



Monthly Rates for Effective Date - 10/1/2019, 11/1/2019, 12/1/2019

Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

Platinum		Employee	Emp/Spouse	Emp/Child(ren)	Family
BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket					
EmblemHealth Prime Platinum Premier NG	PCP/Specialist: \$15+/\$35 (+3 free PCP visits) HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$15/\$30/\$70	\$1,346.93	\$2,688.91	\$2,286.32	\$3,829.60
Oxford Liberty Advantage Platinum EPO 15/35 G	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,141.01	\$2,277.05	\$1,936.24	\$3,242.71
Gold		Employee	Emp/Spouse	Emp/Child(ren)	Family
BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket					
EmblemHealth Prime Gold Premier NG	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$450/\$900, 0% Max OOP: \$4,000/\$8,000 Rx: \$10/\$30/\$70	\$1,184.09	\$2,363.22	\$2,009.48	\$3,365.49
EmblemHealth Prime Gold Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) HMO Deductible, Coinsurance: \$550/\$1,100, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$30/\$70	\$1,109.06	\$2,213.15	\$1,881.94	\$3,151.65
EmblemHealth Prime Gold Plus 1 G	PCP/Specialist: \$30/\$60 HMO Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35 after ded/\$75 after ded (Rx ded \$100/\$200)	\$1,035.76	\$2,066.56	\$1,757.34	\$2,942.76
EmblemHealth Select Care Gold Choice NG	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$750/\$1,500, 0% Max OOP: \$5,000/\$10,000 Rx: \$20/\$45 after Deductible/\$75 after Deductible	\$1,008.65	\$2,012.34	\$1,711.24	\$2,865.49
Oxford Liberty Gold EPO 30/60 NG	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$954.95	\$1,904.97	\$1,619.97	\$2,712.48
Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$1,001.12	\$1,997.29	\$1,698.44	\$2,844.03
Oxford Metro Gold EPO 25/40 NG	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$875.73	\$1,746.51	\$1,485.28	\$2,486.68
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$840.87	\$1,676.80	\$1,426.02	\$2,387.32

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.
Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.
* These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.



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Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Silver Premier NG	PCP/Specialist: \$30+/\$55 (+3 free PCP visits) HMO Deductible, Coinsurance: \$3,300/\$6,600, 0% Max OOP: \$7,000/\$14,000 Rx: \$15/\$35/\$75	\$923.45	\$1,841.95	\$1,566.40	\$2,622.66
EmblemHealth Prime Silver Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) after deductible Deductible, Coinsurance: \$2,550/\$5,100, 0% Max OOP: \$7,300/\$14,600 Rx: \$20/\$40/\$75	\$869.59	\$1,734.22	\$1,474.83	\$2,469.16
EmblemHealth Select Care Silver Value G	PCP/Specialist: \$35+/\$70 (+3 free PCP visits) HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$10/\$0 after Deductible/\$0 after Deductible	\$759.89	\$1,514.81	\$1,288.35	\$2,156.51
Oxford Liberty Silver EPO 40/70 NG	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$869.50	\$1,734.05	\$1,474.68	\$2,468.91
Oxford Liberty Advantage Silver EPO 30/70 G	PCP/Specialist: \$30/\$70 Deductible, Coinsurance: \$4,000/\$8,000, 40% Max OOP: \$7,350/\$14,700 Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)	\$790.88	\$1,576.81	\$1,341.03	\$2,244.85
Oxford Metro Silver EPO 30/80 NG	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$739.24	\$1,473.54	\$1,253.25	\$2,097.70
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$714.54	\$1,424.12	\$1,211.25	\$2,027.25
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze Plus HSA G	PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$6,550/\$13,100 Rx: \$10 after Deductible/\$35 after Deductible/\$75 after Deductible	\$749.29	\$1,493.64	\$1,270.33	\$2,126.31
Oxford Liberty Bronze EPO HSA 3300 NG	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$6,700/\$13,400 Rx: Deductible then 30%/30%/30%	\$745.98	\$1,487.03	\$1,264.72	\$2,116.91
Oxford Metro Bronze EPO HSA 6550 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,700/\$13,400 Rx: Deductible then 0%/0%/0%	\$588.77	\$1,172.60	\$997.45	\$1,668.84

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