

(ps508.1)	SCHEDULE 1
NEW YORK STATE DEPARTMENT OF CIVIL SERVICE W. AVERELL HARRIMAN STATE OFFICE BUILDING CAMPUS ALBANY, NEW YORK 12239	NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE Participating Agency Rates Effective January 1, 2004 Participating Agencies

Opt	Cov	Med	Net Full Share	COBRA Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	COBRA WITH DISABILITY Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	Continuity of Coverage No Drug Coverage

<u>Plan Prime - Core Only</u>											
Individual	8	1	0	402.20	411.56	8.23	419.79	609.11	8.23	617.34	306.88
Family	8	4	0	847.55	867.11	17.34	884.45	1,283.32	17.34	1,300.66	651.47
<u>MediPrime - Core Only</u>											
Individual - 1	8	A	1	322.87	330.38	6.61	336.99	488.96	6.61	495.57	Continuity Not Applicable
Family - 1	8	B	1	768.24	785.94	15.72	801.66	1,163.19	15.72	1,178.91	Continuity Not Applicable
Family - 2	8	C & D	2	688.91	704.75	14.10	718.85	1,043.03	14.10	1,057.13	Continuity Not Applicable

<u>Plan Prime - Core Plus All Enhancements</u>											
Individual	7	1	0	438.15	448.00	8.96	456.96	663.04	8.96	672.00	343.32
Family	7	4	0	924.74	945.29	18.91	964.20	1,399.03	18.91	1,417.94	729.65
<u>MediPrime - Core Plus All Enhancements</u>											
Individual -1	7	A	1	334.22	341.87	6.84	348.71	505.97	6.84	512.81	Continuity Not Applicable
Family -1	7	B	1	820.82	839.18	16.78	855.96	1,241.99	16.78	1,258.77	Continuity Not Applicable
Family -2	7	C & D	2	716.88	733.05	14.66	747.71	1,084.91	14.66	1,099.57	Continuity Not Applicable

2004 Medicare: \$66.60

(10/31/03)