

(ps508.1)	SCHEDULE I
NEW YORK STATE DEPARTMENT OF CIVIL SERVICE ALFRED E. SMITH STATE OFFICE BUILDING ALBANY, NEW YORK 12239	NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE Participating Agency Rates Effective January 1, 2011 EXCELSIOR & EMPIRE PLANS

Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA			COBRA WITH DISABILITY			Continuity of Coverage No Drug Coverage
					PA Billing Rate	COBRA 2% Charge	Enrollee Cost	PA Billing Rate	COBRA 2% Charge	Enrollee Cost	

EXCELSIOR PLAN

<u>Plan Prime</u>												
Individual	9	1	0	613.90	528.15	613.90	12.28	626.18	908.57	12.28	920.85	528.15
Family	9	4	0	1,346.35	1,163.58	1,346.35	26.93	1,373.28	1,992.60	26.93	2,019.53	1,163.58
<u>MediPrime</u>												
Individual -1	9	A	1	344.73	142.08	344.73	6.89	351.62	510.20	6.89	517.09	Continuity Not Applicable
Family -1	9	B	1	1,077.16	777.50	1,077.16	21.54	1,098.70	1,594.20	21.54	1,615.74	Continuity Not Applicable
Family -2	9	C & D	2	807.97	391.41	807.97	16.16	824.13	1,195.80	16.16	1,211.96	Continuity Not Applicable

EMPIRE PLAN

Plan Prime												
Individual	7	1	0	693.92	588.43	693.92	13.88	707.80	1,027.00	13.88	1,040.88	588.08
Family	7	4	0	1,513.92	1,289.17	1,513.92	30.28	1,544.20	2,240.60	30.28	2,270.88	1,288.44
MediPrime												
Individual -1	7	A	1	405.64	156.87	405.64	8.11	413.75	600.35	8.11	608.46	Continuity Not Applicable
Family -1	7	B	1	1,225.62	857.60	1,225.62	24.51	1,250.13	1,813.92	24.51	1,838.43	Continuity Not Applicable
Family -2	7	C & D	2	937.31	426.03	937.31	18.75	956.06	1,387.22	18.75	1,405.97	Continuity Not Applicable

2011 *Medicare: \$96.40

(11/18/10)