

NYC HEALTH BENEFITS PROGRAM
SCHOOL CROSSING GUARD 2015 SUMMER HEALTH PLAN COVERAGE
 Total Employee Contributions Required for 5 Bi-Weekly Periods

| BASIC COVERAGE | | | COVERAGE with Optional Rider <small>(Optional rider is for prescription drug coverage unless otherwise noted)</small> | | |
|------------------------------|-----------------|-------------|--|---------------------|---------------------|
| HEALTH PLAN NAME | INDIVIDUAL Cost | FAMILY Cost | HEALTH PLAN NAME | INDIVIDUAL Cost | FAMILY Cost |
| GHI - CBP / EBCBS | \$123.42 | \$323.86 | GHI - CBP / EBCBS (rider is for non-participating provider benefits) | \$139.22 | \$363.86 |
| HIP Prime HMO | \$138.40 | \$339.08 | HIP Prime HMO (rider is for private duty nursing & appliances) | \$151.55 | \$371.33 |
| Aetna EPO | \$506.25 | \$2,221.93 | Aetna EPO | \$1,044.00 | \$3,584.08 |
| CIGNA | \$1,532.35 | \$4,131.98 | CIGNA | \$2,050.20 | \$5,682.43 |
| Empire EPO | \$1,425.85 | \$3,627.93 | Empire EPO | \$1,786.45 | \$4,511.88 |
| Empire HMO | \$632.90 | \$1,832.38 | Empire HMO | \$993.50 | \$2,716.33 |
| GHI HMO | \$385.65 | \$1,107.73 | GHI HMO | \$835.30 | \$2,254.08 |
| HIP Prime POS | \$1,652.15 | \$4,048.23 | HIP Prime POS | \$2,866.55 | \$7,006.68 |
| Med Team (DC37 Members ONLY) | \$138.40 | \$339.08 | Med Team (DC37 Members ONLY) | Rider not available | Rider not available |
| Metroplus | \$138.40 | \$339.08 | Metroplus | \$489.90 | \$1,146.43 |
| Vytra | \$313.65 | \$1,055.48 | Vytra | \$703.80 | \$2,070.18 |