(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	50% EE	35% ER	50% EE	50% ER	60% EE	60% ER	65% EE	45% ER	75% EE	35% ER	75% EE	50% ER
Contributions Are:															
Plan Prime - Core Only															
Individual	8	1	0	201.10	201.10	201.10	201.10	160.88	241.32	140.77	261.43	100.55	301.65	100.55	301.65
Family	8	4	0	490.58	356.97	423.77	423.78	339.02	508.53	385.71	461.84	390.03	457.52	323.22	524.33
MediPrime - Core Only															
Individual -1	8	A	1	161.43	161.44	161.43	161.44	129.15	193.72	113.00	209.87	80.72	242.15	80.72	242.15
Family -1	8	B	1	450.92	317.32	384.12	384.12	307.30	460.94	357.95	410.29	370.21	398.03	303.40	464.84
Family -2	8	C & D	2	399.36	289.55	344.45	344.46	275.57	413.34	314.32	374.59	318.65	370.26	263.74	425.17
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	219.07	219.08	219.07	219.08	175.26	262.89	153.35	284.80	109.54	328.61	109.54	328.61
Family	7	4	0	535.35	389.39	462.37	462.37	369.90	554.84	420.97	503.77	425.82	498.92	352.83	571.91
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	167.11	167.11	167.11	167.11	133.69	200.53	116.98	217.24	83.55	250.67	83.55	250.67
Family -1	7	B	1	483.40	337.42	410.41	410.41	328.33	492.49	384.61	436.21	399.84	420.98	326.85	493.97
Family -2	7	C & D	2	415.84	301.04	358.44	358.44	286.75	430.13	327.44	389.44	332.28	384.60	274.88	442.00

2004 Medicare: $66.60

(10/31/03)

(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	75%	75%	85%	50%	85%	75%	85%	85%	90%	50%	90%	75%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	100.55	301.65	60.33	341.87	60.33	341.87	60.33	341.87	40.22	361.98	40.22	361.98
Family	8	4	0	211.89	635.66	283.00	564.55	171.67	675.88	127.13	720.42	262.89	584.66	151.56	695.99
MediPrime - Core Only															
Individual -1	8	A	1	80.72	242.15	48.43	274.44	48.43	274.44	48.43	274.44	32.29	290.58	32.29	290.58
Family -1	8	B	1	192.06	576.18	271.11	497.13	159.77	608.47	115.24	653.00	254.97	513.27	143.63	624.61
Family -2	8	C & D	2	172.23	516.68	231.45	457.46	139.94	548.97	103.34	585.57	215.31	473.60	123.80	565.11
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	109.54	328.61	65.72	372.43	65.72	372.43	65.72	372.43	43.81	394.34	43.81	394.34
Family	7	4	0	231.19	693.55	309.01	615.73	187.37	737.37	138.71	786.03	287.10	637.64	165.46	759.28
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	83.55	250.67	50.13	284.09	50.13	284.09	50.13	284.09	33.42	300.80	33.42	300.80
Family -1	7	B	1	205.20	615.62	293.43	527.39	171.78	649.04	123.12	697.70	276.72	544.10	155.07	665.75
Family -2	7	C & D	2	179.21	537.67	241.46	475.42	145.79	571.09	107.53	609.35	224.75	492.13	129.08	587.80

2004 Medicare: $66.60

(10/31/03)

(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	90%	85%	90%	90%	95%	85%	95%	95%	100%	35%	100%	50%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	40.22	361.98	40.22	361.98	20.11	382.09	20.11	382.09	0.00	402.20	0.00	402.20
Family	8	4	0	107.02	740.53	84.75	762.80	86.91	760.64	42.38	805.17	289.48	558.07	222.67	624.88
MediPrime - Core Only															
Individual -1	8	A	1	32.29	290.58	32.29	290.58	16.14	306.73	16.14	306.73	0.00	322.87	0.00	322.87
Family -1	8	B	1	99.10	669.14	76.83	691.41	82.95	685.29	38.41	729.83	289.49	478.75	222.68	545.56
Family -2	8	C & D	2	87.20	601.71	68.89	620.02	71.05	617.86	34.44	654.47	237.93	450.98	183.02	505.89
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	43.81	394.34	43.81	394.34	21.91	416.24	21.91	416.24	0.00	438.15	0.00	438.15
Family	7	4	0	116.80	807.94	92.47	832.27	94.90	829.84	46.24	878.50	316.28	608.46	243.29	681.45
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	33.42	300.80	33.42	300.80	16.71	317.51	16.71	317.51	0.00	334.22	0.00	334.22
Family -1	7	B	1	106.41	714.41	82.08	738.74	89.70	731.12	41.04	779.78	316.29	504.53	243.30	577.52
Family -2	7	C & D	2	90.82	626.06	71.69	645.19	74.11	642.77	35.84	681.04	248.73	468.15	191.33	525.55

2004 Medicare: $66.60

(10/31/03)

(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	100%	65%	100%	75%	100%	80%	100%	90%	100%	95%	100%	100%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	0.00	402.20	0.00	402.20	0.00	402.20	0.00	402.20	0.00	402.20	0.00	402.20
Family	8	4	0	155.87	691.68	111.34	736.21	89.07	758.48	44.53	803.02	22.27	825.28	0.00	847.55
MediPrime - Core Only															
Individual -1	8	A	1	0.00	322.87	0.00	322.87	0.00	322.87	0.00	322.87	0.00	322.87	0.00	322.87
Family -1	8	B	1	155.88	612.36	111.34	656.90	89.07	679.17	44.54	723.70	22.27	745.97	0.00	768.24
Family -2	8	C & D	2	128.11	560.80	91.51	597.40	73.21	615.70	36.60	652.31	18.30	670.61	0.00	688.91
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	0.00	438.15	0.00	438.15	0.00	438.15	0.00	438.15	0.00	438.15	0.00	438.15
Family	7	4	0	170.31	754.43	121.65	803.09	97.32	827.42	48.66	876.08	24.33	900.41	0.00	924.74
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	0.00	334.22	0.00	334.22	0.00	334.22	0.00	334.22	0.00	334.22	0.00	334.22
Family -1	7	B	1	170.31	650.51	121.65	699.17	97.32	723.50	48.66	772.16	24.33	796.49	0.00	820.82
Family -2	7	C & D	2	133.93	582.95	95.66	621.22	76.53	640.35	38.27	678.61	19.13	697.75	0.00	716.88

2004 Medicare: $66.60

(10/31/03)