(ps508)

SCHEDULE III

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

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

If Employer Pays - Ind / Dep Rate:

	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	264.07	264.08	264.07	264.08	211.26	316.89	184.85	343.30	132.04	396.11	132.04	396.11
Family	9	4	0	677.10	486.48	581.79	581.79	465.43	698.15	534.34	629.24	545.07	618.51	449.75	713.83
MediPrime															
Individual -1	9	A	1	71.04	71.04	71.04	71.04	56.83	85.25	49.73	92.35	35.52	106.56	35.52	106.56
Family -1	9	B	1	484.06	293.44	388.75	388.75	311.00	466.50	399.21	378.29	448.54	328.96	353.23	424.27
Family -2	9	C & D	2	233.10	158.31	195.70	195.71	156.56	234.85	186.86	204.55	197.58	193.83	160.18	231.23
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	294.21	294.22	294.21	294.22	235.37	353.06	205.95	382.48	147.11	441.32	147.11	441.32
Family	7	4	0	749.69	539.48	644.58	644.59	515.67	773.50	591.36	697.81	602.59	686.58	497.48	791.69
MediPrime															
Individual -1	7	A	1	78.43	78.44	78.43	78.44	62.75	94.12	54.90	101.97	39.22	117.65	39.22	117.65
Family -1	7	B	1	533.90	323.70	428.80	428.80	343.04	514.56	440.30	417.30	494.69	362.91	389.58	468.02
Family -2	7	C & D	2	253.38	172.65	213.01	213.02	170.41	255.62	202.94	223.09	214.17	211.86	173.80	252.23

2011 *Medicare: $96.40

(11/18/10)

(ps508)

SCHEDULE III

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

If Employer Pays - Ind / Dep Rate:

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	132.04	396.11	105.63	422.52	79.22	448.93	79.22	448.93	79.22	448.93	52.81	475.34
Family	9	4	0	290.90	872.68	232.72	930.86	396.93	766.65	238.08	925.50	174.53	989.05	370.52	793.06
MediPrime															
Individual -1	9	A	1	35.52	106.56	28.42	113.66	21.31	120.77	21.31	120.77	21.31	120.77	14.21	127.87
Family -1	9	B	1	194.37	583.13	155.50	622.00	339.02	438.48	180.16	597.34	116.62	660.88	331.92	445.58
Family -2	9	C & D	2	97.85	293.56	78.29	313.12	145.97	245.44	83.64	307.77	58.71	332.70	138.87	252.54
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	147.11	441.32	117.69	470.74	88.26	500.17	88.26	500.17	88.26	500.17	58.84	529.59
Family	7	4	0	322.29	966.88	257.84	1,031.33	438.63	850.54	263.44	1,025.73	193.37	1,095.80	409.21	879.96
MediPrime															
Individual -1	7	A	1	39.22	117.65	31.37	125.50	23.53	133.34	23.53	133.34	23.53	133.34	15.69	141.18
Family -1	7	B	1	214.40	643.20	171.52	686.08	373.89	483.71	198.71	658.89	128.64	728.96	366.05	491.55
Family -2	7	C & D	2	106.51	319.52	85.20	340.83	158.11	267.92	90.82	335.21	63.90	362.13	150.27	275.76

2011 *Medicare: $96.40

(11/18/10)

(ps508)

SCHEDULE III

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

If Employer Pays - Ind / Dep Rate:

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	52.81	475.34	52.81	475.34	52.81	475.34	52.81	475.34	26.41	501.74	26.41	501.74
Family	9	4	0	211.67	951.91	179.90	983.68	148.12	1,015.46	116.35	1,047.23	153.50	1,010.08	121.72	1,041.86
MediPrime															
Individual -1	9	A	1	14.21	127.87	14.21	127.87	14.21	127.87	14.21	127.87	7.10	134.98	7.10	134.98
Family -1	9	B	1	173.06	604.44	141.29	636.21	109.52	667.98	77.75	699.75	134.18	643.32	102.41	675.09
Family -2	9	C & D	2	76.54	314.87	64.08	327.33	51.61	339.80	39.14	352.27	56.97	334.44	44.50	346.91
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	58.84	529.59	58.84	529.59	58.84	529.59	58.84	529.59	29.42	559.01	29.42	559.01
Family	7	4	0	234.02	1,055.15	198.99	1,090.18	163.95	1,125.22	128.91	1,160.26	169.57	1,119.60	134.53	1,154.64
MediPrime															
Individual -1	7	A	1	15.69	141.18	15.69	141.18	15.69	141.18	15.69	141.18	7.84	149.03	7.84	149.03
Family -1	7	B	1	190.87	666.73	155.84	701.76	120.80	736.80	85.76	771.84	147.99	709.61	112.95	744.65
Family -2	7	C & D	2	82.98	343.05	69.52	356.51	56.06	369.97	42.61	383.42	61.67	364.36	48.21	377.82

2011 *Medicare: $96.40

(11/18/10)

(ps508)

SCHEDULE III

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

If Employer Pays - Ind / Dep Rate:				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
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	26.41	501.74	26.41	501.74	0.00	528.15	0.00	528.15	0.00	528.15	0.00	528.15
Family	9	4	0	89.95	1,073.63	58.18	1,105.40	413.03	750.55	317.71	845.87	222.40	941.18	158.86	1,004.72
MediPrime															
Individual -1	9	A	1	7.10	134.98	7.10	134.98	0.00	142.08	0.00	142.08	0.00	142.08	0.00	142.08
Family -1	9	B	1	70.64	706.86	38.87	738.63	413.02	364.48	317.71	459.79	222.40	555.10	158.85	618.65
Family -2	9	C & D	2	32.03	359.38	19.57	371.84	162.06	229.35	124.66	266.75	87.27	304.14	62.33	329.08
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	29.42	559.01	29.42	559.01	0.00	588.43	0.00	588.43	0.00	588.43	0.00	588.43
Family	7	4	0	99.49	1,189.68	64.46	1,224.71	455.48	833.69	350.37	938.80	245.26	1,043.91	175.18	1,113.99
MediPrime															
Individual -1	7	A	1	7.84	149.03	7.84	149.03	0.00	156.87	0.00	156.87	0.00	156.87	0.00	156.87
Family -1	7	B	1	77.91	779.69	42.88	814.72	455.47	402.13	350.36	507.24	245.26	612.34	175.18	682.42
Family -2	7	C & D	2	34.76	391.27	21.30	404.73	174.95	251.08	134.58	291.45	94.21	331.82	67.29	358.74

2011 *Medicare: $96.40

(11/18/10)

(ps508)

SCHEDULE III

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

If Employer Pays - Ind / Dep Rate:				If Employer Pays - Ind / Dep Rate:									
	Opt	Cov	Med	100%	80%	100%	90%	100%	95%	100%	100%		
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER		
EXCELSIOR PLAN													
Plan Prime													
Individual	9	1	0	0.00	528.15	0.00	528.15	0.00	528.15	0.00	528.15		
Family	9	4	0	127.09	1,036.49	63.54	1,100.04	31.77	1,131.81	0.00	1,163.58		
MediPrime													
Individual -1	9	A	1	0.00	142.08	0.00	142.08	0.00	142.08	0.00	142.08		
Family -1	9	B	1	127.08	650.42	63.54	713.96	31.77	745.73	0.00	777.50		
Family -2	9	C & D	2	49.87	341.54	24.93	366.48	12.47	378.94	0.00	391.41		
EMPIRE PLAN													
Plan Prime													
Individual	7	1	0	0.00	588.43	0.00	588.43	0.00	588.43	0.00	588.43		
Family	7	4	0	140.15	1,149.02	70.07	1,219.10	35.04	1,254.13	0.00	1,289.17		
MediPrime													
Individual -1	7	A	1	0.00	156.87	0.00	156.87	0.00	156.87	0.00	156.87		
Family -1	7	B	1	140.15	717.45	70.07	787.53	35.04	822.56	0.00	857.60		
Family -2	7	C & D	2	53.83	372.20	26.92	399.11	13.46	412.57	0.00	426.03		

2011 *Medicare: $96.40

(11/18/10)