



Core Plans Only

Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023

Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

| Platinum | | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|--------------------------------------|--|---|------------|------------|----------------|------------|
| 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 | \$1,544.86 | \$3,083.77 | \$2,622.09 | \$4,391.85 |
| Empire Connection Platinum EPO 20/40 | PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$2,750/\$5,500 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage | EPO | \$1,368.38 | \$2,730.80 | \$2,322.07 | \$3,888.87 |
| Gold | | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
| 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 | \$1,238.65 | \$2,471.35 | \$2,101.55 | \$3,519.15 |
| Empire Connection Gold EPO 25/50 | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$8,500/\$17,000 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Advantage | EPO | \$1,240.63 | \$2,475.30 | \$2,104.90 | \$3,524.78 |
| Empire Connection Gold EPO 30/55 | PCP/Specialist: \$30/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$6,750/\$13,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Advantage | EPO | \$1,210.47 | \$2,414.98 | \$2,053.63 | \$3,438.82 |
| 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 | \$1,098.94 | \$2,191.95 | \$1,864.05 | \$3,120.99 |
| 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 | \$1,060.99 | \$2,116.04 | \$1,799.52 | \$3,012.82 |
| 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 | \$1,094.57 | \$2,183.17 | \$1,856.60 | \$3,108.49 |
| 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 HSA | \$1,020.88 | \$2,035.83 | \$1,731.34 | \$2,898.51 |
| Empire Connection Silver EPO 40/70 | PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage | EPO | \$996.70 | \$1,987.45 | \$1,690.23 | \$2,829.60 |
| 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 | \$1,043.82 | \$2,081.69 | \$1,770.34 | \$2,963.88 |
| 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 | \$887.59 | \$1,769.23 | \$1,504.74 | \$2,518.63 |
| 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 HSA | \$926.49 | \$1,847.04 | \$1,570.87 | \$2,629.52 |
| 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: \$50/Deductible then 50%/Deductible then 50% | HMO | \$909.41 | \$1,812.87 | \$1,541.85 | \$2,580.82 |
| 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 HSA | \$811.66 | \$1,617.35 | \$1,375.64 | \$2,302.20 |

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

3/20/2023

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.