



Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

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	POS	\$1,417.65	\$2,830.35	\$2,406.53	\$4,031.13
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,345.92	\$2,686.90	\$2,284.61	\$3,826.73
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,234.42	\$2,463.89	\$2,095.05	\$3,508.94
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)	EPO	\$1,226.12	\$2,447.28	\$2,080.93	\$3,485.27

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 POS plans are reimbursed at 80% FAIR Health.

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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 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	POS	\$1,170.55	\$2,336.16	\$1,986.47	\$3,326.91
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: 0/\$40/\$80	HMO	\$1,101.11	\$2,197.27	\$1,868.43	\$3,129.00
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40/\$80	HMO	\$1,010.23	\$2,015.51	\$1,713.92	\$2,869.99
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)	EPO	\$1,164.38	\$2,323.81	\$1,975.99	\$3,309.33
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)	EPO	\$1,089.17	\$2,173.38	\$1,848.12	\$3,094.98
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)	EPO	\$1,025.72	\$2,046.49	\$1,740.26	\$2,914.34
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)	EPO	\$956.29	\$1,907.62	\$1,622.23	\$2,716.26
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)	EPO	\$917.44	\$1,829.93	\$1,556.18	\$2,605.55

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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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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: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$928.20	\$1,851.44	\$1,574.47	\$2,636.20
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$851.89	\$1,698.83	\$1,444.75	\$2,418.72
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$823.87	\$1,642.80	\$1,397.13	\$2,338.88
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$2,800/\$5,200, 40% Max OOP: \$5,800/\$11,600 Rx: Deductible then \$15/\$45/\$80	HMO	\$893.02	\$1,781.07	\$1,514.64	\$2,535.93
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)	EPO	\$909.63	\$1,814.30	\$1,542.89	\$2,583.27
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)	EPO	\$911.77	\$1,818.58	\$1,546.54	\$2,589.38
Oxford Liberty Silver EPO 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)	EPO	\$873.06	\$1,741.16	\$1,480.73	\$2,479.06
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)	EPO	\$763.81	\$1,522.65	\$1,295.01	\$2,167.68

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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	\$790.37	\$1,575.77	\$1,340.15	\$2,243.35
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	HMO	\$735.21	\$1,465.49	\$1,246.41	\$2,086.22
EmblemHealth Select Care Bronze Value	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	HMO	\$702.41	\$1,399.86	\$1,190.63	\$1,992.70
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%	EPO	\$786.24	\$1,567.54	\$1,333.15	\$2,231.47
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%	EPO	\$640.34	\$1,275.71	\$1,085.10	\$1,815.79

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