

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2014

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$33.00	\$174.25	\$66.00	\$348.50	\$71.70	\$378.58
Optional Rider	Prescription Drugs	31.39	75.90	62.78	151.80	68.20	164.90
TOTAL		\$64.39	\$250.15	\$128.78	\$500.29	\$139.90	\$543.48
CIGNA HealthCare	Basic Plan	\$120.67	\$330.39	\$241.34	\$660.78	\$262.17	\$717.82
Optional Rider	Prescription Drugs	47.64	142.63	95.28	285.26	103.51	309.89
TOTAL		\$168.31	\$473.02	\$336.62	\$946.05	\$365.68	\$1,027.70
DC37 Med-Team (DC 37 members only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(No Rider Available)	TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empire EPO	Basic Plan	\$101.13	\$259.66	\$202.26	\$519.32	\$219.72	\$564.14
Optional Rider	Prescription Drugs	29.14	71.43	58.28	142.86	63.31	155.19
TOTAL		\$130.27	\$331.09	\$260.54	\$662.18	\$283.03	\$719.33
Empire HMO	Basic Plan	\$46.06	\$139.99	\$92.12	\$279.98	\$100.07	\$304.15
Optional Rider	Prescription Drugs	29.14	71.43	58.28	142.86	63.31	155.19
TOTAL		\$75.20	\$211.42	\$150.39	\$422.84	\$163.38	\$459.34
GHI-CBP/Empire BlueCross BlueShield							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	27.62	49.48	55.23	98.96	60.00	107.50
	Enhanced Reimbursement Schedule	1.58	4.01	3.17	8.02	3.44	8.72
TOTAL		\$29.20	\$53.49	\$58.40	\$106.98	\$63.44	\$116.22
GHI HMO	Basic Plan	\$21.87	\$69.24	\$43.74	\$138.47	\$47.52	\$150.43
Optional Rider	Prescription Drugs	37.96	96.78	75.91	193.56	82.47	210.27
TOTAL		\$59.83	\$166.02	\$119.66	\$332.03	\$129.99	\$360.69
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	31.55	77.29	63.09	154.58	68.54	167.92
	Appliances and Private Duty Nursing	1.27	3.10	2.53	6.20	2.75	6.74
TOTAL		\$32.81	\$80.39	\$65.63	\$160.78	\$71.29	\$174.66
HIP Prime POS	Basic Plan	\$155.68	\$381.48	\$311.37	\$762.95	\$338.24	\$828.80
Optional Rider	Prescription Drugs	106.92	260.48	213.85	520.95	232.31	565.92
TOTAL		\$262.61	\$641.95	\$525.21	\$1,283.90	\$570.55	\$1,394.72
Metroplus (HHC Employees Only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	32.04	72.93	64.09	145.87	69.62	158.46
TOTAL		\$32.04	\$72.93	\$64.09	\$145.87	\$69.62	\$158.46
Vytra	Basic Plan	\$13.39	\$60.12	\$26.79	\$120.25	\$29.10	\$130.63
Optional Rider	Prescription Drugs	35.52	92.37	71.04	184.75	77.17	200.70
TOTAL		\$48.91	\$152.50	\$97.83	\$305.00	\$106.27	\$331.32