

## Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2013

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$21.67	\$139.97	\$43.34	\$279.96	\$47.08	\$304.12
Optional Rider	Prescription Drugs	29.78	72.01	59.56	144.02	64.70	156.45
<b>TOTAL</b>		<b>\$51.45</b>	<b>\$211.98</b>	<b>\$102.90</b>	<b>\$423.98</b>	<b>\$111.78</b>	<b>\$460.57</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$96.47	\$267.59	\$192.94	\$535.20	\$209.60	\$581.39
Optional Rider	Prescription Drugs	42.83	128.22	85.66	256.44	93.05	278.58
<b>TOTAL</b>		<b>\$139.30</b>	<b>\$395.81</b>	<b>\$278.60</b>	<b>\$791.64</b>	<b>\$302.65</b>	<b>\$859.97</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	\$95.88	\$246.45	\$191.76	\$492.90	\$208.32	\$535.44
Optional Rider	Prescription Drugs	27.41	67.20	54.83	134.40	59.56	146.01
<b>TOTAL</b>		<b>\$123.29</b>	<b>\$313.65</b>	<b>\$246.59</b>	<b>\$627.30</b>	<b>\$267.88</b>	<b>\$681.45</b>
<b>Empire HMO</b>	Basic Plan	\$32.59	\$104.73	\$65.18	\$209.46	\$70.81	\$227.54
Optional Rider	Prescription Drugs	27.41	67.20	54.83	134.40	59.56	146.01
<b>TOTAL</b>		<b>\$60.00</b>	<b>\$171.93</b>	<b>\$120.01</b>	<b>\$343.86</b>	<b>\$130.37</b>	<b>\$373.55</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	25.32	46.03	50.63	92.05	55.00	100.00
	Enhanced Reimbursement Schedule	1.50	3.79	2.99	7.58	3.25	8.24
<b>TOTAL</b>		<b>\$26.82</b>	<b>\$49.82</b>	<b>\$53.62</b>	<b>\$99.63</b>	<b>\$58.25</b>	<b>\$108.24</b>
<b>GHI HMO</b>	Basic Plan	\$23.50	\$73.21	\$46.99	\$146.43	\$51.05	\$159.07
Optional Rider	Prescription Drugs	37.96	96.78	75.91	193.56	82.47	210.27
<b>TOTAL</b>		<b>\$61.46</b>	<b>\$169.99</b>	<b>\$122.90</b>	<b>\$339.99</b>	<b>\$133.52</b>	<b>\$369.34</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	31.17	76.36	62.33	152.71	67.72	165.90
	Appliances and Private Duty Nursing	1.25	3.06	2.50	6.12	2.72	6.65
<b>TOTAL</b>		<b>\$32.42</b>	<b>\$79.42</b>	<b>\$64.83</b>	<b>\$158.83</b>	<b>\$70.44</b>	<b>\$172.55</b>
<b>HIP Prime POS</b>	Basic Plan	\$112.65	\$276.03	\$225.30	\$552.07	\$244.75	\$599.72
Optional Rider	Prescription Drugs	117.33	287.44	234.66	574.88	254.92	624.50
<b>TOTAL</b>		<b>\$229.98</b>	<b>\$563.47</b>	<b>\$459.96</b>	<b>\$1,126.95</b>	<b>\$499.67</b>	<b>\$1,224.22</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	29.13	66.30	58.26	132.60	63.29	144.05
<b>TOTAL</b>		<b>\$29.13</b>	<b>\$66.30</b>	<b>\$58.26</b>	<b>\$132.60</b>	<b>\$63.29</b>	<b>\$144.05</b>
<b>Vytra</b>	Basic Plan	\$13.23	\$59.39	\$26.46	\$118.79	\$28.75	\$129.05
Optional Rider	Prescription Drugs	35.09	91.26	70.18	182.52	76.24	198.28
<b>TOTAL</b>		<b>\$48.32</b>	<b>\$150.65</b>	<b>\$96.64</b>	<b>\$301.31</b>	<b>\$104.99</b>	<b>\$327.33</b>