

## Basic Plan and Optional Rider Costs

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

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna HMO</b>	Basic Plan	\$21.03	\$91.06	\$42.06	\$182.12	\$45.90	\$198.35
Optional Rider	Prescription Drugs	21.47	50.28	42.94	100.57	46.65	109.25
<b>TOTAL</b>		<b>\$42.50</b>	<b>\$141.34</b>	<b>\$85.00</b>	<b>\$282.69</b>	<b>\$92.55</b>	<b>\$307.60</b>
<b>Aetna QPOS</b>	Basic Plan	\$155.22	\$381.35	\$310.45	\$762.71	\$337.45	\$829.05
Optional Rider	Prescription Drugs	37.51	91.87	75.02	183.74	81.50	199.60
<b>TOTAL</b>		<b>\$192.73</b>	<b>\$473.22</b>	<b>\$385.47</b>	<b>\$946.45</b>	<b>\$418.95</b>	<b>\$1,028.65</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$45.20	\$138.91	\$90.40	\$277.82	\$98.42	\$302.32
Optional Rider	Prescription Drugs	26.11	69.19	52.22	138.37	56.73	150.32
<b>TOTAL</b>		<b>\$71.31</b>	<b>\$208.10</b>	<b>\$142.62</b>	<b>\$416.19</b>	<b>\$155.15</b>	<b>\$452.64</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	\$77.14	\$197.68	\$154.28	\$395.36	\$167.80	\$430.00
Optional Rider	Prescription Drugs	20.88	51.17	41.75	102.35	45.36	111.18
<b>TOTAL</b>		<b>\$98.02</b>	<b>\$248.85</b>	<b>\$196.03</b>	<b>\$497.71</b>	<b>\$213.16</b>	<b>\$541.18</b>
<b>Empire HMO</b>	Basic Plan	\$32.27	\$98.24	\$64.54	\$196.48	\$70.32	\$213.95
Optional Rider	Prescription Drugs	20.88	51.17	41.75	102.35	45.36	111.18
<b>TOTAL</b>		<b>\$53.15</b>	<b>\$149.41</b>	<b>\$106.29</b>	<b>\$298.83</b>	<b>\$115.68</b>	<b>\$325.13</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	\$30.09	\$86.29	\$60.19	\$172.58	\$65.59	\$187.99
Optional Rider	Prescription Drugs	26.08	66.52	52.17	133.04	56.67	144.53
<b>TOTAL</b>		<b>\$56.17</b>	<b>\$152.81</b>	<b>\$112.36</b>	<b>\$305.62</b>	<b>\$122.26</b>	<b>\$332.52</b>
<b>Health Net</b>	Basic Plan	\$33.61	\$99.81	\$67.22	\$199.62	\$73.24	\$217.36
Optional Rider	Prescription Drugs	44.52	115.10	89.05	230.21	96.74	250.08
<b>TOTAL</b>		<b>\$78.13</b>	<b>\$214.91</b>	<b>\$156.27</b>	<b>\$429.83</b>	<b>\$169.98</b>	<b>\$467.44</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	\$35.54	\$87.11	\$71.09	\$174.21	\$77.43	\$189.76
Optional Rider	Prescription Drugs	40.85	100.07	81.70	200.14	88.75	217.42
<b>TOTAL</b>		<b>\$76.39</b>	<b>\$187.18</b>	<b>\$152.79</b>	<b>\$374.35</b>	<b>\$166.18</b>	<b>\$407.18</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	\$19.88	\$70.20	\$39.75	\$140.40	\$43.40	\$153.03
Optional Rider	Prescription Drugs	28.14	73.17	56.28	146.35	61.14	158.98
<b>TOTAL</b>		<b>\$48.02</b>	<b>\$143.37</b>	<b>\$96.03</b>	<b>\$286.75</b>	<b>\$104.54</b>	<b>\$312.01</b>