



### Core Plans Only

Monthly Rates for Effective Dates 10/1/2023, 11/1/2023 & 12/1/2023

Orange, Putnam, Dutchess, Ulster & Sullivan

| 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<br>Deductible, Coinsurance: \$0, 20%<br>Max OOP: \$2,500/\$5,000<br>Rx: \$0/\$30/\$65   | HMO        | \$1,904.27 | \$3,802.59 | \$3,233.10     | \$5,416.16 |
| 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<br>Deductible, Coinsurance: \$500/\$1,000, 30%<br>Max OOP: \$7,500/\$15,000<br>Rx: \$0/\$40/\$80  | HMO        | \$1,526.55 | \$3,047.17 | \$2,590.98     | \$4,339.69 |
| Oxford Metro Gold EPO 25/40         | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,250/\$12,500<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)                    | EPO        | \$1,106.78 | \$2,207.61 | \$1,877.36     | \$3,143.32 |
| Oxford Metro Gold EPO 25/40 G       | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,250/\$12,500<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)                    | EPO        | \$1,068.56 | \$2,131.15 | \$1,812.38     | \$3,034.37 |
| 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<br>Deductible, Coinsurance: \$4,800/\$9,600, 40%<br>Max OOP: \$8,800/\$17,600<br>Rx: \$0/\$40/\$80   | HMO        | \$1,348.82 | \$2,691.67 | \$2,288.81     | \$3,833.11 |
| EmblemHealth Prime Silver HSA       | PCP/Specialist: Deductible then \$30/\$50 copay<br>Deductible, Coinsurance: \$3,500/\$7,000, 40%<br>Max OOP: \$7,000/\$14,000<br>Rx: Deductible then \$15/\$45/\$80                            | HMO<br>HSA | \$1,257.91 | \$2,509.90 | \$2,134.29     | \$3,574.07 |
| Oxford Metro Silver EPO 50/100 ZD   | PCP/Specialist: \$50/\$100<br>Deductible, Coinsurance: \$0, 0%<br>Max OOP: \$9,100/\$18,200<br>Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)                                | EPO        | \$1,051.26 | \$2,096.57 | \$1,782.98     | \$2,985.09 |
| Oxford Metro Silver EPO 30/80 G     | PCP/Specialist: \$30/\$80<br>Deductible, Coinsurance: \$3,750/\$7,500, 40%<br>Max OOP: \$9,100/\$18,200<br>Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)                    | EPO        | \$893.92   | \$1,781.87 | \$1,515.48     | \$2,536.64 |
| 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<br>Deductible, Coinsurance: \$6,750/\$13,500, 50%<br>Max OOP: \$7,500/\$15,000<br>Rx: Deductible then \$15/\$65/\$100                          | HMO<br>HSA | \$1,141.48 | \$2,277.03 | \$1,936.36     | \$3,242.24 |
| EmblemHealth Prime Bronze Premier   | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$6,300/\$12,600, 50%<br>Max OOP: \$9,100/\$18,200<br>Rx: \$50/Deductible then 50%/Deductible then 50% | HMO        | \$1,120.42 | \$2,234.90 | \$1,900.57     | \$3,182.20 |
| Oxford Metro Bronze HSA 7000 G      | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$7,000/\$14,000, 0%<br>Max OOP: \$7,000/\$14,000<br>Rx: Deductible then 0%/0%/0%                                   | EPO<br>HSA | \$817.43   | \$1,628.91 | \$1,385.47     | \$2,318.68 |

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.

6/30/2023