

RETIREE Health Plan Rates as of July 1, 2024

These rates will be reflected in your July 2024 pension check

PLEASE NOTE THAT ALL RATES ARE SUBJECT TO CHANGE

MONTHLY NON-MEDICARE													
INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med-Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP Prime POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$599.38	\$1,618.57	\$0.00	\$577.53	\$1,178.28	\$0.00	\$389.88	\$0.00	\$0.00	\$1,354.25	\$0.00	\$0.00	\$324.05
Prescription Drugs	\$2,493.66	\$389.56	\$0.00	\$641.50	\$641.50	\$92.93	\$566.67	\$366.20	\$108.68	\$492.31	\$278.97	\$143.10	\$483.16
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.31	\$0.00	\$10.35	\$10.35	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$3,093.04	\$2,008.13	\$0.00	\$1,219.03	\$1,819.78	\$99.24	\$956.55	\$376.55	\$119.03	\$1,846.56	\$278.97	\$143.10	\$807.21
FAMILY	Aetna EPO	CIGNA	DC37 Med-Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP AnthemBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP Prime POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$2,187.54	\$4,321.35	\$0.00	\$1,650.93	\$2,996.38	\$0.00	\$1,092.27	\$0.00	\$0.00	\$3,317.65	\$0.00	\$0.00	\$1,033.96
Prescription Drugs	\$7,231.60	\$1,200.54	\$0.00	\$1,572.66	\$1,572.66	\$170.37	\$1,445.14	\$897.19	\$199.24	\$1,206.40	\$697.42	\$261.41	\$1,257.04
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.96	\$0.00	\$25.34	\$25.34	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$9,419.14	\$5,521.89	\$0.00	\$3,223.59	\$4,569.04	\$186.33	\$2,537.41	\$922.53	\$224.58	\$4,524.05	\$697.42	\$261.41	\$2,291.00

\* 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.

MONTHLY MEDICARE												
INDIVIDUAL	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Anthem Medicare Related	Anthem Medicare Preferred (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus (FL)	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$0.00	\$0.00	\$84.46	\$0.00	\$162.76	\$0.00	\$0.00	\$644.29	\$0.00	\$0.00	\$127.10	\$75.22
Prescription Drugs	\$108.00	\$79.00	\$0.00	\$0.00	\$211.00	\$139.29	\$120.00	\$85.00	\$177.59	\$85.36	\$88.36	\$116.60
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$108.00	\$79.00	\$84.46	\$0.00	\$373.76	\$139.29	\$123.55	\$729.29	\$177.59	\$85.36	\$215.46	\$191.82
FAMILY	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Anthem Medicare Related	Anthem Medicare Preferred (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus (FL)	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$0.00	\$0.00	\$168.92	\$0.00	\$325.52	\$0.00	\$0.00	\$1,288.58	\$0.00	\$0.00	\$254.20	\$150.44
Prescription Drugs	\$216.00	\$158.00	\$0.00	\$0.00	\$422.00	\$278.58	\$240.00	\$170.00	\$355.18	\$170.72	\$176.72	\$233.20
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$216.00	\$158.00	\$168.92	\$0.00	\$747.52	\$278.58	\$247.10	\$1,458.58	\$355.18	\$170.72	\$430.92	\$383.64

\* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.

NOTE: AvMed, BC Health Options & ElderPlan are "zero" premium plans.