

EMPLOYEE Health Plan Rates as of July 2025 (Rates are subject to change)  
These rates are effective July 1, 2025 and will be reflected as of your first full payroll period in July 2025

BI-WEEKLY

INDIVIDUAL	Aetna EPO	DC37 Med Team	Anthem Blue Access Gated EPO	Anthem EPO	GHI-CBP Anthem BCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlus Health 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	\$60.39	\$284.34	\$206.44	\$68.81	\$271.92	\$128.40	\$60.53	\$242.44
Rider Other*	N/A	N/A	N/A	N/A	\$2.78	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	\$63.18	\$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	GHI-CBP Anthem BCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered) closed to new enrollments	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlusHealth Gold (Grandfathered) closed to new enrollments	MetroPlus Health 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	\$110.72	\$725.12	\$505.77	\$126.15	\$666.33	\$321.00	\$115.62	\$630.75
Rider Other*	N/A	N/A	N/A	N/A	\$7.05	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	\$117.77	\$1,240.93	\$519.67	\$140.05	\$2,321.50	\$321.00	\$115.62	\$1,113.90

\* For GHI-CBP/Anthem BCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.