

EMPLOYEE Health Plan Rates as of July 1, 2015

These rates are in effect as of the first full payroll
period in July 2015

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna EPO	Basic Plan	\$36.79	\$188.29	\$73.57	\$376.57	\$80.14	\$410.20
	Optional Rider Prescription Drugs	53.77	136.21	107.55	272.43	117.15	296.75
	TOTAL	\$90.56	\$324.50	\$181.12	\$649.00	\$197.29	\$706.95
CIGNA HealthCare	Basic Plan	\$139.39	\$379.29	\$278.79	\$758.58	\$303.68	\$826.31
	Optional Rider Prescription Drugs	51.79	155.04	103.57	310.09	112.82	337.78
	TOTAL	\$191.18	\$534.33	\$382.36	\$1,068.66	\$416.50	\$1,164.08
DC37 Med-Team (DC 37 members only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	(No Rider Available) TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empire EPO	Basic Plan	\$128.75	\$328.88	\$257.49	\$657.77	\$280.49	\$716.50
	Optional Rider Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
	TOTAL	\$164.81	\$417.28	\$329.61	\$834.56	\$359.04	\$909.07
Empire HMO	Basic Plan	\$49.45	\$149.33	\$98.90	\$298.66	\$107.73	\$325.33
	Optional Rider Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
	TOTAL	\$85.51	\$237.72	\$171.02	\$475.45	\$186.29	\$517.90
GHI-CBP/Empire BlueCross BlueShield	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	27.54	49.34	55.08	98.69	60.00	107.50
	Enhanced Major Medical Coverage	1.47	3.73	2.95	7.46	3.21	8.13
	TOTAL	\$29.01	\$53.07	\$58.03	\$106.15	\$63.21	\$115.63
GHI HMO	Basic Plan	\$24.73	\$76.87	\$49.45	\$153.73	\$53.87	\$167.46
	Optional Rider Prescription Drugs	44.96	114.64	89.93	229.27	97.96	249.75
	TOTAL	\$69.69	\$191.50	\$139.38	\$383.01	\$151.83	\$417.21
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	33.98	83.24	67.95	166.49	74.02	181.35
	Durable Medicate Equipment & Private Duty Nursing	1.32	3.23	2.63	6.45	2.87	7.03
	TOTAL	\$35.29	\$86.47	\$70.59	\$172.94	\$76.89	\$188.38
HIP Prime POS	Basic Plan	\$151.37	\$370.92	\$302.75	\$741.83	\$329.78	\$808.07
	Optional Rider Prescription Drugs	121.44	295.85	242.88	591.69	264.57	644.52
	TOTAL	\$272.82	\$666.76	\$545.63	\$1,333.53	\$594.35	\$1,452.59
Metroplus (HHC Employees Only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	35.15	80.74	70.30	161.47	76.58	175.89
	TOTAL	\$35.15	\$80.74	\$70.30	\$161.47	\$76.58	\$175.89
Vytra	Basic Plan	\$17.52	\$71.64	\$35.05	\$143.28	\$38.18	\$156.08
	Optional Rider Prescription Drugs	39.02	101.47	78.03	202.94	85.00	221.06
	TOTAL	\$56.54	\$173.11	\$113.08	\$346.22	\$123.18	\$377.14