

Schedule I
Benefit Program A01, A02, A03, A04, A05, A06, A07, A09, A10, A11, A12, A13, A14, A15, A17, A19
A20, A21, A22, A23, A24, A25, A28, A33, A34, A35, A36, A37, A39, A40, A41, A42, A43, A44, A45, A46, A47, A48, A50, A51, L19
(With Drug Coverage)
Rates Effective January 1, 2008

Payroll Checks Dated:
Exempt Lag
Admin 12/12/07 12/26/07
Ins: 1/03/08

BIWEEKLY

HMO Option	HMO				Net LWOP	CONTRIBUTIONS	
	Rate	NYBEAS	Gross	Interest		Employee	Employer
HIP (050)							
Individual	207.40	0.38	207.78	1.00	206.78	20.68	186.10
Family	509.26	0.96	510.22	2.28	507.94	95.97	411.97
Univera Healthcare (057)							
Individual	206.54	0.38	208.92	1.00	207.92	44.52	163.40
Family	579.71	0.96	580.67	2.28	578.39	212.13	366.26
Preferred Care (058)							
Individual	151.54	0.38	151.92	1.00	150.92	15.09	135.83
Family	378.01	0.96	378.97	2.28	376.69	71.53	305.16
Independent Health (059)							
Individual	182.60	0.38	182.98	1.00	181.98	18.20	163.78
Family	480.58	0.96	481.54	2.28	479.26	92.52	386.74
MVP Health Care - East Region (060)							
Individual	161.94	0.38	162.32	1.00	161.32	16.13	145.19
Family	418.93	0.96	419.89	2.28	417.61	80.20	337.41
Capital District PHP - Capital (063)							
Individual	162.82	0.38	163.20	1.00	162.20	16.22	145.98
Family	418.04	0.96	419.00	2.28	416.72	79.85	336.87
Blue Choice (066)							
Individual	153.02	0.38	153.40	1.00	152.40	15.24	137.16
Family	384.56	0.96	385.52	2.28	383.24	72.95	310.29
Community Blue (067)							
Individual	186.79	0.38	187.17	1.00	186.17	18.62	167.55
Family	518.55	0.96	519.51	2.28	517.23	124.21	393.02
HMO Blue - CNY (072)							
Individual	201.71	0.38	202.09	1.00	201.09	28.69	172.40
Family	493.11	0.96	494.07	2.28	491.79	114.67	377.12
HMO Blue - Utica/Waterdown (160)							
Individual	212.74	0.38	213.12	1.00	212.12	42.05	170.07
Family	543.84	0.96	544.80	2.28	542.52	167.79	374.73

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A20, A21, A22, A23, A24, A25, A28, A33, A34, A35, A36, A37, A39, A40, A41, A42, A43, A44, A45, A46, A47, A48, A50, A51, L19
(With Drug Coverage)
Rates Effective January 1, 2008

Payroll Checks Dated:

BIWEEKLY

	Exempt	Lag
Admin	12/12/07	12/26/07
Inst		1/03/08

HMO Option	HMO Rate	NYBEAS	Gross	Interest	Net LWOP	CONTRIBUTIONS Employee	Employer
Aetna (210)							
Individual	250.27	0.38	250.65	1.00	249.65	75.12	174.53
Family	681.62	0.96	682.58	2.28	680.30	303.09	377.21
GHI HMO - Albany Region (220)							
Individual	204.23	0.38	204.61	1.00	203.61	23.80	179.81
Family	537.13	0.96	538.09	2.28	535.81	137.35	398.46
Empire BlueCross BlueShield - Upstate (280)							
Individual	228.46	0.38	228.84	1.00	227.84	39.41	188.43
Family	596.25	0.96	597.21	2.28	594.93	174.75	420.18
Empire BlueCross BlueShield - Downstate (290)							
Individual	247.81	0.38	248.19	1.00	247.19	58.51	188.68
Family	646.84	0.96	647.80	2.28	645.52	224.75	420.77
Capital District PHP - Central (300)							
Individual	188.40	0.38	188.78	1.00	187.78	18.78	169.00
Family	483.73	0.96	484.69	2.28	482.41	106.96	375.45
Capital District PHP - W. Hudson Valley (310)							
Individual	203.59	0.38	203.97	1.00	202.97	32.47	170.50
Family	522.71	0.96	523.67	2.28	521.39	143.84	377.55
Empire BlueCross BlueShield - Mid-Hudson (320)							
Individual	269.04	0.38	269.42	1.00	268.42	79.73	188.69
Family	702.30	0.96	703.26	2.28	700.98	280.21	420.77
MVP Health Care - Central Region (330)							
Individual	207.80	0.38	208.18	1.00	207.18	39.35	167.85
Family	537.59	0.96	538.55	2.28	536.27	166.31	369.96
MVP Health Care - Mid-Hudson (340)							
Individual	219.13	0.38	219.51	1.00	218.51	50.66	167.85
Family	566.91	0.96	567.87	2.28	565.59	195.63	369.96
GHI HMO - HV & Ulster Regions (350)							
Individual	217.65	0.38	218.03	1.00	217.03	37.22	179.81
Family	580.10	0.96	581.06	2.28	578.78	180.32	398.46

**New York State Health Insurance Program
Biweekly Empire Plan Rates
Effective January 1, 2008**

Payroll Checks Dated:

	Exempt	Lag
Admin	12/12/2007	12/26/2007
Inst		1/3/2008

Schedule 1 - With Prescription Drug Coverage

Benefit Program A01, A02, A03, A04, A05, A06, A07, A09, A10, A11, A12, A13, A14, A15, A17, A19, A20, A21, A22, A23, A24, A25, A28, A33, A34, A35, A36, A37, A39, A40, A41, A42, A43, A44, A45, A46, A47, A48, A50, A51, L19

	GROSS RATES								DIVIDENDS							INTEREST			CONTRIBUTIONS			
	Blue Cross		United HealthCare		GHI MHS A		Blue Cross	NYBEAS	B/C	United HealthCare		GHI MHS A		B/C	CIGNA	Drug	REG		Spec	Net LWOP	EE	ER
	Core	NY Enh	Core	NY Enh	Core	NY Enh	Drug			Core	NY Enh	Core	Enh				REG	Spec				
Individual	71.51	71.31	17.79	3.67	0.08	72.97	0.01	237.34	5.20	1.76	-1.04	0.00	0.00	2.00	6.39	1.00	0.16	221.87	22.19	199.68		
Small	127.22	160.88	41.25	11.88	0.28	145.88	0.04	547.91	15.68	4.88	-2.48	0.00	0.00	2.07	12.70	2.28	0.27	513.50	95.10	418.40		