

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2011

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$22.15	\$128.44	\$44.29	\$256.87	\$48.25	\$279.80
Optional Rider	Prescription Drugs	25.64	61.26	51.27	122.51	55.85	133.45
TOTAL		\$47.79	\$189.70	\$95.56	\$379.38	\$104.10	\$413.25
Aetna QPOS	Basic Plan	\$176.28	\$436.55	\$352.57	\$873.10	\$384.05	\$951.05
Optional Rider	Prescription Drugs	49.92	122.70	99.84	245.39	108.75	267.30
TOTAL		\$226.20	\$559.25	\$452.41	\$1,118.49	\$492.80	\$1,218.35
CIGNA HealthCare	Basic Plan	\$70.49	\$198.15	\$140.99	\$396.30	\$153.58	\$431.68
Optional Rider	Prescription Drugs	34.86	104.37	69.72	208.73	75.95	227.37
TOTAL		\$105.35	\$302.52	\$210.71	\$605.03	\$229.53	\$659.05
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	\$89.64	\$230.02	\$179.29	\$460.04	\$195.30	\$501.11
Optional Rider	Prescription Drugs	24.75	60.68	49.51	121.37	53.93	132.21
TOTAL		\$114.39	\$290.70	\$228.80	\$581.41	\$249.23	\$633.32
Empire HMO	Basic Plan	\$38.11	\$116.57	\$76.21	\$233.12	\$83.02	\$253.94
Optional Rider	Prescription Drugs	24.75	60.68	49.51	121.37	53.93	132.21
TOTAL		\$62.86	\$177.25	\$125.72	\$354.49	\$136.95	\$386.15
GHI-CBP/Empire BlueCross BlueShield							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	25.25	45.90	50.49	91.80	55.00	100.00
	Enhanced Reimbursement Schedule	1.57	3.98	3.14	7.95	3.42	8.67
TOTAL		\$26.82	\$49.88	\$53.63	\$99.75	\$58.42	\$108.67
GHI HMO	Basic Plan	\$37.73	\$107.87	\$75.47	\$215.73	\$82.21	\$234.99
Optional Rider	Prescription Drugs	43.72	111.45	87.45	222.91	95.26	242.81
TOTAL		\$81.45	\$219.32	\$162.92	\$438.64	\$177.47	\$477.80
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	27.45	67.26	54.90	134.51	59.81	146.52
	Appliances and Private Duty Nursing	1.10	2.69	2.20	5.38	2.40	5.87
TOTAL		\$28.55	\$69.95	\$57.10	\$139.89	\$62.21	\$152.39
HIP Prime POS	Basic Plan	\$89.66	\$219.71	\$179.31	\$439.41	\$195.33	\$478.64
Optional Rider	Prescription Drugs	75.55	185.09	151.10	370.17	164.60	403.23
TOTAL		\$165.21	\$404.80	\$330.41	\$809.58	\$359.93	\$881.87
Metroplus (HHC Employees Only)							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	24.36	55.44	48.72	110.89	53.08	120.79
TOTAL		\$24.36	\$55.44	\$48.72	\$110.89	\$53.08	\$120.79
Vytra	Basic Plan	\$14.74	\$60.33	\$29.47	\$120.64	\$32.11	\$131.41
Optional Rider	Prescription Drugs	31.68	82.39	63.37	164.78	69.03	179.49
TOTAL		\$46.42	\$142.72	\$92.84	\$285.42	\$101.14	\$310.90