

## Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2009

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$20.27	\$89.19	\$40.53	\$178.38	\$42.98	\$191.19
Optional Rider	Prescription Drugs	21.47	50.28	42.94	100.57	46.65	109.25
<b>TOTAL</b>		<b>\$41.74</b>	<b>\$139.47</b>	<b>\$83.47</b>	<b>\$278.95</b>	<b>\$89.63</b>	<b>\$300.44</b>
<b>Aetna QPOS</b>	Basic Plan	\$154.46	\$379.48	\$308.92	\$758.97	\$334.53	\$821.89
Optional Rider	Prescription Drugs	37.51	91.87	75.02	183.74	81.50	199.60
<b>TOTAL</b>		<b>\$191.97</b>	<b>\$471.35</b>	<b>\$383.94</b>	<b>\$942.71</b>	<b>\$416.03</b>	<b>\$1,021.49</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$44.44	\$137.04	\$88.87	\$274.08	\$95.50	\$295.16
Optional Rider	Prescription Drugs	26.11	69.19	52.22	138.37	56.73	150.32
<b>TOTAL</b>		<b>\$70.55</b>	<b>\$206.23</b>	<b>\$141.09</b>	<b>\$412.45</b>	<b>\$152.23</b>	<b>\$445.48</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	\$76.38	\$195.81	\$152.75	\$391.62	\$165.42	\$424.25
Optional Rider	Prescription Drugs	20.88	51.17	41.75	102.35	45.36	111.18
<b>TOTAL</b>		<b>\$97.26</b>	<b>\$246.98</b>	<b>\$194.50</b>	<b>\$493.97</b>	<b>\$210.78</b>	<b>\$535.43</b>
<b>Empire HMO</b>	Basic Plan	\$31.51	\$96.37	\$63.01	\$192.74	\$60.86	\$189.78
Optional Rider	Prescription Drugs	20.88	51.17	41.75	102.35	45.36	111.18
<b>TOTAL</b>		<b>\$52.39</b>	<b>\$147.54</b>	<b>\$104.76</b>	<b>\$295.09</b>	<b>\$106.22</b>	<b>\$300.96</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	24.64	45.17	49.28	90.34	53.54	98.14
	Outpatient Mental Health & Inpatient Chemical Dependency Treatment	0.06	0.15	0.13	0.29	0.14	0.32
	Enhanced NYC Non-Par Provider Reimbursement Schedule	1.33	3.38	2.67	6.76	2.90	7.34
<b>TOTAL</b>		<b>\$26.03</b>	<b>\$48.70</b>	<b>\$52.08</b>	<b>\$97.39</b>	<b>\$56.58</b>	<b>\$105.80</b>
<b>GHI HMO</b>	Basic Plan	\$29.33	\$84.42	\$58.66	\$168.84	\$62.67	\$180.83
Optional Rider	Prescription Drugs	26.08	66.52	52.17	133.04	56.67	144.53
<b>TOTAL</b>		<b>\$55.41</b>	<b>\$150.94</b>	<b>\$110.83</b>	<b>\$301.88</b>	<b>\$119.34</b>	<b>\$325.36</b>
<b>Health Net</b>	Basic Plan	\$32.85	\$97.94	\$65.69	\$195.88	\$70.32	\$210.20
Optional Rider	Prescription Drugs	44.52	115.10	89.05	230.21	96.74	250.08
<b>TOTAL</b>		<b>\$77.37</b>	<b>\$213.04</b>	<b>\$154.74</b>	<b>\$426.09</b>	<b>\$167.06</b>	<b>\$460.28</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	23.80	58.34	47.60	116.68	51.71	126.75
	Appliances and Private Duty Nursing	0.90	2.22	1.81	4.43	1.97	4.82
<b>TOTAL</b>		<b>\$24.70</b>	<b>\$60.56</b>	<b>\$49.41</b>	<b>\$121.11</b>	<b>\$53.68</b>	<b>\$131.57</b>
<b>HIP Prime POS</b>	Basic Plan	\$34.78	\$85.24	\$69.56	\$170.47	\$74.51	\$182.60
Optional Rider	Prescription Drugs	40.85	100.07	81.70	200.14	88.75	217.42
<b>TOTAL</b>		<b>\$75.63</b>	<b>\$185.31</b>	<b>\$151.26</b>	<b>\$370.61</b>	<b>\$163.26</b>	<b>\$400.02</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	22.87	50.61	45.74	101.22	49.69	109.96
<b>TOTAL</b>		<b>\$22.87</b>	<b>\$50.61</b>	<b>\$45.74</b>	<b>\$101.22</b>	<b>\$49.69</b>	<b>\$109.96</b>
<b>Vytra</b>	Basic Plan	\$19.12	\$68.33	\$38.22	\$136.66	\$40.48	\$145.87
Optional Rider	Prescription Drugs	28.14	73.17	56.28	146.35	61.14	158.98
<b>TOTAL</b>		<b>\$47.26</b>	<b>\$141.50</b>	<b>\$94.50</b>	<b>\$283.01</b>	<b>\$101.62</b>	<b>\$304.85</b>