

Monthly Health Plan Rates Effective September 1, 2009
Medicare and Non-Medicare Eligible Retirees and Their Dependents
(All rates are subject to change)

GHI-CBP/Empire BlueCross BlueShield	Nationwide		Basic Plan	Optional Rider			Total
				Prescription Drugs	MH & CD Services	Enhanced Schedule	
	Individual		\$0.00	\$107.07	\$0.28	\$5.80	\$113.15
	Family		0.00	196.28	0.64	14.68	211.60
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only) (Per Person)		Basic Plan	Optional Rider			
				Prescription Drugs	365-Day Hospital	Total	
			0.00	97.00	2.75	\$99.75	
HIP Prime HMO			Basic Plan	Optional Rider			
				Prescription Drug Rider	Appliances & Nursing	Total	
	Individual		0.00	103.42	3.93	107.35	
	Family		0.00	253.50	9.63	263.13	
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties		Basic Plan	Prescription Drug Coverage	Total		
			0.00	109.39	109.39		
Aetna HMO	Individual		91.38	93.30	184.68		
	Family		395.68	218.50	614.18		
Aetna Golden Medicare 10 (Medicare Only) (Per Person)	NY	5 boroughs of New York City, Rockland and Westchester counties	61.91	144.90	206.81		
	NJ	Entire State	34.31	150.00	184.31		
	PA	Certain counties (please call plan directly)	36.71	154.20	190.91		
Aetna QPOS	Individual		674.48	163.00	837.48		
	Family		1657.08	399.20	2056.28		
CIGNA	Individual		196.41	113.45	309.86		
	Family		603.61	300.63	904.24		
	Phoenix, Arizona (Medicare Only) (Per Person)		0.00	225.00	225.00		
Empire EPO	Individual		335.18	90.71	425.89		
	Family		858.98	222.36	1081.34		
Empire HMO New York	Individual		140.22	90.71	230.93		
	Family		426.87	222.36	649.23		
Empire Medicare-Related Coverage	Nationwide (Medicare Only) (Per Person)		56.14	135.68	191.82		
GHI HMO	Individual		130.76	113.34	244.10		
	Family		374.95	289.05	664.00		
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)		144.73	57.50	202.23		
HealthNet	Individual		146.05	193.47	339.52		
	Family		433.70	500.15	933.85		
HealthNet SmartChoice (Medicare Only) (Per Person)	CT	Fairfield, Hartford & New Haven	0.00	77.00	77.00		
HealthNet MedPrime (Medicare Only) (Per Person)	New York Counties of Dutchess, Orange, Manhattan, Putnam, Rockland, Westchester, Nassau and Suffolk; Connecticut Counties of Middlesex, Litchfield, New London, Tolland & Windham; New Jersey - Entire State		89.50	240.13	329.63		

		Basic Plan	Prescription Drug Coverage	Total	
HIP Prime POS	Individual		154.44	177.50	331.94
	Family		378.50	434.83	813.33
Humana (Florida) (Medicare Only) (Per Person)	FL	Dade, Broward, Palm Beach, Tampa, Baker, Duval, Nassau, Flagler & Volusia Counties	0.00	79.00	79.00
Empire MediBlue HMO Plus (Medicare Only) (Per Person)	NY	5 Boroughs of New York	0.00	106.00	106.00
		Rockland & Westchester	0.00	210.00	210.00
		Nassau	0.00	183.00	183.00
		Suffolk	0.00	247.00	247.00
MetroPlus (Non-Medicare retirees)	Individual		0.00	99.38	99.38
	Family		0.00	219.91	219.91
SecureHorizons/Oxford Health Plans (Medicare Only) (Per Person)	NY	5 Boroughs of New York	0.00	88.03	88.03
	NJ	Union County	0.00	81.21	81.21
Vytra Health Plans (Non-Medicare Retirees)	Individual		86.37	122.28	208.65
	Family		305.03	317.96	622.99