



Monthly Rates for Effective Date - 10/1/2022, 11/1/2022, 12/1/2022

Four Tier - Westchester

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	\$1,402.38	\$2,799.84	\$2,380.60	\$3,987.66
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	\$1,435.58	\$2,866.23	\$2,437.03	\$4,082.26
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	\$1,315.91	\$2,626.87	\$2,233.59	\$3,741.20
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	\$1,015.49	\$2,026.03	\$1,722.87	\$2,884.99
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: \$3,050/\$6,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,350.96	\$2,696.98	\$2,293.18	\$3,841.09

O = Out of
ZD = Zero Deductible

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	\$1,134.92	\$2,264.88	\$1,925.89	\$3,225.35
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	\$1,162.48	\$2,320.03	\$1,972.76	\$3,303.92
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	\$1,069.86	\$2,134.77	\$1,815.29	\$3,039.93
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	\$1,079.62	\$2,154.29	\$1,831.90	\$3,067.75
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	\$1,072.19	\$2,139.39	\$1,819.23	\$3,046.54
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	\$1,013.16	\$2,021.39	\$1,718.92	\$2,878.37
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	\$939.13	\$1,873.32	\$1,593.07	\$2,667.38
Healthfirst Gold 1350 Pro Plus EPO	PCP/Specialist: \$25/\$70 Deductible, Coinsurance: \$1,350/\$2,700, 20% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	EPO	\$839.58	\$1,674.21	\$1,423.83	\$2,383.65
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	\$1,000.17	\$1,995.39	\$1,696.82	\$2,841.32
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	\$1,036.00	\$2,067.05	\$1,757.73	\$2,943.43
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	\$1,100.81	\$2,196.68	\$1,867.92	\$3,128.16
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	\$1,142.45	\$2,279.95	\$1,938.70	\$3,246.81
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	\$1,247.98	\$2,491.01	\$2,118.10	\$3,547.59
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	\$1,114.37	\$2,223.78	\$1,890.96	\$3,166.79

G = Gated

ZD = Zero Deductible

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% FAAR Health.

*Out: 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 enrolling 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: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80	HMO	\$996.07	\$1,987.21	\$1,689.87	\$2,829.66
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	\$918.57	\$1,832.20	\$1,558.10	\$2,608.77
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	\$888.40	\$1,771.87	\$1,506.83	\$2,522.81
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	\$837.52	\$1,670.08	\$1,420.32	\$2,377.76
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	\$941.08	\$1,877.23	\$1,596.38	\$2,672.94
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	\$743.83	\$1,482.72	\$1,261.05	\$2,110.77
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	\$723.89	\$1,442.83	\$1,227.16	\$2,053.94
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	\$832.14	\$1,659.34	\$1,411.18	\$2,362.45
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	\$967.22	\$1,929.49	\$1,640.81	\$2,747.42
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	\$942.39	\$1,879.83	\$1,598.59	\$2,676.66
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	\$980.73	\$1,956.51	\$1,663.78	\$2,785.93
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	\$1,093.29	\$2,181.63	\$1,855.13	\$3,106.73
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	\$921.63	\$1,838.32	\$1,563.32	\$2,617.50

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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	\$856.50	\$1,708.05	\$1,452.58	\$2,431.87
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	\$794.42	\$1,583.88	\$1,347.04	\$2,254.93
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	\$753.78	\$1,502.61	\$1,277.96	\$2,139.10
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	\$749.01	\$1,493.07	\$1,269.84	\$2,125.51
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	\$710.73	\$1,416.50	\$1,204.77	\$2,016.42
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	\$622.72	\$1,240.49	\$1,055.16	\$1,765.60
Healthfirst Bronze 5250 Pro EPO	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	\$595.54	\$1,186.14	\$1,008.97	\$1,688.15
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	\$589.98	\$1,175.01	\$999.50	\$1,672.28
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	\$568.44	\$1,131.93	\$962.89	\$1,610.90
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	\$737.48	\$1,470.02	\$1,250.26	\$2,092.68
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	\$863.93	\$1,722.91	\$1,465.21	\$2,453.03

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