

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

**WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$137.94	\$372.49	\$0.00	\$132.91	\$271.17	\$0.00	\$89.73	\$0.00	\$0.00	\$311.66	\$0.00	\$0.00	\$74.58
Prescription Drugs	\$573.88	\$89.65	\$0.00	\$147.63	\$147.63	\$25.91	\$130.41	\$98.15	\$34.40	\$113.30	\$64.20	\$32.93	\$111.19
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.43	\$0.00	\$2.58	\$2.58	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$711.82</b>	<b>\$462.14</b>	<b>\$0.00</b>	<b>\$280.54</b>	<b>\$418.80</b>	<b>\$27.34</b>	<b>\$220.14</b>	<b>\$100.74</b>	<b>\$36.98</b>	<b>\$424.96</b>	<b>\$64.20</b>	<b>\$32.93</b>	<b>\$185.77</b>
FAMILY	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$503.43	\$994.50	\$0.00	\$379.94	\$689.58	\$0.00	\$251.37	\$0.00	\$0.00	\$763.51	\$0.00	\$0.00	\$237.95
Prescription Drugs	\$1,664.26	\$276.29	\$0.00	\$361.93	\$361.93	\$47.50	\$332.58	\$240.47	\$63.06	\$277.64	\$160.50	\$60.16	\$289.29
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.63	\$0.00	\$6.33	\$6.33	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$2,167.69</b>	<b>\$1,270.79</b>	<b>\$0.00</b>	<b>\$741.87</b>	<b>\$1,051.51</b>	<b>\$51.13</b>	<b>\$583.95</b>	<b>\$246.80</b>	<b>\$69.39</b>	<b>\$1,041.15</b>	<b>\$160.50</b>	<b>\$60.16</b>	<b>\$527.24</b>

\* 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.

\*\* CIGNA Health Plan will no longer be available effective 1/1/2025. Employees in this plan will need select a new health plan during the transfer period.

**BI-WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$275.88	\$744.99	\$0.00	\$265.82	\$542.33	\$0.00	\$179.45	\$0.00	\$0.00	\$623.33	\$0.00	\$0.00	\$149.15
Prescription Drugs	\$1,147.77	\$179.30	\$0.00	\$295.27	\$295.27	\$51.82	\$260.82	\$196.30	\$68.79	\$226.60	\$128.40	\$65.87	\$222.39
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.87	\$0.00	\$5.17	\$5.17	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,423.65</b>	<b>\$924.29</b>	<b>\$0.00</b>	<b>\$561.09</b>	<b>\$837.60</b>	<b>\$54.69</b>	<b>\$440.28</b>	<b>\$201.47</b>	<b>\$73.96</b>	<b>\$849.92</b>	<b>\$128.40</b>	<b>\$65.87</b>	<b>\$371.54</b>
FAMILY	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$1,006.87	\$1,989.00	\$0.00	\$759.88	\$1,379.16	\$0.00	\$502.74	\$0.00	\$0.00	\$1,527.03	\$0.00	\$0.00	\$475.90
Prescription Drugs	\$3,328.52	\$552.58	\$0.00	\$723.85	\$723.85	\$95.00	\$665.16	\$480.94	\$126.12	\$555.27	\$321.00	\$120.32	\$578.58
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.26	\$0.00	\$12.66	\$12.66	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$4,335.38</b>	<b>\$2,541.58</b>	<b>\$0.00</b>	<b>\$1,483.73</b>	<b>\$2,103.01</b>	<b>\$102.26</b>	<b>\$1,167.90</b>	<b>\$493.61</b>	<b>\$138.78</b>	<b>\$2,082.30</b>	<b>\$321.00</b>	<b>\$120.32</b>	<b>\$1,054.49</b>

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**SEMI-MONTHLY**

INDIVIDUAL	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$299.69	\$809.29	\$0.00	\$288.77	\$589.14	\$0.00	\$194.94	\$0.00	\$0.00	\$677.13	\$0.00	\$0.00	\$162.03
Prescription Drugs	\$1,246.83	\$194.78	\$0.00	\$320.75	\$320.75	\$56.29	\$283.34	\$213.25	\$74.73	\$246.16	\$139.49	\$71.55	\$241.58
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.12	\$0.00	\$5.62	\$5.62	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,546.52</b>	<b>\$1,004.07</b>	<b>\$0.00</b>	<b>\$609.52</b>	<b>\$909.89</b>	<b>\$59.41</b>	<b>\$478.28</b>	<b>\$218.86</b>	<b>\$80.35</b>	<b>\$923.28</b>	<b>\$139.49</b>	<b>\$71.55</b>	<b>\$403.61</b>
FAMILY	Aetna EPO	CIGNA**	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$1,093.77	\$2,160.68	\$0.00	\$825.47	\$1,498.19	\$0.00	\$546.14	\$0.00	\$0.00	\$1,658.83	\$0.00	\$0.00	\$516.98
Prescription Drugs	\$3,615.80	\$600.27	\$0.00	\$786.33	\$786.33	\$103.20	\$722.57	\$522.46	\$137.01	\$603.20	\$348.71	\$130.71	\$628.52
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.89	\$0.00	\$13.76	\$13.76	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$4,709.57</b>	<b>\$2,760.95</b>	<b>\$0.00</b>	<b>\$1,611.80</b>	<b>\$2,284.52</b>	<b>\$111.09</b>	<b>\$1,268.71</b>	<b>\$536.21</b>	<b>\$150.76</b>	<b>\$2,262.03</b>	<b>\$348.71</b>	<b>\$130.71</b>	<b>\$1,145.50</b>

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