

Auto-Rollover Mapping Chart

Mapping for 1/1/2025 - 12/1/2025

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.

Anthem				
2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2025 Plan Name	2025 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
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	Specialist Copay Ded, Coins Rx: Tier 2 & 3	Anthem Blue Access Gold EPO 50/60	PCP/Specialist: \$50/\$60 Deductible, Coinsurance: \$1,100/\$2,200, 10% Max OOP: \$7,000/\$14,000 Rx: \$10/\$45/\$85 after \$150/member Rx deductible (n/a Tier 1) - Base
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	Specialist Copay Ded, Coins	Anthem Connection Gold EPO 50/60	PCP/Specialist: \$50/\$60 Deductible, Coinsurance: \$1,100/\$2,200, 10% Max OOP: \$7,000/\$14,000 Rx: \$10/\$45/\$85 after \$150/member Rx deductible (n/a Tier 1) - Advantage
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	Ded	Anthem Silver EPO HSA 4100	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$4,100/\$8,200, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90 - Base
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	PCP Ded Max OOP	Anthem Blue Access Silver EPO 35/75	PCP/Specialist: \$35/\$75 Deductible, Coinsurance: \$4,650/\$9,300, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base
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	Ded, Coins Rx: Tier 2 & tier 3	Anthem Blue Access Silver EPO HSA 3300	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/30%/30% - Base

Oxford

2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2025 Plan Name	2025 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
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)	Network PCP Ded, Coins Max OOP Rx	Oxford Freedom Platinum EPO	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$2,750/\$5,500 Rx: \$5/\$35/\$70 after \$100/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: \$7,000/\$14,000 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	Discontinued	Oxford Liberty Gold EPO 30/60/1250	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)
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	Network Rx: Tier 2 & 3	Oxford Freedom Gold HSA 1650	PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,650/\$3,300, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$40/\$80
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)	OOP Max	Oxford Liberty Gold EPO 30/60/1800	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,800/\$3,600, 30% Max OOP: \$7,500/\$15,000 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: \$9,450/\$18,900 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	OOP Max	Oxford Liberty Silver EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,200/\$18,400 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 Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$50/\$90	Motion (M) changed to Premium Rewards (PR)	Oxford Liberty Silver HSA 4000 PR	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
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)	Lower Max	Oxford Metro Silver EPO 30/80	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,750/\$7,500, 40% Max OOP: \$9,200/\$18,400 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)

UnitedHealthcare Mid-Hudson Only

2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2025 Plan Name	2025 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
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)	New Plan	UnitedHealthcare Choice Platinum EPO 15/25 DY-LR	PCP/Specialist: \$15/\$25 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$5,500/\$11,000 Rx: \$5/\$25/\$50
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)	New Plan	UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100
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)	New Plan	UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100
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	New Plan	UnitedHealthcare Choice Gold HSA 1800 DY-LM PR	CP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$1,800/\$3,600, 20% Max OOP: \$5,000/\$10,000 Rx: Deductible then \$5/\$45/\$90
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)	New Plan	UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100
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)	New Plan	UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100
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)	New Plan	UnitedHealthcare Choice Gold EPO 30/60 DY-LV	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$350/\$700, 0% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100
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)	New Plan	UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)

UnitedHealthcare Mid-Hudson Only Cont..

2024 Plan Name	2024 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket	Change	2025 Plan Name	2025 BENEFIT HIGHLIGHTS IN=In Network; OON=Out of Network; OOP=Out of Pocket
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)	New Plan	UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)
Oxford Liberty Silver HSA 3000	PCP/Specialist: Deductible then \$30/\$60 Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$7,150/\$14,300 Rx: Deductible then \$10/\$50/\$90	New Plan	UnitedHealthcare Choice Silver HSA 2750 DY-L7	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$2,750/\$5,500, 0% Max OOP: \$7,500/\$15,000 Rx: Deductible then \$10/\$40/\$60
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)	New Plan	UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)
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	New Plan	UnitedHealthcare Choice Silver HSA 3200 DY-LN PR	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$3,200/\$6,400, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$15/\$35/\$75
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)	New Plan	UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)
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)	New Plan	UnitedHealthcare Choice Silver EPO 15/100 DY-MF	PCP: \$15 Adult, \$0 Child Specialist: Designated Network \$50, non-DN \$100 Deductible, Coinsurance: \$7,000/\$14,000, 25% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$100 after \$100/member Rx deductible (n/a Tier 1)
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%	New Plan	UnitedHealthcare Choice Silver HSA 3200 DY-LN PR	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$3,200/\$6,400, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$15/\$35/\$75
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%	New Plan	UnitedHealthcare Choice Silver HSA 3200 DY-LN PR	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$3,200/\$6,400, 20% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$15/\$35/\$75

Dental Packages - Our dental packages have been combined offering our members easier participation requirements.

2024 Dental Packages	2025 Dental Packages
<p>Dental Package 1 - No minimum participation</p> <ul style="list-style-type: none"> - Guardian Managed DentalGuard DHMO - Guardian Managed DentalGuard DHMO Plus - Solstice Dental EPO S700B - Solscitce Dental EPO S800B - UnitedHealthcare National Exclusive Network <p>Dental Package 3 - No minimum participation</p> <ul style="list-style-type: none"> - Solstice Dental EPO S700B - Solstice Dental EPO S800B - Solstice Dental PPO - Solstice Dental Value PPO MAC 	<p>Dental Package 1 - No participation requirements apply</p> <ul style="list-style-type: none"> - Guardian Managed DentalGuard DHMO - Guardian Managed DentalGuard DHMO Plus - Solstice Dental EPO S700B - Solstice Dental EPO S800B - Solstice Dental PPO - Solstice Dental Value PPO MAC - UnitedHealthcare National Exclusive Network
<p>Dental Package 2 - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian dental plan.</p> <ul style="list-style-type: none"> - Guardian Managed DentalGuard DHMO - Guardian Managed DentalGuard DHMO Plus - Guardian DentalGuard Preferred PPO MAC - Guardian DentalGuard Preferred PPO 70 UCR - Guardian DentalGuard Preferred PPO 90 UCR <p>Dental Package 4 - Two enrolled minimum participation</p> <ul style="list-style-type: none"> - UnitedHealthcare National Exclusive Network - UnitedHealthcare Low PPO MAC - UnitedHealthcare High PPO MAC <p>Dental Package 5 - Two enrolled minimum participation</p> <ul style="list-style-type: none"> - UnitedHealthcare INO 100/50/50 - UnitedHealthcare High PO MAC 	<p>Dental Package 2 - Participation Requirements Apply - In order for an employee to enroll in a Guardian PPO plan, there needs to be at least one additional enrollee in any Guardian dental plan. In order for an employee to enroll in either the UnitedHealthcare INO or a UnitedHealthcare PPO plan, there needs to be at least one additional enrollee in any other UnitedHealthcare dental plan.</p> <ul style="list-style-type: none"> - Guardian Managed DentalGuard DHMO - Guardian Managed DentalGuard DHMO Plus - Guardian DentalGuard Preferred PPO MAC - Guardian DentalGuard Preferred PPO 70 UCR - Guardian DentalGuard PReferred PPO 90 UCR - Solstice Dental EPO S700B - Solstice Dental EPO S800B - Solstice Dental PPO - Solstice Dental Value PPO MAC - UnitedHealthcare National Exclusive Network - UnitedHealthcare INO 100/50/50 - UnitedHealthcare Low PPO MAC - UnitedHealthcare High PPO MAC

Vision Packages - Our vision packages have been combined offering our members easier participation requirements.

2024 Vision Packages

2025 Vision Packages

Vision Package 1 - Guardian VisionGuard, Solstice Vision 5 PPO and UnitedHealthcare Vision PPO. There is a 20% participation with Guardian VisionGuard, excluding vision waivers.
 - Guardian VisionGuard
 - Solstice Viion 5 PPO
 - UnitedHealthcare Vision PPO

Vision Package 2 - No minimum participation.
 - Solstice Vision 5 PPO
 - UnitedHealthcare Vision PPO

Vision Package 3 - Guardian VisionGuard 20% participation, excluding vision waivers
 - Guardian VisionGuard

Vision Package 4 - No minimum participation.
 - Solstice Vsiion 5 PPO

Vision Package 5 - No minimum participation.
 - UnitedHealthcare Vision PPO

Vision - No participation requirements apply
 - Guardian VisionGuard
 - Solstice Viion 5 PPO
 - UnitedHealthcare Vision PPO