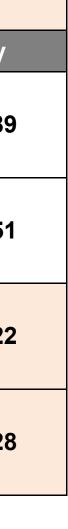


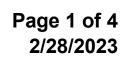
Core & Core Plus Plans

Monthly Rates for Effective Date 5/1/2023

Additional participation requirements apply to shaded plans (see page 4).							
Platinum	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family		
EmblemHealth Bridge Platinum PPO Renewal Only	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% - OON \$3,000/\$6,000, 30% Max OOP: \$2,500/\$5,000 - OON \$5,500/\$11,000 Rx: \$0/\$30/\$80) \$1,841.02	\$3,676.08	\$3,125.56	\$5,235.89		
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 20% Max OOP: \$2,500/\$5,000 Rx: \$0/\$30/\$65	0 	\$3,591.61	\$3,053.76	\$5,115.51		
Empire Platinum EPO 5/25	PCP/Specialist: \$5/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,500/\$7,000 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base) \$1,559.73	\$3,113.51	\$2,647.37	\$4,434.22		
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)	\$1,323.61	\$2,641.27	\$2,245.97	\$3,761.28		

Orange, Putnam, Dutchess, Ulster & Sullivan







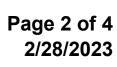
Core & Core Plus Plans Monthly Rates for Effective Date 5/1/2023 Orange, Putnam, Dutchess, Ulster & Sullivan

Additional participation requirements apply to shaded plans (see page 4). Gold BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Ne PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,500/\$3,000, 30% - OON \$3 EmblemHealth Bridge Gold PPO Renewal Only Max OOP: \$6,200/\$12,400 - OON \$8,000/\$16,000 Rx: \$0/\$45/\$100 PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% EmblemHealth Prime Gold Premier Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80 PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$750/\$ EmblemHealth Bridge Gold Virtual Renewal Only Max OOP: Virtual & Office \$8,000/\$16,000 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/ PCP/Specialist: \$30/\$55 Deductible, Coinsurance: \$1,000/\$2,000, 0% **Empire Blue Access Gold EPO 30/55** Max OOP: \$6,750/\$13,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Oxford Liberty Gold EPO 25/50 ZD Max OOP: \$6,250/\$12,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Oxford Liberty Gold EPO 30/60 G Max OOP: \$6,650/\$13,300 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,500/\$3,000, 10% Oxford Liberty Gold HSA 1500 M Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90 PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Oxford Liberty Gold EPO 30/60 Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Oxford Metro Gold EPO 25/40 Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Oxford Metro Gold EPO 25/40 G Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a

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

etwork; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
\$3,800/\$7,600, 40%	PPO	\$1,460.69	\$2,915.44	\$2,479.01	\$4,151.97
	НМО	\$1,442.05	\$2,878.17	\$2,447.33	\$4,098.86
/\$1,500,30%	EPO	\$1,391.34	\$2,776.75	\$2,361.13	\$3,954.34
e/\$80 after Deductible /a Tier 1) - Base	EPO	\$1,262.92	\$2,519.90	\$2,142.81	\$3,588.33
/a Tier 1)	EPO	\$1,240.03	\$2,474.11	\$2,103.89	\$3,523.08
/a Tier 1)	EPO	\$1,127.19	\$2,248.43	\$1,912.06	\$3,201.49
	EPO HSA	\$1,107.76	\$2,209.57	\$1,879.03	\$3,146.12
/a Tier 1)	EPO	\$1,099.67	\$2,193.40	\$1,865.28	\$3,123.06
/a Tier 1)	EPO	\$1,055.43	\$2,104.90	\$1,790.06	\$2,996.95
/a Tier 1)	EPO	\$1,018.99	\$2,032.04	\$1,728.13	\$2,893.13





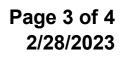


Additional participation requirements apply to sh			Employee			Found
Silver	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75	нмо				
	Deductible, Coinsurance: \$4,800/\$9,600, 40%		\$1,274.19	\$2,542.42	\$2,161.95	\$3,620.43
	Max OOP: \$8,800/\$17,600 Rx: \$0/\$40/\$80					-
	PCP/Specialist: Deductible then \$30/\$50 copay					
EmblemHealth Prime Silver HSA	Deductible, Coinsurance: \$3,500/\$7,000, 40%	нмо				
	Max OOP: \$7 000/\$14 000		\$1,188.34	\$2,370.75	\$2,016.02	\$3,375.78
	Rx: Deductible then \$15/\$45/\$80	HSA				
	PCP/Specialist: \$40/\$70					
	Deductible, Coinsurance: \$3,000/\$6,000, 50%	EPO	¢4 404 00	\$2,256.50	\$1,918.91	\$3,212.98
Empire Silver EPO 40/70	Max OOP: \$9,100/\$18,200		\$1,131.22 \$2,256.50			
	Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base					
	PCP/Specialist: Deductible then \$20/\$50	EPO				
Empire Silver EPO HSA 3500	Deductible, Coinsurance: \$3,500/\$7,000, 30%	EFU	\$1,112.02	\$2,218.09	\$1,886.27	\$3,158.26
Linpire Silver EFO HSA 5500	Max OOP: \$7,450/\$14,900	HSA	ΨΙ,ΙΙΖ.ΟΖ			
	Rx: Deductible then \$10/\$50/\$90 - Base					
	PCP/Specialist: Deductible then \$20/\$50	EPO				
Empire Blue Access Silver EPO HSA 3000	Deductible, Coinsurance: \$3,000/\$6,000, 25%		\$1,043.34	\$2,080.72	\$1,769.51	\$2,962.50
	Max OOP: \$7,450/\$14,900	HSA	<i>v</i> - <i>y</i> - <i>v</i> -	,	<i>•••••••••••••••••••••••••••••••••••••</i>	+_,
	RX: Deductible then \$10/\$50/\$90 - Base					
	PCP/Specialist: \$25/\$50	EPO				
Empire Blue Access Silver EPO 25/50	Deductible, Coinsurance: \$4,550/\$9,100, 50% Max OOP: \$9,100/\$18,200		\$1,037.79	\$2,069.63	\$1,760.08	\$2,946.70
	Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base					
	PCP/Specialist: \$50/\$100					
	Deductible, Coinsurance: \$0, 0%	EPO				
Oxford Liberty Silver EPO 50/100 ZD	Max OOP: \$9,100/\$18,200		\$1,100.46	\$2,194.97	\$1,866.62	\$3,125.30
	Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)					
	PCP/Specialist: \$40/\$80					
Oxford Liberty Silver EPO 40/80	Deductible, Coinsurance: \$3,250/\$6,500, 40%	EPO	\$971.65	\$1,937.34	\$1,647.64	\$2,758.18
Oxidia Liberty Silver EPO 40/80	Max OOP: \$9,100/\$18,200		φ971.05	φ1,357.54	φ1,047.04	φ2,750.10
	Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)					
	PCP/Specialist: \$30/\$60	EPO				
Oxford Liberty Silver EPO 30/60 G	Deductible, Coinsurance: \$4,500/\$9,000, 50%		\$935.31	\$1,864.67	\$1,585.87	\$2,654.64
	Max OOP: \$9,100/\$18,200		<i></i>			
	Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)					
Oxford Liberty Silver HSA 4000 M	PCP/Specialist: Deductible then 20% coinsurance	EPO				
	Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,350/\$14,700		\$922.15	\$1,838.34	\$1,563.49	\$2,617.11
	Rx: Deductible then \$10/\$50/\$90	HSA				
	PCP/Specialist: \$50/\$100					
	Deductible, Coinsurance: \$0, 0%	EPO				
Oxford Metro Silver EPO 50/100 ZD	Max OOP: \$9,100/\$18,200		\$1,002.51	\$1,999.06	\$1,700.10	\$2,846.13
	Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)					
	PCP/Specialist: \$30/\$80					
Oxford Matra Silvar EDO 20/00 C	Deductible, Coinsurance: \$3,750/\$7,500, 40%	EPO	¢057 50	¢4 600 04	¢4 445 00	¢0 440 50
Oxford Metro Silver EPO 30/80 G	Max OOP: \$9,100/\$18,200		\$852.50	\$1,699.04	\$1,445.08	\$2,418.59
	Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)					
G = Gated, M = Motion, ZD = Zero Deductible						

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

Core & Core Plus Plans Monthly Rates for Effective Date 5/1/2023 Orange, Putnam, Dutchess, Ulster & Sullivan

3	
8	
•	
8	
6	
-	
0	
0	
-	
0	
8	
4	
1	
3	
9	





Core & Core Plus Plans Monthly Rates for Effective Date 5/1/2023 **Orange, Putnam, Dutchess, Ulster & Sullivan**

Additional participation requirements apply to shaded plans (see page 4).

raditional participation requirements apply to						
Bronze	BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze HSA	Deductible, Coinsurance: \$6,750/\$13,500, 50%	HMO HSA	\$1,078.38	\$2,150.82	\$1,829.09	\$3,062.39
EmblemHealth Prime Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$9,100/\$18,200 Rx: \$50/Deductible then 50%/Deductible then 50%	нмо	\$1,058.49	\$2,111.03	\$1,795.28	\$3,005.69
Oxford Liberty Bronze HSA 5750	Deductible, Coinsurance: \$5,750/\$11,500, 30%	EPO HSA	\$878.93	\$1,751.93	\$1,490.03	\$2,493.96
Oxford Metro Bronze HSA 7000 G	Deductible, Coinsurance: \$7,000/\$14,000, 0%	EPO HSA	\$779.58	\$1,553.21	\$1,321.13	\$2,210.80

G = Gated

Core Plans: EmblemHealth (all), Empire (Connection only) and Oxford (Metro only) HealthPass Participation Requirements: 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver. 20% of the total eligible employees must enroll with a HealthPass medical plan. **Core Plus Plans (Additional Participation Requirements):** To include Empire PPO/EPO and Blue Access along with the Core Plans:

PPO/EPO and Blue Access Requirements: available to groups with 10 or more enrolling in any medical plan offered through HealthPass with a \$750 minimum monthly employer contribution per employee.

If the group does not meet the PPO/EPO and Blue Access Requirements at open enrollment: employees who selected PPO/EPO and Blue Access plans will need to select alternative plans or they will be mapped into Connection plans within the same selected metal tier. If the member's group is located in a county where Connection plans are not available, enrollment will be pended until an alternative plan is selected by the member.

By offering these plans, the employer attests they are meeting the required monthly contribution per employee stated above.

To include Oxford Liberty Plans along with the Core Plans:

Liberty Participation Requirement: 60% of the total eligible employees, after valid waivers, must enroll in a combination of Liberty and/or Metro plans.

If the group does not meet the Oxford Liberty Participation Requirement at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Liberty must select another plan through HealthPass. If an alternative plan is not selected, the Liberty enrollees will be mapped into Metro plans within the same selected metal tier.

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.

