

**RETIREE Health Plan Rates as of January 1, 2018**

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 Prime POS     | MetroPlus Gold  | 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 Prime POS     | MetroPlus Gold  | 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 Medicare Advantage Plan PPO/ESA (NY/NJ/PA) | Aetna Medicare Advantage Plan PPO/ESA (All Other Areas) | CIGNA Healthspring (AZ) | DC37 Med-Team Senior Care | Empire Medicare Related | GHI Senior Care | GHI HMO Medicare Senior Supplement | HIP VIP Premier (HMO) | Humana Gold Plus | United Healthcare Group Medicare Advantage Plan Horizons (NYC) | United Healthcare Group Medicare Advantage Plan Horizons (NJ) |
|------------------------------|--|---|-------------------------|---------------------------|-------------------------|-----------------|------------------------------------|-----------------------|------------------|--|---|
| Basic                        | \$158.37   | \$0.00  | \$125.13                | \$0.00                    | \$88.72                 | \$0.00          | \$362.08                           | \$0.00                | \$0.00           | \$139.67   | \$127.17  |
| Prescription Drugs           | \$193.23   | \$208.87  | \$0.00                  | \$0.00                    | \$216.90                | \$133.00        | \$80.00                            | \$165.54              | \$89.35          | \$128.51   | \$139.07  |
| 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>\$351.60</b>                                  | <b>\$208.87</b>   | <b>\$125.13</b>         | <b>\$0.00</b>             | <b>\$305.62</b>         | <b>\$135.25</b> | <b>\$442.08</b>                    | <b>\$165.54</b>       | <b>\$89.35</b>   | <b>\$268.18</b>  | <b>\$266.24</b>   |
| FAMILY                       | Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA) | Aetna Medicare Advantage Plan PPO/ESA (All Other Areas) | CIGNA Healthspring (AZ) | DC37 Med-Team Senior Care | Empire Medicare Related | GHI Senior Care | GHI HMO Medicare Senior Supplement | HIP VIP Premier (HMO) | Humana Gold Plus | United Secure Horizons (NYC)                                   | United Secure Horizons (NJ)                                   |
| Basic                        | \$316.74   | \$0.00  | \$250.26                | \$0.00                    | \$171.21                | \$0.00          | \$724.16                           | \$0.00                | \$0.00           | \$279.34   | \$254.34  |
| Prescription Drugs           | \$386.46   | \$417.74  | \$0.00                  | \$0.00                    | \$433.80                | \$266.00        | \$160.00                           | \$331.08              | \$178.70         | \$257.02   | \$278.14  |
| 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>\$703.20</b>                                  | <b>\$417.74</b>   | <b>\$250.26</b>         | <b>\$0.00</b>             | <b>\$605.01</b>         | <b>\$270.50</b> | <b>\$884.16</b>                    | <b>\$331.08</b>       | <b>\$178.70</b>  | <b>\$536.36</b>  | <b>\$532.48</b>   |

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

| INDIVIDUAL   | Empire MediBlue HMO (NYC) | Empire MediBlue HMO (Rckl/Westchstr) | Empire MediBlue HMO (Nassau) | Empire MediBlue HMO (Suffolk) | FAMILY   | Empire MediBlue HMO (NYC) | Empire MediBlue HMO (Rckl/Westchstr) | Empire MediBlue HMO (Nassau) | Empire MediBlue HMO (Suffolk) |
|--|---------------------------|--------------------------------------|------------------------------|-------------------------------|--|---------------------------|--------------------------------------|------------------------------|-------------------------------|
| If a member of a UWF providing prescription drug coverage.             | \$21.42                   | \$151.17                             | \$91.48                      | \$64.15                       | If a member of a UWF providing prescription drug coverage.             | \$42.84                   | \$302.34                             | \$182.96                     | \$128.30                      |
| If a member of a UWF that does NOT provide prescription drug coverage. | \$217.64                  | \$347.39                             | \$287.70                     | \$260.37                      | If a member of a UWF that does NOT provide prescription drug coverage. | \$435.28                  | \$694.78                             | \$575.40                     | \$520.74                      |

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