

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	ЕРО	\$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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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)	ЕРО	\$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)	ЕРО	\$1,066.15	\$2,126.35	\$1,808.28	\$3,027.52
Oxford Metro Gold EPO 25/40 G G = Gated, M = Motion, ZD = Zero Deductible	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)	ЕРО	\$1,029.33	\$2,052.71	\$1,745.70	\$2,922.59

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

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Family
\$3,432.73
\$3,387.09
\$3,189.22
\$3,131.01
\$3,656.27
\$3,536.81
\$3,158.87
\$2,796.37
\$2,714.96
\$2,698.92
\$2,570.40
\$2,870.45
\$2,444.98

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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	Deductible, Coinsurance: \$7,400/\$14,800, 50%	нмо	\$1,123.11	\$2,240.29	\$1,905.13	\$3,189.88
	Max OOP: \$8,000/\$16,000 Rx: Deductible then \$35/\$65/\$115	HSA	Ψ1,120.11			
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%	нмо	\$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	EPO HSA	\$859.38	\$1,712.81	\$1,456.79	\$2,438.23
Oxford Metro Bronze HSA 7250 G	RX: Deductible then 30%/30%/30% PCP/Specialist: Deductible then 0% coinsurance	EPO	\$767.40	\$1,528.85	\$1,300.41	\$2,176.08
	Max OOP: \$7,250\\$14,500 Rx: Deductible then 0%/0%/0%	HSA				

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