

2014 Monthly Premium Amount of Second Lowest Cost Silver Plans (SLCSPs), By Coverage Family Type

COUNTY	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Child Only*
Albany	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Allegany	\$355.01	\$710.02	\$603.52	\$1,011.78	\$175.46
Bronx	\$365.28	\$730.57	\$620.98	\$1,041.06	\$158.70
Broome	\$401.40	\$802.81	\$682.39	\$1,144.01	\$185.65
Cattaraugus	\$355.01	\$710.02	\$603.52	\$1,011.78	\$175.46
Cayuga	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Chautauqua	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Chemung	\$422.81	\$845.62	\$718.78	\$1,205.01	\$189.30
Chenango	\$376.34	\$752.67	\$639.77	\$1,072.56	\$167.09
Clinton	\$403.04	\$806.08	\$685.17	\$1,148.66	\$197.62
Columbia	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Cortland	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Delaware	\$330.41	\$660.82	\$561.70	\$941.67	\$187.85
Dutchess	\$330.41	\$660.82	\$561.70	\$941.67	\$142.11
Erie	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Essex	\$277.95	\$555.90	\$472.51	\$792.15	\$164.41
Franklin	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Fulton	\$359.16	\$718.31	\$610.57	\$1,023.60	\$153.46
Genesee	\$338.43	\$676.86	\$575.33	\$964.53	\$139.43
Greene	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Hamilton	\$277.95	\$555.90	\$472.51	\$792.15	\$139.00
Herkimer	\$403.04	\$806.08	\$685.17	\$1,148.66	\$197.62
Jefferson	\$403.04	\$806.08	\$685.17	\$1,148.66	\$167.09
Kings	\$370.53	\$741.05	\$629.89	\$1,056.00	\$158.70
Lewis	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Livingston	\$308.20	\$616.40	\$523.95	\$878.38	\$139.74
Madison	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Monroe	\$270.68	\$541.37	\$460.16	\$771.45	\$134.64
Montgomery	\$351.28	\$702.56	\$597.17	\$1,001.14	\$167.67
Nassau	\$365.28	\$730.57	\$620.98	\$1,041.06	\$159.62
New York	\$365.28	\$730.57	\$620.98	\$1,041.06	\$158.70

* The Child Only Monthly Premium Amount is the cost per child, up to 3 children, for children who have not yet turned 21. If only one child is in the coverage household, use the listed Monthly Premium Amount. If only two children are in the coverage household, multiply the Child Only Monthly Premium Amount by two. If three or more children in the coverage household, multiply the Child Only Monthly Premium Amount by three.

**2014 Monthly Premium Amount of Second Lowest Cost Silver Plans (SLCSPs),
By Coverage Family Type, continued**

COUNTY	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Child Only*
Niagara	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Oneida	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Onondaga	\$285.86	\$571.71	\$485.96	\$814.69	\$140.63
Ontario	\$270.68	\$541.37	\$460.16	\$771.45	\$134.64
Orange	\$330.41	\$660.82	\$561.70	\$941.67	\$142.11
Orleans	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Oswego	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Otsego	\$403.04	\$806.08	\$685.17	\$1,148.66	\$167.09
Putnam	\$330.41	\$660.82	\$561.70	\$941.67	\$187.85
Queens	\$370.53	\$741.05	\$629.89	\$1,056.00	\$158.70
Rensselaer	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Richmond	\$385.19	\$770.39	\$654.83	\$1,097.80	\$159.62
Rockland	\$385.19	\$770.39	\$654.83	\$1,097.80	\$159.62
St. Lawrence	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Saratoga	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Schenectady	\$294.14	\$588.28	\$500.04	\$838.30	\$153.46
Schoharie	\$376.20	\$752.41	\$639.55	\$1,072.19	\$167.67
Schuyler	\$358.40	\$716.81	\$609.29	\$1,021.45	\$185.65
Seneca	\$308.20	\$616.40	\$523.95	\$878.38	\$152.68
Steuben	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Suffolk	\$378.00	\$756.00	\$642.60	\$1,077.30	\$159.62
Sullivan	\$330.41	\$660.82	\$561.70	\$941.67	\$187.85
Tioga	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Tompkins	\$401.40	\$802.81	\$682.39	\$1,144.01	\$185.65
Ulster	\$330.41	\$660.82	\$561.70	\$941.67	\$187.85
Warren	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Washington	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Wayne	\$308.20	\$616.40	\$523.95	\$878.38	\$139.74
Westchester	\$383.18	\$766.35	\$651.40	\$1,092.05	\$159.62
Wyoming	\$319.16	\$638.32	\$542.57	\$909.61	\$139.43
Yates	\$308.20	\$616.40	\$523.95	\$878.38	\$152.68

* The Child Only Monthly Premium Amount is the cost per child, up to 3 children, for children who have not yet turned 21. If only one child is in the coverage household, use the listed Monthly Premium Amount. If only two children are in the coverage household, multiply the Child Only Monthly Premium Amount by two. If three or more children in the coverage household, multiply the Child Only Monthly Premium Amount by three.