



Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| 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 | \$1,183.40 | \$2,361.87 | \$2,008.33 | \$3,363.56 |
| 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 | \$1,123.58 | \$2,242.20 | \$1,906.61 | \$3,193.03 |
| 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 | \$1,030.56 | \$2,056.18 | \$1,748.50 | \$2,927.96 |
| Healthfirst Platinum Pro EPO | PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60 | EPO | \$912.41 | \$1,819.88 | \$1,547.64 | \$2,591.23 |
| Oscar Circle Platinum 2 | PCP/Specialist: \$5/\$20 Deductible, Coinsurance: \$0, 0% (20% DME) | EPO | \$1,043.98 | \$2,083.01 | \$1,771.30 | \$2,966.19 |
| Oscar Circle Plus Platinum 2 | Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50 | | \$1,159.93 | \$2,314.91 | \$1,968.42 | \$3,296.65 |
| Oscar Circle Platinum 1 | PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% (20% DME) | EPO | \$1,012.34 | \$2,019.73 | \$1,717.51 | \$2,876.01 |
| Oscar Circle Plus Platinum 1 | Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75 | | \$1,131.30 | \$2,257.66 | \$1,919.75 | \$3,215.06 |
| 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 | \$1,114.00 | \$2,223.03 | \$1,890.32 | \$3,165.72 |

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.



Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| 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 | \$977.29 | \$1,949.63 | \$1,657.93 | \$2,776.12 |
| 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 | \$919.35 | \$1,833.75 | \$1,559.43 | \$2,610.99 |
| 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 | \$843.53 | \$1,682.14 | \$1,430.56 | \$2,394.94 |
| Healthfirst Gold Pro EPO | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85 | EPO | \$777.14 | \$1,549.33 | \$1,317.68 | \$2,205.70 |
| Healthfirst Gold 25/50/0 Pro EPO | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$85 | EPO | \$746.26 | \$1,487.57 | \$1,265.18 | \$2,117.69 |
| 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 | \$897.82 | \$1,790.71 | \$1,522.84 | \$2,549.65 |
| 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 | \$966.90 | \$1,928.84 | \$1,640.26 | \$2,746.49 |
| Oscar Circle 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 | \$813.49 | \$1,622.03 | \$1,379.47 | \$2,309.29 |
| Oscar Circle Plus Gold 1000 | 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 | \$928.87 | \$1,852.80 | \$1,575.62 | \$2,638.13 |
| Oscar Circle Gold 1250 | 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 | \$1,057.92 | \$2,110.89 | \$1,795.01 | \$3,005.92 |
| Oscar Circle Plus Gold 1250 | 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 | \$989.62 | \$1,974.28 | \$1,678.89 | \$2,811.25 |
| Oscar Circle Gold 2000 | 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 | \$932.00 | \$1,859.04 | \$1,580.94 | \$2,647.03 |
| Oscar Circle Plus Gold 2000 | 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 | \$868.94 | \$1,732.93 | \$1,473.73 | \$2,467.32 |
| Oxford Liberty Gold EPO 25/50 ZD | 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 | \$833.66 | \$1,662.36 | \$1,413.74 | \$2,366.75 |
| Oxford Liberty Gold EPO 30/60 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 | \$833.66 | \$1,662.36 | \$1,413.74 | \$2,366.75 |
| Oxford Liberty Gold EPO 30/60 | 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 | \$833.66 | \$1,662.36 | \$1,413.74 | \$2,366.75 |
| 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 | \$833.66 | \$1,662.36 | \$1,413.74 | \$2,366.75 |
| 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 | \$833.66 | \$1,662.36 | \$1,413.74 | \$2,366.75 |

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.



Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| 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 | \$775.11 | \$1,545.26 | \$1,314.22 | \$2,199.90 |
| 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 | \$711.46 | \$1,417.95 | \$1,206.00 | \$2,018.49 |
| 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 | \$688.09 | \$1,371.23 | \$1,166.30 | \$1,951.91 |
| 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 | \$641.81 | \$1,278.67 | \$1,087.60 | \$1,819.98 |
| 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 | \$745.76 | \$1,486.59 | \$1,264.34 | \$2,116.27 |
| Healthfirst Silver Pro EPO | PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110 | EPO | \$668.46 | \$1,331.97 | \$1,132.92 | \$1,895.95 |
| Healthfirst Silver 40/75/4700 Pro EPO | PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,700/\$9,400, 45% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110 | EPO | \$650.54 | \$1,296.14 | \$1,102.46 | \$1,844.89 |
| Oscar Circle Silver | PCP/Specialist: \$50/\$80 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300 | EPO | \$791.05 | \$1,577.16 | \$1,341.33 | \$2,245.35 |
| Oscar Circle Plus Silver | Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200) | | \$903.15 | \$1,801.37 | \$1,531.90 | \$2,564.84 |
| Oscar Circle Silver 3000 | PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 | EPO | \$722.89 | \$1,440.84 | \$1,225.46 | \$2,051.09 |
| Oscar Circle Plus Silver 3000 | Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) | | \$830.41 | \$1,655.89 | \$1,408.25 | \$2,357.53 |
| Oscar Circle Silver 4500 | PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300 | EPO | \$676.05 | \$1,347.16 | \$1,145.83 | \$1,917.60 |
| Oscar Circle Plus Silver 4500 | Rx: \$10/50% after ded/50% after ded | | \$784.50 | \$1,564.05 | \$1,330.18 | \$2,226.66 |
| 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 | \$664.69 | \$1,324.44 | \$1,126.52 | \$1,885.22 |
| Oscar Circle Plus Silver HSA 3000 | Rx: Deductible then 30%/30%/30% | | \$765.90 | \$1,526.83 | \$1,298.56 | \$2,173.64 |
| 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 | \$826.56 | \$1,648.17 | \$1,401.68 | \$2,346.54 |
| 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 | \$828.51 | \$1,652.06 | \$1,405.00 | \$2,352.09 |
| 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 | \$793.35 | \$1,581.75 | \$1,345.22 | \$2,251.87 |
| 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 | \$694.12 | \$1,383.31 | \$1,176.55 | \$1,969.11 |

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.



Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| 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 | \$660.13 | \$1,315.32 | \$1,118.76 | \$1,872.22 |
| 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 | \$614.14 | \$1,223.32 | \$1,040.56 | \$1,741.12 |
| 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 | \$586.76 | \$1,168.57 | \$994.04 | \$1,663.12 |
| 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 | \$572.29 | \$1,139.62 | \$969.43 | \$1,621.87 |
| 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 | \$546.56 | \$1,088.18 | \$925.70 | \$1,548.56 |
| Healthfirst Bronze Pro EPO HSA | PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 20% Max OOP: \$6,750/\$13,500 Rx: Deductible then 20%/20%/20% | EPO | \$559.70 | \$1,114.46 | \$948.03 | \$1,586.00 |
| Healthfirst Bronze 6650 Pro EPO HSA | PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,650/\$13,300, 0% Max OOP: \$6,650/\$13,300 Rx: Deductible then 0%/0%/0% | EPO | \$530.30 | \$1,055.64 | \$898.04 | \$1,502.19 |
| Healthfirst Bronze 8150 Pro EPO | PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then 0%/0%/0% | EPO | \$510.95 | \$1,016.95 | \$865.15 | \$1,447.05 |
| 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 | \$591.94 | \$1,178.93 | \$1,002.83 | \$1,677.87 |
| Oscar Circle Plus Bronze 4500 | | | \$685.65 | \$1,366.35 | \$1,162.14 | \$1,944.94 |
| 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 | \$566.23 | \$1,127.50 | \$959.12 | \$1,604.58 |
| Oscar Circle Plus Bronze 8150 | | | \$657.01 | \$1,309.06 | \$1,113.44 | \$1,863.31 |
| 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 | \$604.26 | \$1,203.56 | \$1,023.77 | \$1,712.98 |
| Oscar Circle Plus Bronze HSA 6750 | | | \$698.09 | \$1,391.24 | \$1,183.30 | \$1,980.41 |
| 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 | \$714.51 | \$1,424.05 | \$1,211.20 | \$2,027.18 |
| 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 | \$581.98 | \$1,159.01 | \$985.91 | \$1,649.50 |

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.