



Mid-Hudson

Monthly Rates for Effective Dates 1/1/2024, 2/1/2024 & 3/1/2024

Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

| Platinum | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|---|---|-----|------------|------------|----------------|------------|
| Anthem Platinum EPO 5/25 | PCP/Specialist: \$5/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,700/\$7,400 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base | EPO | \$1,620.44 | \$3,234.93 | \$2,750.58 | \$4,607.25 |
| EmblemHealth Select Care Platinum Premier | PCP/Specialist: 3 free PCP visits then \$10/\$35 Deductible, Coinsurance: \$100/\$200, 20% - OON \$4,000/\$8,000, 50% Max OOP: \$2,300/\$4,600 - OON \$10,000/\$20,000 Rx: \$5/\$30/\$65 after \$100/member Rx deductible (n/a Tier 1) | POS | \$1,872.44 | \$3,738.94 | \$3,178.98 | \$5,325.46 |
| 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 | \$1,309.62 | \$2,613.29 | \$2,222.19 | \$3,721.41 |



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Monthly Rates for Effective Dates 1/1/2024, 2/1/2024 & 3/1/2024

Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

| Gold | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|---------------------------------------|---|------------|------------|------------|----------------|------------|
| Anthem Blue Access Gold EPO 50/55 | PCP/Specialist: \$50/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$7,000/\$14,000 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Base | EPO | \$1,298.62 | \$2,591.29 | \$2,203.49 | \$3,690.06 |
| EmblemHealth Select Care Gold Premier | PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% - OON \$6,000/\$12,000, 50% Max OOP: \$7,800/\$15,600 - OON \$12,000/\$24,000 Rx: \$7/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) | POS | \$1,473.81 | \$2,941.67 | \$2,501.31 | \$4,189.35 |
| Oxford Liberty Gold EPO 25/50 ZD | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,224.41 | \$2,442.87 | \$2,077.33 | \$3,478.56 |
| Oxford Liberty Gold EPO 30/60 G | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,110.09 | \$2,214.23 | \$1,882.98 | \$3,152.75 |
| Oxford Liberty Gold HSA 1600 M | PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,600/\$3,200, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90 | EPO HSA | \$1,062.25 | \$2,118.55 | \$1,801.66 | \$3,016.40 |
| Oxford Liberty Gold EPO 30/60 | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,800/\$3,600, 30% Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,095.11 | \$2,184.26 | \$1,857.51 | \$3,110.04 |
| Oxford Metro Gold EPO 25/40 | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,500/\$13,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$1,040.04 | \$2,074.14 | \$1,763.91 | \$2,953.12 |
| Oxford Metro Gold EPO 25/40 G | PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,500/\$13,000 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1) | EPO | \$1,004.14 | \$2,002.33 | \$1,702.87 | \$2,850.80 |

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



Mid-Hudson

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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 |
|---|---|------------|------------|------------|----------------|------------|
| Anthem Silver EPO 40/80 | PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 50% Max OOP: \$9,450/\$18,900 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base | EPO | \$1,175.02 | \$2,344.08 | \$1,993.36 | \$3,337.79 |
| Anthem Silver EPO HSA 4000 | PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$4,000/\$8,000, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90 - Base | EPO HSA | \$1,159.45 | \$2,312.95 | \$1,966.89 | \$3,293.42 |
| Anthem Blue Access Silver EPO HSA 3250 | PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$3,250/\$6,500, 25% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90 - Base | EPO HSA | \$1,091.94 | \$2,177.92 | \$1,852.13 | \$3,101.01 |
| Anthem Blue Access Silver EPO 30/75 | PCP/Specialist: \$30/\$75 Deductible, Coinsurance: \$4,550/\$9,100, 50% Max OOP: \$9,450/\$18,900 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base | EPO | \$1,072.08 | \$2,138.20 | \$1,818.37 | \$3,044.41 |
| EmblemHealth Select Care Silver Premier | PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$5,600/\$11,200, 40% - OON \$8,000/\$16,000, 50% Max OOP: \$9,400/\$18,800 - OON \$18,000/\$36,000 Rx: \$20/\$40/\$100 after \$250/member Rx deductible (n/a Tier 1) | POS | \$1,245.84 | \$2,485.74 | \$2,113.77 | \$3,539.65 |
| EmblemHealth Select Care Silver HSA | PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$45/\$85 | HMO HSA | \$1,205.27 | \$2,404.59 | \$2,044.79 | \$3,424.01 |
| Oxford Liberty Silver EPO 50/100 ZD | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,450/\$18,900 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$1,084.99 | \$2,164.03 | \$1,840.32 | \$3,081.22 |
| Oxford Liberty Silver EPO 40/80 | PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% Max OOP: \$9,450/\$18,900 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$960.93 | \$1,915.92 | \$1,629.42 | \$2,727.66 |
| Oxford Liberty Silver HSA 3000 | PCP/Specialist: Deductible then \$30/\$60 Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$7,150/\$14,300 Rx: Deductible then \$10/\$50/\$90 | EPO HSA | \$933.07 | \$1,860.19 | \$1,582.05 | \$2,648.24 |
| Oxford Liberty Silver EPO 30/60 G | PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,450/\$18,900 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$927.58 | \$1,849.22 | \$1,572.73 | \$2,632.61 |
| Oxford Liberty Silver HSA 4000 M | PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90 | EPO HSA | \$883.61 | \$1,761.28 | \$1,497.98 | \$2,507.29 |
| Oxford Metro Silver EPO 50/100 ZD | PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,450/\$18,900 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$986.29 | \$1,966.63 | \$1,672.53 | \$2,799.91 |
| Oxford Metro Silver EPO 30/80 G | PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,450/\$18,900 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) | EPO | \$840.67 | \$1,675.40 | \$1,424.98 | \$2,384.92 |

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Mid-Hudson

Monthly Rates for Effective Dates 1/1/2024, 2/1/2024 & 3/1/2024

Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

| Bronze | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket | | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|---|--|-----|------------|------------|----------------|------------|
| EmblemHealth Select Care Bronze HSA | PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$7,400/\$14,800, 50% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$35/\$65/\$115 | HMO | \$1,087.43 | \$2,168.91 | \$1,844.46 | \$3,088.17 |
| | | HSA | | | | |
| EmblemHealth Select Care Bronze Premier | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$7,100/\$14,200, 50% Max OOP: \$9,450/\$18,900 Rx: \$50/Deductible then 50%/Deductible then 50% | HMO | \$1,071.27 | \$2,136.60 | \$1,817.00 | \$3,042.13 |
| | | | | | | |
| Oxford Liberty Bronze HSA 5750 | PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then 30%/30%/30% | EPO | \$838.37 | \$1,670.79 | \$1,421.06 | \$2,378.35 |
| | | HSA | | | | |
| Oxford Metro Bronze HSA 7250 G | PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,250/\$14,500, 0% Max OOP: \$7,250/\$14,500 Rx: Deductible then 0%/0%/0% | EPO | \$748.66 | \$1,491.37 | \$1,268.56 | \$2,122.68 |
| | | HSA | | | | |

G = Gated

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.