

(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, 2019

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	If Employer Pays - Ind / Dep Rate:												
			50% EE	35% ER	50% EE	50% ER	60% EE	60% ER	65% EE	45% ER	65% EE	65% ER	75% EE	35% ER	
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	417.86	417.87	417.86	417.87	334.29	501.44	292.51	543.22	292.51	543.22	208.93	626.80
Family	9	4	0	1,144.59	809.19	976.89	976.89	781.51	1,172.27	907.44	1,046.34	683.83	1,269.95	935.66	1,018.12
MediPrime															
Individual -1	9	A	1	78.98	78.98	78.98	78.98	63.18	94.78	55.29	102.67	55.29	102.67	39.49	118.47
Family -1	9	B	1	805.70	470.29	637.99	638.00	510.39	765.60	670.21	605.78	446.60	829.39	766.21	509.78
Family -2	9	C & D	2	365.17	233.08	299.13	299.12	239.30	358.95	297.45	300.80	209.39	388.86	325.68	272.57
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	457.90	457.90	457.90	457.90	366.32	549.48	320.53	595.27	320.53	595.27	228.95	686.85
Family	7	4	0	1,243.59	880.96	#####	1,062.28	849.82	1,274.73	985.34	1,139.21	743.59	1,380.96	1,014.64	1,109.91
MediPrime															
Individual -1	7	A	1	82.88	82.88	82.88	82.88	66.30	99.46	58.02	107.74	58.02	107.74	41.44	124.32
Family -1	7	B	1	868.57	505.94	687.25	687.26	549.80	824.71	722.83	651.68	481.08	893.43	827.13	547.38
Family -2	7	C & D	2	381.02	243.41	312.21	312.22	249.77	374.66	310.29	314.14	218.55	405.88	339.58	284.85

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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	208.93	626.80	208.93	626.80	183.86	651.87	167.15	668.58	142.07	693.66	125.36	710.37
Family	9	4	0	767.95	1,185.83	488.44	1,465.34	429.83	1,523.95	390.76	1,563.02	332.14	1,621.64	684.38	1,269.40
MediPrime															
Individual -1	9	A	1	39.49	118.47	39.49	118.47	34.75	123.21	31.59	126.37	26.85	131.11	23.69	134.27
Family -1	9	B	1	598.50	677.49	319.00	956.99	280.72	995.27	255.20	1,020.79	216.92	1,059.07	582.70	693.29
Family -2	9	C & D	2	259.63	338.62	149.56	448.69	131.61	466.64	119.65	478.60	101.70	496.55	243.83	354.42
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	228.95	686.85	228.95	686.85	201.48	714.32	183.16	732.64	155.69	760.11	137.37	778.43
Family	7	4	0	833.32	1,291.23	531.14	1,593.41	467.40	1,657.15	424.91	1,699.64	361.18	1,763.37	741.74	1,382.81
MediPrime															
Individual -1	7	A	1	41.44	124.32	41.44	124.32	36.47	129.29	33.15	132.61	28.18	137.58	24.86	140.90
Family -1	7	B	1	645.81	728.70	343.63	1,030.88	302.39	1,072.12	274.90	1,099.61	233.67	1,140.84	629.23	745.28
Family -2	7	C & D	2	270.77	353.66	156.11	468.32	137.38	487.05	124.88	499.55	106.15	518.28	254.19	370.24

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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%
				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	125.36	710.37	125.36	710.37	125.36	710.37	83.57	752.16	83.57	752.16	83.57	752.16
Family	9	4	0	404.87	1,548.91	348.97	1,604.81	293.07	1,660.71	642.59	1,311.19	363.08	1,590.70	307.18	1,646.60
MediPrime															
Individual -1	9	A	1	23.69	134.27	23.69	134.27	23.69	134.27	15.80	142.16	15.80	142.16	15.80	142.16
Family -1	9	B	1	303.20	972.79	247.30	1,028.69	191.39	1,084.60	574.81	701.18	295.31	980.68	239.41	1,036.58
Family -2	9	C & D	2	133.76	464.49	111.75	486.50	89.73	508.52	235.94	362.31	125.87	472.38	103.86	494.39
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	137.37	778.43	137.37	778.43	137.37	778.43	91.58	824.22	91.58	824.22	91.58	824.22
Family	7	4	0	439.56	1,684.99	379.12	1,745.43	318.68	1,805.87	695.95	1,428.60	393.77	1,730.78	333.33	1,791.22
MediPrime															
Individual -1	7	A	1	24.86	140.90	24.86	140.90	24.86	140.90	16.58	149.18	16.58	149.18	16.58	149.18
Family -1	7	B	1	327.05	1,047.46	266.61	1,107.90	206.17	1,168.34	620.95	753.56	318.77	1,055.74	258.33	1,116.18
Family -2	7	C & D	2	139.53	484.90	116.59	507.84	93.66	530.77	245.91	378.52	131.25	493.18	108.31	516.12

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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:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	83.57	752.16	83.57	752.16	41.79	793.94	41.79	793.94	41.79	793.94	41.79	793.94
Family	9	4	0	251.28	1,702.50	195.37	1,758.41	265.40	1,688.38	209.50	1,744.28	153.59	1,800.19	97.69	1,856.09
MediPrime															
Individual -1	9	A	1	15.80	142.16	15.80	142.16	7.90	150.06	7.90	150.06	7.90	150.06	7.90	150.06
Family -1	9	B	1	183.50	1,092.49	127.60	1,148.39	231.51	1,044.48	175.60	1,100.39	119.70	1,156.29	63.80	1,212.19
Family -2	9	C & D	2	81.84	516.41	59.83	538.42	95.96	502.29	73.94	524.31	51.93	546.32	29.91	568.34
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	91.58	824.22	91.58	824.22	45.79	870.01	45.79	870.01	45.79	870.01	45.79	870.01
Family	7	4	0	272.89	1,851.66	212.45	1,912.10	287.54	1,837.01	227.10	1,897.45	166.66	1,957.89	106.23	2,018.32
MediPrime															
Individual -1	7	A	1	16.58	149.18	16.58	149.18	8.29	157.47	8.29	157.47	8.29	157.47	8.29	157.47
Family -1	7	B	1	197.89	1,176.62	137.45	1,237.06	250.04	1,124.47	189.60	1,184.91	129.16	1,245.35	68.73	1,305.78
Family -2	7	C & D	2	85.38	539.05	62.45	561.98	100.02	524.41	77.09	547.34	54.16	570.27	31.22	593.21

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If Employer Pays - Ind / Dep Rate:				If Employer Pays - Ind / Dep Rate:													
Opt	Cov	Med		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	835.73	0.00	835.73	0.00	835.73	0.00	835.73	0.00	835.73	0.00	835.73		
Family	9	4	0	726.73	1,227.05	559.02	1,394.76	391.32	1,562.46	279.51	1,674.27	223.61	1,730.17	111.80	1,841.98		
MediPrime																	
Individual -1	9	A	1	0.00	157.96	0.00	157.96	0.00	157.96	0.00	157.96	0.00	157.96	0.00	157.96		
Family -1	9	B	1	726.72	549.27	559.01	716.98	391.31	884.68	279.51	996.48	223.61	1,052.38	111.80	1,164.19		
Family -2	9	C & D	2	286.19	312.06	220.14	378.11	154.10	444.15	110.07	488.18	88.06	510.19	44.03	554.22		
EMPIRE PLAN																	
Plan Prime																	
Individual	7	1	0	0.00	915.80	0.00	915.80	0.00	915.80	0.00	915.80	0.00	915.80	0.00	915.80		
Family	7	4	0	785.69	1,338.86	604.37	1,520.18	423.06	1,701.49	302.19	1,822.36	241.75	1,882.80	120.87	2,003.68		
MediPrime																	
Individual -1	7	A	1	0.00	165.76	0.00	165.76	0.00	165.76	0.00	165.76	0.00	165.76	0.00	165.76		
Family -1	7	B	1	785.69	588.82	604.37	770.14	423.06	951.45	302.19	1,072.32	241.75	1,132.76	120.87	1,253.64		
Family -2	7	C & D	2	298.14	326.29	229.33	395.10	160.53	463.90	114.67	509.76	91.73	532.70	45.87	578.56		

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If Employer Pays - Ind / Dep Rate:				100%	95%	100%	100%				
	Opt	Cov	Med								
Contributions Are:				EE	ER	EE	ER				
EXCELSIOR PLAN											
Plan Prime											
Individual	9	1	0	0.00	835.73	0.00	835.73				
Family	9	4	0	55.90	1,897.88	0.00	1,953.78				
MediPrime											
Individual -1	9	A	1	0.00	157.96	0.00	157.96				
Family -1	9	B	1	55.90	1,220.09	0.00	1,275.99				
Family -2	9	C & D	2	22.01	576.24	0.00	598.25				
EMPIRE PLAN											
Plan Prime											
Individual	7	1	0	0.00	915.80	0.00	915.80				
Family	7	4	0	60.44	2,064.11	0.00	2,124.55				
MediPrime											
Individual -1	7	A	1	0.00	165.76	0.00	165.76				
Family -1	7	B	1	60.44	1,314.07	0.00	1,374.51				
Family -2	7	C & D	2	22.93	601.50	0.00	624.43				

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