

EMPLOYEE Health Plan Rates as of January 1, 2019 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in January 2019

WEEKLY

Please note that the GHI-CBP/EBCBS rates are effective January 1, 2019 and NOT retroactive to July 1, 2018

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$55.56	\$183.45	\$0.00	\$87.28	\$161.30	\$0.00	\$33.31	\$0.00	\$251.41	\$0.00	\$23.29
Prescription Drugs	\$357.70	\$67.33	\$0.00	\$54.08	\$54.08	\$16.57	\$74.29	\$53.16	\$65.67	\$47.77	\$64.28
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.20	\$0.00	\$1.84	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$413.26	\$250.78	\$0.00	\$141.37	\$215.38	\$17.76	\$107.59	\$55.00	\$317.08	\$47.77	\$87.57
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$261.12	\$497.17	\$0.00	\$252.05	\$411.73	\$0.00	\$101.64	\$0.00	\$615.94	\$0.00	\$92.13
Prescription Drugs	\$1,011.70	\$200.93	\$0.00	\$132.58	\$132.58	\$29.35	\$189.40	\$130.25	\$160.89	\$107.72	\$167.17
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.04	\$0.00	\$4.51	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,272.81	\$698.11	\$0.00	\$384.64	\$544.31	\$32.39	\$291.03	\$134.76	\$776.83	\$107.72	\$259.30

* 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 HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$111.12	\$366.91	\$0.00	\$174.57	\$322.60	\$0.00	\$66.61	\$0.00	\$502.82	\$0.00	\$46.58
Prescription Drugs	\$715.40	\$134.66	\$0.00	\$108.16	\$108.16	\$33.13	\$148.57	\$106.33	\$131.34	\$95.54	\$128.56
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.40	\$0.00	\$3.68	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$826.52	\$501.57	\$0.00	\$282.73	\$430.77	\$35.53	\$215.18	\$110.01	\$634.16	\$95.54	\$175.14
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$522.23	\$994.34	\$0.00	\$504.11	\$823.45	\$0.00	\$203.27	\$0.00	\$1,231.87	\$0.00	\$184.26
Prescription Drugs	\$2,023.40	\$401.87	\$0.00	\$265.17	\$265.17	\$58.70	\$378.79	\$260.50	\$321.79	\$215.44	\$334.34
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.08	\$0.00	\$9.02	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,545.63	\$1,396.21	\$0.00	\$769.27	\$1,088.62	\$64.78	\$582.06	\$269.52	\$1,553.66	\$215.44	\$518.60

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SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$120.71	\$398.58	\$0.00	\$189.64	\$350.45	\$0.00	\$72.36	\$0.00	\$546.22	\$0.00	\$50.60
Prescription Drugs	\$777.15	\$146.28	\$0.00	\$117.50	\$117.50	\$35.99	\$161.40	\$115.51	\$142.68	\$103.79	\$139.66
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.61	\$0.00	\$4.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$897.86	\$544.86	\$0.00	\$307.14	\$467.95	\$38.60	\$233.76	\$119.50	\$688.89	\$103.79	\$190.26
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$567.31	\$1,080.17	\$0.00	\$547.62	\$894.53	\$0.00	\$220.82	\$0.00	\$1,338.20	\$0.00	\$200.16
Prescription Drugs	\$2,198.04	\$436.56	\$0.00	\$288.06	\$288.06	\$63.77	\$411.49	\$282.99	\$349.56	\$234.04	\$363.20
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.60	\$0.00	\$9.80	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,765.34	\$1,516.72	\$0.00	\$835.67	\$1,182.58	\$70.37	\$632.30	\$292.78	\$1,687.76	\$234.04	\$563.36

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