

**RETIREE Health Plan Rates as of July 1, 2017**  
**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	\$201.52	\$732.55	\$0.00	\$295.85	\$611.48	\$0.00	\$139.53	\$0.00	\$953.89	\$0.00	\$98.97
Prescription Drugs	\$1,059.26	\$263.42	\$0.00	\$213.89	\$213.89	\$105.50	\$273.27	\$191.74	\$284.43	\$188.69	\$236.50
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.48	\$0.00	\$7.51	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,260.78</b>	<b>\$995.97</b>	<b>\$0.00</b>	<b>\$509.74</b>	<b>\$825.37</b>	<b>\$110.98</b>	<b>\$412.80</b>	<b>\$199.25</b>	<b>\$1,238.32</b>	<b>\$188.69</b>	<b>\$335.47</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus	Vytra
Basic	\$988.00	\$1,986.90	\$0.00	\$871.31	\$1,563.20	\$0.00	\$423.78	\$0.00	\$2,337.03	\$0.00	\$385.86
Prescription Drugs	\$2,971.13	\$788.70	\$0.00	\$524.36	\$524.36	\$189.00	\$696.72	\$469.75	\$696.85	\$433.39	\$615.03
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.89	\$0.00	\$18.39	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,959.13</b>	<b>\$2,775.60</b>	<b>\$0.00</b>	<b>\$1,395.67</b>	<b>\$2,087.56</b>	<b>\$202.89</b>	<b>\$1,120.50</b>	<b>\$488.14</b>	<b>\$3,033.88</b>	<b>\$433.39</b>	<b>\$1,000.89</b>

\* 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	\$119.86	\$0.00	\$125.13	\$0.00	\$88.72	\$0.00	\$362.08	\$0.00	\$0.00	\$102.68	\$91.28
Prescription Drugs	\$180.86	\$196.14	\$0.00	\$0.00	\$200.64	\$107.00	\$74.00	\$155.47	\$80.90	\$111.82	\$120.76
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$300.72</b>	<b>\$196.14</b>	<b>\$125.13</b>	<b>\$0.00</b>	<b>\$289.36</b>	<b>\$109.25</b>	<b>\$436.08</b>	<b>\$155.47</b>	<b>\$80.90</b>	<b>\$214.50</b>	<b>\$212.04</b>
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	\$239.72	\$0.00	\$250.26	\$0.00	\$171.21	\$0.00	\$724.16	\$0.00	\$0.00	\$205.36	\$182.56
Prescription Drugs	\$361.72	\$392.28	\$0.00	\$0.00	\$401.28	\$214.00	\$148.00	\$310.94	\$161.80	\$223.64	\$241.52
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$601.44</b>	<b>\$392.28</b>	<b>\$250.26</b>	<b>\$0.00</b>	<b>\$572.49</b>	<b>\$218.50</b>	<b>\$872.16</b>	<b>\$310.94</b>	<b>\$161.80</b>	<b>\$429.00</b>	<b>\$424.08</b>

\* 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.	\$10.84	\$133.50	\$77.07	\$51.23	If a member of a UWF providing prescription drug coverage.	\$21.68	\$267.00	\$154.14	\$102.46
If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$190.18	\$312.84	\$256.41	\$230.57	If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$380.36	\$625.68	\$512.82	\$461.14

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