

Monthly Health Plan Rates Effective July 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.

		Basic Plan	Optional Rider		
			Prescription Drugs	Enhanced Schedule	Total
GHI-CBP/Empire BlueCross BlueShield	Nationwide				
	Individual	\$0.00	\$110.00	\$6.83	\$116.83
	Family	0.00	200.00	17.33	217.33
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only) (Per Person)	Basic Plan 0.00	Optional Rider		
			Prescription Drugs	365-Day Hospital	Total
			106.00	2.87	\$108.87
HIP Prime HMO		Basic Plan	Optional Rider		
			Prescription Drug Rider	Appliances & Nursing	Total
			Individual	0.00	106.86
	Family	0.00	261.78	10.85	272.63
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties	Basic Plan 0.00	Prescription Drug Coverage 115.88	Total 115.88	
Aetna HMO	Individual	128.07	103.20		231.27
	Family	564.97	238.40		803.37
Aetna Golden Medicare 10 (Medicare Only) (Per Person)	NY 5 boroughs of New York City, Rockland and Westchester counties	84.80	152.20		237.00
	NJ Entire State	63.10	157.50		220.60
	PA Certain counties (please call plan directly)	71.50	161.90		233.40
Aetna QPOS	Individual	717.67	173.60		891.27
	Family	1771.37	424.80		2196.17
CIGNA	Individual	252.40	133.27		385.67
	Family	762.98	351.59		1114.57
	Phoenix, Arizona (Medicare Only) (Per Person)	0.00	257.00		257.00
Empire EPO	Individual	354.86	93.79		448.65
	Family	910.58	229.92		1140.50
Empire HMO New York	Individual	143.20	93.79		236.99
	Family	441.69	229.92		671.61
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)	64.81	142.64		207.45
	Family	124.13	285.28		409.41
GHI HMO	Individual	178.36	122.54		300.90
	Family	500.90	312.50		813.40

		Basic Plan	Prescription Drug Coverage	Total
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)	189.68	60.40	250.08
HIP PRIME POS	Individual	365.60	269.50	635.10
	Family	895.88	660.22	1556.10
HIP MCP		7.49	324.35	331.84
Humana (Florida) (Medicare Only)	Individual	0.00	82.00	82.00
	Family	0.00	164.00	164.00
MetroPlus	Individual	0.00	104.35	104.35
	Family	0.00	237.50	237.50
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	109.39	138.05	247.44
	Family	373.49	358.98	732.47