

## Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2011

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$22.15	\$128.44	\$44.29	\$256.87	\$48.25	\$279.80
Optional Rider	Prescription Drugs	25.64	61.26	51.27	122.51	55.85	133.45
<b>TOTAL</b>		<b>\$47.79</b>	<b>\$189.70</b>	<b>\$95.56</b>	<b>\$379.38</b>	<b>\$104.10</b>	<b>\$413.25</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$70.49	\$198.15	\$140.99	\$396.30	\$153.58	\$431.68
Optional Rider	Prescription Drugs	34.86	104.37	69.72	208.73	75.95	227.37
<b>TOTAL</b>		<b>\$105.35</b>	<b>\$302.52</b>	<b>\$210.71</b>	<b>\$605.03</b>	<b>\$229.53</b>	<b>\$659.05</b>
<b>DC37 Med-Team (DC 37 members only)</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(No Rider Available)	<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Empire EPO</b>	Basic Plan	\$89.64	\$230.02	\$179.29	\$460.04	\$195.30	\$501.11
Optional Rider	Prescription Drugs	24.75	60.68	49.51	121.37	53.93	132.21
<b>TOTAL</b>		<b>\$114.39</b>	<b>\$290.70</b>	<b>\$228.80</b>	<b>\$581.41</b>	<b>\$249.23</b>	<b>\$633.32</b>
<b>Empire HMO</b>	Basic Plan	\$38.11	\$116.57	\$76.21	\$233.12	\$83.02	\$253.94
Optional Rider	Prescription Drugs	24.75	60.68	49.51	121.37	53.93	132.21
<b>TOTAL</b>		<b>\$62.86</b>	<b>\$177.25</b>	<b>\$125.72</b>	<b>\$354.49</b>	<b>\$136.95</b>	<b>\$386.15</b>
<b>GHI-CBP/Empire BlueCross BlueShield</b>							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	25.25	45.90	50.49	91.80	55.00	100.00
	Enhanced Reimbursement Schedule	1.57	3.98	3.14	7.95	3.42	8.67
<b>TOTAL</b>		<b>\$26.82</b>	<b>\$49.88</b>	<b>\$53.63</b>	<b>\$99.75</b>	<b>\$58.42</b>	<b>\$108.67</b>
<b>GHI HMO</b>	Basic Plan	\$37.73	\$107.87	\$75.47	\$215.73	\$82.21	\$234.99
Optional Rider	Prescription Drugs	43.72	111.45	87.45	222.91	95.26	242.81
<b>TOTAL</b>		<b>\$81.45</b>	<b>\$219.32</b>	<b>\$162.92</b>	<b>\$438.64</b>	<b>\$177.47</b>	<b>\$477.80</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	27.45	67.26	54.90	134.51	59.81	146.52
	Appliances and Private Duty Nursing	1.10	2.69	2.20	5.38	2.40	5.87
<b>TOTAL</b>		<b>\$28.55</b>	<b>\$69.95</b>	<b>\$57.10</b>	<b>\$139.89</b>	<b>\$62.21</b>	<b>\$152.39</b>
<b>HIP Prime POS</b>	Basic Plan	\$89.66	\$219.71	\$179.31	\$439.41	\$195.33	\$478.64
Optional Rider	Prescription Drugs	75.55	185.09	151.10	370.17	164.60	403.23
<b>TOTAL</b>		<b>\$165.21</b>	<b>\$404.80</b>	<b>\$330.41</b>	<b>\$809.58</b>	<b>\$359.93</b>	<b>\$881.87</b>
<b>Metroplus (HHC Employees Only)</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	24.36	55.44	48.72	110.89	53.08	120.79
<b>TOTAL</b>		<b>\$24.36</b>	<b>\$55.44</b>	<b>\$48.72</b>	<b>\$110.89</b>	<b>\$53.08</b>	<b>\$120.79</b>
<b>Vytra</b>	Basic Plan	\$14.74	\$60.33	\$29.47	\$120.64	\$32.11	\$131.41
Optional Rider	Prescription Drugs	31.68	82.39	63.37	164.78	69.03	179.49
<b>TOTAL</b>		<b>\$46.42</b>	<b>\$142.72</b>	<b>\$92.84</b>	<b>\$285.42</b>	<b>\$101.14</b>	<b>\$310.90</b>