

Monthly Health Plan Rates Effective January 1, 2010
Medicare and Non-Medicare Eligible Retirees and Their Dependents

(All rates are subject to change)

Retiree contracts in which there is one Medicare-eligible person and one non-Medicare eligible person will be deducted at the combined rate for one Medicare individual plus one-non-Medicare individual. No more than two Medicare-eligible individual deductions will be charged regardless of the number of Medicare-eligibles who are included in the retiree's contract.

Medicare eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree's pension check.

There is no pension deduction for the following health plans: Elderplan and DC 37 Med-Team and in Florida: AvMed and BlueCross BlueShield Health Options of Florida.

GHI-CBP/Empire BlueCross BlueShield	Nationwide	Basic Plan	Optional Rider			
			Prescription Drugs	MH & CD Services	Enhanced Schedule	Total
	Individual	\$0.00	\$107.07	\$0.28	\$5.80	\$113.15
	Family	0.00	196.28	0.64	14.68	211.60
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only) (Per Person)	Basic Plan	Optional Rider			
			Prescription Drugs	365-Day Hospital	Total	
		0.00	106.00	2.75	\$108.75	
HIP Prime HMO	Individual	Basic Plan	Optional Rider			
			Prescription Drug Rider	Appliances & Nursing	Total	
			0.00	103.42	3.93	107.35
	Family	0.00	253.50	9.63	263.13	
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties	Basic Plan	Prescription Drug Coverage	Total		
			0.00	115.88	115.88	
Aetna HMO	Individual	91.38	93.30	184.68		
	Family	395.68	218.50	614.18		
Aetna Golden Medicare 10 (Medicare Only) (Per Person)	NY	5 boroughs of New York City, Rockland and Westchester counties	97.11	152.20	249.31	
	NJ	Entire State	75.41	157.50	232.91	
	PA	Certain counties (please call plan directly)	83.81	161.90	245.71	
Aetna QPOS	Individual	674.48	163.00	837.48		
	Family	1657.08	399.20	2056.28		
CIGNA	Individual	196.41	113.45	309.86		
	Family	603.61	300.63	904.24		
	Phoenix, Arizona (Medicare Only) (Per Person)	0.00	257.00	257.00		
Empire EPO	Individual	335.18	90.71	425.89		
	Family	858.98	222.36	1081.34		
Empire HMO New York	Individual	140.22	90.71	230.93		
	Family	426.87	222.36	649.23		
Empire MediBlue (Medicare Only) (Per Person)	NY	5 Boroughs of New York	0.00	169.66	169.66	
		Rockland & Westchester	0.00	240.51	240.51	
		Nassau	0.00	246.19	246.19	
		Suffolk	0.00	241.47	241.47	
Empire Medicare-Related Coverage	Nationwide (Medicare Only) (Per Person)	56.14	142.64	198.78		
GHI HMO	Individual	130.76	113.34	244.10		
	Family	374.95	289.05	664.00		
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)	144.73	60.40	205.13		
HealthNet	Individual	146.05	193.47	339.52		
	Family	433.70	500.15	933.85		

		Basic Plan	Prescription Drug Coverage	Total
HealthNet SmartChoice (Medicare Only) (Per Person)	CT Fairfield, Hartford & New Haven	17.31	88.00	105.31
HealthNet MedPrime (Medicare Only) (Per Person)	New York Counties of Dutchess, Orange, Manhattan, Putnam, Rockland, Westchester, Nassau and Suffolk; Connecticut Counties of Middlesex, Litchfield, New London, Tolland & Windham; New Jersey - Entire State	89.50	240.13	329.63
Humana (Florida) (Medicare Only)	Individual	0.00	82.00	82.00
	Family	0.00	164.00	164.00
SecureHorizons Health Plans (Medicare Only) (Per Person)	NY 5 Boroughs of New York	0.00	105.19	105.19
	NJ Union County	0.00	97.05	97.05
Vytra Health Plans (Non-Medicare Retirees)	Individual	86.37	122.28	208.65
	Family	305.03	317.96	622.99