

**RETIREE Health Plan Rates as of January 1, 2020**

These rates will be reflected in your January 2020 pension check

**\*\*As of November 1, 2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan Optional Rx Rider (Grandfathered) and is CLOSED to new enrollments. All NEW enrollments requiring prescription drug coverage MUST enroll in the new HIP HMO Gold Preferred Plan Optional Standard Rx Rider. Please note that the difference between the two HIP plans only applies to the prescription drug coverage. All other benefits remain the same.**

**\*\*\* As of 1/1/2020, Empire Blue Access Gated EPO will replace the Empire HMO plan & Empire MediBlue Freedom (PPO) will replace Empire MediBlue. You will be enrolled in the new plan AUTOMATICALLY and be deducted the new premium unless you transfer to another health plan.**

**MONTHLY NON-MEDICARE**

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 Optional Standard	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$279.00	\$819.98	\$0.00	\$342.19	\$860.21	\$0.00	\$200.36	\$0.00	\$0.00	\$1,067.00	\$0.00	\$156.00
Prescription Drugs	\$1,655.32	\$298.90	\$0.00	\$261.39	\$261.39	\$77.29	\$368.24	\$265.09	\$120.71	\$308.18	\$228.33	\$318.59
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.61	\$0.00	\$8.30	\$8.30	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,934.32</b>	<b>\$1,118.88</b>	<b>\$0.00</b>	<b>\$603.58</b>	<b>\$1,121.60</b>	<b>\$81.90</b>	<b>\$568.60</b>	<b>\$273.39</b>	<b>\$129.01</b>	<b>\$1,375.18</b>	<b>\$228.33</b>	<b>\$474.59</b>
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 Optional Standard	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$1,262.06	\$2,222.90	\$0.00	\$1,002.41	\$2,188.76	\$0.00	\$586.03	\$0.00	\$0.00	\$2,614.16	\$0.00	\$549.29
Prescription Drugs	\$4,681.81	\$893.02	\$0.00	\$640.81	\$640.81	\$137.27	\$938.96	\$649.47	\$221.30	\$755.05	\$514.88	\$828.83
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.66	\$0.00	\$20.34	\$20.34	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$5,943.87</b>	<b>\$3,115.92</b>	<b>\$0.00</b>	<b>\$1,643.22</b>	<b>\$2,829.57</b>	<b>\$148.93</b>	<b>\$1,524.99</b>	<b>\$669.81</b>	<b>\$241.64</b>	<b>\$3,369.21</b>	<b>\$514.88</b>	<b>\$1,378.12</b>

\* 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.

**MONTHLY MEDICARE**

INDIVIDUAL	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Empire Medicare Related	Empire MediBlue Freedom (PPO)***	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$193.86	\$0.00	\$108.12	\$0.00	\$86.64	\$0.00	\$0.00	\$449.66	\$0.00	\$0.00	\$157.00	\$104.17
Prescription Drugs	\$197.67	\$211.04	\$0.00	\$0.00	\$205.91	\$132.76	\$142.50	\$85.00	\$171.34	\$50.16	\$89.97	\$136.28
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$391.53</b>	<b>\$211.04</b>	<b>\$108.12</b>	<b>\$0.00</b>	<b>\$292.55</b>	<b>\$132.76</b>	<b>\$143.50</b>	<b>\$534.66</b>	<b>\$171.34</b>	<b>\$50.16</b>	<b>\$246.97</b>	<b>\$240.45</b>
FAMILY	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Empire Medicare Related	Empire MediBlue Freedom (PPO)***	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$387.72	\$0.00	\$216.24	\$0.00	\$166.70	\$0.00	\$0.00	\$899.32	\$0.00	\$0.00	\$314.00	\$208.34
Prescription Drugs	\$395.34	\$422.08	\$0.00	\$0.00	\$411.82	\$265.52	\$285.00	\$170.00	\$342.68	\$100.32	\$179.94	\$272.56
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$783.06</b>	<b>\$422.08</b>	<b>\$216.24</b>	<b>\$0.00</b>	<b>\$578.52</b>	<b>\$265.52</b>	<b>\$287.00</b>	<b>\$1,069.32</b>	<b>\$342.68</b>	<b>\$100.32</b>	<b>\$493.94</b>	<b>\$480.90</b>

\* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.

NOTE: AvMed, BC Health Options & ElderPlan are "zero" premium plans.