

Auto-Rollover Mapping Chart



Mapping for 10/1/2022 - 12/1/2022 Renewal Dates

Please note: Auto-rollover mapping is in place to ensure that employees are renewed into a comparable plan that is available as of their upcoming plan year. Employees should carefully review the Summary of Benefits and Coverage (SBC) when determining the medical coverage that best suits their needs. Employees who wish to remain in the auto-rollover mapped plan (and have no other changes at renewal) do not need to take action.

Please Note: As of January 2022, Oscar will no longer be offered to new and renewing groups through HealthPass. Oscar members will be mapped into a Healthfirst plan with an equivalent or richer benefit. Impacted members should carefully review the Network Availability chart for a breakdown of network access based on carrier and geographic location.

2021 Plan Name	2021 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2022 Plan Name	2022 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,275/\$10,550 Rx: \$10/\$50/\$85	Discontinued	Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60
Healthfirst Gold 25/50/0 Pro EPO	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$85	Discontinued	Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60
Healthfirst Gold 1350 Pro EPO	PCP/Specialist: \$25/\$70 Deductible, Coinsurance: \$1,350/\$2,700, 20% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	Discontinued	Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	Discontinued	Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60

2021 Plan Name	2021 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2022 Plan Name	2022 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
EmblemHealth Prime Platinum PPO	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$80	Plan Name Change	EmblemHealth Bridge Platinum PPO	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$80
Oxford Liberty Platinum EPO	PCP: Tier I \$5; Tier II \$25 / Specialist: Tier I \$35; Tier II \$70 Deductible, Coinsurance: \$500/\$1,000, 0% Max OOP: \$2,800/\$5,600 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Platinum EPO	PCP: Tier I \$5; Tier II \$25 / Specialist: Tier I \$35; Tier II \$70 Deductible, Coinsurance: \$500/\$1,000, 0% Max OOP: \$3,050/\$6,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
EmblemHealth Prime Gold PPO	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,300/\$2,600, 30% - OON \$3,500/\$7,000, 40% Max OOP: \$5,500/\$11,000 - OON \$7,500/\$15,000 Rx: \$0/\$35/\$100	Plan Name Change	EmblemHealth Bridge Gold PPO	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,300/\$2,600, 30% - OON \$3,500/\$7,000, 40% Max OOP: \$5,500/\$11,000 - OON \$7,500/\$15,000 Rx: \$0/\$35/\$100
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80	Maximum Out of Pocket	EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80
EmblemHealth Prime Gold Virtual	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$500/\$1,000,30% Max OOP: Virtual & Office \$7,800/\$15,600 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible	Plan Name Change	EmblemHealth Bridge Gold Virtual	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$500/\$1,000,30% Max OOP: Virtual & Office \$7,800/\$15,600 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$5,600/\$11,200 Rx: \$0/\$40/\$80	Maximum Out of Pocket	EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$450/\$900, 30% Max OOP: \$6,000/\$12,000 Rx: \$0/\$40/\$80
EmblemHealth Select Care Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,300/\$4,600, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40 after Deductible/\$80 after Deductible	Deductible and Out of Pocket	EmblemHealth Select Care Gold Value	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,000/\$14,000 Rx: \$0/\$40 after Deductible/\$80 after Deductible

2021 Plan Name	2021 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2022 Plan Name	2022 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,000/\$12,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,400/\$16,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$5,900/\$11,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,400/\$12,800 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,500/\$11,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,000/\$12,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold HSA 1500 Motion	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,000/\$10,000 Rx: Deductible then \$10/\$50/\$90	Maximum Out of Pocket	Oxford Liberty Gold HSA 1500 Motion	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$10/\$50/\$90
EmblemHealth Prime Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,600/\$7,200, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	Deductible and Out of Pocket	EmblemHealth Prime Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80
EmblemHealth Select Care Silver Premier	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	Deductible and Out of Pocket	EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$3,800/\$7,600, 40% Max OOP: \$8,000/\$16,000 Rx: \$0/\$40/\$80

2021 Plan Name	2021 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2022 Plan Name	2022 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible	Deductible and Out of Pocket	EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$0/\$0 after Deductible/\$0 after Deductible
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,700/\$13,400, 0% Max OOP: \$6,700/\$13,400 Rx: \$0/\$0 after Deductible/\$0 after Deductible	Deductible and Out of Pocket	EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$0/\$0 after Deductible/\$0 after Deductible
EmblemHealth Prime Silver HSA	PPCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,000/\$12,000 Rx: Deductible then \$15/\$45/\$80	Maximum Out of Pocket	EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,000/\$6,000, 40% Max OOP: \$6,800/\$13,600 Rx: Deductible then \$15/\$45/\$80
Oscar Circle Silver 5000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$5,000/\$10,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/Deductible then 50%/Deductible then 50%	Discontinued Plan	Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver EPO 25/50 G	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Silver EPO 25/50 G	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,550/\$17,100 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 35% Max OOP: \$8,700/\$17,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,550/\$17,100 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	Maximum Out of Pocket	Oxford Liberty Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver HSA 4000 Motion	PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$6,650/\$13,300 Rx: Deductible then \$10/\$50/\$90	Maximum Out of Pocket	Oxford Liberty Silver HSA 4000 Motion	PCP/Specialist: Deductible then 20% coins Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,050/\$14,100 Rx: Deductible then \$10/\$50/\$90

2021 Plan Name	2021 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2022 Plan Name	2022 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50%	Deductible and Out of Pocket	EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$50/Deductible then 50%/Deductible then 50%
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,300/\$10,600, 50% Max OOP: \$8,450/\$16,900 Rx: \$50/Deductible then 50%/Deductible then 50%	Deductible and Out of Pocket	EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then 50% Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$8,700/\$17,400 Rx: \$50/Deductible then 50%/Deductible then 50%
Healthfirst Bronze 8150 Pro EPO	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then 0%/0%/0%	Plan Name Change; Deductible and Out of Pocket	Healthfirst Bronze 8225 Pro EPO	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,225/\$16,450, 0% Max OOP: \$8,225/\$16,450 Rx: Deductible then 0%/0%/0%
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,550/\$17,100 Rx: Deductible then \$20/\$75/\$150	Discontinued Plan	Healthfirst Bronze Pro EPO HSA	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,850/\$13,700, 0% Max OOP: \$6,850/\$13,700 Rx: Deductible then 0%/0%/0%
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%	Maximum Out of Pocket	Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coins Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,050/\$14,100 Rx: Deductible then 0%/0%/0%
Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,000/\$14,000 Rx: Deductible then 30%/30%/30%	Maximum Out of Pocket	Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,050/\$14,100 Rx: Deductible then 30%/30%/30%