(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	50%	35%	50%	50%	60%	60%	65%	45%	75%	35%	75%	50%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	259.67	259.68	259.67	259.68	207.74	311.61	181.77	337.58	129.84	389.51	129.84	389.51
Family	8	4	0	640.78	464.89	552.83	552.84	442.27	663.40	504.25	601.42	510.95	594.72	423.00	682.67
MediPrime - Core Only															
Individual -1	8	A	1	168.45	168.46	168.45	168.46	134.76	202.15	117.92	218.99	84.23	252.68	84.23	252.68
Family -1	8	B	1	549.58	373.68	461.63	461.63	369.30	553.96	440.41	482.85	465.36	457.90	377.40	545.86
Family -2	8	C & D	2	431.00	309.84	370.42	370.42	296.33	444.51	340.08	400.76	346.78	394.06	286.19	454.65
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	296.19	296.19	296.19	296.19	236.95	355.43	207.33	385.05	148.09	444.29	148.09	444.29
Family	7	4	0	729.35	529.43	629.39	629.39	503.51	755.27	573.85	684.93	581.25	677.53	481.29	777.49
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	180.20	180.21	180.20	180.21	144.16	216.25	126.14	234.27	90.10	270.31	90.10	270.31
Family -1	7	B	1	613.39	413.47	513.43	513.43	410.74	616.12	492.69	534.17	523.29	503.57	423.32	603.54
Family -2	7	C & D	2	462.64	332.30	397.47	397.47	317.97	476.97	365.13	429.81	372.54	422.40	307.36	487.58

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Participating Agency Rates Effective January 1, 2008

If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	75%	75%	80%	80%	85%	50%	85%	75%	85%	85%	90%	50%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	129.84	389.51	103.87	415.48	77.90	441.45	77.90	441.45	77.90	441.45	51.93	467.42
Family	8	4	0	276.42	829.25	221.13	884.54	371.06	734.61	224.48	881.19	165.85	939.82	345.09	760.58
MediPrime - Core Only															
Individual -1	8	A	1	84.23	252.68	67.38	269.53	50.54	286.37	50.54	286.37	50.54	286.37	33.69	303.22
Family -1	8	B	1	230.82	692.44	184.65	738.61	343.71	579.55	197.13	726.13	138.49	784.77	326.86	596.40
Family -2	8	C & D	2	185.21	555.63	148.17	592.67	252.50	488.34	151.52	589.32	111.13	629.71	235.65	505.19
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	148.09	444.29	118.48	473.90	88.86	503.52	88.86	503.52	88.86	503.52	59.24	533.14
Family	7	4	0	314.69	944.09	251.76	1,007.02	422.06	836.72	255.46	1,003.32	188.82	1,069.96	392.44	866.34
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	90.10	270.31	72.08	288.33	54.06	306.35	54.06	306.35	54.06	306.35	36.04	324.37
Family -1	7	B	1	256.71	770.15	205.37	821.49	387.28	639.58	220.67	806.19	154.03	872.83	369.26	657.60
Family -2	7	C & D	2	198.73	596.21	158.99	635.95	271.32	523.62	162.69	632.25	119.24	675.70	253.30	541.64

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If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	90%	75%	90%	80%	90%	85%	90%	90%	95%	80%	95%	85%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	51.93	467.42	51.93	467.42	51.93	467.42	51.93	467.42	25.97	493.38	25.97	493.38
Family	8	4	0	198.51	907.16	169.19	936.48	139.88	965.79	110.56	995.11	143.23	962.44	113.92	991.75
MediPrime - Core Only															
Individual -1	8	A	1	33.69	303.22	33.69	303.22	33.69	303.22	33.69	303.22	16.85	320.06	16.85	320.06
Family -1	8	B	1	180.28	742.98	150.96	772.30	121.64	801.62	92.32	830.94	134.12	789.14	104.80	818.46
Family -2	8	C & D	2	134.67	606.17	114.48	626.36	94.28	646.56	74.08	666.76	97.64	643.20	77.44	663.40
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	59.24	533.14	59.24	533.14	59.24	533.14	59.24	533.14	29.62	562.76	29.62	562.76
Family	7	4	0	225.84	1,032.94	192.52	1,066.26	159.20	1,099.58	125.88	1,132.90	162.90	1,095.88	129.58	1,129.20
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	36.04	324.37	36.04	324.37	36.04	324.37	36.04	324.37	18.02	342.39	18.02	342.39
Family -1	7	B	1	202.65	824.21	169.33	857.53	136.01	890.85	102.68	924.18	151.31	875.55	117.99	908.87
Family -2	7	C & D	2	144.67	650.27	122.95	671.99	101.22	693.72	79.49	715.45	104.93	690.01	83.20	711.74

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If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	95%	90%	95%	95%	100%	35%	100%	50%	100%	65%	100%	75%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	25.97	493.38	25.97	493.38	0.00	519.35	0.00	519.35	0.00	519.35	0.00	519.35
Family	8	4	0	84.60	1,021.07	55.29	1,050.38	381.11	724.56	293.16	812.51	205.21	900.46	146.58	959.09
MediPrime - Core Only															
Individual -1	8	A	1	16.85	320.06	16.85	320.06	0.00	336.91	0.00	336.91	0.00	336.91	0.00	336.91
Family -1	8	B	1	75.48	847.78	46.17	877.09	381.13	542.13	293.17	630.09	205.22	718.04	146.59	776.67
Family -2	8	C & D	2	57.24	683.60	37.05	703.79	262.55	478.29	201.96	538.88	141.38	599.46	100.98	639.86
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	29.62	562.76	29.62	562.76	0.00	592.38	0.00	592.38	0.00	592.38	0.00	592.38
Family	7	4	0	96.26	1,162.52	62.94	1,195.84	433.16	825.62	333.20	925.58	233.24	1,025.54	166.60	1,092.18
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	18.02	342.39	18.02	342.39	0.00	360.41	0.00	360.41	0.00	360.41	0.00	360.41
Family -1	7	B	1	84.66	942.20	51.34	975.52	433.19	593.67	333.22	693.64	233.26	793.60	166.61	860.25
Family -2	7	C & D	2	61.47	733.47	39.75	755.19	282.44	512.50	217.26	577.68	152.09	642.85	108.63	686.31

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If Employer Pays - Ind / Dep Rate:				100%	80%	100%	90%	100%	95%	100%	100%		
	Opt	Cov	Med										
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER		
Plan Prime - Core Only													
Individual	8	1	0	0.00	519.35	0.00	519.35	0.00	519.35	0.00	519.35		
Family	8	4	0	117.26	988.41	58.63	1,047.04	29.32	1,076.35	0.00	1,105.67		
MediPrime - Core Only													
Individual -1	8	A	1	0.00	336.91	0.00	336.91	0.00	336.91	0.00	336.91		
Family -1	8	B	1	117.27	805.99	58.63	864.63	29.32	893.94	0.00	923.26		
Family -2	8	C & D	2	80.79	660.05	40.39	700.45	20.20	720.64	0.00	740.84		
Plan Prime - Core Plus All Enhancements													
Individual	7	1	0	0.00	592.38	0.00	592.38	0.00	592.38	0.00	592.38		
Family	7	4	0	133.28	1,125.50	66.64	1,192.14	33.32	1,225.46	0.00	1,258.78		
MediPrime - Core Plus All Enhancements													
Individual -1	7	A	1	0.00	360.41	0.00	360.41	0.00	360.41	0.00	360.41		
Family -1	7	B	1	133.29	893.57	66.64	960.22	33.32	993.54	0.00	1,026.86		
Family -2	7	C & D	2	86.91	708.03	43.45	751.49	21.73	773.21	0.00	794.94		

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