

# Auto-Rollover Mapping Chart

## Mapping for 1/1/2024 - 9/1/2024

Please note: Auto-rollover mapping is in place to ensure that employees are renewed into a comparable plan that is available as of their upcoming plan year. Employees should carefully review the Summary of Benefits and Coverage (SBC) when determining the medical coverage that best suits their needs. Employees who wish to remain in the auto-rollover mapped plan (and have no other changes at renewal) do not need to take action.

2023 Plan Name	2023 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
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	POS Plan Plan Name/Network Ded/Coins Increase Max OOP Increase Rx Increase	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)
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	Discontinued	EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$10/\$35 Deductible, Coinsurance: \$100/\$200, 20% Max OOP: \$2,300/\$4,600 Rx: \$5/\$30/\$65 after \$100/member Rx deductible (n/a Tier 1)
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	Discontinued	EmblemHealth Select Care Platinum Premier	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$2,750/\$5,500 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% Max OOP: \$7,500/\$15,000 Rx: \$0/\$40/\$80	POS Plan Plan Name/Network Max OOP Increase Rx Increase	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)
EmblemHealth Bridge Gold PPO Renewal Only	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,500/\$3,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$6,200/\$12,400 - OON \$8,000/\$16,000 Rx: \$0/\$45/\$100	Discontinued	EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$25/\$50 Deductible, Coinsurance: \$500/\$1,000, 30% Max OOP: \$7,800/\$15,600 Rx: \$7/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)
EmblemHealth Bridge Gold Virtual Renewal Only	PCP/Specialist: Virtual \$0/n/a, Office \$40/60 Deductible, Coinsurance: Virtual \$0/n/a, Office \$750/\$1,500, 30% Max OOP: Virtual & Office \$8,000/\$16,000 Rx: Virtual \$0/\$40/\$80, Office \$0/\$40 after Deductible/\$80 after Deductible	Discontinued	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)

2023 Plan Name	2023 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
Healthfirst Gold 1350 Pro Plus EPO	PCP/Specialist: \$25/\$70 Deductible, Coinsurance: \$1,350/\$2,700, 20% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110	Discontinued	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) - Base
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% <b>Max OOP: \$6,500/\$13,000</b> Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,250/\$12,500 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% <b>Max OOP: \$6,500/\$13,000</b>
Oxford Liberty Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Ded & Coins Decrease	Oxford Liberty Gold EPO 30/60	PCP/Specialist: \$30/\$60 <b>Deductible, Coinsurance: \$1,800/\$3,600, 30%</b> Max OOP: \$8,000/\$16,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% Max OOP: \$6,650/\$13,300 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	MOOP Increase	Oxford Liberty Gold EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,250/\$2,500, 0% <b>Max OOP: \$7,000/\$14,000</b> Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$6,250/\$12,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% <b>Max OOP: \$7,000/\$14,000</b> Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Gold HSA 1500 Motion	PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,500/\$3,000, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90	Plan name change Ded & Coins	<b>Oxford Liberty Gold HSA 1600 M</b>	PCP/Specialist: Deductible then 10% coinsurance <b>Deductible, Coinsurance: \$1,600/\$3,200, 10%</b> Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$50/\$90
EmblemHealth Prime Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$4,800/\$9,600, 40% Max OOP: \$8,800/\$17,600 Rx: \$0/\$40/\$80	POS Plan Plan Name Network Ded/Coins Increase Max OOP Increase Rx Increase	<b>EmblemHealth Select Care Silver Premier</b>	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$5,600/\$11,200, 40% - OON \$8,000/\$16,000, 50% <b>Max OOP: \$9,400/\$18,800 - OON \$18,000/\$36,000</b> Rx: \$20/\$40/\$100 after \$250/member Rx deductible (n/a Tier 1)

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EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$7,000/\$14,000 Rx: Deductible then \$15/\$45/\$80	MOOP increase	EmblemHealth Select Care Silver HSA	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 40% <b>Max OOP: \$7,500/\$15,000</b> Rx: Deductible then \$15/\$45/\$85
Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	Discontinued	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
Healthfirst Silver 45/75/4300 Pro EPO	PCP/Specialist: \$45/\$75 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	Discontinued	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
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% <b>Max OOP: \$9,450/\$18,900</b> Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,100/\$18,200 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	MOOP increase Rx copay increase	Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% <b>Max OOP: \$9,450/\$18,900</b> Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Liberty Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% <b>Max OOP: \$9,450/\$18,900</b> Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,100/\$18,200 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	MOOP increase	Oxford Liberty Silver EPO 30/60 G	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% <b>Max OOP: \$9,450/\$18,900</b> Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver HSA 4000 Motion	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$7,350/\$14,700 Rx: Deductible then \$10/\$50/\$90	MOOP increase	Oxford Liberty Silver HSA 4000 M	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% <b>Max OOP: \$8,000/\$16,000</b> Rx: Deductible then \$10/\$50/\$90

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EmblemHealth Prime Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 50% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$15/\$65/\$100	Plan Name/Network Ded/Coins Increase Max OOP Increase Rx Increase	EmblemHealth Seect 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
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%	Plan Name/Network Ded/Coins Increase Max OOP Increase	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%
Healthfirst Bronze 6850 Pro EPO HSA	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,850/\$13,700, 0% Max OOP: \$6,850/\$13,700 Rx: Deductible then 0%/0%/0%	Discontinued	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
Oxford Metro Bronze HSA 7000 G	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$7,000/\$14,000, 0% Max OOP: \$7,000/\$14,000 Rx: Deductible then 0%/0%/0%Rx: Deductible then 0%/0%/0%	Plan Name Change Ded/Coins Increase Max OOP Increase	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%
Oxford Liberty Bronze HSA 5750	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$5,750/\$11,500, 30% Max OOP: \$7,350/\$14,700 Rx: Deductible then 30%/30%/30%	MOOP increase	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%
Guardian DentalGuard Preferred PPO Plus MAC	<ul style="list-style-type: none"> <li>● No referrals needed to see a specialist</li> <li>● Out-of-area emergency coverage</li> <li>● \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>● Annual maximum of \$1,000 In-Network, \$500 rollover</li> <li>● Implant benefit</li> </ul>	Name Change	Guardian DentalGuard Preferred PPO 70 UCR	<ul style="list-style-type: none"> <li>● No referrals needed to see a specialist</li> <li>● Out-of-area emergency coverage</li> <li>● \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services</li> <li>● Annual maximum of \$1,000 In-Network, \$500 rollover</li> <li>● Implant benefit</li> </ul>
UnitedHealthcare Select Managed Care	<ul style="list-style-type: none"> <li>● 1 cleaning per consecutive 6 months! No deductible, no annual calendar maximum</li> <li>● No waiting period</li> <li>● Reasonable copayment charges apply for basic and major services</li> <li>● Implant benefit</li> </ul>	Name Change	UnitedHealthcare National Exclusive Network	<ul style="list-style-type: none"> <li>● 1 cleaning per consecutive 6 months! No deductible, no annual calendar maximum</li> <li>● No waiting period</li> <li>● Reasonable copayment charges apply for basic and major services</li> <li>● Implant benefit</li> </ul>