

EMPLOYEE Health Plan Rates as of January 2024 (Rates are subject to change)
 These rates are in effective January 1, 2024 and will be reflected as of your first full payroll period in January 2024

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$105.53	\$352.31	\$0.00	\$139.22	\$274.39	\$0.00	\$65.35	\$0.00	\$0.00	\$279.96	\$0.00	\$0.00	\$52.04
Prescription Drugs	\$514.61	\$96.91	\$0.00	\$113.32	\$113.32	\$21.33	\$114.59	\$84.05	\$24.94	\$98.24	\$64.03	\$31.89	\$97.70
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.45	\$0.00	\$2.38	\$2.38	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$620.14	\$449.22	\$0.00	\$252.53	\$387.70	\$22.78	\$179.94	\$86.42	\$27.32	\$378.20	\$64.03	\$31.89	\$149.74
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$438.42	\$940.35	\$0.00	\$394.18	\$696.92	\$0.00	\$187.84	\$0.00	\$0.00	\$685.91	\$0.00	\$0.00	\$176.04
Prescription Drugs	\$1,455.48	\$293.31	\$0.00	\$277.79	\$277.79	\$39.10	\$292.24	\$205.91	\$45.73	\$240.68	\$160.06	\$58.25	\$254.20
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.66	\$0.00	\$5.82	\$5.82	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,893.90	\$1,233.66	\$0.00	\$671.97	\$974.71	\$42.76	\$480.08	\$211.73	\$51.54	\$926.59	\$160.06	\$58.25	\$430.24

* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

**Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$211.07	\$704.61	\$0.00	\$278.43	\$548.78	\$0.00	\$130.70	\$0.00	\$0.00	\$559.92	\$0.00	\$0.00	\$104.08
Prescription Drugs	\$1,029.22	\$193.82	\$0.00	\$226.63	\$226.63	\$42.66	\$229.18	\$168.09	\$49.89	\$196.47	\$128.05	\$63.77	\$195.41
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.90	\$0.00	\$4.75	\$4.75	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,240.29	\$898.44	\$0.00	\$505.06	\$775.41	\$45.55	\$359.88	\$172.84	\$54.64	\$756.39	\$128.05	\$63.77	\$299.49
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$876.83	\$1,880.70	\$0.00	\$788.36	\$1,393.84	\$0.00	\$375.67	\$0.00	\$0.00	\$1,371.83	\$0.00	\$0.00	\$352.09
Prescription Drugs	\$2,910.96	\$586.61	\$0.00	\$555.59	\$555.59	\$78.20	\$584.48	\$411.82	\$91.45	\$481.35	\$320.13	\$116.50	\$508.40
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.33	\$0.00	\$11.63	\$11.63	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,787.79	\$2,467.32	\$0.00	\$1,343.95	\$1,949.42	\$85.53	\$960.15	\$423.46	\$103.09	\$1,853.18	\$320.13	\$116.50	\$860.49

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**Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

EmblemHealth
Anthem
Self

SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$229.92	\$767.53	\$0.00	\$303.29	\$597.78	\$0.00	\$142.37	\$0.00	\$0.00	\$609.92	\$0.00	\$0.00	\$113.37
Prescription Drugs	\$1,121.12	\$211.13	\$0.00	\$246.87	\$246.87	\$46.47	\$249.65	\$183.10	\$54.34	\$214.02	\$139.49	\$69.47	\$212.86
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.16	\$0.00	\$5.18	\$5.18	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,351.03	\$978.66	\$0.00	\$550.16	\$844.64	\$49.62	\$392.01	\$188.28	\$59.52	\$823.93	\$139.49	\$69.47	\$326.23
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$955.12	\$2,048.63	\$0.00	\$858.75	\$1,518.29	\$0.00	\$409.22	\$0.00	\$0.00	\$1,494.31	\$0.00	\$0.00	\$383.53
Prescription Drugs	\$3,170.87	\$638.99	\$0.00	\$605.20	\$605.20	\$85.19	\$636.67	\$448.60	\$99.62	\$524.33	\$348.71	\$126.90	\$553.79
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.98	\$0.00	\$12.67	\$12.67	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$4,125.99	\$2,687.62	\$0.00	\$1,463.95	\$2,123.48	\$93.17	\$1,045.88	\$461.27	\$112.29	\$2,018.64	\$348.71	\$126.90	\$937.32

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**Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

For new enrollees into Metroplus Gold, effective August 1, 2021, there will be a new optional pharmacy available. Current Metroplus members may remain in their current rider or transfer to the new pharmacy rider. Additional information and rates will be available as soon as possible.