

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