

(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

SCHEDULE II

Participating Agency Rates Effective January 1, 2018

EXCELSIOR & EMPIRE PLANS

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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	450.82	450.83	450.82	450.83	360.66	540.99	315.58	586.07	315.58	586.07	225.41	676.24
	Family	9	4	0	1,229.44	870.08	1,049.76	1,049.76	839.81	1,259.71	974.41	1,125.11	734.83	1,364.69	1,004.03	1,095.49
MediPrime																
	Individual -1	9	A	1	195.46	195.47	195.46	195.47	156.37	234.56	136.83	254.10	136.83	254.10	97.73	293.20
	Family -1	9	B	1	974.07	614.72	794.39	794.40	635.51	953.28	795.65	793.14	556.08	1,032.71	876.34	712.45
	Family -2	9	C & D	2	642.09	435.97	539.03	539.03	431.22	646.84	514.75	563.31	377.33	700.73	544.36	533.70
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	507.49	507.49	507.49	507.49	405.99	608.99	355.24	659.74	355.24	659.74	253.74	761.24
	Family	7	4	0	1,374.05	974.10	1,174.07	1,174.08	939.26	1,408.89	1,088.48	1,259.67	821.85	1,526.30	1,120.30	1,227.85
MediPrime																
	Individual -1	7	A	1	222.19	222.20	222.19	222.20	177.76	266.63	155.54	288.85	155.54	288.85	111.10	333.29
	Family -1	7	B	1	1,088.74	688.80	888.77	888.77	711.02	1,066.52	888.77	888.77	622.14	1,155.40	977.65	799.89
	Family -2	7	C & D	2	717.85	489.10	603.47	603.48	482.78	724.17	574.95	632.00	422.44	784.51	606.76	600.19

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EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2018
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	225.41	676.24	225.41	676.24	198.36	703.29	180.33	721.32	153.28	748.37	135.25	766.40
	Family	9	4	0	824.34	1,275.18	524.88	1,574.64	461.89	1,637.63	419.90	1,679.62	356.92	1,742.60	734.18	1,365.34
MediPrime																
	Individual -1	9	A	1	97.73	293.20	97.73	293.20	86.00	304.93	78.19	312.74	66.46	324.47	58.64	332.29
	Family -1	9	B	1	696.66	892.13	397.19	1,191.60	349.53	1,239.26	317.76	1,271.03	270.10	1,318.69	657.57	931.22
	Family -2	9	C & D	2	441.29	636.77	269.51	808.55	237.17	840.89	215.62	862.44	183.27	894.79	402.20	675.86
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	253.74	761.24	253.74	761.24	223.30	791.68	203.00	811.98	172.55	842.43	152.25	862.73
	Family	7	4	0	920.32	1,427.83	587.03	1,761.12	516.60	1,831.55	469.63	1,878.52	399.19	1,948.96	818.83	1,529.32
MediPrime																
	Individual -1	7	A	1	111.10	333.29	111.10	333.29	97.77	346.62	88.88	355.51	75.55	368.84	66.66	377.73
	Family -1	7	B	1	777.67	999.87	444.39	1,333.15	391.06	1,386.48	355.51	1,422.03	302.19	1,475.35	733.23	1,044.31
	Family -2	7	C & D	2	492.38	714.57	301.74	905.21	265.53	941.42	241.39	965.56	205.19	1,001.76	447.94	759.01

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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																
Plan Prime																
	Individual	9	1	0	135.25	766.40	135.25	766.40	135.25	766.40	90.16	811.49	90.16	811.49	90.16	811.49
	Family	9	4	0	434.72	1,664.80	374.82	1,724.70	314.93	1,784.59	689.09	1,410.43	389.63	1,709.89	329.73	1,769.79
MediPrime																
	Individual -1	9	A	1	58.64	332.29	58.64	332.29	58.64	332.29	39.09	351.84	39.09	351.84	39.09	351.84
	Family -1	9	B	1	358.10	1,230.69	298.21	1,290.58	238.32	1,350.47	638.02	950.77	338.55	1,250.24	278.66	1,310.13
	Family -2	9	C & D	2	230.42	847.64	196.07	881.99	161.71	916.35	382.65	695.41	210.87	867.19	176.52	901.54
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	152.25	862.73	152.25	862.73	152.25	862.73	101.50	913.48	101.50	913.48	101.50	913.48
	Family	7	4	0	485.54	1,862.61	418.88	1,929.27	352.23	1,995.92	768.08	1,580.07	434.79	1,913.36	368.13	1,980.02
MediPrime																
	Individual -1	7	A	1	66.66	377.73	66.66	377.73	66.66	377.73	44.44	399.95	44.44	399.95	44.44	399.95
	Family -1	7	B	1	399.95	1,377.59	333.29	1,444.25	266.63	1,510.91	711.01	1,066.53	377.73	1,399.81	311.07	1,466.47
	Family -2	7	C & D	2	257.30	949.65	219.17	987.78	181.04	1,025.91	425.72	781.23	235.08	971.87	196.95	1,010.00

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Participating Agency Rates Effective January 1, 2018
EXCELSIOR & EMPIRE PLANS

SCHEDULE II

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If Employer Pays - Ind / Dep Rate:

Contributions Are:					90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
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	90.16	811.49	90.16	811.49	45.08	856.57	45.08	856.57	45.08	856.57	45.08	856.57
	Family	9	4	0	269.84	1,829.68	209.95	1,889.57	284.65	1,814.87	224.76	1,874.76	164.87	1,934.65	104.97	1,994.55
MediPrime																
	Individual -1	9	A	1	39.09	351.84	39.09	351.84	19.55	371.38	19.55	371.38	19.55	371.38	19.55	371.38
	Family -1	9	B	1	218.77	1,370.02	158.88	1,429.91	259.12	1,329.67	199.23	1,389.56	139.34	1,449.45	79.44	1,509.35
	Family -2	9	C & D	2	142.16	935.90	107.80	970.26	156.98	921.08	122.62	955.44	88.26	989.80	53.91	1,024.15
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	101.50	913.48	101.50	913.48	50.75	964.23	50.75	964.23	50.75	964.23	50.75	964.23
	Family	7	4	0	301.48	2,046.67	234.82	2,113.33	317.38	2,030.77	250.73	2,097.42	184.07	2,164.08	117.41	2,230.74
MediPrime																
	Individual -1	7	A	1	44.44	399.95	44.44	399.95	22.22	422.17	22.22	422.17	22.22	422.17	22.22	422.17
	Family -1	7	B	1	244.41	1,533.13	177.75	1,599.79	288.85	1,488.69	222.19	1,555.35	155.53	1,622.01	88.88	1,688.66
	Family -2	7	C & D	2	158.82	1,048.13	120.70	1,086.25	174.73	1,032.22	136.60	1,070.35	98.48	1,108.47	60.35	1,146.60

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EXCELSIOR & EMPIRE PLANS

SCHEDULE II

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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																
Plan Prime																
	Individual	9	1	0	0.00	901.65	0.00	901.65	0.00	901.65	0.00	901.65	0.00	901.65	0.00	901.65
	Family	9	4	0	778.62	1,320.90	598.93	1,500.59	419.25	1,680.27	299.47	1,800.05	239.57	1,859.95	119.79	1,979.73
MediPrime																
	Individual -1	9	A	1	0.00	390.93	0.00	390.93	0.00	390.93	0.00	390.93	0.00	390.93	0.00	390.93
	Family -1	9	B	1	778.61	810.18	598.93	989.86	419.25	1,169.54	299.46	1,289.33	239.57	1,349.22	119.79	1,469.00
	Family -2	9	C & D	2	446.63	631.43	343.56	734.50	240.50	837.56	171.78	906.28	137.43	940.63	68.71	1,009.35
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	0.00	1,014.98	0.00	1,014.98	0.00	1,014.98	0.00	1,014.98	0.00	1,014.98	0.00	1,014.98
	Family	7	4	0	866.56	1,481.59	666.58	1,681.57	466.61	1,881.54	333.29	2,014.86	266.63	2,081.52	133.32	2,214.83
MediPrime																
	Individual -1	7	A	1	0.00	444.39	0.00	444.39	0.00	444.39	0.00	444.39	0.00	444.39	0.00	444.39
	Family -1	7	B	1	866.55	910.99	666.57	1,110.97	466.60	1,310.94	333.29	1,444.25	266.63	1,510.91	133.31	1,644.23
	Family -2	7	C & D	2	495.66	711.29	381.28	825.67	266.90	940.05	190.64	1,016.31	152.51	1,054.44	76.26	1,130.69

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EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE

SCHEDULE II

Participating Agency Rates Effective January 1, 2018

EXCELSIOR & EMPIRE PLANS

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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	901.65	0.00	901.65				
	Family	9	4	0	59.89	2,039.63	0.00	2,099.52				
MediPrime												
	Individual -1	9	A	1	0.00	390.93	0.00	390.93				
	Family -1	9	B	1	59.89	1,528.90	0.00	1,588.79				
	Family -2	9	C & D	2	34.36	1,043.70	0.00	1,078.06				
EMPIRE PLAN												
Plan Prime												
	Individual	7	1	0	0.00	1,014.98	0.00	1,014.98				
	Family	7	4	0	66.66	2,281.49	0.00	2,348.15				
MediPrime												
	Individual -1	7	A	1	0.00	444.39	0.00	444.39				
	Family -1	7	B	1	66.66	1,710.88	0.00	1,777.54				
	Family -2	7	C & D	2	38.13	1,168.82	0.00	1,206.95				

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