

Four Tier - Nassau & 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 POS	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	POS	\$1,368.23	\$2,731.49	\$2,322.52	\$3,890.28
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	НМО	\$1,299.00	\$2,593.06	\$2,204.85	\$3,693.01
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	НМО	\$1,191.40	\$2,377.87	\$2,021.93	\$3,386.36
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	ЕРО	\$926.93	\$1,848.92	\$1,572.32	\$2,632.60
Oscar Circle Platinum 2	PCP/Specialist: \$5/\$20 Deductible, Coinsurance: \$0, 0% (20% DME)	EPO	\$1,057.18	\$2,109.41	\$1,793.74	\$3,003.81
Oscar Circle Plus Platinum 2	Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50		\$1,174.60	\$2,344.27	\$1,993.37	\$3,338.48
Oscar Circle Platinum 1	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% (20% DME)	EPO	\$1,025.14	\$2,045.33	\$1,739.28	\$2,912.49
Oscar Circle Plus Platinum 1	Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75		\$1,145.62	\$2,286.28	\$1,944.08	\$3,255.85
Oxford Liberty Platinum EPO 40/80 411	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)	EPO	\$1,141.25	\$2,277.57	\$1,936.67	\$3,243.43

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. EmblemHealth POS plans are reimbursed at 80% FAIR Health.

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



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Neal Networks OON=Out of Nework; OOP=Out of Pocket POPS	14 \$3,210.7 21 \$3,019.7 14 \$2,769.7
Deductible, Coinsurance: \$1,00/82,000, 30% - CON \$3,800/\$7,600, 40% Max OOP \$5,500/\$11,000 - ON \$7,000/\$14,000 Nx: 50/\$35/\$75 S1,917. S1,925 S1,917. S1,925 S1,917. S1,925 S1,917. S1,925 S1,917. S1,925	21 \$3,019.7 14 \$2,769.7
Max ODP: \$5.000/\$10,000 - OON \$7,000/\$14,000 S1,000/\$14,000 S1,000/\$14,000 S2,000/\$10,000 S2,000/\$10,000 S1,000/\$10,000 S1,000/\$	21 \$3,019.7 14 \$2,769.7
Rx: \$0/33/5/75	14 \$2,769.7
PCP/Specialist: 3 free PCP visits then \$40/860	14 \$2,769.7
EmblemHealth Prime Gold Premier Deductible, Coinsurance: \$350/\$700, 30% MAX OOP: \$5,300/\$10,600 RX: 0/\$40/\$80 PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO MAX OOP: \$5,300/\$10,600 RX: 0/\$40/\$80 PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO RX: 0/\$40/\$80 RX: 0/\$40/\$80 RX: 0/\$40/\$80 RX: 0/\$40/\$80 PCP/Specialist: \$25/\$40 RX: 0/\$40/\$80 PCP/Specialist: \$25/\$40 RX: 0/\$40/\$80 PCP/Specialist: \$25/\$40 RX: 0/\$40/\$80 RX: 0/\$40/\$80 PCP/Specialist: \$25/\$40 RX: 0/\$40/\$80 RX: 0/\$	14 \$2,769.7
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Deductible, Coinsurance: \$0, 0% (20% DME)	40 504
Descar Circle Plus Gold	13 \$2,581.9
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Oscar Circle Plus Gold 1250 Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) \$937.77 \$1,870.58 \$1,590.58 Oscar Circle Gold 2000 PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% EPO \$826.35 \$1,647.75 \$1,401.58 Oscar Circle Plus Gold 2000 Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) \$940.61 \$1,876.28 \$1,595.59 Oxford Liberty Gold EPO 25/50 ZD Deductible, Coinsurance: \$0,0% Max OOP: \$5,000/\$10,000 EPO \$1,083.82 \$2,162.68 \$1,839.59	93 \$2,338.5
Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) \$937.77 \$1,870.58 \$1,590.	
Oscar Circle Gold 2000 PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded (Rx ded \$100/\$200) PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0,00% PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0,0% Max OOP: \$5,000/\$10,000	73 \$2,663.4
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Oscar Circle Plus Gold 2000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200) \$1,876.28 \$1,876.28 \$1,876.28 \$1,876.28 \$1,895.28 \$1,895.28 \$1,895.28	—————
Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	58 \$2,671.5
Oxford Liberty Gold EPO 25/50 ZD	Ψ2,071.0
Oxford Liberty Gold EPO 25/50 ZD	
Max OOP: \$5,000/\$10,000	02 \$3,079.7
Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	JZ ψ5,019.1
PCP/Specialist: \$30/\$60	
Deductible Coincurance: \$1,000/\$2,000,0%	05 000 0
Oxford Liberty Gold EPO 30/60 G Max OOP: \$5,400/\$10,800	05 \$2,880.2
Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	
PCP/Specialist: \$30/\$60	
Deductible Coinsurance: \$2 000/\$4 000 30%	
Oxford Liberty Gold EPO 30/60 S1,904.63 \$1,619.	68 \$2,711.9
Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)	
PCP/Specialist: \$25/\$40 Deductible Coincurance: \$4.250/\$2.500.209/	
Oxford Metro Gold EPO 25/40 Deductible, Coinsurance: \$1,250/\$2,500, 20% May COD: \$5,000/\$40,000	85 \$2,527.8
Max OOP: \$5,000/\$10,000	l '
Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	
PCP/Specialist: \$25/\$40	
Oxford Metro Gold EPO 25/40 G	
Max OOP: \$5,500/\$11,000	30 \$2 121 8
Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	39 \$2,424.8

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.

EmblemHealth POS plans are reimbursed at 80% FAIR Health.

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Four Tier - Nassau & Suffolk

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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: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	НМО	\$895.88	\$1,786.83	\$1,519.54	\$2,544.12
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	НМО	\$822.25	\$1,639.55	\$1,394.36	\$2,334.27
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	НМО	\$795.22	\$1,585.50	\$1,348.41	\$2,257.24
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	НМО	\$741.68	\$1,478.42	\$1,257.40	\$2,104.63
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$2,800/\$5,200, 40% Max OOP: \$5,800/\$11,600 Rx: Deductible then \$15/\$45/\$80	НМО	\$861.94	\$1,718.93	\$1,461.84	\$2,447.37
Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	EPO	\$679.08	\$1,353.21	\$1,150.97	\$1,926.22
Healthfirst Silver 40/75/4700 Pro EPO	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,700/\$9,400, 45% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110	EPO	\$660.88	\$1,316.80	\$1,120.03	\$1,874.33
Oscar Circle Silver	PCP/Specialist: \$50/\$80 Deductible, Coinsurance: \$0, 0% (20% DME)	EPO	\$801.05	\$1,597.13	\$1,358.31	\$2,273.81
Oscar Circle Plus Silver	Max OOP: \$8,150/\$16,300 Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200)		\$914.57	\$1,824.19	\$1,551.30	\$2,597.37
Oscar Circle Silver 3000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30%	EPO	\$732.01	\$1,459.08	\$1,240.96	\$2,077.09
Oscar Circle Plus Silver 3000	Max OOP: \$8,150/\$16,300 Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)		\$840.91	\$1,676.86	\$1,426.07	\$2,387.42
Oscar Circle Silver 4500	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50%	ЕРО	\$684.58	\$1,364.22	\$1,160.32	\$1,941.90
Oscar Circle Plus Silver 4500	Max OOP: \$8,150/\$16,300 Rx: \$10/50% after ded/50% after ded		\$794.40	\$1,583.86	\$1,347.02	\$2,254.89
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$3,000/\$6,000, 30%	EPO	\$673.08	\$1,341.21	\$1,140.77	\$1,909.11
Oscar Circle Plus Silver HSA 3000	Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%		\$775.56	\$1,546.18	\$1,314.99	\$2,201.20
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$846.76	\$1,688.57	\$1,436.03	\$2,404.11
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 35% Max OOP: \$8,150/\$16,300 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$848.76	\$1,692.56	\$1,439.43	\$2,409.80
Oxford Liberty Silver EPO 25/50 G	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 50% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$85 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$812.74	\$1,620.51	\$1,378.17	\$2,307.13
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$711.07	\$1,417.19	\$1,205.35	\$2,017.40



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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: \$6,300/\$12,600, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80	НМО	\$762.88	\$1,520.81	\$1,293.44	\$2,165.06
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	НМО	\$709.67	\$1,414.38	\$1,202.97	\$2,013.38
EmblemHealth Select Care Bronze Value	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	НМО	\$678.01	\$1,351.08	\$1,149.17	\$1,923.18
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	НМО	\$661.26	\$1,317.57	\$1,120.66	\$1,875.45
EmblemHealth Millennium Bronze Value G	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	НМО	\$631.51	\$1,258.07	\$1,070.09	\$1,790.64
Healthfirst Bronze Pro EPO HSA	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%	EPO	\$568.58	\$1,132.22	\$963.13	\$1,611.31
Healthfirst Bronze 6650 Pro EPO HSA	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%	EPO	\$538.70	\$1,072.46	\$912.33	\$1,526.14
Healthfirst Bronze 8150 Pro EPO	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%	EPO	\$519.05	\$1,033.15	\$878.92	\$1,470.13
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50%	EPO	\$599.39	\$1,193.85	\$1,015.51	\$1,699.13
Oscar Circle Plus Bronze 4500	Max OOP: \$8,150/\$16,300 Rx: Deductible then \$20/\$50/\$100		\$694.30	\$1,383.65	\$1,176.85	\$1,969.60
Oscar Circle Bronze 8150	PCP/Specialist: Deductible then \$0 copay Deductible, Coinsurance: \$8,150/\$16,300, 0%	EPO	\$573.36	\$1,141.76	\$971.24	\$1,624.90
Oscar Circle Plus Bronze 8150	Max OOP: \$8,150/\$16,300 Rx: Deductible then \$0/\$0/\$0		\$665.29	\$1,325.63	\$1,127.53	\$1,886.92
Oscar Circle Bronze HSA 6750	PCP/Specialist: Deductible then \$0 coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 0%	EPO	\$611.87	\$1,218.79	\$1,036.72	\$1,734.68
Oscar Circle Plus Bronze HSA 6750	Max OOP: \$6,750/\$13,500 Rx: Deductible then \$0/\$0/\$0		\$706.90	\$1,408.86	\$1,198.27	\$2,005.51
Oxford Liberty Bronze EPO HSA 4000	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%	EPO	\$731.95	\$1,458.96	\$1,240.86	\$2,076.91
Oxford Metro Bronze EPO HSA 6750 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500 Rx: Deductible then 0%/0%/0%	EPO	\$596.18	\$1,187.42	\$1,010.05	\$1,689.97

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