

NYLGBS VOLUNTARY MONTHLY PREMIUMS						
		Employee Coverage		Family (Option1)		Family (Option 2)
10000		0.23		0.35		0.45
20000		0.46		0.70		0.90
30000		0.69		1.05		1.35
40000		0.92		1.40		1.80
50000		1.15		1.75		2.25
60000		1.38		2.10		2.70
70000		1.61		2.45		3.15
80000		1.84		2.80		3.60
90000		2.07		3.15		4.05
100000		2.30		3.50		4.50
110000		2.53		3.85		4.95
120000		2.76		4.20		5.40
130000		2.99		4.55		5.85
140000		3.22		4.90		6.30
150000		3.45		5.25		6.75
160000		3.68		5.60		7.20
170000		3.91		5.95		7.65
180000		4.14		6.30		8.10
190000		4.37		6.65		8.55
200000		4.60		7.00		9.00
210000		4.83		7.35		9.45
220000		5.06		7.70		9.90
230000		5.29		8.05		10.35
240000		5.52		8.40		10.80
250000		5.75		8.75		11.25
260000		5.98		9.10		11.70
270000		6.21		9.45		12.15
280000		6.44		9.80		12.60
290000		6.67		10.15		13.05
300000		6.90		10.50		13.50
310000		7.13		10.85		13.95
320000		7.36		11.20		14.40
330000		7.59		11.55		14.85
340000		7.82		11.90		15.30
350000		8.05		12.25		15.75
360000		8.28		12.60		16.20
370000		8.51		12.95		16.65
380000		8.74		13.30		17.10
390000		8.97		13.65		17.55
400000		9.20		14.00		18.00
410000		9.43		14.35		18.45
420000		9.66		14.70		18.90
430000		9.89		15.05		19.35
440000		10.12		15.40		19.80
450000		10.35		15.75		20.25
460000		10.58		16.10		20.70
470000		10.81		16.45		21.15
480000		11.04		16.80		21.60
490000		11.27		17.15		22.05
500000		11.50		17.50		22.50