

**EMPLOYEE Health Plan Rates as of September 2023 (Rates are subject to change)**

These rates are in effective September 1, 2023 and will be reflected as of your first full payroll period in September 2023

**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	\$19.80	\$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
<b>Total (Basic + Rider)</b>	<b>\$620.14</b>	<b>\$449.22</b>	<b>\$0.00</b>	<b>\$252.53</b>	<b>\$387.70</b>	<b>\$21.24</b>	<b>\$179.94</b>	<b>\$86.42</b>	<b>\$27.32</b>	<b>\$378.20</b>	<b>\$64.03</b>	<b>\$31.89</b>	<b>\$149.74</b>
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	\$36.29	\$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
<b>Total (Basic + Rider)</b>	<b>\$1,893.90</b>	<b>\$1,233.66</b>	<b>\$0.00</b>	<b>\$671.97</b>	<b>\$974.71</b>	<b>\$39.95</b>	<b>\$480.08</b>	<b>\$211.73</b>	<b>\$51.54</b>	<b>\$926.59</b>	<b>\$160.06</b>	<b>\$58.25</b>	<b>\$430.24</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.

\*\*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	\$39.59	\$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
<b>Total (Basic + Rider)</b>	<b>\$1,240.29</b>	<b>\$898.44</b>	<b>\$0.00</b>	<b>\$505.06</b>	<b>\$775.41</b>	<b>\$42.49</b>	<b>\$359.88</b>	<b>\$172.84</b>	<b>\$54.64</b>	<b>\$756.39</b>	<b>\$128.05</b>	<b>\$63.77</b>	<b>\$299.49</b>
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	\$72.58	\$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
<b>Total (Basic + Rider)</b>	<b>\$3,787.79</b>	<b>\$2,467.32</b>	<b>\$0.00</b>	<b>\$1,343.95</b>	<b>\$1,949.42</b>	<b>\$79.90</b>	<b>\$960.15</b>	<b>\$423.46</b>	<b>\$103.09</b>	<b>\$1,853.18</b>	<b>\$320.13</b>	<b>\$116.50</b>	<b>\$860.49</b>

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**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	\$43.13	\$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
<b>Total (Basic + Rider)</b>	<b>\$1,351.03</b>	<b>\$978.66</b>	<b>\$0.00</b>	<b>\$550.16</b>	<b>\$844.64</b>	<b>\$46.28</b>	<b>\$392.01</b>	<b>\$188.28</b>	<b>\$59.52</b>	<b>\$823.93</b>	<b>\$139.49</b>	<b>\$69.47</b>	<b>\$326.23</b>
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	\$79.06	\$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
<b>Total (Basic + Rider)</b>	<b>\$4,125.99</b>	<b>\$2,687.62</b>	<b>\$0.00</b>	<b>\$1,463.95</b>	<b>\$2,123.48</b>	<b>\$87.04</b>	<b>\$1,045.88</b>	<b>\$461.27</b>	<b>\$112.29</b>	<b>\$2,018.64</b>	<b>\$348.71</b>	<b>\$126.90</b>	<b>\$937.32</b>

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