



**New York City  
Office of Labor Relations  
Health Benefits Program  
[www.nyc.gov/olr](http://www.nyc.gov/olr)**

**Date:** July 2015  
**To:** All Employees  
**Subject:** Health Benefits Program Benefit and Rate Changes

**New Health Plan Rates**

The payroll deduction 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 for the first full payroll period in July with the rates on the reverse side of this notice.

**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.

**Fall Transfer Period**

The annual Transfer Period will be held in the Fall for employees and retirees. You will be notified of the exact dates. During that period employees can:

- Transfer to another Health Plan
- Add or Drop an Optional Rider
- Change Health Premium Contribution Tax Status
- Elect the Buy-Out Waiver Program

Any changes selected during the Fall Transfer Period will become effective the first day of the first full payroll period in January 2016.

**Special Reminder to Medicare-Eligible Employees and Dependents**

Federal law requires the City of New York to offer employees over age 65 the same coverage under the same conditions as 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 and Medicare, if applicable, becomes secondary coverage. Make sure that you and your dependent(s) (if enrolled on 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 plan.

## EMPLOYEE Health Plan Rates as of July 1, 2015

These rates are in effect as of the first full payroll  
period in July 2015

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
<b>Aetna EPO</b>	Basic Plan	\$36.79	\$188.29	\$73.57	\$376.57	\$80.14	\$410.20
Optional Rider	Prescription Drugs	53.77	136.21	107.55	272.43	117.15	296.75
<b>TOTAL</b>		<b>\$90.56</b>	<b>\$324.50</b>	<b>\$181.12</b>	<b>\$649.00</b>	<b>\$197.29</b>	<b>\$706.95</b>
<b>CIGNA HealthCare</b>	Basic Plan	\$139.39	\$379.29	\$278.79	\$758.58	\$303.68	\$826.31
Optional Rider	Prescription Drugs	51.79	155.04	103.57	310.09	112.82	337.78
<b>TOTAL</b>		<b>\$191.18</b>	<b>\$534.33</b>	<b>\$382.36</b>	<b>\$1,068.66</b>	<b>\$416.50</b>	<b>\$1,164.08</b>
<b>DC37 Med-Team (DC 37 members only)</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(No Rider Available)	<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Empire EPO</b>	Basic Plan	\$128.75	\$328.88	\$257.49	\$657.77	\$280.49	\$716.50
Optional Rider	Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
<b>TOTAL</b>		<b>\$164.81</b>	<b>\$417.28</b>	<b>\$329.61</b>	<b>\$834.56</b>	<b>\$359.04</b>	<b>\$909.07</b>
<b>Empire HMO</b>	Basic Plan	\$49.45	\$149.33	\$98.90	\$298.66	\$107.73	\$325.33
Optional Rider	Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
<b>TOTAL</b>		<b>\$85.51</b>	<b>\$237.72</b>	<b>\$171.02</b>	<b>\$475.45</b>	<b>\$186.29</b>	<b>\$517.90</b>
<b>GHI-CBP/Empire BlueCross BlueShield</b>							
	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	27.54	49.34	55.08	98.69	60.00	107.50
	Enhanced Major Medical Coverage	1.55	3.93	3.10	7.86	3.38	8.56
<b>TOTAL</b>		<b>\$29.09</b>	<b>\$53.27</b>	<b>\$58.18</b>	<b>\$106.55</b>	<b>\$63.38</b>	<b>\$116.06</b>
<b>GHI HMO</b>	Basic Plan	\$24.73	\$76.87	\$49.45	\$153.73	\$53.87	\$167.46
Optional Rider	Prescription Drugs	44.96	114.64	89.93	229.27	97.96	249.75
<b>TOTAL</b>		<b>\$69.69</b>	<b>\$191.50</b>	<b>\$139.38</b>	<b>\$383.01</b>	<b>\$151.83</b>	<b>\$417.21</b>
<b>HIP Prime HMO</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	33.98	83.24	67.95	166.49	74.02	181.35
	Durable Medicate Equipment & Private Duty Nursing	1.32	3.23	2.63	6.45	2.87	7.03
<b>TOTAL</b>		<b>\$35.29</b>	<b>\$86.47</b>	<b>\$70.59</b>	<b>\$172.94</b>	<b>\$76.89</b>	<b>\$188.38</b>
<b>HIP Prime POS</b>	Basic Plan	\$151.37	\$370.92	\$302.75	\$741.83	\$329.78	\$808.07
Optional Rider	Prescription Drugs	121.44	295.85	242.88	591.69	264.57	644.52
<b>TOTAL</b>		<b>\$272.82</b>	<b>\$666.76</b>	<b>\$545.63</b>	<b>\$1,333.53</b>	<b>\$594.35</b>	<b>\$1,452.59</b>
<b>Metroplus (HHC Employees Only)</b>	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Optional Rider	Prescription Drugs	35.15	80.74	70.30	161.47	76.58	175.89
<b>TOTAL</b>		<b>\$35.15</b>	<b>\$80.74</b>	<b>\$70.30</b>	<b>\$161.47</b>	<b>\$76.58</b>	<b>\$175.89</b>
<b>Vytra</b>	Basic Plan	\$17.52	\$71.64	\$35.05	\$143.28	\$38.18	\$156.08
Optional Rider	Prescription Drugs	39.02	101.47	78.03	202.94	85.00	221.06
<b>TOTAL</b>		<b>\$56.54</b>	<b>\$173.11</b>	<b>\$113.08</b>	<b>\$346.22</b>	<b>\$123.18</b>	<b>\$377.14</b>