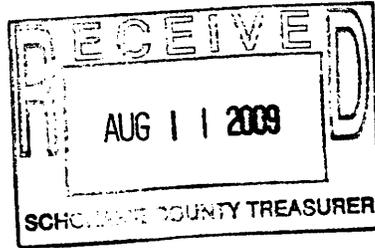




benetech®

August 10, 2009

Connie Skinner
Schoharie County
PO Box 9
284 Main Street
Schoharie, NY 12157



Dear Connie,

The total amount due to CDPHP for the August payment is \$78,202.78

The address to send the payment to is: CDPHP
PO Box 4934
Syracuse, NY 13221-4934

Please make sure that group number 10007403 and invoice number 091950003438 are on the check.

If you have any questions, please call me at 518-283-8500 ext 307.

Sincerely,

Sandy Mead
VP of Operations
Benetech, INC.



**State of New York Department of Civil Service
Employee Benefits Division**

Constance Skinner
Schoharie County
284 Main Street
PO Box 9
Schoharie, NY 12157

Statement Number: 363
Statement Date: 07/03/2009
Account Number: 00399

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369

Total Due : **\$ 360,676.21**
Amount Paid : **360,676.21**
Submitted by : Constance Skinner
Date : 7/22/09

Complete only if Address or Phone number of contact person changes

Customer Address : _____

Telephone : _____
Contact Person: _____

Participating Employer Health Insurance Premium Due Invoice for the Coverage Period Begin -

08/01/2009

PLEASE DO NOT WRITE BELOW THIS LINE (DO NOT DETACH)

Instructions:

1. Pay the "Total Due". Please use only this month's form for this month's payment or a photocopy of it.
2. Make check payable to : **NYS EMPLOYEES' HEALTH INSURANCE PENDING ACCOUNT.**
3. Send this ENTIRE PAGE with your check to the above address.

Customer ID : **00399**
Amount Due : **\$ 360,676.21**
Receipt No : _____
Amount Received : _____
Date Received : _____

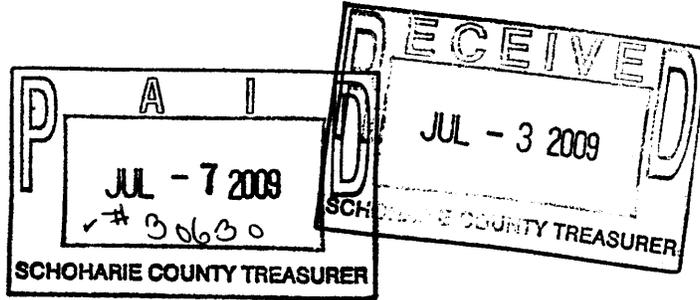
00399



benetech®

July 2, 2009

Connie Skinner
Schoharie County
PO Box 9
284 Main Street
Schoharie, NY 12157



Dear Connie,

The total amount due to CDPHP for the July payment is \$78,467.59

The address to send the payment to is: CDPHP
PO Box 4934
Syracuse, NY 13221-4934

Please make sure that group number 015185 and invoice number 000500110355 are on the check.

If you have any questions, please call me at 518-283-8500 ext 307.

Sincerely,

Sandy Mead
VP of Operations
Benetech, INC.



**State of New York Department of Civil Service
Employee Benefits Division**

Constance Skinner
Schoharie County
284 Main Street
PO Box 9
Schoharie, NY 12157

Statement Number: 362 Page: 3 of 3
Statement Date: 06/04/2009
Account Number: 00399
Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369

Total Due : **\$ 335,216.27**
Amount Paid : 335,216.27
Submitted by : Constance Skinner
Date : 6/23/09

Complete only if Address or Phone number of contact person changes

Customer Address : _____

Telephone : _____
Contact Person: _____

Participating Employer Health Insurance Premium Due Invoice for the Coverage Period Begin - **07/01/2009**

PLEASE DO NOT WRITE BELOW THIS LINE (DO NOT DETACH)

Instructions:

1. Pay the "Total Due". Please use only this month's form for this month's payment or a photocopy of it.
2. Make check payable to : **NYS EMPLOYEES' HEALTH INSURANCE PENDING ACCOUNT.**
3. Send this ENTIRE PAGE with your check to the above address.

Customer ID : **00399**
Amount Due : **\$ 335,216.27**
Receipt No : _____
Amount Received : _____
Date Received : _____

00399



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12238
www.cs.state.ny.us

NANCY G. GROENWEGEN
COMMISSIONER

PA08-19

TO: Participating Agency Chief Executive Officers & Health Benefits Administrators
FROM: Employee Benefits Division
SUBJECT: Plan Year 2009 NYSHIP Rates
DATE: December 5, 2008

Enclosed are the Plan Year 2009 rates for the New York State Health Insurance Program (NYSHIP). Schedule I contains the full share rates, the No-drug rates for Medicare Part D LIS enrollees, the COBRA rates and the NYS Continuity of Coverage rates. Schedules II and III present the Employee/Employer Variable Contribution Rate Table for drug and non-drug rates, respectively. Your bill for January 2009 coverage will reflect the new rates.

The Five-Tier premium rates chargeable to Participating Agencies have, in the aggregate, increased 1.18%. The percentage increase for each type of coverage does vary. By comparison, a survey of 70 health insurers nationwide indicated premium increases for 2009 would be in the 6 percent range. Premiums for employees of the U.S. Government are expected to rise an average of 8 percent. Consistent with Governor Paterson's directive, the Department worked with The Empire Plan carriers to assure that premiums paid by participating local governments are as low as possible while still being sufficient to pay the benefits to which enrollees are entitled under the Plan.

Factors contributing to this favorable rate action:

Negotiated Reductions in Premium Demands

Negotiated premium reductions of approximately \$74.3 million from the carriers' original baseline renewal requests were made as a result of discussions between the insurers, the Department and our benefit consulting firm.

Retrospective Premium Arrangements

To achieve further reductions and avoid paying more premium throughout the year than we expect will be necessary to pay claims, we negotiated retrospective premium arrangements (retros) of approximately \$174.2 million. If, at the end of the year the actual claims and expenses exceed the amount of the paid premium, an additional payment will be made by the Plan. Both the Department of Civil Service and our benefit consulting firm do not expect that any material retro payment will be necessary. The retro payment, if needed, will be made from the Health Insurance Fund's premium stabilization reserve.



**Capital District Physicians' Health Plan, Inc.
SCHOHARIE COUNTY - 015185**

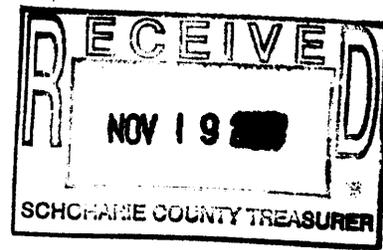
**Large Group
1/1/2009 Renewal Date**

Rates are estimated pending NYSDOI approval.

L102 - Mallow, Chad
CAP1 - Quarterly Rates

Rider			Single	Double	EE/Child	Family
HA12L07	CY	HA12L07 - \$15 PCP, \$15 SCP, \$0 IP, \$0 SNF, \$50 ER, \$75 Surg, \$50 Amb	\$ 373.50			\$ 933.75
HMELGL3	ST	Full-time student to age 25	\$ 0.00			\$ 30.47
HMRxL5a	Rx	\$5 / \$25 / \$40	\$ 95.10			\$ 237.75
HMMHL6	MH	Rider to Increase Inpatient Mental Health days from 30 to 60	\$ 0.08			\$ 0.20
HMELGL17	SR	Surviving Spouse & Dependents	\$ 0.00			\$ 0.00
HMELGL18	ME	Modify Subscriber Criteria (Medicare Split Family)	\$ 0.00			\$ 0.00
Renewal Rates			\$ 468.68			\$ 1,202.17

Current Rates	\$ 409.82	\$ 1,051.19
% Change	14.4%	14.4%
Current Enrollment	64	46



ELIOT SPITZER
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12239
www.cs.state.ny.us

NANCY G. GROENWEGEN
COMMISSIONER

November 16, 2007

Dear Chief Executive Officer:

Attached are the Plan Year 2008 rates for the New York State Health Insurance Program (NYSHIP).

The Five-Tier rates chargeable to Participating Agencies have, in the aggregate, increased 5.4%. The percentage increase for each type of coverage varies. There are a myriad of factors, contributing to this premium increase. These factors are discussed in greater detail on the attached memorandum.

The Administrative Charge rate for 2008 is also included in the memorandum.

If you have any questions, comments or suggestions, please don't hesitate to contact me.

Sincerely,

Robert W. DuBois, CEBS
Director
Employee Benefits Division

Attachments

cc: Health Benefit Administrators

**NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
PARTICIPATING AGENCY RATES EFFECTIVE JANUARY 1, 2009
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			COBRA WITH DISABILITY			Continuity of Coverage No Drug Coverage
						Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	
EXCELSIOR PLAN												
Plan Prime												
<i>Individual</i>	9	1	0	\$ 529.17	\$ 448.46	\$ 529.17	\$ 10.58	\$ 539.75	\$ 783.17	\$ 10.58	\$ 793.75	\$ 448.21
<i>Family</i>	9	4	0	\$ 1,137.16	\$ 968.24	\$ 1,137.16	\$ 22.74	\$ 1,159.90	\$ 1,683.00	\$ 22.74	\$ 1,705.74	\$ 967.73
MediPrime												
<i>Individual -1</i>	9	A	1	\$ 296.43	\$ 132.37	\$ 296.43	\$ 5.93	\$ 302.36	\$ 438.72	\$ 5.93	\$ 444.65	Continuity Not Applicable
<i>Family -1</i>	9	B	1	\$ 904.43	\$ 652.16	\$ 904.43	\$ 18.09	\$ 922.52	\$ 1,338.56	\$ 18.09	\$ 1,356.65	Continuity Not Applicable
<i>Family -2</i>	9	C & D	2	\$ 671.71	\$ 336.10	\$ 671.71	\$ 13.43	\$ 685.14	\$ 994.13	\$ 13.43	\$ 1,007.56	Continuity Not Applicable
EMPIRE PLAN												
Plan Prime												
<i>Individual</i>	7	1	0	\$ 598.58	\$ 493.89	\$ 598.58	\$ 11.97	\$ 610.55	\$ 885.90	\$ 11.97	\$ 897.87	\$ 493.65
<i>Family</i>	7	4	0	\$ 1,282.17	\$ 1,063.10	\$ 1,282.17	\$ 25.64	\$ 1,307.81	\$ 1,897.61	\$ 25.64	\$ 1,923.25	\$ 1,062.59
MediPrime												
<i>Individual -1</i>	7	A	1	\$ 359.22	\$ 146.91	\$ 359.22	\$ 7.18	\$ 366.40	\$ 531.65	\$ 7.18	\$ 538.83	Continuity Not Applicable
<i>Family -1</i>	7	B	1	\$ 1,042.81	\$ 716.11	\$ 1,042.81	\$ 20.86	\$ 1,063.67	\$ 1,543.36	\$ 20.86	\$ 1,564.22	Continuity Not Applicable
<i>Family -2</i>	7	C & D	2	\$ 803.45	\$ 369.13	\$ 803.45	\$ 16.07	\$ 819.52	\$ 1,189.11	\$ 16.07	\$ 1,205.18	Continuity Not Applicable

2009 *Medicare: \$96.40

(11/18/08)



Capital District Physicians' Health Plan, Inc.
SCHOHARIE COUNTY - 015185
Large Group
1/1/2008 Renewal Date

L107 - Chad Mallow
 CAP1 - Quarterly Rates

*****Pending New York State Insurance Department approval*****

Rider			Single	Double	EE/Child	Family
HA12L07	CY	HA12L07 - \$15 PCP, \$15 SCP, \$0 IP, \$0 SNF, \$50 ER, \$75 Surg, \$50 Amb	\$ 333.66			\$ 834.15
HMELGL3	ST	Full-time student to age 25	\$ 0.00			\$ 26.64
HMRxL5a	Rx	\$5 / \$25 / \$40	\$ 76.08			\$ 190.20
HMMHL6	MH	Rider to Increase Inpatient Mental Health days from 30 to 60	\$ 0.08			\$ 0.20
HMELGL17	SR	Surviving Spouse & Dependents	\$ 0.00			\$ 0.00
HMELGL18	ME	Modify Subscriber Criteria (Medicare Split Family)	\$ 0.00			\$ 0.00
Renewal Rates			\$ 409.82			\$ 1,051.19

Current Rates	\$ 389.18	\$ 998.25
% Change	5.3%	5.3%
Current Enrollment	50	36

(ps508.1)

SCHEDULE I

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
 EMPLOYEE BENEFITS DIVISION
 ALFRED E SMITH STATE OFFICE BLDG
 ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
 EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
 Participating Agency Rates Effective January 1, 2008

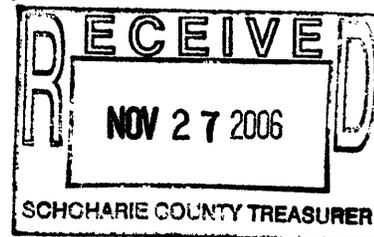
Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA Gross			COBRA WITH DISABILITY Gross			Continuity of Coverage No Drug Coverage
					PA Billing Rate	COBRA 2% Charge	Enrollee Cost	PA Billing Rate	COBRA 2% Charge	Enrollee Cost	

Plan Prime - Core Only												
Individual	8	1	0	519.35	435.04	557.73	11.15	568.88	825.44	11.15	836.59	435.04
Family	8	4	0	1,105.67	931.35	1,186.84	23.74	1,210.58	1,756.52	23.74	1,780.26	931.35
MediPrime - Core Only												
Individual -1	8	A	1	336.91	131.17	372.79	7.46	380.25	551.73	7.46	559.19	Continuity Not Applicable
Family -1	8	B	1	923.26	627.49	1,001.91	20.04	1,021.95	1,482.83	20.04	1,502.87	Continuity Not Applicable
Family -2	8	C & D	2	740.84	323.64	816.99	16.34	833.33	1,209.15	16.34	1,225.49	Continuity Not Applicable

Plan Prime - Core Plus All Enhancements												
Individual	7	1	0	592.38	511.10	633.79	12.68	646.47	938.01	12.68	950.69	511.10
Family	7	4	0	1,258.78	1,090.78	1,346.27	26.93	1,373.20	1,992.48	26.93	2,019.41	1,090.78
MediPrime - Core Plus All Enhancements												
Individual -1	7	A	1	360.41	155.61	397.23	7.94	405.17	587.90	7.94	595.84	Continuity Not Applicable
Family -1	7	B	1	1,026.86	735.32	1,109.74	22.19	1,131.93	1,642.42	22.19	1,664.61	Continuity Not Applicable
Family -2	7	C & D	2	794.94	379.86	873.21	17.46	890.67	1,292.35	17.46	1,309.81	Continuity Not Applicable

2008 *Medicare: \$96.40

10/25/07



GEORGE E. PATAKI
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
80 SOUTH SWAN STREET
ALBANY, NEW YORK 12239
www.cs.state.ny.us

DANIEL E. WALL
COMMISSIONER

November 22, 2006

Dear Chief Executive Officer:

Attached are the Plan Year 2007 rates for the New York State Health Insurance Program (NYSHIP).

The Five-Tier rates chargeable to Participating Agencies have, in the aggregate, increased 4.7%. The percentage increase for each type of coverage varies. There are a myriad of factors, both positive and negative, contributing to this premium increase. These factors are discussed in greater detail on the attached memorandum.

The Administrative Charge rate for 2007 is also included in the memorandum.

If you have any questions, comments or suggestions, please don't hesitate to contact me.

Sincerely,

Robert W. DuBois, CEBS
Director
Employee Benefits Division

Attachments

cc: Health Benefit Administrators

(ps508.1)

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
 W. AVERELL HARRIMAN
 STATE OFFICE BUILDING CAMPUS
 ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
 EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
 Participating Agency Rates Effective January 1, 2007

Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA Gross			COBRA WITH DISABILITY Gross			Continuity of Coverage No Drug Coverage
					PA Billing Rate	COBRA 2% Charge	Enrollee Cost	PA Billing Rate	COBRA 2% Charge	Enrollee Cost	

Plan Prime - Core Only													
	Individual	8	1	0	491.95	378.64	527.60	10.55	538.15	780.85	10.55	791.40	403.20
	Family	8	4	0	1,041.38	804.96	1,116.82	22.34	1,139.16	1,652.89	22.34	1,675.23	857.38
MediPrime - Core Only													
	Individual -1	8	A	1	316.56	112.12	346.35	6.93	353.28	512.60	6.93	519.53	Continuity Not Applicable
	Family -1	8	B	1	866.00	538.44	935.57	18.71	954.28	1,384.64	18.71	1,403.35	Continuity Not Applicable
	Family -2	8	C & D	2	690.63	271.93	754.33	15.09	769.42	1,116.41	15.09	1,131.50	Continuity Not Applicable

Plan Prime - Core Plus All Enhancements													
	Individual	7	1	0	564.84	451.93	600.69	12.01	612.70	889.02	12.01	901.03	476.29
	Family	7	4	0	1,198.07	962.55	1,273.96	25.48	1,299.44	1,885.46	25.48	1,910.94	1,014.52
MediPrime - Core Plus All Enhancements													
	Individual -1 (RETIRES)	7	A	1	333.18	128.85	363.02	7.26	370.28	537.27	7.26	544.53	Continuity Not Applicable
	Family -1	7	B	1	966.44	639.47	1,036.30	20.73	1,057.03	1,533.72	20.73	1,554.45	Continuity Not Applicable
	Family -2	7	C & D	2	734.81	316.40	798.65	15.97	814.62	1,182.00	15.97	1,197.97	Continuity Not Applicable

2007 Medicare: \$93.50



Capital District Physicians' Health Plan, Inc.
SCHOHARIE COUNTY - 015185
Large Group
1/1/2007 Renewal Date

L102 - Cheryl Kelly
 CAP1 - Quarterly Rates

*****PENDING NYS ID APPROVAL*****

Rider			Single	Double	EE/Child	Family
HA12L07	CY	HA12L07 - \$15 PCP, \$15 SCP, \$0 IP, \$0 SNF, \$50 ER, \$75 Surg , \$50 Amb	\$ 303.86			\$ 759.65
HMELGL3	ST	Full-time student to age 25	\$ 0.00			\$ 25.31
HMRXL5c	Rx	\$5/\$25/\$40 (Including Contraceptives)	\$ 85.50			\$ 213.75
HMMHL1	MH	Rider to Increase Inpatient Mental Health days from 30 to 60	\$ 0.10			\$ 0.25
HMELGL17	SR	Surviving Spouse & Dependents	\$ 0.00			\$ 0.00
Renewal Rates			\$ 389.46			\$ 998.96

Current Rates	\$ 357.94	\$ 918.12
% Change	8.8%	8.8%
Current Enrollment	31	21