(ps508)

SCHEDULE III

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
Non Drug Option Medicare Part D Enrolles Approved for Low Income Subsidy

If Employer Pays - Ind / Dep Rate:				50%	35%	50%	50%	60%	60%	65%	45%	75%	35%	75%	50%
	Opt	Cov	Med												
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	217.52	217.52	217.52	217.52	174.02	261.02	152.26	282.78	108.76	326.28	108.76	326.28
Family	8	4	0	540.12	391.23	465.67	465.68	372.54	558.81	425.23	506.12	431.36	499.99	356.91	574.44
MediPrime - Core Only															
Individual -1	8	A	1	65.58	65.59	65.58	65.59	52.47	78.70	45.91	85.26	32.79	98.38	32.79	98.38
Family -1	8	B	1	388.19	239.30	313.74	313.75	251.00	376.49	318.89	308.60	355.40	272.09	280.95	346.54
Family -2	8	C & D	2	190.69	132.95	161.81	161.83	129.46	194.18	151.77	171.87	157.90	165.74	129.02	194.62
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	255.55	255.55	255.55	255.55	204.44	306.66	178.88	332.22	127.77	383.33	127.77	383.33
Family	7	4	0	632.34	458.44	545.39	545.39	436.31	654.47	497.70	593.08	504.56	586.22	417.61	673.17
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	77.80	77.81	77.80	77.81	62.24	93.37	54.46	101.15	38.90	116.71	38.90	116.71
Family -1	7	B	1	454.61	280.71	367.65	367.67	294.12	441.20	373.30	362.02	415.71	319.61	328.75	406.57
Family -2	7	C & D	2	223.56	156.30	189.92	189.94	151.94	227.92	177.80	202.06	184.66	195.20	151.02	228.84

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If Employer Pays - Ind / Dep Rate:	Opt	Cov	Med	75% EE	75% ER	80% EE	80% ER	85% EE	50% ER	85% EE	75% ER	85% EE	85% ER	90% EE	50% ER
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	108.76	326.28	87.01	348.03	65.26	369.78	65.26	369.78	65.26	369.78	43.50	391.54
Family	8	4	0	232.84	698.51	186.27	745.08	313.41	617.94	189.34	742.01	139.71	791.64	291.65	639.70
MediPrime - Core Only															
Individual -1	8	A	1	32.79	98.38	26.23	104.94	19.68	111.49	19.68	111.49	19.68	111.49	13.12	118.05
Family -1	8	B	1	156.87	470.62	125.49	502.00	267.84	359.65	143.76	483.73	94.13	533.36	261.28	366.21
Family -2	8	C & D	2	80.91	242.73	64.72	258.92	115.91	207.73	67.80	255.84	48.55	275.09	109.35	214.29
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	127.77	383.33	102.22	408.88	76.66	434.44	76.66	434.44	76.66	434.44	51.11	459.99
Family	7	4	0	272.69	818.09	218.16	872.62	366.50	724.28	221.58	869.20	163.61	927.17	340.95	749.83
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	38.90	116.71	31.12	124.49	23.34	132.27	23.34	132.27	23.34	132.27	15.56	140.05
Family -1	7	B	1	183.83	551.49	147.06	588.26	313.19	422.13	168.27	567.05	110.30	625.02	305.41	429.91
Family -2	7	C & D	2	94.96	284.90	75.97	303.89	135.46	244.40	79.40	300.46	56.98	322.88	127.68	252.18

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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	43.50	391.54	43.50	391.54	43.50	391.54	43.50	391.54	21.75	413.29	21.75	413.29
Family	8	4	0	167.58	763.77	142.76	788.59	117.95	813.40	93.13	838.22	121.01	810.34	96.20	835.15
MediPrime - Core Only															
Individual -1	8	A	1	13.12	118.05	13.12	118.05	13.12	118.05	13.12	118.05	6.56	124.61	6.56	124.61
Family -1	8	B	1	137.20	490.29	112.38	515.11	87.57	539.92	62.75	564.74	105.82	521.67	81.01	546.48
Family -2	8	C & D	2	61.24	262.40	51.61	272.03	41.99	281.65	32.37	291.27	45.05	278.59	35.43	288.21
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	51.11	459.99	51.11	459.99	51.11	459.99	51.11	459.99	25.55	485.55	25.55	485.55
Family	7	4	0	196.03	894.75	167.05	923.73	138.06	952.72	109.08	981.70	141.49	949.29	112.50	978.28
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	15.56	140.05	15.56	140.05	15.56	140.05	15.56	140.05	7.78	147.83	7.78	147.83
Family -1	7	B	1	160.49	574.83	131.50	603.82	102.52	632.80	73.53	661.79	123.72	611.60	94.74	640.58
Family -2	7	C & D	2	71.62	308.24	60.41	319.45	49.20	330.66	37.98	341.88	52.63	327.23	41.42	338.44

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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	21.75	413.29	21.75	413.29	0.00	435.04	0.00	435.04	0.00	435.04	0.00	435.04
Family	8	4	0	71.38	859.97	46.57	884.78	322.60	608.75	248.15	683.20	173.71	757.64	124.08	807.27
MediPrime - Core Only															
Individual -1	8	A	1	6.56	124.61	6.56	124.61	0.00	131.17	0.00	131.17	0.00	131.17	0.00	131.17
Family -1	8	B	1	56.19	571.30	31.38	596.11	322.61	304.88	248.16	379.33	173.71	453.78	124.08	503.41
Family -2	8	C & D	2	25.81	297.83	16.18	307.46	125.11	198.53	96.23	227.41	67.36	256.28	48.12	275.52
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	25.55	485.55	25.55	485.55	0.00	511.10	0.00	511.10	0.00	511.10	0.00	511.10
Family	7	4	0	83.52	1,007.26	54.53	1,036.25	376.79	713.99	289.84	800.94	202.89	887.89	144.92	945.86
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	7.78	147.83	7.78	147.83	0.00	155.61	0.00	155.61	0.00	155.61	0.00	155.61
Family -1	7	B	1	65.75	669.57	36.77	698.55	376.81	358.51	289.85	445.47	202.90	532.42	144.93	590.39
Family -2	7	C & D	2	30.20	349.66	18.99	360.87	145.76	234.10	112.12	267.74	78.49	301.37	56.06	323.80

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Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only											
Individual	8	1	0	0.00	435.04	0.00	435.04	0.00	435.04	0.00	435.04
Family	8	4	0	99.26	832.09	49.63	881.72	24.82	906.53	0.00	931.35
MediPrime - Core Only											
Individual -1	8	A	1	0.00	131.17	0.00	131.17	0.00	131.17	0.00	131.17
Family -1	8	B	1	99.26	528.23	49.63	577.86	24.82	602.67	0.00	627.49
Family -2	8	C & D	2	38.49	285.15	19.25	304.39	9.62	314.02	0.00	323.64
Plan Prime - Core Plus All Enhancements											
Individual	7	1	0	0.00	511.10	0.00	511.10	0.00	511.10	0.00	511.10
Family	7	4	0	115.94	974.84	57.97	1,032.81	28.98	1,061.80	0.00	1,090.78
MediPrime - Core Plus All Enhancements											
Individual -1	7	A	1	0.00	155.61	0.00	155.61	0.00	155.61	0.00	155.61
Family -1	7	B	1	115.94	619.38	57.97	677.35	28.99	706.33	0.00	735.32
Family -2	7	C & D	2	44.85	335.01	22.42	357.44	11.21	368.65	0.00	379.86

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