



HUMAN RESOURCES DEPARTMENT

90 Church Street | 5th FL | New York, NY 10007 | (212) 306-8000

DATE: July 19, 2022
HR Memo 13-22

TO: All NYCHA Staff

FROM: Nicole Van Gendt, Vice President of Human Resources *Nm*

SUBJECT: Health Plan Rate Changes Effective July 1, 2022

Effective July 1, 2022, the bi-weekly health plan deduction rates changed for most plans and optional riders. Attached is the July 1, 2022 Rate changes which will be reflected on the July 28th, 2022 paycheck. Please review your deductions on this check to ensure that they match with the July 2022 rate changes.

Health Plan Changes

Health Plan Changes can be made during the Fall Annual Transfer period which will be held in November for active employees. During that period, employees can:

- Transfer to another health plan
- Add or drop coverage for a spouse, child, domestic partner or other eligible dependent(s)
- Add or drop an optional rider coverage
- Elect to enroll or opt out of the Buy-Out Waiver Program

Changes made during the Fall Annual Transfer Period will become effective on the first day of the first full payroll period in January 2023.

Reminder to Medicare-Eligible Employees and Dependents (*this does not apply to over age 65 domestic partners of employees*)

Federal law requires the City of New York to offer employees over age 65 the same coverage under the same conditions as those that are 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 coverage and Medicare, if applicable, becomes secondary coverage. Ensure that you and your dependent(s) (*if enrolled on your coverage*) inform all health care providers that your City health coverage is you 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 coverage.

For locations with employees that do not have computer access,
please Print and Post in a conspicuous area.

HEALTH INSURANCE PLANS AND RATES
Effective July 1, 2022 (Rates are subject to change)

<i>Health Insurance Plan</i>	<i>Individual Bi-Weekly Rate</i>	<i>Family Bi-weekly Rate</i>
Aetna EPO 800.445.8742 www.aetna.com		
Basic Plan	\$206.75	\$848.41
Basic Plan + Optional Rider (including Prescription Drugs)	\$1,184.98	\$3,615.18
CIGNA Healthcare 800.244.6224 www.cigna.com		
Basic Plan	\$486.14	\$1,311.99
Basic Plan + Optional Rider (including Prescription Drugs)	\$637.98	\$1,771.53
DC 37 Med Team (For DC37 members ONLY)		
212.624.2414 www.emblemhealth.com/city		
Basic Plan (No Rider available)	\$0.00	\$0.00
Empire EPO 800.767.8672 www.empireblue.com/nyc		
Basic Plan	\$447.48	\$1,139.16
Basic Plan + Optional Rider (including Prescription Drugs)	\$629.79	\$1,586.10
Empire Blue Access Gated EPO 833.924.1055 www.empireblue.com/nyc		
Basic Plan	\$182.58	\$535.04
Basic Plan + Optional Rider (including Prescription Drugs)	\$364.89	\$981.98
GHI-CBP/Empire BlueCross BlueShield		
212.501.4444 www.emblemhealth.com/city		
Basic Plan	\$0.00	\$0.00
Basic Plan + Optional Rider (without Prescription Drugs)	\$1.91	\$4.82
Basic Plan + Full Optional Rider (including Prescription Drugs)	\$36.92	\$69.02
GHI HMO 877.244.4466 www.emblemhealth.com/city		
Basic Plan	\$119.34	\$343.98
Basic Plan + Optional Rider (including Prescription Drugs)	\$332.71	\$888.13
HIP HMO Gold (Grandfather) 833.269.4653 www.emblemhealth.com/city		
Basic Plan	\$0.00	\$0.00
Basic Plan + Optional Rider (without Prescription Drugs)	\$4.46	\$10.93
Basic Plan + Optional Rider (including Prescription Drugs)	\$158.76	\$388.97
HIP HMO Gold (Standard) 833.269.4653 www.emblemhealth.com/city		
Basic Plan	\$0.00	\$0.00
Basic Plan + Optional Rider (without Prescription Drugs)	\$4.46	\$10.93
Basic Plan + Optional Rider (including Prescription Drugs)	\$74.71	\$139.74
HIP Prime POS 833.269.4653 www.emblemhealth.com/city		
Basic Plan	\$516.52	\$1,265.48
Basic Plan + Optional Rider (including Prescription Drugs)	\$687.82	\$1,685.17
MetroPlus Gold (Grandfather) 877.475.3795 www.metroplus.org		
Basic Plan	\$0.00	\$0.00
Basic Plan + Optional Rider (including Prescription Drugs)	\$128.40	\$321.00
MetroPlus Gold (Standard) 877.475.3795 www.metroplus.org		
Basic Plan	\$0.00	\$0.00
Basic Plan + Optional Rider (including Prescription Drugs)	\$63.95	\$116.82
Vytra 800.447.8255 www.emblemhealth.com/city		
Basic Plan	\$94.63	\$322.27
Basic Plan + Optional Rider (including Prescription Drugs)	\$276.56	\$795.60