

**RETIREE Health Plan Rates as of November 1, 2019**  
 These rates will be reflected in your November 2019 pension check

**\*\*As of 11/1/2019, HIP HMO has been renamed HIP HMO Gold Preferred Plan (Grandfathered) and is CLOSED to new enrollments**

MONTHLY NON-MEDICARE												
INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med-Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$279.00	\$819.98	\$0.00	\$291.83	\$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>\$553.22</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 HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)**	HIP HMO Gold Preferred Plan (Standard)	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$1,262.06	\$2,222.90	\$0.00	\$871.79	\$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>\$1,512.60</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	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	\$141.36	\$0.00	\$108.12	\$0.00	\$86.64	\$0.00	\$449.66	\$0.00	\$0.00	\$157.00	\$104.17
Prescription Drugs	\$165.82	\$179.24	\$0.00	\$0.00	\$210.65	\$133.00	\$138.00	\$169.54	\$44.64	\$89.97	\$136.28
Rider Other*	\$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>\$307.18</b>	<b>\$179.24</b>	<b>\$108.12</b>	<b>\$0.00</b>	<b>\$297.29</b>	<b>\$134.00</b>	<b>\$587.66</b>	<b>\$169.54</b>	<b>\$44.64</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	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	\$282.72	\$0.00	\$216.24	\$0.00	\$166.70	\$0.00	\$899.32	\$0.00	\$0.00	\$314.00	\$208.34
Prescription Drugs	\$331.64	\$358.48	\$0.00	\$0.00	\$421.30	\$266.00	\$276.00	\$339.08	\$89.28	\$179.94	\$272.56
Rider Other*	\$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>\$614.36</b>	<b>\$358.48</b>	<b>\$216.24</b>	<b>\$0.00</b>	<b>\$588.00</b>	<b>\$268.00</b>	<b>\$1,175.32</b>	<b>\$339.08</b>	<b>\$89.28</b>	<b>\$493.94</b>	<b>\$480.90</b>

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

INDIVIDUAL	Empire MediBlue HMO (NYC)	Empire MediBlue HMO (Rckl/Westchstr)	Empire MediBlue HMO (Nassau)	Empire MediBlue HMO (Suffolk)	FAMILY	Empire MediBlue HMO (NYC)	Empire MediBlue HMO (Rckl/Westchstr)	Empire MediBlue HMO (Nassau)	Empire MediBlue HMO (Suffolk)
If a member of a UWF providing prescription drug coverage.	\$14.10	\$139.01	\$78.43	\$50.69	If a member of a UWF providing prescription drug coverage.	\$28.20	\$278.02	\$156.86	\$101.38
If a member of a UWF that does NOT provide prescription drug coverage.	\$236.06	\$360.97	\$300.39	\$272.65	If a member of a UWF that does NOT provide prescription drug coverage.	\$472.12	\$721.94	\$600.78	\$545.30

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