

EMPLOYEE Health Plan Rates as of July 2020 (NOTE: GHI-CBP Rates are subject to change)

These rates are in effective July 1, 2020 and will be reflected as of your first full payroll period in July 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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$84.90	\$237.84	\$0.00	\$73.55	\$246.83	\$0.00	\$50.65	\$0.00	\$0.00	\$281.35	\$0.00	\$40.12
Prescription Drugs	\$422.47	\$71.09	\$0.00	\$62.42	\$62.42	\$18.23	\$92.85	\$66.83	\$30.43	\$77.86	\$53.07	\$78.68
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.08	\$0.00	\$1.97	\$1.97	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$507.38	\$308.93	\$0.00	\$135.97	\$309.25	\$19.31	\$143.50	\$68.80	\$32.40	\$359.22	\$53.07	\$118.80
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$355.66	\$639.34	\$0.00	\$217.94	\$626.16	\$0.00	\$146.75	\$0.00	\$0.00	\$689.31	\$0.00	\$138.10
Prescription Drugs	\$1,194.90	\$215.09	\$0.00	\$153.03	\$153.03	\$32.40	\$236.76	\$163.74	\$55.79	\$190.77	\$119.68	\$204.63
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.74	\$0.00	\$4.82	\$4.82	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,550.56	\$854.43	\$0.00	\$370.98	\$779.19	\$35.14	\$383.51	\$168.56	\$60.62	\$880.08	\$119.68	\$342.74

* 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.

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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$169.80	\$475.68	\$0.00	\$147.09	\$493.66	\$0.00	\$101.30	\$0.00	\$0.00	\$562.70	\$0.00	\$80.23
Prescription Drugs	\$844.95	\$142.17	\$0.00	\$124.84	\$124.84	\$36.45	\$185.70	\$133.66	\$60.86	\$155.73	\$106.14	\$157.36
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.17	\$0.00	\$3.94	\$3.94	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,014.75	\$617.86	\$0.00	\$271.94	\$618.51	\$38.62	\$286.99	\$137.60	\$64.80	\$718.43	\$106.14	\$237.59
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$711.32	\$1,278.67	\$0.00	\$435.88	\$1,252.31	\$0.00	\$293.51	\$0.00	\$0.00	\$1,378.63	\$0.00	\$276.21
Prescription Drugs	\$2,389.80	\$430.19	\$0.00	\$306.07	\$306.07	\$64.79	\$473.51	\$327.48	\$111.58	\$381.54	\$239.36	\$409.27
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.49	\$0.00	\$9.65	\$9.65	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,101.12	\$1,708.86	\$0.00	\$741.95	\$1,558.38	\$70.28	\$767.02	\$337.12	\$121.23	\$1,760.17	\$239.36	\$685.47

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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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$184.46	\$516.74	\$0.00	\$159.79	\$536.27	\$0.00	\$110.04	\$0.00	\$0.00	\$611.27	\$0.00	\$87.16
Prescription Drugs	\$917.88	\$154.45	\$0.00	\$135.62	\$135.62	\$39.60	\$201.73	\$145.20	\$66.12	\$169.17	\$115.31	\$170.95
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.36	\$0.00	\$4.28	\$4.28	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,102.34	\$671.19	\$0.00	\$295.41	\$671.89	\$41.96	\$311.77	\$149.48	\$70.39	\$780.44	\$115.31	\$258.10
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$772.71	\$1,389.04	\$0.00	\$473.51	\$1,360.40	\$0.00	\$318.84	\$0.00	\$0.00	\$1,497.62	\$0.00	\$300.05
Prescription Drugs	\$2,596.07	\$467.32	\$0.00	\$332.49	\$332.49	\$70.39	\$514.38	\$355.74	\$121.22	\$414.47	\$260.02	\$444.59
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.96	\$0.00	\$10.48	\$10.48	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,368.78	\$1,856.35	\$0.00	\$805.99	\$1,692.89	\$76.35	\$833.22	\$366.22	\$131.70	\$1,912.09	\$260.02	\$744.64

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