





4/1/2020 - 6/1/2020 Summary of Benefits

		EmblemHealth[®] Prime Platinum POS
	In-Network	Out-of-Network Reimbursed at 80% of FAIR Health
Prescription Drugs		
Drug Card		0/30/60
Cost Share Information		
Individual/Family Deductible	N/A	\$2,600/\$5,200
Individual/Family OOP Limit	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)
Co-Insurance	0	30%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$15 visits 4+	30% after ded
Specialist	\$35	30% after ded
Adult Preventive Care	No charge	30% after ded
Child Preventive Care	No charge	30% after ded
Maternity Prenatal/Postnatal Care	No charge	30% after ded
Rehabilitation Services	IP - \$500 per admission OP - \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	
Inpatient Services		
Inpatient Hospital	\$500/admit; pre-auth req	30% after ded; pre-auth req
Inpatient Surgery	\$150; pre-auth req	30% after ded; pre-auth req
Maternity Delivery/Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Substance Abuse Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	\$150; pre-auth req	30% after ded; pre-auth req
Outpatient Surgery	\$150; pre-auth req	30% after ded; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	30% after ded; pre-auth req
Advanced Radiology	\$40; pre-auth req	30% after ded; pre-auth req
Mental Health Outpatient	\$15	30% after ded
Substance Abuse Outpatient	\$15	30% after ded
Emergency Care		
Emergency Room	20% (waived if admitted)	20% ded waived (waived if admitted)
Ambulance	20%	20% ded waived
Urgent Care	\$75	30% after ded
Recovery/Special Needs		
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - \$500 co-pay per admission OP - \$15/\$35 per visit 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	Not covered
Durable Medical Equipment	10%; pre-auth req	Not covered
Hospice Services	IP -\$500/admit; 210 days/plan yr; pre-auth req OP - \$35 per visit	Not covered
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee		\$1,163.71
Employee/Spouse		\$2,322.47
Employee/Child(ren)		\$1,974.85
Family		\$3,307.42
Rates - Nassau & Suffolk		
Employee		\$1,323.03
Employee/Spouse		\$2,641.10
Employee/Child(ren)		\$2,245.68
Family		\$3,761.47
Rates - Westchester & Rockland		
Employee		\$1,163.71
Employee/Spouse		\$2,322.47
Employee/Child(ren)		\$1,974.85
Family		\$3,307.42
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee		\$1,394.04
Employee/Spouse		\$2,783.12
Employee/Child(ren)		\$2,366.39
Family		\$3,963.83

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 EmblemHealth® Prime Platinum Premier In-Network	 EmblemHealth® Select Care Platinum Premier In-Network
Prescription Drugs		
Drug Card	0/30/60	0/30/60
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 visits 4+
Specialist	\$35	\$35
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - \$500 per admission OP- \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - \$500 per admission OP- \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Inpatient Surgery	\$100; pre-auth req	\$100; pre-auth req
Maternity Delivery/Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Substance Abuse Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Outpatient Services		
Outpatient Facility	\$100; pre-auth req	\$100; pre-auth req
Outpatient Surgery	\$100; pre-auth req	\$100; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	PCP-\$15; SP-\$35; pre-auth req
Advanced Radiology	\$35; pre-auth req	\$35; pre-auth req
Mental Health Outpatient	\$35	\$35
Substance Abuse Outpatient	\$35	\$35
Emergency Care		
Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted)
Ambulance	\$100	\$100
Urgent Care	\$75	\$75
Recovery/Special Needs		
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req
Habilitation services	Inpatient: \$500 per admission Outpatient: \$15/\$35 per visit	Inpatient: \$500 per admission Outpatient: \$15/\$35 per visit
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	\$500/admit; 200 days/plan yr; pre-auth req
Durable Medical Equipment	10%; pre-auth req	10%; pre-auth req
Hospice Services	IP - \$500/admit, 210 days/plan yr; pre-auth req OP - \$35 per visit	IP - \$500/admit; 210 days/plan yr; pre-auth req OP - \$35 per visit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,104.88	\$1,013.42
Employee/Spouse	\$2,204.81	\$2,021.89
Employee/Child(ren)	\$1,874.83	\$1,719.36
Family	\$3,139.74	\$2,879.10
Rates - Nassau & Suffolk		
Employee	\$1,256.10	\$1,152.07
Employee/Spouse	\$2,507.26	\$2,299.20
Employee/Child(ren)	\$2,131.91	\$1,955.06
Family	\$3,570.74	\$3,274.26
Rates - Westchester & Rockland		
Employee	\$1,104.88	\$1,013.42
Employee/Spouse	\$2,204.81	\$2,021.89
Employee/Child(ren)	\$1,874.83	\$1,719.36
Family	\$3,139.74	\$2,879.10
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,323.51	\$1,213.87
Employee/Spouse	\$2,642.07	\$2,422.79
Employee/Child(ren)	\$2,246.50	\$2,060.12
Family	\$3,762.85	\$3,450.37

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Platinum Pro EPO In-Network	 Circle Platinum 2 In-Network
Prescription Drugs		
Drug Card	10/30/60	3/10/50
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$20	\$5
Specialist	\$35	\$20
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$10; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$35	\$10
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$100	\$20
Maternity Delivery/Inpatient	Delivery-\$100; IP-\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$200	\$100
Outpatient Surgery	\$100	\$20
Lab/X-Ray	PCP-\$20; SP-\$35	\$20
Advanced Radiology	\$35	\$50
Mental Health Outpatient	\$20	\$5
Substance Abuse Outpatient	\$20	\$5
Emergency Care		
Emergency Room	\$250 (waived if admitted)	\$250
Ambulance	\$150	\$250
Urgent Care	\$50	\$25
Recovery/Special Needs		
Home Health Care	\$20; 40 visits/plan yr	\$20; 40 visits/plan yr
Habilitation services	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$10; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10%	20%
Hospice Services	\$500/admit IP; \$20 OP; 210 days/plan yr	\$500 per visit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$898.12	\$1,030.95
Employee/Spouse	\$1,791.29	\$2,056.94
Employee/Child(ren)	\$1,523.34	\$1,749.14
Family	\$2,550.49	\$2,929.03
Rates - Nassau & Suffolk		
Employee	\$898.12	\$1,030.95
Employee/Spouse	\$1,791.29	\$2,056.94
Employee/Child(ren)	\$1,523.34	\$1,749.14
Family	\$2,550.49	\$2,929.03
Rates - Westchester & Rockland		
Employee	N/A	\$1,030.95
Employee/Spouse	N/A	\$2,056.94
Employee/Child(ren)	N/A	\$1,749.14
Family	N/A	\$2,929.03
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Plus Platinum 2	OSCAR Circle Platinum 1
	In-Network	In-Network
Prescription Drugs		
Drug Card	3/10/50	10/30/75
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,400/\$4,800
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$5	\$10
Specialist	\$20	\$25
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$10; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$10	\$25
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$20	\$50
Maternity Delivery/Inpatient	\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$100	\$100
Outpatient Surgery	\$20	\$50
Lab/X-Ray	20	Lab-\$15; X-ray-\$50
Advanced Radiology	\$50	\$100
Mental Health Outpatient	\$5	\$10
Substance Abuse Outpatient	\$5	\$10
Emergency Care		
Emergency Room	\$250	\$500 (waived if admitted) after ded
Ambulance	\$250	\$500
Urgent Care	\$25	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$20; 40 visits/plan yr	\$25; 40 visits/plan yr
Habilitation services	\$10; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 per visit ded does not apply	\$500 per visit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,145.44	\$999.70
Employee/Spouse	\$2,285.93	\$1,994.46
Employee/Child(ren)	\$1,943.78	\$1,696.03
Family	\$3,255.36	\$2,840.00
Rates - Nassau & Suffolk		
Employee	\$1,145.44	\$999.70
Employee/Spouse	\$2,285.93	\$1,994.46
Employee/Child(ren)	\$1,943.78	\$1,696.03
Family	\$3,255.36	\$2,840.00
Rates - Westchester & Rockland		
Employee	\$1,145.44	\$999.70
Employee/Spouse	\$2,285.93	\$1,994.46
Employee/Child(ren)	\$1,943.78	\$1,696.03
Family	\$3,255.36	\$2,840.00
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

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4/1/2020 - 6/1/2020 Summary of Benefits

	 Circle Plus Platinum 1 In-Network	 Liberty Platinum EPO 40/80 411 In-Network
Prescription Drugs		
Drug Card	10/30/75	5/30/60/150 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,400/\$4,800	\$2,000/\$4,000
Co-Insurance	0%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$10	\$5 visits 1-4; \$40 visits 5+
Specialist	\$25	\$25 visit 1; \$80 visits 2+
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	\$25	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit	\$1,000/admit
Inpatient Surgery	\$50	\$500
Maternity Delivery/Inpatient	\$500/admit	\$1,000/admit
Mental Health Inpatient	\$500/admit	\$1,000/admit
Substance Abuse Inpatient	\$500/admit	Rehab-\$1,000/admit
Outpatient Services		
Outpatient Facility	\$100	Hosp-\$500; FS-\$250
Outpatient Surgery	\$50	Hosp-\$250; FS-\$125
Lab/X-Ray	Lab-\$15; X-ray-\$50	Lab-\$15; X-ray-\$50
Advanced Radiology	\$100	\$150
Mental Health Outpatient	\$10	\$40
Substance Abuse Outpatient	\$10	Rehab-\$40
Emergency Care		
Emergency Room	\$500	50% coins
Ambulance	\$500	No charge
Urgent Care	\$75	\$25 visit 1; \$80 visits 2+
Recovery/Special Needs		
Home Health Care	\$25; 40 visits/plan yr	20%; 40 visits/cal yr
Habilitation services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$1,000/admit; 200 days/cal yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 per visit ded does not apply	\$1,000/admit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,117.18	\$1,087.38
Employee/Spouse	\$2,229.39	\$2,169.80
Employee/Child(ren)	\$1,895.73	\$1,845.07
Family	\$3,174.78	\$3,089.86
Rates - Nassau & Suffolk		
Employee	\$1,117.18	\$1,087.38
Employee/Spouse	\$2,229.39	\$2,169.80
Employee/Child(ren)	\$1,895.73	\$1,845.07
Family	\$3,174.78	\$3,089.86
Rates - Westchester & Rockland		
Employee	\$1,117.18	\$1,087.38
Employee/Spouse	\$2,229.39	\$2,169.80
Employee/Child(ren)	\$1,895.73	\$1,845.07
Family	\$3,174.78	\$3,089.86
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$1,196.80
Employee/Spouse	N/A	\$2,388.66
Employee/Child(ren)	N/A	\$2,031.10
Family	N/A	\$3,401.73

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

		EmblemHealth EmblemHealth Prime Gold POS	
		In-Network	Out-of-Network Reimbursed at 80% of FAIR Health
Prescription Drugs			
Drug Card	0/35/75		
Cost Share Information			
Individual/Family Deductible	\$1,000/\$2,000	\$3,800/\$7,600	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%	40%	
Lifetime Max	None	None	
Office Visits			
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	
Specialist	\$40 ded waived	40% after ded	
Adult Preventive Care	No charge	40% after ded	
Child Preventive Care	No charge	40% after ded	
Maternity Prenatal/Postnatal Care	No charge	40% after ded	
Rehabilitation Services	IP - 30% coins per admission OP - After ded \$25/\$40 per visit	After ded 40% coins	
Chiropractic Care	Covered; See brochure	\$25	
Inpatient Services			
Inpatient Hospital	30% after ded; pre-auth req	40% after ded; pre-auth req	
Inpatient Surgery	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Maternity Delivery/Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	
Outpatient Services			
Outpatient Facility	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Outpatient Surgery	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Lab/X-Ray	PCP-\$25 after ded; SP-\$40 after ded; pre-auth req	40% after ded; pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req	40% after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived	40% after ded	
Substance Abuse Outpatient	\$25 ded waived	40% after ded	
Emergency Care			
Emergency Room	30% after ded	30% after ded	
Ambulance	30% after ded	30% after ded	
Urgent Care	\$75 ded waived	40% after ded	
Recovery/Special Needs			
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req	40% after ded; 40 visits/plan yr; pre-auth req	
Habilitation services	IP - 30% coins per admission OP - After plan ded \$25/\$40 per visit	After ded 40% coins	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	Not covered	
Durable Medical Equipment	20% after ded; pre-auth req	Not covered	
Hospice Services	IP - 30% after ded; 210 days/plan yr; pre-auth req OP - \$60 after ded	Not covered	
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx			
Employee	\$961.04		
Employee/Spouse	\$1,917.12		
Employee/Child(ren)	\$1,630.30		
Family	\$2,729.79		
Rates - Nassau & Suffolk			
Employee	\$1,092.49		
Employee/Spouse	\$2,180.02		
Employee/Child(ren)	\$1,853.75		
Family	\$3,104.43		
Rates - Westchester & Rockland			
Employee	\$961.04		
Employee/Spouse	\$1,917.12		
Employee/Child(ren)	\$1,630.30		
Family	\$2,729.79		
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange			
Employee	\$1,151.07		
Employee/Spouse	\$2,297.19		
Employee/Child(ren)	\$1,953.35		
Family	\$3,271.39		

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.




4/1/2020 - 6/1/2020 Summary of Benefits

	 Prime Gold Premier	 Select Care Gold Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	0/40/80	0/40/80
Cost Share Information		
Individual/Family Deductible	\$350/\$700	\$350/\$700
Individual/Family OOP Limit	\$5,300/\$10,600 (incl ded)	\$5,300/\$10,600 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$40 ded waived visits 4+	No charge visits 1-3; \$40 ded waived visits 4+
Specialist	\$60 ded waived	\$60 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded; pre-auth req	30% after ded; pre-auth req
Inpatient Surgery	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Maternity Delivery/Inpatient	30% after ded; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	30% after ded; pre-auth req	30% after ded; pre-auth req
Substance Abuse Inpatient	30% after ded; pre-auth req	30% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Outpatient Surgery	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Lab/X-Ray	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req
Advanced Radiology	\$60 after ded; pre-auth req	\$60 after ded; pre-auth req
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	\$600 (waived if admitted) after ded	\$600 (waived if admitted) after ded
Ambulance	\$200 after ded	\$200 after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$60 after ded ; 40 visits/plan yr; pre-auth req	\$60 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	30% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	20% after ded; pre-auth req	20% after ded; pre-auth req
Hospice Services	IP - 30% after ded OP - \$60 after ded 210 days/plan yr; pre-auth req	IP - 30% after ded OP - \$60 after ded 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$904.07	\$829.52
Employee/Spouse	\$1,803.18	\$1,654.10
Employee/Child(ren)	\$1,533.45	\$1,406.73
Family	\$2,567.43	\$2,354.99
Rates - Nassau & Suffolk		
Employee	\$1,027.68	\$942.90
Employee/Spouse	\$2,050.43	\$1,880.85
Employee/Child(ren)	\$1,743.60	\$1,599.47
Family	\$2,919.76	\$2,678.11
Rates - Westchester & Rockland		
Employee	\$904.07	\$829.52
Employee/Spouse	\$1,803.18	\$1,654.10
Employee/Child(ren)	\$1,533.45	\$1,406.73
Family	\$2,567.43	\$2,354.99
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,082.79	\$993.43
Employee/Spouse	\$2,160.62	\$1,981.91
Employee/Child(ren)	\$1,837.28	\$1,685.36
Family	\$3,076.78	\$2,822.11

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4/1/2020 - 6/1/2020 Summary of Benefits

	 Gold Pro EPO In-Network	 Gold 25/50/0 Pro EPO In-Network
Prescription Drugs		
Drug Card	10/50/85	10/50/85
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25	\$25
Specialist	\$40	\$50
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40	\$50
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$100	\$100
Maternity Delivery/Inpatient	Delivery-\$100; IP-\$500/admit	Delivery-\$100; IP-\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$300	\$300
Outpatient Surgery	\$100	\$100
Lab/X-Ray	PCP-\$25; SP-\$40	PCP-\$25; SP-\$50
Advanced Radiology	\$40	\$50
Mental Health Outpatient	\$25	\$25
Substance Abuse Outpatient	\$25	\$25
Emergency Care		
Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted)
Ambulance	\$150	\$150
Urgent Care	\$60	\$60
Recovery/Special Needs		
Home Health Care	\$25; 40 visits/plan yr	\$25; 40 visits/plan yr
Habilitation services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	15%	15%
Hospice Services	\$500/admit IP; \$25 OP; 210 days/plan yr	\$500/admit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$764.98	\$734.58
Employee/Spouse	\$1,525.01	\$1,464.22
Employee/Child(ren)	\$1,297.00	\$1,245.33
Family	\$2,171.04	\$2,084.40
Rates - Nassau & Suffolk		
Employee	\$764.98	\$734.58
Employee/Spouse	\$1,525.01	\$1,464.22
Employee/Child(ren)	\$1,297.00	\$1,245.33
Family	\$2,171.04	\$2,084.40
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Gold In-Network	OSCAR Circle Plus Gold In-Network
Prescription Drugs		
Drug Card	10/35/100/100 ded T2-3	10/35/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$20	\$20
Specialist	\$40	\$40
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40	\$40
Inpatient Services		
Inpatient Hospital	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Inpatient Surgery	\$150	\$150
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Mental Health Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Substance Abuse Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Outpatient Services		
Outpatient Facility	\$250	\$250
Outpatient Surgery	\$150	\$150
Lab/X-Ray	40	40
Advanced Radiology	\$140	\$140
Mental Health Outpatient	\$20	\$20
Substance Abuse Outpatient	\$20	\$20
Emergency Care		
Emergency Room	\$650	\$650
Ambulance	\$650	\$650
Urgent Care	\$75	\$75
Recovery/Special Needs		
Home Health Care	\$40; 40 visits/plan yr	\$40; 40 visits/plan yr
Habilitation services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	\$500/day; 5 days/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 copay/day for up to five days ded does not apply	\$500 copay/day for up to five days ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$886.63	\$1,000.59
Employee/Spouse	\$1,768.30	\$1,996.24
Employee/Child(ren)	\$1,503.80	\$1,697.54
Family	\$2,517.73	\$2,842.54
Rates - Nassau & Suffolk		
Employee	\$886.63	\$1,000.59
Employee/Spouse	\$1,768.30	\$1,996.24
Employee/Child(ren)	\$1,503.80	\$1,697.54
Family	\$2,517.73	\$2,842.54
Rates - Westchester & Rockland		
Employee	\$886.63	\$1,000.59
Employee/Spouse	\$1,768.30	\$1,996.24
Employee/Child(ren)	\$1,503.80	\$1,697.54
Family	\$2,517.73	\$2,842.54
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Gold 1000 In-Network	OSCAR Circle Plus Gold 1000 In-Network
Prescription Drugs		
Drug Card	15/50/100/100 ded T2-3	15/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$1,000/\$2,000	\$1,000/\$2,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	10%	10%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$25 ded waived
Specialist	\$50 ded waived	\$50 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$50 ded waived	\$50 ded waived
Inpatient Services		
Inpatient Hospital	10% after ded	10% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	10% coins subject to ded	10% coins subject to ded
Mental Health Inpatient	10% after ded	10% after ded
Substance Abuse Inpatient	10% after ded	10% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	\$100 copay/visit ded does not apply (x-ray)	\$100 copay/visit ded does not apply (x-ray)
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$25 ded waived	\$25 ded waived
Emergency Care		
Emergency Room	10% after ded	10% after ded
Ambulance	10% after ded	10% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Habilitation services	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	10% after ded; 200 days/plan yr	10% after ded; 200 days/plan yr
Durable Medical Equipment	10% after ded	10% after ded
Hospice Services	10% after ded; 210 days/plan yr	10% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$844.98	\$954.83
Employee/Spouse	\$1,685.02	\$1,904.71
Employee/Child(ren)	\$1,433.01	\$1,619.74
Family	\$2,399.05	\$2,712.10
Rates - Nassau & Suffolk		
Employee	\$844.98	\$954.83
Employee/Spouse	\$1,685.02	\$1,904.71
Employee/Child(ren)	\$1,433.01	\$1,619.74
Family	\$2,399.05	\$2,712.10
Rates - Westchester & Rockland		
Employee	\$844.98	\$954.83
Employee/Spouse	\$1,685.02	\$1,904.71
Employee/Child(ren)	\$1,433.01	\$1,619.74
Family	\$2,399.05	\$2,712.10
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Gold 1250 In-Network	OSCAR Circle Plus Gold 1250 In-Network
Prescription Drugs		
Drug Card	10/50/100/100 ded T2-3	10/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$1,250/\$2,500	\$1,250/\$2,500
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	20%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$70 ded waived	\$70 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$70 ded waived	\$70 ded waived
Inpatient Services		
Inpatient Hospital	20% after ded	20% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	20% after ded	20% after ded
Mental Health Inpatient	20% after ded	20% after ded
Substance Abuse Inpatient	20% after ded	20% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	Lab-\$70 ded waived; X-ray-\$100 ded waived	Lab-\$70 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded
Urgent Care	\$90 ded waived	\$90 ded waived
Recovery/Special Needs		
Home Health Care	\$70 ded waived; 40 visits/plan yr	\$70 ded waived; 40 visits/plan yr
Habilitation services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded
Hospice Services	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$803.35	\$914.50
Employee/Spouse	\$1,601.74	\$1,824.06
Employee/Child(ren)	\$1,362.22	\$1,551.20
Family	\$2,280.38	\$2,597.18
Rates - Nassau & Suffolk		
Employee	\$803.35	\$914.50
Employee/Spouse	\$1,601.74	\$1,824.06
Employee/Child(ren)	\$1,362.22	\$1,551.20
Family	\$2,280.38	\$2,597.18
Rates - Westchester & Rockland		
Employee	\$803.35	\$914.50
Employee/Spouse	\$1,601.74	\$1,824.06
Employee/Child(ren)	\$1,362.22	\$1,551.20
Family	\$2,280.38	\$2,597.18
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Gold 2000 In-Network	OSCAR Circle Plus Gold 2000 In-Network
Prescription Drugs		
Drug Card	10/50/100/150 ded T2-3	10/50/100/150 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$2,000/\$4,000	\$2,000/\$4,000
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	20%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$25 ded waived
Specialist	\$50 ded waived	\$50 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$50 copay/visit ded does not apply	\$50 copay/visit ded does not apply
Inpatient Services		
Inpatient Hospital	20% after ded	20% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	20% after ded	20% after ded
Mental Health Inpatient	20% after ded	20% after ded
Substance Abuse Inpatient	20% after ded	20% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	Lab-\$50 ded waived; X-ray-\$100 ded waived	Lab-\$50 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$25 ded waived	\$25 ded waived
Emergency Care		
Emergency Room	\$250 ded waived	\$250 ded waived
Ambulance	\$250 ded waived	\$250 ded waived
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Habilitation services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded
Hospice Services	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$805.87	\$917.28
Employee/Spouse	\$1,606.78	\$1,829.61
Employee/Child(ren)	\$1,366.51	\$1,555.91
Family	\$2,287.57	\$2,605.10
Rates - Nassau & Suffolk		
Employee	\$805.87	\$917.28
Employee/Spouse	\$1,606.78	\$1,829.61
Employee/Child(ren)	\$1,366.51	\$1,555.91
Family	\$2,287.57	\$2,605.10
Rates - Westchester & Rockland		
Employee	\$805.87	\$917.28
Employee/Spouse	\$1,606.78	\$1,829.61
Employee/Child(ren)	\$1,366.51	\$1,555.91
Family	\$2,287.57	\$2,605.10
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Liberty Gold EPO 25/50 ZD In-Network	 Liberty Gold EPO 30/60 G In-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	15/35/75/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	\$1,000/\$2,000
Individual/Family OOP Limit	\$5,000/\$10,000	\$5,400/\$10,800 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25	\$30 ded waived
Specialist	\$50	\$60 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/day after ded; \$2,000 max/admit
Inpatient Surgery	\$250	0% after ded
Maternity Delivery/Inpatient	\$500/admit	\$500/day after ded; \$2,000 max/admit
Mental Health Inpatient	\$500/admit	\$500/day after ded; \$2,000 max/admit
Substance Abuse Inpatient	Rehab-\$500/admit	Rehab-\$500/day after ded; \$2,000 max/admit
Outpatient Services		
Outpatient Facility	Hosp-\$500; FS-\$150	Hosp-\$250 after ded; FS-\$150 after ded
Outpatient Surgery	Hosp-\$250; FS-\$75	0% after ded
Lab/X-Ray	Lab-\$20; X-ray-\$50	Lab-No charge; X-ray-\$35 after ded
Advanced Radiology	\$150	\$100 after ded
Mental Health Outpatient	\$50	\$60 ded waived
Substance Abuse Outpatient	Rehab-\$50	Rehab-\$60 ded waived
Emergency Care		
Emergency Room	\$750 (waived if admitted)	\$500 (waived if admitted) ded waived
Ambulance	No charge	No charge
Urgent Care	\$50	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50; 40 visits/cal yr	\$60 ded waived; 40 visits/cal yr
Habilitation services	\$50; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/cal yr	\$500/day after ded; \$2,000 max/admit; 200 days/cal yr
Durable Medical Equipment	No charge	0% after ded
Hospice Services	\$500/admit	\$500/day after ded; \$2,000 max/admit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,032.64	\$965.98
Employee/Spouse	\$2,060.35	\$1,927.03
Employee/Child(ren)	\$1,752.04	\$1,638.72
Family	\$2,933.90	\$2,743.91
Rates - Nassau & Suffolk		
Employee	\$1,032.64	\$965.98
Employee/Spouse	\$2,060.35	\$1,927.03
Employee/Child(ren)	\$1,752.04	\$1,638.72
Family	\$2,933.90	\$2,743.91
Rates - Westchester & Rockland		
Employee	\$1,032.64	\$965.98
Employee/Spouse	\$2,060.35	\$1,927.03
Employee/Child(ren)	\$1,752.04	\$1,638.72
Family	\$2,933.90	\$2,743.91
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,136.55	\$1,063.14
Employee/Spouse	\$2,268.14	\$2,121.35
Employee/Child(ren)	\$1,928.68	\$1,803.88
Family	\$3,230.00	\$3,020.82

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Liberty Gold EPO 30/60 In-Network	 Metro Gold EPO 25/40 In-Network
Prescription Drugs		
Drug Card	15/45/75/100 ded T2-3	10/65/90/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$2,000/\$4,000	\$1,250/\$2,500
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	30%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$30 ded waived	\$25 ded waived
Specialist	\$60 ded waived	\$40 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded	20% after ded
Inpatient Surgery	30% after ded	20% after ded
Maternity Delivery/Inpatient	30% after ded	20% after ded
Mental Health Inpatient	30% after ded	20% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-20% after ded
Outpatient Services		
Outpatient Facility	30% after ded	Hosp-\$500 after ded; FS-\$200 after ded
Outpatient Surgery	30% after ded	20% after ded
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	Lab-\$15 ded waived; X-ray-\$50 after ded
Advanced Radiology	30% after ded	\$150 after ded
Mental Health Outpatient	\$60 ded waived	\$40 ded waived
Substance Abuse Outpatient	Rehab-\$60 ded waived	Rehab-\$40 ded waived
Emergency Care		
Emergency Room	\$500 (waived if admitted) ded waived	\$400 (waived if admitted) ded waived
Ambulance	No charge	No charge
Urgent Care	\$75 ded waived	\$65 ded waived
Recovery/Special Needs		
Home Health Care	\$60 ded waived; 40 visits/cal yr	\$40 ded waived; 40 visits/cal yr
Habilitation services	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/cal yr	20% after ded; 200 days/cal yr
Durable Medical Equipment	30% after ded	20% after ded
Hospice Services	30% after ded	20% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$909.75	\$848.21
Employee/Spouse	\$1,814.55	\$1,691.45
Employee/Child(ren)	\$1,543.11	\$1,438.48
Family	\$2,583.63	\$2,408.22
Rates - Nassau & Suffolk		
Employee	\$909.75	\$848.21
Employee/Spouse	\$1,814.55	\$1,691.45
Employee/Child(ren)	\$1,543.11	\$1,438.48
Family	\$2,583.63	\$2,408.22
Rates - Westchester & Rockland		
Employee	\$909.75	\$848.21
Employee/Spouse	\$1,814.55	\$1,691.45
Employee/Child(ren)	\$1,543.11	\$1,438.48
Family	\$2,583.63	\$2,408.22
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,001.23	\$933.46
Employee/Spouse	\$1,997.51	\$1,861.97
Employee/Child(ren)	\$1,698.61	\$1,583.42
Family	\$2,844.33	\$2,651.20

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 Metro Gold 25/40 G In-Network	 Prime Silver Premier In-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	0/40/80
Cost Share Information		
Individual/Family Deductible	\$1,250/\$2,500	\$2,400/\$4,800
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,800/\$15,600 (incl ded)
Co-Insurance	20%	40%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	No charge visits 1-3; \$35 ded waived visits 4+
Specialist	\$40 ded waived	\$65 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins -60 visits/cal yr comb PT/OT/ST OP - \$35/\$65 co-pay per visit
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	20% after ded	40% after ded; pre-auth req
Inpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Maternity Delivery/Inpatient	20% after ded	40% after ded; pre-auth req
Mental Health Inpatient	20% after ded	40% after ded; pre-auth req
Substance Abuse Inpatient	Rehab-20% after ded	40% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	\$250 after ded; pre-auth req
Outpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Lab/X-Ray	Lab-\$15 ded waived; X-ray-\$50 after ded	Lab-\$35/\$65 ded waived X-ray- after ded \$35/\$65
Advanced Radiology	\$150 after ded	\$65 after ded
Mental Health Outpatient	\$40 ded waived	\$35 ded waived
Substance Abuse Outpatient	Rehab-\$40 ded waived	\$35 ded waived
Emergency Care		
Emergency Room	\$500 (waived if admitted) ded waived	40% after ded
Ambulance	No charge	\$250 after ded
Urgent Care	\$65 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$40 ded waived; 40 visits/cal yr	\$65 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins after ded 60 visits In & Out OP - \$35/\$65 co-pay per visit after ded
Skilled Nursing	20% after ded; 200 days/cal yr	40% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	20% after ded	30% after ded; pre-auth req
Hospice Services	20% after ded	IP - 40% after ded; 210 days/plan yr; pre-auth req OP - \$65 co-pay per visit after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$813.76	\$762.23
Employee/Spouse	\$1,622.58	\$1,519.51
Employee/Child(ren)	\$1,379.94	\$1,292.33
Family	\$2,310.07	\$2,163.21
Rates - Nassau & Suffolk		
Employee	\$813.76	\$866.35
Employee/Spouse	\$1,622.58	\$1,727.75
Employee/Child(ren)	\$1,379.94	\$1,469.33
Family	\$2,310.07	\$2,459.94
Rates - Westchester & Rockland		
Employee	\$813.76	\$762.23
Employee/Spouse	\$1,622.58	\$1,519.51
Employee/Child(ren)	\$1,379.94	\$1,292.33
Family	\$2,310.07	\$2,163.21
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$895.55	\$912.76
Employee/Spouse	\$1,786.14	\$1,820.57
Employee/Child(ren)	\$1,518.96	\$1,548.23
Family	\$2,543.14	\$2,592.22

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Select Care Silver Premier In-Network	 Select Care Silver Value In-Network
Prescription Drugs		
Drug Card	0/40/80	0%/0%/0% IntDed T2-3
Cost Share Information		
Individual/Family Deductible	\$2,400/\$4,800	\$6,300/\$12,600
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)	\$6,300/\$12,600 (incl ded)
Co-Insurance	40%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+	No charge visits 1-3; \$10 ded waived visits 4+
Specialist	\$65 ded waived	\$55 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - 40% coins - 60 Visits In & Out OP - \$35/\$65 co-pay per visit	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	40% after ded; pre-auth req	0% after ded; pre-auth req
Inpatient Surgery	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Maternity Delivery/Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Substance Abuse Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Surgery	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	Lab-\$35/\$65 ded waived X-ray- after ded \$35/\$65	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req
Advanced Radiology	\$65 after ded	0% after ded; pre-auth req
Mental Health Outpatient	\$35 ded waived	\$10 ded waived
Substance Abuse Outpatient	\$35 ded waived	\$10 ded waived
Emergency Care		
Emergency Room	40% after ded	0% after ded
Ambulance	\$250 after ded	0% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$65 after ded; 40 visits/plan yr; pre-auth req	0% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - 40% coins after ded 60 visits In & Out OP - \$35/\$65 co-pay per visit	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req	0% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	30% after ded; pre-auth req	0% after ded; pre-auth req
Hospice Services	IP - 40% after ded; 210 days/plan yr; pre-auth req OP - \$65 co-pay per visit after ded	0% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$699.65	\$676.67
Employee/Spouse	\$1,394.34	\$1,348.39
Employee/Child(ren)	\$1,185.92	\$1,146.88
Family	\$1,984.83	\$1,919.36
Rates - Nassau & Suffolk		
Employee	\$795.16	\$769.02
Employee/Spouse	\$1,585.36	\$1,533.10
Employee/Child(ren)	\$1,348.30	\$1,303.88
Family	\$2,257.04	\$2,182.56
Rates - Westchester & Rockland		
Employee	\$699.65	\$676.67
Employee/Spouse	\$1,394.34	\$1,348.39
Employee/Child(ren)	\$1,185.92	\$1,146.88
Family	\$1,984.83	\$1,919.36
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$837.73	\$810.18
Employee/Spouse	\$1,670.51	\$1,615.42
Employee/Child(ren)	\$1,420.68	\$1,373.85
Family	\$2,378.37	\$2,299.87

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 Millennium Silver Value G	 Prime Silver HSA
	In-Network	In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed T2-3	15/45/80 IntDed
Cost Share Information		
Individual/Family Deductible	\$6,300/\$12,600	\$2,800/\$5,200
Individual/Family OOP Limit	\$6,300/\$12,600 (incl ded)	\$5,800/\$11,600 (incl ded)
Co-Insurance	0%	40%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$10 ded waived visits 4+	\$30 after ded
Specialist	\$55 ded waived	\$50 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	OP: \$30/\$50 co-pay after ded 60 visits/cond/plan yr comb PT/OT/ST; IP: 40% coins
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	40% after ded; pre-auth req
Inpatient Surgery	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Maternity Delivery/Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Substance Abuse Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Outpatient Surgery	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Lab/X-Ray	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req	Lab-\$30/\$50 after ded (PCP/SP); X-ray-\$30/\$50 after ded (PCP/SP); pre-auth req
Advanced Radiology	0% after ded; pre-auth req	\$50 after ded; pre-auth req
Mental Health Outpatient	\$10 ded waived	\$30 after ded
Substance Abuse Outpatient	\$10 ded waived	\$30 after ded
Emergency Care		
Emergency Room	0% after ded	40% after ded
Ambulance	0% after ded	\$250 after ded
Urgent Care	\$75 ded waived	\$75 after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	\$50 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	OP: \$30/\$50 co-pay after ded 60 visits/cond/plan yr comb PT/OT/ST; IP: 40% coins
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	40% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	0% after ded; pre-auth req	30% after ded; pre-auth req
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	40% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$631.16	\$733.38
Employee/Spouse	\$1,257.38	\$1,461.82
Employee/Child(ren)	\$1,069.50	\$1,243.29
Family	\$1,789.65	\$2,080.98
Rates - Nassau & Suffolk		
Employee	\$717.25	\$833.53
Employee/Spouse	\$1,429.56	\$1,662.11
Employee/Child(ren)	\$1,215.87	\$1,413.54
Family	\$2,035.02	\$2,366.40
Rates - Westchester & Rockland		
Employee	\$631.16	\$733.38
Employee/Spouse	\$1,257.38	\$1,461.82
Employee/Child(ren)	\$1,069.50	\$1,243.29
Family	\$1,789.65	\$2,080.98
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$878.17
Employee/Spouse	N/A	\$1,751.38
Employee/Child(ren)	N/A	\$1,489.41
Family	N/A	\$2,493.62

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Silver Pro EPO In-Network	 Silver 40/75/4700 Pro EPO In-Network
Prescription Drugs		
Drug Card	20/60/110	20/60/110
Cost Share Information		
Individual/Family Deductible	\$4,300/\$8,600	\$4,700/\$9,400
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	40%	45%
Lifetime Max	None	None
Office Visits		
Primary Care	\$35 ded waived	\$40 ded waived
Specialist	\$70 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$70 ded waived; 60 visits/cond/plan yr comb	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$70 ded waived	\$75 ded waived
Inpatient Services		
Inpatient Hospital	40% after ded	45% after ded
Inpatient Surgery	200 after ded	\$200 after ded
Maternity Delivery/Inpatient	Delivery-\$200 after ded; IP-40% after ded	Delivery-\$200 after ded; IP-45% after ded
Mental Health Inpatient	40% after ded	45% after ded
Substance Abuse Inpatient	40% after ded	45% after ded
Outpatient Services		
Outpatient Facility	40% after ded	45% after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	PCP-\$70 ded waived	PCP-\$40 ded waived; SP-\$75 ded waived
Advanced Radiology	\$70 ded waived	\$75 ded waived
Mental Health Outpatient	\$35 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$35 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	\$600 (waived if admitted) after ded	\$600 (waived if admitted) after ded
Ambulance	\$300 after ded	\$300 after ded
Urgent Care	\$70 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$35 after ded; 40 visits/plan yr	\$40 after ded; 40 visits/plan yr
Habilitation services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	40% after ded; 200 days/plan yr	45% after ded; 200 days/plan yr
Durable Medical Equipment	40% after ded	45% after ded
Hospice Services	40% after ded IP; \$35 ded waived OP; 210	45% after ded IP; \$40 ded waived OP; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$658.02	\$640.38
Employee/Spouse	\$1,311.08	\$1,275.81
Employee/Child(ren)	\$1,115.16	\$1,085.17
Family	\$1,866.18	\$1,815.92
Rates - Nassau & Suffolk		
Employee	\$658.02	\$640.38
Employee/Spouse	\$1,311.08	\$1,275.81
Employee/Child(ren)	\$1,115.16	\$1,085.17
Family	\$1,866.18	\$1,815.92
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Silver In-Network	OSCAR Circle Plus Silver In-Network
Prescription Drugs		
Drug Card	20/60/50%/100 ded T2-3	20/60/50%/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$50	\$50
Specialist	\$80	\$80
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$80; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$80	\$80
Inpatient Services		
Inpatient Hospital	\$1,500/admit	\$1,500/admit
Inpatient Surgery	\$250	\$250
Maternity Delivery/Inpatient	\$1,500/admit	\$1,500/admit
Mental Health Inpatient	\$1,500/admit	\$1,500/admit
Substance Abuse Inpatient	\$1,500/admit	\$1,500/admit
Outpatient Services		
Outpatient Facility	\$500	\$500
Outpatient Surgery	\$250	\$250
Lab/X-Ray	\$80	\$80
Advanced Radiology	\$180	\$180
Mental Health Outpatient	\$50	\$50
Substance Abuse Outpatient	\$50	\$50
Emergency Care		
Emergency Room	\$750	\$750
Ambulance	\$750	\$750
Urgent Care	\$90	\$90
Recovery/Special Needs		
Home Health Care	\$80; 40 visits/plan yr	\$80; 40 visits/plan yr
Habilitation services	\$80; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$1,500/admit; 200 days/plan yr	\$1,500/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$1500 ded waived	\$1500 ded waived
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$781.20	\$891.89
Employee/Spouse	\$1,557.43	\$1,778.82
Employee/Child(ren)	\$1,324.56	\$1,512.74
Family	\$2,217.24	\$2,532.73
Rates - Nassau & Suffolk		
Employee	\$781.20	\$891.89
Employee/Spouse	\$1,557.43	\$1,778.82
Employee/Child(ren)	\$1,324.56	\$1,512.74
Family	\$2,217.24	\$2,532.73
Rates - Westchester & Rockland		
Employee	\$781.20	\$891.89
Employee/Spouse	\$1,557.43	\$1,778.82
Employee/Child(ren)	\$1,324.56	\$1,512.74
Family	\$2,217.24	\$2,532.73
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Silver 3000 In-Network	OSCAR Circle Plus Silver 3000 In-Network
Prescription Drugs		
Drug Card	20/50/100/100 ded T2-3	20/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$75 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$75 ded waived	\$75 ded waived
Inpatient Services		
Inpatient Hospital	30% after ded	30% after ded
Inpatient Surgery	\$200 after ded	\$200 after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded
Mental Health Inpatient	30% after ded	30% after ded
Substance Abuse Inpatient	30% after ded	30% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	Lab-\$75 ded waived; X-ray-\$100 ded waived	Lab-\$75 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	30% after ded	30% after ded
Ambulance	30% after ded	30% after ded
Urgent Care	\$85 ded waived	\$85 ded waived
Recovery/Special Needs		
Home Health Care	\$75 ded waived; 40 visits/plan yr	\$75 ded waived; 40 visits/plan yr
Habilitation services	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded
Hospice Services	30% after ded; 210 days/plan yr	30% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$713.89	\$820.06
Employee/Spouse	\$1,422.82	\$1,635.17
Employee/Child(ren)	\$1,210.14	\$1,390.64
Family	\$2,025.41	\$2,328.02
Rates - Nassau & Suffolk		
Employee	\$713.89	\$820.06
Employee/Spouse	\$1,422.82	\$1,635.17
Employee/Child(ren)	\$1,210.14	\$1,390.64
Family	\$2,025.41	\$2,328.02
Rates - Westchester & Rockland		
Employee	\$713.89	\$820.06
Employee/Spouse	\$1,422.82	\$1,635.17
Employee/Child(ren)	\$1,210.14	\$1,390.64
Family	\$2,025.41	\$2,328.02
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Silver 4500	OSCAR Circle Plus Silver 4500
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/50%/50% IntDed T2-3	10/50%/50% IntDed T2-3
Cost Share Information		
Individual/Family Deductible	\$4,500/\$9,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$75 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$60 ded waived	\$60 ded waived
Inpatient Services		
Inpatient Hospital	50% after ded	50% after ded
Inpatient Surgery	\$200 after ded	\$200 after ded
Maternity Delivery/Inpatient	50% after ded	50% after ded
Mental Health Inpatient	50% after ded	50% after ded
Substance Abuse Inpatient	50% after ded	50% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	Lab-\$75 ded waived; X-ray-\$100 after ded	Lab-\$75 ded waived; X-ray-\$100 after ded
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$90 ded waived	\$90 ded waived
Recovery/Special Needs		
Home Health Care	\$75 ded waived; 40 visits/plan yr PT/OT/ST	\$75 ded waived; 40 visits/plan yr
Habilitation services	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	50% after ded	50% after ded
Hospice Services	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$667.64	\$774.71
Employee/Spouse	\$1,330.32	\$1,544.49
Employee/Child(ren)	\$1,131.52	\$1,313.56
Family	\$1,893.61	\$2,198.79
Rates - Nassau & Suffolk		
Employee	\$667.64	\$774.71
Employee/Spouse	\$1,330.32	\$1,544.49
Employee/Child(ren)	\$1,131.52	\$1,313.56
Family	\$1,893.61	\$2,198.79
Rates - Westchester & Rockland		
Employee	\$667.64	\$774.71
Employee/Spouse	\$1,330.32	\$1,544.49
Employee/Child(ren)	\$1,131.52	\$1,313.56
Family	\$1,893.61	\$2,198.79
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Silver HSA 3000	OSCAR Circle Plus Silver HSA 3000
	In-Network	In-Network
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	30%/30%/30% IntDed
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	30% after ded	30% after ded
Specialist	30% after ded	30% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	30% after ded	30% after ded
Inpatient Services		
Inpatient Hospital	30% after ded	30% after ded
Inpatient Surgery	30% after ded	30% after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded
Mental Health Inpatient	30% after ded	30% after ded
Substance Abuse Inpatient	30% after ded	30% after ded
Outpatient Services		
Outpatient Facility	30% after ded	30% after ded
Outpatient Surgery	30% after ded	30% after ded
Lab/X-Ray	30% after ded	30% after ded
Advanced Radiology	30% after ded	30% after ded
Mental Health Outpatient	30% after ded	30% after ded
Substance Abuse Outpatient	30% after ded	30% after ded
Emergency Care		
Emergency Room	30% after ded	30% after ded
Ambulance	30% after ded	30% after ded
Urgent Care	30% after ded	30% after ded
Recovery/Special Needs		
Home Health Care	30% after ded; 40 visits/plan yr	30% after ded; 40 visits/plan yr
Habilitation services	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded
Hospice Services	30% after ded; 210 days/plan yr	30% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$656.42	\$756.35
Employee/Spouse	\$1,307.89	\$1,507.74
Employee/Child(ren)	\$1,112.44	\$1,282.32
Family	\$1,861.64	\$2,146.43
Rates - Nassau & Suffolk		
Employee	\$656.42	\$756.35
Employee/Spouse	\$1,307.89	\$1,507.74
Employee/Child(ren)	\$1,112.44	\$1,282.32
Family	\$1,861.64	\$2,146.43
Rates - Westchester & Rockland		
Employee	\$656.42	\$756.35
Employee/Spouse	\$1,307.89	\$1,507.74
Employee/Child(ren)	\$1,112.44	\$1,282.32
Family	\$1,861.64	\$2,146.43
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Metro Silver EPO 50/100 ZD In-Network	 Liberty Silver EPO 40/70 In-Network
Prescription Drugs		
Drug Card	15/65/90/100 ded T2-3	15/45/75/200 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	\$2,500/\$5,000
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	35%
Lifetime Max	None	None
Office Visits		
Primary Care	\$50	\$40 ded waived
Specialist	\$100	\$70 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$100; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$1,000/admit	35% after ded
Inpatient Surgery	\$500	35% after ded
Maternity Delivery/Inpatient	\$1,000/admit	35% after ded
Mental Health Inpatient	\$1,000/admit	35% after ded
Substance Abuse Inpatient	Rehab-\$1,000/admit	Rehab-35% after ded
Outpatient Services		
Outpatient Facility	Hosp-\$700; FS-\$400	35% after ded
Outpatient Surgery	Hosp-\$350; FS-\$200	35% after ded
Lab/X-Ray	Lab-\$20; X-ray-\$100	Lab-\$25 ded waived; X-ray-35% after ded
Advanced Radiology	\$200	35% after ded
Mental Health Outpatient	\$100	\$70 ded waived
Substance Abuse Outpatient	Rehab-\$100	Rehab-\$70 ded waived
Emergency Care		
Emergency Room	\$1000	50% after ded
Ambulance	No charge	No charge
Urgent Care	\$100	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$100; 40 visits/cal yr	\$70 ded waived; 40 visits/cal yr
Habilitation services	\$100; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$1,000/admit; 200 days/cal yr	35% after ded; 200 days/cal yr
Durable Medical Equipment	No charge	35% after ded
Hospice Services	\$1,000/admit	35% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$806.84	\$808.74
Employee/Spouse	\$1,608.74	\$1,612.54
Employee/Child(ren)	\$1,368.17	\$1,371.39
Family	\$2,290.35	\$2,295.75
Rates - Nassau & Suffolk		
Employee	\$806.84	\$808.74
Employee/Spouse	\$1,608.74	\$1,612.54
Employee/Child(ren)	\$1,368.17	\$1,371.39
Family	\$2,290.35	\$2,295.75
Rates - Westchester & Rockland		
Employee	\$806.84	\$808.74
Employee/Spouse	\$1,608.74	\$1,612.54
Employee/Child(ren)	\$1,368.17	\$1,371.39
Family	\$2,290.35	\$2,295.75
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$887.91	\$889.99
Employee/Spouse	\$1,770.88	\$1,775.05
Employee/Child(ren)	\$1,505.99	\$1,509.53
Family	\$2,521.40	\$2,527.34

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Liberty Silver EPO 25/50 G In-Network	 Metro Silver EPO 30/80 G In-Network
Prescription Drugs		
Drug Card	15/65/85/100 ded T2-3	10/65/90/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$3,500/\$7,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$30 ded waived
Specialist	\$50 ded waived	\$80 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	50% after ded	30% after ded
Inpatient Surgery	50% after ded	30% after ded
Maternity Delivery/Inpatient	50% after ded	30% after ded
Mental Health Inpatient	50% after ded	30% after ded
Substance Abuse Inpatient	Rehab-50% after ded	Rehab-30% after ded
Outpatient Services		
Outpatient Facility	50% after ded	30% after ded
Outpatient Surgery	50% after ded	30% after ded
Lab/X-Ray	Lab-\$15 ded waived; X-ray-50% after ded	Lab-\$20 ded waived; X-ray-30% after ded
Advanced Radiology	50% after ded	30% after ded
Mental Health Outpatient	\$50 ded waived	\$80 ded waived
Substance Abuse Outpatient	Rehab-\$50 ded waived	Rehab-\$80 ded waived
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	No charge	No charge
Urgent Care	\$80 ded waived	\$80 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/cal yr	\$80 ded waived; 40 visits/cal yr
Habilitation services	\$50 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/cal yr	30% after ded; 200 days/cal yr
Durable Medical Equipment	50% after ded	30% after ded
Hospice Services	50% after ded	30% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$774.42	\$677.59
Employee/Spouse	\$1,543.89	\$1,350.21
Employee/Child(ren)	\$1,313.05	\$1,148.43
Family	\$2,197.93	\$1,921.96
Rates - Nassau & Suffolk		
Employee	\$774.42	\$677.59
Employee/Spouse	\$1,543.89	\$1,350.21
Employee/Child(ren)	\$1,313.05	\$1,148.43
Family	\$2,197.93	\$1,921.96
Rates - Westchester & Rockland		
Employee	\$774.42	\$677.59
Employee/Spouse	\$1,543.89	\$1,350.21
Employee/Child(ren)	\$1,313.05	\$1,148.43
Family	\$2,197.93	\$1,921.96
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$852.22	\$745.59
Employee/Spouse	\$1,699.50	\$1,486.24
Employee/Child(ren)	\$1,445.31	\$1,264.04
Family	\$2,419.67	\$2,115.80

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 Prime Bronze HSA	 Select Care Bronze Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/65/80 IntDed	25/50%/50% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,300/\$12,600	\$4,600/\$9,200
Individual/Family OOP Limit	\$6,900/\$13,800 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	50% after ded	No charge visits 1-3; \$40 after ded visits 4+
Specialist	50% after ded	\$70 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	50% after ded; pre-auth req	50% after ded; pre-auth req
Inpatient Surgery	50% after ded; pre-auth req	50% after ded; pre-auth req
Maternity Delivery/Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Substance Abuse Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	50% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Surgery	50% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	50% after ded; pre-auth req	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req
Advanced Radiology	50% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	50% after ded	\$40 after ded
Substance Abuse Outpatient	50% after ded	\$40 after ded
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$75 after ded	\$75 ded waived
Recovery/Special Needs		
Home Health Care	50% after ded; 40 visits/plan yr; pre-auth req	50% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	50% after ded; 200 days/plan yr; pre-auth req	50% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	50% after ded; pre-auth req	50% after ded; pre-auth req
Hospice Services	50% after ded IP; 210 days/plan yr; pre-auth req	50% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$649.19	\$603.95
Employee/Spouse	\$1,293.41	\$1,202.95
Employee/Child(ren)	\$1,100.15	\$1,023.25
Family	\$1,841.02	\$1,712.10
Rates - Nassau & Suffolk		
Employee	\$737.75	\$686.30
Employee/Spouse	\$1,470.56	\$1,367.65
Employee/Child(ren)	\$1,250.73	\$1,163.25
Family	\$2,093.45	\$1,946.80
Rates - Westchester & Rockland		
Employee	\$649.19	\$603.95
Employee/Spouse	\$1,293.41	\$1,202.95
Employee/Child(ren)	\$1,100.15	\$1,023.25
Family	\$1,841.02	\$1,712.10
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$777.24	\$723.01
Employee/Spouse	\$1,549.51	\$1,441.07
Employee/Child(ren)	\$1,317.83	\$1,225.65
Family	\$2,205.94	\$2,051.43

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 EmblemHealth[®] Select Care Bronze Value In-Network	 EmblemHealth[®] Millennium Bronze Premier G In-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	25/50%/50% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$4,600/\$9,200
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	0%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	No charge visits 1-3; \$40 after ded visits 4+
Specialist	0% after ded	\$70 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	50% after ded; pre-auth req
Inpatient Surgery	0% after ded; pre-auth req	50% after ded; pre-auth req
Maternity Delivery/Inpatient	0% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	0% after ded; pre-auth req	50% after ded; pre-auth req
Substance Abuse Inpatient	0% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Surgery	0% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	0% after ded; pre-auth req	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req
Advanced Radiology	0% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	0% after ded	\$40 after ded
Substance Abuse Outpatient	0% after ded	\$40 after ded
Emergency Care		
Emergency Room	0% after ded	50% after ded
Ambulance	0% after ded	50% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	50% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	50% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	0% after ded; pre-auth req	50% after ded; pre-auth req
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	50% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$577.03	\$562.80
Employee/Spouse	\$1,149.13	\$1,120.65
Employee/Child(ren)	\$977.50	\$953.31
Family	\$1,635.40	\$1,594.84
Rates - Nassau & Suffolk		
Employee	\$655.70	\$639.50
Employee/Spouse	\$1,306.45	\$1,274.06
Employee/Child(ren)	\$1,111.23	\$1,083.68
Family	\$1,859.59	\$1,813.43
Rates - Westchester & Rockland		
Employee	\$577.03	\$562.80
Employee/Spouse	\$1,149.13	\$1,120.65
Employee/Child(ren)	\$977.50	\$953.31
Family	\$1,635.40	\$1,594.84
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$690.75	N/A
Employee/Spouse	\$1,376.55	N/A
Employee/Child(ren)	\$1,170.81	N/A
Family	\$1,959.47	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





4/1/2020 - 6/1/2020 Summary of Benefits

	 Millennium Bronze Value G	 Bronze Pro EPO HSA
	In-Network	In-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	20%/20%/20% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	0%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	20% after ded
Specialist	0% after ded	20% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	20% after ded
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	20% after ded
Inpatient Surgery	0% after ded; pre-auth req	20% after ded
Maternity Delivery/Inpatient	0% after ded; pre-auth req	20% after ded
Mental Health Inpatient	0% after ded; pre-auth req	20% after ded
Substance Abuse Inpatient	0% after ded; pre-auth req	20% after ded
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	20% after ded
Outpatient Surgery	0% after ded; pre-auth req	20% after ded
Lab/X-Ray	0% after ded; pre-auth req	20% after ded
Advanced Radiology	0% after ded; pre-auth req	20% after ded
Mental Health Outpatient	0% after ded	20% after ded
Substance Abuse Outpatient	0% after ded	20% after ded
Emergency Care		
Emergency Room	0% after ded	20% after ded
Ambulance	0% after ded	20% after ded
Urgent Care	\$75 ded waived	20% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	20% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	20% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded; pre-auth req	20% after ded
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$537.51	\$550.97
Employee/Spouse	\$1,070.07	\$1,096.99
Employee/Child(ren)	\$910.31	\$933.18
Family	\$1,522.76	\$1,561.11
Rates - Nassau & Suffolk		
Employee	\$610.73	\$550.97
Employee/Spouse	\$1,216.52	\$1,096.99
Employee/Child(ren)	\$1,034.78	\$933.18
Family	\$1,731.44	\$1,561.11
Rates - Westchester & Rockland		
Employee	\$537.51	N/A
Employee/Spouse	\$1,070.07	N/A
Employee/Child(ren)	\$910.31	N/A
Family	\$1,522.76	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	 Bronze 6650 Pro EPO HSA	 Bronze 8150 Pro EPO
	In-Network	In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,650/\$13,300	\$8,150/\$16,300
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$522.02	\$502.99
Employee/Spouse	\$1,039.10	\$1,001.02
Employee/Child(ren)	\$883.97	\$851.61
Family	\$1,478.61	\$1,424.35
Rates - Nassau & Suffolk		
Employee	\$522.02	\$502.99
Employee/Spouse	\$1,039.10	\$1,001.02
Employee/Child(ren)	\$883.97	\$851.61
Family	\$1,478.61	\$1,424.35
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Bronze 4500 In-Network	OSCAR Circle Plus Bronze 4500 In-Network
Prescription Drugs		
Drug Card	20/50/100 IntDed	20/50/100 IntDed
Cost Share Information		
Individual/Family Deductible	\$4,500/\$9,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	50% after ded	50% after ded
Specialist	50% after ded	50% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	50% after ded	50% after ded
Inpatient Services		
Inpatient Hospital	50% after ded	50% after ded
Inpatient Surgery	50% after ded	50% after ded
Maternity Delivery/Inpatient	50% after ded	50% after ded
Mental Health Inpatient	50% after ded	50% after ded
Substance Abuse Inpatient	50% after ded	50% after ded
Outpatient Services		
Outpatient Facility	50% after ded	50% after ded
Outpatient Surgery	50% after ded	50% after ded
Lab/X-Ray	50% after ded	50% after ded
Advanced Radiology	50% after ded	50% after ded
Mental Health Outpatient	50% after ded	50% after ded
Substance Abuse Outpatient	50% after ded	50% after ded
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	50% after ded; 40 visits/plan yr	50% after ded; 40 visits/plan yr
Habilitation services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	50% after ded	50% after ded
Hospice Services	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$584.58	\$677.11
Employee/Spouse	\$1,164.20	\$1,349.27
Employee/Child(ren)	\$990.31	\$1,147.62
Family	\$1,656.88	\$1,920.61
Rates - Nassau & Suffolk		
Employee	\$584.58	\$677.11
Employee/Spouse	\$1,164.20	\$1,349.27
Employee/Child(ren)	\$990.31	\$1,147.62
Family	\$1,656.88	\$1,920.61
Rates - Westchester & Rockland		
Employee	\$584.58	\$677.11
Employee/Spouse	\$1,164.20	\$1,349.27
Employee/Child(ren)	\$990.31	\$1,147.62
Family	\$1,656.88	\$1,920.61
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Bronze 8150 In-Network	OSCAR Circle Plus Bronze 8150 In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$8,150/\$16,300
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$559.18	\$648.83
Employee/Spouse	\$1,113.42	\$1,292.70
Employee/Child(ren)	\$947.14	\$1,099.54
Family	\$1,584.52	\$1,840.00
Rates - Nassau & Suffolk		
Employee	\$559.18	\$648.83
Employee/Spouse	\$1,113.42	\$1,292.70
Employee/Child(ren)	\$947.14	\$1,099.54
Family	\$1,584.52	\$1,840.00
Rates - Westchester & Rockland		
Employee	\$559.18	\$648.83
Employee/Spouse	\$1,113.42	\$1,292.70
Employee/Child(ren)	\$947.14	\$1,099.54
Family	\$1,584.52	\$1,840.00
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	OSCAR Circle Bronze HSA 6750	OSCAR Circle Plus Bronze HSA 6750
	In-Network	In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,750/\$13,500	\$6,750/\$13,500
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$596.74	\$689.40
Employee/Spouse	\$1,188.53	\$1,373.85
Employee/Child(ren)	\$1,010.99	\$1,168.51
Family	\$1,691.54	\$1,955.64
Rates - Nassau & Suffolk		
Employee	\$596.74	\$689.40
Employee/Spouse	\$1,188.53	\$1,373.85
Employee/Child(ren)	\$1,010.99	\$1,168.51
Family	\$1,691.54	\$1,955.64
Rates - Westchester & Rockland		
Employee	\$596.74	\$689.40
Employee/Spouse	\$1,188.53	\$1,373.85
Employee/Child(ren)	\$1,010.99	\$1,168.51
Family	\$1,691.54	\$1,955.64
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



4/1/2020 - 6/1/2020 Summary of Benefits

	Liberty Bronze EPO HSA 4000 In-Network	Metro Bronze EPO HSA 6750 G In-Network
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$4,000/\$8,000	\$6,750/\$13,500
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	30%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 after ded	0% after ded
Specialist	\$75 after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded	0% after ded
Inpatient Surgery	30% after ded	0% after ded
Maternity Delivery/Inpatient	30% after ded	0% after ded
Mental Health Inpatient	30% after ded	0% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-0% after ded
Outpatient Services		
Outpatient Facility	30% after ded	0% after ded
Outpatient Surgery	30% after ded	0% after ded
Lab/X-Ray	30% after ded	0% after ded
Advanced Radiology	30% after ded	0% after ded
Mental Health Outpatient	\$75 after ded	0% after ded
Substance Abuse Outpatient	Rehab-\$75 after ded	Rehab-0% after ded
Emergency Care		
Emergency Room	30% after ded	0% after ded
Ambulance	30% after ded	0% after ded
Urgent Care	30% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	\$75 after ded; 40 visits/cal yr	0% after ded; 40 visits/cal yr
Habilitation services	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/cal yr	0% after ded; 200 days/cal yr
Durable Medical Equipment	30% after ded	0% after ded
Hospice Services	30% after ded	0% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$697.48	\$568.13
Employee/Spouse	\$1,389.99	\$1,131.32
Employee/Child(ren)	\$1,182.25	\$962.37
Family	\$1,978.64	\$1,610.04
Rates - Nassau & Suffolk		
Employee	\$697.48	\$568.13
Employee/Spouse	\$1,389.99	\$1,131.32
Employee/Child(ren)	\$1,182.25	\$962.37
Family	\$1,978.64	\$1,610.04
Rates - Westchester & Rockland		
Employee	\$697.48	\$568.13
Employee/Spouse	\$1,389.99	\$1,131.32
Employee/Child(ren)	\$1,182.25	\$962.37
Family	\$1,978.64	\$1,610.04
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$767.49	\$625.09
Employee/Spouse	\$1,530.03	\$1,245.21
Employee/Child(ren)	\$1,301.27	\$1,059.17
Family	\$2,178.19	\$1,772.33

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.