

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

These rates will be reflected in your July 2020 pension check

**PLEASE NOTE THAT ALL RATES ARE SUBJECT TO CHANGE**

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	\$368.92	\$1,033.48	\$0.00	\$319.58	\$1,072.54	\$0.00	\$220.08	\$0.00	\$0.00	\$1,222.54	\$0.00	\$174.31
Prescription Drugs	\$1,835.75	\$308.89	\$0.00	\$271.24	\$271.24	\$79.20	\$403.45	\$290.40	\$132.23	\$338.34	\$230.61	\$341.89
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.71	\$0.00	\$8.55	\$8.55	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$2,204.67</b>	<b>\$1,342.37</b>	<b>\$0.00</b>	<b>\$590.82</b>	<b>\$1,343.78</b>	<b>\$83.91</b>	<b>\$623.53</b>	<b>\$298.95</b>	<b>\$140.78</b>	<b>\$1,560.88</b>	<b>\$230.61</b>	<b>\$516.20</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	\$1,545.42	\$2,778.07	\$0.00	\$947.01	\$2,720.80	\$0.00	\$637.68	\$0.00	\$0.00	\$2,995.23	\$0.00	\$600.09
Prescription Drugs	\$5,192.13	\$934.63	\$0.00	\$664.97	\$664.97	\$140.77	\$1,028.76	\$711.48	\$242.43	\$828.94	\$520.03	\$889.18
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.92	\$0.00	\$20.96	\$20.96	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$6,737.55</b>	<b>\$3,712.70</b>	<b>\$0.00</b>	<b>\$1,611.98</b>	<b>\$3,385.77</b>	<b>\$152.69</b>	<b>\$1,666.44</b>	<b>\$732.44</b>	<b>\$263.39</b>	<b>\$3,824.17</b>	<b>\$520.03</b>	<b>\$1,489.27</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	\$195.09	\$1.22	\$109.35	\$0.00	\$103.96	\$0.00	\$0.00	\$518.35	\$0.00	\$0.00	\$158.23	\$105.40
Prescription Drugs	\$197.67	\$211.04	\$0.00	\$0.00	\$205.91	\$132.76	\$142.50	\$142.50	\$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>\$392.76</b>	<b>\$212.26</b>	<b>\$109.35</b>	<b>\$0.00</b>	<b>\$309.87</b>	<b>\$132.76</b>	<b>\$143.50</b>	<b>\$660.85</b>	<b>\$171.34</b>	<b>\$50.16</b>	<b>\$248.20</b>	<b>\$241.68</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	\$390.18	\$2.44	\$218.70	\$0.00	\$200.97	\$0.00	\$0.00	\$1,036.70	\$0.00	\$0.00	\$316.46	\$210.80
Prescription Drugs	\$395.34	\$422.08	\$0.00	\$0.00	\$411.82	\$265.52	\$285.00	\$285.00	\$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>\$785.52</b>	<b>\$424.52</b>	<b>\$218.70</b>	<b>\$0.00</b>	<b>\$612.79</b>	<b>\$265.52</b>	<b>\$287.00</b>	<b>\$1,321.70</b>	<b>\$342.68</b>	<b>\$100.32</b>	<b>\$496.40</b>	<b>\$483.36</b>

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

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