

Core & Core Plus Plans

Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

Additional participation requirements apply to shaded plans (see page 4).						
Platinum	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family	
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	- \$1,544.86	\$3,083.77	\$2,622.09	\$4,391.85	
Empire Platinum EPO 5/25	PCP/Specialist: \$5/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,500/\$7,000 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base	\$1,610.35	\$3,214.74	\$2,733.43	\$4,578.48	
Empire Connection Platinum EPO 20/40	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$2,750/\$5,500 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage	- \$1,368.38	\$2,730.80	\$2,322.07	\$3,888.87	
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)	\$1,378.23	\$2,750.53	\$2,338.85	\$3,916.97	

Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023

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Core & Core Plus Plans

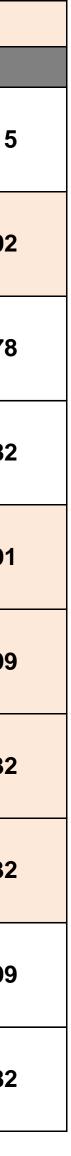
Additional participation requirements apply to shaded plans (see page 4). Gold BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Ne PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% EmblemHealth Prime Gold Premier Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80 PCP/Specialist: \$30/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% **Empire Blue Access Gold EPO 30/55** Max OOP: \$6,750/\$13,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0/\$0, 0% **Empire Connection Gold EPO 25/50** Max OOP: \$8,500/\$17,000 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a PCP/Specialist: \$30/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% **Empire Connection Gold EPO 30/55** Max OOP: \$6,750/\$13,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Oxford Liberty Gold EPO 25/50 ZD Max OOP: \$6,250/\$12,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Oxford Liberty Gold EPO 30/60 G Max OOP: \$6,650/\$13,300 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,500/\$3,000, 10% Oxford Liberty Gold HSA 1500 M Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90 PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Oxford Liberty Gold EPO 30/60 Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Oxford Metro Gold EPO 25/40 Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Oxford Metro Gold EPO 25/40 G Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a

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

Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023

Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

etwork; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
	нмо	\$1,238.65	\$2,471.35	\$2,101.55	\$3,519.15
/a Tier 1) - Base	EPO	\$1,303.87	\$2,601.79	\$2,212.41	\$3,705.02
	EPO	\$1,240.63	\$2,475.30	\$2,104.90	\$3,524.78
/a Tier 1) - Advantage /a Tier 1) - Advantage	EPO	\$1,210.47	\$2,414.98	\$2,053.63	\$3,438.82
/a Tier 1)	EPO	\$1,291.20	\$2,576.44	\$2,190.87	\$3,668.91
/a Tier 1)	EPO	\$1,173.68	\$2,341.41	\$1,991.10	\$3,333.99
	EPO HSA	\$1,153.45	\$2,300.95	\$1,956.70	\$3,276.32
/a Tier 1)	EPO	\$1,145.02	\$2,284.10	\$1,942.38	\$3,252.32
/a Tier 1)	EPO	\$1,098.94	\$2,191.95	\$1,864.05	\$3,120.99
/a Tier 1)	EPO	\$1,060.99	\$2,116.04	\$1,799.52	\$3,012.82
		•	•	•	





Health/Pass **BENEFITS EXCHANGE**

: 1 free PCP visit then \$35/\$75 insurance: \$4,800/\$9,600, 40% 00/\$17,600 : Deductible then \$30/\$50 copay insurance: \$3,500/\$7,000, 40% 00/\$14,000 then \$15/\$45/\$80	НМО	\$1,094.57	\$2,183.17	\$1,856.60	\$3,108.4
insurance: \$3,500/\$7,000, 40% 00/\$14,000 then \$15/\$45/\$80	НМО		1	· · · · · · · · · · · · · · · · · · ·	1
	HSA	\$1,020.88	\$2,035.83	\$1,731.34	\$2,898.
00/\$18,200	EPO	\$1,167.88	\$2,329.80	\$1,981.23	\$3,317.4
insurance: \$3,500/\$7,000, 30% 50/\$14,900	EPO HSA	\$1,148.06	\$2,290.17	\$1,947.53	\$3,260.9
insurance: \$3,000/\$6,000, 25% 50/\$14,900	EPO HSA	\$1,077.13	\$2,148.31	\$1,826.95	\$3,058.8
insurance: \$4,550/\$9,100, 50% 00/\$18,200	EPO	\$1,071.41	\$2,136.86	\$1,817.23	\$3,042.5
insurance: \$3,000/\$6,000, 50% 00/\$18,200	EPO	\$996.70	\$1,987.45	\$1,690.23	\$2,829.6
insurance: \$0, 0% 00/\$18,200	EPO	\$1,145.84	\$2,285.73	\$1,943.76	\$3,254.6
insurance: \$3,250/\$6,500, 40% 00/\$18,200	EPO	\$1,011.68	\$2,017.42	\$1,715.70	\$2,872.2
insurance: \$4,500/\$9,000, 50% 00/\$18,200	EPO	\$973.84	\$1,941.73	\$1,651.36	\$2,764.4
insurance: \$4,000/\$8,000, 20% 50/\$14,700	EPO HSA	\$960.13	\$1,914.31	\$1,628.06	\$2,725.3
insurance: \$0, 0% 00/\$18,200	EPO	\$1,043.82	\$2,081.69	\$1,770.34	\$2,963.8
insurance: \$3,750/\$7,500, 40% 00/\$18,200	EPO	\$887.59	\$1,769.23	\$1,504.74	\$2,518.6
	binsurance: \$3,000/\$6,000, 50% 100/\$18,200 00 after \$200/member Rx deductible (n/a Tier 1) - Base t: Deductible then \$20/\$50 binsurance: \$3,500/\$7,000, 30% 450/\$14,900 then \$10/\$50/\$90 - Base t: Deductible then \$20/\$50 binsurance: \$3,000/\$6,000, 25% 450/\$14,900 then \$10/\$50/\$90 - Base t: \$25/\$50 binsurance: \$4,550/\$9,100, 50% 100/\$18,200 00 after \$200/member Rx deductible (n/a Tier 1) - Base t: \$40/\$70 binsurance: \$3,000/\$6,000, 50% 100/\$18,200 00 after \$200/member Rx deductible (n/a Tier 1) - Advantage t: \$50/\$100 binsurance: \$0,0% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) - Advantage t: \$50/\$100 binsurance: \$0,0% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) t: \$40/\$80 binsurance: \$3,250/\$6,500, 40% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) t: \$40/\$80 binsurance: \$4,500/\$9,000, 50% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) t: \$30/\$60 binsurance: \$4,500/\$9,000, 50% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) t: \$30/\$60 binsurance: \$4,500/\$9,000, 50% 100/\$18,200 100 after \$200/member Rx deductible (n/a Tier 1) t: \$30/\$60 binsurance: \$0,0% 100/\$18,200 55 after \$200/member Rx deductible (n/a Tier 1) t: \$30/\$14,700 a then \$10/\$50/\$90 t: \$50/\$100 binsurance: \$3,750/\$7,500, 40% 100/\$18,200 55 after \$200/member Rx deductible (n/a Tier 1) t: \$30/\$14,700 a then \$200/member Rx deductible (n/a Tier 1) t: \$30/\$14,700 a then \$10/\$50/\$90 t: \$50/\$100 binsurance: \$3,750/\$7,500, 40% 100/\$18,200 binsurance: \$3,750/\$7,500, 40% 100/\$18,200 binsurance: \$3,750/\$7,500, 40%	Dinstrance: \$3,000/\$50,000,50% EPO 100 difer \$200/member Rx deductible (n/a Tier 1) - Base EPO 1: Deductible then \$20/\$50 EPO binsurance: \$3,500/\$7,000, 30% EPO st0/\$14,900 HSA 1: Deductible then \$20/\$50 EPO binsurance: \$3,000/\$6,000, 25% EPO 450/\$14,900 HSA 2: beductible then \$20/\$50 EPO insurance: \$3,000/\$6,000, 25% EPO 100/\$18,200 HSA 1: \$202/member Rx deductible (n/a Tier 1) - Base EPO insurance: \$4,550/\$9,100, 50% EPO ionsurance: \$3,000/\$6,000, 50% EPO ionsurance: \$3,000/\$6,000, 50% EPO ionsurance: \$3,000/\$6,000, 50% EPO ionsurance: \$3,000/\$6,000, 50% EPO ionsurance: \$0,0% EPO ion/\$18,200 <	Sinsurance: 33,000/\$5,000, 50% \$1,167.88 No after \$200/member Rx deductible (n/a Tier 1) - Base EPO t: Deductible then \$20/\$50 FPO sinsurance: \$3,000/\$5,000, 25% FPO 450/\$14,900 FPO tic Deductible then \$20/\$50 FPO sinsurance: \$3,000/\$6,000, 25% FPO 450/\$14,900 FPO sinsurance: \$3,000/\$6,000, 25% FPO 450/\$14,900 FPO insurance: \$3,000/\$6,000, 25% FPO sinsurance: \$4,550/\$90 - Base FPO is then \$10/\$50/\$90 - Base \$1,077.13 ti the \$10/\$50/\$90 - Base FPO is then \$10/\$50/\$90 - Base FPO is then \$200/member Rx deductible (n/a Tier 1) - Base \$1,077.13 ti \$40/\$70 FPO pinsurance: \$3,200/\$6,000, 50% FPO 100/\$18,200 Sinsurance: \$1,000,0% FPO sinsurance: \$3,200/member Rx deductible (n/a Tier 1) - Advantage \$1,145.84 t: \$40/\$80 FPO \$1,011.68 insurance: \$3,200/member Rx deductible (n/a Tier 1) FPO t: \$30/\$60 FPO \$1,011.68 100/\$18,200 S	DiffsUrfance: 53,000/50,000, 50% \$1,167.88 \$2,329.80 00 after \$200/member Rx deductible (n/a Tier 1) - Base \$1,167.88 \$2,329.80 Do after \$200/member Rx deductible (n/a Tier 1) - Base FPO \$1,148.06 \$2,290.17 Ibinsurance: \$3,500/\$7,000, 30% EPO \$1,148.06 \$2,290.17 Ibinsurance: \$3,500/\$7,000, 30% EPO \$1,077.13 \$2,148.31 Ibinsurance: \$2,500/\$7,000, 50% EPO \$1,077.13 \$2,148.31 Ibinsurance: \$4,500/\$9,100, 50% EPO \$1,071.41 \$2,136.86 Ibinsurance: \$3,000/\$6,000, 50% EPO \$1,071.41 \$2,136.86 Ibinsurance: \$3,000/\$6,000, 50% EPO \$996.70 \$1,987.45 Ibinsurance: \$3,000/\$6,000, 50% EPO \$1,145.84 \$2,285.73 Ibinsurance: \$3,000/\$6,000, 50% EPO \$1,011.68 \$2,017.42 Ibinsurance: \$3,200(member Rx deductible (n/a Tier 1) \$1,011.68 \$2,017.42 <	Simulation State S1,167.88 \$2,329.80 \$1,981.23 O after \$200/member Rx deductible (n/a Tier 1) - Base EPO \$1,167.88 \$2,290.17 \$1,947.53 Vision State EPO \$1,148.06 \$2,290.17 \$1,947.53 Vision State EPO \$1,148.06 \$2,200.17 \$1,947.53 Vision State EPO \$1,177.13 \$2,148.31 \$1,826.95 Vision State EPO \$1,077.13 \$2,148.31 \$1,826.95 Vision State EPO \$1,077.13 \$2,148.31 \$1,826.95 Vision State S1,0075,000,50% EPO \$1,071.41 \$2,136.86 \$1,817.23 Vision State S3,00056,000,50% EPO \$1,071.41 \$2,285.73 \$1,690.23 Vision State S3,00056,000,50% EPO \$1,145.84 \$2,285.73 \$1,943.76 Vision State S3,250/55,000,40% EPO \$1,145.84 \$2,285.73 \$1,943.76 Vision State S3,250/55,000,40% EPO \$1,145.84 \$2,207.74 \$1,943.76 Vision State S4,00058,000,50% EPO \$1,145.84 \$2,017.42 \$1,715.

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Core & Core Plus Plans

Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023 Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland







Monthly Rates for Effective Dates 7/1/2023, 8/1/2023 & 9/1/2023

Manhattan, Brooklyn, Queens, Stat

Additional	narticination	requirements	apply to shaded	nlans (se	e nage 4)
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Additional participation requirements apply to						
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	НМО	\$926.49	\$1,847.04	\$1,570.87	\$2,629.52
	Rx: Deductible then \$15/\$65/\$100	HSA				
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	НМО	\$909.41	\$1,812.87	\$1,541.85	\$2,580.82
	Rx: \$50/Deductible then 50%/Deductible then 50%					
Oxford Liberty Bronze HSA 5750	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30%	EPO	\$915.12	\$1,824.31	\$1,551.55	\$2,597.11
	Max OOP: \$7,350/\$14,700 Rx: Deductible then 30%/30%/30%	HSA	φο τοττ. <u>μ</u>			<i><i><i><i></i></i></i></i>
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,000/\$14,000, 0%	EPO	* ••••	\$1,617.35	\$1,375.64	\$2,302.20
	Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%	HSA	\$811.66			

G = Gated

Core Plans: EmblemHealth (all), Empire (Connection only) and Oxford (Metro only)

HealthPass Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 20% of the total eligible employees must enroll with a HealthPass medical plan. **Core Plus Plans (Additional Participation Requirements):**

To include Empire PPO/EPO and Blue Access along with the Core Plans:

PPO/EPO and Blue Access Requirements: available to groups with 10 or more enrolling in any medical plan offered through HealthPass with a \$750 minimum monthly employer contribution per employee.

If the group does not meet the PPO/EPO and Blue Access Requirements at open enrollment: employees who selected PPO/EPO and Blue Access plans will need to select alternative plans or they will be mapped into Connection plans within the same selected metal tier. If the member's group is located in a county where Connection plans are not available, enrollment will be pended until an alternative plan is selected by the member.

By offering these plans, the employer attests they are meeting the required monthly contribution per employee stated above. To include Oxford Liberty Plans along with the Core Plans:

Liberty Participation Requirement: 60% of the total eligible employees, after valid waivers, must enroll in a combination of Liberty and/or Metro plans.

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

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.

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