(ps508)

SCHEDULE II

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, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Individual / Dependent Rate:

Contributions Are:	Opt	Cov	Med	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	464.71	464.72	464.71	464.72	371.77	557.66	325.30	604.13	325.30	604.13	232.36	697.07
Family	9	4	0	1,260.58	893.26	1,076.92	1,076.92	861.53	1,292.31	998.73	1,155.11	753.84	1,400.00	1,028.23	1,125.61
MediPrime															
Individual -1	9	A	1	168.56	168.56	168.56	168.56	134.85	202.27	117.99	219.13	117.99	219.13	84.28	252.84
Family -1	9	B	1	964.42	597.10	780.76	780.76	624.61	936.91	791.41	770.11	546.53	1,014.99	880.14	681.38
Family -2	9	C & D	2	579.43	389.80	484.62	484.61	387.69	581.54	465.65	503.58	339.23	630.00	495.15	474.08
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	515.91	515.91	515.91	515.91	412.73	619.09	361.14	670.68	361.14	670.68	257.95	773.87
Family	7	4	0	1,397.15	990.43	1,193.79	1,193.79	955.03	1,432.55	1,106.81	1,280.77	835.66	1,551.92	1,139.19	1,248.39
MediPrime															
Individual -1	7	A	1	194.30	194.30	194.30	194.30	155.44	233.16	136.01	252.59	136.01	252.59	97.15	291.45
Family -1	7	B	1	1,075.54	668.81	872.18	872.17	697.74	1,046.61	881.67	862.68	610.52	1,133.83	978.39	765.96
Family -2	7	C & D	2	657.42	443.68	550.55	550.55	440.44	660.66	527.88	573.22	385.38	715.72	560.27	540.83

11/21/2019

(ps508)

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Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Individual / Dependent Rate:

Contributions Are:		Opt	Cov	Med	75% EE	50% ER	75% EE	75% ER	78% EE	78% ER	80% EE	80% ER	83% EE	83% ER	85% EE	50% ER
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	232.36	697.07	232.36	697.07	204.47	724.96	185.89	743.54	158.00	771.43	139.41	790.02
	Family	9	4	0	844.56	1,309.28	538.46	1,615.38	473.84	1,680.00	430.77	1,723.07	366.15	1,787.69	751.61	1,402.23
MediPrime																
	Individual -1	9	A	1	84.28	252.84	84.28	252.84	74.17	262.95	67.42	269.70	57.31	279.81	50.57	286.55
	Family -1	9	B	1	696.48	865.04	390.38	1,171.14	343.54	1,217.98	312.30	1,249.22	265.46	1,296.06	662.77	898.75
	Family -2	9	C & D	2	400.33	568.90	242.31	726.92	213.23	756.00	193.84	775.39	164.77	804.46	366.62	602.61
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	257.95	773.87	257.95	773.87	227.00	804.82	206.36	825.46	175.41	856.41	154.77	877.05
	Family	7	4	0	935.83	1,451.75	596.89	1,790.69	525.27	1,862.31	477.51	1,910.07	405.89	1,981.69	832.65	1,554.93
MediPrime																
	Individual -1	7	A	1	97.15	291.45	97.15	291.45	85.49	303.11	77.72	310.88	66.06	322.54	58.29	330.31
	Family -1	7	B	1	775.02	969.33	436.09	1,308.26	383.75	1,360.60	348.87	1,395.48	296.54	1,447.81	736.16	1,008.19
	Family -2	7	C & D	2	453.40	647.70	275.27	825.83	242.24	858.86	220.22	880.88	187.18	913.92	414.54	686.56

(ps508)

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EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Individual / Dependent Rate:

Contributions Are:		Opt	Cov	Med	85% EE	75% ER	85% EE	80% ER	85% EE	85% ER	90% EE	50% ER	90% EE	75% ER	90% EE	80% ER
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	139.41	790.02	139.41	790.02	139.41	790.02	92.94	836.49	92.94	836.49	92.94	836.49
	Family	9	4	0	445.51	1,708.33	384.29	1,769.55	323.07	1,830.77	705.14	1,448.70	399.04	1,754.80	337.82	1,816.02
MediPrime																
	Individual -1	9	A	1	50.57	286.55	50.57	286.55	50.57	286.55	33.71	303.41	33.71	303.41	33.71	303.41
	Family -1	9	B	1	356.67	1,204.85	295.45	1,266.07	234.23	1,327.29	645.91	915.61	339.81	1,221.71	278.59	1,282.93
	Family -2	9	C & D	2	208.60	760.63	176.99	792.24	145.39	823.84	349.76	619.47	191.74	777.49	160.13	809.10
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	154.77	877.05	154.77	877.05	154.77	877.05	103.18	928.64	103.18	928.64	103.18	928.64
	Family	7	4	0	493.71	1,893.87	425.92	1,961.66	358.13	2,029.45	781.06	1,606.52	442.12	1,945.46	374.33	2,013.25
MediPrime																
	Individual -1	7	A	1	58.29	330.31	58.29	330.31	58.29	330.31	38.86	349.74	38.86	349.74	38.86	349.74
	Family -1	7	B	1	397.23	1,347.12	329.44	1,414.91	261.65	1,482.70	716.73	1,027.62	377.80	1,366.55	310.01	1,434.34
	Family -2	7	C & D	2	236.41	864.69	200.79	900.31	165.16	935.94	395.11	705.99	216.98	884.12	181.36	919.74

(ps508)

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EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:		Opt	Cov	Med	90% EE	85% ER	90% EE	90% ER	95% EE	80% ER	95% EE	85% ER	95% EE	90% ER	95% EE	95% ER
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	92.94	836.49	92.94	836.49	46.47	882.96	46.47	882.96	46.47	882.96	46.47	882.96
	Family	9	4	0	276.60	1,877.24	215.38	1,938.46	291.35	1,862.49	230.13	1,923.71	168.91	1,984.93	107.69	2,046.15
MediPrime																
	Individual -1	9	A	1	33.71	303.41	33.71	303.41	16.86	320.26	16.86	320.26	16.86	320.26	16.86	320.26
	Family -1	9	B	1	217.37	1,344.15	156.15	1,405.37	261.74	1,299.78	200.52	1,361.00	139.30	1,422.22	78.08	1,483.44
	Family -2	9	C & D	2	128.53	840.70	96.92	872.31	143.28	825.95	111.68	857.55	80.07	889.16	48.47	920.76
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	103.18	928.64	103.18	928.64	51.59	980.23	51.59	980.23	51.59	980.23	51.59	980.23
	Family	7	4	0	306.54	2,081.04	238.76	2,148.82	322.74	2,064.84	254.95	2,132.63	187.17	2,200.41	119.38	2,268.20
MediPrime																
	Individual -1	7	A	1	38.86	349.74	38.86	349.74	19.43	369.17	19.43	369.17	19.43	369.17	19.43	369.17
	Family -1	7	B	1	242.22	1,502.13	174.43	1,569.92	290.58	1,453.77	222.79	1,521.56	155.00	1,589.35	87.22	1,657.13
	Family -2	7	C & D	2	145.73	955.37	110.11	990.99	161.93	939.17	126.30	974.80	90.68	1,010.42	55.05	1,046.05

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Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

Contributions Are:		Opt	Cov	Med	100% EE	35% ER	100% EE	50% ER	100% EE	65% ER	100% EE	75% ER	100% EE	80% ER	100% EE	90% ER
EXCELSIOR PLAN																
Plan Prime																
	Individual	9	1	0	0.00	929.43	0.00	929.43	0.00	929.43	0.00	929.43	0.00	929.43	0.00	929.43
	Family	9	4	0	795.87	1,357.97	612.20	1,541.64	428.54	1,725.30	306.10	1,847.74	244.88	1,908.96	122.44	2,031.40
MediPrime																
	Individual -1	9	A	1	0.00	337.12	0.00	337.12	0.00	337.12	0.00	337.12	0.00	337.12	0.00	337.12
	Family -1	9	B	1	795.86	765.66	612.20	949.32	428.54	1,132.98	306.10	1,255.42	244.88	1,316.64	122.44	1,439.08
	Family -2	9	C & D	2	410.87	558.36	316.05	653.18	221.24	747.99	158.03	811.20	126.42	842.81	63.21	906.02
EMPIRE PLAN																
Plan Prime																
	Individual	7	1	0	0.00	1,031.82	0.00	1,031.82	0.00	1,031.82	0.00	1,031.82	0.00	1,031.82	0.00	1,031.82
	Family	7	4	0	881.24	1,506.34	677.88	1,709.70	474.52	1,913.06	338.94	2,048.64	271.15	2,116.43	135.58	2,252.00
MediPrime																
	Individual -1	7	A	1	0.00	388.60	0.00	388.60	0.00	388.60	0.00	388.60	0.00	388.60	0.00	388.60
	Family -1	7	B	1	881.24	863.11	677.87	1,066.48	474.51	1,269.84	338.94	1,405.41	271.15	1,473.20	135.57	1,608.78
	Family -2	7	C & D	2	463.12	637.98	356.25	744.85	249.37	851.73	178.12	922.98	142.50	958.60	71.25	1,029.85

11/21/2019

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Participating Agency Rates Effective January 1, 2020
EXCELSIOR & EMPIRE PLANS

If Employer Pays - Ind / Dep Rate:

					100%	95%	100%	100%								

Contributions Are:		Opt	Cov	Med	EE	ER	EE	ER				
EXCELSIOR PLAN												
Plan Prime												
	Individual	9	1	0	0.00	929.43	0.00	929.43				
	Family	9	4	0	61.22	2,092.62	0.00	2,153.84				
MediPrime												
	Individual -1	9	A	1	0.00	337.12	0.00	337.12				
	Family -1	9	B	1	61.22	1,500.30	0.00	1,561.52				
	Family -2	9	C & D	2	31.61	937.62	0.00	969.23				
EMPIRE PLAN												
Plan Prime												
	Individual	7	1	0	0.00	1,031.82	0.00	1,031.82				
	Family	7	4	0	67.79	2,319.79	0.00	2,387.58				
MediPrime												
	Individual -1	7	A	1	0.00	388.60	0.00	388.60				
	Family -1	7	B	1	67.79	1,676.56	0.00	1,744.35				
	Family -2	7	C & D	2	35.62	1,065.48	0.00	1,101.10				

11/21/2019