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

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER 85% / 80% CONTRIBUTIONS
Participating Agency Rates Effective January 1, 2014

If Employer Pays - Ind / Dep Rate: Contributions Are:	Opt Opt	Cov Cov	Med Med	Net Full Share	85% EE	80% ER	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	85% EE	80% ER
EXCELSIOR PLAN									
Plan Prime									
Individual	9	1	0	683.78	102.57	581.21	598.60	89.79	508.81
Family	9	4	0	1529.87	271.79	1,258.08	1348.63	239.80	1,108.83
MediPrime									
Individual -1	9	A	1	351.53	52.73	298.80	144.60	21.69	122.91
Family -1	9	B	1	1197.59	221.94	975.65	894.62	171.69	722.93
Family -2	9	C & D	2	865.34	155.49	709.85	440.61	80.89	359.72
EMPIRE PLAN									
Plan Prime									
Individual	7	1	0	771.54	115.73	655.81	667.96	100.19	567.77
Family	7	4	0	1714.19	304.26	1,409.93	1493.82	265.36	1,228.46
MediPrime									
Individual -1	7	A	1	408.77	61.32	347.45	157.20	23.58	133.62
Family -1	7	B	1	1351.42	249.85	1,101.57	983.05	188.75	794.30
Family -2	7	C & D	2	988.69	177.30	811.39	472.31	86.60	385.71