

(ps508.1)

SCHEDULE I

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
Albany, New York 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA		Continuity of Coverage No Drug Coverage
					PA Billing Rate	Enrollee Cost	

EXCELSIOR PLAN

Plan Prime								
Individual	9	1	0	929.43	823.29	929.43	929.43	823.29
Family	9	4	0	2,153.84	1,914.04	2,153.84	2,153.84	1,914.04
MediPrime								
Individual -1	9	A	1	337.12	139.71	337.12	337.12	Continuity Not Applicable
Family -1	9	B	1	1,561.52	1,230.45	1,561.52	1,561.52	Continuity Not Applicable
Family -2	9	C & D	2	969.23	546.87	969.23	969.23	Continuity Not Applicable

EMPIRE PLAN

<u>Plan Prime</u>								
Individual	7	1	0	1,031.82	906.99	1,031.82	1,031.82	906.99
Family	7	4	0	2,387.58	2,105.53	2,387.58	2,387.58	2,105.53
<u>MediPrime</u>								
Individual -1	7	A	1	388.60	156.40	388.60	388.60	Continuity Not Applicable
Family -1	7	B	1	1,744.35	1,354.96	1,744.35	1,744.35	Continuity Not Applicable
Family -2	7	C & D	2	1,101.10	604.34	1,101.10	1,101.10	Continuity Not Applicable