

Basic Plan and Optional Rider Costs

Basic coverage is available under certain plans at no cost, while other plans require a payroll deduction. A rider for optional benefits may be purchased under all but one of the plans (DC 37 Med-Team does not offer an Optional Rider).

Under the voluntary Medical Spending Conversion Program, health plan deductions for employees will be made on a pre-tax basis. Each Optional Rider is a package. You may not select individual benefits within the rider package. However, if your union welfare fund provides benefits similar to some or all of those listed in the rider for your plan, those specific benefits will be provided only by your welfare fund and will not be available through the rider. In these cases, payroll deductions will be reduced accordingly. If your health plan's Optional Rider only consists of a prescription drug plan, and your welfare fund provides this same benefit, your deductions will not be adjusted should you choose the rider.

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2007
(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$16.33	\$71.48	\$32.66	\$142.96	\$35.58	\$155.72
	Optional Rider Prescription Drugs	24.08	56.41	48.15	112.83	52.45	122.90
	TOTAL	\$40.41	\$127.89	\$80.81	\$255.79	\$88.03	\$278.62
Aetna QPOS	Basic Plan	\$121.97	\$298.60	\$243.95	\$597.20	\$265.73	\$650.53
	Optional Rider Prescription Drugs	33.71	82.28	67.43	164.56	73.45	179.25
	TOTAL	\$155.68	\$380.88	\$311.38	\$761.76	\$339.18	\$829.78
CIGNA Healthcare	Basic Plan	\$36.71	\$112.94	\$73.43	\$225.89	\$79.98	\$246.05
	Optional Rider Prescription Drugs	32.37	85.76	64.73	171.53	70.51	186.85
	TOTAL	\$69.08	\$198.70	\$138.16	\$397.42	\$150.49	\$432.90
DC37 Med -Team (DC 37 members only) (No Rider Available)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empire EPO	Basic Plan	\$54.07	\$138.73	\$108.16	\$277.46	\$117.82	\$302.23
	Optional Rider Prescription Drugs	17.15	42.03	34.29	84.06	37.36	91.57
	TOTAL	\$71.22	\$180.76	\$142.45	\$361.52	\$155.18	\$393.80
Empire HMO	Basic Plan	\$14.33	\$49.01	\$28.67	\$98.01	\$31.23	\$106.76
	Optional Rider Prescription Drugs	17.15	42.03	34.29	84.06	37.36	91.57
	TOTAL	\$31.48	\$91.04	\$62.96	\$182.07	\$68.59	\$198.33
GHI-CBP/Empire BlueCross BlueShield	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	24.57	45.05	49.15	90.10	53.54	98.14
	Outpatient Mental Health & Inpatient Chemical Dependency Treatment	0.08	0.20	0.17	0.39	0.19	0.43
	Enhanced Reimbursement Schedule	1.31	3.32	2.62	6.64	2.86	7.24
	TOTAL	\$25.96	\$48.57	\$51.94	\$97.13	\$56.59	\$105.81
GHI HMO	Basic Plan	\$15.75	\$47.99	\$31.51	\$95.98	\$34.32	\$104.54
	Optional Rider Prescription Drugs	18.46	47.07	36.91	94.14	40.21	102.55
	TOTAL	\$34.21	\$95.06	\$68.42	\$190.12	\$74.53	\$207.09
HealthNet	Basic Plan	\$37.88	\$108.52	\$75.78	\$217.04	\$82.54	\$236.41
	Optional Rider Prescription Drugs	40.02	103.45	80.03	206.90	87.18	225.37
	TOTAL	\$77.90	\$211.97	\$155.81	\$423.94	\$169.72	\$461.78
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	18.63	45.66	37.27	91.31	40.60	99.47
	Appliances & Private Duty Nursing	0.76	1.85	1.51	3.71	1.65	4.04
	TOTAL	\$19.39	\$47.51	\$38.78	\$95.02	\$42.25	\$103.51
HIP Prime POS	Basic Plan	\$22.10	\$54.19	\$44.22	\$108.38	\$48.17	\$118.05
	Optional Rider Prescription Drugs	32.80	80.34	65.59	160.68	71.45	175.03
	TOTAL	\$54.90	\$134.53	\$109.81	\$269.06	\$119.62	\$293.08
Metroplus (HHC Employees Only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	19.83	43.14	39.67	86.28	43.21	93.98
	TOTAL	\$19.83	\$43.14	\$39.67	\$86.28	\$43.21	\$93.98
Vytra	Basic Plan	\$15.78	\$52.65	\$31.57	\$105.29	\$34.39	\$114.69
	Optional Rider Prescription Drugs	21.37	59.17	42.74	118.34	46.56	128.91
	TOTAL	\$37.15	\$111.82	\$74.31	\$223.63	\$80.95	\$243.60