

NON-MEDICARE Monthly COBRA Rates for Effective September 2023

PLAN	Coverage	COBRA RATE
AETNA EPO	INDIVIDUAL BASIC	\$1,551.56
	FAMILY BASIC	\$4,603.35
	INDIVIDUAL with RIDEF	\$3,838.63
	FAMILY with RIDER	\$11,071.92

PLAN	Coverage	COBRA RATE
HIP HMO Gold Preferred Plan (Grandfathered)	INDIVIDUAL BASIC	\$1,012.33
	FAMILY BASIC	\$2,482.94
	INDIVIDUAL with RIDEF	\$1,364.15
	FAMILY with RIDER	\$3,344.92

PLAN	Coverage	COBRA RATE
CIGNA	INDIVIDUAL BASIC	\$2,648.28
	FAMILY BASIC	\$6,834.10
	INDIVIDUAL with RIDEF	\$3,078.98
	FAMILY with RIDER	\$8,137.64

PLAN	Coverage	COBRA RATE
HIP HMO Gold Preferred Plan (Standard)	INDIVIDUAL BASIC	\$1,012.33
	FAMILY BASIC	\$2,482.94
	INDIVIDUAL with RIDEF	\$1,132.40
	FAMILY with RIDER	\$2,709.17

PLAN	Coverage	COBRA RATE
EMPIRE EPO	INDIVIDUAL BASIC	\$2,301.99
	FAMILY BASIC	\$5,752.20
	INDIVIDUAL with RIDEF	\$2,805.59
	FAMILY with RIDER	\$6,986.80

PLAN	Coverage	COBRA RATE
HIP PRIME POS	INDIVIDUAL BASIC	\$2,326.76
	FAMILY BASIC	\$5,703.30
	INDIVIDUAL with RIDEF	\$2,763.35
	FAMILY with RIDER	\$6,772.93

PLAN	Coverage	COBRA RATE
EMPIRE Blue Access Gated EPO	INDIVIDUAL BASIC	\$1,701.24
	FAMILY BASIC	\$4,406.75
	INDIVIDUAL with RIDEF	\$2,204.84
	FAMILY with RIDER	\$5,641.35

PLAN	Coverage	COBRA RATE
DC 37 MED TEAM (no rider available)	INDIVIDUAL BASIC	\$971.30
	FAMILY BASIC	\$2,382.42

PLAN	Coverage	COBRA RATE
GHI HMO	INDIVIDUAL BASIC	\$1,372.95
	FAMILY BASIC	\$3,489.70
	INDIVIDUAL with RIDEF	\$1,882.23
	FAMILY with RIDER	\$4,788.50

PLAN	Coverage	COBRA RATE
METROPLUS (Grandfathered)	INDIVIDUAL BASIC	\$1,012.33
	FAMILY BASIC	\$2,482.94
	INDIVIDUAL with RIDEF	\$1,296.88
	FAMILY with RIDER	\$3,194.31

PLAN	Coverage	COBRA RATE
GHI-CBP/BCBS	INDIVIDUAL BASIC	\$1,031.20
	FAMILY BASIC	\$2,705.94
	INDIVIDUAL with RIDEF	\$1,146.99
	FAMILY with RIDER	\$2,922.27

PLAN	Coverage	COBRA RATE
METROPLUS (Standard)	INDIVIDUAL BASIC	\$1,012.33
	FAMILY BASIC	\$2,482.94
	INDIVIDUAL with RIDEF	\$1,154.04
	FAMILY with RIDER	\$2,741.82

MEDICARE Plans Monthly COBRA Rates for Effective January 2023

PLAN	Coverage	COBRA RATE
VYTRA	INDIVIDUAL BASIC	\$1,313.80
	FAMILY BASIC	\$3,437.29
	INDIVIDUAL with RIDEF	\$1,748.03
	FAMILY with RIDER	\$4,567.03

PLAN	Coverage	COBRA RATE
GHI SENIOR CARE	PER PERSON BASIC	\$208.18
	PER PERSON with RIDER	\$339.00

PLAN	Coverage	COBRA RATE
GHI HMO Medicare Senior Supplement	PER PERSON BASIC	\$874.53
	PER PERSON with RIDER	\$961.23

PLAN	Coverage	COBRA RATE
DC37 MED TEAM	PER PERSON BASIC	\$220.72
	RIDER NOT AVAILABLE	

PLAN	Coverage	COBRA RATE
EMPIRE MEDICARE RELATED	ONE PERSON BASIC	\$353.34
	TWO PERSONS BASIC	\$498.49
	ONE PERSON with RIDER	\$558.31
	TWO PERSONS w/RIDER	\$908.43

PLAN	Coverage	COBRA RATE
Aetna PPO/ESA (NY/NJ/PA)	PER PERSON BASIC	\$7.65
	PER PERSON with RIDER	\$117.81

PLAN	Coverage	COBRA RATE
Aetna PPO/ESA (All other areas)	PER PERSON BASIC	\$28.05
	PER PERSON with RIDER	\$108.63

PLAN	Coverage	COBRA RATE
HIP VIP	PER PERSON BASIC	\$7.65
	PER PERSON with RIDER	\$188.79

Rates are Subject to Change

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.