NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
Albany, New York 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER 83% / 83% CONTRIBUTIONS
Participating Agency Rates Effective January 1, 2014

If Employer Pays - Ind / Dep Rate:					0.83	0.83	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy	83%	83%
	Opt	Cov	Med	Net					
Contributions Are:	Opt	Cov	Med	Full Share	EE	ER	Net Full Share	EE	ER
EXCELSIOR PLAN									
Plan Prime									
Individual	9	1	0	683.78	116.24	567.54	598.60	101.76	496.84
Family	9	4	0	1529.87	260.08	1,269.79	1348.63	229.27	1,119.36
MediPrime									
Individual -1	9	A	1	351.53	59.76	291.77	144.60	24.58	120.02
Family -1	9	B	1	1197.59	203.59	994.00	894.62	152.08	742.54
Family -2	9	C & D	2	865.34	147.11	718.23	440.61	74.90	365.71
EMPIRE PLAN									
Plan Prime									
Individual	7	1	0	771.54	131.16	640.38	667.96	113.55	554.41
Family	7	4	0	1714.19	291.41	1,422.78	1493.82	253.95	1,239.87
MediPrime									
Individual -1	7	A	1	408.77	69.49	339.28	157.20	26.72	130.48
Family -1	7	B	1	1351.42	229.74	1,121.68	983.05	167.11	815.94
Family -2	7	C & D	2	988.69	168.08	820.61	472.31	80.28	392.03