

(ps508.1) NEW YORK STATE DEPARTMENT OF CIVIL SERVICE Albany, New York 12239	SCHEDULE I NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE Participating Agency Rates Effective January 1, 2019 EXCELSIOR & EMPIRE PLANS
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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	943.70	835.73	943.70	18.87	962.57	1,396.68	18.87	1,415.55	836.17
Family	9	4	0	2,198.72	1,953.78	2,198.72	43.97	2,242.69	3,254.11	43.97	3,298.08	1,954.49
MediPrime												
Individual -1	9	A	1	359.78	157.96	359.78	7.20	366.98	532.47	7.20	539.67	Continuity Not Applicable
Family -1	9	B	1	1,614.80	1,275.99	1,614.80	32.30	1,647.10	2,389.90	32.30	2,422.20	Continuity Not Applicable
Family -2	9	C & D	2	1,030.89	598.25	1,030.89	20.62	1,051.51	1,525.72	20.62	1,546.34	Continuity Not Applicable

EMPIRE PLAN

Plan Prime												
Individual	7	1	0	1,042.85	915.80	1,042.85	20.86	1,063.71	1,543.42	20.86	1,564.28	916.31
Family	7	4	0	2,412.77	2,124.55	2,412.77	48.26	2,461.03	3,570.90	48.26	3,619.16	2,125.35
MediPrime												
Individual -1	7	A	1	403.27	165.76	403.27	8.07	411.34	596.84	8.07	604.91	Continuity Not Applicable
Family -1	7	B	1	1,773.19	1,374.51	1,773.19	35.46	1,808.65	2,624.32	35.46	2,659.78	Continuity Not Applicable
Family -2	7	C & D	2	1,133.57	624.43	1,133.57	22.67	1,156.24	1,677.68	22.67	1,700.35	Continuity Not Applicable