



Monthly Rates for Effective Date - 1/1/2021, 2/1/2021, 3/1/2021

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 PPO | PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$80 | PPO | \$1,417.74 | \$2,830.52 | \$2,406.69 | \$4,031.39 |
| EmblemHealth Prime Platinum Premier | PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$65 | HMO | \$1,406.54 | \$2,808.13 | \$2,387.65 | \$3,999.49 |
| EmblemHealth Select Care Platinum Premier | PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$65 | HMO | \$1,289.63 | \$2,574.30 | \$2,188.90 | \$3,666.28 |
| Healthfirst Platinum Pro EPO | PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60 | EPO | \$894.65 | \$1,784.36 | \$1,517.45 | \$2,540.61 |
| Oxford Liberty Platinum EPO* | PCP: Tier I \$5; Tier II \$25 / Specialist: Tier I \$35; Tier II \$70 Deductible, Coinsurance: \$500/\$1,000, 0% Max OOP: \$2,800/\$5,600 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,178.78 | \$2,352.62 | \$2,000.47 | \$3,350.37 |

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 PPO plans are reimbursed at 80% FAIR Health.

*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.

If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

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



Monthly Rates for Effective Date - 1/1/2021, 2/1/2021, 3/1/2021

Four Tier - Nassau & Suffolk

| Gold | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | | Employee | Emp/ Spouse | Emp/ Child(ren) | Family |
|---------------------------------------|---|-----|------------|----------------|--------------------|------------|
| EmblemHealth Prime Gold PPO | PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,300/\$2,600, 30% - OON \$3,500/\$7,000, 40% Max OOP: \$5,500/\$11,000 - OON \$7,500/\$15,000 Rx: \$0/\$35/\$100 | PPO | \$1,147.79 | \$2,290.63 | \$1,947.77 | \$3,262.04 |
| EmblemHealth Prime Gold Premier | PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80 | HMO | \$1,146.52 | \$2,288.10 | \$1,945.62 | \$3,258.43 |
| EmblemHealth Prime Gold Virtual | PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$500/\$1,000,30% Max OOP: Virtual & Office \$7,800/\$15,600 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible | EPO | \$1,085.51 | \$2,166.08 | \$1,841.91 | \$3,084.55 |
| EmblemHealth Select Care Gold Premier | PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80 | HMO | \$1,051.49 | \$2,098.04 | \$1,784.08 | \$2,987.60 |
| EmblemHealth Select Care Gold Value | PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,300/\$4,600, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40 after Deductible/\$80 after Deductible | HMO | \$993.84 | \$1,982.73 | \$1,686.06 | \$2,823.29 |
| EmblemHealth Millennium Gold Virtual | PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$1,700/\$3,400,30% Max OOP: Virtual & Office \$8,200/\$16,400 Rx: Virtual \$0/\$40/\$80, Office\$0/\$40 after Deductible/\$80 after Deductible | EPO | \$902.45 | \$1,799.96 | \$1,530.71 | \$2,562.84 |
| Healthfirst Gold Pro EPO | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,250/\$10,500 Rx: \$10/\$50/\$85 | EPO | \$762.04 | \$1,519.12 | \$1,292.00 | \$2,162.65 |
| Healthfirst Gold 25/50/0 Pro EPO | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$85 | EPO | \$731.75 | \$1,458.56 | \$1,240.51 | \$2,076.34 |
| Oscar Circle Gold 2000 | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300) | EPO | \$861.00 | \$1,717.05 | \$1,460.23 | \$2,444.69 |
| Oxford Metro Gold EPO 25/40 G | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$868.11 | \$1,731.25 | \$1,472.30 | \$2,464.93 |
| Oxford Metro Gold EPO 25/40 | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$890.62 | \$1,776.29 | \$1,510.58 | \$2,529.11 |
| Oxford Liberty Gold EPO 30/60* | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$962.15 | \$1,919.35 | \$1,632.19 | \$2,732.97 |
| Oxford Liberty Gold EPO 30/60 G* | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$5,900/\$11,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,018.48 | \$2,032.02 | \$1,727.96 | \$2,893.53 |
| Oxford Liberty Gold EPO 25/50 ZD* | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,500/\$11,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,105.26 | \$2,205.57 | \$1,875.48 | \$3,140.84 |
| Oxford Liberty Gold HSA 1500 Motion* | PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,000/\$10,000 Rx: Deductible then \$10/\$50/\$90 | EPO | \$980.00 | \$1,955.05 | \$1,662.54 | \$2,783.84 |

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 PPO plans are reimbursed at 80% FAIR Health.
*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.
If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.
These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpassny.com.



Monthly Rates for Effective Date - 1/1/2021, 2/1/2021, 3/1/2021

Four Tier - Nassau & Suffolk

| 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: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80 | HMO | \$986.75 | \$1,968.55 | \$1,674.01 | \$2,803.08 |
| EmblemHealth Select Care Silver Premier | PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80 | HMO | \$905.53 | \$1,806.11 | \$1,535.94 | \$2,571.61 |
| EmblemHealth Select Care Silver Value | PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible | HMO | \$876.06 | \$1,747.17 | \$1,485.84 | \$2,487.62 |
| EmblemHealth Millennium Silver Value G | PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible | HMO | \$819.93 | \$1,634.91 | \$1,390.42 | \$2,327.64 |
| EmblemHealth Prime Silver HSA | PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,000/\$12,000 Rx: Deductible then \$15/\$45/\$80 | HMO | \$946.12 | \$1,887.30 | \$1,604.95 | \$2,687.30 |
| 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 | \$655.48 | \$1,306.02 | \$1,110.86 | \$1,858.97 |
| 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 | \$637.92 | \$1,270.89 | \$1,081.00 | \$1,808.91 |
| Oscar Circle Silver 5000 | PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$5,000/\$10,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/Deductible then 50%/Deductible then 50% | EPO | \$706.48 | \$1,408.01 | \$1,197.56 | \$2,004.32 |
| Oxford Metro Silver EPO 30/80 G | PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$712.75 | \$1,420.55 | \$1,208.20 | \$2,022.18 |
| Oxford Metro Silver EPO 50/100 ZD | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$833.47 | \$1,662.00 | \$1,413.45 | \$2,366.25 |
| Oxford Liberty Silver EPO 25/50 G* | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$826.09 | \$1,647.24 | \$1,400.90 | \$2,345.21 |
| Oxford Liberty Silver EPO 40/70* | PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$851.50 | \$1,698.04 | \$1,444.08 | \$2,417.61 |
| Oxford Liberty Silver EPO 50/100 ZD* | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$964.84 | \$1,924.72 | \$1,636.77 | \$2,740.63 |
| Oxford Liberty Silver HSA 4000 Motion* | PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$6,650/\$13,300 Rx: Deductible then \$10/\$50/\$90 | EPO | \$790.64 | \$1,576.33 | \$1,340.62 | \$2,244.17 |

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 PPO plans are reimbursed at 80% FAIR Health.

*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.

If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

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



Monthly Rates for Effective Date - 1/1/2021, 2/1/2021, 3/1/2021

Four Tier - Nassau & Suffolk

| 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 | HMO | \$844.89 | \$1,684.83 | \$1,432.85 | \$2,398.78 |
| EmblemHealth Select Care Bronze Premier | PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50% | HMO | \$784.23 | \$1,563.51 | \$1,329.73 | \$2,225.90 |
| EmblemHealth Select Care Bronze Value | PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,550/\$17,100, 0% Max OOP: \$8,550/\$17,100 Rx: \$35/Deductible then 0%/Deductible then 0% | HMO | \$744.53 | \$1,484.12 | \$1,262.24 | \$2,112.76 |
| EmblemHealth Millennium Bronze Premier G | PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50% | HMO | \$733.32 | \$1,461.68 | \$1,243.18 | \$2,080.79 |
| EmblemHealth Millennium Bronze Value G | PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,550/\$17,100, 0% Max OOP: \$8,550/\$17,100 Rx: \$35/Deductible then 0%/Deductible then 0% | HMO | \$695.86 | \$1,386.77 | \$1,179.50 | \$1,974.04 |
| Healthfirst Bronze Pro EPO HSA | PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$5,950/\$11,900, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then 50%/50%/50% | EPO | \$548.85 | \$1,092.75 | \$929.58 | \$1,555.06 |
| Healthfirst Bronze 6850 Pro EPO HSA | PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,850/\$13,700, 0% Max OOP: \$6,850/\$13,700 Rx: Deductible then 0%/0%/0% | EPO | \$520.03 | \$1,035.10 | \$880.58 | \$1,472.92 |
| 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 | \$501.06 | \$997.17 | \$848.34 | \$1,418.87 |
| Oscar Circle Bronze 4500 | PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: Deductible then \$20/\$75/\$150 | EPO | \$620.42 | \$1,235.88 | \$1,051.25 | \$1,759.03 |
| Oxford Metro Bronze HSA 7000 G | PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0% | EPO | \$606.88 | \$1,208.83 | \$1,028.25 | \$1,720.47 |
| Oxford Liberty Bronze HSA 5750* | PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,000/\$14,000 Rx: Deductible then 30%/30%/30% | EPO | \$721.92 | \$1,438.87 | \$1,223.78 | \$2,048.30 |

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 PPO plans are reimbursed at 80% FAIR Health.

*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.
If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.
These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpassny.com.