

**NON-MEDICARE Monthly COBRA Rates for Effective July 1, 2020**

PLAN	Coverage	COBRA RATE	PLAN	Coverage	COBRA RATE
AETNA EPO	INDIVIDUAL BASIC	\$1,206.26	HIP HMO Gold Preferred Plan (Grandfathered)	INDIVIDUAL BASIC	\$829.96
	FAMILY BASIC	\$3,611.66		FAMILY BASIC	\$2,035.33
	INDIVIDUAL with RIDER	\$3,078.72		INDIVIDUAL with RIDER	\$1,134.89
	FAMILY with RIDER	\$8,907.64		FAMILY with RIDER	\$2,782.42
CIGNA	INDIVIDUAL BASIC	\$1,884.11	HIP HMO Gold Preferred Plan (Standard)	INDIVIDUAL BASIC	\$829.96
	FAMILY BASIC	\$4,868.97		FAMILY BASIC	\$2,035.33
	INDIVIDUAL with RIDER	\$2,199.18		INDIVIDUAL with RIDER	\$973.56
	FAMILY with RIDER	\$5,822.29		FAMILY with RIDER	\$2,303.99
EMPIRE EPO	INDIVIDUAL BASIC	\$1,923.95	HIP PRIME POS	INDIVIDUAL BASIC	\$2,076.95
	FAMILY BASIC	\$4,810.55		FAMILY BASIC	\$5,090.47
	INDIVIDUAL with RIDER	\$2,200.62		INDIVIDUAL with RIDER	\$2,422.06
	FAMILY with RIDER	\$5,488.82		FAMILY with RIDER	\$5,935.99
EMPIRE Blue Access Gated EPO	INDIVIDUAL BASIC	\$1,155.93	DC 37 MED TEAM (no rider available)	INDIVIDUAL BASIC	\$829.96
	FAMILY BASIC	\$3,001.28		FAMILY BASIC	\$2,035.33
	INDIVIDUAL with RIDER	\$1,432.60			
	FAMILY with RIDER	\$3,679.55			
GHI HMO	INDIVIDUAL BASIC	\$1,054.44	METROPLUS	INDIVIDUAL BASIC	\$829.96
	FAMILY BASIC	\$2,685.77		FAMILY BASIC	\$2,035.33
	INDIVIDUAL with RIDER	\$1,465.96		INDIVIDUAL with RIDER	\$1,065.18
	FAMILY with RIDER	\$3,735.10		FAMILY with RIDER	\$2,565.77
GHI-CBP/BCBS	INDIVIDUAL BASIC	\$724.95	VYTRA	INDIVIDUAL BASIC	\$1,007.76
	FAMILY BASIC	\$1,903.74		FAMILY BASIC	\$2,647.43
	INDIVIDUAL with RIDER	\$834.97		INDIVIDUAL with RIDER	\$1,356.48
	FAMILY with RIDER	\$2,105.43		FAMILY with RIDER	\$3,554.39

**MEDICARE Related Plans Monthly COBRA Rates for Effective July 1, 2020**

PLAN	Coverage	COBRA RATE
GHI SENIOR CARE	PER PERSON BASIC	\$191.96
	PER PERSON with RIDER	\$339.59
GHI HMO Medicare Senior Supplement	PER PERSON BASIC	\$720.68
	PER PERSON with RIDER	\$866.03
DC37 MED TEAM	PER PERSON BASIC	\$191.96
	RIDER NOT AVAILABLE	
EMPIRE MEDICARE RELATED	ONE PERSON BASIC	\$298.00
	TWO PERSONS BASIC	\$396.95
	ONE PERSON with RIDER	\$508.03
	TWO PERSONS w/RIDER	\$817.01
Aetna PPO/ESA (NY/NJ/PA)	PER PERSON BASIC	\$390.96
	PER PERSON with RIDER	\$592.58
Aetna PPO/ESA (All other areas)	PER PERSON BASIC	\$193.21
	PER PERSON with RIDER	\$408.47

**NOTE:** If you were enrolled in a Medicare HMO you **MUST** contact your health plan **DIRECTLY** for benefit and cost information regarding continuation of coverage.

Return the completed COBRA form to your chosen plan. Addresses are listed on the front of this pamphlet. Wait for notification from the plan before mailing in your first payment. Checks and/or money orders must be made payable to the health plan and mailed **DIRECTLY** to the plan. Enrollees of all plans not listed must contact the plan **DIRECTLY** for enrollment options.