



Monthly Rates for Effective Date - 1/1/2023, 2/1/2023, 3/1/2023

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 Bridge Platinum PPO Renewal Only | PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$3,000/\$6,000, 30% Max OOP: \$2,500/\$5,000 - OON \$5,500/\$11,000 Rx: \$0/\$30/\$80 | PPO | \$1,739.04 | \$3,572.65 | \$3,037.64 | \$5,088.50 |
| EmblemHealth Prime Platinum Premier | PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,500/\$5,000 Rx: \$0/\$30/\$65 | HMO | \$1,748.25 | \$3,490.56 | \$2,967.86 | \$4,971.51 |
| 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: \$2,450/\$4,900 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,292.51 | \$2,579.06 | \$2,193.09 | \$3,672.64 |

G = Gated, M = Motion, ZD = Zero Deductible

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

All plans above include \$5.95 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.

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



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

| 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 Renewal Only | PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,500/\$3,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$6,200/\$12,400 - OON \$8,000/\$16,000 Rx: \$0/\$45/\$100 | PPO | \$1,419.69 | \$2,833.44 | \$2,409.31 | \$4,035.12 |
| EmblemHealth Prime Gold Premier | PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80 | HMO | \$1,401.58 | \$2,797.22 | \$2,378.53 | \$3,983.51 |
| EmblemHealth Bridge Gold Virtual Renewal Only | PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$750/\$1,500,30% Max OOP: Virtual & Office \$8,000/\$16,000 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible | EPO | \$1,352.30 | \$2,698.66 | \$2,294.75 | \$3,843.06 |
| Oxford Metro Gold EPO 25/40 G | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$995.08 | \$1,984.21 | \$1,687.48 | \$2,824.98 |
| Oxford Metro Gold EPO 25/40 | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$1,030.67 | \$2,055.38 | \$1,747.96 | \$2,926.39 |
| Oxford Liberty Gold EPO 30/60* | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,073.87 | \$2,141.78 | \$1,821.40 | \$3,049.52 |
| Oxford Liberty Gold EPO 30/60 G* | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,650/\$13,300 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,100.73 | \$2,195.51 | \$1,867.08 | \$3,126.08 |
| Oxford Liberty Gold EPO 25/50 ZD* | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,250/\$12,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,210.91 | \$2,415.87 | \$2,054.38 | \$3,440.08 |
| Oxford Liberty Gold HSA 1500 M* | PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90 | EPO | \$1,081.76 | \$2,157.57 | \$1,834.82 | \$3,072.00 |

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All plans above include \$5.95 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.

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

| 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: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$4,800/\$9,600, 40% Max OOP: \$8,800/\$17,600 Rx: \$0/\$40/\$80 | HMO | \$1,238.45 | \$2,470.94 | \$2,101.19 | \$3,518.56 |
| EmblemHealth Prime Silver HSA | PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$7,000/\$14,000 Rx: Deductible then \$15/\$45/\$80 | HMO | \$1,155.02 | \$2,304.10 | \$1,959.37 | \$3,280.81 |
| Oxford Metro Silver EPO 30/80 G | PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$832.51 | \$1,659.07 | \$1,411.11 | \$2,361.65 |
| Oxford Metro Silver EPO 50/100 ZD | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$978.98 | \$1,952.02 | \$1,660.11 | \$2,779.09 |
| Oxford Liberty Silver EPO 30/60 G* | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$913.38 | \$1,820.81 | \$1,548.59 | \$2,592.13 |
| Oxford Liberty Silver EPO 40/80* | PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$948.85 | \$1,891.76 | \$1,608.89 | \$2,693.21 |
| Oxford Liberty Silver EPO 50/100 ZD* | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,074.63 | \$2,143.32 | \$1,822.71 | \$3,051.70 |
| Oxford Liberty Silver HSA 4000 M* | PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,350/\$14,700 Rx: Deductible then \$10/\$50/\$90 | EPO | \$900.52 | \$1,795.09 | \$1,526.73 | \$2,555.48 |

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

| 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: \$6,750/\$13,500, 50% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$65/\$100 | HMO | \$1,048.16 | \$2,090.37 | \$1,777.71 | \$2,976.25 |
| EmblemHealth Prime Bronze Premier | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$9,100/\$18,200 Rx: Deductible then 50%/50%/50% | HMO | \$1,028.83 | \$2,051.70 | \$1,744.85 | \$2,921.15 |
| Oxford Metro Bronze HSA 7000 G | PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0% | EPO | \$761.33 | \$1,516.70 | \$1,290.09 | \$2,158.77 |
| Oxford Liberty Bronze HSA 5750* | PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,350/\$14,700 Rx: Deductible then 30%/30%/30% | EPO | \$858.33 | \$1,710.70 | \$1,454.99 | \$2,435.23 |

G = Gated, M = Motion, ZD = Zero Deductible

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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.

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