



Monthly Rates for Effective Date - 4/1/2022, 5/1/2022, 6/1/2022

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 Bridge 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	\$1,608.81	\$3,212.67	\$2,731.52	\$4,575.95
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	\$1,646.92	\$3,288.88	\$2,796.29	\$4,684.55
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	\$1,509.56	\$3,014.17	\$2,562.79	\$4,293.09
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: \$3,050/\$6,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,368.64	\$2,732.34	\$2,323.23	\$3,891.47

G = Gated
ZD = Zero Dollar

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.

*Outpt: Outpatient, MH: Mental Health, SUD: Substance Use Disorders
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 - Liberty 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 - 4/1/2022, 5/1/2022, 6/1/2022

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

Gold	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Bridge 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	\$1,301.83	\$2,598.71	\$2,209.64	\$3,701.06
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80	HMO	\$1,333.47	\$2,661.99	\$2,263.44	\$3,791.25
EmblemHealth Prime Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,000/\$14,000 Rx: \$0/\$40 after Deductible/\$80 after Deductible	EPO	\$1,227.16	\$2,449.36	\$2,082.70	\$3,488.23
EmblemHealth Bridge 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	HMO	\$1,238.36	\$2,471.78	\$2,101.75	\$3,520.18
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80	HMO	\$1,229.81	\$2,454.68	\$2,087.21	\$3,495.81
EmblemHealth Select Care Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,000/\$14,000 Rx: \$0/\$40 after Deductible/\$80 after Deductible	EPO	\$1,162.09	\$2,319.22	\$1,972.08	\$3,302.79
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,013.25	\$2,021.54	\$1,719.06	\$2,878.60
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,049.54	\$2,094.13	\$1,780.76	\$2,982.03
Oxford Liberty Gold EPO 30/60*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,400/\$16,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,115.21	\$2,225.47	\$1,892.39	\$3,169.19
Oxford Liberty Gold EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,400/\$12,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,157.39	\$2,309.83	\$1,964.09	\$3,289.40
Oxford Liberty Gold EPO 25/50 ZD*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,264.31	\$2,523.67	\$2,145.87	\$3,594.13
Oxford Liberty Gold HSA 1500 Motion*	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$10/\$50/\$90	EPO	\$1,128.94	\$2,252.92	\$1,915.73	\$3,208.31

G = Gated
ZD = Zero Dollar

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.
*Outpt: Outpatient, MH: Mental Health, SUD: Substance Use Disorders

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 - 4/1/2022, 5/1/2022, 6/1/2022

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

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: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80	HMO	\$1,142.49	\$2,280.02	\$1,938.76	\$3,246.93
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80	HMO	\$1,053.53	\$2,102.10	\$1,787.53	\$2,993.40
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$1,018.91	\$2,032.86	\$1,728.68	\$2,894.72
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,800/\$13,600 Rx: Deductible then \$15/\$45/\$80	HMO	\$1,079.37	\$2,153.78	\$1,831.46	\$3,067.04
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$843.01	\$1,681.07	\$1,429.65	\$2,393.41
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$979.87	\$1,954.78	\$1,662.31	\$2,783.46
Oxford Liberty Silver EPO 25/50 G*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$954.71	\$1,904.46	\$1,619.53	\$2,711.76
Oxford Liberty Silver EPO 40/70*	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$993.55	\$1,982.15	\$1,685.57	\$2,822.47
Oxford Liberty Silver EPO 50/100 ZD*	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,107.59	\$2,210.22	\$1,879.43	\$3,147.46
Oxford Liberty Silver HSA 4000 Motion*	PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,050/\$14,100 Rx: Deductible then \$10/\$50/\$90	EPO	\$933.67	\$1,862.40	\$1,583.79	\$2,651.82

G = Gated
ZD = Zero Deductible

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.

*Outpt: Outpatient, MH: Mental Health, SUD: Substance Use Disorders

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 - 4/1/2022, 5/1/2022, 6/1/2022

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 Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80	HMO	\$982.28	\$1,959.61	\$1,666.41	\$2,790.34
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$911.03	\$1,817.11	\$1,545.28	\$2,587.28
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	\$864.38	\$1,723.81	\$1,465.98	\$2,454.33
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,050/\$14,100 Rx: Deductible then 0%/0%/0%	EPO	\$747.11	\$1,489.26	\$1,266.62	\$2,120.09
Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,050/\$14,100 Rx: Deductible then 30%/30%/30%	EPO	\$875.22	\$1,745.48	\$1,484.41	\$2,485.21

G = Gated
ZD = Zero Deductible

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.

*Outpt: Outpatient, MH: Mental Health, SUD: Substance Use Disorders

*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.