**EMPLOYEE Health Plan Rates as of July 1, 2017 (NOTE: Rates are subject to change)**

These rates are in effect as of your first full payroll period in July 2017

### WEEKLY

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>Aetna EPO</th>
<th>CIGNA</th>
<th>DC37 Med Team</th>
<th>Empire HMO</th>
<th>Empire EPO</th>
<th>GHI-CBP/EBCBS</th>
<th>GHI HMO</th>
<th>HIP HMO</th>
<th>HIP POS</th>
<th>MetroPlus Gold</th>
<th>Vytra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$46.38</td>
<td>$168.59</td>
<td>$0.00</td>
<td>$68.09</td>
<td>$140.72</td>
<td>$0.00</td>
<td>$32.11</td>
<td>$0.00</td>
<td>$219.53</td>
<td>$0.00</td>
<td>$22.78</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$243.77</td>
<td>$60.62</td>
<td>$0.00</td>
<td>$49.22</td>
<td>$49.22</td>
<td>$24.28</td>
<td>$62.89</td>
<td>$44.13</td>
<td>$65.46</td>
<td>$43.42</td>
<td>$54.43</td>
</tr>
<tr>
<td>Rider Other*</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$1.26</td>
<td>$0.00</td>
<td>$1.73</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total (Basic + Rider)</td>
<td>$290.15</td>
<td>$229.21</td>
<td>$0.00</td>
<td>$117.31</td>
<td>$189.55</td>
<td>$25.54</td>
<td>$95.00</td>
<td>$45.85</td>
<td>$284.98</td>
<td>$43.42</td>
<td>$77.20</td>
</tr>
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</table>

### FAMILY

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>Aetna EPO</th>
<th>CIGNA</th>
<th>DC37 Med Team</th>
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<th>HIP HMO</th>
<th>HIP POS</th>
<th>MetroPlus Gold</th>
<th>Vytra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$227.38</td>
<td>$457.26</td>
<td>$0.00</td>
<td>$200.52</td>
<td>$359.75</td>
<td>$0.00</td>
<td>$97.53</td>
<td>$0.00</td>
<td>$537.84</td>
<td>$0.00</td>
<td>$88.80</td>
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<tr>
<td>Prescription Drugs</td>
<td>$683.77</td>
<td>$181.51</td>
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<td>$120.67</td>
<td>$43.50</td>
<td>$160.34</td>
<td>$108.11</td>
<td>$160.37</td>
<td>$99.74</td>
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</tr>
<tr>
<td>Rider Other*</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$3.20</td>
<td>$0.00</td>
<td>$4.23</td>
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</tr>
<tr>
<td>Total (Basic + Rider)</td>
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<td>$638.77</td>
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<td>$321.20</td>
<td>$537.84</td>
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<td>$112.34</td>
<td>$698.21</td>
<td>$99.74</td>
<td>$230.34</td>
</tr>
</tbody>
</table>

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

### BI-WEEKLY

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>Aetna EPO</th>
<th>CIGNA</th>
<th>DC37 Med Team</th>
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<th>HIP POS</th>
<th>MetroPlus Gold</th>
<th>Vytra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
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<tr>
<td>Prescription Drugs</td>
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<td>$98.45</td>
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<td>$130.92</td>
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<td>$108.85</td>
</tr>
<tr>
<td>Rider Other*</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Total (Basic + Rider)</td>
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<td>$599.97</td>
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<td>$154.41</td>
</tr>
</tbody>
</table>

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### SEMI-MONTHLY

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>Aetna EPO</th>
<th>CIGNA</th>
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<th>MetroPlus Gold</th>
<th>Vytra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
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<td>$106.95</td>
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</tr>
<tr>
<td>Rider Other*</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td>$99.63</td>
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<td>$167.74</td>
</tr>
</tbody>
</table>

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