

RETIREE Health Plan Rates as of July 1, 2025

These rates will be reflected in your July 2025 pension check

PLEASE NOTE THAT ALL RATES ARE SUBJECT TO CHANGE

| MONTHLY NON-MEDICARE | | | | | | | | | | | | |
|-----------------------|-------------|---------------|------------------------------------|------------|-----------------------|------------|---|--|---------------|--|------------------------------------|------------|
| INDIVIDUAL | Aetna EPO | 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 | MetroPlusHealth Gold (Grandfathered) closed to new enrollments | MetroPlusHealth Gold (Standard) | Vytra |
| Basic | \$869.93 | \$0.00 | \$455.89 | \$1,327.22 | \$0.00 | \$396.28 | \$0.00 | \$0.00 | \$1,467.89 | \$0.00 | \$0.00 | \$321.67 |
| Prescription Drugs | \$3,105.71 | \$0.00 | \$641.50 | \$641.50 | \$131.21 | \$617.76 | \$448.51 | \$149.50 | \$590.77 | \$278.97 | \$131.50 | \$526.74 |
| Rider Other* | N/A | N/A | N/A | N/A | \$6.05 | N/A | \$12.33 | \$12.33 | N/A | N/A | N/A | N/A |
| Total (Basic + Rider) | \$3,975.64 | \$0.00 | \$1,097.39 | \$1,968.72 | \$137.26 | \$1,014.04 | \$460.84 | \$161.83 | \$2,058.66 | \$278.97 | \$131.50 | \$848.41 |
| FAMILY | Aetna EPO | 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 | MetroPlusHealth Gold (Grandfathered) closed to new enrollments | MetroPlusHealth Gold (Standard) | Vytra |
| Basic | \$3,026.90 | \$0.00 | \$1,352.92 | \$3,374.92 | \$0.00 | \$1,120.65 | \$0.00 | \$0.00 | \$3,596.05 | \$0.00 | \$0.00 | \$1,049.71 |
| Prescription Drugs | \$9,006.52 | \$0.00 | \$1,572.66 | \$1,572.66 | \$240.56 | \$1,575.42 | \$1,098.85 | \$274.08 | \$1,447.68 | \$697.42 | \$251.20 | \$1,370.37 |
| Rider Other* | N/A | N/A | N/A | N/A | \$15.32 | N/A | \$30.19 | \$30.19 | N/A | N/A | N/A | N/A |
| Total (Basic + Rider) | \$12,033.42 | \$0.00 | \$2,925.58 | \$4,947.58 | \$255.88 | \$2,696.07 | \$1,129.04 | \$304.27 | \$5,043.73 | \$697.42 | \$251.20 | \$2,420.08 |

* For GHI-CBP/AnthemBCBS, "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 | \$81.62 | \$0.00 | \$179.66 | \$0.00 | \$0.00 | \$748.54 | \$0.00 | \$0.00 | \$228.56 | \$176.68 |
| Prescription Drugs | \$166.90 | \$90.04 | \$0.00 | \$0.00 | \$256.33 | \$189.52 | \$150.00 | \$115.00 | \$190.00 | \$104.88 | \$108.50 | \$121.70 |
| Rider Other* | N/A | N/A | N/A | N/A | N/A | N/A | \$3.67 | N/A | N/A | N/A | N/A | N/A |
| Total (Basic + Rider) | \$166.90 | \$90.04 | \$81.62 | \$0.00 | \$435.99 | \$189.52 | \$153.67 | \$863.54 | \$190.00 | \$104.88 | \$337.06 | \$298.38 |
| 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 | \$163.24 | \$0.00 | \$359.32 | \$0.00 | \$0.00 | \$1,497.08 | \$0.00 | \$0.00 | \$457.12 | \$353.36 |
| Prescription Drugs | \$333.80 | \$180.08 | \$0.00 | \$0.00 | \$512.66 | \$379.04 | \$300.00 | \$230.00 | \$380.00 | \$209.76 | \$217.00 | \$243.40 |
| Rider Other* | N/A | N/A | N/A | N/A | N/A | N/A | \$7.34 | N/A | N/A | N/A | N/A | N/A |
| Total (Basic + Rider) | \$333.80 | \$180.08 | \$163.24 | \$0.00 | \$871.98 | \$379.04 | \$307.34 | \$1,727.08 | \$380.00 | \$209.76 | \$674.12 | \$596.76 |

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