



Core Plans Only

Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023

Orange, Putnam, Dutchess, Ulster & Sullivan

Platinum		BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Platinum Premier		PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,500/\$5,000 Rx: \$0/\$30/\$65	HMO \$1,850.77	\$3,695.59	\$3,142.15	\$5,263.69
Gold		BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Gold Premier		PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80	HMO \$1,483.70	\$2,961.46	\$2,518.13	\$4,217.55
Oxford Metro Gold EPO 25/40		PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO \$1,080.79	\$2,155.64	\$1,833.20	\$3,069.26
Oxford Metro Gold EPO 25/40 G		PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO \$1,043.47	\$2,081.00	\$1,769.75	\$2,962.89
Silver		BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Silver Premier		PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$4,800/\$9,600, 40% Max OOP: \$8,800/\$17,600 Rx: \$0/\$40/\$80	HMO \$1,310.97	\$2,615.98	\$2,224.47	\$3,725.25
EmblemHealth Prime Silver HSA		PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$7,000/\$14,000 Rx: Deductible then \$15/\$45/\$80	HMO \$1,222.63	\$2,439.33	\$2,074.31	\$3,473.51
Oxford Metro Silver EPO 50/100 ZD		PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO \$1,026.58	\$2,047.22	\$1,741.03	\$2,914.76
Oxford Metro Silver EPO 30/80 G		PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO \$872.95	\$1,739.95	\$1,479.86	\$2,476.91
Bronze		BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze HSA		PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 50% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$65/\$100	HMO \$1,109.48	\$2,213.02	\$1,881.96	\$3,151.03
EmblemHealth Prime Bronze Premier		PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$9,100/\$18,200 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO \$1,089.01	\$2,172.08	\$1,847.17	\$3,092.68
Oxford Metro Bronze HSA 7000 G		PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%	EPO \$798.28	\$1,590.61	\$1,352.92	\$2,264.09

G = Gated, M = Motion, ZD = Zero Deductible

3/20/2023

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.
All plans above include \$5.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.