

Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

| 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 | \$1,370.81 | \$2,736.68 | \$2,326.92 | \$3,897.66 |
| 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 | \$1,301.47 | \$2,597.99 | \$2,209.04 | \$3,700.03 |
| 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 | \$1,193.66 | \$2,382.37 | \$2,025.76 | \$3,392.78 |
| 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) | \$1,168.20 | \$2,331.46 | \$1,982.48 | \$3,320.22 |

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 | Linployco | Spouse | Child(ren) | - arring |
| 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% | \$1,131,91 | \$2,258.87 | \$1,920.78 | \$3,216.79 |
| | Max OOP: \$5,000/\$10,000 - OON \$7,000/\$14,000 | φ1,131.91 | φ2,230.07 | φ1,920.70 | \$3,210.79 |
| | Rx: \$0/\$35/\$75 | | | | |
| EmblemHealth Prime Gold Premier | PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO | | | | |
| | Deductible, Coinsurance: \$350/\$700, 30% | \$1.064.77 | \$2,124.59 | \$1,806.65 | \$3,025.44 |
| | Max OOP: \$5,300/\$10,600 | \$1,004.77 | φ2,124.55 | φ1,000.05 | ψ3,023.44 |
| | Rx: 0/\$40/\$80 | | | | |
| | PCP/Specialist: 3 free PCP visits then \$40/\$60 HMO | | | | |
| EmblemHealth Select Care Gold Premier | Deductible, Coinsurance: \$350/\$700, 30% | \$976.90 | \$1,948.85 | \$1,657.27 | \$2,775.02 |
| | Max OOP: \$5,300/\$10,600 | φ970.90 | φ1,940.05 | φ1,00 <i>1</i> .2 <i>1</i> | φz,115.0z |
| | Rx: \$0/\$40/\$80 | | | | |
| | PCP/Specialist: \$25/\$50 | | | | |
| Oxford Liberty Gold EPO 25/50 ZD | Deductible, Coinsurance: \$0, 0% | \$1,109.40 | \$2,213.84 | \$1,882.51 | \$3,152.63 |
| Oxiora Liberty Gola EPO 25/50 2D | Max OOP: \$5,000/\$10,000 | φ1,109.40 | φΖ,Ζ13.04 | \$1,002.51 | φ3, 152.05 |
| | Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1) | | | | |
| | PCP/Specialist: \$30/\$60 | | | | |
| Oxford Liberty Gold EPO 30/60 G | Deductible, Coinsurance: \$1,000/\$2,000, 0% | \$1,037.75 | \$2,070.54 | \$1,760.70 | \$2,948.43 |
| Oxiora Elberty Gola EPO 30/00 G | Max OOP: \$5,400/\$10,800 | φ1,057.75 | φ2,070.54 | \$1,700.70 | ψ2,940.43 |
| | Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1) | | | | |
| | PCP/Specialist: \$30/\$60 | | | | |
| Oxford Liberty Gold EPO 30/60 | Deductible, Coinsurance: \$2,000/\$4,000, 30% | \$977.31 | \$1.949.68 | \$1.657.97 | \$2,776.20 |
| Oxiora Liberty Gola EPO 30/60 | Max OOP: \$7,900/\$15,800 | φ977.31 | φ1,949.00 | \$1,057.97 | φ2,770.20 |
| | 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% | \$911.17 | \$1.817.40 | \$1.545.54 | \$2,587.68 |
| | Max OOP: \$5,000/\$10,000 | φ911.17 | φ1,017. 4 0 | φ1,040.04 | ψ2,307.00 |
| | 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% | \$874.17 | \$1,743.38 | \$1,482.61 | \$2,482.22 |
| | Max OOP: \$5,500/\$11,000 | φ0/4.1/ | φ1,743.30 | φ1,402.01 | ψΖ,40Ζ.ΖΖ |
| | Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1) | | | | |
| Carrier rates are subject to NYS Department of Financial Services approval and final verific All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services | | | | | Page 2 of 4 |

All plans above include 54.95 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 benefits hairbights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.



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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 HMO Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80 | \$897.59 | \$1,790.22 | \$1,522.44 | \$2,548.97 |
| 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 | \$823.81 | \$1,642.67 | \$1,397.01 | \$2,338.69 |
| 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 | \$796.72 | \$1,588.50 | \$1,350.96 | \$2,261.51 |
| 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 | \$863.57 | \$1,722.19 | \$1,464.60 | \$2,452.01 |
| 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) | \$866.73 | \$1,728.51 | \$1,469.98 | \$2,461.02 |
| 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) | \$868.76 | \$1,732.58 | \$1,473.44 | \$2,466.82 |
| 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) | \$831.89 | \$1,658.81 | \$1,410.74 | \$2,361.70 |
| 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) | \$727.81 | \$1,450.68 | \$1,233.82 | \$2,065.12 |

Camer rates are subject to it is to bepartient of innancial services approval and in the venticadion at encomment. All plans above include \$45 for the tableTables Program Benefits (non-cameridagent 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 EmployeeSpouse and Family. * These are benefit highlights only. Please refer to the official SEC to summary of benefits at www.heattingas.com/forms.



Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

| 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 | \$764.32 | \$1,523.69 | \$1,295.88 | \$2,169.15 |
| 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% | \$711.01 | \$1,417.07 | \$1,205.25 | \$2,017.22 |
| 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 | \$679.28 | \$1,353.62 | \$1,151.32 | \$1,926.80 |
| 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% | \$749.19 | \$1,493.44 | \$1,270.17 | \$2,126.05 |
| 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% | \$610.20 | \$1,215.45 | \$1,033.87 | \$1,729.90 |

Carrier rates are subject to NYS Updathfield of inancial Services approval and Inal verticational at 24% informent. All plans above include \$45 of or HathFinas Provinces approval and memory and a 24% infing and administrative fee. Domestic Partner (DP) coverage is available with all careforms. Rates for DP will be the same as rates for EmployeeSpouse and Family. * These are benefit hishiphits only. Please refer to the official \$82 of the official \$40 with the same as rates for EmployeeSpouse and Family.

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