(ps508)

SCHEDULE III

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

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	65% EE	65% ER	75% EE	35% ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	299.30	299.30	299.30	299.30	239.44	359.16	209.51	389.09	209.51	389.09	149.65	448.95
Family	9	4	0	786.82	561.81	674.31	674.32	539.45	809.18	622.03	726.60	472.02	876.61	637.17	711.46
MediPrime															
Individual -1	9	A	1	72.30	72.30	72.30	72.30	57.84	86.76	50.61	93.99	50.61	93.99	36.15	108.45
Family -1	9	B	1	559.81	334.81	447.31	447.31	357.85	536.77	463.12	431.50	313.12	581.50	523.66	370.96
Family -2	9	C & D	2	264.71	175.90	220.30	220.31	176.24	264.37	213.42	227.19	154.21	286.40	228.56	212.05
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	333.98	333.98	333.98	333.98	267.18	400.78	233.79	434.17	233.79	434.17	166.99	500.97
Family	7	4	0	870.79	623.03	746.91	746.91	597.52	896.30	688.01	805.81	522.84	970.98	703.80	790.02
MediPrime															
Individual -1	7	A	1	78.60	78.60	78.60	78.60	62.88	94.32	55.02	102.18	55.02	102.18	39.30	117.90
Family -1	7	B	1	615.40	367.65	491.52	491.53	393.22	589.83	509.24	473.81	344.07	638.98	576.10	406.95
Family -2	7	C & D	2	283.42	188.89	236.15	236.16	188.92	283.39	228.33	243.98	165.31	307.00	244.12	228.19

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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	149.65	448.95	149.65	448.95	119.72	478.88	89.79	508.81	89.79	508.81	89.79	508.81
Family	9	4	0	524.66	823.97	337.16	1,011.47	269.73	1,078.90	464.80	883.83	277.30	1,071.33	202.29	1,146.34
MediPrime															
Individual -1	9	A	1	36.15	108.45	36.15	108.45	28.92	115.68	21.69	122.91	21.69	122.91	21.69	122.91
Family -1	9	B	1	411.16	483.46	223.65	670.97	178.92	715.70	396.70	497.92	209.19	685.43	134.19	760.43
Family -2	9	C & D	2	184.15	256.46	110.15	330.46	88.12	352.49	169.69	270.92	95.69	344.92	66.09	374.52
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	166.99	500.97	166.99	500.97	133.59	534.37	100.19	567.77	100.19	567.77	100.19	567.77
Family	7	4	0	579.92	913.90	373.45	1,120.37	298.76	1,195.06	513.12	980.70	306.65	1,187.17	224.07	1,269.75
MediPrime															
Individual -1	7	A	1	39.30	117.90	39.30	117.90	31.44	125.76	23.58	133.62	23.58	133.62	23.58	133.62
Family -1	7	B	1	452.22	530.83	245.76	737.29	196.61	786.44	436.50	546.55	230.04	753.01	147.46	835.59
Family -2	7	C & D	2	196.85	275.46	118.08	354.23	94.46	377.85	181.13	291.18	102.36	369.95	70.85	401.46

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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	59.86	538.74	59.86	538.74	59.86	538.74	59.86	538.74	59.86	538.74	29.93	568.67
Family	9	4	0	434.87	913.76	247.37	1,101.26	209.87	1,138.76	172.36	1,176.27	134.86	1,213.77	179.94	1,168.69
MediPrime															
Individual -1	9	A	1	14.46	130.14	14.46	130.14	14.46	130.14	14.46	130.14	14.46	130.14	7.23	137.37
Family -1	9	B	1	389.47	505.15	201.96	692.66	164.46	730.16	126.96	767.66	89.46	805.16	157.23	737.39
Family -2	9	C & D	2	162.46	278.15	88.46	352.15	73.66	366.95	58.86	381.75	44.06	396.55	66.43	374.18
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	66.80	601.16	66.80	601.16	66.80	601.16	66.80	601.16	66.80	601.16	33.40	634.56
Family	7	4	0	479.73	1,014.09	273.26	1,220.56	231.97	1,261.85	190.68	1,303.14	149.39	1,344.43	198.57	1,295.25
MediPrime															
Individual -1	7	A	1	15.72	141.48	15.72	141.48	15.72	141.48	15.72	141.48	15.72	141.48	7.86	149.34
Family -1	7	B	1	428.64	554.41	222.18	760.87	180.89	802.16	139.60	843.45	98.30	884.75	173.03	810.02
Family -2	7	C & D	2	173.27	299.04	94.50	377.81	78.74	393.57	62.99	409.32	47.23	425.08	70.88	401.43

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If Employer Pays - Ind / Dep Rate:

If Employer Pays - Ind / Dep Rate: 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	29.93	568.67	29.93	568.67	29.93	568.67	0.00	598.60	0.00	598.60	0.00	598.60
Family	9	4	0	142.43	1,206.20	104.93	1,243.70	67.43	1,281.20	487.52	861.11	375.01	973.62	262.51	1,086.12
MediPrime															
Individual -1	9	A	1	7.23	137.37	7.23	137.37	7.23	137.37	0.00	144.60	0.00	144.60	0.00	144.60
Family -1	9	B	1	119.73	774.89	82.23	812.39	44.73	849.89	487.51	407.11	375.01	519.61	262.51	632.11
Family -2	9	C & D	2	51.63	388.98	36.83	403.78	22.03	418.58	192.41	248.20	148.00	292.61	103.60	337.01
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	33.40	634.56	33.40	634.56	33.40	634.56	0.00	667.96	0.00	667.96	0.00	667.96
Family	7	4	0	157.28	1,336.54	115.99	1,377.83	74.69	1,419.13	536.81	957.01	412.93	1,080.89	289.05	1,204.77
MediPrime															
Individual -1	7	A	1	7.86	149.34	7.86	149.34	7.86	149.34	0.00	157.20	0.00	157.20	0.00	157.20
Family -1	7	B	1	131.74	851.31	90.44	892.61	49.15	933.90	536.80	446.25	412.92	570.13	289.05	694.00
Family -2	7	C & D	2	55.13	417.18	39.37	432.94	23.62	448.69	204.82	267.49	157.55	314.76	110.29	362.02

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If Employer Pays - Ind / Dep Rate:

If Employer Pays - Ind / Dep Rate:				100%	75%	100%	80%	100%	90%	100%	95%	100%	100%
	Opt	Cov	Med										
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN													
Plan Prime													
Individual	9	1	0	0.00	598.60	0.00	598.60	0.00	598.60	0.00	598.60	0.00	598.60
Family	9	4	0	187.51	1,161.12	150.01	1,198.62	75.00	1,273.63	37.50	1,311.13	0.00	1,348.63
MediPrime													
Individual -1	9	A	1	0.00	144.60	0.00	144.60	0.00	144.60	0.00	144.60	0.00	144.60
Family -1	9	B	1	187.50	707.12	150.00	744.62	75.00	819.62	37.50	857.12	0.00	894.62
Family -2	9	C & D	2	74.00	366.61	59.20	381.41	29.60	411.01	14.80	425.81	0.00	440.61
EMPIRE PLAN													
Plan Prime													
Individual	7	1	0	0.00	667.96	0.00	667.96	0.00	667.96	0.00	667.96	0.00	667.96
Family	7	4	0	206.46	1,287.36	165.17	1,328.65	82.59	1,411.23	41.29	1,452.53	0.00	1,493.82
MediPrime													
Individual -1	7	A	1	0.00	157.20	0.00	157.20	0.00	157.20	0.00	157.20	0.00	157.20
Family -1	7	B	1	206.46	776.59	165.17	817.88	82.58	900.47	41.29	941.76	0.00	983.05
Family -2	7	C & D	2	78.78	393.53	63.02	409.29	31.51	440.80	15.76	456.55	0.00	472.31

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