

**HEALTH INSURANCE PLAN OF GREATER NEW YORK  
PRELIMINARY 2007 RATE MANUAL**

**DIRECT PAY  
MONTHLY PREMIUM  
EFFECTIVE JANUARY 2007 THROUGH DECEMBER 2007**

**Individual Standardized HMO Plan**

<u>Adult</u>	<u>Child</u>
501.75	233.39

**Individual Standardized POS Plan**

<u>Individual</u>	<u>Employee &amp; Child(ren)</u>	<u>Employee &amp; Spouse</u>	<u>Family</u>
982.51	1719.33	1965.02	2831.52

**Pre-Governor's Bill Old HMO Plan**

<u>Individual</u>	<u>Employee &amp; Child(ren)</u>	<u>Employee &amp; Spouse</u>	<u>Family</u>
479.79	1038.68	1087.69	1204.46