



Core Plans Only

Monthly Rates for Effective Dates 10/1/2023, 11/1/2023 & 12/1/2023

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

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	\$1,589.49	\$3,173.03	\$2,697.96	\$4,519.04
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	EPO	\$1,399.87	\$2,793.80	\$2,375.62	\$3,978.63
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	\$1,274.40	\$2,542.85	\$2,162.32	\$3,621.03
Empire Connection Gold EPO 25/50	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$8,500/\$17,000 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,269.17	\$2,532.39	\$2,153.42	\$3,606.13
Empire Connection 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) - Advantage	EPO	\$1,238.31	\$2,470.67	\$2,100.96	\$3,518.18
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	\$1,125.36	\$2,244.78	\$1,908.95	\$3,196.27
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	\$1,086.49	\$2,167.04	\$1,842.88	\$3,085.49
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	\$1,126.14	\$2,246.31	\$1,910.27	\$3,198.46
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	\$1,050.31	\$2,094.70	\$1,781.38	\$2,982.39
Empire Connection 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) - Advantage	EPO	\$1,019.61	\$2,033.27	\$1,729.16	\$2,894.88
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	\$1,068.90	\$2,131.85	\$1,812.97	\$3,035.36
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	\$908.90	\$1,811.85	\$1,540.97	\$2,579.36
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 HSA	\$953.19	\$1,900.43	\$1,616.25	\$2,705.60
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	\$935.61	\$1,865.27	\$1,586.39	\$2,655.49
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	\$831.13	\$1,656.31	\$1,408.75	\$2,357.72

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.

6/30/2023