

BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/ Spouse	Emp/ Child(ren)	Family
PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$60	\$1,301.00	\$2,597.04	\$2,208.22	\$3,698.68
PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	\$1,235.19	\$2,465.43	\$2,096.36	\$3,511.13
PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	\$1,132.90	\$2,260.85	\$1,922.46	\$3,219.61
PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$884.06	\$1,763.16	\$1,499.43	\$2,510.40
PCP/Specialist: \$5/\$20 EPO Deductible. Coinsurance: \$0, 20%	\$1,018.07	\$2,031.20	\$1,727.26	\$2,892.34
Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50	\$1,131.13	\$2,257.32	\$1,919.46	\$3,214.58
PCP/Specialist: \$10/\$25 EPO Deductible, Coinsurance: \$0, 20%	\$987.22	\$1,969.50	\$1,674.81	\$2,804.43
Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75	\$1,103.22	\$2,201.48	\$1,872.01	\$3,135.01
PCP/Specialist: \$40/\$80 (4 PCP \$5, 1 Spec \$25, 1 UC \$25) Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,061.39	\$2,117.84	\$1,800.90	\$3,015.81
	IN=In Network; OON=Out of Network; OOP=Out of Pocket PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$60 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60 PCP/Specialist: \$20(\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60 PCP/Specialist: \$20(\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60 PCP/Specialist: \$5/\$20 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50 PCP/Specialist: \$10/\$25 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$2,400/\$4,800 Rx: \$10/\$30\\$75 PCP/Specialist: \$40/\$80 (4 PCP \$5, 1 Spec \$25, 1 UC \$25) Deductible, Coinsura	IN=In Network; OON=Out of Network; OOP=Out of Pocket Employee PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% \$1,301.00 Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$60 \$1,301.00 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,235.19 Deductible, Coinsurance: \$0, 0% \$1,235.19 Max OOP: \$2,000/\$4,000 \$1,132.90 Rx: \$0/\$30/\$60 \$1,132.90 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 Deductible, Coinsurance: \$0, 0% \$1,132.90 Max OOP: \$2,000/\$4,000 \$1,132.90 Rx: \$0/\$30/\$60 \$1,132.90 PCP/Specialist: \$20/\$35 \$884.06 Deductible, Coinsurance: \$0, 0% (10% DME) \$884.06 Max OOP: \$2,000/\$4,000 \$1,018.07 Max OOP: \$2,000/\$4,000 \$1,131.13 PCP/Specialist: \$10/\$25 EPO \$987.22 Deductible, Coinsurance: \$0, 20% \$1,103.22 Max OOP: \$2,400/\$4,800 \$1,103.22 PCP/Specialist: \$40/\$80 (4 PCP \$5, 1 Spec \$25, 1 UC \$25) \$1,061.39 Deductible, Coinsurance: \$0, 20% \$1,061.39	IN=In Network; OON=Out of Network; OOP=Out of Pocket Employee Spouse PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% \$1,301.00 \$2,597.04 Rx: \$0/\$30/\$60 \$1,301.00 \$2,597.04 \$1,301.00 \$2,597.04 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,235.19 \$2,465.43 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,235.19 \$2,465.43 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 PCP/Specialist: \$20/\$4,000 \$1,132.90 \$2,260.85 \$2,260.85 Rx: \$10/\$30/\$60 \$1,132.90 \$2,200.85 \$1,763.16 PCP/Specialist: \$5/\$20 EPO \$1,018.07 \$2,031.20 \$2,031.20 Deductible, Coinsurance: \$0, 20% \$1,131.13 \$2,257.32	IN=In Network; OON=Out of Network; OOP=Out of Pocket Employee Spouse Child(ren) PCP/Specialist: 3 free PCP visits then \$15/\$35 \$1,301.00 \$2,597.04 \$2,208.22 Rx: \$0/\$30/\$60 \$1,301.00 \$2,597.04 \$2,208.22 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,235.19 \$2,465.43 \$2,096.36 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 \$1,922.46 Max OOP: \$2,000/\$4,000 \$1,132.90 \$2,260.85 \$1,922.46 Rx: \$0/\$30/\$60 \$1,132.90 \$2,208.22 \$1,922.46 PCP/Specialist: 3 free PCP visits then \$15/\$35 HMO \$1,132.90 \$2,260.85 \$1,922.46 Deductible, Coinsurance: \$0,0% \$1,132.90 \$2,260.85 \$1,922.46 Max OOP: \$2,000/\$4,000 \$1,132.90 \$2,201.85 \$1,922.46 PCP/Specialist: \$20/\$30 \$1,018.07 \$2,031.20 \$1,727.26 Max OOP: \$2,000/\$4,000 \$1,131.13 \$2,257.32 \$1,919.46 PCP/Specialist: \$10/\$25 EPO \$987.22 \$1,969.50 \$1,674.81 Max OOP: \$2,400/\$4,800 \$1,103.22 \$2,20

Four Tier - Nassau & Suffolk

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.

* These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.

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Gold	BENEFIT HIGHLIGHTS*	Employee	Emp/	Emp/	Family
	IN=In Network; OON=Out of Network; OOP=Out of Pocket		Spouse	Child(ren)	
EmblemHealth Prime Gold POS	PCP/Specialist: 3 free PCP visits then \$25/\$40				
	Deductible, Coinsurance: \$1,000/\$2,000, 30% - OON \$3,800/\$7,600, 40%	\$1,074.31	\$2,143.66	\$1,822.85	\$3,052.6
	Max OOP: \$5,000/\$10,000 - OON \$7,000/\$14,000	. ,	. ,	. ,	
	Rx: \$0/\$35/\$75				
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO				
	Deductible, Coinsurance: \$350/\$700, 30%	\$1,010.59	\$2,016.23	\$1,714.54	\$2,871.0
	Max OOP: \$5,300/\$10,600				
	Rx: 0/\$40/\$80 PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO				
EmblemHealth Select Care Gold Premier	Deductible, Coinsurance: \$350/\$700, 30%	\$927.22	\$1,849.49	\$1,572.82	\$2,633.4
	Max OOP: \$5,300/\$10,600				
	Rx: \$0/\$40/\$80				
	PCP/Specialist: \$25/\$40				
lealthfirst Gold Pro EPO	Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000	\$753.01	\$1,501.07	\$1,276.66	\$2,136.9
	Rx: \$10/\$50/\$85 PCP/Specialist: \$25/\$50				
	Deductible, Coinsurance: \$0, 0% (15% DME)				
lealthfirst Gold 25/50/0 Pro EPO	Max OOP: \$7,000/\$14.000	\$723.09	\$1,441.23	\$1,225.79	\$2,051.6
	Rx: \$10/\$50/\$85				
	PCP/Specialist: \$20/\$40 EPO				
Oscar Circle Gold	Deductible, Coinsurance: \$0, 20%	\$875.57	\$1,746.17	\$1,484.99	\$2,486.2
	Max OOP: \$8,150/\$16,300				
Oscar Circle Plus Gold	Rx: \$10/\$35 after ded/\$100 after ded (Rx ded \$100/\$200)	\$988.11	\$1,971.26	\$1,676.31	\$2,806.9
	PCP/Specialist: \$25/\$50 EPO				
Oscar Circle Gold 1000	Deductible, Coinsurance: \$1,000/\$2,000, 10%	\$834.45	\$1,663.94	\$1,415.09	\$2,369.0
	Max OOP: \$4,000/\$8,000		\$4 000 0 7		<u> </u>
Oscar Circle Plus Gold 1000	Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$942.91	\$1,880.87	\$1,599.48	\$2,678.1
Deser Circle Cold 1950	PCP/Specialist: \$40/\$70 EPO	¢702.02	¢4 504 74	¢4.045.40	¢0.054.0
Oscar Circle Gold 1250	Deductible, Coinsurance: \$1,250/\$2,500, 20%	\$793.33	\$1,581.71	\$1,345.19	\$2,251.8
Dscar Circle Plus Gold 1250	Max OOP: \$5,000/\$10,000	\$903.09	¢1 001 22	¢1 521 70	¢2 564 6
Uscal Circle Plus Gold 1250	Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$903.09	\$1,801.23	\$1,531.79	\$2,564.6
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 EPO	\$795.82	\$1,586.69	\$1,349.43	\$2,258.9
	Deductible, Coinsurance: \$2,000/\$4,000, 20%	φ195.0Z	φ1,500.09	φ1,549.45	φ2,200.3
Oscar Circle Plus Gold 2000	Max OOP: \$5,000/\$10,000	\$905.84	\$1,806.72	\$1,536.45	\$2,572.4
	Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	ψ303.0 4	ψ1,000.72	ψ1,000.40	ψ2,072.¬
	PCP/Specialist: \$25/\$50				
Dxford Liberty Gold EPO 25/50 ZD	Deductible, Coinsurance: \$0, 0%	\$1,007.99	\$2,011.03	\$1,710.12	\$2,863.6
Oxford Liberty Gold LF 0 23/30 20	Max OOP: \$5,000/\$10,000	¢1,007.00	φ2,011.00	¢1,710.12	φ2,000.0
	Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)				
Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60				
	Deductible, Coinsurance: \$1,000/\$2,000, 0%	\$942.92	\$1,880.90	\$1,599.51	\$2,678.1
	Max OOP: \$5,400/\$10,800	\$012.0E	ψ1,000.00	\$1,000.01	φ2,010.
	Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)				
Oxford Liberty Gold EPO 30/60	PCP/Specialist: \$30/\$60				
	Deductible, Coinsurance: \$2,000/\$4,000, 30%	\$888.03	\$1,771.12	\$1,506.19	\$2,521.7
	Max OOP: \$7,900/\$15,800	1130.00	,,,,,,, _	÷ ,, : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	, .
	Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)				
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40				
	Deductible, Coinsurance: \$1,250/\$2,500, 20%	\$827.96	\$1,650.97	\$1,404.07	\$2,350.5
	Max OOP: \$5,000/\$10,000		. ,	. ,	. ,
	Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)				
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40				
	Deductible, Coinsurance: \$1,250/\$2,500, 20%	\$794.36	\$1,583.77	\$1,346.95	\$2,254.7
	Max OOP: \$5,500/\$11,000	ψι υτ.00	φ1,000.11	φ1,0 1 0.00	Ψ2,204.1
	Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)				

Camer rates are supped to five to pendented reprint and the pendented reprint and the international continuent. All plans above chicked \$4.55 for the pendente pendented reprint and the international services and a 2.9% billing and administrative fee. Domestic Partner (D) overage is any alless in a pendente pendente pendente pendente pendente pendente pendente "These are benefit hiphights only. Please refer to efficia SEG for D pendent of benefits at www.heattingas.com/forms."



IT HIGHLIGHTS* etwork; OON=Out of Network; OOP=Out of Pocket ecialist: 3 free PCP visits then \$35/\$65 HMO ble, Coinsurance: \$2,400/\$4,800, 40% P: \$7,800/\$15,600 40/\$80 ecialist: 3 free PCP visits then \$35/\$65 HMO ble, Coinsurance: \$2,400/\$4,800, 40% P: \$7,800/\$15,600 40/\$80 ecialist: 3 free PCP visits then \$10/\$55 HMO ble, Coinsurance: \$6,300/\$12,600, 0% P: \$6,300/\$12,600	Employee \$851.95 \$781.95	Emp/ Spouse \$1,698.95 \$1,558.95	Emp/ Child(ren) \$1,444.85 \$1,325.85	Family \$2,418.90
ble, Coinsurance: \$2,400/\$4,800, 40% P: \$7,800/\$15,600 40/\$80 ccialist: 3 free PCP visits then \$35/\$65 HMO ble, Coinsurance: \$2,400/\$4,800, 40% P: \$7,800/\$15,600 40/\$80 ccialist: 3 free PCP visits then \$10/\$55 HMO ble, Coinsurance: \$6,300/\$12,600, 0%				
ecialist: 3 free PCP visits then \$35/\$65 HMO ble, Coinsurance: \$2,400/\$4,800, 40% P: \$7,800/\$15,600 40/\$80 ccialist: 3 free PCP visits then \$10/\$55 HMO ble, Coinsurance: \$6,300/\$12,600, 0%	\$781.95	\$1,558.95	\$1,325.85	
ecialist: 3 free PCP visits then \$10/\$55 HMO ble, Coinsurance: \$6,300/\$12,600, 0%				\$2,219.40
0 after Deductible/\$0 after Deductible	\$756.25	\$1,507.56	\$1,282.17	\$2,146.17
ecialist: 3 free PCP visits then \$10/\$55 HMO ble, Coinsurance: \$6,300/\$12,600, 0% P: \$6,300/\$12,600	\$705.35	\$1,405.75	\$1,195.63	\$2,001.09
ecialist: Deductible then \$30/\$50 copay HMO ble, Coinsurance: \$2,600/\$5,200, 40% P: \$5,800/\$11,600	\$819.68	\$1,634.41	\$1,389.99	\$2,326.93
ecialist: \$35/\$70 ble, Coinsurance: \$4,300/\$8,600, 40% P: \$8,150/\$16,300	\$647.74	\$1,290.52	\$1,097.69	\$1,836.89
ecialist: \$40/\$75 ble, Coinsurance: \$4,700/\$9,400, 45% P: \$7,900/\$15,800	\$630.38	\$1,255.80	\$1,068.17	\$1,787.41
ecialist: \$50/\$80 EPO	\$771.45	\$1,537.95	\$1,308.00	\$2,189.49
P: \$8,150/\$16,300 \$60 after ded/50% after ded (Rx ded \$100/\$200)	\$880.76	\$1,756.58	\$1,493.83	\$2,501.02
ecialist: \$40/\$75 EPO	\$704.99	\$1,405.03	\$1,195.02	\$2,000.07
P: \$8,150/\$16,300 \$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$809.83	\$1,614.72	\$1,373.25	\$2,298.87
cialist: \$40/\$75 EPO ble, Coinsurance: \$4,500/\$9,000, 50%	\$659.32	\$1,313.69	\$1,117.38	\$1,869.91
P: \$8,150/\$16,300 50% after ded/50% after ded	\$765.06	\$1,525.17	\$1,297.14	\$2,171.26
ecialist: Deductible then 30% coinsurance EPO ble, Coinsurance: \$3,000/\$6,000, 30%	\$648.24	\$1,291.54	\$1,098.55	\$1,838.34
P: \$6,750/\$13,500 uctible then 30%/30%/30%	\$746.92	\$1,488.89	\$1,266.30	\$2,119.56
ecialist: \$50/\$100 ble, Coinsurance: \$0, 0% P: \$8,150/\$16,300 \$65/\$90 after \$100/member Bx deductible (n/a Tier 1)	\$787.60	\$1,570.24	\$1,335.45	\$2,235.49
ecialist: \$40/\$70 ble, Coinsurance: \$2,500/\$5,000, 35% P: \$8,150/\$16,300	\$789.45	\$1,573.94	\$1,338.59	\$2,240.76
ecialist: \$25/\$50 ble, Coinsurance: \$3,500/\$7,000, 50% P: \$8,150/\$16,300	\$755.96	\$1,506.97	\$1,281.67	\$2,145.33
ecialist: \$30/\$80 ble, Coinsurance: \$3,000/\$6,000, 30% P: \$8,150/\$16,300	\$661.44	\$1,317.93	\$1,120.98	\$1,875.95
	ble, Coinsurance: \$6,300/\$12,600, 0% P: \$6,300/\$12,600 0 after Deductible/\$0 after Deductible ocialist: Deductible then \$30/\$50 copay HMO ble, Coinsurance: \$2,600/\$5,200, 40% P: \$5,800/\$11,600 \$45 after Deductible/\$80 after Deductible ocialist: \$35/\$70 ble, Coinsurance: \$4,300/\$8,600, 40% P: \$8,150/\$16,300 \$60/\$110 ocialist: \$40/\$75 ble, Coinsurance: \$4,700/\$9,400, 45% P: \$7,900/\$15,800 \$60/\$110 ocialist: \$50/\$80 EPO ble, Coinsurance: \$0, 20% P: \$8,150/\$16,300 \$60 after ded/50% after ded (Rx ded \$100/\$200) ocialist: \$40/\$75 EPO ble, Coinsurance: \$3,000/\$6,000, 30% P: \$8,150/\$16,300 \$50 after ded/\$100 after ded (Rx ded \$100/\$200) ocialist: \$40/\$75 EPO ble, Coinsurance: \$3,000/\$6,000, 30% P: \$8,150/\$16,300 50% after ded/\$100 after ded (Rx ded \$100/\$200) ocialist: \$40/\$75 EPO ble, Coinsurance: \$4,500/\$9,000, 50% P: \$8,150/\$16,300 50% after ded/50% after ded ocialist: \$40/\$75 EPO ble, Coinsurance: \$3,000/\$6,000, 30% P: \$8,150/\$16,300 50% after ded/50% after ded ocialist: \$40/\$75 EPO ble, Coinsurance: \$4,500/\$9,000, 50% P: \$8,150/\$16,300 50% after ded/50% after ded ocialist: \$40/\$70 ble, Coinsurance EPO ble, Coinsurance: \$3,000/\$6,000, 30% P: \$8,150/\$16,300 \$65/\$90 after \$100/member Rx deductible (n/a Tier 1) acialist: \$2,500/\$7,000, 50% P: \$8,150/\$16,300 \$65/\$55 after \$100/member Rx deductible (n/a Tier 1) acialist: \$3,000 \$65/\$85 after \$100/member Rx deductible (n/a Tier 1) acialist: \$3,000 \$65/\$85 after \$100/member Rx deductible (n/a Tier 1) acialist: \$3,000 \$65/\$90 af	ble, Coinsurance: \$6,300/\$12,600, 0% \$705.35 P: \$6,300/\$12,600 \$705.35 0 after Deductible/\$0 after Deductible \$819.68 scialist: Deductible/\$80 after Deductible \$819.68 Sk5.300/\$11,600 \$819.68 Sk5.300/\$11,600 \$819.68 scialist: \$35/\$70 \$647.74 ble, Coinsurance: \$4,300/\$8,600, 40% \$647.74 P: \$8,150/\$16,300 \$630.38 \$60/\$110 \$60/\$110 scialist: \$50/\$80 EPO \$771.45 ble, Coinsurance: \$0,20% \$771.45 P: \$8,150/\$16,300 \$880.76 \$60 after ded/50% after ded (Rx ded \$100/\$200) \$880.76 scialist: \$40/\$75 EPO \$704.99 P: \$8,150/\$16,300 \$869.32 \$80 after ded/50% after ded (Rx ded \$100/\$200) \$869.32 scialist: \$40/\$75 EPO \$659.32 ble, Coinsurance: \$3,000/\$6,000, 30% \$765.06 scialist: \$40/\$70 EPO \$669.32 ble, Coinsurance: \$4,500/\$6,000, 30% \$765.06 scialist: \$40/\$70 S00/\$6,000, 30% \$787.60 \$65/\$90 after \$100/member Rx deductible (n/a Tier 1) \$787.60 </td <td>ble, Coinsurance: \$8,300/\$12,600,0% \$705.35 \$1,405.75 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$00 after Deductible \$647.74 \$1,290.52 0 after Deductible/\$00 after ded (Rx ded \$100/\$200) \$630.38 \$1,255.80 0 after ded/500 after ded (Rx ded \$100/\$200) \$800.76 \$1,756.58 0 after ded/500 after ded (Rx ded \$100/\$200) \$809.83 \$1,614.72 0 after ded/500 after ded (Stod \$100/\$200) \$869.83 \$1,614.72 0 after ded/500 after ded \$765.06 \$1,525.17 0 after ded/5</td> <td>ble, Coinsurance: \$4,300/\$12,600,0% \$705.35 \$1,405.75 \$1,195.63 D after Deductible/\$0 after Deductible \$819.68 \$1,634.41 \$1,389.99 S45 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 \$1,389.99 S45 after Deductible/\$0 after Deductible \$647.74 \$1,290.52 \$1,097.69 staf after Deductible/\$0 after Deductible \$647.74 \$1,290.52 \$1,097.69 staf after Deductible/\$0 after Deductible \$647.74 \$1,255.80 \$1,068.17 staf after Deductible/\$0 after Deductible \$60,5110 \$60,5110 \$1,068.17 stalialt: \$40/\$75 \$1,008.17 \$1,308.00 \$1,756.58 \$1,068.17 stafist: \$40/\$75 \$10 \$1,068.17 \$1,308.00 \$100.50.58 \$1,493.83 stol/\$10 \$80.76 \$1,756.58 \$1,493.83 \$1,614.72 \$1,373.25 stalialt: \$40/\$75 EPO \$704.99 \$1,405.03 \$1,195.02 \$100.55.00 \$1,517.75 \$1,297.14 staf odd/\$100 after ded (Rx ded \$100/\$200) \$669.32 \$1,313.69 \$1,117.38 \$1,217.14 \$1,098.55</td>	ble, Coinsurance: \$8,300/\$12,600,0% \$705.35 \$1,405.75 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 0 after Deductible/\$00 after Deductible \$647.74 \$1,290.52 0 after Deductible/\$00 after ded (Rx ded \$100/\$200) \$630.38 \$1,255.80 0 after ded/500 after ded (Rx ded \$100/\$200) \$800.76 \$1,756.58 0 after ded/500 after ded (Rx ded \$100/\$200) \$809.83 \$1,614.72 0 after ded/500 after ded (Stod \$100/\$200) \$869.83 \$1,614.72 0 after ded/500 after ded \$765.06 \$1,525.17 0 after ded/5	ble, Coinsurance: \$4,300/\$12,600,0% \$705.35 \$1,405.75 \$1,195.63 D after Deductible/\$0 after Deductible \$819.68 \$1,634.41 \$1,389.99 S45 after Deductible/\$0 after Deductible \$819.68 \$1,634.41 \$1,389.99 S45 after Deductible/\$0 after Deductible \$647.74 \$1,290.52 \$1,097.69 staf after Deductible/\$0 after Deductible \$647.74 \$1,290.52 \$1,097.69 staf after Deductible/\$0 after Deductible \$647.74 \$1,255.80 \$1,068.17 staf after Deductible/\$0 after Deductible \$60,5110 \$60,5110 \$1,068.17 stalialt: \$40/\$75 \$1,008.17 \$1,308.00 \$1,756.58 \$1,068.17 stafist: \$40/\$75 \$10 \$1,068.17 \$1,308.00 \$100.50.58 \$1,493.83 stol/\$10 \$80.76 \$1,756.58 \$1,493.83 \$1,614.72 \$1,373.25 stalialt: \$40/\$75 EPO \$704.99 \$1,405.03 \$1,195.02 \$100.55.00 \$1,517.75 \$1,297.14 staf odd/\$100 after ded (Rx ded \$100/\$200) \$669.32 \$1,313.69 \$1,117.38 \$1,217.14 \$1,098.55

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment. All plans above include 54.56 for HaufhPass Program Benefits (non-arrier/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. * These are benefit hishihist on the Plaes erefort of the official SEC for summary of benefits intower barw.



Four Tier - Nassau & Suffolk

Four fiel - Nassau & Sulloik				
BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/ Spouse	Emp/ Child(ren)	Family
PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80	\$725.51	\$1,446.06	\$1,229.90	\$2,058.54
PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800	\$674.91	\$1,344.87	\$1,143.89	\$1,914.34
PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300	\$644.82	\$1,284.70	\$1,092.74	\$1,828.58
PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800	\$628.89	\$1,252.84	\$1,065.65	\$1,783.20
PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	\$600.61	\$1,196.26	\$1,017.57	\$1,702.57
PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 20% Max OOP: \$6,750/\$13,500 Rx: Deductible then 20%/20%/20%	\$542.37	\$1,079.78	\$918.56	\$1,536.59
PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,650/\$13,300, 0% Max OOP: \$6,650/\$13,300 Rx: Deductible then 0%/0%/0%	\$513.88	\$1,022.82	\$870.13	\$1,455.41
PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then 0%/0%/0%	\$495.15	\$985.34	\$838.29	\$1,402.00
PCP/Specialist: Deductible then 50% coinsurance EPO Deductible, Coinsurance: \$4,500/\$9,000, 50%	\$577.30	\$1,149.65	\$977.95	\$1,636.15
Max OOP: \$8,150/\$16,300 Rx: Deductible then \$20/\$50/\$100	\$668.68	\$1,332.40	\$1,133.29	\$1,896.57
PCP/Specialist: Deductible then \$0 copay EPO Deductible, Coinsurance: \$8,150/\$16,300, 0%	\$552.23	\$1,099.51	\$935.32	\$1,564.70
Max OOP: \$8,150/\$16,300 Rx: Deductible then \$0/\$0/\$0	\$640.75	\$1,276.55	\$1,085.80	\$1,816.97
PCP/Specialist: Deductible then \$0 coinsurance EPO Deductible, Coinsurance: \$6,750/\$13,500, 0%	\$589.31	\$1,173.68	\$998.37	\$1,670.39
Rx: Deductible then \$0/\$0/\$0	\$680.81	\$1,356.68	\$1,153.91	\$1,931.16
PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$4,000/\$8,000, 30% Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%	\$680.85	\$1,356.76	\$1,153.98	\$1,931.27
PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,750/\$13,500, 0%				
	INEIn Network; OON=Out of Network; OOP=Out of Pocket PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$6,300/\$12,600,50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,600(\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50% PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: 350/\$% after Deductible/0% after Deductible PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,600(\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible, Coinsurance: \$4,500/\$9,200, 0% Max OOP: \$7,900(\$15,800 Rx: Deductible, Coinsurance: \$4,500/\$9,000, 0% Max OOP: \$8,150/\$16,300 Rx: 350/\$% after Deductible/0% after Deductible PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,500/\$9,000, 20% Max OOP: \$8,150/\$16,300 Rx: 29/\$20% PCP/Specialist: Deductible/0% after Deductible PCP/Specialist: Deductible/0% after Deductible PCP/Specialist: Deductible/0% after Deductible PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$4,500/\$13,300, 0% Max OOP: \$6,650(\$13,300 Rx: Deductible then 0%/0%/0% PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$4,500\$9,000, 50% Max OOP: \$8,150(\$16,300 Rx: Deductible then 90%/0%,0% PCP/Specialist: Deductible then \$0 coinsurance EPO Deductible, Coinsurance: \$4,	IN-In Network; OON=Out of Network; OOP=Out of PocketEmployeePCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$6,300/\$12,600,50% Max OOP: \$6,900/\$13,800\$725.51Max OOP: \$6,900/\$13,800\$725.51Rx: Deductible then \$15/\$55/\$80\$674.91PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$6,150/\$16,300,0%\$644.82Rx: Deductible then \$25/50%/50%\$674.91PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$6,150/\$16,300,0%\$644.82Max OOP: \$6,150/\$16,300\$664.82Rx: S35/0% after Deductible/0% after Deductible\$628.89Rx: Deductible then \$25/50%/50%\$628.89PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$6,150,300,0%\$600.61Rx: Deductible then \$25/50%/50%\$600.61PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$8,150%,15,300,0%\$600.61Rx: S35/0% after Deductible/0% after Deductible\$600.61PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$8,150%,15,300\$542.37Rx: Deductible then 20%/20%/20%\$542.37PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,150%,150,300,0%\$513.88Rx: Deductible then 0%/0%/0%\$513.88PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$8,150%,150,300,0%\$648.68PCP/Specialist: Deductible then 50% coinsurance EPO Deductible, Coinsurance: \$4,500\$,500\$640.75PCP/Specialist: Deductible then \$0 coinsura	N=In Network; OON=Out of Network; OOP=Out of Pocket Employee Spouse PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance; \$6,300/\$12,600, 50% \$725.51 \$1,446.06 Rx: Deductible then 51566/\$80 \$725.51 \$1,446.06 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance; \$4,600/\$9,200, 50% \$674.91 \$1,344.87 Max OOP: \$8,150/\$16,300 \$644.82 \$1,284.70 Rx: Deductible then \$25/50%/80% \$644.82 \$1,284.70 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,500(\$9,200, 50% \$628.89 \$1,252.84 Rx: Deductible then \$25/50%/80% \$600.61 \$1,196.26 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,500(\$9,000, 20% \$600.61 \$1,196.26 Rx: Deductible then \$25/50%/80% \$600.61 \$1,196.26 \$1,079.78 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,500(\$9,000,20% \$643.27 \$1,079.78 Rx: Deductible then 20%/20%/Q0% \$513.80 \$1,079.78 \$1,079.78 PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$4,500(\$9,000, 20% \$513.88 \$1,022.82	IN-IN Network: OON=Out of Network: OOP=Out of Pocket Employee Spouse Child(ren) PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: 68,300/\$12,600, 69%, Max OOP: 58,900/\$13,800 \$725.51 \$1,446.06 \$1,229.90 RX: Deductible then \$15/565/\$80 \$725.51 \$1,446.06 \$1,229.90 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,600/\$9,200, 50%, Max OOP: \$5,1901516,200 \$674.91 \$1,344.87 \$1,143.89 RX: Deductible then \$25/50%/\$9%, PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$3,150/\$16,300, 0%, Max OOP: \$5,1901516,300 \$644.82 \$1,224.70 \$1,092.74 RX: S350%, after Deductible/0% after Deductible \$628.89 \$1,252.84 \$1,095.74 PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 HMO Deductible, Coinsurance: \$4,500/\$9,000, 20%, Max OOP: \$5,1901515,300 \$600.61 \$1,196.26 \$1,017.57 RX: Deductible then \$25/50%/\$50%, PCP/Specialist: Deductible(% after Deductible \$600.61 \$1,196.26 \$1,017.57 RX: Deductible then 20%/20%, PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,500(\$9,000, 20%, Max OOP: \$5,570(\$13,300 \$542.37 \$1,079.78 \$918.56 RX: Deductible then 20%/20%, PCP/Specialist: Deductible then 0% coinsurance Deduc

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment. All plans above include \$4.96 for Health-Pass 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. * These are benefit hiphiciptics only. Please refer to the official SBC for summary of benefits at www.healthoass.com/forms.