

Core & Core Plus Plans

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	- \$1,756.22	\$3,506.46	\$2,981.40	\$4,994.19		
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	- \$1,533.49	\$3,061.03	\$2,602.77	\$4,359.44		
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	- \$1,303.12	\$2,600.29	\$2,211.14	\$3,702.88		
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)	- \$1,420.29	\$2,834.62	\$2,410.32	\$4,036.80		

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

Nassau & Suffolk

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

Nassau & Suffolk

Additional participation requirements apply to shaded plans (see page 4). Gold BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network 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

etwork; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
	нмо	\$1,407.95	\$2,809.94	\$2,389.35	\$4,001.64
/a Tier 1) - Base	EPO	\$1,241.71	\$2,477.46	\$2,106.74	\$3,527.86
	EPO	\$1,181.48	\$2,357.01	\$2,004.35	\$3,356.21
/a Tier 1) - Advantage					
/a Tier 1) - Advantage	EPO	\$1,152.77	\$2,299.59	\$1,955.54	\$3,274.39
	EPO	\$1,330.57	\$2,655.19	\$2,257.80	\$3,781.12
/a Tier 1)	EPO	\$1,209.46	\$2,412.98	\$2,051.92	\$3,435.96
/a Tier 1)	EPO HSA	\$1,188.60	\$2,371.25	\$2,016.46	\$3,376.51
(- T ' A)	EPO	\$1,179.93	\$2,353.90	\$2,001.71	\$3,351.78
/a Tier 1)	EPO	\$1,132.43	\$2,258.91	\$1,920.97	\$3,216.42
/a Tier 1)	EPO	\$1,093.31	\$2,180.68	\$1,854.48	\$3,104.95
/a Tier 1)					





Health/Pass BENEFITS EXCHANGE

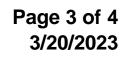
haded plans (see page 4).					
BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
PCP/Specialist: 1 free PCP visit then \$35/\$75					
Deductible, Coinsurance: \$4,800/\$9,600, 40%	нмо	¢4 044 00	¢0.400.40	¢0.440.75	¢0 504 50
Max OOP: \$8,800/\$17,600		\$1,244.06	\$2,482.19	\$2,110.75	\$3,534.59
Rx: \$0/\$40/\$80					
PCP/Specialist: Deductible then \$30/\$50 copay	цмо				
Deductible, Coinsurance: \$3,500/\$7,000, 40%		¢1 160 26	\$2 21/ 50	\$1 068 30	\$3,295.76
Max OOP: \$7,000/\$14,000	ПСУ	φ1,100.20	φ2,314.33	φ1,900.30	φ 3,2 33.70
Rx: Deductible then \$15/\$45/\$80	пза				
PCP/Specialist: \$40/\$70	FPO				
Deductible, Coinsurance: \$3,000/\$6,000, 50%		\$1 112 23	\$2 218 51	\$1 886 62	\$3,158.85
		<i>v</i> · , · · _ · _ · _ · _ · _ · _ · · _ · _ · · · _ · · _ · · · · · · · · · · · · · · · · · · ·	<i>\\</i>	\$1,00010 <u></u>	<i>\\\\\\\\\\\\\</i>
	EPO				
Deductible, Coinsurance: \$3,500/\$7,000, 30%		\$1.093.35	\$2,180,74	\$1.854.53	\$3,105.03
	HSA	<i> </i>	· · · · · · · · ·	<i>•••••••••••••••••••••••••••••••••••••</i>	<i>+-,</i>
•	EPO				
		\$1,025.82	\$2,045.70	\$1,739.73	\$2,912.59
	HSA				
	EPO				
		\$1,020.37	\$2,034.79	\$1,730.46	\$2,897.05
	EPO				• • • • • • •
		\$949.24	\$1,892.54	\$1,609.55	\$2,694.34
PCP/Specialist: \$50/\$100					
Deductible, Coinsurance: \$0, 0%	EPO	¢4 400 77		*•••••	\$0.054.40
Max OOP: \$9,100/\$18,200		\$1,180.77	\$2,355.59	\$2,003.14	\$3,354.18
Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)					
PCP/Specialist: \$40/\$80	EDO				
Deductible, Coinsurance: \$3,250/\$6,500, 40%	EPU	¢1 012 10	\$2.070.04	¢1 769 07	¢2 060 11
Max OOP: \$9,100/\$18,200		Ͽ Ι,042.49	φ 2,079.04	φ1,700.07	\$2,960.11
Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)					
PCP/Specialist: \$30/\$60	FPO				
Deductible, Coinsurance: \$4,500/\$9,000, 50%		\$1 003 49	\$2 001 04	\$1 701 77	\$2,848.95
Max OOP: \$9,100/\$18,200		ψ1,000.40	ψ2,001.04	ψι,/ΟΙ.//	Ψ2,040.00
PCP/Specialist: Deductible then 20% coinsurance	EPO				
Deductible, Coinsurance: \$4,000/\$8,000, 20%		\$989.37	\$1,972,78	\$1,677,76	\$2,808.69
	HSA	VOUD	<i>•••,•••</i>		<i>+_,</i>
RX: Deductible then \$10/\$50/\$90					
• •	EPO				
Deductible, Coinsurance: \$0, 0%		\$1,075.62	\$2,145.27	\$1,824.38	\$3,054.49
		. ,			. ,
• •	EPO				
Deductible, Coinsurance: \$3,750/\$7,500, 40%		\$914.61	\$1,823.26	\$1,550.66	\$2,595.61
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RX. DIVIDOJIDO AILEI DZUVIIIEIIIDEI RX GEGUCTIDIE (IVA HEFT)					
	BENEFIT HIGHLIGHTS IN-In Network; OON=Out of Network; OOP=Out of Pocket 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 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 PCP/Specialist: Sto0\$7,000, 50% Max OOP: \$3,100/\$18,200 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base 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 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 PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$3,000/\$6,000, 25% Max OOP: \$7,450/\$14,900 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base PCP/Specialist: \$20/\$70 Deductible, Coinsurance: \$3,000/\$6,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$25/\$75/\$90 after \$200/member Rx	BENEFIT HIGHLGHTS IN-In Network; OON-Out of Network; OOP-Out of Pocket PCP/Specialis: 1 free PCP visit then \$33(\$575 Deductible, Coinsurance: \$4,800/\$9,600, 40% Max OOP: \$5,800(\$17,600 R:: \$0540/\$800 PCP/Specialis: Deductible then \$30(\$50 copay Deductible, Coinsurance: \$3,500(\$7,000, 40% Max OOP: \$7,000(\$4070 R:: Deductible then \$15/545/\$60 PCP/Specialis: Deductible then \$15/545/\$60 PCP/Specialis: S000(\$6,000, 50% Max OOP: \$7,000(\$4070 Deductible, Coinsurance: \$3,000(\$6,000, 50% Max OOP: \$7,400(\$14,000 R:: 253/573/\$90 attrs: 200/member Rx deductible (n/a Tier 1) - Base PCP/Specialis: S00(\$14,900 R:: Deductible then \$10/\$50(\$90 - Base PCP/Specialis: S0/\$14,900 R:: Deductible then \$10/\$50(\$90 - Base PCP/Specialis: S25/\$550 Deductible, Coinsurance: \$3,000(\$6,000, 55% Max OOP: \$7,400(\$14,900 R:: S25/\$7,5790 after \$200/member Rx deductible (n/a Tier 1) - Base PCP/Specialis: \$240/\$70 Deductible, Coinsurance: \$3,000(\$6,000, 50% Max OOP: \$9,100(\$18,200 R:: \$255/\$7,5790 after \$200/member Rx deductible (n/a Tier 1) - Advantage PCP/Specialis: \$40	BENEFIT HIGHLIGHTS IN=In Network; OON-Out of Network; OOP-Out of Pocket Employee PCP/Specialist: 1 free PCP visit then \$35/575 FMD \$1,244.06 \$1,244.06 Max OOP: \$3,000517,800 HMO \$1,244.06 \$1,244.06 PCP/Specialist: Deductible then \$30/550 copay HMO \$1,160.26 \$1,244.06 PCP/Specialist: Deductible then \$30/550 copay HSA \$1,160.26 \$1,122.33 Deductible, Coinsurance: \$3,000/56,000, 59% EPO \$1,112.23 \$1,112.23 Max OOP: \$7,000514,000 Rx: \$22373/580 after \$200/member Rx deductible (n/a Tier 1) - Base EPO \$1,112.23 Rx: 224373/580 after \$200/member Rx deductible (n/a Tier 1) - Base EPO \$1,025.82 \$1,025.82 Deductible, Coinsurance: \$3,000/56,000, 59% EPO \$1,025.82 \$1,025.82 \$1,020.37 Max OOP: \$7,450074,4300 HSA EPO \$1,020.37 \$1,020.37 \$1,020.37 Rx: Deductible then \$10/55050 EPO \$1,020.37 \$1,020.37 \$1,020.37 Deductible, Coinsurance: \$3,000/56,000, 59% EPO \$1,020.37 \$1,020.37 Rx: 2324375/580 after \$200/member Rx deductible (n/a Tier 1) - Advantage	BENEFIT HIGHLIGHTS IN-In Network; OON=Out of Network; OOP=Out of Pocket Employee Employee PCPPspecialist: 1free PCP visit then \$35575 HMO \$1,244.06 \$2,492.19 Max OOP: 38,000517.600 HMO \$1,244.06 \$2,492.19 PCPPspecialist: Deductible then \$30550 copay HMO \$1,160.26 \$2,314.59 PCPPspecialist: S00577.000.40% HMO HMO \$1,160.26 \$2,314.59 Max OOP: 37,000514.000 HMO HMO \$1,160.26 \$2,314.59 PCPPspecialist: S00570 EPO \$1,112.23 \$2,218.51 Max OOP: 37,000518 200 FX EPO \$1,112.23 \$2,218.51 Max OOP: 37,5030 dirt S200 FX EPO \$1,093.35 \$2,180.74 Max OOP: 37,5030 dirt S200500 EPO \$1,025.82 \$2,045.70 Max OOP: 37,5030 dirt S200500 EPO \$1,025.82 \$2,045.70 Max OOP: 37,5030 dirt S200500 EPO \$1,025.82 \$2,045.70 Max OOP: 37,6030 dirt S2000 EPO \$1,025.82 \$2,045.70 Max OOP: 34,1000 dirt Max OOP: 34,0000 EPO \$1,025.82	BENEFIT HIGHLIGHTS IN-In Network. OON-Out of Network. OOP=Out of Pocket Employee

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

Core & Core Plus Plans

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

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

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Bronze	nze BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket			Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 50%	НМО	\$4.0F0.04	\$2,099.90	\$1,785.81	\$2,989.83
	Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$65/\$100	HSA	\$1,052.94			
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%	НМО	\$1,033.49	\$2,061.04	\$1,752.76	\$2,934.45
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 HSA	\$942.99	\$1,880.03	\$1,598.91	\$2,676.51
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 HSA	\$836.34	\$1,666.73	\$1,417.61	\$2,372.56

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.

Core & Core Plus Plans

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