

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.

Sullivan 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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Sullivan County

Empire HealthChoice, 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

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 406.74	\$ 340.82	\$ 353.74	\$ 265.67
Two Adult	\$ 854.15	\$ 715.72	\$ 742.86	\$ 557.91
Parent & Child(ren)	\$ 732.14	\$ 613.48	\$ 636.74	\$ 478.21
Family	\$ 1,232.42	\$ 1,032.68	\$ 1,071.83	\$ 804.98

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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

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 417.23	\$ 363.58	\$ 314.42	\$ 271.64
Two Adult	\$ 928.07	\$ 808.74	\$ 699.38	\$ 604.22
Parent & Child(ren)	\$ 792.72	\$ 690.79	\$ 597.38	\$ 516.10
Family	\$ 1,215.29	\$ 1,059.04	\$ 915.83	\$ 791.21

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Sullivan 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	\$ 370.40	\$ 305.39	\$ 295.29	\$ 231.78
Two Adult	\$ 740.80	\$ 610.78	\$ 590.58	\$ 463.56
Parent & Child(ren)	\$ 722.30	\$ 595.53	\$ 575.83	\$ 451.99
Family	\$ 1,064.90	\$ 878.00	\$ 848.96	\$ 666.37

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Oxford Health Plans, Inc.

Individual & Sole Proprietors:
14 Central Park Drive
Attn: Personal Plans
Hooksett, NH 03106

Small Groups:
Oxford Health Plans (NY), Inc.
14 Central Park Drive
Hooksett, NH 03106

1-800-216-0778

What You Pay Per Month

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
Individual	\$ 412.85	\$ 345.47	\$ 320.28	\$ 268.97
Two Adult	\$ 908.27	\$ 760.03	\$ 704.62	\$ 591.73
Parent & Child(ren)	\$ 809.19	\$ 677.12	\$ 627.75	\$ 527.18
Family	\$ 1,341.76	\$ 1,122.78	\$ 1,040.91	\$ 874.15