



## Monthly Rates for Effective Date - 4/1/2020, 5/1/2020, 6/1/2020

### Four Tier - Westchester & Rockland

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Platinum POS	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$60	POS	\$1,163.71	\$2,322.47	\$1,974.85	\$3,307.42
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,104.88	\$2,204.81	\$1,874.83	\$3,139.74
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,013.42	\$2,021.89	\$1,719.36	\$2,879.10
Oscar Circle Platinum 2	PCP/Specialist: \$5/\$20 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50	EPO	\$1,030.95	\$2,056.94	\$1,749.14	\$2,929.03
Oscar Circle Plus Platinum 2			\$1,145.44	\$2,285.93	\$1,943.78	\$3,255.36
Oscar Circle Platinum 1	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75	EPO	\$999.70	\$1,994.46	\$1,696.03	\$2,840.00
Oscar Circle Plus Platinum 1			\$1,117.18	\$2,229.39	\$1,895.73	\$3,174.78
Oxford Liberty Platinum EPO 40/80 411	PCP/Specialist: \$40/\$80 (4 PCP \$5, 1 Spec \$25, 1 UC \$25) Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,087.38	\$2,169.80	\$1,845.07	\$3,089.86

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](http://www.healthpass.com/forms).



## Monthly Rates for Effective Date - 4/1/2020, 5/1/2020, 6/1/2020

### Four Tier - Westchester & Rockland

Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Gold POS	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,000/\$2,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$5,000/\$10,000 - OON \$7,000/\$14,000 Rx: \$0/\$35/\$75	POS	\$961.04	\$1,917.12	\$1,630.30	\$2,729.79
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: 0/\$40/\$80	HMO	\$904.07	\$1,803.18	\$1,533.45	\$2,567.43
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40/\$80	HMO	\$829.52	\$1,654.10	\$1,406.73	\$2,354.99
Oscar Circle Gold	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300 Rx: \$10/\$35 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$886.63	\$1,768.30	\$1,503.80	\$2,517.73
Oscar Circle Plus Gold	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$844.98	\$1,685.02	\$1,433.01	\$2,399.05
Oscar Circle Gold 1000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$954.83	\$1,904.71	\$1,619.74	\$2,712.10
Oscar Circle Plus Gold 1000	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$803.35	\$1,601.74	\$1,362.22	\$2,280.38
Oscar Circle Gold 1250	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$914.50	\$1,824.06	\$1,551.20	\$2,597.18
Oscar Circle Plus Gold 1250	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$805.87	\$1,606.78	\$1,366.51	\$2,287.57
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$917.28	\$1,829.61	\$1,555.91	\$2,605.10
Oscar Circle Plus Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,032.64	\$2,060.35	\$1,752.04	\$2,933.90
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$5,400/\$10,800 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$965.98	\$1,927.03	\$1,638.72	\$2,743.91
Oxford Liberty Gold EPO 30/60 G	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)	EPO	\$909.75	\$1,814.55	\$1,543.11	\$2,583.63
Oxford Liberty Gold EPO 30/60	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)	EPO	\$848.21	\$1,691.45	\$1,438.48	\$2,408.22
Oxford Metro Gold EPO 25/40	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)	EPO	\$813.76	\$1,622.58	\$1,379.94	\$2,310.07
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)	EPO	\$813.76	\$1,622.58	\$1,379.94	\$2,310.07

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](http://www.healthpass.com/forms).



# Monthly Rates for Effective Date - 4/1/2020, 5/1/2020, 6/1/2020

## Four Tier - Westchester & Rockland

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: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$762.23	\$1,519.51	\$1,292.33	\$2,163.21
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$699.65	\$1,394.34	\$1,185.92	\$1,984.83
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$676.67	\$1,348.39	\$1,146.88	\$1,919.36
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$631.16	\$1,257.38	\$1,069.50	\$1,789.65
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$2,800/\$5,200, 40% Max OOP: \$5,800/\$11,600 Rx: Deductible then \$15/\$45/\$80	HMO	\$733.38	\$1,461.82	\$1,243.29	\$2,080.98
Oscar Circle Silver	PCP/Specialist: \$50/\$80 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300	EPO	\$781.20	\$1,557.43	\$1,324.56	\$2,217.24
Oscar Circle Plus Silver	Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200)		\$891.89	\$1,778.82	\$1,512.74	\$2,532.73
Oscar Circle Silver 3000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300	EPO	\$713.89	\$1,422.82	\$1,210.14	\$2,025.41
Oscar Circle Plus Silver 3000	Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)		\$820.06	\$1,635.17	\$1,390.64	\$2,328.02
Oscar Circle Silver 4500	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300	EPO	\$667.64	\$1,330.32	\$1,131.52	\$1,893.61
Oscar Circle Plus Silver 4500	Rx: \$10/50% after ded/50% after ded		\$774.71	\$1,544.49	\$1,313.56	\$2,198.79
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,750/\$13,500	EPO	\$656.42	\$1,307.89	\$1,112.44	\$1,861.64
Oscar Circle Plus Silver HSA 3000	Rx: Deductible then 30%/30%/30%		\$756.35	\$1,507.74	\$1,282.32	\$2,146.43
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$806.84	\$1,608.74	\$1,368.17	\$2,290.35
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 35% Max OOP: \$8,150/\$16,300 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$808.74	\$1,612.54	\$1,371.39	\$2,295.75
Oxford Liberty Silver EPO 25/50 G	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 50% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$85 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$774.42	\$1,543.89	\$1,313.05	\$2,197.93
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$677.59	\$1,350.21	\$1,148.43	\$1,921.96

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](http://www.healthpass.com/forms).



# Monthly Rates for Effective Date - 4/1/2020, 5/1/2020, 6/1/2020

## Four Tier - Westchester & Rockland

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: \$6,300/\$12,600, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80	HMO	\$649.19	\$1,293.41	\$1,100.15	\$1,841.02
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	HMO	\$603.95	\$1,202.95	\$1,023.25	\$1,712.10
EmblemHealth Select Care Bronze Value	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	HMO	\$577.03	\$1,149.13	\$977.50	\$1,635.40
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	HMO	\$562.80	\$1,120.65	\$953.31	\$1,594.84
EmblemHealth Millennium Bronze Value G	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	HMO	\$537.51	\$1,070.07	\$910.31	\$1,522.76
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300 Rx: Deductible then \$20/\$50/\$100	EPO	\$584.58	\$1,164.20	\$990.31	\$1,656.88
Oscar Circle Plus Bronze 4500			\$677.11	\$1,349.27	\$1,147.62	\$1,920.61
Oscar Circle Bronze 8150	PCP/Specialist: Deductible then \$0 copay Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then \$0/\$0/\$0	EPO	\$559.18	\$1,113.42	\$947.14	\$1,584.52
Oscar Circle Plus Bronze 8150			\$648.83	\$1,292.70	\$1,099.54	\$1,840.00
Oscar Circle Bronze HSA 6750	PCP/Specialist: Deductible then \$0 coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500 Rx: Deductible then \$0/\$0/\$0	EPO	\$596.74	\$1,188.53	\$1,010.99	\$1,691.54
Oscar Circle Plus Bronze HSA 6750			\$689.40	\$1,373.85	\$1,168.51	\$1,955.64
Oxford Liberty Bronze EPO HSA 4000	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$4,000/\$8,000, 30% Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%	EPO	\$697.48	\$1,389.99	\$1,182.25	\$1,978.64
Oxford Metro Bronze EPO HSA 6750 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500 Rx: Deductible then 0%/0%/0%	EPO	\$568.13	\$1,131.32	\$962.37	\$1,610.04

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](http://www.healthpass.com/forms).