

New York State Health Insurance Program (No Plan Changes)
 Biweekly Empire Plan Rates
 Effective January 1, 2009

Payroll Checks Dated
 Lag
 Exempt 12/10/2008 12/24/2008
 Admin 12/10/2008 12/24/2008
 Inst 12/31/2008

Schedule I - With Prescription Drug Coverage
 Benefit Program A04, A24, A25, A37, A48, A30, A51

	Blue Cross Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		UHC Drug		NYBEAS	GROSS RATES	B/C Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		B/C Drug		INTEREST		CONTRIBUTIONS		
	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Drug	Core			NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	REG	Spec	Net LWOP	EE
Individual	76.22	69.94	16.03	3.69	0.23	0.23	71.95	149.09	0.53	238.29	4.92	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.70	0.56	0.00	0.00	226.11	22.61	203.50
Family	188.08	167.84	39.39	11.89	0.87	0.53	149.09	323.92	1.16	557.69	11.89	2.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.46	1.25	0.00	0.00	530.75	98.77	431.98

Monthly Rates

Schedule II - With Prescription Drug Coverage
 Benefit Program M02

M02 Less than 1/2 time - use Net LWOP Rate

	Blue Cross Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		UHC Drug		NYBEAS	GROSS RATES	B/C Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		B/C Drug		INTEREST		CONTRIBUTIONS		
	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Drug	Core			NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	REG	Spec	Net LWOP	EE
Individual	165.60	151.95	34.82	8.02	0.50	0.49	156.31	323.92	1.16	517.69	10.69	2.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.39	1.22	0.00	0.00	491.21	49.12	442.09
Family	408.62	364.65	85.57	25.84	1.90	1.16	323.92	647.84	2.32	1211.66	25.84	5.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.89	2.72	0.00	0.00	1153.12	214.60	938.52

Schedule III - COBRA With Prescription Drug Coverage
 Benefit Program C04, C25, C37, C48, C50, C51

	Blue Cross Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		UHC Drug		NYBEAS	GROSS RATES	B/C Core		United HealthCare Core		UHC MHSAs Core		UHC MHSAs NY Enh		B/C Drug		INTEREST		CONTRIBUTIONS		
	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Drug	Core			NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	Core	NY Enh	REG	Spec	Net LWOP	Admin
Individual	165.60	151.95	34.82	8.02	0.50	0.49	156.31	323.92	1.16	517.69	10.69	2.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.39	1.22	0.00	0.00	491.21	9.82	501.03
Family	408.62	364.65	85.57	25.84	1.90	1.16	323.92	647.84	2.32	1211.66	25.84	5.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.89	2.72	0.00	0.00	1153.12	23.06	1176.18

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BIWEEKLY

HMO Option	HMO				Net LWOP	CONTRIBUTIONS	
	Rate	NYBEAS	Gross	Interest		Employee	Employer
HIP (050)							
Individual	224.94	0.62	225.56	0.56	225.00	34.25	190.75
Family	550.87	1.53	552.40	1.25	551.15	128.08	423.07
Univera Healthcare (057)							
Individual	260.28	0.62	260.90	0.56	260.34	92.06	168.28
Family	719.37	1.53	720.90	1.25	719.65	341.81	377.84
Preferred Care (058)							
Individual	175.57	0.62	176.19	0.56	175.63	17.56	158.07
Family	437.92	1.53	439.45	1.25	438.20	83.20	355.00
Independent Health (059)							
Individual	206.46	0.62	207.08	0.56	206.52	20.65	185.87
Family	543.31	1.53	544.84	1.25	543.59	125.54	418.05
MVP Health Care - East Region (060)							
Individual	176.71	0.62	177.33	0.56	176.77	17.68	159.09
Family	457.23	1.53	458.76	1.25	457.51	87.86	369.65
Capital District PHP - Capital (063)							
Individual	189.02	0.62	189.64	0.56	189.08	18.91	170.17
Family	485.32	1.53	486.85	1.25	485.60	93.04	392.56
Blue Choice (066)							
Individual	194.83	0.62	195.45	0.56	194.89	21.86	173.03
Family	490.13	1.53	491.66	1.25	490.41	105.33	385.08
Community Blue (067)							
Individual	230.72	0.62	231.34	0.56	230.78	38.19	192.59
Family	640.20	1.53	641.73	1.25	640.48	200.75	439.73
HMO Blue - CNY (072)							
Individual	249.18	0.62	249.80	0.56	249.24	65.61	183.63
Family	635.06	1.53	636.59	1.25	635.34	231.03	404.31
HMO Blue - Utica/Watertown (160)							
Individual	215.41	0.62	216.03	0.56	215.47	31.10	184.37
Family	577.80	1.53	579.33	1.25	578.08	168.48	409.60

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HMO Option	HMO	NYBEAS	Gross	Interest	Net	CONTRIBUTIONS	
	Rate				LWOP	Employee	Employer
Aetna (210)							
Individual	273.01	0.62	273.63	0.56	273.07	96.59	176.48
Family	745.76	1.53	747.29	1.25	746.04	361.58	384.46
GHI HMO - Albany Region (220)							
Individual	228.70	0.62	229.32	0.56	228.76	41.87	186.89
Family	601.44	1.53	602.97	1.25	601.72	184.33	417.39
Empire BlueCross BlueShield - Upstate (280)							
Individual	256.26	0.62	256.88	0.56	256.32	59.50	196.82
Family	668.85	1.53	670.38	1.25	669.13	226.75	442.38
Empire BlueCross BlueShield - Downstate (290)							
Individual	279.17	0.62	279.79	0.56	279.23	81.95	197.28
Family	728.67	1.53	730.20	1.25	728.95	285.52	443.43
Capital District PHP - Central (300)							
Individual	223.48	0.62	224.10	0.56	223.54	43.81	179.73
Family	573.79	1.53	575.32	1.25	574.07	172.53	401.54
Capital District PHP - W. Hudson Valley (310)							
Individual	228.58	0.62	229.20	0.56	228.64	49.57	179.07
Family	586.88	1.53	588.41	1.25	587.16	187.16	400.00
Empire BlueCross BlueShield - Mid-Hudson (320)							
Individual	301.81	0.62	302.43	0.56	301.87	105.02	196.85
Family	787.84	1.53	789.37	1.25	788.12	345.69	442.43
MVP Health Care - Central Region (330)							
Individual	209.71	0.62	210.33	0.56	209.77	37.37	172.40
Family	542.63	1.53	544.16	1.25	542.91	159.90	383.01
MVP Health Care - Mid-Hudson (340)							
Individual	230.16	0.62	230.78	0.56	230.22	55.52	174.70
Family	595.54	1.53	597.07	1.25	595.82	207.64	388.18
GHI HMO - HV & Ulster Regions (350)							
Individual	245.40	0.62	246.02	0.56	245.46	58.57	186.89
Family	652.67	1.53	654.20	1.25	652.95	235.57	417.38
MVP Health Care - North Region (360)							
Individual	233.38	0.62	234.00	0.56	233.44	58.74	174.70
Family	603.87	1.53	605.40	1.25	604.15	215.97	388.18