

**July 1, 2025 Medical Plan Contribution Rate Changes for Active Employees Represented by District Council 37 (All Locals),
CWA, CSBA, IBT Local 237, and IUOE Local 30**

	2024 Bi-Weekly Rates		2025 Bi-Weekly Rates		Increase or Decrease (-) (Rounded to 2 Decimal Places)	
Medical Plan Options	Coverage Level		Coverage Level		Coverage Level	
	Individual	Family	Individual	Family	Individual	Family
GHI-CBP/Anthem Blue Cross Blue Shield	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
GHI-CBP/Anthem Blue Cross Blue Shield (Optional Rider - Mental Health/ Chemical Dependency & Reimbursement Enhancement Option)	\$2.88	\$7.28	\$2.79	\$7.07	-3.13%	-2.88%
GHI-CBP/Anthem Blue Cross Blue Shield <u>for Local 30 Only</u> (Optional Rider - Prescription Drugs, Mental Health/Chemical Dependency, & Reimbursement Enhancement Option)	\$54.84	\$102.54	\$63.35	\$118.10	15.52%	15.17%
HIP HMO Standard	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
HIP POS	\$625.04	\$1,531.22	\$677.49	\$1,659.72	8.39%	8.39%
MetroPlus Standard	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
Aetna HMO	\$276.64	\$1,009.63	\$401.51	\$1,397.03	45.14%	38.37%
GHI HMO	\$179.94	\$504.12	\$182.90	\$517.22	1.64%	2.60%
Anthem EPO	\$543.82	\$1,382.94	\$612.56	\$1,557.66	12.64%	12.63%
Anthem Blue Access Gated EPO	\$266.55	\$761.97	\$210.41	\$624.42	-21.06%	-18.05%
VYTRA Healthcare HMO	\$149.56	\$477.21	\$148.46	\$484.48	-0.74%	1.52%
MedTeam Choice EPO <u>for DC-37 Members Only</u>	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
HIP HMO *Grandfathered Plan - No New Enrollments*	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
HIP HMO *Grandfathered Plan - No New Enrollments* (Optional Rider - Durable Medical Equipment & Private Duty Nursing)	\$5.18	\$12.70	\$5.69	\$13.93	9.85%	9.69%
HIP HMO <u>for Local 30 Only</u> *Grandfathered Plan - No New Enrollments* (Optional Rider - Prescription Drugs, Durable Medical Equipment, & Private Duty Nursing)	\$202.02	\$494.96	\$212.70	\$521.10	5.29%	5.28%
MetroPlus Gold Without Rx *Grandfathered Plan - No New Enrollments*	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%
MetroPlus Gold With Rx <u>for Local 30 Only</u> *Grandfathered Plan - No New Enrollments* (Prescription Drugs, Durable Medical Equipment, & Private Duty Nursing)	\$128.76	\$321.89	\$128.76	\$321.89	0.00%	0.00%

Overall Percentage Increase	4.87%	4.81%
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