

(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, 2016

Non Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy

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If Employer Pays - Ind / Dep Rate:

Opt	Cov	Med	50%	35%	50%	50%	60%	60%	65%	45%	65%	65%	75%	35%	
			<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>	<u>EE</u>
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	319.75	319.76	319.75	319.76	255.80	383.71	223.83	415.68	223.83	415.68	159.88	479.63
Family	9	4	0	859.90	610.61	735.25	735.26	588.20	882.31	680.88	789.63	514.68	955.83	700.03	770.48
MediPrime															
Individual -1	9	A	1	73.18	73.18	73.18	73.18	58.54	87.82	51.23	95.13	51.23	95.13	36.59	109.77
Family -1	9	B	1	613.31	364.02	488.66	488.67	390.93	586.40	508.26	469.07	342.07	635.26	576.72	400.61
Family -2	9	C & D	2	292.76	191.41	242.08	242.09	193.66	290.51	237.03	247.14	169.46	314.71	256.17	228.00
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	357.97	357.98	357.97	357.98	286.38	429.57	250.58	465.37	250.58	465.37	178.99	536.96
Family	7	4	0	957.33	680.71	819.01	819.03	655.22	982.82	757.73	880.31	573.31	1,064.73	778.35	859.69
MediPrime															
Individual -1	7	A	1	80.03	80.04	80.03	80.04	64.03	96.04	56.02	104.05	56.02	104.05	40.02	120.05
Family -1	7	B	1	679.40	402.78	541.08	541.10	432.87	649.31	563.18	519.00	378.76	703.42	639.39	442.79
Family -2	7	C & D	2	318.07	208.22	263.14	263.15	210.52	315.77	257.44	268.85	184.20	342.09	278.06	248.23

2016 *Medicare:

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If Employer Pays - Ind / Dep Rate:

				75%	50%	75%	75%	78%	78%	80%	80%	83%	83%	85%	50%
Contributions Are:				<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	159.88	479.63	159.88	479.63	140.69	498.82	127.90	511.61	108.72	530.79	95.93	543.58
Family	9	4	0	575.38	895.13	367.63	1,102.88	323.51	1,147.00	294.10	1,176.41	249.99	1,220.52	511.43	959.08
MediPrime															
Individual -1	9	A	1	36.59	109.77	36.59	109.77	32.20	114.16	29.27	117.09	24.88	121.48	21.95	124.41
Family -1	9	B	1	452.07	525.26	244.33	733.00	215.01	762.32	195.46	781.87	166.14	811.19	437.43	539.90
Family -2	9	C & D	2	205.49	278.68	121.04	363.13	106.52	377.65	96.83	387.34	82.31	401.86	190.85	293.32
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	178.99	536.96	178.99	536.96	157.51	558.44	143.19	572.76	121.71	594.24	107.39	608.56
Family	7	4	0	640.03	998.01	409.51	1,228.53	360.37	1,277.67	327.61	1,310.43	278.47	1,359.57	568.43	1,069.61
MediPrime															
Individual -1	7	A	1	40.02	120.05	40.02	120.05	35.22	124.85	32.01	128.06	27.21	132.86	24.01	136.06
Family -1	7	B	1	501.07	581.11	270.55	811.63	238.08	844.10	216.43	865.75	183.97	898.21	485.06	597.12
Family -2	7	C & D	2	223.13	303.16	131.57	394.72	115.79	410.50	105.25	421.04	89.47	436.82	207.12	319.17

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If Employer Pays - Ind / Dep Rate:

Contributions Are:	Opt	Cov	Med	85%	75%	85%	80%	85%	85%	90%	50%	90%	75%	90%	80%
				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	95.93	543.58	95.93	543.58	95.93	543.58	63.95	575.56	63.95	575.56	63.95	575.56
Family	9	4	0	303.68	1,166.83	262.13	1,208.38	220.58	1,249.93	479.45	991.06	271.70	1,198.81	230.15	1,240.36
MediPrime															
Individual -1	9	A	1	21.95	124.41	21.95	124.41	21.95	124.41	14.64	131.72	14.64	131.72	14.64	131.72
Family -1	9	B	1	229.69	747.64	188.14	789.19	146.60	830.73	430.12	547.21	222.38	754.95	180.83	796.50
Family -2	9	C & D	2	106.40	377.77	89.51	394.66	72.62	411.55	183.54	300.63	99.09	385.08	82.20	401.97
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	107.39	608.56	107.39	608.56	107.39	608.56	71.59	644.36	71.59	644.36	71.59	644.36
Family	7	4	0	337.91	1,300.13	291.81	1,346.23	245.70	1,392.34	532.63	1,105.41	302.11	1,335.93	256.01	1,382.03
MediPrime															
Individual -1	7	A	1	24.01	136.06	24.01	136.06	24.01	136.06	16.01	144.06	16.01	144.06	16.01	144.06
Family -1	7	B	1	254.54	827.64	208.43	873.75	162.33	919.85	477.06	605.12	246.54	835.64	200.43	881.75
Family -2	7	C & D	2	115.56	410.73	97.25	429.04	78.94	447.35	199.12	327.17	107.56	418.73	89.25	437.04

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If Employer Pays - Ind / Dep Rate:				If Employer Pays - Ind / Dep Rate:											
Opt	Cov	Med		90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
Contributions Are:				<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	63.95	575.56	63.95	575.56	31.98	607.53	31.98	607.53	31.98	607.53	31.98	607.53
Family	9	4	0	188.60	1,281.91	147.05	1,323.46	198.18	1,272.33	156.63	1,313.88	115.08	1,355.43	73.53	1,396.98
MediPrime															
Individual -1	9	A	1	14.64	131.72	14.64	131.72	7.32	139.04	7.32	139.04	7.32	139.04	7.32	139.04
Family -1	9	B	1	139.29	838.04	97.74	879.59	173.51	803.82	131.97	845.36	90.42	886.91	48.87	928.46
Family -2	9	C & D	2	65.31	418.86	48.42	435.75	74.88	409.29	57.99	426.18	41.10	443.07	24.21	459.96
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	71.59	644.36	71.59	644.36	35.80	680.15	35.80	680.15	35.80	680.15	35.80	680.15
Family	7	4	0	209.90	1,428.14	163.80	1,474.24	220.22	1,417.82	174.11	1,463.93	128.01	1,510.03	81.90	1,556.14
MediPrime															
Individual -1	7	A	1	16.01	144.06	16.01	144.06	8.00	152.07	8.00	152.07	8.00	152.07	8.00	152.07
Family -1	7	B	1	154.33	927.85	108.22	973.96	192.42	889.76	146.32	935.86	100.21	981.97	54.11	1,028.07
Family -2	7	C & D	2	70.94	455.35	52.63	473.66	81.24	445.05	62.93	463.36	44.62	481.67	26.31	499.98

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				If Employer Pays - Ind / Dep Rate:											
If Employer Pays - Ind / Dep Rate:				100%	35%	100%	50%	100%	65%	100%	75%	100%	80%	100%	90%
Opt	Cov	Med		EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Contributions Are:															
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	0.00	639.51	0.00	639.51	0.00	639.51	0.00	639.51	0.00	639.51	0.00	639.51
Family	9	4	0	540.15	930.36	415.50	1,055.01	290.85	1,179.66	207.75	1,262.76	166.20	1,304.31	83.10	1,387.41
MediPrime															
Individual -1	9	A	1	0.00	146.36	0.00	146.36	0.00	146.36	0.00	146.36	0.00	146.36	0.00	146.36
Family -1	9	B	1	540.13	437.20	415.48	561.85	290.84	686.49	207.74	769.59	166.19	811.14	83.10	894.23
Family -2	9	C & D	2	219.58	264.59	168.90	315.27	118.23	365.94	84.45	399.72	67.56	416.61	33.78	450.39
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	0.00	715.95	0.00	715.95	0.00	715.95	0.00	715.95	0.00	715.95	0.00	715.95
Family	7	4	0	599.36	1,038.68	461.04	1,177.00	322.73	1,315.31	230.52	1,407.52	184.42	1,453.62	92.21	1,545.83
MediPrime															
Individual -1	7	A	1	0.00	160.07	0.00	160.07	0.00	160.07	0.00	160.07	0.00	160.07	0.00	160.07
Family -1	7	B	1	599.37	482.81	461.05	621.13	322.74	759.44	230.53	851.65	184.42	897.76	92.21	989.97
Family -2	7	C & D	2	238.04	288.25	183.11	343.18	128.18	398.11	91.55	434.74	73.24	453.05	36.62	489.67

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If Employer Pays - Ind / Dep Rate:

If Employer Pays - Ind / Dep Rate:				100%	95%	100%	100%				
Opt	Cov	Med		EE	ER	EE	ER				
Contributions Are:											
EXCELSIOR PLAN											
Plan Prime											
Individual	9	1	0	0.00	639.51	0.00	639.51				
Family	9	4	0	41.55	1,428.96	0.00	1,470.51				
MediPrime											
Individual -1	9	A	1	0.00	146.36	0.00	146.36				
Family -1	9	B	1	41.55	935.78	0.00	977.33				
Family -2	9	C & D	2	16.89	467.28	0.00	484.17				
EMPIRE PLAN											
Plan Prime											
Individual	7	1	0	0.00	715.95	0.00	715.95				
Family	7	4	0	46.10	1,591.94	0.00	1,638.04				
MediPrime											
Individual -1	7	A	1	0.00	160.07	0.00	160.07				
Family -1	7	B	1	46.11	1,036.07	0.00	1,082.18				
Family -2	7	C & D	2	18.31	507.98	0.00	526.29				

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