

**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
<b>Total (Basic + Rider)</b>	<b>\$507.38</b>	<b>\$308.93</b>	<b>\$0.00</b>	<b>\$135.97</b>	<b>\$309.25</b>	<b>\$19.31</b>	<b>\$143.50</b>	<b>\$68.80</b>	<b>\$32.40</b>	<b>\$359.22</b>	<b>\$53.07</b>	<b>\$118.80</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 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
<b>Total (Basic + Rider)</b>	<b>\$1,550.56</b>	<b>\$854.43</b>	<b>\$0.00</b>	<b>\$370.98</b>	<b>\$779.19</b>	<b>\$35.14</b>	<b>\$383.51</b>	<b>\$168.56</b>	<b>\$60.62</b>	<b>\$880.08</b>	<b>\$119.68</b>	<b>\$342.74</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.

**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
<b>Total (Basic + Rider)</b>	<b>\$1,014.75</b>	<b>\$617.86</b>	<b>\$0.00</b>	<b>\$271.94</b>	<b>\$618.51</b>	<b>\$38.62</b>	<b>\$286.99</b>	<b>\$137.60</b>	<b>\$64.80</b>	<b>\$718.43</b>	<b>\$106.14</b>	<b>\$237.59</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 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
<b>Total (Basic + Rider)</b>	<b>\$3,101.12</b>	<b>\$1,708.86</b>	<b>\$0.00</b>	<b>\$741.95</b>	<b>\$1,558.38</b>	<b>\$70.28</b>	<b>\$767.02</b>	<b>\$337.12</b>	<b>\$121.23</b>	<b>\$1,760.17</b>	<b>\$239.36</b>	<b>\$685.47</b>

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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
<b>Total (Basic + Rider)</b>	<b>\$1,102.34</b>	<b>\$671.19</b>	<b>\$0.00</b>	<b>\$295.41</b>	<b>\$671.89</b>	<b>\$41.96</b>	<b>\$311.77</b>	<b>\$149.48</b>	<b>\$70.39</b>	<b>\$780.44</b>	<b>\$115.31</b>	<b>\$258.10</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 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
<b>Total (Basic + Rider)</b>	<b>\$3,368.78</b>	<b>\$1,856.35</b>	<b>\$0.00</b>	<b>\$805.99</b>	<b>\$1,692.89</b>	<b>\$76.35</b>	<b>\$833.22</b>	<b>\$366.22</b>	<b>\$131.70</b>	<b>\$1,912.09</b>	<b>\$260.02</b>	<b>\$744.64</b>

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