(ps508)

SCHEDULE II

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

If Employer Pays - Ind / Dep Rate:

Contributions Are:	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
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	306.95	306.95	306.95	306.95	245.56	368.34	214.86	399.04	153.47	460.43	153.47	460.43
Family	9	4	0	783.04	563.31	673.17	673.18	538.54	807.81	617.71	728.64	629.56	716.79	519.69	826.66
MediPrime															
Individual -1	9	A	1	172.36	172.37	172.36	172.37	137.89	206.84	120.66	224.07	86.18	258.55	86.18	258.55
Family -1	9	B	1	648.44	428.72	538.58	538.58	430.86	646.30	523.50	553.66	562.26	514.90	452.39	624.77
Family -2	9	C & D	2	473.47	334.50	403.98	403.99	323.19	484.78	375.44	432.53	387.29	420.68	317.80	490.17
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	346.96	346.96	346.96	346.96	277.57	416.35	242.87	451.05	173.48	520.44	173.48	520.44
Family	7	4	0	879.96	633.96	756.96	756.96	605.57	908.35	693.87	820.05	706.48	807.44	583.48	930.44
MediPrime															
Individual -1	7	A	1	202.82	202.82	202.82	202.82	162.26	243.38	141.97	263.67	101.41	304.23	101.41	304.23
Family -1	7	B	1	735.81	489.81	612.81	612.81	490.25	735.37	592.96	632.66	634.40	591.22	511.40	714.22
Family -2	7	C & D	2	548.41	388.90	468.65	468.66	374.93	562.38	434.39	502.92	447.00	490.31	367.24	570.07

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Contributions Are:	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
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	153.47	460.43	122.78	491.12	92.08	521.82	92.08	521.82	92.08	521.82	61.39	552.51
Family	9	4	0	336.58	1,009.77	269.27	1,077.08	458.30	888.05	275.19	1,071.16	201.95	1,144.40	427.61	918.74
MediPrime															
Individual -1	9	A	1	86.18	258.55	68.95	275.78	51.71	293.02	51.71	293.02	51.71	293.02	34.47	310.26
Family -1	9	B	1	269.29	807.87	215.44	861.72	417.92	659.24	234.82	842.34	161.57	915.59	400.68	676.48
Family -2	9	C & D	2	201.99	605.98	161.60	646.37	283.33	524.64	167.52	640.45	121.20	686.77	266.09	541.88
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	173.48	520.44	138.78	555.14	104.09	589.83	104.09	589.83	104.09	589.83	69.39	624.53
Family	7	4	0	378.48	1,135.44	302.78	1,211.14	514.09	999.83	309.09	1,204.83	227.09	1,286.83	479.39	1,034.53
MediPrime															
Individual -1	7	A	1	101.41	304.23	81.13	324.51	60.85	344.79	60.85	344.79	60.85	344.79	40.56	365.08
Family -1	7	B	1	306.40	919.22	245.13	980.49	470.84	754.78	265.84	959.78	183.85	1,041.77	450.55	775.07
Family -2	7	C & D	2	234.33	702.98	187.46	749.85	326.68	610.63	193.77	743.54	140.60	796.71	306.39	630.92

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Contributions Are:	Opt	Cov	Med	90% EE	75% ER	90% EE	80% ER	90% EE	85% ER	90% EE	90% ER	95% EE	80% ER	95% EE	85% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	61.39	552.51	61.39	552.51	61.39	552.51	61.39	552.51	30.69	583.21	30.69	583.21
Family	9	4	0	244.50	1,101.85	207.88	1,138.47	171.26	1,175.09	134.63	1,211.72	177.18	1,169.17	140.56	1,205.79
MediPrime															
Individual -1	9	A	1	34.47	310.26	34.47	310.26	34.47	310.26	34.47	310.26	17.24	327.49	17.24	327.49
Family -1	9	B	1	217.58	859.58	180.96	896.20	144.33	932.83	107.71	969.45	163.73	913.43	127.10	950.06
Family -2	9	C & D	2	150.28	657.69	127.12	680.85	103.96	704.01	80.79	727.18	109.89	698.08	86.73	721.24
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	69.39	624.53	69.39	624.53	69.39	624.53	69.39	624.53	34.70	659.22	34.70	659.22
Family	7	4	0	274.39	1,239.53	233.39	1,280.53	192.39	1,321.53	151.39	1,362.53	198.70	1,315.22	157.70	1,356.22
MediPrime															
Individual -1	7	A	1	40.56	365.08	40.56	365.08	40.56	365.08	40.56	365.08	20.28	385.36	20.28	385.36
Family -1	7	B	1	245.55	980.07	204.56	1,021.06	163.56	1,062.06	122.56	1,103.06	184.28	1,041.34	143.28	1,082.34
Family -2	7	C & D	2	173.48	763.83	146.89	790.42	120.31	817.00	93.73	843.58	126.61	810.70	100.03	837.28

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Contributions Are:	Opt	Cov	Med	95% EE	90% ER	95% EE	95% ER	100% EE	35% ER	100% EE	50% ER	100% EE	65% ER	100% EE	75% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	30.69	583.21	30.69	583.21	0.00	613.90	0.00	613.90	0.00	613.90	0.00	613.90
Family	9	4	0	103.93	1,242.42	67.31	1,279.04	476.09	870.26	366.22	980.13	256.36	1,089.99	183.11	1,163.24
MediPrime															
Individual -1	9	A	1	17.24	327.49	17.24	327.49	0.00	344.73	0.00	344.73	0.00	344.73	0.00	344.73
Family -1	9	B	1	90.48	986.68	53.86	1,023.30	476.08	601.08	366.21	710.95	256.35	820.81	183.11	894.05
Family -2	9	C & D	2	63.56	744.41	40.40	767.57	301.11	506.86	231.62	576.35	162.13	645.84	115.81	692.16
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	34.70	659.22	34.70	659.22	0.00	693.92	0.00	693.92	0.00	693.92	0.00	693.92
Family	7	4	0	116.70	1,397.22	75.70	1,438.22	533.00	980.92	410.00	1,103.92	287.00	1,226.92	205.00	1,308.92
MediPrime															
Individual -1	7	A	1	20.28	385.36	20.28	385.36	0.00	405.64	0.00	405.64	0.00	405.64	0.00	405.64
Family -1	7	B	1	102.28	1,123.34	61.28	1,164.34	532.99	692.63	409.99	815.63	286.99	938.63	204.99	1,020.63
Family -2	7	C & D	2	73.45	863.86	46.86	890.45	345.59	591.72	265.83	671.48	186.08	751.23	132.92	804.39

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Contributions Are:	Opt	Cov	Med	100% EE	80% ER	100% EE	90% ER	100% EE	95% ER	100% EE	100% ER
EXCELSIOR PLAN											
Plan Prime											
Individual	9	1	0	0.00	613.90	0.00	613.90	0.00	613.90	0.00	613.90
Family	9	4	0	146.49	1,199.86	73.24	1,273.11	36.62	1,309.73	0.00	1,346.35
MediPrime											
Individual -1	9	A	1	0.00	344.73	0.00	344.73	0.00	344.73	0.00	344.73
Family -1	9	B	1	146.49	930.67	73.24	1,003.92	36.62	1,040.54	0.00	1,077.16
Family -2	9	C & D	2	92.65	715.32	46.32	761.65	23.16	784.81	0.00	807.97
EMPIRE PLAN											
Plan Prime											
Individual	7	1	0	0.00	693.92	0.00	693.92	0.00	693.92	0.00	693.92
Family	7	4	0	164.00	1,349.92	82.00	1,431.92	41.00	1,472.92	0.00	1,513.92
MediPrime											
Individual -1	7	A	1	0.00	405.64	0.00	405.64	0.00	405.64	0.00	405.64
Family -1	7	B	1	164.00	1,061.62	82.00	1,143.62	41.00	1,184.62	0.00	1,225.62
Family -2	7	C & D	2	106.33	830.98	53.17	884.14	26.58	910.73	0.00	937.31

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