

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2010

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$29.48	\$130.02	\$58.95	\$260.04	\$64.03	\$282.48
Optional Rider	Prescription Drugs	23.75	54.86	47.50	109.73	51.60	119.20
TOTAL		\$53.23	\$184.88	\$106.45	\$369.77	\$115.63	\$401.68
Aetna QPOS	Basic Plan	\$165.16	\$407.66	\$330.33	\$815.31	\$358.83	\$885.68
Optional Rider	Prescription Drugs	39.95	97.76	79.90	195.52	86.80	212.40
TOTAL		\$205.11	\$505.42	\$410.23	\$1,010.83	\$445.63	\$1,098.08
CIGNA HealthCare	Basic Plan	\$58.09	\$175.59	\$116.18	\$351.18	\$126.20	\$381.49
Optional Rider	Prescription Drugs	30.67	80.91	61.34	161.83	66.64	175.80
TOTAL		\$88.76	\$256.50	\$177.52	\$513.01	\$192.84	\$557.29
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	\$81.67	\$209.56	\$163.34	\$419.11	\$177.43	\$455.29
Optional Rider	Prescription Drugs	21.58	52.91	43.17	105.83	46.90	114.96
TOTAL		\$103.25	\$262.47	\$206.51	\$524.94	\$224.33	\$570.25
Empire HMO	Basic Plan	\$32.96	\$101.65	\$65.92	\$203.30	\$71.60	\$220.84
Optional Rider	Prescription Drugs	21.58	52.91	43.17	105.83	46.90	114.96
TOTAL		\$54.54	\$154.56	\$109.09	\$309.13	\$118.50	\$335.80
GHI-CBP/Empire BlueCross BlueShield							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	25.32	46.03	50.63	92.05	55.00	100.00
	Enhanced Reimbursement Schedule	1.57	3.99	3.14	7.98	3.42	8.67
TOTAL		\$26.89	\$50.02	\$53.77	\$100.03	\$58.42	\$108.67
GHI HMO	Basic Plan	\$41.05	\$115.27	\$82.10	\$230.55	\$89.18	\$250.45
Optional Rider	Prescription Drugs	28.20	71.92	56.40	143.84	61.27	156.25
TOTAL		\$69.25	\$187.19	\$138.50	\$374.39	\$150.45	\$406.70
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	24.59	60.25	49.18	120.49	53.43	130.89
	Appliances and Private Duty Nursing	1.02	2.50	2.04	4.99	2.22	5.43
TOTAL		\$25.61	\$62.75	\$51.22	\$125.48	\$55.65	\$136.32
HIP Prime POS	Basic Plan	\$84.14	\$206.17	\$168.28	\$412.35	\$182.80	\$447.94
Optional Rider	Prescription Drugs	62.02	151.94	124.04	303.88	134.75	330.11
TOTAL		\$146.16	\$358.11	\$292.32	\$716.23	\$317.55	\$778.05
Metroplus (HHC Employees Only)							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	24.01	54.66	48.03	109.32	52.18	118.75
TOTAL		\$24.01	\$54.66	\$48.03	\$109.32	\$52.18	\$118.75
Vytra	Basic Plan	\$25.18	\$85.95	\$50.35	\$171.91	\$54.69	\$186.74
Optional Rider	Prescription Drugs	31.77	82.61	63.54	165.23	69.03	179.49
TOTAL		\$56.95	\$168.56	\$113.89	\$337.14	\$123.72	\$366.23