

**RETIREE Health Plan Rates as of January 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	\$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
<b>Total (Basic + Rider)</b>	<b>\$754.21</b>	<b>\$963.29</b>	<b>\$0.00</b>	<b>\$523.72</b>	<b>\$727.63</b>	<b>\$120.49</b>	<b>\$339.49</b>	<b>\$157.60</b>	<b>\$1,446.28</b>	<b>\$171.54</b>	<b>\$274.88</b>
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
<b>Total (Basic + Rider)</b>	<b>\$2,469.41</b>	<b>\$2,679.35</b>	<b>\$0.00</b>	<b>\$1,427.42</b>	<b>\$1,841.61</b>	<b>\$220.91</b>	<b>\$928.78</b>	<b>\$386.12</b>	<b>\$3,533.50</b>	<b>\$393.99</b>	<b>\$834.29</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	\$123.93	\$0.00	\$129.20	\$0.00	\$82.00	\$0.00	\$329.85	\$0.00	\$0.00	\$106.75	\$95.35
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	\$2.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$304.79</b>	<b>\$196.14</b>	<b>\$129.20</b>	<b>\$0.00</b>	<b>\$282.64</b>	<b>\$109.05</b>	<b>\$403.85</b>	<b>\$155.47</b>	<b>\$80.90</b>	<b>\$218.57</b>	<b>\$216.11</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	\$247.86	\$0.00	\$258.40	\$0.00	\$158.03	\$0.00	\$659.70	\$0.00	\$0.00	\$213.50	\$190.70
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	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$609.58</b>	<b>\$392.28</b>	<b>\$258.40</b>	<b>\$0.00</b>	<b>\$559.31</b>	<b>\$218.10</b>	<b>\$807.70</b>	<b>\$310.94</b>	<b>\$161.80</b>	<b>\$437.14</b>	<b>\$432.22</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.	\$14.91	\$137.57	\$81.14	\$55.30	a UWF providing prescription drug coverage.	\$29.82	\$275.14	\$162.28	\$110.60
If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$194.25	\$316.91	\$260.48	\$234.64	a UWF that does <u>NOT</u> provide prescription drug coverage.	\$388.50	\$633.82	\$520.96	\$469.28

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