

EMPLOYEE Health Plan Rates as of January 2026 (Rates are subject to change)
 These rates are effective January 1, 2026 and will be reflected as of your first full payroll period in January 2026

WEEKLY

INDIVIDUAL	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$200.20	\$0.00	\$104.92	\$305.44	\$0.00	\$91.20	\$0.00	\$0.00	\$337.82	\$0.00	\$0.00	\$74.03
Prescription Drugs	\$714.74	\$0.00	\$147.63	\$147.63	\$28.50	\$142.17	\$103.22	\$34.41	\$135.96	\$64.20	\$30.27	\$121.22
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$2.84	\$2.84	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$914.94	\$0.00	\$252.55	\$453.08	\$28.50	\$233.37	\$106.06	\$37.24	\$473.77	\$64.20	\$30.27	\$195.25
FAMILY	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$696.60	\$0.00	\$311.36	\$776.69	\$0.00	\$257.90	\$0.00	\$0.00	\$827.58	\$0.00	\$0.00	\$241.58
Prescription Drugs	\$2,072.73	\$0.00	\$361.93	\$361.93	\$52.26	\$362.56	\$252.89	\$63.08	\$333.16	\$160.50	\$57.81	\$315.37
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$6.95	\$6.95	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$2,769.34	\$0.00	\$673.28	\$1,138.62	\$52.26	\$620.47	\$259.83	\$70.02	\$1,160.75	\$160.50	\$57.81	\$556.95

* For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

BI-WEEKLY

INDIVIDUAL	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$400.41	\$0.00	\$209.83	\$610.88	\$0.00	\$182.40	\$0.00	\$0.00	\$675.63	\$0.00	\$0.00	\$148.06
Prescription Drugs	\$1,429.48	\$0.00	\$295.27	\$295.27	\$57.01	\$284.34	\$206.44	\$68.81	\$271.92	\$128.40	\$60.53	\$242.44
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$5.68	\$5.68	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$1,829.88	\$0.00	\$505.10	\$906.15	\$57.01	\$466.74	\$212.11	\$74.49	\$947.55	\$128.40	\$60.53	\$390.50
FAMILY	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$1,393.20	\$0.00	\$622.71	\$1,553.39	\$0.00	\$515.81	\$0.00	\$0.00	\$1,655.17	\$0.00	\$0.00	\$483.15
Prescription Drugs	\$4,145.47	\$0.00	\$723.85	\$723.85	\$104.52	\$725.12	\$505.77	\$126.15	\$666.33	\$321.00	\$115.62	\$630.75
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$13.90	\$13.90	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$5,538.67	\$0.00	\$1,346.57	\$2,277.24	\$104.52	\$1,240.93	\$519.67	\$140.05	\$2,321.50	\$321.00	\$115.62	\$1,113.90

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SEMI-MONTHLY

INDIVIDUAL	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$434.97	\$0.00	\$227.95	\$663.61	\$0.00	\$198.14	\$0.00	\$0.00	\$733.95	\$0.00	\$0.00	\$160.84
Prescription Drugs	\$1,552.86	\$0.00	\$320.75	\$320.75	\$61.93	\$308.88	\$224.26	\$74.75	\$295.39	\$139.49	\$65.76	\$263.37
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$6.17	\$6.17	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$1,987.82	\$0.00	\$548.70	\$984.36	\$61.93	\$507.02	\$230.42	\$80.92	\$1,029.33	\$139.49	\$65.76	\$424.21
FAMILY	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	NYCE PPO	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) <small>closed to new enrollments</small>	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$1,513.45	\$0.00	\$676.46	\$1,687.46	\$0.00	\$560.33	\$0.00	\$0.00	\$1,798.03	\$0.00	\$0.00	\$524.86
Prescription Drugs	\$4,503.26	\$0.00	\$786.33	\$786.33	\$113.55	\$787.71	\$549.43	\$137.04	\$723.84	\$348.71	\$125.60	\$685.19
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$15.10	\$15.10	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$6,016.71	\$0.00	\$1,462.79	\$2,473.79	\$113.55	\$1,348.04	\$564.52	\$152.14	\$2,521.87	\$348.71	\$125.60	\$1,210.04

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