



## Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025

### 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: \$3,900/\$7,800 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,826.27	\$3,646.59	\$3,100.49	\$5,193.87
Anthem Connection Platinum EPO 20/40	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$3,500/\$7,000 Rx: \$10/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,577.94	\$3,149.94	\$2,678.34	\$4,486.13
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$10/\$35 Deductible, Coinsurance: \$250/\$500, 20% - OON \$4,000/\$8,000, 50% Max OOP: \$2,550/\$5,100 - OON \$10,000/\$20,000 Rx: \$5/\$30/\$75 after \$100/member Rx deductible (n/a Tier 1)	POS	\$1,947.27	\$3,888.59	\$3,306.20	\$5,538.71
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)	EPO	\$1,588.73	\$3,171.49	\$2,696.66	\$4,516.85

G = Gated, PR = Premium Rewards, ZD = Zero Deductible



## Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025 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 Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$7,250/\$14,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,489.64	\$2,973.34	\$2,528.23	\$4,234.48
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	EPO	\$1,436.69	\$2,867.43	\$2,438.21	\$4,083.57
Anthem Blue Access Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$7,250/\$14,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,368.60	\$2,731.26	\$2,322.47	\$3,889.51
Anthem Connection Gold EPO 25/50	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$8,700/\$17,400 Rx: \$10/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,434.80	\$2,863.65	\$2,435.00	\$4,078.17
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	EPO	\$1,366.86	\$2,727.78	\$2,319.50	\$3,884.56
Anthem Connection Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$7,250/\$14,500 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,301.98	\$2,598.00	\$2,209.19	\$3,699.63
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: \$8,000/\$16,000 - OON \$12,000/\$24,000 Rx: \$6/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)	POS	\$1,547.25	\$3,088.56	\$2,626.16	\$4,398.66
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	EPO HSA	\$1,329.78	\$2,653.61	\$2,256.46	\$3,778.86
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	\$1,417.17	\$2,828.39	\$2,405.02	\$4,027.93
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)	EPO	\$1,333.09	\$2,660.22	\$2,262.08	\$3,788.30
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)	EPO	\$1,275.84	\$2,545.73	\$2,164.76	\$3,625.13
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	\$1,224.55	\$2,443.15	\$2,077.56	\$3,478.97
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	\$1,182.05	\$2,358.13	\$2,005.31	\$3,357.81

G = Gated, PR = Premium Rewards, ZD = Zero Deductible

## Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025

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: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,341.84	\$2,677.73	\$2,276.96	\$3,813.23
Anthem Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,300.24	\$2,594.52	\$2,206.24	\$3,694.67
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	EPO	\$1,216.00	\$2,426.06	\$2,063.04	\$3,454.60
		HSA				
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	EPO	\$1,226.77	\$2,447.58	\$2,081.34	\$3,485.28
Anthem Blue Access Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,196.66	\$2,387.36	\$2,030.16	\$3,399.47
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	EPO	\$1,141.08	\$2,276.21	\$1,935.67	\$3,241.07
		HSA				
Anthem Connection Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,174.40	\$2,342.85	\$1,992.31	\$3,336.03
Anthem Connection Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,350/\$6,700, 50% Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,138.47	\$2,270.98	\$1,931.23	\$3,233.62
EmblemHealth Select Care Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$5,800/\$11,600, 40% - OON \$8,000/\$16,000, 50% Max OOP: \$9,200/\$18,400 - OON \$18,000/\$36,000 Rx: \$20/\$40/\$115 after \$250/member Rx deductible (n/a Tier 1)	POS	\$1,301.44	\$2,596.93	\$2,208.29	\$3,698.10
EmblemHealth Select Care Silver HSA	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$3,100/\$6,200, 40% Max OOP: \$7,800/\$15,600 Rx: Deductible then \$15/\$45/\$85	HMO	\$1,267.92	\$2,529.89	\$2,151.30	\$3,602.56
		HSA				
Oxford Liberty Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,200/\$18,400 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,260.99	\$2,516.02	\$2,139.52	\$3,582.81
Oxford Liberty Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,250/\$6,500, 40% Max OOP: \$9,200/\$18,400 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,123.02	\$2,240.09	\$1,904.97	\$3,189.60
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)	EPO	\$1,120.28	\$2,234.62	\$1,900.32	\$3,181.81
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	EPO	\$1,062.20	\$2,118.46	\$1,801.58	\$3,016.26
		HSA				
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,200/\$18,400 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,161.22	\$2,316.49	\$1,969.91	\$3,298.46
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)	EPO	\$1,029.07	\$2,052.20	\$1,745.27	\$2,921.86

G = Gated, PR = Premium Rewards, ZD = Zero Deductible



## Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025 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: \$7,800/\$15,600, 50% Max OOP: \$8,200/\$16,400 Rx: Deductible then \$35/\$65/\$115	HMO	\$1,132.34	\$2,258.74	\$1,920.83	\$3,216.17
		HSA				
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$7,600/\$15,200, 50% Max OOP: \$9,200/\$18,400 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$1,120.86	\$2,235.76	\$1,901.30	\$3,183.44
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	\$1,010.04	\$2,014.14	\$1,712.91	\$2,867.61
		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	\$913.05	\$1,820.16	\$1,548.03	\$2,591.19
		HSA				

G = Gated, PR = Premium Rewards, ZD = Zero Deductible

**Anthem (Connection only), EmblemHealth (all) and Oxford (Metro only)**

HealthPass Participation Requirements: 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.

**Additional Participation Requirements:**

To include Anthem PPO/EPO and Blue Access:  
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 Freedom and Liberty Plans:  
Liberty/Freedom Participation Requirement: 60% of the total eligible employees, after valid waivers, must enroll in a combination of Liberty/Freedom and/or Metro plans.

If the group does not meet the Oxford Liberty/Freedom Participation Requirement at open enrollment: the group must either increase their Oxford enrollment to meet the 60% participation OR those enrollees selecting Liberty/Freedom 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.



## Long Island Easy Par Packages

Employer groups located in Nassau & Suffolk counties may select one package

### Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025

Package 1 (all non-gated plans)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 25/50 ZD</b> 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)	<b>\$1,417.17</b>	<b>\$2,828.39</b>	<b>\$2,405.02</b>	<b>\$4,027.93</b>
<b>Anthem Connection Silver EPO 40/80</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,174.40</b>	<b>\$2,342.85</b>	<b>\$1,992.31</b>	<b>\$3,336.03</b>
Package 2 (all non-gated plans)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 30/60/1250</b> 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)	<b>\$1,333.09</b>	<b>\$2,660.22</b>	<b>\$2,262.08</b>	<b>\$3,788.30</b>
<b>Anthem Connection Silver EPO 40/80</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,174.40</b>	<b>\$2,342.85</b>	<b>\$1,992.31</b>	<b>\$3,336.03</b>
Package 3 (all non-gated plans)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 30/60/1800</b> 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)	<b>\$1,275.84</b>	<b>\$2,545.73</b>	<b>\$2,164.76</b>	<b>\$3,625.13</b>
<b>Anthem Connection Silver EPO 40/80</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,174.40</b>	<b>\$2,342.85</b>	<b>\$1,992.31</b>	<b>\$3,336.03</b>
Package 4 (all non-gated plans)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Freedom Gold HSA 1650</b> 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	<b>\$1,329.78</b>	<b>\$2,653.61</b>	<b>\$2,256.46</b>	<b>\$3,778.86</b>
<b>Anthem Connection Silver EPO 40/80</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,174.40</b>	<b>\$2,342.85</b>	<b>\$1,992.31</b>	<b>\$3,336.03</b>

G = Gated, 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.

**HealthPass Participation Requirements:** 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.



## Long Island Easy Par Packages Cont...

Employer groups located in Nassau & Suffolk counties may select one package

### Monthly Rates for Effective Dates 4/1/2025, 5/1/2025 & 6/1/2025

Package 1G (includes 1 gated plan)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 25/50 ZD</b> 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)	<b>\$1,417.17</b>	<b>\$2,828.39</b>	<b>\$2,405.02</b>	<b>\$4,027.93</b>
<b>Anthem Connection Silver EPO 40/80 G</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,138.47</b>	<b>\$2,270.98</b>	<b>\$1,931.23</b>	<b>\$3,233.62</b>
Package 2G (includes 1 gated plan)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 30/60/1250</b> 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)	<b>\$1,333.09</b>	<b>\$2,660.22</b>	<b>\$2,262.08</b>	<b>\$3,788.30</b>
<b>Anthem Connection Silver EPO 40/80 G</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,138.47</b>	<b>\$2,270.98</b>	<b>\$1,931.23</b>	<b>\$3,233.62</b>
Package 3G (includes 1 gated plan)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Liberty Gold EPO 30/60/1800</b> 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)	<b>\$1,275.84</b>	<b>\$2,545.73</b>	<b>\$2,164.76</b>	<b>\$3,625.13</b>
<b>Anthem Connection Silver EPO 40/80 G</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,138.47</b>	<b>\$2,270.98</b>	<b>\$1,931.23</b>	<b>\$3,233.62</b>
Package 4G (includes 1 gated plan)	Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>Oxford Freedom Platinum EPO</b> 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)	<b>\$1,588.73</b>	<b>\$3,171.49</b>	<b>\$2,696.66</b>	<b>\$4,516.85</b>
<b>Oxford Freedom Gold HSA 1650</b> 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	<b>\$1,329.78</b>	<b>\$2,653.61</b>	<b>\$2,256.46</b>	<b>\$3,778.86</b>
<b>Anthem Connection Silver EPO 40/80 G</b> PCP/Specialist: \$40/\$80   Deductible, Coinsurance: \$3,350/\$6,700, 50%   Max OOP: \$9,200/\$18,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	<b>\$1,138.47</b>	<b>\$2,270.98</b>	<b>\$1,931.23</b>	<b>\$3,233.62</b>

G = Gated, 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.

**HealthPass Participation Requirements:** 20% of the total eligible employees must enroll with a HealthPass medical plan. 75% of the eligible employees must either enroll in HealthPass or submit a valid waiver.

## LONG ISLAND EASY PAR PACKAGES

Easy & Attainable Solution for Your Employee's Needs. The Only Place Employees can Choose Freedom, Liberty & Connection Networks is Through HealthPass!

### BENEFITS

- **Exclusive Access** - Freedom, Liberty & Connection Networks
- **National Access** - Included on all Plans
- **Easy Participation Requirements:**
  - 75% of Eligible Employees Must Enroll or Submit a Valid Waiver
  - 20% of Total Eligible Employees Must Enroll With a HealthPass Medical Plan
- **Exclusive Anthem Gated Plans**
- **Easy Administration:**
  - World Class Benefits Administration Technology
  - COBRA Administration
  - Member Advocacy
  - One Monthly Invoice for all Products & Services



212-252-8010 x3



[sales@healthpass.com](mailto:sales@healthpass.com)



[www.healthpass.com](http://www.healthpass.com)