(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, 2020

Non Drug Option Medicare Part D Enrolles Approved for Low Income Subsidy

If Employer Pays - Indivdual / Dependent Rate:

	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	411.64	411.65	411.64	411.65	329.32	493.97	288.15	535.14	288.15	535.14	205.82	617.47
Family	9	4	0	1,120.63	793.41	957.02	957.02	765.62	1,148.42	888.06	1,025.98	669.91	1,244.13	914.81	999.23
MediPrime															
Individual -1	9	A	1	69.85	69.86	69.85	69.86	55.88	83.83	48.90	90.81	48.90	90.81	34.93	104.78
Family -1	9	B	1	778.83	451.62	615.22	615.23	492.18	738.27	648.81	581.64	430.66	799.79	743.91	486.54
Family -2	9	C & D	2	334.50	212.37	273.43	273.44	218.74	328.13	272.84	274.03	191.41	355.46	299.58	247.29
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	453.49	453.50	453.49	453.50	362.80	544.19	317.45	589.54	317.45	589.54	226.75	680.24
Family	7	4	0	1,232.54	872.99	1,052.76	1,052.77	842.22	1,263.31	976.65	1,128.88	736.94	1,368.59	1,005.80	1,099.73
MediPrime															
Individual -1	7	A	1	78.20	78.20	78.20	78.20	62.56	93.84	54.74	101.66	54.74	101.66	39.10	117.30
Family -1	7	B	1	857.26	497.70	677.48	677.48	541.98	812.98	713.95	641.01	474.24	880.72	818.16	536.80
Family -2	7	C & D	2	369.36	234.98	302.17	302.17	241.74	362.60	301.11	303.23	211.52	392.82	330.26	274.08

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If Employer Pays - Ind / Dep 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	205.82	617.47	205.82	617.47	181.12	642.17	164.66	658.63	139.96	683.33	123.49	699.80
Family	9	4	0	751.19	1,162.85	478.51	1,435.53	421.08	1,492.96	382.81	1,531.23	325.39	1,588.65	668.86	1,245.18
MediPrime															
Individual -1	9	A	1	34.93	104.78	34.93	104.78	30.74	108.97	27.94	111.77	23.75	115.96	20.96	118.75
Family -1	9	B	1	580.30	650.15	307.61	922.84	270.70	959.75	246.09	984.36	209.18	1,021.27	566.33	664.12
Family -2	9	C & D	2	238.51	308.36	136.72	410.15	120.32	426.55	109.37	437.50	92.97	453.90	224.54	322.33
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	226.75	680.24	226.75	680.24	199.54	707.45	181.40	725.59	154.19	752.80	136.05	770.94
Family	7	4	0	826.02	1,279.51	526.38	1,579.15	463.22	1,642.31	421.11	1,684.42	357.94	1,747.59	735.32	1,370.21
MediPrime															
Individual -1	7	A	1	39.10	117.30	39.10	117.30	34.41	121.99	31.28	125.12	26.59	129.81	23.46	132.94
Family -1	7	B	1	638.38	716.58	338.74	1,016.22	298.09	1,056.87	270.99	1,083.97	230.35	1,124.61	622.74	732.22
Family -2	7	C & D	2	263.07	341.27	151.08	453.26	132.96	471.38	120.87	483.47	102.74	501.60	247.43	356.91

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If Employer Pays - Ind / Dep 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	123.49	699.80	123.49	699.80	123.49	699.80	82.33	740.96	82.33	740.96	82.33	740.96
Family	9	4	0	396.18	1,517.86	341.64	1,572.40	287.10	1,626.94	627.70	1,286.34	355.02	1,559.02	300.48	1,613.56
MediPrime															
Individual -1	9	A	1	20.96	118.75	20.96	118.75	20.96	118.75	13.97	125.74	13.97	125.74	13.97	125.74
Family -1	9	B	1	293.64	936.81	239.11	991.34	184.57	1,045.88	559.34	671.11	286.65	943.80	232.12	998.33
Family -2	9	C & D	2	122.75	424.12	102.39	444.48	82.03	464.84	217.55	329.32	115.76	431.11	95.40	451.47
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	136.05	770.94	136.05	770.94	136.05	770.94	90.70	816.29	90.70	816.29	90.70	816.29
Family	7	4	0	435.68	1,669.85	375.76	1,729.77	315.83	1,789.70	689.97	1,415.56	390.33	1,715.20	330.41	1,775.12
MediPrime															
Individual -1	7	A	1	23.46	132.94	23.46	132.94	23.46	132.94	15.64	140.76	15.64	140.76	15.64	140.76
Family -1	7	B	1	323.10	1,031.86	263.17	1,091.79	203.24	1,151.72	614.92	740.04	315.28	1,039.68	255.35	1,099.61
Family -2	7	C & D	2	135.44	468.90	113.05	491.29	90.65	513.69	239.61	364.73	127.62	476.72	105.23	499.11

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Participating Agency Rates Effective January 1, 2020
Non Drug Option Medicare Part D Enrolles Approved for Low Income Subsidy

If Employer Pays - Ind / Dep Rate:				If Employer Pays - Ind / Dep Rate:									
				90%	85%	90%	90%	95%	80%	95%	85%	95%	90%	95%	95%
	Opt	Cov	Med												
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	82.33	740.96	82.33	740.96	41.16	782.13	41.16	782.13	41.16	782.13	41.16	782.13
Family	9	4	0	245.94	1,668.10	191.40	1,722.64	259.31	1,654.73	204.77	1,709.27	150.23	1,763.81	95.70	1,818.34
MediPrime															
Individual -1	9	A	1	13.97	125.74	13.97	125.74	6.99	132.72	6.99	132.72	6.99	132.72	6.99	132.72
Family -1	9	B	1	177.58	1,052.87	123.04	1,107.41	225.14	1,005.31	170.60	1,059.85	116.06	1,114.39	61.53	1,168.92
Family -2	9	C & D	2	75.04	471.83	54.69	492.18	88.42	458.45	68.06	478.81	47.71	499.16	27.35	519.52
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	90.70	816.29	90.70	816.29	45.35	861.64	45.35	861.64	45.35	861.64	45.35	861.64
Family	7	4	0	270.48	1,835.05	210.55	1,894.98	285.06	1,820.47	225.13	1,880.40	165.20	1,940.33	105.28	2,000.25
MediPrime															
Individual -1	7	A	1	15.64	140.76	15.64	140.76	7.82	148.58	7.82	148.58	7.82	148.58	7.82	148.58
Family -1	7	B	1	195.42	1,159.54	135.50	1,219.46	247.53	1,107.43	187.60	1,167.36	127.68	1,227.28	67.75	1,287.21
Family -2	7	C & D	2	82.83	521.51	60.43	543.91	97.41	506.93	75.01	529.33	52.61	551.73	30.22	574.12

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NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
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Participating Agency Rates Effective January 1, 2020
Non Drug Option Medicare Part D Enrolles Approved for Low Income Subsidy

If Employer Pays - Ind / Dep Rate:				If Employer Pays - Ind / Dep Rate:									
				100%	35%	100%	50%	100%	65%	100%	75%	100%	80%	100%	90%
	Opt	Cov	Med												
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
EXCELSIOR PLAN															
Plan Prime															
Individual	9	1	0	0.00	823.29	0.00	823.29	0.00	823.29	0.00	823.29	0.00	823.29	0.00	823.29
Family	9	4	0	708.99	1,205.05	545.37	1,368.67	381.76	1,532.28	272.69	1,641.35	218.15	1,695.89	109.07	1,804.97
MediPrime															
Individual -1	9	A	1	0.00	139.71	0.00	139.71	0.00	139.71	0.00	139.71	0.00	139.71	0.00	139.71
Family -1	9	B	1	708.98	521.47	545.37	685.08	381.76	848.69	272.68	957.77	218.15	1,012.30	109.07	1,121.38
Family -2	9	C & D	2	264.65	282.22	203.58	343.29	142.51	404.36	101.79	445.08	81.43	465.44	40.72	506.15
EMPIRE PLAN															
Plan Prime															
Individual	7	1	0	0.00	906.99	0.00	906.99	0.00	906.99	0.00	906.99	0.00	906.99	0.00	906.99
Family	7	4	0	779.05	1,326.48	599.27	1,506.26	419.49	1,686.04	299.63	1,805.90	239.71	1,865.82	119.85	1,985.68
MediPrime															
Individual -1	7	A	1	0.00	156.40	0.00	156.40	0.00	156.40	0.00	156.40	0.00	156.40	0.00	156.40
Family -1	7	B	1	779.06	575.90	599.28	755.68	419.50	935.46	299.64	1,055.32	239.71	1,115.25	119.86	1,235.10
Family -2	7	C & D	2	291.16	313.18	223.97	380.37	156.78	447.56	111.98	492.36	89.59	514.75	44.79	559.55

11/21/2019

(ps508) SCHEDULE III

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM

Albany, New York 12239

EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE

Participating Agency Rates Effective January 1, 2020

Non Drug Option Medicare Part D Enrolles Approved for Low Income Subsidy

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	823.29	0.00	823.29				
Family	9	4	0	54.54	1,859.50	0.00	1,914.04				
MediPrime											
Individual -1	9	A	1	0.00	139.71	0.00	139.71				
Family -1	9	B	1	54.54	1,175.91	0.00	1,230.45				
Family -2	9	C & D	2	20.36	526.51	0.00	546.87				
EMPIRE PLAN											
Plan Prime											
Individual	7	1	0	0.00	906.99	0.00	906.99				
Family	7	4	0	59.93	2,045.60	0.00	2,105.53				
MediPrime											
Individual -1	7	A	1	0.00	156.40	0.00	156.40				
Family -1	7	B	1	59.93	1,295.03	0.00	1,354.96				
Family -2	7	C & D	2	22.40	581.94	0.00	604.34				

11/21/2019