

## 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.

### Broome County

**Aetna Health, Inc.**  
Healthy New York Program  
3 Independence Way  
4th Floor  
Princeton, NJ 08540

1-866-386-1371

#### *What You Pay Per Month*

<b>Plan Type</b>	<b>w/ drugs</b>	<b>w/o drugs</b>	<b>HDHP w/ drugs</b>	<b>HDHP w/o drugs</b>
Individual	\$ 487.00	\$ 430.00	\$ 376.00	\$ 330.00
Two Adult	\$ 974.00	\$ 861.00	\$ 752.00	\$ 660.00
Parent & Child(ren)	\$ 901.00	\$ 796.00	\$ 696.00	\$ 611.00
Family	\$ 1,509.00	\$ 1,334.00	\$ 1,166.00	\$ 1,023.00

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**Capital District Physicians' Health Plan, Inc.**

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*

<b>Plan Type</b>	<b>w/ drugs</b>	<b>w/o drugs</b>	<b>HDHP w/ drugs</b>	<b>HDHP w/o drugs</b>
Individual	\$ 373.38	\$ 316.88	\$ 299.82	\$ 253.99
Two Adult	\$ 746.77	\$ 633.77	\$ 599.64	\$ 507.98
Parent & Child(ren)	\$ 709.43	\$ 602.08	\$ 569.66	\$ 482.58
Family	\$ 1,045.48	\$ 887.28	\$ 839.49	\$ 711.17

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#### **Excellus Health Plan, Inc. d/b/a Excellus Blue Cross and Blue Shield Central New York Region**

Individuals/Sole Proprietors:  
P.O. Box 22999  
Rochester, NY 14692

1-800-462-0108

Small Groups:  
165 Court Street  
Rochester, NY 14647

1-877-872-9308

#### ***What You Pay Per Month***

<b>Plan Type</b>	<b>w/ drugs</b>	<b>w/o drugs</b>	<b>HDHP w/ drugs</b>	<b>HDHP w/o drugs</b>
Individual	\$ 367.57	\$ 219.08	\$ 297.37	\$ 171.03
Two Adult	\$ 830.71	\$ 495.13	\$ 672.06	\$ 386.55
Parent & Child(ren)	\$ 568.92	\$ 339.40	\$ 460.27	\$ 264.95
Family	\$ 1,003.08	\$ 598.41	\$ 811.53	\$ 467.17

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### Broome 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*

<b>Plan Type</b>	<b>w/ drugs</b>	<b>w/o drugs</b>	<b>HDHP w/ drugs</b>	<b>HDHP w/o drugs</b>
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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### Broome County

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

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

#### *What You Pay Per Month*

<b>Plan Type</b>	<b>w/ drugs</b>	<b>w/o drugs</b>	<b>HDHP w/ drugs</b>	<b>HDHP w/o drugs</b>
Individual	\$ 364.25	\$ 299.24	\$ 289.34	\$ 227.11
Two Adult	\$ 728.50	\$ 598.48	\$ 578.68	\$ 454.22
Parent & Child(ren)	\$ 710.31	\$ 583.54	\$ 564.23	\$ 442.88
Family	\$ 1,047.22	\$ 860.32	\$ 831.85	\$ 652.94