



**Monthly Rates for Effective Date - 9/1/2019**  
**Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange**

<b>Platinum</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth Prime Platinum Premier NG</b>	<b>PCP/Specialist: \$15+/\$35 (+3 free PCP visits) HMO</b> Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$15/\$30/\$70	\$1,320.62	\$2,636.29	\$2,241.58	\$3,754.61
<b>Oxford Liberty Advantage Platinum EPO 15/35 G</b>	<b>PCP/Specialist: \$15/\$35</b> Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,115.87	\$2,226.80	\$1,893.51	\$3,171.07
<b>Gold</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth Prime Gold Premier NG</b>	<b>PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO</b> Deductible, Coinsurance: \$450/\$900, 0% Max OOP: \$4,000/\$8,000 Rx: \$10/\$30/\$70	\$1,160.97	\$2,316.98	\$1,970.18	\$3,299.59
<b>EmblemHealth Prime Gold Plus G</b>	<b>PCP/Specialist: \$40+/\$60 (+3 free PCP visits) HMO</b> Deductible, Coinsurance: \$550/\$1,100, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$30/\$70	\$1,087.41	\$2,169.85	\$1,845.13	\$3,089.95
<b>EmblemHealth Prime Gold Plus 1 G</b>	<b>PCP/Specialist: \$30/\$60 HMO</b> Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35 after ded/\$75 after ded (Rx ded \$100/\$200)	\$1,015.55	\$2,026.14	\$1,722.98	\$2,885.15
<b>EmblemHealth Select Care Gold Choice NG</b>	<b>PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO</b> Deductible, Coinsurance: \$750/\$1,500, 0% Max OOP: \$5,000/\$10,000 Rx: \$20/\$45 after Deductible/\$75 after Deductible	\$988.96	\$1,972.98	\$1,677.79	\$2,809.40
<b>Oxford Liberty Gold EPO 30/60 NG</b>	<b>PCP/Specialist: \$30/\$60</b> 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)	\$933.93	\$1,862.92	\$1,584.22	\$2,652.56
<b>Oxford Liberty Gold EPO 30/60 G</b>	<b>PCP/Specialist: \$30/\$60</b> Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$979.08	\$1,953.21	\$1,660.98	\$2,781.22
<b>Oxford Metro Gold EPO 25/40 NG</b>	<b>PCP/Specialist: \$25/\$40</b> 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)	\$856.46	\$1,707.98	\$1,452.52	\$2,431.75
<b>Oxford Metro Gold EPO 25/40 G</b>	<b>PCP/Specialist: \$25/\$40</b> 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)	\$822.38	\$1,639.79	\$1,394.57	\$2,334.62

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](http://www.healthpass.com/forms).



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Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Silver Premier NG	PCP/Specialist: \$30+/\$55 (+3 free PCP visits) HMO Deductible, Coinsurance: \$3,300/\$6,600, 0% Max OOP: \$7,000/\$14,000 Rx: \$15/\$35/\$75	\$905.44	\$1,805.94	\$1,535.78	\$2,571.34
EmblemHealth Prime Silver Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) after deductible Deductible, Coinsurance: \$2,550/\$5,100, 0% Max OOP: \$7,300/\$14,600 Rx: \$20/\$40/\$75	\$852.63	\$1,700.31	\$1,446.00	\$2,420.84
EmblemHealth Select Care Silver Value G	PCP/Specialist: \$35+/\$70 (+3 free PCP visits) HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$10/\$0 after Deductible/\$0 after Deductible	\$745.08	\$1,485.21	\$1,263.18	\$2,114.32
Oxford Liberty Silver EPO 40/70 NG	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$850.37	\$1,695.78	\$1,442.15	\$2,414.38
Oxford Liberty Advantage Silver EPO 30/70 G	PCP/Specialist: \$30/\$70 Deductible, Coinsurance: \$4,000/\$8,000, 40% Max OOP: \$7,350/\$14,700 Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)	\$773.49	\$1,542.03	\$1,311.47	\$2,195.29
Oxford Metro Silver EPO 30/80 NG	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$723.00	\$1,441.05	\$1,225.63	\$2,051.39
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$698.83	\$1,392.70	\$1,184.53	\$1,982.49
<b>Bronze</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze Plus HSA G	PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$6,550/\$13,100 Rx: \$10 after Deductible/\$35 after Deductible/\$75 after Deductible	\$734.70	\$1,464.44	\$1,245.52	\$2,084.71
Oxford Liberty Bronze EPO HSA 3300 NG	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$6,700/\$13,400 Rx: Deductible then 30%/30%/30%	\$729.58	\$1,454.22	\$1,236.83	\$2,070.16
Oxford Metro Bronze EPO HSA 6550 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,700/\$13,400 Rx: Deductible then 0%/0%/0%	\$575.85	\$1,146.76	\$975.49	\$1,632.03

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