

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.

Genesee County

Excellus Health Plan, Inc. d/b/a Univera Healthcare (WNY)

Individuals/Sole Proprietors:

P.O. Box 23000

Rochester, NY 14692

1-800-336-2014

Small Groups:

Attn: Sales Department

205 Park Club Lane

Buffalo, NY 14221

1-800-427-8490

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 278.09	\$ 233.96	\$ 224.98	\$ 182.63
Two Adult	\$ 583.99	\$ 491.31	\$ 472.44	\$ 383.53
Parent & Child(ren)	\$ 509.72	\$ 429.20	\$ 412.35	\$ 335.05
Family	\$ 849.51	\$ 715.32	\$ 687.26	\$ 558.40

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.

Genesee County

HealthNow New York, Inc.
1701 North Street
Endicott, NY 13760

1-716-887-7520
1-800-888-5407

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 305.99	\$ 224.68	\$ 254.62	\$ 181.71
Two Adult	\$ 627.28	\$ 460.60	\$ 521.96	\$ 372.50
Parent & Child(ren)	\$ 623.90	\$ 458.10	\$ 519.03	\$ 370.37
Family	\$ 983.88	\$ 722.42	\$ 818.52	\$ 584.08

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.

Genesee County

Independent Health Association, Inc.

Independent Health
Attn: Sales Dept.
511 Farber Lakes Drive
Buffalo, NY 14221

1-800-453-1910

1-716-631-5392

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 295.75	\$ 220.74	\$ 222.20	\$ 174.21
Two Adult	\$ 595.64	\$ 444.57	\$ 447.51	\$ 350.86
Parent & Child(ren)	\$ 521.71	\$ 389.39	\$ 391.96	\$ 307.31
Family	\$ 873.35	\$ 651.85	\$ 656.15	\$ 514.44

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.

Genesee County

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

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

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 305.34	\$ 240.33	\$ 232.38	\$ 182.40
Two Adult	\$ 610.68	\$ 480.66	\$ 464.76	\$ 364.80
Parent & Child(ren)	\$ 595.43	\$ 468.66	\$ 453.16	\$ 355.69
Family	\$ 877.85	\$ 690.95	\$ 668.09	\$ 524.40