

**New York Council of Nonprofits, INC.**

**2010 Monthly Health/Dental Insurance Payment Schedule - For Groups of Two or More Employees**

**INSURANCE CARRIER**

**GROUP NO.**

**Single**

**Employee + one**

**FAMILY**

**Blue Shield of North Eastern New York Plans**

Community Blue HMO 206 - Class 0004 Plan	10399000	\$ 520.07	\$ 1,053.55	\$ 1,399.05
or				
POS 71000	10399000	\$ 312.81	\$ 628.65	\$ 857.88

**CDPHP Health Plans**

CDPHP AvidCare 25 - Rx \$4/50% -Capital Region	10002133	\$ 428.48	\$ 839.95	\$ 1,110.64
CDPHP AvidCare 25 - Rx \$4/50% -Central NY	10002133	\$ 481.75	\$ 946.48	\$ 1,252.20
CDPHP AvidCare 25 - Rx \$4/50% -Eastern Hudson Valley	10002133	\$ 488.14	\$ 959.27	\$ 1,269.21
CDPHP AvidCare 25 - Rx \$4/50% -Western Hudson Valley	10002133	\$ 503.11	\$ 989.20	\$ 1,308.99
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Capital Region	10002133	\$ 393.17	\$ 774.33	\$ 1,025.12
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Central NY	10002133	\$ 438.75	\$ 865.48	\$ 1,146.26
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Eastern Hudson Valley	10002133	\$ 447.37	\$ 882.73	\$ 1,169.17
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Western Hudson Valley	10002133	\$ 461.04	\$ 910.06	\$ 1,205.50
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Southern Tier	10002133	\$ 441.12	\$ 870.22	\$ 1,152.51
CDPHP PPO - Rx \$4/\$30/\$60 - Capital Region	10002133	\$ 367.91	\$ 723.84	\$ 958.00
CDPHP PPO - Rx \$4/\$30/\$60 - Central NY	10002133	\$ 411.04	\$ 810.10	\$ 1,072.66
CDPHP PPO - Rx \$4/\$30/\$60 - Eastern Hudson Valley	10002133	\$ 419.21	\$ 826.42	\$ 1,094.34
CDPHP PPO - Rx \$4/\$30/\$60 - Western Hudson Valley	10002133	\$ 432.15	\$ 852.28	\$ 1,128.73
CDPHP PPO - Rx \$4/\$30/\$60 - Southern Tier	10002133	\$ 413.30	\$ 814.58	\$ 1,078.62

**MVP Health Plans**

MVP HMO \$25 Capital Region	213965-001	\$ 486.51	\$ 961.03	\$ 1,281.50
MVP HMO \$25 Hudson Valley	213965-002	\$ 523.39	\$ 1,034.80	\$ 1,380.76
MVP HMO \$25 Central NY	213965-003	\$ 520.53	\$ 1,029.06	\$ 1,373.04
MVP HMO \$25 North Country	213965-004	\$ 542.25	\$ 1,072.50	\$ 1,431.49
MVP Preferred EPO \$30/\$50 EC0052S - Capital Region	213965-001	\$ 472.19	\$ 932.39	\$ 1,241.83
MVP Preferred EPO \$30/\$50 EC0052S - Hudson Valley	213965-002	\$ 506.81	\$ 1,001.61	\$ 1,334.97
MVP Preferred EPO \$30/\$50 EC0052S - Central NY	213965-003	\$ 504.08	\$ 996.17	\$ 1,327.65
MVP Preferred EPO \$30/\$50 EC0052S - North Country	213965-004	\$ 524.69	\$ 1,037.39	\$ 1,383.11
MVP Preferred EPO \$30/\$50 EC0052S - Rochester	213965-005	\$ 394.42	\$ 776.83	\$ 1,032.53
MVP High Deductible EPO E000003 - Capital Region	213965-006	\$ 296.29	\$ 580.59	\$ 776.72
MVP High Deductible EPO E000003 - Hudson Valley	213965-002	\$ 322.82	\$ 633.64	\$ 848.10
MVP High Deductible EPO E000003 - Central NY	213965-003	\$ 320.73	\$ 629.47	\$ 842.49
MVP High Deductible EPO E000003 - North Country	213965-004	\$ 336.53	\$ 661.06	\$ 885.00
MVP High Deductible EPO E000003 - Rochester	213965-005	\$ 236.69	\$ 461.37	\$ 616.32

**Metlife**

Group Life Insurance	NYCON		.30 per \$1,000	
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**Delta Dental of New York Plans**

Delta Dental Preferred Plan - 60 days eligibility	1431	\$ 32.00	\$ 83.36	\$ 107.23
DeltaCare HMO - Prepaid Managed Care Plan	1721	\$ 31.47	\$ 47.87	\$ 65.99

Note: Prices include an administrative fee

Note: Strict adherence to advance entry and cancellation from DeltaCare DHMO Plan