

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.

Onondaga 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

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
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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Onondaga County

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

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
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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Onondaga County

HealthNow New York, Inc.
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	\$ 408.48	\$ 316.64	\$ 337.43	\$ 244.77
Two Adult	\$ 837.37	\$ 649.11	\$ 691.74	\$ 501.78
Parent & Child(ren)	\$ 832.88	\$ 645.62	\$ 687.90	\$ 498.96
Family	\$ 1,182.69	\$ 916.78	\$ 976.82	\$ 708.52

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Onondaga 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

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Onondaga 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