



**Core & Core Plus Plans**  
**Monthly Rates for Effective Date 6/1/2023**  
**Orange, Putnam, Dutchess, Ulster & Sullivan**

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	HMO	\$1,798.78	\$3,591.61	\$3,053.76	\$5,115.51
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	EPO	\$1,559.73	\$3,113.51	\$2,647.37	\$4,434.22
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	\$1,323.61	\$2,641.27	\$2,245.97	\$3,761.28



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Gold	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
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	\$1,442.05	\$2,878.17	\$2,447.33	\$4,098.86
Empire Blue Access Gold EPO 30/55	PCP/Specialist: \$30/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$6,750/\$13,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,262.92	\$2,519.90	\$2,142.81	\$3,588.33
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	\$1,240.03	\$2,474.11	\$2,103.89	\$3,523.08
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	\$1,127.19	\$2,248.43	\$1,912.06	\$3,201.49
Oxford Liberty Gold HSA 1500 M	PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90	EPO	\$1,107.76	\$2,209.57	\$1,879.03	\$3,146.12
		HSA				
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	\$1,099.67	\$2,193.40	\$1,865.28	\$3,123.06
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	\$1,055.43	\$2,104.90	\$1,790.06	\$2,996.95
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	\$1,018.99	\$2,032.04	\$1,728.13	\$2,893.13

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



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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	\$1,274.19	\$2,542.42	\$2,161.95	\$3,620.43
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 HSA	\$1,188.34	\$2,370.75	\$2,016.02	\$3,375.78
Empire Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,131.22	\$2,256.50	\$1,918.91	\$3,212.98
Empire Silver EPO HSA 3500	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 30% Max OOP: \$7,450/\$14,900 Rx: Deductible then \$10/\$50/\$90 - Base	EPO HSA	\$1,112.02	\$2,218.09	\$1,886.27	\$3,158.26
Empire Blue Access Silver EPO HSA 3000	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$3,000/\$6,000, 25% Max OOP: \$7,450/\$14,900 Rx: Deductible then \$10/\$50/\$90 - Base	EPO HSA	\$1,043.34	\$2,080.72	\$1,769.51	\$2,962.50
Empire Blue Access Silver EPO 25/50	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$4,550/\$9,100, 50% Max OOP: \$9,100/\$18,200 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,037.79	\$2,069.63	\$1,760.08	\$2,946.70
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	\$1,100.46	\$2,194.97	\$1,866.62	\$3,125.30
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	\$971.65	\$1,937.34	\$1,647.64	\$2,758.18
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	\$935.31	\$1,864.67	\$1,585.87	\$2,654.64
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 HSA	\$922.15	\$1,838.34	\$1,563.49	\$2,617.11
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	\$1,002.51	\$1,999.06	\$1,700.10	\$2,846.13
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	\$852.50	\$1,699.04	\$1,445.08	\$2,418.59

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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	\$1,078.38	\$2,150.82	\$1,829.09	\$3,062.39
		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 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$1,058.49	\$2,111.03	\$1,795.28	\$3,005.69
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	\$878.93	\$1,751.93	\$1,490.03	\$2,493.96
		HSA				
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%	EPO	\$779.58	\$1,553.21	\$1,321.13	\$2,210.80
		HSA				

G = Gated

<p><b>Core Plans: EmblemHealth (all), Empire (Connection only) and Oxford (Metro only)</b>  <u>HealthPass Participation Requirements:</u> 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.</p> <p><b>Core Plus Plans (Additional Participation Requirements):</b>  <u>To include Empire PPO/EPO and Blue Access along with the Core Plans:</u>  <u>PPO/EPO and Blue Access Requirements:</u> available to groups with 10 or more enrolling in any medical plan offered through HealthPass with a \$750 minimum monthly employer contribution per employee.</p> <p><u>If the group does not meet the PPO/EPO and Blue Access Requirements at open enrollment:</u> 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.</p> <p>By offering these plans, the employer attests they are meeting the required monthly contribution per employee stated above.</p> <p><u>To include Oxford Liberty Plans along with the Core Plans:</u>  <u>Liberty Participation Requirement:</u> 60% of the total eligible employees, after valid waivers, must enroll in a combination of Liberty and/or Metro plans.</p> <p><u>If the group does not meet the Oxford Liberty Participation Requirement at open enrollment:</u> 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.</p>
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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.