

RETIREE Health Plan Rates as of July 1, 2016

NOTE: ALL Rates are subject to change

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	\$184.28	\$712.56	\$0.00	\$327.63	\$531.54	\$0.00	\$123.57	\$0.00	\$717.31	\$0.00	\$87.61
Prescription Drugs	\$569.93	\$250.73	\$0.00	\$196.09	\$196.09	\$115.00	\$215.92	\$151.52	\$728.97	\$171.54	\$187.27
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.49	\$0.00	\$6.08	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$754.21	\$963.29	\$0.00	\$523.72	\$727.63	\$120.49	\$339.49	\$157.60	\$1,446.28	\$171.54	\$274.88
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$909.15	\$1,928.66	\$0.00	\$946.71	\$1,360.90	\$0.00	\$378.26	\$0.00	\$1,757.65	\$0.00	\$347.25
Prescription Drugs	\$1,560.26	\$750.69	\$0.00	\$480.71	\$480.71	\$207.00	\$550.52	\$371.22	\$1,775.85	\$393.99	\$487.04
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.91	\$0.00	\$14.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,469.41	\$2,679.35	\$0.00	\$1,427.42	\$1,841.61	\$220.91	\$928.78	\$386.12	\$3,533.50	\$393.99	\$834.29

* 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	\$135.41	\$0.00	\$129.20	\$0.00	\$82.00	\$0.00	\$329.85	\$0.00	\$0.00	\$87.67	\$71.75
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	\$2.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$318.74	\$193.41	\$129.20	\$0.00	\$267.81	\$109.05	\$394.85	\$155.47	\$73.06	\$204.91	\$207.30
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	\$270.82	\$0.00	\$258.40	\$0.00	\$158.03	\$0.00	\$659.70	\$0.00	\$0.00	\$175.34	\$143.50
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	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$637.48	\$386.82	\$258.40	\$0.00	\$529.65	\$218.10	\$789.70	\$310.94	\$146.12	\$409.82	\$414.60

* 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	\$84.38	\$0.00	\$50.65	If a member of a UWF providing prescription drug coverage.	\$0.00	\$168.76	\$0.00	\$101.30
If a member of a UWF that does NOT provide prescription drug coverage.	\$147.34	\$284.47	\$413.13	\$523.71	If a member of a UWF that does NOT provide prescription drug coverage.	\$294.68	\$568.94	\$826.26	\$1,047.42

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