

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.

Herkimer 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	\$ 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

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.

Herkimer County

**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

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.

Herkimer 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	\$ 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

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.

Herkimer County

United Healthcare - Healthcore

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 471.98	\$ 394.90	\$ 339.71	\$ 285.20
Two Adult	\$ 1,066.68	\$ 892.46	\$ 767.75	\$ 644.55
Parent & Child(ren)	\$ 741.01	\$ 619.98	\$ 533.35	\$ 447.77
Family	\$ 1,297.96	\$ 1,085.96	\$ 934.20	\$ 784.30