



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



Date: July 2021
To: All Employees
Subject: Health Benefits Program Rate Changes

I) Health Plan Rates Effective July 1, 2021

Enclosed please find the Health Benefits Program rate chart effective for the first full pay period in July 2021. Basic coverage is available at no cost to the subscriber under certain plans, while other plans require a payroll deduction.

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. Notice of any rate changes will be available through the Health Benefits Program website at nyc.gov/hbp.

II) Fall Transfer Period

This year, the annual transfer period will be held in November for active employees. During that period, employees can:

- Transfer to another health plan
- Add or drop an optional rider
- Add or drop dependents
- 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 2022.

III) Updating Your Personal Information

You may update the below information through Employee Self-Service or by contacting your Agency personnel department. Please also notify your Welfare Fund/Union separately.

- Address update
- Marital status update
- Domestic partner status update

IV) MetroPlus Gold– New Optional Rider Effective August 1, 2021

MetroPlus Gold is offering a new optional prescription rider effective August 1, 2021. The new MetroPlus Gold optional rider will be available to employees and non-Medicare retirees. Please note that basic coverage under MetroPlus Gold has not changed.

Health Plan Changes:

MetroPlus Gold Prescription Rider - There are 2 plans:

- 1) MetroPlus Gold (Grandfathered), or
- 2) MetroPlus Gold (Standard)

1) MetroPlus Gold (Grandfathered): This is the current prescription drug rider for the MetroPlus Gold plan. Only those employees enrolled in the MetroPlus Gold Plan (Grandfathered) prior to August 1, 2021 can continue to be enrolled in this plan.

2) MetroPlus Gold (Standard): All employees who are **eligible** to enroll in MetroPlus Gold on or after August 1, 2021 will only be offered this new MetroPlus Gold Plan (Standard). Rates will be available shortly on the Health Benefits website.

Employees who are currently in the Grandfathered plan can select the MetroPlus Gold Plan (Standard) during the 2021 Annual Transfer Period, effective January 1, 2022.

Any employee who transfers out of the MetroPlus Gold Grandfathered plan and selects another health plan will not be allowed to choose the MetroPlus Gold Grandfathered plan again. For as long as the employee remains in the Grandfathered plan, the employee can add or drop dependents, if the employee experiences a Qualifying Event.

V) 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 dependents, 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.

Employee – July 1, 2021 Health Plan Rates Comparison Chart

The new July 2021 rates outlined below will take effect on July 1, 2021. Please be advised that you will be informed of which paycheck date the new July 2021 health plan rates/premiums will be effective and when adjustments will be made to your deduction if there was an increase or decrease of your current health plan rate/premium.

	Jul-21			Mar-21			Individual		Family	
	Individual	Family		Individual	Family		Individual	Family		
Aetna EPO	Aetna EPO	Aetna EPO		Aetna EPO	Aetna EPO					
Basic	\$192.91	\$792.16		\$169.80	\$711.32	Increased	\$23.11	\$80.84		
Prescription Drugs	\$914.24	\$2,585.76		\$844.95	\$2389.80	Increased	\$69.29	\$195.96		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$1107.15	\$3,377.92		\$1014.75	\$3,101.12	Increased	\$92.40	\$276.80		
CIGNA	CIGNA	CIGNA		CIGNA	CIGNA					
Basic	\$455.58	\$1229.43		\$475.68	\$1278.67	Decreased	-\$20.10	-\$49.24		
Prescription Drugs	\$142.17	\$430.19		\$142.17	\$430.19	No Change	\$0.00	\$0.00		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$597.75	\$1,659.62		\$617.85	\$1,708.86	Decreased	-\$20.10	-\$49.24		
DC37 Med Team	DC37 Med Team	DC37 Med Team		DC37 Med Team	DC37 Med Team					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Empire Blue Access Gated EPO	Empire Blue Access Gated EPO	Empire Blue Access Gated EPO		Empire Blue Access Gated EPO	Empire Blue Access Gated EPO					
Basic	\$139.60	\$419.42		\$147.09	\$435.88	Decreased	-\$7.49	-\$16.46		
Prescription Drugs	\$141.96	\$348.03		\$124.84	\$306.07	Increased	\$17.12	\$41.96		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$281.56	\$767.45		\$271.93	\$741.95	Increased	\$9.63	\$25.50		
Empire EPO	Empire EPO	Empire EPO		Empire EPO	Empire EPO					
Basic	\$473.56	\$1203.07		\$493.66	\$1252.31	Decreased	-\$20.10	-\$49.24		
Prescription Drugs	\$141.96	\$348.03		\$124.84	\$306.07	Increased	\$17.12	\$41.96		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$615.52	\$1551.10		\$618.50	\$1558.38	Decreased	-\$2.98	-\$7.28		
GHI-CBP/EBCBS	GHI-CBP/EBCBS	GHI-CBP/EBCBS		GHI-CBP/EBCBS	GHI-CBP/EBCBS					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$35.02	\$64.20		\$32.64	\$57.81	Increased	\$2.38	\$6.39		
Rider Other*	\$1.91	\$4.82		\$2.33	\$5.90	Decreased	-\$0.42	-\$1.08		
Total (Basic + Rider)	\$36.93	\$69.02		\$34.97	\$63.71	Increased	\$1.96	\$5.31		
GHI HMO	GHI HMO	GHI HMO		GHI HMO	GHI HMO					
Basic	\$110.08	\$317.82		\$101.30	\$293.51	Increased	\$8.78	\$24.31		
Prescription Drugs	\$198.09	\$505.21		\$185.70	\$473.51	Increased	\$12.39	\$31.70		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$308.17	\$823.03		\$287.00	\$767.02	Increased	\$21.17	\$56.01		
HIP HMO Gold Preferred Plan (Grandfathered) - Name Changed 11/2019	HIP HMO Gold (Grandfathered)	HIP HMO Gold (Grandfathered)		HIP HMO Gold (Grandfathered)	HIP HMO Gold (Grandfathered)					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$143.26	\$350.99		\$133.66	\$327.48	Increased	\$9.60	\$23.51		
Rider Other*	\$4.18	\$10.25		\$3.94	\$9.65	Increased	\$0.24	\$0.60		
Total (Basic + Rider)	\$147.44	\$361.24		\$137.60	\$337.13	Increased	\$9.84	\$24.11		
HIP HMO Gold Preferred Plan (Standard) - Name Changed 11/2019	HIP HMO Gold (Standard)	HIP HMO Gold (Standard)		HIP HMO Gold (Standard)	HIP HMO Gold (Standard)					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$65.23	\$119.59		\$60.86	\$111.58	Increased	\$4.37	\$8.01		
Rider Other*	\$4.18	\$10.25		\$3.94	\$9.65	Increased	\$0.24	\$0.60		
Total (Basic + Rider)	\$69.41	\$129.84		\$64.80	\$121.23	Increased	\$4.61	\$8.61		
HIP POS	HIP POS	HIP POS		HIP POS	HIP POS					
Basic	\$542.60	\$1,329.38		\$562.70	\$1378.63	Decreased	-\$20.10	-\$49.25		
Prescription Drugs	\$155.73	\$381.54		\$155.73	\$381.54	No Change	\$0.00	\$0.00		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$698.33	\$1,710.92		\$718.43	\$1,760.17	Decreased	-\$20.10	-\$49.25		
MetroPlus Gold Plan (Grandfathered) - Name Changed 08/2021	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Grandfathered)		MetroPlus Gold (Grandfathered)	MetroPlus Gold (Grandfathered)					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$117.37	\$293.42		\$106.14	\$239.36	Increased	\$11.23	\$54.06		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$117.37	\$293.42		\$106.14	\$239.36	Increased	\$11.23	\$54.06		
MetroPlus Gold Plan (Standard) Name Changed 08/2021	MetroPlus Gold (Standard)	MetroPlus Gold (Standard)		MetroPlus Gold (Standard)	MetroPlus Gold (Standard)					
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Prescription Drugs	\$58.45	\$107.17		\$0.00	\$0.00	Increased	\$58.45	\$107.17		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$58.45	\$107.17		\$0.00	\$0.00	Increased	\$58.45	\$107.17		
Vytra	Vytra	Vytra		Vytra	Vytra					
Basic	\$87.36	\$298.46		\$80.23	\$276.21	Increased	\$7.13	\$22.25		
Prescription Drugs	\$168.91	\$439.44		\$157.36	\$409.27	Increased	\$11.55	\$30.17		
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00		
Total (Basic + Rider)	\$256.27	\$737.90		\$237.59	\$685.48	Increased	\$18.68	\$52.42		

*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.

EMPLOYEE Health Plan Rates as of July 2021 (Rates are subject to change)
 These rates are in effective July 1, 2021 and will be reflected as of your first full payroll period in July 2021

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 Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$96.46	\$227.79	\$0.00	\$69.80	\$236.78	\$0.00	\$55.04	\$0.00	\$0.00	\$271.30	\$0.00	\$0.00	\$43.68
Prescription Drugs	\$457.12	\$71.09	\$0.00	\$70.98	\$70.98	\$17.51	\$99.04	\$71.63	\$32.62	\$77.86	\$58.68	\$29.23	\$84.46
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.95	\$0.00	\$2.09	\$2.09	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$553.58	\$298.88	\$0.00	\$140.78	\$307.76	\$18.46	\$154.09	\$73.72	\$34.70	\$349.17	\$58.68	\$29.23	\$128.14
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 Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$396.08	\$614.71	\$0.00	\$209.71	\$601.53	\$0.00	\$158.91	\$0.00	\$0.00	\$664.69	\$0.00	\$0.00	\$149.23
Prescription Drugs	\$1,292.88	\$215.09	\$0.00	\$174.02	\$174.02	\$32.10	\$252.60	\$175.49	\$59.80	\$190.77	\$146.71	\$53.58	\$219.72
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.41	\$0.00	\$5.12	\$5.12	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,688.96	\$829.81	\$0.00	\$383.72	\$775.55	\$34.51	\$411.51	\$180.62	\$64.92	\$855.46	\$146.71	\$53.58	\$368.95

* 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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$192.91	\$455.58	\$0.00	\$139.60	\$473.56	\$0.00	\$110.08	\$0.00	\$0.00	\$542.60	\$0.00	\$0.00	\$87.36
Prescription Drugs	\$914.24	\$142.17	\$0.00	\$141.96	\$141.96	\$35.02	\$198.09	\$143.26	\$65.23	\$155.73	\$117.37	\$58.45	\$168.91
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.91	\$0.00	\$4.18	\$4.18	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,107.15	\$597.76	\$0.00	\$281.56	\$615.52	\$36.92	\$308.17	\$147.44	\$69.41	\$698.33	\$117.37	\$58.45	\$256.28
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 Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$792.16	\$1,229.43	\$0.00	\$419.42	\$1,203.07	\$0.00	\$317.82	\$0.00	\$0.00	\$1,329.38	\$0.00	\$0.00	\$298.46
Prescription Drugs	\$2,585.76	\$430.19	\$0.00	\$348.03	\$348.03	\$64.20	\$505.21	\$350.99	\$119.59	\$381.54	\$293.42	\$107.17	\$439.44
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.82	\$0.00	\$10.25	\$10.25	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,377.92	\$1,659.61	\$0.00	\$767.45	\$1,551.10	\$69.02	\$823.03	\$361.23	\$129.84	\$1,710.92	\$293.42	\$107.17	\$737.90

* 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 Optional Rx Rider (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard Rx Rider	HIP POS	MetroPlus Gold Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$209.57	\$494.91	\$0.00	\$151.65	\$514.44	\$0.00	\$119.59	\$0.00	\$0.00	\$589.44	\$0.00	\$0.00	\$94.91
Prescription Drugs	\$993.15	\$154.45	\$0.00	\$154.22	\$154.22	\$38.04	\$215.19	\$155.63	\$70.86	\$169.17	\$127.50	\$63.50	\$183.49
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.07	\$0.00	\$4.54	\$4.54	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$1,202.71	\$649.35	\$0.00	\$305.87	\$668.65	\$40.11	\$334.77	\$160.17	\$75.40	\$758.61	\$127.50	\$63.50	\$278.40
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 Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$860.53	\$1,335.54	\$0.00	\$455.62	\$1,306.91	\$0.00	\$345.26	\$0.00	\$0.00	\$1,444.12	\$0.00	\$0.00	\$324.22
Prescription Drugs	\$2,808.94	\$467.32	\$0.00	\$378.07	\$378.07	\$69.75	\$548.81	\$381.28	\$129.92	\$414.47	\$318.75	\$116.42	\$477.37
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.24	\$0.00	\$11.13	\$11.13	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,669.47	\$1,802.86	\$0.00	\$833.69	\$1,684.98	\$74.98	\$894.07	\$392.41	\$141.05	\$1,858.59	\$318.75	\$116.42	\$801.59

* 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.

For new enrollees into MetroPlus Gold, effective August 1, 2021, there will be a new optional pharmacy available. Current MetroPlus Gold members may remain in their current rider or transfer to the new pharmacy rider.

Additional information and rates will be available as soon as possible.