

RETIREE Health Plan Rates as of July 1, 2018

**Please Note: The rates for the highlighted health plans have not yet been finalized. The rates will be modified on a later date retroactive to July 1, 2018

MONTHLY NON-MEDICARE

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med-Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS**	GHI HMO	HIP HMO	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$241.42	\$797.15	\$0.00	\$379.27	\$700.89	\$0.00	\$144.72	\$0.00	\$1,092.43	\$0.00	\$101.20
Prescription Drugs	\$1,554.29	\$292.56	\$0.00	\$235.00	\$235.00	\$105.50	\$322.79	\$231.01	\$285.35	\$207.57	\$279.32
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.48	\$0.00	\$7.99	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,795.71	\$1,089.71	\$0.00	\$614.27	\$935.89	\$110.98	\$467.51	\$239.00	\$1,377.78	\$207.57	\$380.52
FAMILY	Aetna EPO	CIGNA	DC37 Med-Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS**	GHI HMO	HIP HMO	HIP Prime POS	MetroPlus Gold	Vytra
Basic	\$1,134.61	\$2,160.33	\$0.00	\$1,095.23	\$1,789.05	\$0.00	\$441.63	\$0.00	\$2,676.39	\$0.00	\$400.32
Prescription Drugs	\$4,396.07	\$873.11	\$0.00	\$576.11	\$576.11	\$189.00	\$822.97	\$565.97	\$699.12	\$468.07	\$726.40
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.89	\$0.00	\$19.59	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$5,530.68	\$3,033.44	\$0.00	\$1,671.34	\$2,365.16	\$202.89	\$1,264.60	\$585.56	\$3,375.51	\$468.07	\$1,126.72

* 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	\$158.37	\$0.00	\$125.13	\$0.00	\$96.76	\$0.00	\$409.31	\$0.00	\$0.00	\$139.67	\$127.17
Prescription Drugs	\$193.23	\$208.87	\$0.00	\$0.00	\$216.90	\$133.00	\$80.00	\$165.54	\$89.35	\$128.51	\$139.07
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$351.60	\$208.87	\$125.13	\$0.00	\$313.66	\$135.25	\$489.31	\$165.54	\$89.35	\$268.18	\$266.24
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	\$316.74	\$0.00	\$250.26	\$0.00	\$187.10	\$0.00	\$818.62	\$0.00	\$0.00	\$279.34	\$254.34
Prescription Drugs	\$386.46	\$417.74	\$0.00	\$0.00	\$433.80	\$266.00	\$160.00	\$331.08	\$178.70	\$257.02	\$278.14
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$703.20	\$417.74	\$250.26	\$0.00	\$620.90	\$270.50	\$978.62	\$331.08	\$178.70	\$536.36	\$532.48

* 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.	\$21.42	\$151.17	\$91.48	\$64.15	If a member of a UWF providing prescription drug coverage.	\$42.84	\$302.34	\$182.96	\$128.30
If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$217.64	\$347.39	\$287.70	\$260.37	If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$435.28	\$694.78	\$575.40	\$520.74

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