

EMPLOYEE Health Plan Rates as of November 2019 & January 1, 2020 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in November 2019 & January 2020

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$78.54	\$197.43	\$0.00	\$45.98	\$0.00	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$27.70	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$1.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$443.94	\$256.79	\$0.00	\$138.53	\$257.42	\$18.80	\$130.50	\$62.75	\$29.61	\$310.38	\$52.40	\$108.92
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.65	\$510.17	\$0.00	\$230.06	\$502.34	\$0.00	\$134.50	\$0.00	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$50.79	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$4.67	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,364.17	\$715.13	\$0.00	\$377.13	\$649.41	\$34.18	\$350.00	\$153.73	\$55.46	\$760.42	\$118.17	\$316.29

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider and is **CLOSED to new enrollments

***As of 1/1/2020, Empire Blue Access Gated EPO has replaced the Empire HMO plan

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$157.07	\$394.85	\$0.00	\$91.97	\$0.00	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$55.41	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$3.81	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$887.88	\$513.58	\$0.00	\$277.05	\$514.83	\$37.59	\$261.00	\$125.49	\$59.22	\$620.75	\$104.81	\$217.84
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$460.12	\$1,004.68	\$0.00	\$269.00	\$0.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$101.58	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$9.34	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,728.33	\$1,430.26	\$0.00	\$754.26	\$1,298.82	\$68.36	\$700.00	\$307.45	\$110.92	\$1,520.85	\$236.34	\$632.58

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SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$171.10	\$430.11	\$0.00	\$100.18	\$0.00	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$60.36	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$4.15	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$967.16	\$559.44	\$0.00	\$301.79	\$560.80	\$40.95	\$284.30	\$136.70	\$64.51	\$676.18	\$114.17	\$237.30
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO***	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$501.21	\$1,094.38	\$0.00	\$293.02	\$0.00	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$110.65	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$10.17	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,971.94	\$1,557.96	\$0.00	\$821.61	\$1,414.79	\$74.47	\$762.50	\$334.91	\$120.82	\$1,656.64	\$257.44	\$689.06

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