

RETIREE Health Plan Rates as of January 1, 2016

NOTE: ALL Rates are subject to change (* Indicates New Rate as of January 2016. All other rates are as of July 1, 2015)

MONTHLY NON-MEDICARE

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$160.28	\$607.36	\$0.00	\$215.46	\$560.97	\$0.00	\$107.74	\$0.00	\$659.56	\$0.00	\$76.35
Prescription Drugs	\$234.30	\$225.64	\$0.00	\$157.11	\$157.11	\$120.00	\$195.91	\$148.04	\$529.14	\$153.16	\$170.00
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.42	\$0.00	\$5.74	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$394.58	\$833.00	\$0.00	\$372.57	\$718.08	\$126.42	\$303.65	\$153.78	\$1,188.70	\$153.16	\$246.35
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$820.39	\$1,652.61	\$0.00	\$650.65	\$1,432.99	\$0.00	\$334.92	\$0.00	\$1,616.14	\$0.00	\$312.15
Prescription Drugs	\$593.50	\$675.55	\$0.00	\$385.15	\$385.15	\$215.00	\$499.49	\$362.70	\$1,289.04	\$351.78	\$442.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.26	\$0.00	\$14.06	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,413.89	\$2,328.16	\$0.00	\$1,035.80	\$1,818.14	\$231.26	\$834.41	\$376.76	\$2,905.18	\$351.78	\$754.27

* 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.

MONTHLY MEDICARE

INDIVIDUAL	*Aetna PPO/ESA (NY/NJ/PA)	*Aetna PPO/ESA (all other areas)	*CIGNA (AZ)	DC37 Med Team	*Empire Medicare Related	*GHI Senior Care	*GHI HMO	*HIP VIP	*Humana	*United Secure Horizons (NYC)	*United Secure Horizons (NJ)
Basic	\$143.01	\$0.00	\$136.80	\$0.00	\$84.69	\$0.00	\$308.37	\$0.00	\$0.00	\$95.27	\$79.35
Prescription Drugs	\$183.33	\$193.41	\$0.00	\$0.00	\$185.81	\$107.00	\$65.00	\$155.47	\$73.06	\$117.24	\$135.55
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$326.34	\$193.41	\$136.80	\$0.00	\$270.50	\$109.08	\$373.37	\$155.47	\$73.06	\$212.51	\$214.90
FAMILY	*Aetna PPO/ESA (NY/NJ/PA)	*Aetna PPO/ESA (all other areas)	*CIGNA (AZ)	DC37 Med Team	*Empire Medicare Related	*GHI Senior Care	*GHI HMO	*HIP VIP	*Humana	*United Secure Horizons (NYC)	*United Secure Horizons (NJ)
Basic	\$286.02	\$0.00	\$273.60	\$0.00	\$163.53	\$0.00	\$616.74	\$0.00	\$0.00	\$190.54	\$158.70
Prescription Drugs	\$366.66	\$386.82	\$0.00	\$0.00	\$371.62	\$214.00	\$130.00	\$310.94	\$146.12	\$234.48	\$271.10
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$652.68	\$386.82	\$273.60	\$0.00	\$535.15	\$218.16	\$746.74	\$310.94	\$146.12	\$425.02	\$429.80

* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.

INDIVIDUAL	*Empire MediBlueHMO (NYC)	*Empire MediBlueHMO (Rckl/Westchstr)	*Empire MediBlueHMO (Nassau)	*Empire MediBlueHMO (Suffolk)	FAMILY	*Empire MediBlueHMO (NYC)	*Empire MediBlueHMO (Rckl/Westchstr)	*Empire MediBlueHMO (Nassau)	*Empire MediBlueHMO (Suffolk)
If a member of a UWF providing prescription drug coverage.	\$0.00	\$91.98	\$0.00	\$58.25	If a member of a UWF providing prescription drug coverage.	\$0.00	\$183.96	\$0.00	\$116.50
If a member of a UWF that does NOT provide prescription drug coverage.	\$154.94	\$292.07	\$420.73	\$531.31	If a member of a UWF that does NOT provide prescription drug coverage.	\$309.88	\$584.14	\$841.46	\$1,062.62

NOTE: AvMed, BC Health Options & ElderPlan are "zero" premium plans.