



New York City Office of Labor Relations  
Health Benefits Program  
nyc.gov/hbp



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**Annual Transfer Period for  
Active Employees – Fall 2023**

The Fall 2023 Annual Health Benefits Program Transfer Period begins **November 1, 2023** and ends **November 30, 2023**. Health plan changes requested during the Transfer Period will be effective January 1, 2024 and the new payroll deduction, if applicable, will begin with your first full paycheck in **January 2024**.

***If you do not wish to make any changes to your current health plan, you do not need to do anything during the Transfer Period.***

During the Annual Transfer Period, you may:

- Transfer into any health plan listed in this notice for which you are eligible,
- Add or drop the Optional Rider,
- Add or drop dependent(s), or
- Waive benefits.

Family Status and Other Changes:

- If you have changed your address, please update your address through your ESS or your agency HR/Personnel.
- If you changed your marital status, contact NYCAPS Central or your agency HR/Personnel.
- If you changed your **domestic partnership status**, contact NYCAPS Central, your agency HR/Personnel and union/welfare fund so that your records can be updated accordingly. **This is important for taxation reporting purposes.**
- Medicare is primary for employees at age 65 or older who chose not to enroll in a City health plan or waive their City health benefits or are not covered by another employer health plan.
- Medicare is primary for a domestic partner at the age of 65 or older if your partner does not have health coverage through their employer (if applicable). It is essential that they enroll in Medicare Parts A and B to maintain maximum coverage to avoid additional medical expenses.

To make changes, complete a Health Benefits Application. To obtain an application, contact one of the following offices:

- Employees of NYCAPS centralized agencies contact NYCAPS at (212) 487-0500
- DOE employees contact HR Connect at (718) 935-4000
- NYC H+H employees contact the HR Share Services Benefits Department office at (646) 458-5634
- All other employees and employees of non-NYCAPS centralized agencies should contact their agency HR/Personnel Office

Employee Self-Service (ESS): Employees with access to Employee Self-Service may make changes to their health benefits online.

Health Benefits Application: Employees who do not have access to ESS can make changes to their health benefits by completing this application, which is available in the *forms and downloads* section of our website at [nyc.gov/hbp](https://nyc.gov/hbp). Completed applications should be submitted to their agency HR/Personnel Office for processing.

If you are making changes to your health benefits plan/option, please review the following Health Benefits Program materials on our website at [nyc.gov/hbp](https://nyc.gov/hbp):

- Health Plan Rate Chart for Employees
  - Summary Program Description (SPD)
  - Summary of Benefits and Coverage (SBC)
  - Links to the Health Plans' websites for additional health plan and contact information
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Prescription Drug Coverage:

- If your union/welfare fund provides prescription drug coverage, and you are selecting either HIP HMO or GHI-CBP, then prescription drug coverage (aside from those covered under the basic plan) will be available **only** through your union or welfare fund and **not** through the Optional Rider.
- If you are selecting any other health plan, you are eligible to select the Optional Rider for prescription drugs **in addition to** your union or welfare fund's prescription drug coverage. Your health premium deduction will be adjusted accordingly.
- Contact your union/welfare fund for your prescription coverage information.

Health Plan Coverage for Employees Hired on or after January 1, 2023 who have not yet met the 365-day requirement:

City of New York employees, and employees of Participating Employers, hired or after January 1, 2023 through June 30, 2023, and their eligible dependents, are only eligible to enroll in the EmblemHealth HIP HMO Preferred Plan, and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

After 365 days of employment, the employee will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan within 30 days, before the end of the 365-day period. If a new health plan is selected, the new plan will be effective on the 366th day. Only after the 365th day can the employee participate in any Annual Fall Transfer Period.

MSC Health Benefits Buy-Out Waiver Program:

To enroll in the Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program, please complete the MSC Health Benefits Buy-Out Waiver Enrollment/Change Form and a Health Benefits Application to receive annual incentive payments.

The annual incentive payment for the MSC Health Benefits Buy-Out Waiver Program for Plan Year 2024 will be \$500 (individual) and \$1,000 (family).

MSC Health Benefits Premium Conversion Program:

Health premiums are deducted on a pre-tax basis. If you wish to have deductions on a post-tax basis, you must fill out an MSC Premium Conversion Enrollment/Change Form. For information about MSC Program and to download forms, visit [nyc.gov/fsa](http://nyc.gov/fsa).

Summary of Benefits and Coverage:

Each health plan has prepared an SBC as required by the Patient Protection and Affordable Care Act. To review the SBC of a particular plan, please visit the Health Benefits Program website at [nyc.gov/hbp](http://nyc.gov/hbp) or contact the health plan directly.

Health Maintenance Organizations		
CIGNA HealthCare	(888) 244-6224	<a href="http://www.cigna.com">www.cigna.com</a>
GHI HMO	(877) 244-4466	<a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a>
HIP HMO Preferred	(833) 269-4653	<a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a>
MetroPlus Gold	(877) 475-3795	<a href="http://www.metroplus.org/plans/nyc-employees">www.metroplus.org/plans/nyc-employees</a>
Vytra Health Plans	(800) 448-2527	<a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a>

Point of Service, Exclusive Provider Organization, and Participating Provider Organizations/Indemnity Plans		
Aetna EPO	(800) 445-8742	<a href="http://www.aetna.com">www.aetna.com</a>
DC37 Med-Team (DC37 members only)	(800) 624-2414	<a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a>
Empire EPO	(800) 767-8672	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
Empire Blue Access Gated EPO	(833) 924-1055	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
GHI-CBP/Empire BlueCross Blue/Shield		
GHI Emblem Health	(800) 624-2414	<a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a>
Empire BlueCrossBlueShield	(800) 433-9592	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>

**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>

\* 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.

**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>

\* 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.

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