



Monthly Rates for Effective Date - 1/1/2022, 2/1/2022, 3/1/2022

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 Bridge 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	\$1,493.86	\$2,982.77	\$2,536.10	\$4,248.35
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	\$1,529.23	\$3,053.51	\$2,596.22	\$4,349.14
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	\$1,401.71	\$2,798.48	\$2,379.45	\$3,985.73
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	\$987.10	\$1,969.25	\$1,674.61	\$2,804.08
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: \$3,050/\$6,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,294.47	\$2,583.99	\$2,197.14	\$3,680.09

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.
 *Outpt: Outpatient, MH: Mental Health, SUD: Substance Use Disorders
 *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 Bridge 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	\$1,208.88	\$2,412.81	\$2,051.63	\$3,436.15
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80	HMO	\$1,238.26	\$2,471.57	\$2,101.58	\$3,519.88
EmblemHealth Prime Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,000/\$14,000 Rx: \$0/\$40 after Deductible/\$80 after Deductible	HMO	\$1,139.56	\$2,274.16	\$1,933.78	\$3,238.58
EmblemHealth Bridge 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	\$1,149.96	\$2,294.97	\$1,951.47	\$3,268.23
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80	HMO	\$1,142.03	\$2,279.10	\$1,937.98	\$3,245.62
EmblemHealth Select Care Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,000/\$14,000 Rx: \$0/\$40 after Deductible/\$80 after Deductible	HMO	\$1,079.15	\$2,153.36	\$1,831.10	\$3,066.43
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	\$1,000.27	\$1,995.59	\$1,697.00	\$2,841.61
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,275/\$10,550 Rx: \$10/\$50/\$85	EPO	\$840.69	\$1,676.44	\$1,425.71	\$2,386.82
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	\$807.27	\$1,609.59	\$1,368.90	\$2,291.56
Healthfirst Gold 1350 Pro EPO	PCP/Specialist: \$25/\$70 Deductible, Coinsurance: \$1,350/\$2,700, 20% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	EPO	\$788.72	\$1,572.49	\$1,337.36	\$2,238.69
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$958.40	\$1,911.85	\$1,625.82	\$2,722.28
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$992.73	\$1,980.51	\$1,684.18	\$2,820.12
Oxford Liberty Gold EPO 30/60*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,400/\$16,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,054.83	\$2,104.71	\$1,789.74	\$2,997.11
Oxford Liberty Gold EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,400/\$12,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,094.71	\$2,184.47	\$1,857.55	\$3,110.77
Oxford Liberty Gold EPO 25/50 ZD*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,195.81	\$2,386.67	\$2,029.41	\$3,398.91
Oxford Liberty Gold HSA 1500 Motion*	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$10/\$50/\$90	EPO	\$1,067.80	\$2,130.66	\$1,811.80	\$3,034.09

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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.

*Output: Outpatient, MH: Mental Health, SUD: Substance Use Disorders

*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: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80	HMO	\$1,060.95	\$2,116.95	\$1,800.15	\$3,014.55
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80	HMO	\$978.37	\$1,951.80	\$1,659.77	\$2,779.21
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$946.23	\$1,887.51	\$1,605.13	\$2,687.59
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$892.02	\$1,779.09	\$1,512.97	\$2,533.10
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,800/\$13,600 Rx: Deductible then \$15/\$45/\$80	HMO	\$1,002.36	\$1,999.77	\$1,700.55	\$2,847.57
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	\$723.08	\$1,441.21	\$1,225.77	\$2,051.62
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	\$703.68	\$1,402.41	\$1,192.80	\$1,996.33
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$797.43	\$1,589.92	\$1,352.18	\$2,263.53
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$926.84	\$1,848.73	\$1,572.17	\$2,632.34
Oxford Liberty Silver EPO 25/50 G*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$903.05	\$1,801.15	\$1,531.72	\$2,564.54
Oxford Liberty Silver EPO 40/70*	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$939.78	\$1,874.60	\$1,594.16	\$2,669.21
Oxford Liberty Silver EPO 50/100 ZD*	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,047.62	\$2,090.28	\$1,777.48	\$2,976.55
Oxford Liberty Silver HSA 4000 Motion*	PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,050/\$14,100 Rx: Deductible then \$10/\$50/\$90	EPO	\$883.16	\$1,761.37	\$1,497.91	\$2,507.85

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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	\$912.23	\$1,819.51	\$1,547.33	\$2,590.69
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$846.10	\$1,687.24	\$1,434.90	\$2,402.21
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	\$802.79	\$1,600.62	\$1,361.27	\$2,278.78
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$797.71	\$1,590.47	\$1,352.64	\$2,264.33
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	\$756.93	\$1,508.92	\$1,283.32	\$2,148.10
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	\$605.36	\$1,205.77	\$1,025.65	\$1,716.13
Healthfirst Bronze 5250 Pro EPO HSA	PCP/Specialist: 3 free PCP and/or Outpt MH/SUD^ visits, Deductible then 50% Deductible, Coinsurance: \$5,250/\$10,500, 50% Max OOP: \$8,550/\$17,100 Rx: Deductible then 50%/50%/50%	EPO	\$578.94	\$1,152.92	\$980.73	\$1,640.81
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	\$573.54	\$1,142.14	\$971.56	\$1,625.44
Healthfirst Bronze 8225 Pro EPO	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,225/\$16,450, 0% Max OOP: \$8,225/\$16,450 Rx: Deductible then 0%/0%/0%	EPO	\$552.60	\$1,100.26	\$935.96	\$1,565.77
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,050/\$14,100 Rx: Deductible then 0%/0%/0%	EPO	\$706.74	\$1,408.53	\$1,197.99	\$2,005.05
Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,050/\$14,100 Rx: Deductible then 30%/30%/30%	EPO	\$827.88	\$1,650.81	\$1,403.94	\$2,350.31

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