

(ps508)

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

If Employer Pays - Ind / Dep Rate:

Contributions Are:	Opt	Cov	Med	50%		35%		50%		50%		60%		60%		65%		45%		65%		65%		75%		35%	
				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN																											
Plan Prime																											
Individual	9	1	0	376.32	376.33	376.32	376.33	301.06	451.59	263.43	489.22	263.43	489.22	188.16	564.49												
Family	9	4	0	1,002.19	713.34	857.76	857.77	686.21	1,029.32	793.01	922.52	600.44	1,115.09	814.03	901.50												
MediPrime																											
Individual -1	9	A	1	197.56	197.57	197.56	197.57	158.05	237.08	138.30	256.83	138.30	256.83	98.78	296.35												
Family -1	9	B	1	823.42	534.57	678.99	679.00	543.19	814.80	667.87	690.12	475.30	882.69	724.64	633.35												
Family -2	9	C & D	2	591.03	409.44	500.24	500.23	400.19	600.28	471.24	529.23	350.17	650.30	492.25	508.22												
EMPIRE PLAN																											
Plan Prime																											
Individual	7	1	0	424.50	424.51	424.50	424.51	339.60	509.41	297.15	551.86	297.15	551.86	212.25	636.76												
Family	7	4	0	1,124.68	801.53	963.10	963.11	770.48	1,155.73	889.61	1,036.60	674.17	1,252.04	912.43	1,013.78												
MediPrime																											
Individual -1	7	A	1	226.39	226.40	226.39	226.40	181.12	271.67	158.48	294.31	158.48	294.31	113.20	339.59												
Family -1	7	B	1	926.58	603.42	765.00	765.00	612.00	918.00	750.95	779.05	535.50	994.50	813.39	716.61												
Family -2	7	C & D	2	669.03	464.74	566.88	566.89	453.51	680.26	533.02	600.75	396.82	736.95	555.84	577.93												

2016 *Medicare:

\$104.90

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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, 2016
EXCELSIOR & EMPIRE PLANS

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If Employer Pays - Ind / Dep Rate:

Contributions Are:				75%	50%	75%	75%	78%	78%	80%	80%	83%	83%	85%	50%
Opt	Cov	Med		<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	188.16	564.49	188.16	564.49	165.58	587.07	150.53	602.12	127.95	624.70	112.90	639.75
Family	9	4	0	669.60	1,045.93	428.88	1,286.65	377.41	1,338.12	343.11	1,372.42	291.64	1,423.89	594.34	1,121.19
MediPrime															
Individual -1	9	A	1	98.78	296.35	98.78	296.35	86.93	308.20	79.03	316.10	67.17	327.96	59.27	335.86
Family -1	9	B	1	580.21	777.78	339.49	1,018.50	298.76	1,059.23	271.60	1,086.39	230.86	1,127.13	540.70	817.29
Family -2	9	C & D	2	401.45	599.02	250.11	750.36	220.10	780.37	200.10	800.37	170.08	830.39	361.94	638.53
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	212.25	636.76	212.25	636.76	186.78	662.23	169.80	679.21	144.33	704.68	127.35	721.66
Family	7	4	0	750.85	1,175.36	481.55	1,444.66	423.76	1,502.45	385.24	1,540.97	327.45	1,598.76	665.95	1,260.26
MediPrime															
Individual -1	7	A	1	113.20	339.59	113.20	339.59	99.61	353.18	90.56	362.23	76.97	375.82	67.92	384.87
Family -1	7	B	1	651.80	878.20	382.50	1,147.50	336.60	1,193.40	306.00	1,224.00	260.10	1,269.90	606.52	923.48
Family -2	7	C & D	2	453.69	680.08	283.44	850.33	249.43	884.34	226.76	907.01	192.74	941.03	408.41	725.36

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EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2016
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:				85%	75%	85%	80%	85%	85%	90%	50%	90%	75%	90%	80%
Opt	Cov	Med		<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	112.90	639.75	112.90	639.75	112.90	639.75	75.26	677.39	75.26	677.39	75.26	677.39
Family	9	4	0	353.62	1,361.91	305.48	1,410.05	257.33	1,458.20	556.70	1,158.83	315.98	1,399.55	267.84	1,447.69
MediPrime															
Individual -1	9	A	1	59.27	335.86	59.27	335.86	59.27	335.86	39.51	355.62	39.51	355.62	39.51	355.62
Family -1	9	B	1	299.98	1,058.01	251.84	1,106.15	203.70	1,154.29	520.94	837.05	280.22	1,077.77	232.08	1,125.91
Family -2	9	C & D	2	210.60	789.87	180.34	820.13	150.07	850.40	342.18	658.29	190.84	809.63	160.58	839.89
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	127.35	721.66	127.35	721.66	127.35	721.66	84.90	764.11	84.90	764.11	84.90	764.11
Family	7	4	0	396.65	1,529.56	342.79	1,583.42	288.93	1,637.28	623.50	1,302.71	354.20	1,572.01	300.34	1,625.87
MediPrime															
Individual -1	7	A	1	67.92	384.87	67.92	384.87	67.92	384.87	45.28	407.51	45.28	407.51	45.28	407.51
Family -1	7	B	1	337.22	1,192.78	283.36	1,246.64	229.50	1,300.50	583.88	946.12	314.58	1,215.42	260.72	1,269.28
Family -2	7	C & D	2	238.16	895.61	204.12	929.65	170.07	963.70	385.77	748.00	215.52	918.25	181.48	952.29

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EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

				90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
				<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>
Contributions Are:															
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	75.26	677.39	75.26	677.39	37.63	715.02	37.63	715.02	37.63	715.02	37.63	715.02
Family	9	4	0	219.69	1,495.84	171.55	1,543.98	230.21	1,485.32	182.06	1,533.47	133.92	1,581.61	85.77	1,629.76
MediPrime															
Individual -1	9	A	1	39.51	355.62	39.51	355.62	19.76	375.37	19.76	375.37	19.76	375.37	19.76	375.37
Family -1	9	B	1	183.94	1,174.05	135.80	1,222.19	212.33	1,145.66	164.19	1,193.80	116.05	1,241.94	67.90	1,290.09
Family -2	9	C & D	2	130.31	870.16	100.04	900.43	140.83	859.64	110.56	889.91	80.29	920.18	50.03	950.44
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	84.90	764.11	84.90	764.11	42.45	806.56	42.45	806.56	42.45	806.56	42.45	806.56
Family	7	4	0	246.48	1,679.73	192.62	1,733.59	257.89	1,668.32	204.03	1,722.18	150.17	1,776.04	96.31	1,829.90
MediPrime															
Individual -1	7	A	1	45.28	407.51	45.28	407.51	22.64	430.15	22.64	430.15	22.64	430.15	22.64	430.15
Family -1	7	B	1	206.86	1,323.14	153.00	1,377.00	238.08	1,291.92	184.22	1,345.78	130.36	1,399.64	76.50	1,453.50
Family -2	7	C & D	2	147.43	986.34	113.38	1,020.39	158.84	974.93	124.79	1,008.98	90.74	1,043.03	56.69	1,077.08

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EXCELSIOR & EMPIRE PLANS

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Contributions Are:	Opt	Cov	Med	100%		35%		100%		50%		100%		65%		100%		75%		100%		80%		100%		90%	
				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN																											
Plan Prime																											
Individual	9	1	0	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65	0.00	752.65
Family	9	4	0	625.87	1,089.66	481.44	1,234.09	337.01	1,378.52	240.72	1,474.81	192.58	1,522.95	96.29	1,619.24												
MediPrime																											
Individual -1	9	A	1	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13	0.00	395.13
Family -1	9	B	1	625.86	732.13	481.43	876.56	337.00	1,020.99	240.71	1,117.28	192.57	1,165.42	96.29	1,261.70												
Family -2	9	C & D	2	393.47	607.00	302.67	697.80	211.87	788.60	151.33	849.14	121.07	879.40	60.53	939.94												
EMPIRE PLAN																											
Plan Prime																											
Individual	7	1	0	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01	0.00	849.01
Family	7	4	0	700.18	1,226.03	538.60	1,387.61	377.02	1,549.19	269.30	1,656.91	215.44	1,710.77	107.72	1,818.49												
MediPrime																											
Individual -1	7	A	1	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79	0.00	452.79
Family -1	7	B	1	700.19	829.81	538.60	991.40	377.02	1,152.98	269.30	1,260.70	215.44	1,314.56	107.72	1,422.28												
Family -2	7	C & D	2	442.64	691.13	340.49	793.28	238.34	895.43	170.24	963.53	136.20	997.57	68.10	1,065.67												

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Participating Agency Rates Effective January 1, 2016
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:				100%	95%	100%	100%				
Opt	Cov	Med		<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>				
EXCELSIOR PLAN											
Plan Prime											
Individual	9	1	0	0.00	752.65	0.00	752.65				
Family	9	4	0	48.14	1,667.39	0.00	1,715.53				
MediPrime											
Individual -1	9	A	1	0.00	395.13	0.00	395.13				
Family -1	9	B	1	48.14	1,309.85	0.00	1,357.99				
Family -2	9	C & D	2	30.27	970.20	0.00	1,000.47				
EMPIRE PLAN											
Plan Prime											
Individual	7	1	0	0.00	849.01	0.00	849.01				
Family	7	4	0	53.86	1,872.35	0.00	1,926.21				
MediPrime											
Individual -1	7	A	1	0.00	452.79	0.00	452.79				
Family -1	7	B	1	53.86	1,476.14	0.00	1,530.00				
Family -2	7	C & D	2	34.05	1,099.72	0.00	1,133.77				

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