



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

**Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx**

| Platinum                                  | BENEFIT HIGHLIGHTS<br>IN=In Network; OON=Out of Network; OOP=Out of Pocket  |     | Employee   | Emp/<br>Spouse | Emp/<br>Child(ren) | Family     |
|---|---|-----|------------|----------------|--------------------|------------|
| EmblemHealth Bridge Platinum PPO          | PCP/Specialist: 3 free PCP visits then \$15/\$35<br>Deductible, Coinsurance: \$0, 20% - OON \$2,600/\$5,200, 30%<br>Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000<br>Rx: \$0/\$30/\$80                            | PPO | \$1,342.88 | \$2,680.80     | \$2,279.42         | \$3,818.04 |
| EmblemHealth Prime Platinum Premier       | PCP/Specialist: 3 free PCP visits then \$15/\$35<br>Deductible, Coinsurance: \$0, 20%<br>Max OOP: \$2,000/\$4,000<br>Rx: \$0/\$30/\$65  | HMO | \$1,374.65 | \$2,744.36     | \$2,333.45         | \$3,908.61 |
| EmblemHealth Select Care Platinum Premier | PCP/Specialist: 3 free PCP visits then \$15/\$35<br>Deductible, Coinsurance: \$0, 20%<br>Max OOP: \$2,000/\$4,000<br>Rx: \$0/\$30/\$65  | HMO | \$1,260.08 | \$2,515.21     | \$2,138.67         | \$3,582.07 |
| Healthfirst Platinum Pro EPO              | PCP/Specialist: \$20/\$35<br>Deductible, Coinsurance: \$0, 0% (10% DME)<br>Max OOP: \$2,000/\$4,000<br>Rx: \$10/\$30/\$60   | EPO | \$983.91   | \$1,962.87     | \$1,669.18         | \$2,794.98 |
| Oxford Liberty Platinum EPO*              | PCP: Tier I \$5; Tier II \$25 / Specialist: Tier I \$35; Tier II \$70<br>Deductible, Coinsurance: \$500/\$1,000, 0%<br>Max OOP: \$3,050/\$6,100<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,286.98 | \$2,569.01     | \$2,184.40         | \$3,658.74 |

G = Gated  
ZD = Zero Deductible

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.

Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.

EmblemHealth PPO plans are reimbursed at 80% FAIR Health.

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

\*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.

If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

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Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| Gold                                  | BENEFIT HIGHLIGHTS<br>IN=In Network; OON=Out of Network; OOP=Out of Pocket   |     | Employee   | Emp/<br>Spouse | Emp/<br>Child(ren) | Family     |
|---------------------------------------|--|-----|------------|----------------|--------------------|------------|
| EmblemHealth Bridge Gold PPO          | PCP/Specialist: 3 free PCP visits then \$25/\$40<br>Deductible, Coinsurance: \$1,300/\$2,600, 30% - OON \$3,500/\$7,000, 40%<br>Max OOP: \$5,500/\$11,000 - OON \$7,500/\$15,000<br>Rx: \$0/\$35/\$100   | PPO | \$1,086.79 | \$2,168.63     | \$1,844.07         | \$3,088.19 |
| EmblemHealth Prime Gold Premier       | PCP/Specialist: 3 free PCP visits then \$25/\$40<br>Deductible, Coinsurance: \$450/\$900, 30%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$0/\$40/\$80  | HMO | \$1,113.18 | \$2,221.43     | \$1,888.95         | \$3,163.42 |
| EmblemHealth Prime Gold Value         | PCP/Specialist: 3 free PCP visits then \$25/\$40<br>Deductible, Coinsurance: \$2,500/\$5,000, 30%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$0/\$40 after Deductible/\$80 after Deductible  | HMO | \$1,024.50 | \$2,044.06     | \$1,738.19         | \$2,910.68 |
| EmblemHealth Bridge Gold Virtual      | PCP/Specialist: Virtual \$0/n/a, Office \$40/60<br>Deductible, Coinsurance: Virtual \$0/n/a, Office \$500/\$1,000,30%<br>Max OOP: Virtual & Office \$7,800/\$15,600<br>Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible   | EPO | \$1,033.85 | \$2,062.75     | \$1,754.09         | \$2,937.31 |
| EmblemHealth Select Care Gold Premier | PCP/Specialist: 3 free PCP visits then \$25/\$40<br>Deductible, Coinsurance: \$450/\$900, 30%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$0/\$40/\$80  | HMO | \$1,026.73 | \$2,048.49     | \$1,741.96         | \$2,917.00 |
| EmblemHealth Select Care Gold Value   | PCP/Specialist: 3 free PCP visits then \$25/\$40<br>Deductible, Coinsurance: \$2,500/\$5,000, 30%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$0/\$40 after Deductible/\$80 after Deductible  | HMO | \$970.22   | \$1,935.51     | \$1,645.93         | \$2,755.99 |
| EmblemHealth Millennium Gold Virtual  | PCP/Specialist: Virtual \$0/n/a, Office \$40/60<br>Deductible, Coinsurance: Virtual \$0/n/a, Office \$1,700/\$3,400,30%<br>Max OOP: Virtual & Office \$8,200/\$16,400<br>Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible | EPO | \$899.35   | \$1,793.74     | \$1,525.43         | \$2,553.99 |
| Healthfirst Gold Pro EPO              | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$0, 0% (15% DME)<br>Max OOP: \$5,275/\$10,550<br>Rx: \$10/\$50/\$85   | EPO | \$838.00   | \$1,671.05     | \$1,421.13         | \$2,379.13 |
| Healthfirst Gold 25/50/0 Pro EPO      | PCP/Specialist: \$25/\$50<br>Deductible, Coinsurance: \$0, 0% (15% DME)<br>Max OOP: \$7,000/\$14,000<br>Rx: \$10/\$50/\$85   | EPO | \$804.67   | \$1,604.39     | \$1,364.48         | \$2,284.14 |
| Healthfirst Gold 1350 Pro EPO         | PCP/Specialist: \$25/\$70<br>Deductible, Coinsurance: \$1,350/\$2,700, 20%<br>Max OOP: \$8,150/\$16,300<br>Rx: \$20/\$60/\$110   | EPO | \$786.18   | \$1,567.40     | \$1,333.04         | \$2,231.45 |
| Oxford Metro Gold EPO 25/40 G         | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)  | EPO | \$952.86   | \$1,900.78     | \$1,616.41         | \$2,706.51 |
| Oxford Metro Gold EPO 25/40           | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)  | EPO | \$986.99   | \$1,969.02     | \$1,674.41         | \$2,803.76 |
| Oxford Liberty Gold EPO 30/60*        | PCP/Specialist: \$30/\$60<br>Deductible, Coinsurance: \$2,000/\$4,000, 30%<br>Max OOP: \$8,400/\$16,800<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)  | EPO | \$1,048.73 | \$2,092.50     | \$1,779.37         | \$2,979.72 |
| Oxford Liberty Gold EPO 30/60 G*      | PCP/Specialist: \$30/\$60<br>Deductible, Coinsurance: \$1,250/\$2,500, 0%<br>Max OOP: \$6,400/\$12,800<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)   | EPO | \$1,088.37 | \$2,171.80     | \$1,846.77         | \$3,092.71 |
| Oxford Liberty Gold EPO 25/50 ZD*     | PCP/Specialist: \$25/\$50<br>Deductible, Coinsurance: \$0, 0%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)   | EPO | \$1,188.90 | \$2,372.84     | \$2,017.66         | \$3,379.20 |
| Oxford Liberty Gold HSA 1500 Motion*  | PCP/Specialist: Deductible then 10% coins<br>Deductible, Coinsurance: \$1,500/\$3,000, 10%<br>Max OOP: \$5,500/\$11,000<br>Rx: Deductible then \$10/\$50/\$90  | EPO | \$1,061.63 | \$2,118.31     | \$1,801.31         | \$3,016.49 |

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Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.  
EmblemHealth PPO plans are reimbursed at 80% FAIR Health.

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

\*If the group does not meet the Oxford - Liberty Participation Requirements at open enrollment, the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Oxford - Liberty must select another plan through HealthPass.  
If an alternative plan is not selected, the Oxford - Liberty enrollees will be mapped into Oxford - Metro plans within the same selected metal tier.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpassny.com.





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

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| Silver                                  | BENEFIT HIGHLIGHTS<br>IN=In Network; OON=Out of Network; OOP=Out of Pocket  | Employee | Emp/<br>Spouse | Emp/<br>Child(ren) | Family     |            |
|---|---|----------|----------------|--------------------|------------|------------|
| EmblemHealth Prime Silver Premier       | PCP/Specialist: 3 free PCP visits then \$35/\$65<br>Deductible, Coinsurance: \$3,800/\$7,600, 40%<br>Max OOP: \$8,000/\$16,000<br>Rx: \$0/\$40/\$80                                 | HMO      | \$953.86       | \$1,902.78         | \$1,618.10 | \$2,709.36 |
| EmblemHealth Select Care Silver Premier | PCP/Specialist: 3 free PCP visits then \$35/\$65<br>Deductible, Coinsurance: \$3,800/\$7,600, 40%<br>Max OOP: \$8,000/\$16,000<br>Rx: \$0/\$40/\$80                                 | HMO      | \$879.66       | \$1,754.37         | \$1,491.96 | \$2,497.88 |
| EmblemHealth Select Care Silver Value   | PCP/Specialist: 3 free PCP visits then \$10/\$55<br>Deductible, Coinsurance: \$7,000/\$14,000, 0%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$0/\$0 after Deductible/\$0 after Deductible | HMO      | \$850.78       | \$1,696.62         | \$1,442.86 | \$2,415.58 |
| EmblemHealth Millennium Silver Value G  | PCP/Specialist: 3 free PCP visits then \$10/\$55<br>Deductible, Coinsurance: \$7,000/\$14,000, 0%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$0/\$0 after Deductible/\$0 after Deductible | HMO      | \$802.06       | \$1,599.17         | \$1,360.04 | \$2,276.70 |
| EmblemHealth Prime Silver HSA           | PCP/Specialist: Deductible then \$30/\$50 copay<br>Deductible, Coinsurance: \$3,000/\$6,000, 40%<br>Max OOP: \$6,800/\$13,600<br>Rx: Deductible then \$15/\$45/\$80                 | HMO      | \$901.22       | \$1,797.49         | \$1,528.60 | \$2,559.32 |
| Healthfirst Silver Pro EPO              | PCP/Specialist: \$35/\$70<br>Deductible, Coinsurance: \$4,300/\$8,600, 40%<br>Max OOP: \$8,150/\$16,300<br>Rx: \$20/\$60/\$110  | EPO      | \$720.74       | \$1,436.54         | \$1,221.79 | \$2,044.96 |
| Healthfirst Silver 40/75/4700 Pro EPO   | PCP/Specialist: \$40/\$75<br>Deductible, Coinsurance: \$4,700/\$9,400, 45%<br>Max OOP: \$7,900/\$15,800<br>Rx: \$20/\$60/\$110  | EPO      | \$701.43       | \$1,397.91         | \$1,188.97 | \$1,989.91 |
| Oxford Metro Silver EPO 30/80 G         | PCP/Specialist: \$30/\$80<br>Deductible, Coinsurance: \$3,500/\$7,000, 30%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)         | EPO      | \$792.82       | \$1,580.70         | \$1,344.34 | \$2,250.39 |
| Oxford Metro Silver EPO 50/100 ZD       | PCP/Specialist: \$50/\$100<br>Deductible, Coinsurance: \$0, 0%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)                     | EPO      | \$921.48       | \$1,838.01         | \$1,563.05 | \$2,617.07 |
| Oxford Liberty Silver EPO 25/50 G*      | PCP/Specialist: \$25/\$50<br>Deductible, Coinsurance: \$4,500/\$9,000, 50%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)         | EPO      | \$897.83       | \$1,790.72         | \$1,522.85 | \$2,549.67 |
| Oxford Liberty Silver EPO 40/70*        | PCP/Specialist: \$40/\$70<br>Deductible, Coinsurance: \$3,000/\$6,000, 35%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)         | EPO      | \$934.34       | \$1,863.74         | \$1,584.92 | \$2,653.72 |
| Oxford Liberty Silver EPO 50/100 ZD*    | PCP/Specialist: \$50/\$100<br>Deductible, Coinsurance: \$0, 0%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)                     | EPO      | \$1,041.55     | \$2,078.16         | \$1,767.17 | \$2,959.27 |
| Oxford Liberty Silver HSA 4000 Motion*  | PCP/Specialist: Deductible then 20% coins<br>Deductible, Coinsurance: \$4,000/\$8,000, 20%<br>Max OOP: \$7,050/\$14,100<br>Rx: Deductible then \$10/\$50/\$90                       | EPO      | \$878.06       | \$1,751.16         | \$1,489.23 | \$2,493.31 |

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\*Output: Outpatient, MH: Mental Health, SUD: Substance Use Disorders

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Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

| Bronze                                   | BENEFIT HIGHLIGHTS<br>IN=In Network; OON=Out of Network; OOP=Out of Pocket  | Employee | Emp/<br>Spouse | Emp/<br>Child(ren) | Family     |            |
|--|---|----------|----------------|--------------------|------------|------------|
| EmblemHealth Prime Bronze HSA            | PCP/Specialist: Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$6,300/\$12,600, 50%<br>Max OOP: \$6,900/\$13,800<br>Rx: Deductible then \$15/\$65/\$80                          | HMO      | \$820.24       | \$1,635.51         | \$1,390.93 | \$2,328.50 |
| EmblemHealth Select Care Bronze Premier  | PCP/Specialist: 3 free PCP visits, Deductible then 50%<br>Deductible, Coinsurance: \$5,500/\$11,000, 50%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$50/Deductible then 50%/Deductible then 50%     | HMO      | \$760.79       | \$1,516.63         | \$1,289.88 | \$2,159.10 |
| EmblemHealth Select Care Bronze Value    | PCP/Specialist: 3 free PCP visits, Deductible then 0%<br>Deductible, Coinsurance: \$8,550/\$17,100, 0%<br>Max OOP: \$8,550/\$17,100<br>Rx: \$35/Deductible then 0%/Deductible then 0%         | HMO      | \$721.89       | \$1,438.82         | \$1,223.74 | \$2,048.20 |
| EmblemHealth Millennium Bronze Premier G | PCP/Specialist: 3 free PCP visits, Deductible then 50%<br>Deductible, Coinsurance: \$5,500/\$11,000, 50%<br>Max OOP: \$8,700/\$17,400<br>Rx: \$50/Deductible then 50%/Deductible then 50%     | HMO      | \$717.32       | \$1,429.69         | \$1,215.97 | \$2,035.20 |
| EmblemHealth Millennium Bronze Value G   | PCP/Specialist: 3 free PCP visits, Deductible then 0%<br>Deductible, Coinsurance: \$8,550/\$17,100, 0%<br>Max OOP: \$8,550/\$17,100<br>Rx: \$35/Deductible then 0%/Deductible then 0%         | HMO      | \$680.67       | \$1,356.39         | \$1,153.67 | \$1,930.75 |
| Healthfirst Bronze Pro EPO HSA           | PCP/Specialist: Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$5,950/\$11,900, 50%<br>Max OOP: \$6,900/\$13,800<br>Rx: Deductible then 50%/50%/50%                             | EPO      | \$603.42       | \$1,201.88         | \$1,022.34 | \$1,710.58 |
| Healthfirst Bronze 5250 Pro EPO          | PCP/Specialist: 3 free PCP and/or Outpt MH/SUD^ visits, Deductible then 50%<br>Deductible, Coinsurance: \$5,250/\$10,500, 50%<br>Max OOP: \$8,550/\$17,100<br>Rx: Deductible then 50%/50%/50% | EPO      | \$577.08       | \$1,149.22         | \$977.58   | \$1,635.53 |
| Healthfirst Bronze 6850 Pro EPO HSA      | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$6,850/\$13,700, 0%<br>Max OOP: \$6,850/\$13,700<br>Rx: Deductible then 0%/0%/0%                                  | EPO      | \$571.70       | \$1,138.46         | \$968.43   | \$1,620.19 |
| Healthfirst Bronze 8225 Pro EPO          | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$8,225/\$16,450, 0%<br>Max OOP: \$8,225/\$16,450<br>Rx: Deductible then 0%/0%/0%                                  | EPO      | \$550.83       | \$1,096.72         | \$932.95   | \$1,560.73 |
| Oxford Metro Bronze HSA 7000 G           | PCP/Specialist: Deductible then 0% coins<br>Deductible, Coinsurance: \$7,000/\$14,000, 0%<br>Max OOP: \$7,050/\$14,100<br>Rx: Deductible then 0%/0%/0%  | EPO      | \$702.66       | \$1,400.38         | \$1,191.07 | \$1,993.43 |
| Oxford Liberty Bronze HSA 5750*          | PCP/Specialist: Deductible then \$25/\$75<br>Deductible, Coinsurance: \$5,750/\$11,500, 30%<br>Max OOP: \$7,050/\$14,100<br>Rx: Deductible then 30%/30%/30%                                   | EPO      | \$823.10       | \$1,641.25         | \$1,395.80 | \$2,336.67 |

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