

(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, 2017
EXCELSIOR & EMPIRE PLANS

SCHEDULE II

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If Employer Pays - Ind / Dep Rate:

Contributions Are:					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>
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	419.87	419.88	419.87	419.88	335.90	503.85	293.91	545.84	293.91	545.84	209.94	629.81
	Family	9	4	0	1,129.65	802.07	965.86	965.86	772.69	1,159.03	894.49	1,037.23	676.10	1,255.62	919.72	1,012.00
MediPrime																
	Individual -1	9	A	1	185.38	185.39	185.38	185.39	148.31	222.46	129.77	241.00	129.77	241.00	92.69	278.08
	Family -1	9	B	1	895.16	567.58	731.37	731.37	585.10	877.64	730.35	732.39	511.96	950.78	802.47	660.27
	Family -2	9	C & D	2	590.31	403.43	496.87	496.87	397.50	596.24	472.40	521.34	347.81	645.93	497.62	496.12
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	472.19	472.20	472.19	472.20	377.76	566.63	330.54	613.85	330.54	613.85	236.10	708.29
	Family	7	4	0	1,262.75	897.89	1,080.32	1,080.32	864.26	1,296.38	999.48	1,161.16	756.23	1,404.41	1,026.66	1,133.98
MediPrime																
	Individual -1	7	A	1	210.70	210.70	210.70	210.70	168.56	252.84	147.49	273.91	147.49	273.91	105.35	316.05
	Family -1	7	B	1	1,001.25	636.38	818.81	818.82	655.05	982.58	816.42	821.21	573.17	1,064.46	895.90	741.73
	Family -2	7	C & D	2	661.30	453.33	557.31	557.32	445.85	668.78	528.77	585.86	390.12	724.51	555.95	558.68

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Participating Agency Rates Effective January 1, 2017
EXCELSIOR & EMPIRE PLANS

SCHEDULE II

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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	209.94	629.81	209.94	629.81	184.74	655.01	167.95	671.80	142.76	696.99	125.96	713.79
	Family	9	4	0	755.92	1,175.80	482.93	1,448.79	424.97	1,506.75	386.34	1,545.38	328.39	1,603.33	671.94	1,259.78
MediPrime																
	Individual -1	9	A	1	92.69	278.08	92.69	278.08	81.57	289.20	74.15	296.62	63.03	307.74	55.62	315.15
	Family -1	9	B	1	638.67	824.07	365.68	1,097.06	321.80	1,140.94	292.54	1,170.20	248.66	1,214.08	601.60	861.14
	Family -2	9	C & D	2	404.17	589.57	248.43	745.31	218.62	775.12	198.74	795.00	168.93	824.81	367.10	626.64
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	236.10	708.29	236.10	708.29	207.77	736.62	188.88	755.51	160.55	783.84	141.66	802.73
	Family	7	4	0	844.22	1,316.42	540.16	1,620.48	475.34	1,685.30	432.13	1,728.51	367.31	1,793.33	749.78	1,410.86
MediPrime																
	Individual -1	7	A	1	105.35	316.05	105.35	316.05	92.71	328.69	84.28	337.12	71.64	349.76	63.21	358.19
	Family -1	7	B	1	713.46	924.17	409.41	1,228.22	360.28	1,277.35	327.53	1,310.10	278.40	1,359.23	671.32	966.31
	Family -2	7	C & D	2	451.96	662.67	278.66	835.97	245.22	869.41	222.93	891.70	189.49	925.14	409.82	704.81

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EXCELSIOR & EMPIRE PLANS

SCHEDULE II

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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																
<u>Plan Prime</u>																
	Individual	9	1	0	125.96	713.79	125.96	713.79	125.96	713.79	83.97	755.78	83.97	755.78	83.97	755.78
	Family	9	4	0	398.95	1,532.77	344.35	1,587.37	289.76	1,641.96	629.95	1,301.77	356.96	1,574.76	302.36	1,629.36
<u>MediPrime</u>																
	Individual -1	9	A	1	55.62	315.15	55.62	315.15	55.62	315.15	37.08	333.69	37.08	333.69	37.08	333.69
	Family -1	9	B	1	328.61	1,134.13	274.01	1,188.73	219.42	1,243.32	583.06	879.68	310.07	1,152.67	255.47	1,207.27
	Family -2	9	C & D	2	211.36	782.38	180.21	813.53	149.07	844.67	348.56	645.18	192.82	800.92	161.67	832.07
EMPIRE PLAN																
<u>Plan Prime</u>																
	Individual	7	1	0	141.66	802.73	141.66	802.73	141.66	802.73	94.44	849.95	94.44	849.95	94.44	849.95
	Family	7	4	0	445.72	1,714.92	384.91	1,775.73	324.10	1,836.54	702.56	1,458.08	398.50	1,762.14	337.69	1,822.95
<u>MediPrime</u>																
	Individual -1	7	A	1	63.21	358.19	63.21	358.19	63.21	358.19	42.14	379.26	42.14	379.26	42.14	379.26
	Family -1	7	B	1	367.27	1,270.36	306.46	1,331.17	245.64	1,391.99	650.25	987.38	346.20	1,291.43	285.39	1,352.24
	Family -2	7	C & D	2	236.52	878.11	201.86	912.77	167.19	947.44	388.75	725.88	215.45	899.18	180.79	933.84

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If Employer Pays - Ind / Dep Rate:

					90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
					EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Contributions Are:																
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	83.97	755.78	83.97	755.78	41.99	797.76	41.99	797.76	41.99	797.76	41.99	797.76
	Family	9	4	0	247.77	1,683.95	193.17	1,738.55	260.38	1,671.34	205.79	1,725.93	151.19	1,780.53	96.59	1,835.13
MediPrime																
	Individual -1	9	A	1	37.08	333.69	37.08	333.69	18.54	352.23	18.54	352.23	18.54	352.23	18.54	352.23
	Family -1	9	B	1	200.88	1,261.86	146.28	1,316.46	236.93	1,225.81	182.34	1,280.40	127.74	1,335.00	73.14	1,389.60
	Family -2	9	C & D	2	130.53	863.21	99.38	894.36	143.13	850.61	111.99	881.75	80.84	912.90	49.69	944.05
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	94.44	849.95	94.44	849.95	47.22	897.17	47.22	897.17	47.22	897.17	47.22	897.17
	Family	7	4	0	276.88	1,883.76	216.06	1,944.58	290.47	1,870.17	229.66	1,930.98	168.84	1,991.80	108.03	2,052.61
MediPrime																
	Individual -1	7	A	1	42.14	379.26	42.14	379.26	21.07	400.33	21.07	400.33	21.07	400.33	21.07	400.33
	Family -1	7	B	1	224.57	1,413.06	163.76	1,473.87	264.32	1,373.31	203.50	1,434.13	142.69	1,494.94	81.88	1,555.75
	Family -2	7	C & D	2	146.12	968.51	111.46	1,003.17	159.72	954.91	125.05	989.58	90.39	1,024.24	55.73	1,058.90

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If Employer Pays - Ind / Dep Rate:

Contributions Are:					100%	35%	100%	50%	100%	65%	100%	75%	100%	80%	100%	90%
					<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																
<u>Plan Prime</u>																
	Individual	9	1	0	0.00	839.75	0.00	839.75	0.00	839.75	0.00	839.75	0.00	839.75	0.00	839.75
	Family	9	4	0	709.78	1,221.94	545.98	1,385.74	382.19	1,549.53	272.99	1,658.73	218.39	1,713.33	109.20	1,822.52
<u>MediPrime</u>																
	Individual -1	9	A	1	0.00	370.77	0.00	370.77	0.00	370.77	0.00	370.77	0.00	370.77	0.00	370.77
	Family -1	9	B	1	709.78	752.96	545.98	916.76	382.19	1,080.55	272.99	1,189.75	218.39	1,244.35	109.20	1,353.54
	Family -2	9	C & D	2	404.93	588.81	311.48	682.26	218.04	775.70	155.74	838.00	124.59	869.15	62.30	931.44
EMPIRE PLAN																
<u>Plan Prime</u>																
	Individual	7	1	0	0.00	944.39	0.00	944.39	0.00	944.39	0.00	944.39	0.00	944.39	0.00	944.39
	Family	7	4	0	790.56	1,370.08	608.12	1,552.52	425.69	1,734.95	304.06	1,856.58	243.25	1,917.39	121.62	2,039.02
<u>MediPrime</u>																
	Individual -1	7	A	1	0.00	421.40	0.00	421.40	0.00	421.40	0.00	421.40	0.00	421.40	0.00	421.40
	Family -1	7	B	1	790.55	847.08	608.11	1,029.52	425.68	1,211.95	304.06	1,333.57	243.25	1,394.38	121.62	1,516.01
	Family -2	7	C & D	2	450.60	664.03	346.61	768.02	242.63	872.00	173.31	941.32	138.65	975.98	69.32	1,045.31

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									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	839.75	0.00	839.75				
	Family	9	4	0	54.60	1,877.12	0.00	1,931.72				
MediPrime												
	Individual -1	9	A	1	0.00	370.77	0.00	370.77				
	Family -1	9	B	1	54.60	1,408.14	0.00	1,462.74				
	Family -2	9	C & D	2	31.15	962.59	0.00	993.74				
EMPIRE PLAN												
Plan Prime												
	Individual	7	1	0	0.00	944.39	0.00	944.39				
	Family	7	4	0	60.81	2,099.83	0.00	2,160.64				
MediPrime												
	Individual -1	7	A	1	0.00	421.40	0.00	421.40				
	Family -1	7	B	1	60.81	1,576.82	0.00	1,637.63				
	Family -2	7	C & D	2	34.66	1,079.97	0.00	1,114.63				