



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

**HBP**

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**Date:** July 2020  
**To:** All Employees  
**Subject:** Health Benefits Program Rate Changes

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**I) Health Plan Rates Effective July 1, 2020**

The payroll deductions for the basic plans and optional riders for most of the plans listed on the back of this notice are changing in July. Basic coverage is available at no cost to the subscriber under certain plans, while other plans require a payroll deduction. Please review the deductions on your check in the first full payroll period in July to ensure that it matches with the July 2020 rate changes.

**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](http://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 2021.

**EMPLOYEE Health Plan Rates as of July 2020 (NOTE: GHI-CBP Rates are subject to change)**

These rates are in effective July 1, 2020 and will be reflected as of your first full payroll period in July 2020

**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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$84.90	\$237.84	\$0.00	\$73.55	\$246.83	\$0.00	\$50.65	\$0.00	\$0.00	\$281.35	\$0.00	\$40.12
Prescription Drugs	\$422.47	\$71.09	\$0.00	\$62.42	\$62.42	\$18.23	\$92.85	\$66.83	\$30.43	\$77.86	\$53.07	\$78.68
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.08	\$0.00	\$1.97	\$1.97	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$507.38</b>	<b>\$308.93</b>	<b>\$0.00</b>	<b>\$135.97</b>	<b>\$309.25</b>	<b>\$19.31</b>	<b>\$143.50</b>	<b>\$68.80</b>	<b>\$32.40</b>	<b>\$359.22</b>	<b>\$53.07</b>	<b>\$118.80</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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$355.66	\$639.34	\$0.00	\$217.94	\$626.16	\$0.00	\$146.75	\$0.00	\$0.00	\$689.31	\$0.00	\$138.10
Prescription Drugs	\$1,194.90	\$215.09	\$0.00	\$153.03	\$153.03	\$32.40	\$236.76	\$163.74	\$55.79	\$190.77	\$119.68	\$204.63
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.74	\$0.00	\$4.82	\$4.82	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,550.56</b>	<b>\$854.43</b>	<b>\$0.00</b>	<b>\$370.98</b>	<b>\$779.19</b>	<b>\$35.14</b>	<b>\$383.51</b>	<b>\$168.56</b>	<b>\$60.62</b>	<b>\$880.08</b>	<b>\$119.68</b>	<b>\$342.74</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.

**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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$169.80	\$475.68	\$0.00	\$147.09	\$493.66	\$0.00	\$101.30	\$0.00	\$0.00	\$562.70	\$0.00	\$80.23
Prescription Drugs	\$844.95	\$142.17	\$0.00	\$124.84	\$124.84	\$36.45	\$185.70	\$133.66	\$60.86	\$155.73	\$106.14	\$157.36
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.17	\$0.00	\$3.94	\$3.94	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,014.75</b>	<b>\$617.86</b>	<b>\$0.00</b>	<b>\$271.94</b>	<b>\$618.51</b>	<b>\$38.62</b>	<b>\$286.99</b>	<b>\$137.60</b>	<b>\$64.80</b>	<b>\$718.43</b>	<b>\$106.14</b>	<b>\$237.59</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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$711.32	\$1,278.67	\$0.00	\$435.88	\$1,252.31	\$0.00	\$293.51	\$0.00	\$0.00	\$1,378.63	\$0.00	\$276.21
Prescription Drugs	\$2,389.80	\$430.19	\$0.00	\$306.07	\$306.07	\$64.79	\$473.51	\$327.48	\$111.58	\$381.54	\$239.36	\$409.27
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.49	\$0.00	\$9.65	\$9.65	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,101.12</b>	<b>\$1,708.86</b>	<b>\$0.00</b>	<b>\$741.95</b>	<b>\$1,558.38</b>	<b>\$70.28</b>	<b>\$767.02</b>	<b>\$337.12</b>	<b>\$121.23</b>	<b>\$1,760.17</b>	<b>\$239.36</b>	<b>\$685.47</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.

**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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$184.46	\$516.74	\$0.00	\$159.79	\$536.27	\$0.00	\$110.04	\$0.00	\$0.00	\$611.27	\$0.00	\$87.16
Prescription Drugs	\$917.88	\$154.45	\$0.00	\$135.62	\$135.62	\$39.60	\$201.73	\$145.20	\$66.12	\$169.17	\$115.31	\$170.95
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.36	\$0.00	\$4.28	\$4.28	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,102.34</b>	<b>\$671.19</b>	<b>\$0.00</b>	<b>\$295.41</b>	<b>\$671.89</b>	<b>\$41.96</b>	<b>\$311.77</b>	<b>\$149.48</b>	<b>\$70.39</b>	<b>\$780.44</b>	<b>\$115.31</b>	<b>\$258.10</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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold	Vytra
Basic	\$772.71	\$1,389.04	\$0.00	\$473.51	\$1,360.40	\$0.00	\$318.84	\$0.00	\$0.00	\$1,497.62	\$0.00	\$300.05
Prescription Drugs	\$2,596.07	\$467.32	\$0.00	\$332.49	\$332.49	\$70.39	\$514.38	\$355.74	\$121.22	\$414.47	\$260.02	\$444.59
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.96	\$0.00	\$10.48	\$10.48	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,368.78</b>	<b>\$1,856.35</b>	<b>\$0.00</b>	<b>\$805.99</b>	<b>\$1,692.89</b>	<b>\$76.35</b>	<b>\$833.22</b>	<b>\$366.22</b>	<b>\$131.70</b>	<b>\$1,912.09</b>	<b>\$260.02</b>	<b>\$744.64</b>

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