



Monthly Rates for Effective Date - 10/1/2021, 11/1/2021, 12/1/2021

Four Tier - Nassau & Suffolk

Platinum	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Platinum PPO	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$80	PPO	\$1,491.02	\$2,977.08	\$2,531.27	\$4,240.24
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$65	HMO	\$1,479.25	\$2,953.54	\$2,511.23	\$4,206.70
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$65	HMO	\$1,356.25	\$2,707.58	\$2,302.18	\$3,856.20
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	\$938.05	\$1,871.14	\$1,591.22	\$2,664.28
Oxford Liberty Platinum EPO*	PCP: Tier I \$5; Tier II \$25 / Specialist: Tier I \$35; Tier II \$70 Deductible, Coinsurance: \$500/\$1,000, 0% Max OOP: \$2,800/\$5,600 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,259.18	\$2,513.42	\$2,137.15	\$3,579.51

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.

EmblemHealth PPO plans are reimbursed at 80% FAIR Health.

*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.

If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

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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 PPO	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,300/\$2,600, 30% - OON \$3,500/\$7,000, 40% Max OOP: \$5,500/\$11,000 - OON \$7,500/\$15,000 Rx: \$0/\$35/\$100	PPO	\$1,207.07	\$2,409.19	\$2,048.55	\$3,431.00
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80	HMO	\$1,205.74	\$2,406.52	\$2,046.29	\$3,427.19
EmblemHealth Prime Gold Virtual	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$500/\$1,000,30% Max OOP: Virtual & Office \$7,800/\$15,600 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible	EPO	\$1,141.56	\$2,278.18	\$1,937.20	\$3,244.29
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80	HMO	\$1,105.77	\$2,206.62	\$1,876.36	\$3,142.32
EmblemHealth Select Care Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,300/\$4,600, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40 after Deductible/\$80 after Deductible	HMO	\$1,045.15	\$2,085.31	\$1,773.27	\$2,969.48
EmblemHealth Millennium Gold Virtual	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$1,700/\$3,400,30% Max OOP: Virtual & Office \$8,200/\$16,400 Rx: Virtual \$0/\$40/\$80, Office\$0/\$40 after Deductible/\$80 after Deductible	EPO	\$949.02	\$1,893.07	\$1,609.86	\$2,695.53
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,250/\$10,500 Rx: \$10/\$50/\$85	EPO	\$798.96	\$1,592.96	\$1,354.76	\$2,267.88
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	\$767.20	\$1,529.45	\$1,300.78	\$2,177.36
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	EPO	\$897.12	\$1,789.29	\$1,521.63	\$2,547.63
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/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$927.22	\$1,849.49	\$1,572.82	\$2,633.42
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/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$951.27	\$1,897.60	\$1,613.70	\$2,701.97
Oxford Liberty Gold EPO 30/60*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,027.70	\$2,050.46	\$1,743.64	\$2,919.80
Oxford Liberty Gold EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$5,900/\$11,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,087.90	\$2,170.85	\$1,845.96	\$3,091.35
Oxford Liberty Gold EPO 25/50 ZD*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,500/\$11,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,180.62	\$2,356.30	\$2,003.60	\$3,355.62
Oxford Liberty Gold HSA 1500 Motion*	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,000/\$10,000 Rx: Deductible then \$10/\$50/\$90	EPO	\$1,046.78	\$2,088.61	\$1,776.06	\$2,974.17

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Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.

EmblemHealth PPO plans are reimbursed at 80% FAIR Health.

*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.

If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpassny.com.



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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: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$1,037.69	\$2,070.40	\$1,760.58	\$2,948.22
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$952.25	\$1,899.54	\$1,615.35	\$2,704.74
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$921.25	\$1,837.54	\$1,562.65	\$2,616.40
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$862.20	\$1,719.46	\$1,462.28	\$2,448.13
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,000/\$12,000 Rx: Deductible then \$15/\$45/\$80	HMO	\$994.94	\$1,984.94	\$1,687.94	\$2,826.43
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	\$687.22	\$1,369.49	\$1,164.81	\$1,949.41
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	\$668.79	\$1,332.63	\$1,133.47	\$1,896.89
Oscar Circle Silver 5000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$5,000/\$10,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/Deductible then 50%/Deductible then 50%	EPO	\$736.09	\$1,467.22	\$1,247.88	\$2,088.69
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$761.22	\$1,517.51	\$1,290.62	\$2,160.34
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$890.23	\$1,775.51	\$1,509.92	\$2,528.00
Oxford Liberty Silver EPO 25/50 G*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$882.34	\$1,759.72	\$1,496.51	\$2,505.50
Oxford Liberty Silver EPO 40/70*	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$909.47	\$1,813.98	\$1,542.63	\$2,582.83
Oxford Liberty Silver EPO 50/100 ZD*	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,030.59	\$2,056.22	\$1,748.53	\$2,928.01
Oxford Liberty Silver HSA 4000 Motion*	PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$6,650/\$13,300 Rx: Deductible then \$10/\$50/\$90	EPO	\$844.46	\$1,683.97	\$1,432.11	\$2,397.54

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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	\$888.46	\$1,771.96	\$1,506.92	\$2,522.95
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$824.65	\$1,644.36	\$1,398.45	\$2,341.11
EmblemHealth Select Care Bronze Value	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,550/\$17,100, 0% Max OOP: \$8,550/\$17,100 Rx: \$35/Deductible then 0%/Deductible then 0%	HMO	\$782.90	\$1,560.85	\$1,327.45	\$2,222.10
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$771.10	\$1,537.25	\$1,307.41	\$2,188.47
EmblemHealth Millennium Bronze Value G	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,550/\$17,100, 0% Max OOP: \$8,550/\$17,100 Rx: \$35/Deductible then 0%/Deductible then 0%	HMO	\$731.70	\$1,458.45	\$1,240.42	\$2,076.18
Healthfirst Bronze Pro EPO HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$5,950/\$11,900, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then 50%/50%/50%	EPO	\$575.38	\$1,145.80	\$974.68	\$1,630.67
Healthfirst Bronze 6850 Pro EPO HSA	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,850/\$13,700, 0% Max OOP: \$6,850/\$13,700 Rx: Deductible then 0%/0%/0%	EPO	\$545.15	\$1,085.36	\$923.30	\$1,544.53
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	\$525.25	\$1,045.56	\$889.47	\$1,487.81
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: Deductible then \$20/\$75/\$150	EPO	\$646.39	\$1,287.82	\$1,095.39	\$1,833.04
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%	EPO	\$648.12	\$1,291.27	\$1,098.32	\$1,837.96
Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,000/\$14,000 Rx: Deductible then 30%/30%/30%	EPO	\$771.02	\$1,537.09	\$1,307.27	\$2,188.25

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