

(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, 2018

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% <u>EE</u>	35% <u>ER</u>	50% <u>EE</u>	50% <u>ER</u>	60% <u>EE</u>	60% <u>ER</u>	65% <u>EE</u>	45% <u>ER</u>	65% <u>EE</u>	65% <u>ER</u>	75% <u>EE</u>	35% <u>ER</u>	
<b>EXCELSIOR PLAN</b>															
<b>Plan Prime</b>															
Individual	9	1	0	390.00	390.01	390.00	390.01	312.00	468.01	273.00	507.01	273.00	507.01	195.00	585.01
Family	9	4	0	1,067.55	754.85	911.20	911.20	728.96	1,093.44	846.31	976.09	637.84	1,184.56	872.55	949.85
<b>MediPrime</b>															
Individual -1	9	A	1	79.07	79.08	79.07	79.08	63.26	94.89	55.35	102.80	55.35	102.80	39.54	118.61
Family -1	9	B	1	756.63	443.92	600.27	600.28	480.22	720.33	628.67	571.88	420.19	780.36	717.10	483.45
Family -2	9	C & D	2	352.43	226.27	289.35	289.35	231.48	347.22	286.65	292.05	202.54	376.16	312.90	265.80
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	435.94	435.94	435.94	435.94	348.75	523.13	305.16	566.72	305.16	566.72	217.97	653.91
Family	7	4	0	1,183.60	838.53	1,011.06	1,011.07	808.85	1,213.28	937.80	1,084.33	707.75	1,314.38	965.63	1,056.50
<b>MediPrime</b>															
Individual -1	7	A	1	85.27	85.27	85.27	85.27	68.22	102.32	59.69	110.85	59.69	110.85	42.63	127.91
Family -1	7	B	1	832.94	487.86	660.40	660.40	528.32	792.48	692.33	628.47	462.28	858.52	790.30	530.50
Family -2	7	C & D	2	377.07	242.39	309.73	309.73	247.79	371.67	306.60	312.86	216.81	402.65	334.43	285.03

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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>
<b>EXCELSIOR PLAN</b>															
<b>Plan Prime</b>															
Individual	9	1	0	195.00	585.01	195.00	585.01	171.60	608.41	156.00	624.01	132.60	647.41	117.00	663.01
Family	9	4	0	716.19	1,106.21	455.60	1,366.80	400.93	1,421.47	364.48	1,457.92	309.81	1,512.59	638.19	1,184.21
<b>MediPrime</b>															
Individual -1	9	A	1	39.54	118.61	39.54	118.61	34.79	123.36	31.63	126.52	26.89	131.26	23.72	134.43
Family -1	9	B	1	560.74	639.81	300.14	900.41	264.12	936.43	240.11	960.44	204.10	996.45	544.92	655.63
Family -2	9	C & D	2	249.81	328.89	144.68	434.02	127.31	451.39	115.74	462.96	98.38	480.32	233.99	344.71
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	217.97	653.91	217.97	653.91	191.81	680.07	174.38	697.50	148.22	723.66	130.78	741.10
Family	7	4	0	793.09	1,229.04	505.53	1,516.60	444.86	1,577.27	404.43	1,617.70	343.76	1,678.37	705.90	1,316.23
<b>MediPrime</b>															
Individual -1	7	A	1	42.63	127.91	42.63	127.91	37.52	133.02	34.11	136.43	28.99	141.55	25.58	144.96
Family -1	7	B	1	617.76	703.04	330.19	990.61	290.58	1,030.22	264.16	1,056.64	224.53	1,096.27	600.71	720.09
Family -2	7	C & D	2	267.09	352.37	154.86	464.60	136.28	483.18	123.89	495.57	105.31	514.15	250.04	369.42

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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%
				<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	117.00	663.01	117.00	663.01	117.00	663.01	78.00	702.01	78.00	702.01	78.00	702.01
Family	9	4	0	377.60	1,444.80	325.48	1,496.92	273.36	1,549.04	599.19	1,223.21	338.60	1,483.80	286.48	1,535.92
<b>MediPrime</b>															
Individual -1	9	A	1	23.72	134.43	23.72	134.43	23.72	134.43	15.81	142.34	15.81	142.34	15.81	142.34
Family -1	9	B	1	284.32	916.23	232.20	968.35	180.08	1,020.47	537.01	663.54	276.41	924.14	224.29	976.26
Family -2	9	C & D	2	128.86	449.84	107.83	470.87	86.80	491.90	226.08	352.62	120.95	457.75	99.92	478.78
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	130.78	741.10	130.78	741.10	130.78	741.10	87.19	784.69	87.19	784.69	87.19	784.69
Family	7	4	0	418.34	1,603.79	360.83	1,661.30	303.32	1,718.81	662.31	1,359.82	374.75	1,647.38	317.24	1,704.89
<b>MediPrime</b>															
Individual -1	7	A	1	25.58	144.96	25.58	144.96	25.58	144.96	17.05	153.49	17.05	153.49	17.05	153.49
Family -1	7	B	1	313.14	1,007.66	255.63	1,065.17	198.12	1,122.68	592.18	728.62	304.61	1,016.19	247.10	1,073.70
Family -2	7	C & D	2	137.81	481.65	115.36	504.10	92.92	526.54	241.51	377.95	129.28	490.18	106.83	512.63

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				If Employer Pays - Ind / Dep Rate:											
If Employer Pays - Ind / Dep Rate:				90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
Contributions Are:				<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	78.00	702.01	78.00	702.01	39.00	741.01	39.00	741.01	39.00	741.01	39.00	741.01
Family	9	4	0	234.36	1,588.04	182.24	1,640.16	247.48	1,574.92	195.36	1,627.04	143.24	1,679.16	91.12	1,731.28
<b>MediPrime</b>															
Individual -1	9	A	1	15.81	142.34	15.81	142.34	7.91	150.24	7.91	150.24	7.91	150.24	7.91	150.24
Family -1	9	B	1	172.17	1,028.38	120.05	1,080.50	216.39	984.16	164.27	1,036.28	112.15	1,088.40	60.03	1,140.52
Family -2	9	C & D	2	78.89	499.81	57.86	520.84	92.02	486.68	70.99	507.71	49.96	528.74	28.94	549.76
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	87.19	784.69	87.19	784.69	43.59	828.29	43.59	828.29	43.59	828.29	43.59	828.29
Family	7	4	0	259.73	1,762.40	202.21	1,819.92	273.64	1,748.49	216.13	1,806.00	158.61	1,863.52	101.10	1,921.03
<b>MediPrime</b>															
Individual -1	7	A	1	17.05	153.49	17.05	153.49	8.53	162.01	8.53	162.01	8.53	162.01	8.53	162.01
Family -1	7	B	1	189.59	1,131.21	132.08	1,188.72	238.58	1,082.22	181.07	1,139.73	123.56	1,197.24	66.04	1,254.76
Family -2	7	C & D	2	84.39	535.07	61.94	557.52	98.31	521.15	75.87	543.59	53.42	566.04	30.98	588.48

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If Employer Pays - Ind / Dep Rate:				100%	35%	100%	50%	100%	65%	100%	75%	100%	80%	100%	90%
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>
<b>Contributions Are:</b>															
<b>EXCELSIOR PLAN</b>															
<b>Plan Prime</b>															
Individual	9	1	0	0.00	780.01	0.00	780.01	0.00	780.01	0.00	780.01	0.00	780.01	0.00	780.01
Family	9	4	0	677.55	1,144.85	521.19	1,301.21	364.84	1,457.56	260.60	1,561.80	208.48	1,613.92	104.24	1,718.16
<b>MediPrime</b>															
Individual -1	9	A	1	0.00	158.15	0.00	158.15	0.00	158.15	0.00	158.15	0.00	158.15	0.00	158.15
Family -1	9	B	1	677.56	522.99	521.20	679.35	364.84	835.71	260.60	939.95	208.48	992.07	104.24	1,096.31
Family -2	9	C & D	2	273.36	305.34	210.27	368.43	147.19	431.51	105.14	473.56	84.11	494.59	42.05	536.65
<b>EMPIRE PLAN</b>															
<b>Plan Prime</b>															
Individual	7	1	0	0.00	871.88	0.00	871.88	0.00	871.88	0.00	871.88	0.00	871.88	0.00	871.88
Family	7	4	0	747.66	1,274.47	575.12	1,447.01	402.59	1,619.54	287.56	1,734.57	230.05	1,792.08	115.02	1,907.11
<b>MediPrime</b>															
Individual -1	7	A	1	0.00	170.54	0.00	170.54	0.00	170.54	0.00	170.54	0.00	170.54	0.00	170.54
Family -1	7	B	1	747.67	573.13	575.13	745.67	402.59	918.21	287.56	1,033.24	230.05	1,090.75	115.03	1,205.77
Family -2	7	C & D	2	291.80	327.66	224.46	395.00	157.12	462.34	112.23	507.23	89.78	529.68	44.89	574.57

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If Employer Pays - Ind / Dep Rate:				100%	95%	100%	100%				
Opt	Cov	Med		EE	ER	EE	ER				
Contributions Are:											
EXCELSIOR PLAN											
<b>Plan Prime</b>											
Individual	9	1	0	0.00	780.01	0.00	780.01				
Family	9	4	0	52.12	1,770.28	0.00	1,822.40				
<b>MediPrime</b>											
Individual -1	9	A	1	0.00	158.15	0.00	158.15				
Family -1	9	B	1	52.12	1,148.43	0.00	1,200.55				
Family -2	9	C & D	2	21.03	557.67	0.00	578.70				
EMPIRE PLAN											
<b>Plan Prime</b>											
Individual	7	1	0	0.00	871.88	0.00	871.88				
Family	7	4	0	57.51	1,964.62	0.00	2,022.13				
<b>MediPrime</b>											
Individual -1	7	A	1	0.00	170.54	0.00	170.54				
Family -1	7	B	1	57.51	1,263.29	0.00	1,320.80				
Family -2	7	C & D	2	22.45	597.01	0.00	619.46				

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