

New York Council of Nonprofits, INC.

2010 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 HMO 206 - Class 0004 Plan	10399000	\$ 566.06	\$ 1,147.85	\$ 1,524.61
or				
POS 71000	10399000	\$ 312.81	\$ 628.65	\$ 857.88
CDPHP Health Plans				
CDPHP AvidCare 25 - Rx \$4/50% -Capital Region	10002133	\$ 486.08	\$ 955.17	\$ 1,263.82
CDPHP AvidCare 25 - Rx \$4/50% -Central NY	10002133	\$ 546.81	\$ 1,076.60	\$ 1,425.18
CDPHP AvidCare 25 - Rx \$4/50% -Eastern Hudson Valley	10002133	\$ 554.09	\$ 1,091.20	\$ 1,444.58
CDPHP AvidCare 25 - Rx \$4/50% -Western Hudson Valley	10002133	\$ 571.15	\$ 1,125.32	\$ 1,489.92
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Capital Region	10002133	\$ 446.54	\$ 881.05	\$ 1,166.96
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Central NY	10002133	\$ 498.50	\$ 984.98	\$ 1,305.06
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Eastern Hudson Valley	10002133	\$ 508.33	\$ 1,004.64	\$ 1,331.20
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Western Hudson Valley	10002133	\$ 523.90	\$ 1,035.80	\$ 1,372.59
CDPHP EPO \$30/\$50 - Rx \$10/\$40/\$80 - Southern Tier	10002133	\$ 501.19	\$ 990.38	\$ 1,312.18
CDPHP PPO - Rx \$4/\$30/\$60 - Capital Region	10002133	\$ 388.34	\$ 764.66	\$ 1,012.23
CDPHP PPO - Rx \$4/\$30/\$60 - Central NY	10002133	\$ 433.23	\$ 854.45	\$ 1,131.52
CDPHP PPO - Rx \$4/\$30/\$60 - Eastern Hudson Valley	10002133	\$ 441.73	\$ 871.43	\$ 1,154.10
CDPHP PPO - Rx \$4/\$30/\$60 - Western Hudson Valley	10002133	\$ 455.18	\$ 898.35	\$ 1,189.86
CDPHP PPO - Rx \$4/\$30/\$60 - Southern Tier	10002133	\$ 435.55	\$ 859.12	\$ 1,137.73
MVP Health Plans				
MVP HMO \$25 Capital Region	213965-SP01	\$ 557.68	\$ 1,103.38	\$ 1,471.93
MVP HMO \$25 Hudson Valley	213965-SP02	\$ 600.10	\$ 1,188.21	\$ 1,586.08
MVP HMO \$25 Central NY	213965-SP03	\$ 596.81	\$ 1,181.61	\$ 1,577.20
MVP HMO \$25 North Country	213965-SP04	\$ 621.79	\$ 1,231.57	\$ 1,644.41
MVP Preferred EPO \$30/\$50 EC0052S - Capital Region	213965-SP01	\$ 541.23	\$ 1,070.45	\$ 1,426.31
MVP Preferred EPO \$30/\$50 EC0052S - Hudson Valley	213965-SP02	\$ 581.04	\$ 1,150.05	\$ 1,533.42
MVP Preferred EPO \$30/\$50 EC0052S - Central NY	213965-SP03	\$ 577.90	\$ 1,143.80	\$ 1,525.00
MVP Preferred EPO \$30/\$50 EC0052S - North Country	213965-SP04	\$ 601.60	\$ 1,191.20	\$ 1,588.78
MVP Preferred EPO \$30/\$50 EC0052S - Rochester	213965-SP05	\$ 451.79	\$ 891.56	\$ 1,185.62
MVP High Deductible EPO E000003 - Capital Region	213965-SP01	\$ 338.93	\$ 665.88	\$ 891.44
MVP High Deductible EPO E000003 - Hudson Valley	213965-SP02	\$ 369.44	\$ 726.88	\$ 973.52
MVP High Deductible EPO E000003 - Central NY	213965-SP03	\$ 367.04	\$ 722.09	\$ 967.07
MVP High Deductible EPO E000003 - North Country	213965-SP04	\$ 385.21	\$ 758.42	\$ 1,015.96
MVP High Deductible EPO E000003 - Rochester	213965-SP05	\$ 270.39	\$ 528.77	\$ 706.98
Metlife				
Group Life Insurance	NYCON		.30 per \$1,000	
Delta Dental of New York Plans				
Delta Dental Preferred Plan - 60 days eligibility and	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				