

HEALTH INSURANCE CARRIERS WITH CODES AND BI-WEEKLY RATES

RATES EFFECTIVE JULY 1, 2020 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 HMO Gold Preferred, HIP Prime POS, Aetna/U.S. Healthcare EPO, Cigna Health Care and Metroplus are discussed below.

Insurance Carriers	Individual Code	Rate	Family Code	Rate
AETNA/US HEALTHCARE	F1	\$169.80	F3	\$711.32
EPO	F6	\$1,014.75	F8	\$3,101.12
*** (OPTIONAL RIDER)				
CIGNA HEALTH CARE	B1	\$475.68	B3	\$1,278.67
*** (OPTIONAL RIDER)	B6	\$617.86	B8	\$1,708.86
DC-37 MED-TEAM/CHOICE	4A	\$ 0.00	7A	\$ 0.00
EMPIRE EPO	6H	\$493.66	8H	\$1,252.31
EMPIRE BLUE ACCESS GATED EPO	B1	\$147.09	B3	\$435.88
GHI-CBP (BASIC)	1A	\$ 0.00	1C	\$ 0.00
* (OPTIONAL RIDER)	KA	\$ 2.17	XF	\$ 5.49
GHI HMO	W6	\$101.30	W8	\$293.51
*** (OPTIONAL RIDER)	X6	\$286.99	X8	\$767.02
HIP HMO GOLD PREFERRED	11	\$ 0.00	13	\$ 0.00
** (OPTIONAL RIDER)	31	\$ 3.94	33	\$ 9.65
HIP Prime POS	6M	\$562.70	8M	\$1,378.63
*** (OPTIONAL RIDER)	6N	\$718.43	8N	\$1,760.17
METROPLUS	6B	\$ 0.00	8B	\$ 0.00
*** (OPTIONAL RIDER)	6C	\$106.14	8C	\$239.36
VYTRA	E1	\$80.23	E3	\$276.21

* 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.

*** 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.