



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

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

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	\$1,571.20	\$3,137.46	\$2,667.58	\$4,468.76
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	\$1,558.80	\$3,112.64	\$2,646.49	\$4,433.42
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	\$1,429.18	\$2,853.40	\$2,426.13	\$4,063.99
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	\$1,342.09	\$2,679.25	\$2,278.10	\$3,815.82

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.

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



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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	\$1,271.94	\$2,538.92	\$2,158.82	\$3,615.87
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	\$1,270.54	\$2,536.10	\$2,156.43	\$3,611.84
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	\$1,202.90	\$2,400.83	\$2,041.45	\$3,419.07
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	\$1,165.18	\$2,325.43	\$1,977.35	\$3,311.62
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	\$1,101.27	\$2,197.58	\$1,868.70	\$3,129.46
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	\$988.19	\$1,971.42	\$1,676.46	\$2,807.17
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	\$1,013.83	\$2,022.72	\$1,720.05	\$2,880.27
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	\$1,095.32	\$2,185.69	\$1,858.57	\$3,112.50
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	\$1,159.49	\$2,314.03	\$1,967.66	\$3,295.38
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	\$1,258.34	\$2,511.74	\$2,135.72	\$3,577.12
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	\$1,115.64	\$2,226.33	\$1,893.12	\$3,170.43

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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.
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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	\$1,093.41	\$2,181.84	\$1,855.32	\$3,107.02
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	\$1,003.36	\$2,001.77	\$1,702.23	\$2,850.40
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	\$970.70	\$1,936.43	\$1,646.71	\$2,757.30
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	\$1,048.37	\$2,091.77	\$1,778.74	\$2,978.68
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	\$811.22	\$1,617.50	\$1,375.62	\$2,302.83
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	\$948.75	\$1,892.55	\$1,609.40	\$2,694.78
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	\$940.34	\$1,875.72	\$1,595.12	\$2,670.81
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	\$969.27	\$1,933.57	\$1,644.29	\$2,753.24
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	\$1,098.38	\$2,191.80	\$1,863.78	\$3,121.21
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	\$899.95	\$1,794.96	\$1,526.46	\$2,555.71

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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	\$936.14	\$1,867.33	\$1,587.97	\$2,658.83
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	\$868.88	\$1,732.82	\$1,473.64	\$2,467.15
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	\$824.88	\$1,644.80	\$1,398.80	\$2,341.73
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	\$690.62	\$1,376.30	\$1,170.59	\$1,959.11
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	\$821.67	\$1,638.37	\$1,393.36	\$2,332.58

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