

Monthly Health Plan Rates Effective January 1, 2012
Medicare and Non-Medicare Eligible Retirees and Their Dependents
(All rates are subject to change)

Retiree contracts in which there is one Medicare-eligible person and one non-Medicare eligible person will be deducted at the com rate for one Medicare individual plus one-non-Medicare individual. No more than two Medicare-eligible individual deductions will be charged regardless of the number of Medicare-eligibles who are included in the retiree's contract.

Medicare eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program , to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree's pension check.

There is no pension deduction for the following health plans: Elderplan and DC 37 Med-Team and in Florida: AvMed and BlueCross BlueShield Health Options of Florida.

			Optional Rider		
		Basic Plan	Prescription Drugs	Enhanced Schedule	Total
GHI-CBP/Empire BlueCross BlueShield	Nationwide				
	Individual	\$0.00	\$110.00	\$6.83	\$116.83
	Family	0.00	200.00	17.33	217.33
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only)				
	(Per Person)	0.00	126.75	2.56	\$129.31
HIP Prime HMO					
	Individual	0.00	119.61	4.79	124.40
	Family	0.00	293.04	11.73	304.77
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties	0.00	126.71		126.71
Aetna HMO	Individual	96.50	111.70		208.20
	Family	559.61	266.90		826.51
Aetna Medicare Plan (HMO) (Medicare Only) (Per Person)	NY 5 boroughs of New York City, Rockland and Westchester counties	107.90	175.80		283.70
	NJ Entire State	90.30	182.00		272.30
	PA Certain counties (please call plan directly)	93.40	187.00		280.40
Aenta Medicare Plan (PPO) (Available in CT, DE, GA, MA, MD and NC ONLY)	Individual	8.30	189.00		197.30
	Family	16.60	378.00		394.60
CIGNA	Individual	307.16	151.90		459.06
	Family	863.37	454.74		1318.11
CIGNA Healthcare for Seniors	Phoenix, Arizona (Medicare Only) (Per Person)	0.00	158.00		158.00

		Basic Plan	Prescription Drug Coverage	Total
Empire EPO	Individual	390.60	107.86	498.46
	Family	1002.23	264.41	1266.64
Empire HMO New York				
Empire HMO New York	Individual	166.04	107.86	273.90
	Family	507.88	264.41	772.29
Empire MediBlue (Medicare Only) (Per Person)				
Empire MediBlue (Medicare Only) (Per Person)	NY 5 Boroughs of New York	0.00	123.54	123.54
	Rockland & Westchester	0.00	270.97	270.97
	Nassau	0.00	231.45	231.45
	Suffolk	0.00	285.05	285.05
Empire Medicare-Related Coverage				
Empire Medicare-Related Coverage	Nationwide (Medicare Only) - Individual	72.89	140.99	213.88
	Family	140.09	281.98	422.07
GHI HMO				
GHI HMO	Individual	164.42	190.51	354.93
	Family	469.99	485.62	955.61
GHI HMO Medicare Senior Supplement (Per Person)				
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)	264.90	67.05	331.95
HIP PRIME POS				
HIP PRIME POS	Individual	390.65	329.19	719.84
	Family	957.28	806.45	1763.73
HIP MCP				
HIP MCP		17.53	350.54	368.07
Humana (Florida) (Medicare Only)				
Humana (Florida) (Medicare Only)	Individual	0.00	75.00	75.00
	Family	0.00	150.00	150.00
MetroPlus				
MetroPlus	Individual	0.00	106.15	106.15
	Family	0.00	241.58	241.58
SecureHorizons Health Plans (Medicare Only) (Per Person)				
SecureHorizons Health Plans (Medicare Only) (Per Person)	NY 5 Boroughs of New York	0.00	129.00	129.00
	NJ Union County	0.00	119.03	119.03
Vytra Health Plans (Non-Medicare Retirees)				
Vytra Health Plans (Non-Medicare Retirees)	Individual	64.22	138.05	202.27
	Family	262.83	358.98	621.81