



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



Date: August 2019
To: All Employees
Subject: Health Benefits Program Rate Changes

I) GHI/CBP Health Plan Rate Effective September 1, 2019

The payroll deductions for the GHI/CBP basic plan and optional rider listed on the back of this notice are changing in September. Basic coverage is available at no cost to the subscriber under the plan, while the optional rider requires a payroll deduction. Please review the deductions on your check in the first full payroll period in September to ensure that it matches with the September 2019 rate changes. All other health plan rates remain the same as of July 1, 2019.

Please be advised that these rates are subject to change. In the event of a rate change, your payroll deduction may either decrease or increase. You will be notified of any future rate changes and they will be available through the Health Benefits website at nyc.gov/hbp

II) Special Reminder to Medicare-Eligible Employees and Dependents (this does not apply to over age 65 domestic partners of employees)

Federal law requires the City of New York to offer employees over age 65 the same coverage under the same conditions as those that are offered to employees under age 65. The same stipulation also applies to dependents over age 65 and those covered by Medicare through the Special Provisions of the Social Security Act for the Disabled. In such cases, enrollment in a City health plan is primary coverage and Medicare, if applicable, becomes secondary coverage. Make sure that you and your dependent(s) (if enrolled in your coverage) inform all health care providers that your City health coverage is your and your dependent(s) primary coverage. If you and/or your dependent(s) are Medicare-eligible and want Medicare to be your primary coverage, you must waive your City health coverage.

III) Fall Transfer Period

The annual transfer period is generally held in October for active employees. During that period, employees can:

- Transfer to another health plan
- Add or drop an optional rider
- Change health premium contribution tax status
- Elect the Health Benefits Buy-Out Waiver Program

Any changes made during the Fall Transfer Period will become effective on the first day of the first full payroll period in January 2020.

EMPLOYEE Health Plan Rates as of September 1, 2019 (NOTE: Rates are subject to change)

These rates are in effect as of your first full payroll period in September 2019

WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$64.03	\$188.19	\$0.00	\$66.98	\$197.43	\$0.00	\$45.98	\$0.00	\$244.89	\$0.00	\$35.80
Prescription Drugs	\$379.91	\$68.60	\$0.00	\$59.99	\$59.99	\$17.74	\$84.51	\$60.84	\$65.49	\$52.40	\$73.12
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.06	\$0.00	\$1.90	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$443.94	\$256.79	\$0.00	\$126.97	\$257.42	\$18.80	\$130.50	\$62.75	\$310.38	\$52.40	\$108.92
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$289.65	\$510.17	\$0.00	\$200.08	\$502.34	\$0.00	\$134.50	\$0.00	\$599.97	\$0.00	\$126.07
Prescription Drugs	\$1,074.51	\$204.96	\$0.00	\$147.07	\$147.07	\$31.50	\$215.50	\$149.06	\$160.45	\$118.17	\$190.22
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.68	\$0.00	\$4.67	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,364.17	\$715.13	\$0.00	\$347.15	\$649.41	\$34.18	\$350.00	\$153.73	\$760.42	\$118.17	\$316.29

* 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.

BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$128.07	\$376.38	\$0.00	\$133.95	\$394.85	\$0.00	\$91.97	\$0.00	\$489.77	\$0.00	\$71.61
Prescription Drugs	\$759.82	\$137.20	\$0.00	\$119.98	\$119.98	\$35.48	\$169.03	\$121.68	\$130.98	\$104.81	\$146.24
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12	\$0.00	\$3.81	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$887.88	\$513.58	\$0.00	\$253.94	\$514.83	\$37.59	\$261.00	\$125.49	\$620.75	\$104.81	\$217.84
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$579.31	\$1,020.35	\$0.00	\$400.17	\$1,004.68	\$0.00	\$269.00	\$0.00	\$1,199.94	\$0.00	\$252.13
Prescription Drugs	\$2,149.03	\$409.91	\$0.00	\$294.14	\$294.14	\$63.01	\$431.00	\$298.12	\$320.91	\$236.34	\$380.45
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.35	\$0.00	\$9.34	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,728.33	\$1,430.26	\$0.00	\$694.31	\$1,298.82	\$68.36	\$700.00	\$307.45	\$1,520.85	\$236.34	\$632.58

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SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$139.50	\$409.99	\$0.00	\$145.92	\$430.11	\$0.00	\$100.18	\$0.00	\$533.50	\$0.00	\$78.00
Prescription Drugs	\$827.66	\$149.45	\$0.00	\$130.70	\$130.70	\$38.65	\$184.12	\$132.55	\$142.68	\$114.17	\$159.30
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.31	\$0.00	\$4.15	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$967.16	\$559.44	\$0.00	\$276.61	\$560.80	\$40.95	\$284.30	\$136.70	\$676.18	\$114.17	\$237.30
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire HMO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO	HIP POS	MetroPlus Gold	Vytra
Basic	\$631.03	\$1,111.45	\$0.00	\$435.90	\$1,094.38	\$0.00	\$293.02	\$0.00	\$1,307.08	\$0.00	\$274.65
Prescription Drugs	\$2,340.91	\$446.51	\$0.00	\$320.41	\$320.41	\$68.64	\$469.48	\$324.74	\$349.56	\$257.44	\$414.42
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.83	\$0.00	\$10.17	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,971.94	\$1,557.96	\$0.00	\$756.30	\$1,414.79	\$74.47	\$762.50	\$334.91	\$1,656.64	\$257.44	\$689.06

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