

(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, 2019

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%	
Opt	Cov	Med		EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	471.85	471.85	471.85	471.85	377.48	566.22	330.29	613.41	330.29	613.41	235.92	707.78
	Family	9	4	0	1,287.61	911.11	1,099.36	1,099.36	879.49	1,319.23	1,020.55	1,178.17	769.55	1,429.17	1,051.68	1,147.04
MediPrime																
	Individual -1	9	A	1	179.89	179.89	179.89	179.89	143.91	215.87	125.92	233.86	125.92	233.86	89.94	269.84
	Family -1	9	B	1	995.65	619.15	807.40	807.40	645.92	968.88	816.18	798.62	565.18	1,049.62	905.70	709.10
	Family -2	9	C & D	2	616.11	414.78	515.45	515.44	412.35	618.54	495.03	535.86	360.81	670.08	526.16	504.73
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	521.42	521.43	521.42	521.43	417.14	625.71	365.00	677.85	365.00	677.85	260.71	782.14
	Family	7	4	0	1,411.87	1,000.90	1,206.38	1,206.39	965.11	1,447.66	1,118.46	1,294.31	844.47	1,568.30	1,151.16	1,261.61
MediPrime																
	Individual -1	7	A	1	201.63	201.64	201.63	201.64	161.31	241.96	141.14	262.13	141.14	262.13	100.82	302.45
	Family -1	7	B	1	1,092.08	681.11	886.59	886.60	709.28	1,063.91	894.60	878.59	620.61	1,152.58	991.27	781.92
	Family -2	7	C & D	2	676.32	457.25	566.78	566.79	453.43	680.14	542.80	590.77	396.74	736.83	575.51	558.06

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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		EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	235.92	707.78	235.92	707.78	207.61	736.09	188.74	754.96	160.43	783.27	141.55	802.15
	Family	9	4	0	863.43	1,335.29	549.67	1,649.05	483.71	1,715.01	439.74	1,758.98	373.78	1,824.94	769.06	1,429.66
MediPrime																
	Individual -1	9	A	1	89.94	269.84	89.94	269.84	79.15	280.63	71.96	287.82	61.16	298.62	53.97	305.81
	Family -1	9	B	1	717.45	897.35	403.69	1,211.11	355.25	1,259.55	322.96	1,291.84	274.51	1,340.29	681.48	933.32
	Family -2	9	C & D	2	425.49	605.40	257.72	773.17	226.79	804.10	206.18	824.71	175.25	855.64	389.52	641.37
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	260.71	782.14	260.71	782.14	229.43	813.42	208.57	834.28	177.28	865.57	156.43	886.42
	Family	7	4	0	945.67	1,467.10	603.19	1,809.58	530.81	1,881.96	482.55	1,930.22	410.17	2,002.60	841.39	1,571.38
MediPrime																
	Individual -1	7	A	1	100.82	302.45	100.82	302.45	88.72	314.55	80.65	322.62	68.56	334.71	60.49	342.78
	Family -1	7	B	1	785.78	987.41	443.30	1,329.89	390.10	1,383.09	354.63	1,418.56	301.45	1,471.74	745.45	1,027.74
	Family -2	7	C & D	2	465.97	667.60	283.39	850.18	249.39	884.18	226.71	906.86	192.71	940.86	425.64	707.93

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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		EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	141.55	802.15	141.55	802.15	141.55	802.15	94.37	849.33	94.37	849.33	94.37	849.33
	Family	9	4	0	455.30	1,743.42	392.55	1,806.17	329.80	1,868.92	721.88	1,476.84	408.12	1,790.60	345.37	1,853.35
MediPrime																
	Individual -1	9	A	1	53.97	305.81	53.97	305.81	53.97	305.81	35.98	323.80	35.98	323.80	35.98	323.80
	Family -1	9	B	1	367.72	1,247.08	304.97	1,309.83	242.22	1,372.58	663.49	951.31	349.73	1,265.07	286.98	1,327.82
	Family -2	9	C & D	2	221.75	809.14	188.19	842.70	154.64	876.25	371.53	659.36	203.76	827.13	170.20	860.69
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	156.43	886.42	156.43	886.42	156.43	886.42	104.28	938.57	104.28	938.57	104.28	938.57
	Family	7	4	0	498.91	1,913.86	430.41	1,982.36	361.92	2,050.85	789.24	1,623.53	446.76	1,966.01	378.26	2,034.51
MediPrime																
	Individual -1	7	A	1	60.49	342.78	60.49	342.78	60.49	342.78	40.33	362.94	40.33	362.94	40.33	362.94
	Family -1	7	B	1	402.97	1,370.22	334.47	1,438.72	265.98	1,507.21	725.29	1,047.90	382.81	1,390.38	314.31	1,458.88
	Family -2	7	C & D	2	243.06	890.51	206.55	927.02	170.03	963.54	405.48	728.09	222.90	910.67	186.39	947.18

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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	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN														
Plan Prime														
	Individual	9 1 0	94.37	849.33	94.37	849.33	47.18	896.52	47.18	896.52	47.18	896.52	47.18	896.52
	Family	9 4 0	282.62	1,916.10	219.87	1,978.85	298.18	1,900.54	235.43	1,963.29	172.68	2,026.04	109.93	2,088.79
MediPrime														
	Individual -1	9 A 1	35.98	323.80	35.98	323.80	17.99	341.79	17.99	341.79	17.99	341.79	17.99	341.79
	Family -1	9 B 1	224.23	1,390.57	161.48	1,453.32	268.99	1,345.81	206.24	1,408.56	143.49	1,471.31	80.74	1,534.06
	Family -2	9 C & D 2	136.65	894.24	103.09	927.80	152.21	878.68	118.66	912.23	85.10	945.79	51.55	979.34
EMPIRE PLAN														
Plan Prime														
	Individual	7 1 0	104.28	938.57	104.28	938.57	52.14	990.71	52.14	990.71	52.14	990.71	52.14	990.71
	Family	7 4 0	309.77	2,103.00	241.27	2,171.50	326.12	2,086.65	257.63	2,155.14	189.13	2,223.64	120.64	2,292.13
MediPrime														
	Individual -1	7 A 1	40.33	362.94	40.33	362.94	20.16	383.11	20.16	383.11	20.16	383.11	20.16	383.11
	Family -1	7 B 1	245.82	1,527.37	177.32	1,595.87	294.14	1,479.05	225.65	1,547.54	157.15	1,616.04	88.66	1,684.53
	Family -2	7 C & D 2	149.87	983.70	113.36	1,020.21	166.22	967.35	129.70	1,003.87	93.19	1,040.38	56.67	1,076.90

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If Employer Pays - Ind / Dep Rate:

				100%	35%	100%	50%	100%	65%	100%	75%	100%	80%	100%	90%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	0.00	943.70	0.00	943.70	0.00	943.70	0.00	943.70	0.00	943.70	0.00	943.70
Family	9	4	0	815.76	1,382.96	627.51	1,571.21	439.26	1,759.46	313.75	1,884.97	251.00	1,947.72	125.50	2,073.22
MediPrime															
Individual -1	9	A	1	0.00	359.78	0.00	359.78	0.00	359.78	0.00	359.78	0.00	359.78	0.00	359.78
Family -1	9	B	1	815.76	799.04	627.51	987.29	439.26	1,175.54	313.75	1,301.05	251.00	1,363.80	125.50	1,489.30
Family -2	9	C & D	2	436.22	594.67	335.55	695.34	234.89	796.00	167.78	863.11	134.22	896.67	67.11	963.78
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	0.00	1,042.85	0.00	1,042.85	0.00	1,042.85	0.00	1,042.85	0.00	1,042.85	0.00	1,042.85
Family	7	4	0	890.45	1,522.32	684.96	1,727.81	479.47	1,933.30	342.48	2,070.29	273.98	2,138.79	136.99	2,275.78
MediPrime															
Individual -1	7	A	1	0.00	403.27	0.00	403.27	0.00	403.27	0.00	403.27	0.00	403.27	0.00	403.27
Family -1	7	B	1	890.45	882.74	684.96	1,088.23	479.47	1,293.72	342.48	1,430.71	273.98	1,499.21	136.99	1,636.20
Family -2	7	C & D	2	474.69	658.88	365.15	768.42	255.60	877.97	182.57	951.00	146.06	987.51	73.03	1,060.54

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If Employer Pays - Ind / Dep Rate:

	Opt	Cov	Med	100%	95%	100%	100%			
Contributions Are:				<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>			
EXCELSIOR PLAN										
<u>Plan Prime</u>										
Individual	9	1	0	0.00	943.70	0.00	943.70			
Family	9	4	0	62.75	2,135.97	0.00	2,198.72			
<u>MediPrime</u>										
Individual -1	9	A	1	0.00	359.78	0.00	359.78			
Family -1	9	B	1	62.75	1,552.05	0.00	1,614.80			
Family -2	9	C & D	2	33.56	997.33	0.00	1,030.89			
EMPIRE PLAN										
<u>Plan Prime</u>										
Individual	7	1	0	0.00	1,042.85	0.00	1,042.85			
Family	7	4	0	68.50	2,344.27	0.00	2,412.77			
<u>MediPrime</u>										
Individual -1	7	A	1	0.00	403.27	0.00	403.27			
Family -1	7	B	1	68.50	1,704.69	0.00	1,773.19			
Family -2	7	C & D	2	36.51	1,097.06	0.00	1,133.57			