

## 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.*

### Essex 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***

<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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**Empire HealthChoice, Inc. 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*

<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	\$ 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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**Excellus Health Plan, Inc. d/b/a Excellus Blue Cross and Blue Shield  
Utica/Watertown 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*

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 341.86	\$ 222.60	\$ 276.56	\$ 173.72
Two Adult	\$ 683.70	\$ 445.21	\$ 553.14	\$ 347.42
Parent & Child(ren)	\$ 678.78	\$ 442.41	\$ 549.15	\$ 345.24
Family	\$ 936.39	\$ 610.30	\$ 757.56	\$ 476.24

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**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*

<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	\$ 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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### Essex County

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

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

#### *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	\$ 387.99	\$ 322.98	\$ 312.29	\$ 245.13
Two Adult	\$ 775.98	\$ 645.96	\$ 624.58	\$ 490.26
Parent & Child(ren)	\$ 756.61	\$ 629.83	\$ 608.99	\$ 478.02
Family	\$ 1,115.47	\$ 928.57	\$ 897.83	\$ 704.75