

## **HUMAN RESOURCES DEPARTMENT**

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

**DATE:** September 27, 2022

HR Memo #17-22

TO: All NYCHA Staff

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

SUBJECT: Health Plan Rate Changes Effective October 1, 2022

Effective October 1, 2022, the bi-weekly health plan deduction rates will change for most plans and optional riders. Attached is the October 1, 2022, rate changes which will be reflected on the October 20, 2022, paycheck. Please review your check deductions to ensure that they match with the October 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 January 8, 2023

**Reminder to Medicare-Eligible Employees and Dependents** (this does <u>not</u> 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 October 1, 2022 (Rates are subject to change)

Health Insurance Plan		Individual	Family
		Bi-Weekly Rate	Bi-weekly Rate
Aetna EPO	800.445.8742 <u>www.aetna.com</u>		
Basic Plan		\$209.77	\$855.82
Basic Plan + Optional Rider (including Prescription Drugs)		\$1,188.00	\$3,622.58
CIGNA Healthcare	800.244.6224 <u>www.cigna.com</u>		
Basic Plan		\$489.16	\$1,319.39
Basic Plan + Optional Rider (including Prescription Drugs)		\$641.00	\$1,778.94
DC 37 Med Team (For DC37 members ONLY)			
	212.624.2414 www.emblemhealth.com/city		
Basic Plan (No Rider availa	·	\$0.00	\$0.00
Empire EPO	800.767.8672 <u>www.empireblue.com/nyc</u>		
Basic Plan		\$450.50	\$1,146.57
Basic Plan + Optional Rider	(including Prescription Drugs)	\$632.81	\$1,593.51
Empire Blue Access Gated El	PO 833.924.1055 <u>www.empireblue.com/nyc</u>		
Basic Plan		\$185.60	\$542.44
Basic Plan + Optional Rider	(including Prescription Drugs)	\$367.91	\$989.38
GHI-CBP/Empire BlueCross	BlueShield		
	212.501.4444 <u>www.emblemhealth.com/city</u>		
Basic Plan		\$0.00	\$0.00
Basic Plan + Optional Rider (without Prescription Drugs)		\$2.63	\$6.65
Basic Plan + Full Optional Rider (including Prescription Drugs)		\$42.33	\$79.42
GHI HMO	877.244.4466 <u>www.emblemhealth.com/city</u>		
Basic Plan		\$122.36	\$351.39
Basic Plan + Optional Rider	(including Prescription Drugs)	\$335.73	\$895.54
HIP HMO Gold (Grandfather	red) 833.269.4653 <u>www.emblemhealth.com/city</u>		
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)	\$54.18	\$102.08
HIP Prime POS	833.269.4653 www.emblemhealth.com/city		
Basic Plan		\$519.54	\$1,272.88
Basic Plan + Optional Rider	(including Prescription Drugs)	\$690.84	\$1,692.57
MetroPlus Gold (Grandfathere			
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		\$97.65	\$329.68
	(including Prescription Drugs)	\$279.58	\$803.00
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