

**EMPLOYEE Health Plan Rates as of July 1, 2016 (NOTE: Rates are subject to change)**

These rates are in effect as of your first full payroll period in July 2016

**WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$42.41	\$163.99	\$0.00	\$75.40	\$122.33	\$0.00	\$28.44	\$0.00	\$165.08	\$0.00	\$20.16
Prescription Drugs	\$131.16	\$57.70	\$0.00	\$45.13	\$45.13	\$26.47	\$49.69	\$34.87	\$167.76	\$39.48	\$43.10
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.26	\$0.00	\$1.40	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$173.57</b>	<b>\$221.69</b>	<b>\$0.00</b>	<b>\$120.53</b>	<b>\$167.45</b>	<b>\$27.73</b>	<b>\$78.13</b>	<b>\$36.27</b>	<b>\$332.84</b>	<b>\$39.48</b>	<b>\$63.26</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$209.23	\$443.86	\$0.00	\$217.87	\$313.19	\$0.00	\$87.05	\$0.00	\$404.50	\$0.00	\$79.92
Prescription Drugs	\$359.07	\$172.76	\$0.00	\$110.63	\$110.63	\$47.64	\$126.70	\$85.43	\$408.69	\$90.67	\$112.09
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.20	\$0.00	\$3.43	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$568.30</b>	<b>\$616.62</b>	<b>\$0.00</b>	<b>\$328.50</b>	<b>\$423.82</b>	<b>\$50.84</b>	<b>\$213.75</b>	<b>\$88.86</b>	<b>\$813.19</b>	<b>\$90.67</b>	<b>\$192.00</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.

**BI-WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$84.82	\$327.97	\$0.00	\$150.80	\$244.65	\$0.00	\$56.88	\$0.00	\$330.16	\$0.00	\$40.32
Prescription Drugs	\$262.32	\$115.40	\$0.00	\$90.26	\$90.26	\$52.93	\$99.38	\$69.74	\$335.53	\$78.96	\$86.20
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.53	\$0.00	\$2.80	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$347.14</b>	<b>\$443.38</b>	<b>\$0.00</b>	<b>\$241.05</b>	<b>\$334.91</b>	<b>\$55.46</b>	<b>\$156.26</b>	<b>\$72.54</b>	<b>\$665.69</b>	<b>\$78.96</b>	<b>\$126.52</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$418.46	\$887.71	\$0.00	\$435.75	\$626.39	\$0.00	\$174.10	\$0.00	\$809.00	\$0.00	\$159.83
Prescription Drugs	\$718.15	\$345.52	\$0.00	\$221.26	\$221.26	\$95.28	\$253.39	\$170.86	\$817.38	\$181.34	\$224.17
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.40	\$0.00	\$6.86	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,136.61</b>	<b>\$1,233.24</b>	<b>\$0.00</b>	<b>\$657.00</b>	<b>\$847.65</b>	<b>\$101.68</b>	<b>\$427.49</b>	<b>\$177.72</b>	<b>\$1,626.38</b>	<b>\$181.34</b>	<b>\$384.00</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.

**SEMI-MONTHLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$92.14	\$356.28	\$0.00	\$163.82	\$265.77	\$0.00	\$61.79	\$0.00	\$358.66	\$0.00	\$43.80
Prescription Drugs	\$284.97	\$125.37	\$0.00	\$98.05	\$98.05	\$57.50	\$107.96	\$75.76	\$364.49	\$85.77	\$93.64
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.75	\$0.00	\$3.04	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$377.11</b>	<b>\$481.65</b>	<b>\$0.00</b>	<b>\$261.86</b>	<b>\$363.82</b>	<b>\$60.25</b>	<b>\$169.75</b>	<b>\$78.80</b>	<b>\$723.14</b>	<b>\$85.77</b>	<b>\$137.44</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$454.58	\$964.33	\$0.00	\$473.36	\$680.45	\$0.00	\$189.13	\$0.00	\$878.83	\$0.00	\$173.63
Prescription Drugs	\$780.13	\$375.35	\$0.00	\$240.36	\$240.36	\$103.50	\$275.26	\$185.61	\$887.93	\$197.00	\$243.52
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.96	\$0.00	\$7.45	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,234.71</b>	<b>\$1,339.68</b>	<b>\$0.00</b>	<b>\$713.71</b>	<b>\$920.81</b>	<b>\$110.46</b>	<b>\$464.39</b>	<b>\$193.06</b>	<b>\$1,766.75</b>	<b>\$197.00</b>	<b>\$417.15</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.