

(ps508.1)	<u>SCHEDULE I</u>
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, 2018 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

Plan Prime												
Individual	9	1	0	901.65	780.01	901.65	18.03	919.68	1,334.44	18.03	1,352.47	780.01
Family	9	4	0	2,099.52	1,822.40	2,099.52	41.99	2,141.51	3,107.29	41.99	3,149.28	1,822.40
MediPrime												
Individual -1	9	A	1	390.93	158.15	390.93	7.82	398.75	578.58	7.82	586.40	Continuity Not Applicable
Family -1	9	B	1	1,588.79	1,200.55	1,588.79	31.78	1,620.57	2,351.41	31.78	2,383.19	Continuity Not Applicable
Family -2	9	C & D	2	1,078.06	578.70	1,078.06	21.56	1,099.62	1,595.53	21.56	1,617.09	Continuity Not Applicable

EMPIRE PLAN

Plan Prime												
Individual	7	1	0	1,014.98	871.88	1,014.98	20.30	1,035.28	1,502.17	20.30	1,522.47	871.88
Family	7	4	0	2,348.15	2,022.13	2,348.15	46.96	2,395.11	3,475.26	46.96	3,522.22	2,022.13
MediPrime												
Individual -1	7	A	1	444.39	170.54	444.39	8.89	453.28	657.70	8.89	666.59	Continuity Not Applicable
Family -1	7	B	1	1,777.54	1,320.80	1,777.54	35.55	1,813.09	2,630.76	35.55	2,666.31	Continuity Not Applicable
Family -2	7	C & D	2	1,206.95	619.46	1,206.95	24.14	1,231.09	1,786.29	24.14	1,810.43	Continuity Not Applicable