				20	020 MONTHLY I	IEAL	TH INSURANCE	RATES					
			PAID BY	PAID BY	PAID BY		PAID BY	PAID BY	PAID BY	PAID BY	PAID BY	PAID BY	PAID BY
CARRIERS & AGE	PLAN		SURVIVOR (SV)	COBA	RETIREE I		RETIREE	RETIREE III (R3)	RETIREE III (R3) &	RETIREE ORD	RETIREE ORD	RETIREE COLL	COBRA
			or VESTEE (VS)	SURVIVORS (CS)	(R1)		II (R2)	& RET. POL. (RP)	RET. POL. (RP)	(RO)	(RO)	ORD	ELIGIBLES
Retired Employees Eligible for Coverage		L E G E N D		(03)	Retirees who retired prior to May 19, 1975		Retirees who retired between May 19, 1975 and December 31, 1975	Union Emp Hired before 4/1/14 & COBA before 6/1/14 & NCCFT hired before 5/1/14	Union Emp Hired on or after 4/1/14 & COBA on or after 6/1/14 & NCCFT hired on or after 5/1/14	NC Ord Emp Hired on or after 1/1/02 but before 7/1/14	NC Ord Emp Hired on or after 7/1/14	NCC Ord Emp Hired on or after 6/1/02	
Empire Plan	Ind	(1)	\$ 1,031.85	\$ 257.96	\$515.93		\$257.96	\$0.00	\$154.78	\$ 51.59	\$ 154.78	\$ 103.19	\$ 1,031.85
Empire Plan	Fam	(1)	2,387.58	596.90	1,384.80		1,193.79	-	358.14	238.76	358.14	238.76	2,387.58
Medicare Eligible	Ind		388.60	97.15	194.30		97.15	-	58.29	19.43	58.29	38.86	388.60
One Medicare Eligible	Fam		1,744.35	436.09	1,046.61		872.18	_	261.65	174.44	261.65	174.44	1,744.35
Two Medicare Eligible	Fam		1,101.10	275.28	638.64		550.55	-	165.17	110.11	165.17	110.11	1,101.10
The medical cangillate			.,	2.0.20			000.00						.,
HIP HMO	Ind	(1)	1,276.66	502.77	760.74		502.77	244.81	359.98	296.40	359.98	348.00	1,302.19
HIP HMO	Fam	۱.,	3,127.80	1,337.12	2,125.02		1,934.01	740.22	1,068.11	978.98	1,068.11	978.98	3,190.36
HIP HMO-Medicare Eligible	Ind	(2)	1,276.66	985.21	1,082.36		985.21	888.06	N/A	907.49	N/A	926.92	1,302.19
HIP HMO-Medicare Eligible	Fam	(2)	3,127.80	1,658.73	2,430.06		2,255.63	1,383.45	N/A	978.98	N/A	978.98	3,190.36
HIP VIP Nassau	Ind	(-/	494.66	203.21	300.36		203.21	106.06	N/A	125.49	N/A	144.92	504.55
HIP VIP Nassau	2 VIP		989.32	275.28	526.86		438.77	-	N/A	98.93	N/A	98.93	1,009.11
HIP 1 VIP/1 Medicare Eligible Nassau	Fam	(2)	1,771.32	945.50	1,308.86		1,220.77	670.22	N/A	201.41	N/A	201.41	1,806.75
HIP VIP Nassau-Low Income	Ind	. ,	494.66	203.21	300.36		203.21	106.06	N/A	125.49	N/A	144.92	504.55
HIP VIP Nass-Low Inc (2 Over 65)	2 VIP		989.32	275.28	526.86		438.77	-	N/A	98.93	N/A	98.93	1,009.11
HIP VIP Suffolk	Ind		609.22	317.77	414.92		317.77	220.62	N/A	240.05	N/A	259.48	621.40
HIP VIP Suffolk	2 VIP		1,218.44	392.62	755.98		667.89	117.34	N/A	227.45	N/A	227.45	1,242.81
HIP 1 VIP/1 Medicare Eligible Suffolk	Fam	(2)	1,885.88	1,220.87	1,423.42		1,335.33	784.78	N/A	894.89	N/A	894.89	1,923.60
HIP VIP Suffolk/Low Income	Ind	` '	609.22	317.77	414.92		317.77	220.62	N/A	240.05	N/A	259.48	621.40
HIP VIP Suf/Low Inc (2 Over 65)	2 VIP		1,218.44	392.62	755.98		667.89	117.34	N/A	227.45	N/A	227.45	1,242.81
HIP VIP NY	Ind		444.97	153.52	250.67		153.52	56.37	N/A	75.80	N/A	95.23	453.87
HIP VIP NY	2 VIP		889.94	222.49	427.48		339.39	-	N/A	88.99	N/A	88.99	907.74
HIP VIP NY-Low Income	Ind		444.97	153.52	250.67		153.52	56.37	N/A	166.48	N/A	44.50	453.87
HIP VIP NY-Low Income	2 VIP		889.94	275.28	427.48		339.39	-	N/A	88.99	N/A	88.99	907.74
HIP 1 VIP/more than 1 HMO (Nass/Suff)	1-VIP >1-HMO		3,127.80	1,819.54	2,430.06		2,255.63	1,383.45	N/A	1,557.89	N/A	1,557.89	3,190.36
HIP 2 VIP/more than 1 HMO (Nass/Suff)	2-VIP >1- HMO		3,127.80	2,301.98	2,665.34		2,577.25	2,026.70	N/A	2,136.81	N/A	2,136.81	3,190.36
HIP HMO/VIP SUFFOLK	1-VIP 1- HMO		1,885.88	577.62	1,188.14		1,013.71	141.53	N/A	315.97	N/A	315.97	1,923.60
HIP HMO/VIP NASSAU	1-VIP 1- HMO		1,771.32	463.06	1,073.58		899.15	26.97	N/A	201.41	N/A	201.41	1,806.75
AETNA Standard Plan HMO	Ind	(1)	1,561.89	257.96	1,045.97		788.00	530.04	645.21	581.63	645.21	633.23	1,593.13
AETNA Standard Plan HMO	Fam		2,059.69	1,126.94	1,056.91		865.90	-	-	205.97	-	205.97	2,100.88
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AETNA Open Access Managed Care HMO	Ind	(1)	916.68	229.17	400.76		142.79	N/A	-	N/A	-	N/A	935.01
AETNA Open Access Managed Care HMO	Fam		2,059.69	514.92	1,056.91		865.90	N/A	-		-	-	2100.88

2020 MONTHLY HEALTH INSURANCE RATES													
CARRIERS & AGE	PLAN		PAID BY SURVIVOR (SV) or VESTEE (VS)	PAID BY COBA SURVIVORS (CS)	PAID BY RETIREE I (R1)		PAID BY RETIREE II (R2)	PAID BY RETIREE III (R3) & RET. POL. (RP)	PAID BY RETIREE III (R3) & RET. POL. (RP)	PAID BY RETIREE ORD (RO)	PAID BY RETIREE ORD (RO)	PAID BY RETIREE COLL ORD	PAID BY COBRA ELIGIBLES
Retired Employees Eligible for Coverage		LEGEND			Retirees who retired prior to May 19, 1975		Retirees who retired between May 19, 1975 and December 31, 1975	Union Emp Hired before 4/1/14 & COBA before 6/1/14 & NCCFT hired before 5/1/14	Union Emp Hired on or after 4/1/14 & COBA on or after 6/1/14 & NCCFT hired on or after 5/1/14	NC Ord Emp Hired on or after 1/1/02 but before 7/1/14	NC Ord Emp Hired on or after 7/1/14	NCC Ord Emp Hired on or after 6/1/02	
HIP/VYTRA Network:	Ind	(1)	1,291.92	518.03	776.00		518.03	260.07	375.24	311.66	375.24	363.26	1,317.76
HIP/VYTRA Network:	Fam		3,165.20	1,374.52	2,162.42		1,971.41	777.62	1,105.51	1,016.38	1,105.51	1,016.38	3,228.50
Medicare Eligible	Ind		1,291.92	1,000.47	1,097.62		1,000.47	903.32	N/A	922.75	N/A	942.18	1,317.76
One Medicare Eligible	Fam		3,165.20	1,856.94	2,467.46		2,293.03	1,420.85	N/A	1,595.29	N/A	1,595.29	3,228.50
Two Medicare Eligible	Fam		3,165.20	2,339.38	2,702.74		2,614.65	2,064.10	N/A	2,174.21	N/A	2,174.21	3,228.50

DENTAL PLAN: HEALTHPLEX											
Comprehensive	Fam/Ind	COBRA	0	N/A	N/A	COBRA	COBRA	COBRA	COBRA	COBRA	47.69
Reimbursement/PPO	Fam/Ind	COBRA	0				N/A				47.69

OPTICAL Plan: DAVIS VISION											
Comprehensive	Fam/Ind	COBRA	0	N/A	N/A	0	0	COBRA	COBRA	COBRA	9.38
Reimbursement	Fam/Ind	COBRA	0	N/A	NA	0	0	COBRA	COBRA	COBRA	9.38

DEFINITIONS FOR COLUMNS

SURVIVORS (SV) Spouse or dependent(s) of deceased retirees

VESTEE (VS) Pension Vestee Employees who terminated employment before age 55

RETIREE I (R1) Retirees who retired prior to May 19, 1975

RETIREE II (R2) Retirees who retired between May 19, 1975 and December 31, 1975

RETIREE III (R3) Retirees who retired on or after January 1, 1976

RETIREE ORD (RO) Ordinance retirees who were hired January 1, 2002 and after

RETIREE COLL ORD College Ordinance retirees who were hired on or after June 1, 2002

COBA SURVIVORS (CS) Survivors of COBA members who died while active. They pay 25% of the premium

Legend:

(1) Young Adult Option: Provides Coverage for Unmarried Young adults through age 29

(2) HIP Medicare Eligible refers to an enrollee(s) who is/are eligible for Medicare but has/have not enrolled in HIP's VIP plan which is for Medicare eligible members of HIP