

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

BI-WEEKLY Payroll Deductions

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*	N/A	N/A	N/A	N/A	N/A	\$2.17	N/A	\$3.94	\$3.94	N/A	N/A	N/A
Total (Basic + Rider)	\$1,014.75	\$617.86	\$0.00	\$271.94	\$618.51	\$38.62	\$286.99	\$137.60	\$64.80	\$718.43	\$106.14	\$237.59
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	\$1378.63	\$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*	N/A	N/A	N/A	N/A	N/A	*\$5.49	N/A	*\$9.65	*\$9.65	N/A	N/A	N/A
Total (Basic + Rider)	\$3,101.12	\$1,708.86	\$0.00	\$741.95	\$1,558.38	\$70.28	\$767.02	\$337.12	\$121.23	\$1,760.17	\$239.36	\$685.47

* 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.

FYI:

- The Empire HMO plan has been terminated effective 1/1/2020 and The Empire Blue Access Gated EPO plan has taken its place.
- The HIP HMO Gold Preferred Plan Optional RX Rider (**Grandfathered**) is no longer available for new enrollments as of November 1, 2019.