

## HEALTH INSURANCE CARRIERS WITH CODES AND BI-WEEKLY RATES

RATES EFFECTIVE JULY 1, 2021 FOR FACULTY AND STAFF

The rates below reflect the actual bi-weekly cost to employees.

Insurance Carriers	Individual Code	Rate	Family Code	Rate
<b>AETNA/US HEALTHCARE EPO</b>	F1	\$192.91	F3	\$792.16
<b>*** (OPTIONAL RIDER)</b>	F6	\$1,107.15	F8	\$3,377.92
<b>CIGNA HEALTH CARE</b>	B1	\$455.58	B3	\$1,229.43
<b>*** (OPTIONAL RIDER)</b>	B6	\$597.76	B8	\$1,659.61
<b>DC-37 MED-TEAM/CHOICE</b>	4A	\$ 0.00	7A	\$ 0.00
<b>EMPIRE EPO</b>	6H	\$473.56	8H	\$1,203.07
<b>EMPIRE BLUE ACCESS GATED EPO</b>	B1	\$139.60	B3	\$419.42
<b>GHI-CBP (BASIC)</b>	1A	\$ 0.00	1C	\$ 0.00
<b>* (OPTIONAL RIDER)</b>	KA	\$ 1.91	XF	\$ 4.82
<b>GHI HMO</b>	W6	\$110.08	W8	\$317.82
<b>*** (OPTIONAL RIDER)</b>	X6	\$308.17	X8	\$823.03
<b>HIP HMO GOLD PREFERRED</b>	11	\$ 0.00	13	\$ 0.00
<b>** (OPTIONAL RIDER)</b>	31	\$ 4.18	33	\$ 10.25
<b>HIP Prime POS</b>	6M	\$542.60	8M	\$1,329.38
<b>*** (OPTIONAL RIDER)</b>	6N	\$698.33	8N	\$1,710.92
<b>METROPLUS</b>	6B	\$ 0.00	8B	\$ 0.00
<b>*** (OPTIONAL RIDER)</b>	6C	\$117.37	8C	\$293.42
<b>VYTRA</b>	E1	\$87.36	E3	\$298.46

\* GHI-CBP Optional Rider covers Additional Outpatient Psychiatric Care & Inpatient Chemical Dependency, Treatment Services; and enhanced Non-participating Provider Reimbursement Schedule.

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

\*\*\* 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.**