



**Mid-Hudson**

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

**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	\$1,666.46	\$3,326.97	\$2,828.82	\$4,738.39
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	\$1,934.04	\$3,862.13	\$3,283.70	\$5,501.01
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	\$1,342.53	\$2,679.11	\$2,278.14	\$3,815.19



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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	\$1,335.46	\$2,664.97	\$2,266.12	\$3,795.05
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	\$1,522.24	\$3,038.55	\$2,583.66	\$4,327.40
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	\$1,255.17	\$2,504.38	\$2,129.62	\$3,566.22
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	\$1,137.95	\$2,269.96	\$1,930.35	\$3,232.16
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	\$1,088.91	\$2,171.87	\$1,846.99	\$3,092.38
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	\$1,122.60	\$2,239.25	\$1,904.26	\$3,188.40
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	\$1,066.15	\$2,126.35	\$1,808.28	\$3,027.52
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	\$1,029.33	\$2,052.71	\$1,745.70	\$2,922.59

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



## Mid-Hudson

### Monthly Rates for Effective Dates 4/1/2024, 5/1/2024 & 6/1/2024 Orange, Putnam, Dutchess, Ulster, Sullivan & Delaware

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	\$1,208.33	\$2,410.70	\$2,049.99	\$3,432.73
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	\$1,192.31	\$2,378.68	\$2,022.77	\$3,387.09
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	\$1,122.89	\$2,239.83	\$1,904.74	\$3,189.22
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	\$1,102.46	\$2,198.98	\$1,870.02	\$3,131.01
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	\$1,286.76	\$2,567.57	\$2,183.33	\$3,656.27
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	\$1,244.85	\$2,483.74	\$2,112.08	\$3,536.81
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	\$1,112.24	\$2,218.53	\$1,886.64	\$3,158.87
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	\$985.04	\$1,964.14	\$1,670.41	\$2,796.37
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	\$956.48	\$1,907.01	\$1,621.85	\$2,714.96
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	\$950.85	\$1,895.75	\$1,612.28	\$2,698.92
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	\$905.76	\$1,805.57	\$1,535.63	\$2,570.40
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	\$1,011.04	\$2,016.12	\$1,714.59	\$2,870.45
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	\$861.75	\$1,717.55	\$1,460.81	\$2,444.98

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



**Mid-Hudson**

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

**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	\$1,123.11	\$2,240.29	\$1,905.13	\$3,189.88
		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	\$1,106.42	\$2,206.91	\$1,876.76	\$3,142.32
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	\$859.38	\$1,712.81	\$1,456.79	\$2,438.23
		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	\$767.40	\$1,528.85	\$1,300.41	\$2,176.08
		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.