



Core & Core Plus Plans

Monthly Rates for Effective Dates 10/1/2024, 11/1/2024 & 12/1/2024

Nassau & Suffolk

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
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	\$1,693.84	\$3,381.73	\$2,875.36	\$4,816.43
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	\$1,441.28	\$2,876.61	\$2,446.02	\$4,096.65
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	\$1,951.20	\$3,896.47	\$3,312.90	\$5,549.94
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	\$1,529.18	\$3,052.41	\$2,595.44	\$4,347.16



Core & Core Plus Plans

Monthly Rates for Effective Dates 10/1/2024, 11/1/2024 & 12/1/2024

Nassau & Suffolk

Additional participation requirements apply to shaded plans (see page 4).						
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	\$1,357.38	\$2,708.80	\$2,303.38	\$3,857.52
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	\$1,309.67	\$2,613.39	\$2,222.28	\$3,721.56
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	EPO	\$1,268.71	\$2,531.47	\$2,152.64	\$3,604.81
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	\$1,535.76	\$3,065.58	\$2,606.62	\$4,365.92
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	\$1,429.60	\$2,853.25	\$2,426.16	\$4,063.36
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	\$1,296.03	\$2,586.11	\$2,199.08	\$3,682.67
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	\$1,240.14	\$2,474.34	\$2,104.08	\$3,523.40
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	\$1,278.52	\$2,551.10	\$2,169.33	\$3,632.78
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	\$1,214.18	\$2,422.41	\$2,059.95	\$3,449.41
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	\$1,172.24	\$2,338.53	\$1,988.64	\$3,329.88

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



Core & Core Plus Plans

Monthly Rates for Effective Dates 10/1/2024, 11/1/2024 & 12/1/2024

Nassau & Suffolk

Additional participation requirements apply to shaded plans (see page 4).						
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	\$1,228.16	\$2,450.36	\$2,083.70	\$3,489.24
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	\$1,211.89	\$2,417.82	\$2,056.05	\$3,442.87
		HSA				
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	\$1,141.31	\$2,276.66	\$1,936.06	\$3,241.72
		HSA				
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	\$1,120.54	\$2,235.13	\$1,900.76	\$3,182.53
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	\$1,053.06	\$2,100.17	\$1,786.04	\$2,990.21
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	\$1,298.18	\$2,590.38	\$2,202.72	\$3,688.76
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	\$1,255.91	\$2,505.83	\$2,130.86	\$3,568.28
		HSA				
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	\$1,266.72	\$2,527.49	\$2,149.26	\$3,599.15
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	\$1,121.76	\$2,237.56	\$1,902.82	\$3,186.00
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	\$1,082.80	\$2,159.65	\$1,836.59	\$3,074.97
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	\$1,031.42	\$2,056.89	\$1,749.25	\$2,928.54
		HSA				
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	\$1,151.38	\$2,296.81	\$1,953.19	\$3,270.43
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	\$981.26	\$1,956.56	\$1,663.97	\$2,785.58

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



Core & Core Plus Plans

Monthly Rates for Effective Dates 10/1/2024, 11/1/2024 & 12/1/2024

Nassau & Suffolk

Additional participation requirements apply to shaded plans (see page 4).						
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	\$1,133.05	\$2,260.17	\$1,922.05	\$3,218.23
		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	\$1,116.24	\$2,226.53	\$1,893.44	\$3,170.28
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	\$978.56	\$1,951.17	\$1,659.39	\$2,777.89
		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	\$873.74	\$1,741.52	\$1,481.19	\$2,479.14
		HSA				

G = Gated

Core Plans: Anthem (Connection only), EmblemHealth (all) 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 Anthem 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.