

**EMPLOYEE Health Plan Rates as of October 2022 (Rates are subject to change)**  
 These rates are in effective October 1, 2022 and will be reflected as of your first full payroll period in October 2022

**WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$104.88	\$244.58	\$0.00	\$92.80	\$225.25	\$0.00	\$61.18	\$0.00	\$0.00	\$259.77	\$0.00	\$0.00	\$48.82
Prescription Drugs	\$489.12	\$75.92	\$0.00	\$91.15	\$91.15	\$19.85	\$106.68	\$77.15	\$24.86	\$85.65	\$64.20	\$31.97	\$90.97
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.31	\$0.00	\$2.23	\$2.23	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$594.00</b>	<b>\$320.50</b>	<b>\$0.00</b>	<b>\$183.95</b>	<b>\$316.41</b>	<b>\$21.16</b>	<b>\$167.87</b>	<b>\$79.38</b>	<b>\$27.09</b>	<b>\$345.42</b>	<b>\$64.20</b>	<b>\$31.97</b>	<b>\$139.79</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$427.91	\$659.70	\$0.00	\$271.22	\$573.29	\$0.00	\$175.69	\$0.00	\$0.00	\$636.44	\$0.00	\$0.00	\$164.84
Prescription Drugs	\$1,383.38	\$229.77	\$0.00	\$223.47	\$223.47	\$36.39	\$272.07	\$189.02	\$45.58	\$209.85	\$160.50	\$58.41	\$236.66
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.33	\$0.00	\$5.46	\$5.46	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,811.29</b>	<b>\$889.47</b>	<b>\$0.00</b>	<b>\$494.69</b>	<b>\$796.75</b>	<b>\$39.71</b>	<b>\$447.77</b>	<b>\$194.48</b>	<b>\$51.04</b>	<b>\$846.29</b>	<b>\$160.50</b>	<b>\$58.41</b>	<b>\$401.50</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.  
 \*\*Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

**BI-WEEKLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$209.77	\$489.16	\$0.00	\$185.60	\$450.50	\$0.00	\$122.36	\$0.00	\$0.00	\$519.54	\$0.00	\$0.00	\$97.65
Prescription Drugs	\$978.23	\$151.84	\$0.00	\$182.31	\$182.31	\$39.70	\$213.37	\$154.30	\$49.72	\$171.30	\$128.40	\$63.95	\$181.94
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.63	\$0.00	\$4.46	\$4.46	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,188.00</b>	<b>\$641.00</b>	<b>\$0.00</b>	<b>\$367.91</b>	<b>\$632.81</b>	<b>\$42.33</b>	<b>\$335.73</b>	<b>\$158.76</b>	<b>\$54.18</b>	<b>\$690.84</b>	<b>\$128.40</b>	<b>\$63.95</b>	<b>\$279.58</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$855.82	\$1,319.39	\$0.00	\$542.44	\$1,146.57	\$0.00	\$351.39	\$0.00	\$0.00	\$1,272.88	\$0.00	\$0.00	\$329.68
Prescription Drugs	\$2,766.77	\$459.55	\$0.00	\$446.94	\$446.94	\$72.77	\$544.15	\$378.04	\$91.16	\$419.69	\$321.00	\$116.82	\$473.32
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.65	\$0.00	\$10.93	\$10.93	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,622.58</b>	<b>\$1,778.94</b>	<b>\$0.00</b>	<b>\$989.38</b>	<b>\$1,593.51</b>	<b>\$79.42</b>	<b>\$895.54</b>	<b>\$388.97</b>	<b>\$102.08</b>	<b>\$1,692.57</b>	<b>\$321.00</b>	<b>\$116.82</b>	<b>\$803.00</b>

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**SEMI-MONTHLY**

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$227.88	\$531.38	\$0.00	\$201.62	\$489.39	\$0.00	\$132.93	\$0.00	\$0.00	\$564.39	\$0.00	\$0.00	\$106.08
Prescription Drugs	\$1,062.67	\$164.95	\$0.00	\$198.05	\$198.05	\$43.13	\$231.79	\$167.62	\$54.02	\$186.09	\$139.49	\$69.47	\$197.64
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.86	\$0.00	\$4.84	\$4.84	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,290.54</b>	<b>\$696.33</b>	<b>\$0.00</b>	<b>\$399.66</b>	<b>\$687.43</b>	<b>\$45.98</b>	<b>\$364.71</b>	<b>\$172.46</b>	<b>\$58.86</b>	<b>\$750.47</b>	<b>\$139.49</b>	<b>\$69.47</b>	<b>\$303.72</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan Grandfathered (closed to new enrollments)	HIP HMO Gold Preferred Plan Standard	HIP POS	MetroPlus Gold Grandfathered (closed to new enrollments)	MetroPlus Gold Standard	Vytra
Basic	\$929.68	\$1,433.27	\$0.00	\$589.26	\$1,245.53	\$0.00	\$381.72	\$0.00	\$0.00	\$1,382.75	\$0.00	\$0.00	\$358.14
Prescription Drugs	\$3,005.57	\$499.21	\$0.00	\$485.52	\$485.52	\$79.06	\$591.12	\$410.67	\$99.03	\$455.92	\$348.71	\$126.90	\$514.18
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.23	\$0.00	\$11.87	\$11.87	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,935.25</b>	<b>\$1,932.48</b>	<b>\$0.00</b>	<b>\$1,074.78</b>	<b>\$1,731.05</b>	<b>\$86.28</b>	<b>\$972.83</b>	<b>\$422.54</b>	<b>\$110.90</b>	<b>\$1,838.66</b>	<b>\$348.71</b>	<b>\$126.90</b>	<b>\$872.31</b>

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