



Monthly Rates for Effective Date - 7/1/2021, 8/1/2021, 9/1/2021

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 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	\$1,545.02	\$3,085.10	\$2,623.08	\$4,394.15
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	\$1,532.83	\$3,060.70	\$2,602.33	\$4,359.39
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	\$1,405.37	\$2,805.79	\$2,385.65	\$3,996.14
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	\$1,312.89	\$2,620.84	\$2,228.45	\$3,732.60

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.



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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	\$1,250.76	\$2,496.57	\$2,122.82	\$3,555.50
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	\$1,249.38	\$2,493.79	\$2,120.47	\$3,551.55
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	\$1,182.88	\$2,360.78	\$2,007.41	\$3,362.00
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	\$1,145.78	\$2,286.63	\$1,944.38	\$3,256.34
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	\$1,082.94	\$2,160.93	\$1,837.54	\$3,077.23
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	\$966.72	\$1,928.48	\$1,639.96	\$2,745.99
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	\$991.80	\$1,978.65	\$1,682.59	\$2,817.47
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	\$1,071.50	\$2,138.06	\$1,818.09	\$3,044.63
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	\$1,134.27	\$2,263.59	\$1,924.80	\$3,223.52
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	\$1,230.96	\$2,456.97	\$2,089.18	\$3,499.08
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	\$1,091.39	\$2,177.83	\$1,851.90	\$3,101.30

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 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.



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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: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$1,075.21	\$2,145.46	\$1,824.39	\$3,055.17
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	\$986.67	\$1,968.38	\$1,673.86	\$2,802.84
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	\$954.55	\$1,904.14	\$1,619.27	\$2,711.29
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	\$1,030.92	\$2,056.89	\$1,749.09	\$2,928.97
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	\$793.62	\$1,582.28	\$1,345.69	\$2,252.64
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	\$928.14	\$1,851.32	\$1,574.37	\$2,636.03
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	\$919.91	\$1,834.86	\$1,560.38	\$2,612.58
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	\$948.20	\$1,891.46	\$1,608.48	\$2,693.22
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	\$1,074.49	\$2,144.05	\$1,823.17	\$3,053.16
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	\$880.41	\$1,755.87	\$1,493.23	\$2,500.01

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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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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	\$920.57	\$1,836.20	\$1,561.51	\$2,614.47
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	\$854.44	\$1,703.93	\$1,449.09	\$2,425.99
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	\$811.17	\$1,617.38	\$1,375.51	\$2,302.67
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	\$675.65	\$1,346.35	\$1,145.15	\$1,916.45
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	\$803.82	\$1,602.70	\$1,363.04	\$2,281.75

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