(ps508.1)

SCHEDULE I

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
ALFRED E SMITH STATE OFFICE BLDG
ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2008

	Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy 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
Plan Prime - Core Only												
Individual	8	1	0	519.35	435.04	557.73	11.15	568.88	825.44	11.15	836.59	435.04
Family	8	4	0	1,105.67	931.35	1,186.84	23.74	1,210.58	1,756.52	23.74	1,780.26	931.35
MediPrime - Core Only												
Individual -1	8	A	1	336.91	131.17	372.79	7.46	380.25	551.73	7.46	559.19	Continuity Not Applicable
Family -1	8	B	1	923.26	627.49	1,001.91	20.04	1,021.95	1,482.83	20.04	1,502.87	Continuity Not Applicable
Family -2	8	C & D	2	740.84	323.64	816.99	16.34	833.33	1,209.15	16.34	1,225.49	Continuity Not Applicable
Plan Prime - Core Plus All Enhancements												
Individual	7	1	0	592.38	511.10	633.79	12.68	646.47	938.01	12.68	950.69	511.10
Family	7	4	0	1,258.78	1,090.78	1,346.27	26.93	1,373.20	1,992.48	26.93	2,019.41	1,090.78
MediPrime - Core Plus All Enhancements												
Individual -1	7	A	1	360.41	155.61	397.23	7.94	405.17	587.90	7.94	595.84	Continuity Not Applicable
Family -1	7	B	1	1,026.86	735.32	1,109.74	22.19	1,131.93	1,642.42	22.19	1,664.61	Continuity Not Applicable
Family -2	7	C & D	2	794.94	379.86	873.21	17.46	890.67	1,292.35	17.46	1,309.81	Continuity Not Applicable

2008 *Medicare: $96.40

10/25/07