

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.

Washington 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	\$ 330.74	\$ 274.24	\$ 265.64	\$ 219.81
Two Adult	\$ 661.48	\$ 548.48	\$ 531.28	\$ 439.62
Parent & Child(ren)	\$ 628.41	\$ 521.06	\$ 504.72	\$ 417.64
Family	\$ 926.07	\$ 767.87	\$ 743.79	\$ 615.47

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Washington 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	\$ 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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Washington County

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	\$ 380.44	\$ 331.53	\$ 286.71	\$ 247.69
Two Adult	\$ 846.23	\$ 737.45	\$ 637.73	\$ 550.94
Parent & Child(ren)	\$ 722.82	\$ 629.90	\$ 544.73	\$ 470.60
Family	\$ 1,108.13	\$ 965.67	\$ 835.10	\$ 721.45

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Washington County

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

Plan Type	w/ drugs	w/o drugs	HDHP w/ drugs	HDHP w/o drugs
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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Washington 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	\$ 348.13	\$ 283.12	\$ 273.75	\$ 214.88
Two Adult	\$ 696.26	\$ 566.24	\$ 547.50	\$ 429.76
Parent & Child(ren)	\$ 678.88	\$ 552.10	\$ 533.83	\$ 419.03
Family	\$ 1,000.87	\$ 813.97	\$ 787.03	\$ 617.78