

(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, 2016
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			COBRA WITH DISABILITY			Continuity of Coverage No Drug Coverage
					PA Billing Rate	COBRA 2% Charge	Enrollee Cost	PA Billing Rate	COBRA 2% Charge	Enrollee Cost	

EXCELSIOR PLAN

EXCELSIOR PLAN												
<u>Plan Prime</u>												
Individual	9	1	0	752.65	639.51	752.65	15.05	767.70	1,113.92	15.05	1,128.97	639.51
Family	9	4	0	1,715.53	1,470.51	1,715.53	34.31	1,749.84	2,538.98	34.31	2,573.29	1,470.51
<u>MediPrime</u>												
Individual -1	9	A	1	395.13	146.36	395.13	7.90	403.03	584.79	7.90	592.69	Continuity Not Applicable
Family -1	9	B	1	1,357.99	977.33	1,357.99	27.16	1,385.15	2,009.83	27.16	2,036.99	Continuity Not Applicable
Family -2	9	C & D	2	1,000.47	484.17	1,000.47	20.01	1,020.48	1,480.70	20.01	1,500.71	Continuity Not Applicable

EMPIRE PLAN

EMPIRE PLAN												
<u>Plan Prime</u>												
Individual	7	1	0	849.01	715.95	849.01	16.98	865.99	1,256.53	16.98	1,273.51	715.95
Family	7	4	0	1,926.21	1,638.04	1,926.21	38.52	1,964.73	2,850.79	38.52	2,889.31	1,638.04
<u>MediPrime</u>												
Individual -1	7	A	1	452.79	160.07	452.79	9.06	461.85	670.13	9.06	679.19	Continuity Not Applicable
Family -1	7	B	1	1,530.00	1,082.18	1,530.00	30.60	1,560.60	2,264.40	30.60	2,295.00	Continuity Not Applicable
Family -2	7	C & D	2	1,133.77	526.29	1,133.77	22.68	1,156.45	1,677.98	22.68	1,700.66	Continuity Not Applicable

2016 *Medicare: \$104.90

11/10/2015