

| New York Council of Nonprofits, INC. -SOLE PROPRIETORS | | | | |
|---|-------------|-----------|-----------------|-------------|
| 2011 Monthly Health/Dental Insurance Payment Schedule - For Groups of One Employee | | | | |
| INSURANCE CARRIER | GROUP NO. | Single | Employee + one | FAMILY |
| Blue Shield of North Eastern New York Plans | | | | |
| Community Blue POS 250D Select | 10399000 | \$ 319.85 | \$ 643.08 | \$ 893.91 |
| or | | | | |
| POS 71000 | 10399000 | \$ 300.93 | \$ 604.31 | \$ 838.46 |
| CDPHP Health Plans | | | | |
| HMO 25 - Rx \$4/50% -Capital Region | 10002133 | \$ 538.90 | \$ 1,060.78 | \$ 1,400.02 |
| HMO 25 - Rx \$4/50% -Central NY | 10002133 | \$ 606.51 | \$ 1,196.03 | \$ 1,579.20 |
| HMO 25- Rx \$4/50% -Eastern Hudson Valley | 10002133 | \$ 614.63 | \$ 1,212.27 | \$ 1,600.74 |
| HMO 25 - Rx \$4/50% -Western Hudson Valley | 10002133 | \$ 633.63 | \$ 1,250.26 | \$ 1,651.07 |
| EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Capital Region | 10002133 | \$ 512.21 | \$ 1,007.42 | \$ 1,329.33 |
| EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Central NY | 10002133 | \$ 572.34 | \$ 1,127.67 | \$ 1,488.64 |
| EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - East Hudson Valley | 10002133 | \$ 583.73 | \$ 1,150.45 | \$ 1,518.82 |
| EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - West Hudson Valley | 10002133 | \$ 601.76 | \$ 1,186.50 | \$ 1,566.62 |
| EPO \$30/\$50 - Rx \$10/\$50/\$80, \$100 ded - Southern Tier | 10002133 | \$ 575.46 | \$ 1,133.94 | \$ 1,496.96 |
| Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Capital Region | 10002133 | \$ 395.50 | \$ 774.03 | \$ 1,020.06 |
| Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Central NY | 10002133 | \$ 447.22 | \$ 877.42 | \$ 1,157.04 |
| Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Eastern Hudson Valley | 10002133 | \$ 457.01 | \$ 897.01 | \$ 1,183.01 |
| Transitional EPO \$35, 30% Co-Ins - Rx \$10 Generic - Western Hudson Valley | 10002133 | \$ 472.51 | \$ 928.00 | \$ 1,224.11 |
| Transitional EPO \$35, 20% Co-Ins - Rx \$10 Generic - Southern Tier | 10002133 | \$ 449.90 | \$ 882.81 | \$ 1,164.21 |
| High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Capital Region | 10002133 | \$ 310.39 | \$ 603.80 | \$ 794.52 |
| High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Central Region | 10002133 | \$ 351.56 | \$ 686.12 | \$ 903.60 |
| High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Eastern Hudson Valley | 10002133 | \$ 359.36 | \$ 701.72 | \$ 924.24 |
| High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Western Hudson Valley | 10002133 | \$ 371.71 | \$ 726.41 | \$ 956.97 |
| High Deductible PPO \$2,700 Ded, 10% Co-Ins - Rx \$10 Generic - Southern Tier | 10002133 | \$ 353.71 | \$ 690.42 | \$ 909.28 |
| Medicare PPO \$10/\$15, \$3,350 Max - Rx \$3/\$5/\$35 - All 24 CDPHP Regions | 10002133 | \$ 305.80 | N/A | N/A |
| MVP Health Plans | | | | |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - East | 213965-SP01 | \$ 509.74 | \$ 1,007.44 | \$ 1,319.92 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Mid Hudson | 213965-SP02 | \$ 548.11 | \$ 1,084.20 | \$ 1,405.87 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Central NY | 213965-SP03 | \$ 539.05 | \$ 1,066.09 | \$ 1,382.32 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - North | 213965-SP04 | \$ 569.39 | \$ 1,126.76 | \$ 1,474.15 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Rochester | 213965-SP05 | \$ 421.35 | \$ 830.69 | \$ 1,106.15 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - NY Metro | 213965-SP07 | \$ 616.67 | \$ 1,221.33 | \$ 1,598.96 |
| Hybrid EPO \$30/\$50 - Rx \$10/50%/50% - Buffalo | 213965-SP08 | \$ 476.59 | \$ 941.16 | \$ 1,241.04 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - East | 213965-SP01 | \$ 392.29 | \$ 772.55 | \$ 1,000.73 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Mid Hudson | 213965-SP02 | \$ 421.82 | \$ 831.62 | \$ 1,077.51 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Central NY | 213965-SP03 | \$ 413.72 | \$ 815.44 | \$ 1,056.48 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - North | 213965-SP04 | \$ 445.28 | \$ 878.55 | \$ 1,138.52 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Rochester | 213965-SP05 | \$ 328.37 | \$ 644.72 | \$ 834.54 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - NY Metro | 213965-SP07 | \$ 488.16 | \$ 964.31 | \$ 1,250.01 |
| High Deductible EPO \$1,500 Ded, 20% Co-Ins - Rx \$5/\$35/\$70 after ded - Buffalo | 213965-SP08 | \$ 365.18 | \$ 718.35 | \$ 930.26 |
| Metlife | | | | |
| Group Life Insurance | NYCON | | .30 per \$1,000 | |
| Delta Dental of New York Plans | | | | |
| Delta Dental Preferred Plan | 1431 | \$ 31.40 | \$ 83.68 | \$ 107.98 |
| and | | | | |
| DeltaCare HMO - Prepaid Managed Care Plan | 1721 | \$ 31.11 | \$ 48.01 | \$ 66.67 |
| Note: Prices include an administrative fee | | | | |
| Note: Strict adherence to advance entry and cancellation from DeltaCare DHMO Plan | | | | |
| Revised 1/21/2011 | | | | |