



Monthly Rates for Effective Date - 10/1/2020, 11/1/2020, 12/1/2020

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	\$1,203.44	\$2,401.94	\$2,042.39	\$3,420.66
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	\$1,142.59	\$2,280.23	\$1,938.95	\$3,247.23
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	\$1,048.00	\$2,091.05	\$1,778.13	\$2,977.65
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	\$1,057.18	\$2,109.41	\$1,793.74	\$3,003.81
Oscar Circle Plus Platinum 2			\$1,174.60	\$2,344.27	\$1,993.37	\$3,338.48
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	\$1,025.14	\$2,045.33	\$1,739.28	\$2,912.49
Oscar Circle Plus Platinum 1			\$1,145.62	\$2,286.28	\$1,944.08	\$3,255.85
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	\$1,141.25	\$2,277.57	\$1,936.67	\$3,243.43

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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.
EmblemHealth POS plans are reimbursed at 80% FAIR Health.

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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	\$993.82	\$1,982.69	\$1,686.03	\$2,823.23
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	\$934.90	\$1,864.84	\$1,585.85	\$2,655.28
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	\$857.79	\$1,710.65	\$1,454.79	\$2,435.56
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	\$909.17	\$1,813.40	\$1,542.13	\$2,581.98
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	\$866.47	\$1,727.99	\$1,469.54	\$2,460.28
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	\$979.11	\$1,953.29	\$1,661.03	\$2,781.34
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	\$823.77	\$1,642.58	\$1,396.93	\$2,338.57
Oscar Circle 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	\$937.77	\$1,870.58	\$1,590.73	\$2,663.47
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	\$826.35	\$1,647.75	\$1,401.33	\$2,345.94
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	\$940.61	\$1,876.28	\$1,595.58	\$2,671.59
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	\$1,083.82	\$2,162.68	\$1,839.02	\$3,079.72
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	\$1,013.83	\$2,022.71	\$1,720.05	\$2,880.25
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	\$954.79	\$1,904.63	\$1,619.68	\$2,711.99
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	\$890.18	\$1,775.42	\$1,509.85	\$2,527.86
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	\$854.03	\$1,703.11	\$1,448.39	\$2,424.83
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				

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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.

EmblemHealth POS plans are reimbursed at 80% FAIR Health.

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	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	\$788.19	\$1,571.45	\$1,336.48	\$2,237.21
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	\$723.47	\$1,441.97	\$1,226.41	\$2,052.72
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	\$699.71	\$1,394.45	\$1,186.05	\$1,985.01
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	\$652.63	\$1,300.32	\$1,106.01	\$1,850.84
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	\$758.35	\$1,511.78	\$1,285.76	\$2,152.16
Oscar Circle Silver	PCP/Specialist: \$50/\$80 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300 Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200)	EPO	\$801.05	\$1,597.13	\$1,358.31	\$2,273.81
Oscar Circle Plus Silver			\$914.57	\$1,824.19	\$1,551.30	\$2,597.37
Oscar Circle Silver 3000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$732.01	\$1,459.08	\$1,240.96	\$2,077.09
Oscar Circle Plus Silver 3000			\$840.91	\$1,676.86	\$1,426.07	\$2,387.42
Oscar Circle Silver 4500	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300 Rx: \$10/50% after ded/50% after ded	EPO	\$684.58	\$1,364.22	\$1,160.32	\$1,941.90
Oscar Circle Plus Silver 4500			\$794.40	\$1,583.86	\$1,347.02	\$2,254.89
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%	EPO	\$673.08	\$1,341.21	\$1,140.77	\$1,909.11
Oscar Circle Plus Silver HSA 3000			\$775.56	\$1,546.18	\$1,314.99	\$2,201.20
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	\$846.76	\$1,688.57	\$1,436.03	\$2,404.11
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	\$848.76	\$1,692.56	\$1,439.43	\$2,409.80
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	\$812.74	\$1,620.51	\$1,378.17	\$2,307.13
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	\$711.07	\$1,417.19	\$1,205.35	\$2,017.40

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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	\$671.27	\$1,337.60	\$1,137.69	\$1,903.97
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	\$624.49	\$1,244.03	\$1,058.16	\$1,770.63
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	\$596.65	\$1,188.35	\$1,010.85	\$1,691.31
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	\$581.93	\$1,158.91	\$985.82	\$1,649.35
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	\$555.77	\$1,106.60	\$941.35	\$1,574.80
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300	EPO	\$599.39	\$1,193.85	\$1,015.51	\$1,699.13
Oscar Circle Plus Bronze 4500	Rx: Deductible then \$20/\$50/\$100		\$694.30	\$1,383.65	\$1,176.85	\$1,969.60
Oscar Circle Bronze 8150	PCP/Specialist: Deductible then \$0 copay Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300	EPO	\$573.36	\$1,141.76	\$971.24	\$1,624.90
Oscar Circle Plus Bronze 8150	Rx: Deductible then \$0/\$0/\$0		\$665.29	\$1,325.63	\$1,127.53	\$1,886.92
Oscar Circle Bronze HSA 6750	PCP/Specialist: Deductible then \$0 coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500	EPO	\$611.87	\$1,218.79	\$1,036.72	\$1,734.68
Oscar Circle Plus Bronze HSA 6750	Rx: Deductible then \$0/\$0/\$0		\$706.90	\$1,408.86	\$1,198.27	\$2,005.51
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	\$731.95	\$1,458.96	\$1,240.86	\$2,076.91
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	\$596.18	\$1,187.42	\$1,010.05	\$1,689.97

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