

## Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2014

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$33.00	\$174.25	\$66.00	\$348.50	\$71.70	\$378.58
Optional Rider	Prescription Drugs	31.39	75.90	62.78	151.80	68.20	164.90
<b>TOTAL</b>		<b>\$64.39</b>	<b>\$250.15</b>	<b>\$128.78</b>	<b>\$500.29</b>	<b>\$139.90</b>	<b>\$543.48</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$120.67	\$330.39	\$241.34	\$660.78	\$262.17	\$717.82
Optional Rider	Prescription Drugs	47.64	142.63	95.28	285.26	103.51	309.89
<b>TOTAL</b>		<b>\$168.31</b>	<b>\$473.02</b>	<b>\$336.62</b>	<b>\$946.05</b>	<b>\$365.68</b>	<b>\$1,027.70</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	\$101.13	\$259.66	\$202.26	\$519.32	\$219.72	\$564.14
Optional Rider	Prescription Drugs	29.14	71.43	58.28	142.86	63.31	155.19
<b>TOTAL</b>		<b>\$130.27</b>	<b>\$331.09</b>	<b>\$260.54</b>	<b>\$662.18</b>	<b>\$283.03</b>	<b>\$719.33</b>
<b>Empire HMO</b>	Basic Plan	\$46.06	\$139.99	\$92.12	\$279.98	\$100.07	\$304.15
Optional Rider	Prescription Drugs	29.14	71.43	58.28	142.86	63.31	155.19
<b>TOTAL</b>		<b>\$75.20</b>	<b>\$211.42</b>	<b>\$150.39</b>	<b>\$422.84</b>	<b>\$163.38</b>	<b>\$459.34</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	27.62	49.48	55.23	98.96	60.00	107.50
	Enhanced Reimbursement Schedule	1.58	4.01	3.17	8.02	3.44	8.72
<b>TOTAL</b>		<b>\$29.20</b>	<b>\$53.49</b>	<b>\$58.40</b>	<b>\$106.98</b>	<b>\$63.44</b>	<b>\$116.22</b>
<b>GHI HMO</b>	Basic Plan	\$21.87	\$69.24	\$43.74	\$138.47	\$47.52	\$150.43
Optional Rider	Prescription Drugs	37.96	96.78	75.91	193.56	82.47	210.27
<b>TOTAL</b>		<b>\$59.83</b>	<b>\$166.02</b>	<b>\$119.66</b>	<b>\$332.03</b>	<b>\$129.99</b>	<b>\$360.69</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	31.55	77.29	63.09	154.58	68.54	167.92
	Appliances and Private Duty Nursing	1.27	3.10	2.53	6.20	2.75	6.74
<b>TOTAL</b>		<b>\$32.81</b>	<b>\$80.39</b>	<b>\$65.63</b>	<b>\$160.78</b>	<b>\$71.29</b>	<b>\$174.66</b>
<b>HIP Prime POS</b>	Basic Plan	\$155.68	\$381.48	\$311.37	\$762.95	\$338.24	\$828.80
Optional Rider	Prescription Drugs	106.92	260.48	213.85	520.95	232.31	565.92
<b>TOTAL</b>		<b>\$262.61</b>	<b>\$641.95</b>	<b>\$525.21</b>	<b>\$1,283.90</b>	<b>\$570.55</b>	<b>\$1,394.72</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	32.04	72.93	64.09	145.87	69.62	158.46
<b>TOTAL</b>		<b>\$32.04</b>	<b>\$72.93</b>	<b>\$64.09</b>	<b>\$145.87</b>	<b>\$69.62</b>	<b>\$158.46</b>
<b>Vytra</b>	Basic Plan	\$13.39	\$60.12	\$26.79	\$120.25	\$29.10	\$130.63
Optional Rider	Prescription Drugs	35.52	92.37	71.04	184.75	77.17	200.70
<b>TOTAL</b>		<b>\$48.91</b>	<b>\$152.50</b>	<b>\$97.83</b>	<b>\$305.00</b>	<b>\$106.27</b>	<b>\$331.32</b>