



## Monthly Rates for Effective Date - 1/1/2023 & 2/1/2023

### Four Tier - Nassau & Suffolk

Platinum	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Bridge Platinum PPO Renewal Only	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$3,000/\$6,000, 30% Max OOP: \$2,500/\$5,000 - OON \$5,500/\$11,000 Rx: \$0/\$30/\$80	PPO	\$1,697.89	\$3,389.84	\$2,882.25	\$4,827.99
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,500/\$5,000 Rx: \$0/\$30/\$65	HMO	\$1,658.95	\$3,311.94	\$2,816.05	\$4,716.99
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	EPO	\$1,076.84	\$2,147.73	\$1,826.47	\$3,057.98
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: \$2,450/\$4,900 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,354.31	\$2,702.67	\$2,298.16	\$3,848.77

G = Gated, M = Motion, ZD = Zero Deductible

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

All plans above include \$5.95 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.

\*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.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at [www.healthpass.com](http://www.healthpass.com).



## Monthly Rates for Effective Date - 1/1/2023 & 2/1/2023

### Four Tier - Nassau & Suffolk

Gold	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Bridge Gold PPO Renewal Only	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,500/\$3,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$6,200/\$12,400 - OON \$8,000/\$16,000 Rx: \$0/\$45/\$100	PPO	\$1,347.22	\$2,688.49	\$2,286.11	\$3,828.57
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80	HMO	\$1,330.04	\$2,654.12	\$2,256.90	\$3,779.59
EmblemHealth Bridge Gold Virtual Renewal Only	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$750/\$1,500,30% Max OOP: Virtual & Office \$8,000/\$16,000 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible	EPO	\$1,283.29	\$2,560.63	\$2,177.43	\$3,646.37
Healthfirst Gold 1350 Pro Plus EPO	PCP/Specialist: \$25/\$70 Deductible, Coinsurance: \$1,350/\$2,700, 20% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110	EPO	\$890.43	\$1,774.90	\$1,509.57	\$2,526.71
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,042.60	\$2,079.24	\$1,768.26	\$2,960.39
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,079.89	\$2,153.83	\$1,831.65	\$3,066.68
Oxford Liberty Gold EPO 30/60*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,125.16	\$2,244.39	\$1,908.62	\$3,195.72
Oxford Liberty Gold EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,650/\$13,300 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,153.33	\$2,300.70	\$1,956.49	\$3,275.98
Oxford Liberty Gold EPO 25/50 ZD*	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,250/\$12,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,268.79	\$2,531.63	\$2,152.77	\$3,605.04
Oxford Liberty Gold HSA 1500 M*	PCP/Specialist: Deductible then 10% coins Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90	EPO	\$1,133.44	\$2,260.93	\$1,922.68	\$3,219.29

G = Gated, M = Motion, ZD = Zero Deductible

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

All plans above include \$5.95 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.

\*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.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at [www.healthpass.com](http://www.healthpass.com).



## Monthly Rates for Effective Date - 1/1/2023 & 2/1/2023

### Four Tier - Nassau & Suffolk

Silver	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$4,800/\$9,600, 40% Max OOP: \$8,800/\$17,600 Rx: \$0/\$40/\$80	HMO	\$1,175.26	\$2,344.58	\$1,993.78	\$3,338.50
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$7,000/\$14,000 Rx: Deductible then \$15/\$45/\$80	HMO	\$1,096.12	\$2,186.30	\$1,859.25	\$3,112.94
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	EPO	\$788.97	\$1,571.99	\$1,337.08	\$2,237.55
Healthfirst Silver 45/75/4300 Pro EPO	PCP/Specialist: \$45/\$75 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	EPO	\$767.82	\$1,529.69	\$1,301.13	\$2,177.28
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$872.22	\$1,738.50	\$1,478.61	\$2,474.82
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,025.73	\$2,045.50	\$1,739.57	\$2,912.31
Oxford Liberty Silver EPO 30/60 G*	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$956.96	\$1,907.98	\$1,622.67	\$2,716.35
Oxford Liberty Silver EPO 40/80*	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$994.15	\$1,982.34	\$1,685.89	\$2,822.31
Oxford Liberty Silver EPO 50/100 ZD*	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,125.97	\$2,245.99	\$1,909.98	\$3,198.00
Oxford Liberty Silver HSA 4000 M*	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,350/\$14,700 Rx: Deductible then \$10/\$50/\$90	EPO	\$943.49	\$1,881.03	\$1,599.77	\$2,677.95

G = Gated, M = Motion, ZD = Zero Deductible

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

All plans above include \$5.95 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.

\*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.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at [www.healthpass.com](http://www.healthpass.com).



## Monthly Rates for Effective Date - 1/1/2023 & 2/1/2023

### Four Tier - Nassau & Suffolk

Bronze	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 50% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$65/\$100	HMO	\$994.75	\$1,983.54	\$1,686.90	\$2,824.02
EmblemHealth Prime Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$9,100/\$18,200 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$976.39	\$1,946.83	\$1,655.69	\$2,771.71
Healthfirst Bronze 6850 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%	EPO	\$625.92	\$1,245.90	\$1,059.90	\$1,772.88
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%	EPO	\$797.61	\$1,589.27	\$1,351.77	\$2,262.18
Oxford Liberty Bronze HSA 5750*	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,350/\$14,700 Rx: Deductible then 30%/30%/30%	EPO	\$899.28	\$1,792.61	\$1,524.62	\$2,551.94

G = Gated, M = Motion, ZD = Zero Deductible

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

All plans above include \$5.95 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.

\*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.

These are benefit highlights only. Please refer to the official SBC for summary of benefits at [www.healthpass.com](http://www.healthpass.com).