

**Monthly Health Plan Rates Effective July 1, 2007**  
**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			Total
			Prescription Drugs	MH & CD Services	Enhanced Schedule	
	Individual	\$0.00	\$107.07	\$0.37	\$5.71	<b>\$113.15</b>
	Family	0.00	196.28	0.85	14.47	<b>211.60</b>
GHI-CBP/Empire BlueCross BlueShield Senior Care	Nationwide (Medicare Only) (Per Person)	Basic Plan	Optional Rider		Total	
			Prescription Drugs	365-Day Hospital		
		0.00	86.60	3.09	<b>\$89.69</b>	
HIP Prime HMO		Basic Plan	Optional Rider		Total	
			Prescription Drug Rider	Appliances & Nursing		
	Individual	0.00	81.19	3.30	<b>\$ 84.49</b>	
	Family	0.00	198.93	8.08	<b>\$ 207.01</b>	
HIP VIP Premier (Medicare Only) (Per Person)	5 Boroughs of New York, Nassau, Suffolk & Westchester Counties	Basic Plan	Prescription Drug Coverage	Total		
			0.00	85.34	<b>\$85.34</b>	
Aetna HMO			Individual	71.16	104.90	<b>\$176.06</b>
			Family	311.45	245.80	<b>\$557.25</b>
Aetna Golden Medicare 10 (Medicare Only) (Per Person)	NY	5 boroughs of New York City, Rockland and Westchester counties	9.65	116.00	<b>\$125.65</b>	
	NJ	Entire State	4.55	99.00	<b>\$103.55</b>	
	PA	Certain counties (please call plan directly)	6.15	120.00	<b>\$126.15</b>	
Aetna QPOS			Individual	531.46	146.90	<b>\$678.36</b>
			Family	1301.05	358.50	<b>\$1,659.55</b>
CIGNA			Individual	159.96	141.02	<b>\$300.98</b>
			Family	492.11	373.69	<b>\$865.80</b>
			Phoenix, Arizona (Medicare Only) (Per Person)	0.00	150.00	<b>\$150.00</b>
Empire EPO			Individual	235.63	74.71	<b>\$310.34</b>
			Family	604.46	183.13	<b>\$787.59</b>
Empire HMO New York			Individual	62.45	74.71	<b>\$137.16</b>
			Family	213.52	183.13	<b>\$396.65</b>
Empire Medicare-Related Coverage	Nationwide (Medicare Only) (Per Person)		66.51	93.00	<b>\$159.51</b>	
GHI HMO			Individual	68.64	80.42	<b>\$149.06</b>
			Family	209.09	205.09	<b>\$414.18</b>
GHI HMO Medicare Senior Supplement (Per Person)	Certain counties of New York State (call plan directly)		80.58	38.20	<b>\$118.78</b>	
HealthNet			Individual	165.08	174.36	<b>\$339.44</b>
			Family	472.83	450.74	<b>\$923.57</b>
HealthNet SmartChoice (Medicare Only) (Per Person)	NY	Brooklyn, Queens, Bronx & Staten Island	0.00	60.00	<b>\$60.00</b>	
	CT	Fairfield, Hartford & New Haven	0.00	61.00	<b>\$61.00</b>	
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		71.12	193.68	<b>\$264.80</b>	

		Basic Plan	Prescription Drug Coverage	Total	
<b>HIP Prime POS</b>	Individual		96.33	142.90	<b>\$239.23</b>
	Family		236.11	350.05	<b>\$586.16</b>
<b>Humana (Florida) (Medicare Only) (Per Person)</b>	<b>FL</b>	Dade, Broward, Palm Beach, Tampa, Baker, Duval, Nassau, Flagler & Volusia Counties	0.00	56.00	<b>\$56.00</b>
<b>MediBlue HMO Plus 2007* (Medicare Only) (Per Person)</b>	<b>NY</b>	5 Boroughs of New York	0.00	69.00	<b>\$69.00</b>
		Rockland & Westchester	0.00	150.00	<b>\$150.00</b>
		Nassau	0.00	130.00	<b>\$130.00</b>
		Suffolk	0.00	150.00	<b>\$150.00</b>
<b>MetroPlus (Non-Medicare retirees)</b>	Individual		0.00	86.42	<b>\$86.42</b>
	Family		0.00	187.96	<b>\$187.96</b>
<b>SecureHorizons/Oxford Health Plans** (Medicare Only) (Per Person)</b>	<b>NY</b>	5 Boroughs of New York	0.00	86.33	<b>\$86.33</b>
	<b>NJ</b>	Union County	0.00	84.11	<b>\$84.11</b>
<b>Vytra Health Plans (Non-Medicare Retirees)</b>	Individual		68.77	93.11	<b>\$161.88</b>
	Family		229.38	257.81	<b>\$487.19</b>

\* Formerly Empire Senior Plan Direct Plus

\*\* Formerly Oxford Medicare Advantage