

**Health Insurance Plan Comparison  
Bi-Weekly Rates**

| Plan Coverage                |  | July 2015       |                   | July 2016       |                   | Difference      |                 |
|------------------------------|--|-----------------|-------------------|-----------------|-------------------|-----------------|-----------------|
|                              |  | Ind             | Family            | Ind             | Family            | Ind             | Family          |
| Aetna EPO                    | Basic  | \$73.57         | \$376.67          | \$84.82         | \$418.46          | \$11.25         | \$41.79         |
|                              | Prescription Drug                              | \$107.55        | \$272.43          | \$262.32        | \$718.15          | \$154.77        | \$445.72        |
|                              | <b>Total</b>                                   | <b>\$181.12</b> | <b>\$649.00</b>   | <b>\$347.14</b> | <b>\$1,136.61</b> | <b>\$166.02</b> | <b>\$487.61</b> |
| Cigna Healthcare             | Basic Plan                                     | \$278.79        | \$758.58          | \$327.97        | \$887.71          | \$49.18         | \$129.13        |
|                              | Prescription Drug                              | \$103.57        | \$310.09          | \$115.40        | \$345.52          | \$11.83         | \$35.43         |
|                              | <b>Total</b>                                   | <b>\$382.36</b> | <b>\$1,068.66</b> | <b>\$443.38</b> | <b>\$1,233.24</b> | <b>\$61.02</b>  | <b>\$164.58</b> |
| DC37 Med Team (Members Only) | Basic Plan                                     | \$0.00          | \$0.00            | \$0.00          | \$0.00            | \$0.00          | \$0.00          |
| No Rider Available           | <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>   |
| Empire EPO                   | Basic Plan                                     | \$98.90         | \$298.66          | \$150.80        | \$435.75          | \$51.90         | \$137.09        |
|                              | Prescription Drug                              | \$72.12         | \$176.79          | \$90.26         | \$221.26          | \$18.14         | \$44.47         |
|                              | <b>Total</b>                                   | <b>\$171.02</b> | <b>\$475.45</b>   | <b>\$241.05</b> | <b>\$657.00</b>   | <b>\$70.03</b>  | <b>\$181.55</b> |
| Empire HMO                   | Basic Plan                                     | \$257.49        | \$657.77          | \$244.65        | \$626.39          | (\$12.84)       | (\$31.38)       |
|                              | Prescription Drug                              | \$72.12         | \$176.79          | \$90.26         | \$221.26          | \$18.14         | \$44.47         |
|                              | <b>Total</b>                                   | <b>\$329.61</b> | <b>\$834.56</b>   | <b>\$334.91</b> | <b>\$847.65</b>   | <b>\$5.30</b>   | <b>\$13.09</b>  |
| GHI-CBP/Empire BCBS          | Basic Plan                                     | \$0.00          | \$0.00            | \$0.00          | \$0.00            | \$0.00          | \$0.00          |
|                              | Prescription Drug                              | \$55.08         | \$98.69           | \$52.93         | \$95.28           | (\$2.15)        | (\$3.41)        |
|                              | Enhanced Major Medical                         | \$3.10          | \$7.86            | \$2.53          | \$6.40            | (\$0.57)        | (\$1.46)        |
|                              | <b>Total</b>                                   | <b>\$58.18</b>  | <b>\$106.55</b>   | <b>\$55.46</b>  | <b>\$101.68</b>   | <b>(\$2.72)</b> | <b>(\$4.87)</b> |
| GHI HMO                      | Basic Plan                                     | \$49.45         | \$153.73          | \$56.88         | \$174.10          | \$7.43          | \$20.37         |
|                              | Prescription Drug                              | \$89.93         | \$229.27          | \$99.38         | \$253.39          | \$9.45          | \$24.12         |
|                              | <b>Total</b>                                   | <b>\$139.38</b> | <b>\$383.01</b>   | <b>\$156.26</b> | <b>\$427.49</b>   | <b>\$16.88</b>  | <b>\$44.48</b>  |
| HIP Prime HMO                | Basic Plan                                     | \$0.00          | \$0.00            | \$0.00          | \$0.00            | \$0.00          | \$0.00          |
|                              | Prescription Drug                              | \$67.95         | \$166.49          | \$69.74         | \$170.86          | \$1.79          | \$4.37          |
|                              | Durable Medical Equipment & Private Duty Nurse | \$2.63          | \$6.45            | \$2.80          | \$6.86            | \$0.17          | \$0.41          |
|                              | <b>Total</b>                                   | <b>\$70.59</b>  | <b>\$172.94</b>   | <b>\$72.54</b>  | <b>\$177.72</b>   | <b>\$1.95</b>   | <b>\$4.78</b>   |
| HIP Prime POS                | Basic Plan                                     | \$302.75        | \$741.83          | \$330.16        | \$809.00          | \$27.41         | \$67.17         |
|                              | Prescription Drug                              | \$242.88        | \$591.69          | \$335.53        | \$817.38          | \$92.65         | \$225.69        |
|                              | <b>Total</b>                                   | <b>\$545.63</b> | <b>\$1,333.53</b> | <b>\$665.69</b> | <b>\$1,626.38</b> | <b>\$120.06</b> | <b>\$292.85</b> |
| Vytra                        | Basic Plan                                     | \$35.05         | \$143.28          | \$40.32         | \$159.83          | \$5.27          | \$16.55         |
|                              | Prescription Drug                              | \$78.03         | \$202.94          | \$86.20         | \$224.17          | \$8.17          | \$21.23         |
|                              | <b>Total</b>                                   | <b>\$113.08</b> | <b>\$346.22</b>   | <b>\$126.52</b> | <b>\$384.00</b>   | <b>\$13.44</b>  | <b>\$37.78</b>  |
| MetroPlus                    | Basic Plan                                     | n/a             | n/a               | \$0.00          | \$0.00            |                 |                 |
|                              | Prescription Drug                              | n/a             | n/a               | \$78.96         | \$181.34          |                 |                 |
|                              | <b>Total</b>                                   | <b>n/a</b>      | <b>n/a</b>        | <b>\$78.96</b>  | <b>\$181.34</b>   |                 |                 |