



Core Plans Only

Monthly Rates for Effective Dates 7/1/2024, 8/1/2024 & 9/1/2024

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 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage	EPO		\$1,471.81	\$2,937.67	\$2,497.92	\$4,183.66
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		\$1,667.30	\$3,328.64	\$2,830.24	\$4,740.80
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 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$8,500/\$17,000 Rx: \$10/\$65/\$90 after \$150/member Rx deductible (n/a Tier 1) - Advantage	EPO		\$1,337.41	\$2,668.88	\$2,269.44	\$3,800.62
Anthem Connection 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) - Advantage	EPO		\$1,295.56	\$2,585.18	\$2,198.30	\$3,681.35
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		\$1,312.48	\$2,619.00	\$2,227.06	\$3,729.56
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		\$1,155.90	\$2,305.85	\$1,960.86	\$3,283.30
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		\$1,115.97	\$2,226.00	\$1,892.99	\$3,169.52
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 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) - Advantage	EPO		\$1,075.33	\$2,144.71	\$1,823.89	\$3,053.67
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		\$1,109.56	\$2,213.18	\$1,882.11	\$3,151.25
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		\$1,073.46	\$2,140.97	\$1,820.71	\$3,048.35
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		\$1,096.13	\$2,186.32	\$1,859.26	\$3,112.97
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		\$934.20	\$1,862.45	\$1,583.97	\$2,651.47
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 HSA		\$968.56	\$1,931.18	\$1,642.39	\$2,749.40
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		\$954.19	\$1,902.44	\$1,617.97	\$2,708.43
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 HSA		\$831.88	\$1,657.80	\$1,410.03	\$2,359.84

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

3/5/2024