

**RETIREE Health Plan Rates as of October 1, 2024**

These rates will be reflected in your October 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) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan Standard	HIP Prime POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth 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	\$112.58	\$566.67	\$426.49	\$149.46	\$492.31	\$278.97	\$143.10	\$483.16
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.23	\$0.00	\$11.23	\$11.23	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,093.04</b>	<b>\$2,008.13</b>	<b>\$0.00</b>	<b>\$1,219.03</b>	<b>\$1,819.78</b>	<b>\$118.81</b>	<b>\$956.55</b>	<b>\$437.72</b>	<b>\$160.69</b>	<b>\$1,846.56</b>	<b>\$278.97</b>	<b>\$143.10</b>	<b>\$807.21</b>
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) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan Standard	HIP Prime POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth 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	\$206.40	\$1,445.14	\$1,044.91	\$274.01	\$1,206.40	\$697.42	\$261.41	\$1,257.04
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.77	\$0.00	\$27.51	\$27.51	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$9,419.14</b>	<b>\$5,521.89</b>	<b>\$0.00</b>	<b>\$3,223.59</b>	<b>\$4,569.04</b>	<b>\$222.17</b>	<b>\$2,537.41</b>	<b>\$1,072.42</b>	<b>\$301.52</b>	<b>\$4,524.05</b>	<b>\$697.42</b>	<b>\$261.41</b>	<b>\$2,291.00</b>

\* 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.

\*\* CIGNA Health Plan will no longer be available effective 1/1/2025. Pre-Medicare retirees in this plan will need select a new health plan during the transfer period.

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
<b>Total (Basic + Rider)</b>	<b>\$108.00</b>	<b>\$79.00</b>	<b>\$84.46</b>	<b>\$0.00</b>	<b>\$373.76</b>	<b>\$139.29</b>	<b>\$123.55</b>	<b>\$729.29</b>	<b>\$177.59</b>	<b>\$85.36</b>	<b>\$215.46</b>	<b>\$191.82</b>
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
<b>Total (Basic + Rider)</b>	<b>\$216.00</b>	<b>\$158.00</b>	<b>\$168.92</b>	<b>\$0.00</b>	<b>\$747.52</b>	<b>\$278.58</b>	<b>\$247.10</b>	<b>\$1,458.58</b>	<b>\$355.18</b>	<b>\$170.72</b>	<b>\$430.92</b>	<b>\$383.64</b>

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