

(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, 2017
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	839.75	727.79	839.75	16.80	856.55	1,242.83	16.80	1,259.63	727.79
Family	9	4	0	1,931.72	1,677.50	1,931.72	38.63	1,970.35	2,858.95	38.63	2,897.58	1,677.50
<u>MediPrime</u>												
Individual -1	9	A	1	370.77	158.63	370.77	7.42	378.19	548.74	7.42	556.16	Continuity Not Applicable
Family -1	9	B	1	1,462.74	1,108.34	1,462.74	29.25	1,491.99	2,164.86	29.25	2,194.11	Continuity Not Applicable
Family -2	9	C & D	2	993.74	539.16	993.74	19.87	1,013.61	1,470.74	19.87	1,490.61	Continuity Not Applicable

EMPIRE PLAN

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<u>Plan Prime</u>												
Individual	7	1	0	944.39	812.67	944.39	18.89	963.28	1,397.70	18.89	1,416.59	812.67
Family	7	4	0	2,160.64	1,861.55	2,160.64	43.21	2,203.85	3,197.75	43.21	3,240.96	1,861.55
<u>MediPrime</u>												
Individual -1	7	A	1	421.40	171.84	421.40	8.43	429.83	623.67	8.43	632.10	Continuity Not Applicable
Family -1	7	B	1	1,637.63	1,220.69	1,637.63	32.75	1,670.38	2,423.69	32.75	2,456.44	Continuity Not Applicable
Family -2	7	C & D	2	1,114.63	579.85	1,114.63	22.29	1,136.92	1,649.65	22.29	1,671.94	Continuity Not Applicable