(ps508.1)

SCHEDULE I

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

	Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA PA Billing Rate	COBRA 2% Charge	Enrollee Cost	COBRA WITH DISABILITY PA Billing Rate	COBRA WITH DISABILITY COBRA 2% Charge	COBRA WITH DISABILITY Enrollee Cost	Continuity of Coverage No Drug Coverage
EXCELSIOR PLAN												
Plan Prime												
Individual	9	1	0	683.78	598.60	683.78	13.68	697.46	1,011.99	13.68	1,025.67	598.60
Family	9	4	0	1,529.87	1,348.63	1,529.87	30.60	1,560.47	2,264.21	30.60	2,294.81	1,348.63
MediPrime												
Individual -1	9	A	1	351.53	144.60	351.53	7.03	358.56	520.26	7.03	527.29	Continuity Not Applicable
Family -1	9	B	1	1,197.59	894.62	1,197.59	23.95	1,221.54	1,772.43	23.95	1,796.38	Continuity Not Applicable
Family -2	9	C & D	2	865.34	440.61	865.34	17.31	882.65	1,280.70	17.31	1,298.01	Continuity Not Applicable
EMPIRE PLAN												
Plan Prime												
Individual	7	1	0	771.54	667.96	771.54	15.43	786.97	1,141.88	15.43	1,157.31	667.96
Family	7	4	0	1,714.19	1,493.82	1,714.19	34.28	1,748.47	2,537.00	34.28	2,571.28	1,493.82
MediPrime												
Individual -1	7	A	1	408.77	157.20	408.77	8.18	416.95	604.98	8.18	613.16	Continuity Not Applicable
Family -1	7	B	1	1,351.42	983.05	1,351.42	27.03	1,378.45	2,000.10	27.03	2,027.13	Continuity Not Applicable
Family -2	7	C & D	2	988.69	472.31	988.69	19.77	1,008.46	1,463.26	19.77	1,483.03	Continuity Not Applicable

2014 *Medicare: $104.90

11/22/2013