

**RETIREE Health Plan Rates as of July 1, 2019**

\*\*Please Note: The rates for GHI-CBP/EBCBS, GHI Senior Care & all Medicare plans are not finalized & are subject to change.

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	\$279.00	\$819.98	\$0.00	\$291.83	\$860.21	\$0.00	\$200.36	\$0.00	\$1,067.00	\$0.00	\$156.00
Prescription Drugs	\$1,655.32	\$298.90	\$0.00	\$261.39	\$261.39	\$88.74	\$368.24	\$265.09	\$308.18	\$228.33	\$318.59
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.21	\$0.00	\$8.30	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,934.32</b>	<b>\$1,118.88</b>	<b>\$0.00</b>	<b>\$553.22</b>	<b>\$1,121.60</b>	<b>\$93.95</b>	<b>\$568.60</b>	<b>\$273.39</b>	<b>\$1,375.18</b>	<b>\$228.33</b>	<b>\$474.59</b>
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	\$1,262.06	\$2,222.90	\$0.00	\$871.79	\$2,188.76	\$0.00	\$586.03	\$0.00	\$2,614.16	\$0.00	\$549.29
Prescription Drugs	\$4,681.81	\$893.02	\$0.00	\$640.81	\$640.81	\$158.27	\$938.96	\$649.47	\$755.05	\$514.88	\$828.83
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.20	\$0.00	\$20.34	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$5,943.87</b>	<b>\$3,115.92</b>	<b>\$0.00</b>	<b>\$1,512.60</b>	<b>\$2,829.57</b>	<b>\$171.47</b>	<b>\$1,524.99</b>	<b>\$669.81</b>	<b>\$3,369.21</b>	<b>\$514.88</b>	<b>\$1,378.12</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**	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	\$148.76	\$0.00	\$115.52	\$0.00	\$94.04	\$0.00	\$457.06	\$0.00	\$0.00	\$164.40	\$111.57
Prescription Drugs	\$165.82	\$179.24	\$0.00	\$0.00	\$210.65	\$133.00	\$138.00	\$169.54	\$44.64	\$89.97	\$136.28
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$314.58</b>	<b>\$179.24</b>	<b>\$115.52</b>	<b>\$0.00</b>	<b>\$304.69</b>	<b>\$134.06</b>	<b>\$595.06</b>	<b>\$169.54</b>	<b>\$44.64</b>	<b>\$254.37</b>	<b>\$247.85</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	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	\$297.52	\$0.00	\$231.04	\$0.00	\$181.50	\$0.00	\$914.12	\$0.00	\$0.00	\$328.80	\$223.14
Prescription Drugs	\$331.64	\$358.48	\$0.00	\$0.00	\$421.30	\$266.00	\$276.00	\$339.08	\$89.28	\$179.94	\$272.56
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$629.16</b>	<b>\$358.48</b>	<b>\$231.04</b>	<b>\$0.00</b>	<b>\$602.80</b>	<b>\$268.12</b>	<b>\$1,190.12</b>	<b>\$339.08</b>	<b>\$89.28</b>	<b>\$508.74</b>	<b>\$495.70</b>

\* 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.	\$21.50	\$146.41	\$85.83	\$58.09	If a member of a UWF providing prescription drug coverage.	\$43.00	\$292.82	\$171.66	\$116.18
If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$243.46	\$368.37	\$307.79	\$280.05	If a member of a UWF that does <u>NOT</u> provide prescription drug coverage.	\$486.92	\$736.74	\$615.58	\$560.10

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