

HEALTH INSURANCE CARRIERS WITH CODES AND BI-WEEKLY RATES

RATES EFFECTIVE July 1, 2011 FOR FACULTY AND STAFF

The rates below reflect the actual bi-weekly cost to employees after the Welfare Funds absorb the cost for the Optional Rider which covers prescription drugs. The exceptions, GHI-CBP, GHI HMO, HIP PRIME-HMO, HIP Prime POS, Aetna/U.S. Healthcare HMO, and Cigna Health Care are discussed below.

Insurance Carriers	Individual Code	Rate	Family Code	Rate
AETNA/US HEALTHCARE HMO	F1	\$44.29	F3	\$256.87
	F6	\$95.56	F8	\$379.38
*** (OPTIONAL RIDER)				
AETNA/US HEALTHCARE QPOS	FA	\$352.57	FC	\$873.10
	FF	\$452.41	FH	\$1,118.49
*** (OPTIONAL RIDER)				
CIGNA HEALTH CARE	B1	\$140.99	B3	\$396.30
	B6	\$210.71	B8	\$605.03
*** (OPTIONAL RIDER)				
DC-37 MED-TEAM/CHOICE	4A	\$0.00	7A	\$0.00
EMPIRE EPO	6H	\$179.29	8H	\$460.04
EMPIRE HMO NEW YORK	B1	\$76.21	B3	\$233.12
GHI-CBP (BASIC)	1A	\$0.00	1C	\$0.00
	KA	\$3.14	XF	\$7.95
* (OPTIONAL RIDER)				
GHI HMO	W6	\$ 75.47	W8	\$215.73
	X6	\$162.92	X8	\$438.64
*** (OPTIONAL RIDER)				
HIP PRIME-HMO (BASIC)	11	\$0.00	13	\$0.00
HIP PRIME-HMO	31	\$2.20	33	\$5.38
** (OPTIONAL RIDER)				
HIP Prime POS	6M	\$179.31	8M	\$439.41
	6N	\$330.41	8N	\$809.58
*** (OPTIONAL RIDER)				
VYTRA	E1	\$29.47	E3	\$120.64

* GHI-CBP Optional Rider covers enhanced Non-participating Provider Reimbursement Schedule.

** HIP Optional Rider covers Appliances and Private Duty Nursing.

*** For PSC members, if selected, Optional Riders provide Prescription Drug coverage through the Health Plan.

Information on each health plan can be found on the following web site: <http://nyc.gov/html/olr> then to the Health Benefits Program.