



New York City Office of Labor Relations Health Benefits Program

July 2004

To: All Employees

Subject: Health Benefits Program Rate Changes Effective In July

New Health Plan Rates

The payroll deduction for the basic plans and optional riders for most of the plans listed on the back of this notice are changing in July. Basic coverage is available at no cost to the subscriber under certain plans, while other plans require a payroll deduction. Please review the deductions on your check for the first full payroll period in July with the rates on the reverse side of this notice.

Please be advised that these rates are subject to change. In the event of a rate change, your payroll deduction may either decrease or increase. You will be notified of any future rate changes.

Health Plan Benefit Changes Effective July 1, 2004

Aetna HMO: Primary Care Physician and Specialist office visit copays increase from \$10 to \$15. Prescription drug coverage copays under the Optional Rider change from a two tier copay to a three tier copay. The new copays are: \$5 for generic drugs/\$15 for formulary drugs/\$30 for non-formulary drugs. All other Aetna HMO benefits remain the same.

Aetna QPOS: Primary Care Physician and Specialist office visit copays increase from \$10 to \$15. Prescription drug coverage copays under the Optional Rider change from a two tier copay to a three tier copay. The new copays are: \$5 for generic drugs/\$15 for formulary drugs/\$30 for non-formulary drugs. All other Aetna QPOS benefits remain the same.

Fall Transfer Period

The annual Transfer Period will be held in the Fall. You will be notified of the exact dates. During that period employees can:

- Transfer to another Health Plan
- Add or Drop an Optional Rider
- Change Health Premium Contribution Tax Status
- Elect the Waiver Buy-Out Program

Any changes selected during the Fall Transfer Period will become effective the first day of the first full payroll period in January 2005.

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2004

(All rates are subject to change)

		Weekly		Bi-Weekly	
		Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$13.05	\$33.51	\$26.10	\$67.03
	Optional Rider Prescription Drugs	\$10.47	\$25.87	20.94	51.73
TOTAL		\$23.52	\$59.38	\$47.04	\$118.76
Aetna QPOS	Basic Plan	51.00	124.00	102.00	248.01
	Optional Rider Prescription Drugs	20.14	49.02	40.27	98.04
TOTAL		\$71.14	\$173.02	\$142.27	\$346.05
CIGNA Healthcare	Basic Plan	12.22	44.54	24.45	89.09
	Optional Rider Prescription Drugs	20.54	54.42	41.07	108.84
TOTAL		\$32.76	\$98.96	\$65.52	\$197.93
DC37 Med -Team (DC 37 members only)		0.00	0.00	0.00	0.00
Basic Plan (No Rider Available)		0.00	0.00	\$0.00	\$0.00
Empire EPO	Basic Plan	44.91	115.01	89.82	230.02
	Optional Rider Prescription Drugs	12.23	29.97	24.45	59.93
TOTAL		\$57.14	\$144.98	\$114.27	\$289.95
Empire HMO - NJ	Basic Plan	0.00	0.00	0.00	0.00
	Optional Rider Prescription Drugs	12.23	29.97	24.45	59.93
TOTAL		\$12.23	\$29.97	\$24.45	\$59.93
Empire HMO- NY	Basic Plan	3.00	16.91	5.99	33.82
	Optional Rider Prescription Drugs	12.23	29.97	24.45	59.93
TOTAL		\$15.23	\$46.88	\$30.44	\$93.75
GHI-CBP/ Empire BlueCross	Basic Plan	0.00	0.00	0.00	0.00
	Optional Rider Prescription Drugs	16.27	29.82	32.54	59.65
Outpatient Mental Health & Inpatient Chemical Dependency Treatment		0.34	0.77	0.68	1.55
Enhanced NYC Non-Par Provider Reimbursement Schedule		1.32	3.33	2.63	6.66
TOTAL		\$17.93	\$33.92	\$35.85	\$67.86
GHI HMO	Basic Plan	5.97	20.99	11.94	41.98
	Optional Rider Prescription Drugs	11.00	28.06	22.01	56.11
TOTAL		\$16.97	\$49.05	\$33.95	\$98.09
HealthNet	Basic Plan	21.81	64.58	43.61	129.16
	Optional Rider Prescription Drugs	20.98	54.23	41.95	108.45
TOTAL		\$42.79	\$118.81	\$85.56	\$237.61
HIP Prime HMO	Basic Plan	0.00	0.00	0.00	0.00
	Optional Rider Prescription Drugs	17.55	43.01	35.11	86.02
Appliances & Private Duty Nursing		0.60	1.47	1.20	2.95
TOTAL		\$18.15	\$44.48	\$36.31	\$88.97
HIP Prime POS	Basic Plan	26.70	65.43	53.39	130.86
	Optional Rider Prescription Drugs	20.55	50.34	41.10	100.68
TOTAL		\$47.25	\$115.77	\$94.49	\$231.54
Metroplus (HHC Employees Only)	Basic Plan	0.00	0.00	0.00	0.00
	Optional Rider Prescription Drugs	12.61	30.16	25.22	60.32
TOTAL		\$12.61	\$30.16	\$25.22	\$60.32
Vytra	Basic Plan	5.87	26.44	11.73	52.88
	Optional Rider Prescription Drugs	9.32	24.54	18.64	49.09
TOTAL		\$15.19	\$50.98	\$30.37	\$101.97