ 1,000.87	\$ 813.97	\$ 787.03	\$ 617.78