



Monthly Rates for Effective Date - 1/1/2020, 2/1/2020, 3/1/2020

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	\$1,301.00	\$2,597.04	\$2,208.22	\$3,698.68
EmblemHealth Prime Platinum Premier	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
EmblemHealth Select Care Platinum Premier	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
Healthfirst Platinum Pro EPO	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
Oscar Circle Platinum 2	PCP/Specialist: \$5/\$20 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50	\$1,018.07	\$2,031.20	\$1,727.26	\$2,892.34
Oscar Circle Platinum 2		\$1,131.13	\$2,257.32	\$1,919.46	\$3,214.58
Oscar Circle Platinum 1	PCP/Specialist: \$10/\$25 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75	\$987.22	\$1,969.50	\$1,674.81	\$2,804.43
Oscar Circle Platinum 1		\$1,103.22	\$2,201.48	\$1,872.01	\$3,135.01
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)	\$1,061.39	\$2,117.84	\$1,800.90	\$3,015.81

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.



Monthly Rates for Effective Date - 1/1/2020, 2/1/2020, 3/1/2020

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 POS	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,000/\$2,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$5,000/\$10,000 - OON \$7,000/\$14,000 Rx: \$0/\$35/\$75	\$1,074.31	\$2,143.66	\$1,822.85	\$3,052.62
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: 0/\$40/\$80	\$1,010.59	\$2,016.23	\$1,714.54	\$2,871.03
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40/\$80	\$927.22	\$1,849.49	\$1,572.82	\$2,633.43
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	\$753.01	\$1,501.07	\$1,276.66	\$2,136.92
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	\$723.09	\$1,441.23	\$1,225.79	\$2,051.65
Oscar Circle Gold	PCP/Specialist: \$20/\$40 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$8,150/\$16,300 Rx: \$10/\$35 after ded/\$100 after ded (Rx ded \$100/\$200)	\$875.57	\$1,746.17	\$1,484.99	\$2,486.20
Oscar Circle Plus Gold		\$988.11	\$1,971.26	\$1,676.31	\$2,806.94
Oscar Circle Gold 1000	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$1,000/\$2,000, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$834.45	\$1,663.94	\$1,415.09	\$2,369.02
Oscar Circle Plus Gold 1000		\$942.91	\$1,880.87	\$1,599.48	\$2,678.14
Oscar Circle Gold 1250	PCP/Specialist: \$40/\$70 EPO Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$793.33	\$1,581.71	\$1,345.19	\$2,251.83
Oscar Circle Plus Gold 1250		\$903.09	\$1,801.23	\$1,531.79	\$2,564.66
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$795.82	\$1,586.69	\$1,349.43	\$2,258.92
Oscar Circle Plus Gold 2000		\$905.84	\$1,806.72	\$1,536.45	\$2,572.47
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$1,007.99	\$2,011.03	\$1,710.12	\$2,863.61
Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$5,400/\$10,800 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$942.92	\$1,880.90	\$1,599.51	\$2,678.18
Oxford Liberty Gold EPO 30/60	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)	\$888.03	\$1,771.12	\$1,506.19	\$2,521.73
Oxford Metro Gold EPO 25/40	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)	\$827.96	\$1,650.97	\$1,404.07	\$2,350.53
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)	\$794.36	\$1,583.77	\$1,346.95	\$2,254.77

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.



Monthly Rates for Effective Date - 1/1/2020, 2/1/2020, 3/1/2020

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 HMO Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	\$851.95	\$1,698.95	\$1,444.85	\$2,418.90
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 HMO Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	\$781.95	\$1,558.95	\$1,325.85	\$2,219.40
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	\$756.25	\$1,507.56	\$1,282.17	\$2,146.17
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	\$705.35	\$1,405.75	\$1,195.63	\$2,001.09
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay HMO Deductible, Coinsurance: \$2,600/\$5,200, 40% Max OOP: \$5,800/\$11,600 Rx: \$15/\$45 after Deductible/\$80 after Deductible	\$819.68	\$1,634.41	\$1,389.99	\$2,326.93
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	\$647.74	\$1,290.52	\$1,097.69	\$1,836.89
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	\$630.38	\$1,255.80	\$1,068.17	\$1,787.41
Oscar Circle Silver	PCP/Specialist: \$50/\$80 EPO Deductible, Coinsurance: \$0, 20% Max OOP: \$8,150/\$16,300	\$771.45	\$1,537.95	\$1,308.00	\$2,189.49
Oscar Circle Plus Silver	Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200)	\$880.76	\$1,756.58	\$1,493.83	\$2,501.02
Oscar Circle Silver 3000	PCP/Specialist: \$40/\$75 EPO Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300	\$704.99	\$1,405.03	\$1,195.02	\$2,000.07
Oscar Circle Plus Silver 3000	Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$809.83	\$1,614.72	\$1,373.25	\$2,298.87
Oscar Circle Silver 4500	PCP/Specialist: \$40/\$75 EPO Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300	\$659.32	\$1,313.69	\$1,117.38	\$1,869.91
Oscar Circle Plus Silver 4500	Rx: \$10/50% after ded/50% after ded	\$765.06	\$1,525.17	\$1,297.14	\$2,171.26
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 30% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,750/\$13,500	\$648.24	\$1,291.54	\$1,098.55	\$1,838.34
Oscar Circle Plus Silver HSA 3000	Rx: Deductible then 30%/30%/30%	\$746.92	\$1,488.89	\$1,266.30	\$2,119.56
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)	\$787.60	\$1,570.24	\$1,335.45	\$2,235.49
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)	\$789.45	\$1,573.94	\$1,338.59	\$2,240.76
Oxford Liberty Silver 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)	\$755.96	\$1,506.97	\$1,281.67	\$2,145.33
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)	\$661.44	\$1,317.93	\$1,120.98	\$1,875.95

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.



Monthly Rates for Effective Date - 1/1/2020, 2/1/2020, 3/1/2020

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 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
EmblemHealth Select Care Bronze Premier	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%	\$674.91	\$1,344.87	\$1,143.89	\$1,914.34
EmblemHealth Select Care Bronze Value	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	\$644.82	\$1,284.70	\$1,092.74	\$1,828.58
EmblemHealth Millennium Bronze Premier G	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%	\$628.89	\$1,252.84	\$1,065.65	\$1,783.20
EmblemHealth Millennium Bronze Value G	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
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%	\$542.37	\$1,079.78	\$918.56	\$1,536.59
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%	\$513.88	\$1,022.82	\$870.13	\$1,455.41
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%	\$495.15	\$985.34	\$838.29	\$1,402.00
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance EPO Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300 Rx: Deductible then \$20/\$50/\$100	\$577.30	\$1,149.65	\$977.95	\$1,636.15
Oscar Circle Plus Bronze 4500		\$668.68	\$1,332.40	\$1,133.29	\$1,896.57
Oscar Circle Bronze 8150	PCP/Specialist: Deductible then \$0 copay EPO Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then \$0/\$0/\$0	\$552.23	\$1,099.51	\$935.32	\$1,564.70
Oscar Circle Plus Bronze 8150		\$640.75	\$1,276.55	\$1,085.80	\$1,816.97
Oscar Circle Bronze HSA 6750	PCP/Specialist: Deductible then \$0 coinsurance EPO Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500 Rx: Deductible then \$0/\$0/\$0	\$589.31	\$1,173.68	\$998.37	\$1,670.39
Oscar Circle Plus Bronze HSA 6750		\$680.81	\$1,356.68	\$1,153.91	\$1,931.16
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%	\$680.85	\$1,356.76	\$1,153.98	\$1,931.27
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%	\$554.62	\$1,104.29	\$939.40	\$1,571.51

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.