



**Core Plans Only**

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

Nassa & Suffolk

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	\$1,756.22	\$3,506.46	\$2,981.40	\$4,994.19
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	\$1,303.12	\$2,600.29	\$2,211.14	\$3,702.88
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	\$1,407.95	\$2,809.94	\$2,389.35	\$4,001.64
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	\$1,181.48	\$2,357.01	\$2,004.35	\$3,356.21
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	\$1,152.77	\$2,299.59	\$1,955.54	\$3,274.39
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	\$1,132.43	\$2,258.91	\$1,920.97	\$3,216.42
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	\$1,093.31	\$2,180.68	\$1,854.48	\$3,104.95
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	\$1,244.06	\$2,482.19	\$2,110.75	\$3,534.59
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	\$1,160.26	\$2,314.59	\$1,968.30	\$3,295.76
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	\$949.24	\$1,892.54	\$1,609.55	\$2,694.34
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	\$1,075.62	\$2,145.27	\$1,824.38	\$3,054.49
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	\$914.61	\$1,823.26	\$1,550.66	\$2,595.61
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	\$1,052.94	\$2,099.90	\$1,785.81	\$2,989.83
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	\$1,033.49	\$2,061.04	\$1,752.76	\$2,934.45
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	\$836.34	\$1,666.73	\$1,417.61	\$2,372.56

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.