



Monthly Rates for Effective Date - 10/1/2019, 11/1/2019, 12/1/2019

Four Tier - Westchester & Rockland

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 NG	PCP/Specialist: \$15+/\$35 (+3 free PCP visits) HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$15/\$30/\$70	\$1,124.41	\$2,243.89	\$1,908.04	\$3,195.43
Oscar Circle Platinum	PCP/Specialist: \$10/\$25 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$877.22	\$1,749.51	\$1,487.82	\$2,490.94
Oscar Circle Plus Platinum		\$975.55	\$1,946.16	\$1,654.98	\$2,771.18
Oxford Liberty Advantage Platinum EPO 15/35 G	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,036.70	\$2,068.44	\$1,758.91	\$2,945.43
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 NG	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$450/\$900, 0% Max OOP: \$4,000/\$8,000 Rx: \$10/\$30/\$70	\$988.57	\$1,972.18	\$1,677.10	\$2,808.25
EmblemHealth Prime Gold Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) HMO Deductible, Coinsurance: \$550/\$1,100, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$30/\$70	\$925.99	\$1,847.01	\$1,570.72	\$2,629.90
EmblemHealth Prime Gold Plus 1 G	PCP/Specialist: \$30/\$60 HMO Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35 after ded/\$75 after ded (Rx ded \$100/\$200)	\$864.83	\$1,724.72	\$1,466.76	\$2,455.61
EmblemHealth Select Care Gold Choice NG	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$750/\$1,500, 0% Max OOP: \$5,000/\$10,000 Rx: \$20/\$45 after Deductible/\$75 after Deductible	\$842.23	\$1,679.50	\$1,428.32	\$2,391.19
Oscar Circle Gold	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$25/\$100	\$783.09	\$1,561.23	\$1,327.78	\$2,222.65
Oscar Circle Plus Gold		\$873.36	\$1,741.79	\$1,481.26	\$2,479.94
Oscar Circle Gold 750	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$750/\$1,500, 20% Max OOP: \$7,500/\$15,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$736.54	\$1,468.12	\$1,248.64	\$2,089.97
Oscar Circle Plus Gold 750		\$821.12	\$1,637.29	\$1,392.44	\$2,331.05
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	\$713.44	\$1,421.92	\$1,209.37	\$2,024.14
Oscar Circle Plus Gold 2000		\$796.18	\$1,587.40	\$1,350.04	\$2,259.94

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.

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Gold continued...	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Liberty Gold EPO 30/60 NG	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$867.73	\$1,730.50	\$1,471.68	\$2,463.86
Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$909.66	\$1,814.35	\$1,542.94	\$2,583.36
Oxford Metro Gold EPO 25/40 NG	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$795.79	\$1,586.62	\$1,349.37	\$2,258.82
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/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$764.13	\$1,523.30	\$1,295.55	\$2,168.59
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 NG	PCP/Specialist: \$30+/\$55 (+3 free PCP visits) HMO Deductible, Coinsurance: \$3,300/\$6,600, 0% Max OOP: \$7,000/\$14,000 Rx: \$15/\$35/\$75	\$771.14	\$1,537.36	\$1,307.49	\$2,188.61
EmblemHealth Prime Silver Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) after deductible Deductible, Coinsurance: \$2,550/\$5,100, 0% Max OOP: \$7,300/\$14,600 Rx: \$20/\$40/\$75	\$726.21	\$1,447.48	\$1,231.11	\$2,060.55
EmblemHealth Select Care Silver Value G	PCP/Specialist: \$35+/\$70 (+3 free PCP visits) HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$10/\$0 after Deductible/\$0 after Deductible	\$634.70	\$1,264.47	\$1,075.54	\$1,799.75
Oscar Circle Silver	PCP/Specialist: \$50/\$75 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$7,900/\$15,800 Rx: \$20/\$50/Ded then 50% (Rx ded \$100/\$200)	\$676.86	\$1,348.76	\$1,147.19	\$1,919.88
Oscar Circle Plus Silver	PCP/Specialist: \$40/\$70 EPO Deductible, Coinsurance: \$2,700/\$5,400, 30% Max OOP: \$7,900/\$15,800 Rx: \$20/\$50/\$100	\$758.96	\$1,512.96	\$1,286.77	\$2,153.87
Oscar Circle Silver 2700	PCP/Specialist: \$25/\$75 EPO Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,000/\$14,000 Rx: \$10/Ded then 50%/Ded then 50%	\$652.67	\$1,300.40	\$1,106.08	\$1,850.97
Oscar Circle Plus Silver 2700	PCP/Specialist: \$25/\$75 EPO Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,000/\$14,000 Rx: \$10/Ded then 50%/Ded then 50%	\$729.96	\$1,454.97	\$1,237.47	\$2,071.22
Oscar Circle Silver 4500	PCP/Specialist: Deductible then 20% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%	\$606.22	\$1,207.48	\$1,027.11	\$1,718.55
Oscar Circle Plus Silver 4500	PCP/Specialist: Deductible then 20% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%	\$685.11	\$1,365.26	\$1,161.22	\$1,943.39
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 20% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%	\$615.09	\$1,225.22	\$1,042.18	\$1,743.84
Oscar Circle Plus Silver HSA 3000	PCP/Specialist: Deductible then 20% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%	\$692.51	\$1,380.06	\$1,173.80	\$1,964.48

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.
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Silver continued...	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Liberty Silver EPO 40/70 NG	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$790.12	\$1,575.29	\$1,339.74	\$2,242.68
Oxford Liberty Advantage Silver EPO 30/70 G	PCP/Specialist: \$30/\$70 Deductible, Coinsurance: \$4,000/\$8,000, 40% Max OOP: \$7,350/\$14,700 Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)	\$718.73	\$1,432.49	\$1,218.36	\$2,039.20
Oxford Metro Silver EPO 30/80 NG	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$671.82	\$1,338.70	\$1,138.64	\$1,905.54
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$649.38	\$1,293.81	\$1,100.49	\$1,841.58
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze Plus HSA G	PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$6,550/\$13,100 Rx: \$10 after Deductible/\$35 after Deductible/\$75 after Deductible	\$625.87	\$1,246.79	\$1,060.51	\$1,774.58
Oscar Circle Bronze 4000	PCP/Specialist: Deductible then 50% coinsurance EPO Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,900/\$15,800 Rx: Ded then \$20/\$50/\$100	\$529.15	\$1,053.36	\$896.09	\$1,498.92
Oscar Circle Plus Bronze 4000		\$598.22	\$1,191.49	\$1,013.50	\$1,695.76
Oscar Circle Bronze 7900	PCP/Specialist: Deductible then \$0 copay EPO Deductible, Coinsurance: \$7,900/\$15,800, 0% Max OOP: \$7,900/\$15,800 Rx: Ded then \$0/\$0/\$0	\$503.87	\$1,002.80	\$853.12	\$1,426.88
Oscar Circle Plus Bronze 7900		\$573.24	\$1,141.52	\$971.03	\$1,624.55
Oscar Circle Bronze HSA 6650	PCP/Specialist: Deductible then \$0 coinsurance EPO Deductible, Coinsurance: \$6,650/\$13,300, 0% Max OOP: \$6,650/\$13,300 Rx: Ded then \$0/\$0/\$0	\$530.18	\$1,055.41	\$897.84	\$1,501.87
Oscar Circle Plus Bronze HSA 6650		\$601.18	\$1,197.42	\$1,018.55	\$1,704.21
Oxford Liberty Bronze EPO HSA 3300 NG	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$6,700/\$13,400 Rx: Deductible then 30%/30%/30%	\$677.94	\$1,350.93	\$1,149.04	\$1,922.98
Oxford Metro Bronze EPO HSA 6550 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,700/\$13,400 Rx: Deductible then 0%/0%/0%	\$535.17	\$1,065.39	\$906.32	\$1,516.08

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