

Employee – July 1, 2024 Health Plan Rates Comparison Chart

The new July 2024 rates outlined below will take effect on July 1, 2024. Please be advised that you will be informed of which paycheck date the new July 2024 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-24			Jan-24				
	Individual	Family		Individual	Family		Individual	Family
Aetna EPO	Aetna EPO	Aetna EPO						
Basic	\$275.88	\$1006.87		\$211.07	\$876.83	Increased	\$64.81	\$130.04
Prescription Drugs	\$1147.77	\$3,328.52		\$1029.22	\$2910.96	Increased	\$118.55	\$417.56
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$1423.65	\$4,335.39		\$1,240.29	\$3,787.79	Increased	\$183.36	\$547.60
CIGNA	CIGNA	CIGNA						
Basic	\$744.99	\$1989.00		\$704.61	\$1880.70	Increased	\$40.38	\$108.30
Prescription Drugs	\$179.30	\$552.58		\$193.82	\$586.61	Decreased	-\$14.52	-\$34.03
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$924.29	\$2,541.58		\$898.43	\$2,467.31	Increased	\$25.86	\$74.27
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						
Basic	\$265.82	\$759.88		\$278.43	\$788.36	Decreased	-\$12.61	-\$28.48
Prescription Drugs	\$295.27	\$723.85		\$226.63	\$555.59	Increased	\$68.64	\$168.26
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$561.09	\$1,483.73		\$505.06	\$1,343.95	Increased	\$56.03	\$139.78
Empire EPO	Empire EPO	Empire EPO						
Basic	\$542.33	\$1379.16		\$548.78	\$1393.84	Decreased	-\$6.45	-\$14.68
Prescription Drugs	\$295.27	\$723.85		\$226.63	\$555.59	Increased	\$68.64	\$168.26
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$837.60	\$2,103.01		\$775.41	\$1,949.43	Increased	\$62.19	\$153.58
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	\$42.77	\$78.42		\$42.66	\$78.20	Increased	\$0.11	\$0.22
Rider Other*	\$2.90	\$7.35		\$2.90	\$7.33	Increased	\$0.00	\$0.02
Total (Basic + Rider)	\$45.67	\$85.77		\$45.56	\$85.53	Increased	\$0.11	\$0.24
GHI HMO	GHI HMO	GHI HMO						
Basic	\$179.45	\$502.74		\$130.70	\$375.67	Increased	\$48.75	\$127.07
Prescription Drugs	\$260.82	\$665.16		\$229.18	\$584.48	Increased	\$31.64	\$80.68
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$440.27	\$1,167.90		\$359.88	\$960.15	Increased	\$80.39	\$207.75
HIP HMO Gold Preferred Plan (Grandfathered) - Name Changed 11/2019	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	\$168.55	\$412.95		\$168.09	\$411.82	Increased	\$0.46	\$1.13
Rider Other*	\$4.76	\$11.66		\$4.75	\$11.63	Increased	\$0.01	\$0.03
Total (Basic + Rider)	\$173.31	\$424.61		\$172.84	\$423.45	Increased	\$0.47	\$1.16
HIP HMO Gold Preferred Plan (Standard) - Name Changed 11/2019	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	\$50.02	\$91.70		\$49.89	\$91.45	Increased	\$0.13	\$0.25
Rider Other*	\$4.76	\$11.66		\$4.75	\$11.63	Increased	\$0.01	\$0.03
Total (Basic + Rider)	\$54.78	\$103.36		\$54.64	\$103.08	Increased	\$0.14	\$0.28
HIP POS	HIP POS	HIP POS						
Basic	\$623.33	\$1,527.03		\$559.92	\$1371.83	Increased	\$63.41	\$155.20
Prescription Drugs	\$226.60	\$555.27		\$196.47	\$481.35	Increased	\$30.13	\$73.92
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$849.93	\$2,082.30		\$756.39	\$1,853.18	Increased	\$93.54	\$229.12
MetroPlus Gold Plan (Grandfathered) - Name Changed 08/2021	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Grandfathered)						
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Prescription Drugs	\$128.40	\$321.00		\$128.05	\$320.13	Increased	\$0.35	\$0.87
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$128.40	\$321.00		\$128.05	\$320.13	Increased	\$0.35	\$0.87
MetroPlus Gold Plan (Standard) Name Changed 08/2021	MetroPlus Gold (Standard)	MetroPlus Gold (Standard)						
Basic	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Prescription Drugs	\$65.87	\$120.32		\$63.77	\$116.50	Increased	\$2.10	\$3.82
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$65.87	\$120.32		\$63.77	\$116.50	Increased	\$2.10	\$3.82
Vytra	Vytra	Vytra						
Basic	\$149.15	\$475.90		\$104.08	\$352.09	Increased	\$45.07	\$123.81
Prescription Drugs	\$222.39	\$578.58		\$195.41	\$508.40	Increased	\$26.98	\$70.18
Rider Other*	\$0.00	\$0.00		\$0.00	\$0.00	No Change	\$0.00	\$0.00
Total (Basic + Rider)	\$371.54	\$1,054.48		\$299.49	\$860.49	Increased	\$72.05	\$193.99

*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.