(ps508)

SCHEDULE II

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

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2014
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	65% EE	65% ER	75% EE	35% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	341.89	341.89	341.89	341.89	273.51	410.27	239.32	444.46	239.32	444.46	170.94	512.84
Family	9	4	0	891.85	638.02	764.93	764.94	611.95	917.92	704.67	825.20	535.45	994.42	720.90	808.97
MediPrime															
Individual -1	9	A	1	175.76	175.77	175.76	175.77	140.61	210.92	123.04	228.49	123.04	228.49	87.88	263.65
Family -1	9	B	1	725.70	471.89	598.79	598.80	479.03	718.56	588.37	609.22	419.16	778.43	637.82	559.77
Family -2	9	C & D	2	509.74	355.60	432.67	432.67	346.13	519.21	405.64	459.70	302.87	562.47	421.86	443.48
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	385.77	385.77	385.77	385.77	308.62	462.92	270.04	501.50	270.04	501.50	192.88	578.66
Family	7	4	0	998.49	715.70	857.09	857.10	685.68	1,028.51	788.50	925.69	599.97	1,114.22	805.60	908.59
MediPrime															
Individual -1	7	A	1	204.38	204.39	204.38	204.39	163.51	245.26	143.07	265.70	143.07	265.70	102.19	306.58
Family -1	7	B	1	817.10	534.32	675.71	675.71	540.57	810.85	661.53	689.89	473.00	878.42	714.91	636.51
Family -2	7	C & D	2	581.33	407.36	494.34	494.35	395.48	593.21	462.03	526.66	346.04	642.65	479.14	509.55

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11/22/2013

(ps508)

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EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:	Opt	Cov	Med	75% EE	50% ER	75% EE	75% ER	80% EE	80% ER	85% EE	50% ER	85% EE	75% ER	85% EE	85% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	170.94	512.84	170.94	512.84	136.76	547.02	102.57	581.21	102.57	581.21	102.57	581.21
Family	9	4	0	593.98	935.89	382.46	1,147.41	305.98	1,223.89	525.61	1,004.26	314.09	1,215.78	229.48	1,300.39
MediPrime															
Individual -1	9	A	1	87.88	263.65	87.88	263.65	70.31	281.22	52.73	298.80	52.73	298.80	52.73	298.80
Family -1	9	B	1	510.91	686.68	299.39	898.20	239.52	958.07	475.76	721.83	264.24	933.35	179.64	1,017.95
Family -2	9	C & D	2	344.78	520.56	216.33	649.01	173.07	692.27	309.63	555.71	181.18	684.16	129.80	735.54
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	192.88	578.66	192.88	578.66	154.31	617.23	115.73	655.81	115.73	655.81	115.73	655.81
Family	7	4	0	664.20	1,049.99	428.54	1,285.65	342.84	1,371.35	587.05	1,127.14	351.39	1,362.80	257.13	1,457.06
MediPrime															
Individual -1	7	A	1	102.19	306.58	102.19	306.58	81.75	327.02	61.32	347.45	61.32	347.45	61.32	347.45
Family -1	7	B	1	573.51	777.91	337.85	1,013.57	270.28	1,081.14	532.64	818.78	296.98	1,054.44	202.72	1,148.70
Family -2	7	C & D	2	392.15	596.54	247.17	741.52	197.73	790.96	351.28	637.41	206.30	782.39	148.31	840.38

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(ps508)

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EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:	Opt	Cov	Med	90% EE	50% ER	90% EE	75% ER	90% EE	80% ER	90% EE	85% ER	90% EE	90% ER	95% EE	80% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	68.38	615.40	68.38	615.40	68.38	615.40	68.38	615.40	68.38	615.40	34.19	649.59
Family	9	4	0	491.42	1,038.45	279.90	1,249.97	237.60	1,292.27	195.29	1,334.58	152.99	1,376.88	203.41	1,326.46
MediPrime															
Individual -1	9	A	1	35.15	316.38	35.15	316.38	35.15	316.38	35.15	316.38	35.15	316.38	17.58	333.95
Family -1	9	B	1	458.18	739.41	246.66	950.93	204.36	993.23	162.06	1,035.53	119.76	1,077.83	186.79	1,010.80
Family -2	9	C & D	2	292.05	573.29	163.60	701.74	137.91	727.43	112.22	753.12	86.53	778.81	120.34	745.00
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	77.15	694.39	77.15	694.39	77.15	694.39	77.15	694.39	77.15	694.39	38.58	732.96
Family	7	4	0	548.47	1,165.72	312.81	1,401.38	265.68	1,448.51	218.55	1,495.64	171.41	1,542.78	227.11	1,487.08
MediPrime															
Individual -1	7	A	1	40.88	367.89	40.88	367.89	40.88	367.89	40.88	367.89	40.88	367.89	20.44	388.33
Family -1	7	B	1	512.20	839.22	276.54	1,074.88	229.41	1,122.01	182.28	1,169.14	135.14	1,216.28	208.97	1,142.45
Family -2	7	C & D	2	330.84	657.85	185.86	802.83	156.86	831.83	127.87	860.82	98.87	889.82	136.42	852.27

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(ps508)

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Contributions Are:	Opt	Cov	Med	95% EE	85% ER	95% EE	90% ER	95% EE	95% ER	100% EE	35% ER	100% EE	50% ER	100% EE	65% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	34.19	649.59	34.19	649.59	34.19	649.59	0.00	683.78	0.00	683.78	0.00	683.78
Family	9	4	0	161.10	1,368.77	118.80	1,411.07	76.49	1,453.38	549.96	979.91	423.04	1,106.83	296.13	1,233.74
MediPrime															
Individual -1	9	A	1	17.58	333.95	17.58	333.95	17.58	333.95	0.00	351.53	0.00	351.53	0.00	351.53
Family -1	9	B	1	144.49	1,053.10	102.19	1,095.40	59.88	1,137.71	549.94	647.65	423.03	774.56	296.12	901.47
Family -2	9	C & D	2	94.65	770.69	68.96	796.38	43.27	822.07	333.98	531.36	256.90	608.44	179.83	685.51
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	38.58	732.96	38.58	732.96	38.58	732.96	0.00	771.54	0.00	771.54	0.00	771.54
Family	7	4	0	179.98	1,534.21	132.84	1,581.35	85.71	1,628.48	612.72	1,101.47	471.32	1,242.87	329.93	1,384.26
MediPrime															
Individual -1	7	A	1	20.44	388.33	20.44	388.33	20.44	388.33	0.00	408.77	0.00	408.77	0.00	408.77
Family -1	7	B	1	161.84	1,189.58	114.70	1,236.72	67.57	1,283.85	612.72	738.70	471.32	880.10	329.93	1,021.49
Family -2	7	C & D	2	107.43	881.26	78.43	910.26	49.44	939.25	376.95	611.74	289.96	698.73	202.97	785.72

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Contributions Are:	Opt	Cov	Med	100% EE	75% ER	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	683.78	0.00	683.78	0.00	683.78	0.00	683.78	0.00	683.78
Family	9	4	0	211.52	1,318.35	169.22	1,360.65	84.61	1,445.26	42.30	1,487.57	0.00	1,529.87
MediPrime													
Individual -1	9	A	1	0.00	351.53	0.00	351.53	0.00	351.53	0.00	351.53	0.00	351.53
Family -1	9	B	1	211.51	986.08	169.21	1,028.38	84.61	1,112.98	42.30	1,155.29	0.00	1,197.59
Family -2	9	C & D	2	128.45	736.89	102.76	762.58	51.38	813.96	25.69	839.65	0.00	865.34
EMPIRE PLAN													
Plan Prime													
Individual	7	1	0	0.00	771.54	0.00	771.54	0.00	771.54	0.00	771.54	0.00	771.54
Family	7	4	0	235.66	1,478.53	188.53	1,525.66	94.26	1,619.93	47.13	1,667.06	0.00	1,714.19
MediPrime													
Individual -1	7	A	1	0.00	408.77	0.00	408.77	0.00	408.77	0.00	408.77	0.00	408.77
Family -1	7	B	1	235.66	1,115.76	188.53	1,162.89	94.26	1,257.16	47.13	1,304.29	0.00	1,351.42
Family -2	7	C & D	2	144.98	843.71	115.98	872.71	57.99	930.70	29.00	959.69	0.00	988.69

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