



## Core Plans Only

Monthly Rates for Effective Dates 4/1/2024, 5/1/2024 & 6/1/2024

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     |
|---|---|---|--|------------|------------|----------------|------------|
| Anthem Connection Platinum EPO 20/40      | PCP/Specialist: \$20/\$40<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$3,000/\$6,000<br>Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage   | EPO   |  | \$1,431.22 | \$2,856.49 | \$2,428.91     | \$4,067.97 |
| EmblemHealth Select Care Platinum Premier | PCP/Specialist: 3 free PCP visits then \$10/\$35<br>Deductible, Coinsurance: \$100/\$200, 20% - OON \$4,000/\$8,000, 50%<br>Max OOP: \$2,300/\$4,600 - OON \$10,000/\$20,000<br>Rx: \$5/\$30/\$65 after \$100/member Rx deductible (n/a Tier 1)         | POS   |  | \$1,614.23 | \$3,222.50 | \$2,740.01     | \$4,589.54 |
| Gold                                      |   | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket |  | Employee   | Emp/Spouse | Emp/Child(ren) | Family     |
| Anthem Connection Gold EPO 25/50          | PCP/Specialist: \$25/\$50<br>Deductible, Coinsurance: \$0/\$0, 0%<br>Max OOP: \$8,500/\$17,000<br>Rx: \$10/\$65/\$90 after \$150/member Rx deductible (n/a Tier 1) - Advantage  | EPO   |  | \$1,300.53 | \$2,595.12 | \$2,206.74     | \$3,695.52 |
| Anthem Connection Gold EPO 50/55          | PCP/Specialist: \$50/\$55<br>Deductible, Coinsurance: \$1,000/\$2,000, 0%<br>Max OOP: \$7,000/\$14,000<br>Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1) - Advantage  | EPO   |  | \$1,259.85 | \$2,513.75 | \$2,137.57     | \$3,579.56 |
| EmblemHealth Select Care Gold Premier     | PCP/Specialist: 3 free PCP visits then \$25/\$50<br>Deductible, Coinsurance: \$500/\$1,000, 30% - OON \$6,000/\$12,000, 50%<br>Max OOP: \$7,800/\$15,600 - OON \$12,000/\$24,000<br>Rx: \$7/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)     | POS   |  | \$1,270.75 | \$2,535.53 | \$2,156.10     | \$3,610.61 |
| Oxford Metro Gold EPO 25/40               | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,500/\$13,000<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)   | EPO   |  | \$1,127.59 | \$2,249.23 | \$1,912.74     | \$3,202.63 |
| Oxford Metro Gold EPO 25/40 G             | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$6,500/\$13,000<br>Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)   | EPO   |  | \$1,088.64 | \$2,171.34 | \$1,846.53     | \$3,091.62 |
| Silver                                    |   | BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket |  | Employee   | Emp/Spouse | Emp/Child(ren) | Family     |
| Anthem Connection Silver EPO 40/80        | PCP/Specialist: \$40/\$80<br>Deductible, Coinsurance: \$3,250/\$6,500, 50%<br>Max OOP: \$9,450/\$18,900<br>Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage   | EPO   |  | \$1,045.71 | \$2,085.48 | \$1,773.55     | \$2,969.27 |
| EmblemHealth Select Care Silver Premier   | PCP/Specialist: 1 free PCP visit then \$35/\$75<br>Deductible, Coinsurance: \$5,600/\$11,200, 40% - OON \$8,000/\$16,000, 50%<br>Max OOP: \$9,400/\$18,800 - OON \$18,000/\$36,000<br>Rx: \$20/\$40/\$100 after \$250/member Rx deductible (n/a Tier 1) | POS   |  | \$1,074.31 | \$2,142.67 | \$1,822.17     | \$3,050.77 |
| EmblemHealth Select Care Silver HSA       | PCP/Specialist: Deductible then \$30/\$50<br>Deductible, Coinsurance: \$3,500/\$7,000, 40%<br>Max OOP: \$7,500/\$15,000<br>Rx: Deductible then \$15/\$45/\$85   | HMO<br>HSA  |  | \$1,039.35 | \$2,072.77 | \$1,762.74     | \$2,951.16 |
| Oxford Metro Silver EPO 50/100 ZD         | PCP/Specialist: \$50/\$100<br>Deductible, Coinsurance: \$0, 0%<br>Max OOP: \$9,450/\$18,900<br>Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)   | EPO   |  | \$1,069.29 | \$2,132.63 | \$1,813.63     | \$3,036.46 |
| Oxford Metro Silver EPO 30/80 G           | PCP/Specialist: \$30/\$80<br>Deductible, Coinsurance: \$3,750/\$7,500, 40%<br>Max OOP: \$9,450/\$18,900<br>Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)   | EPO   |  | \$911.35   | \$1,816.74 | \$1,545.13     | \$2,586.33 |
| 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<br>Deductible, Coinsurance: \$7,400/\$14,800, 50%<br>Max OOP: \$8,000/\$16,000<br>Rx: Deductible then \$35/\$65/\$115   | HMO<br>HSA  |  | \$937.81   | \$1,869.67 | \$1,590.12     | \$2,661.76 |
| EmblemHealth Select Care Bronze Premier   | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance<br>Deductible, Coinsurance: \$7,100/\$14,200, 50%<br>Max OOP: \$9,450/\$18,900<br>Rx: \$50/Deductible then 50%/Deductible then 50%  | HMO   |  | \$923.90   | \$1,841.85 | \$1,566.47     | \$2,622.10 |
| Oxford Metro Bronze HSA 7250 G            | PCP/Specialist: Deductible then 0% coinsurance<br>Deductible, Coinsurance: \$7,250/\$14,500, 0%<br>Max OOP: \$7,250/\$14,500<br>Rx: Deductible then 0%/0%/0%  | EPO<br>HSA  |  | \$811.53   | \$1,617.12 | \$1,375.45     | \$2,301.87 |

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.

1/5/2024