

RETIREE Health Plan Rates as of January 1, 2026

These rates will be reflected in your January 2026 pension check

PLEASE NOTE THAT ALL RATES ARE SUBJECT TO CHANGE

MONTHLY NON-MEDICARE

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 Prime POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$869.93	\$0.00	\$455.89	\$1,327.22	\$0.00	\$396.28	\$0.00	\$0.00	\$1,467.89	\$0.00	\$0.00	\$321.67
Prescription Drugs	\$3,105.71	\$0.00	\$641.50	\$641.50	\$123.86	\$617.76	\$448.51	\$149.50	\$590.77	\$278.97	\$131.50	\$526.74
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$12.33	\$12.33	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$3,975.64	\$0.00	\$1,097.39	\$1,968.72	\$123.86	\$1,014.04	\$460.84	\$161.83	\$2,058.66	\$278.97	\$131.50	\$848.41
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 Prime POS	MetroPlusHealth Gold (Grandfathered) <small>closed to new enrollments</small>	MetroPlusHealth Gold (Standard)	Vytra
Basic	\$3,026.90	\$0.00	\$1,352.92	\$3,374.92	\$0.00	\$1,120.65	\$0.00	\$0.00	\$3,596.05	\$0.00	\$0.00	\$1,049.71
Prescription Drugs	\$9,006.52	\$0.00	\$1,572.66	\$1,572.66	\$227.09	\$1,575.42	\$1,098.85	\$274.08	\$1,447.68	\$697.42	\$251.20	\$1,370.37
Rider Other*	N/A	N/A	N/A	N/A	N/A	N/A	\$30.19	\$30.19	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$12,033.42	\$0.00	\$2,925.58	\$4,947.58	\$227.09	\$2,696.07	\$1,129.04	\$304.27	\$5,043.73	\$697.42	\$251.20	\$2,420.08

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

MONTHLY MEDICARE

INDIVIDUAL	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	DC37 Med-Team Senior Care	Anthem Medicare Related	Anthem Medicare Preferred (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus (FL)	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$0.00	\$0.00	\$0.00	\$210.60	\$7.16	\$0.00	\$887.88	\$0.00	\$0.00	\$331.45	\$367.10
Prescription Drugs	\$216.55	\$139.69	\$0.00	\$261.43	\$195.52	\$180.00	\$145.00	\$227.95	\$120.77	\$127.12	\$97.88
Rider Other*	N/A	N/A	N/A	N/A	N/A	\$3.38	N/A	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$216.55	\$139.69	\$0.00	\$472.03	\$202.68	\$183.38	\$1,032.88	\$227.95	\$120.77	\$458.57	\$464.98
FAMILY	Aetna Medicare Advantage Plan PPO/ESA (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	DC37 Med-Team Senior Care	Anthem Medicare Related	Anthem Medicare Preferred (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus (FL)	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)
Basic	\$0.00	\$0.00	\$0.00	\$421.20	\$14.32	\$0.00	\$1,775.76	\$0.00	\$0.00	\$662.90	\$734.20
Prescription Drugs	\$433.10	\$279.38	\$0.00	\$522.86	\$391.04	\$360.00	\$290.00	\$455.90	\$241.54	\$254.24	\$195.76
Rider Other*	N/A	N/A	N/A	N/A	N/A	\$6.76	N/A	N/A	N/A	N/A	N/A
Total (Basic + Rider)	\$433.10	\$279.38	\$0.00	\$944.06	\$405.36	\$366.76	\$2,065.76	\$455.90	\$241.54	\$917.14	\$929.96

* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.