

(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, 2017

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

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If Employer Pays - Ind / Dep Rate:

Opt	Cov	Med	50% EE	35% ER	50% EE	50% ER	60% EE	60% ER	65% EE	45% ER	65% EE	65% ER	75% EE	35% ER
<b>EXCELSIOR PLAN</b>														
<b>Plan Prime</b>														
	Individual	9	1	0	363.89	363.90	363.89	363.90	291.12	436.67	254.73	473.06	254.73	473.06
	Family	9	4	0	981.20	696.30	838.75	838.75	671.00	1,006.50	777.07	900.43	587.13	1,090.37
<b>MediPrime</b>														
	Individual -1	9	A	1	79.31	79.32	79.31	79.32	63.45	95.18	55.52	103.11	55.52	103.11
	Family -1	9	B	1	696.62	411.72	554.17	554.17	443.33	665.01	577.86	530.48	387.92	720.42
	Family -2	9	C & D	2	326.65	212.51	269.58	269.58	215.66	323.50	264.81	274.35	188.71	350.45
<b>EMPIRE PLAN</b>														
<b>Plan Prime</b>														
	Individual	7	1	0	406.33	406.34	406.33	406.34	325.07	487.60	284.43	528.24	284.43	528.24
	Family	7	4	0	1,088.10	773.45	930.77	930.78	744.62	1,116.93	861.31	1,000.24	651.54	1,210.01
<b>MediPrime</b>														
	Individual -1	7	A	1	85.92	85.92	85.92	85.92	68.74	103.10	60.14	111.70	60.14	111.70
	Family -1	7	B	1	767.67	453.02	610.34	610.35	488.28	732.41	637.01	583.68	427.24	793.45
	Family -2	7	C & D	2	351.13	228.72	289.92	289.93	231.94	347.91	284.55	295.30	202.94	376.91

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If Employer Pays - Ind / Dep Rate:

Contributions Are:	Opt	Cov	Med	75%	50%	75%	75%	78%	78%	80%	80%	83%	83%	85%	50%
				<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>
<b>EXCELSIOR PLAN</b>															
<b>Plan Prime</b>															
Individual	9	1	0	181.95	545.84	181.95	545.84	160.11	567.68	145.56	582.23	123.72	604.07	109.17	618.62
Family	9	4	0	656.80	1,020.70	419.38	1,258.12	369.05	1,308.45	335.50	1,342.00	285.17	1,392.33	584.02	1,093.48
<b>MediPrime</b>															
Individual -1	9	A	1	39.66	118.97	39.66	118.97	34.90	123.73	31.73	126.90	26.97	131.66	23.79	134.84
Family -1	9	B	1	514.51	593.83	277.09	831.25	243.84	864.50	221.67	886.67	188.42	919.92	498.64	609.70
Family -2	9	C & D	2	229.92	309.24	134.79	404.37	118.62	420.54	107.84	431.32	91.66	447.50	214.05	325.11
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	203.17	609.50	203.17	609.50	178.79	633.88	162.53	650.14	138.15	674.52	121.90	690.77
Family	7	4	0	727.61	1,133.94	465.39	1,396.16	409.54	1,452.01	372.31	1,489.24	316.46	1,545.09	646.34	1,215.21
<b>MediPrime</b>															
Individual -1	7	A	1	42.96	128.88	42.96	128.88	37.80	134.04	34.37	137.47	29.21	142.63	25.78	146.06
Family -1	7	B	1	567.38	653.31	305.17	915.52	268.55	952.14	244.14	976.55	207.51	1,013.18	550.20	670.49
Family -2	7	C & D	2	246.96	332.89	144.96	434.89	127.56	452.29	115.97	463.88	98.57	481.28	229.78	350.07

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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
<b>EXCELSIOR PLAN</b>															
<b>Plan Prime</b>															
Individual	9	1	0	109.17	618.62	109.17	618.62	109.17	618.62	72.78	655.01	72.78	655.01	72.78	655.01
Family	9	4	0	346.60	1,330.90	299.11	1,378.39	251.63	1,425.87	547.63	1,129.87	310.21	1,367.29	262.72	1,414.78
<b>MediPrime</b>															
Individual -1	9	A	1	23.79	134.84	23.79	134.84	23.79	134.84	15.86	142.77	15.86	142.77	15.86	142.77
Family -1	9	B	1	261.22	847.12	213.73	894.61	166.25	942.09	490.71	617.63	253.29	855.05	205.80	902.54
Family -2	9	C & D	2	118.92	420.24	99.90	439.26	80.87	458.29	206.12	333.04	110.99	428.17	91.97	447.19
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	121.90	690.77	121.90	690.77	121.90	690.77	81.27	731.40	81.27	731.40	81.27	731.40
Family	7	4	0	384.12	1,477.43	331.68	1,529.87	279.23	1,582.32	605.71	1,255.84	343.49	1,518.06	291.05	1,570.50
<b>MediPrime</b>															
Individual -1	7	A	1	25.78	146.06	25.78	146.06	25.78	146.06	17.18	154.66	17.18	154.66	17.18	154.66
Family -1	7	B	1	287.99	932.70	235.55	985.14	183.11	1,037.58	541.60	679.09	279.39	941.30	226.95	993.74
Family -2	7	C & D	2	127.78	452.07	107.38	472.47	86.98	492.87	221.18	358.67	119.18	460.67	98.78	481.07

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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%	
	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	
<b>Contributions Are:</b>													
<b>EXCELSIOR PLAN</b>													
<b>Plan Prime</b>													
Individual	9	1	0	72.78	655.01	72.78	655.01	36.39	691.40	36.39	691.40	36.39	691.40
Family	9	4	0	215.24	1,462.26	167.75	1,509.75	226.33	1,451.17	178.85	1,498.65	131.36	1,546.14
<b>MediPrime</b>													
Individual -1	9	A	1	15.86	142.77	15.86	142.77	7.93	150.70	7.93	150.70	7.93	150.70
Family -1	9	B	1	158.32	950.02	110.83	997.51	197.87	910.47	150.39	957.95	102.90	1,005.44
Family -2	9	C & D	2	72.94	466.22	53.91	485.25	84.04	455.12	65.01	474.15	45.98	493.18
<b>EMPIRE PLAN</b>													
<b>Plan Prime</b>													
Individual	7	1	0	81.27	731.40	81.27	731.40	40.63	772.04	40.63	772.04	40.63	772.04
Family	7	4	0	238.60	1,622.95	186.16	1,675.39	250.41	1,611.14	197.96	1,663.59	145.52	1,716.03
<b>MediPrime</b>													
Individual -1	7	A	1	17.18	154.66	17.18	154.66	8.59	163.25	8.59	163.25	8.59	163.25
Family -1	7	B	1	174.51	1,046.18	122.06	1,098.63	218.36	1,002.33	165.92	1,054.77	113.47	1,107.22
Family -2	7	C & D	2	78.38	501.47	57.98	521.87	90.19	489.66	69.79	510.06	49.39	530.46

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If Employer Pays - Ind / Dep Rate: 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		
<b>EXCELSIOR PLAN</b>																								
<b>Plan Prime</b>																								
Individual	9	1	0	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	0.00	727.79	
Family	9	4	0	617.31	1,060.19	474.85	1,202.65	332.40	1,345.10	237.43	1,440.07	189.94	1,487.56	94.97	1,582.53									
<b>MediPrime</b>																								
Individual -1	9	A	1	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	0.00	158.63	
Family -1	9	B	1	617.31	491.03	474.85	633.49	332.40	775.94	237.43	870.91	189.94	918.40	94.97	1,013.37									
Family -2	9	C & D	2	247.34	291.82	190.26	348.90	133.19	405.97	95.13	444.03	76.11	463.05	38.05	501.11									
<b>EMPIRE PLAN</b>																								
<b>Plan Prime</b>																								
Individual	7	1	0	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	0.00	812.67	
Family	7	4	0	681.77	1,179.78	524.44	1,337.11	367.11	1,494.44	262.22	1,599.33	209.78	1,651.77	104.89	1,756.66									
<b>MediPrime</b>																								
Individual -1	7	A	1	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	0.00	171.84	
Family -1	7	B	1	681.75	538.94	524.42	696.27	367.10	853.59	262.21	958.48	209.77	1,010.92	104.88	1,115.81									
Family -2	7	C & D	2	265.21	314.64	204.00	375.85	142.80	437.05	102.00	477.85	81.60	498.25	40.80	539.05									

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If Employer Pays - Ind / Dep Rate: Opt Cov Med	100%	95%	100%	100%				
	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>				
<b>Contributions Are:</b>								
<b>EXCELSIOR PLAN</b>								
<b>Plan Prime</b>								
Individual	9	1	0	0.00	727.79	0.00	727.79	
Family	9	4	0	47.49	1,630.01	0.00	1,677.50	
<b>MediPrime</b>								
Individual -1	9	A	1	0.00	158.63	0.00	158.63	
Family -1	9	B	1	47.49	1,060.85	0.00	1,108.34	
Family -2	9	C & D	2	19.03	520.13	0.00	539.16	
<b>EMPIRE PLAN</b>								
<b>Plan Prime</b>								
Individual	7	1	0	0.00	812.67	0.00	812.67	
Family	7	4	0	52.44	1,809.11	0.00	1,861.55	
<b>MediPrime</b>								
Individual -1	7	A	1	0.00	171.84	0.00	171.84	
Family -1	7	B	1	52.44	1,168.25	0.00	1,220.69	
Family -2	7	C & D	2	20.40	559.45	0.00	579.85	

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