# Monthly Rates for Effective Dates 1/1/2026, 2/1/2026 & 3/1/2026

## 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<br>Deductible, Coinsurance: $0/$0, 0%<br>Max OOP: $3,900/$7,800<br>Rx: $10/$35/$70 after $100/member Rx deductible (n/a Tier 1) - Base | EPO | $2,003.14 | $4,000.32 | $3,401.17 | $5,697.94 |
| Anthem Blue Access Platinum EPO 5/25 | PCP/Specialist: $5/$25<br>Deductible, Coinsurance: $0/$0, 0%<br>Max OOP: $3,900/$7,800<br>Rx: $10/$35/$70 after $100/member Rx deductible (n/a Tier 1) - Base | EPO | $1,837.63 | $3,669.31 | $3,119.81 | $5,226.24 |
| Anthem Connection Platinum EPO 20/40 | PCP/Specialist: $20/$40<br>Deductible, Coinsurance: $0/$0, 0%<br>Max OOP: $3,500/$7,000<br>Rx: $10/$35/$70 after $100/member Rx deductible (n/a Tier 1) - Advantage | EPO | $1,729.73 | $3,453.51 | $2,936.38 | $4,918.73 |
| EmblemHealth Select Care Platinum Premier | PCP/Specialist: 3 free PCP visits then $10/$35<br>Deductible, Coinsurance: $260/$520, 20% - OON $4,000/$8,000, 50%<br>Max OOP: $2,800/$5,600 - OON $10,000/$20,000<br>Rx: $5/$30/$75 after $100/member Rx deductible (n/a Tier 1) | POS | $1,938.58 | $3,871.20 | $3,291.41 | $5,513.94 |
| Oxford Freedom Platinum EPO 5/15 ZD | PCP/Specialist: $5/$15<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $3,750/$7,500<br>Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1) | EPO | $1,791.64 | $3,577.33 | $3,041.62 | $5,095.16 |
| Oxford Freedom Platinum EPO 20/40 ZD | PCP/Specialist: $20/$40<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $3,250/$6,500<br>Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1) | EPO | $1,760.56 | $3,515.18 | $2,988.79 | $5,006.60 |
| Oxford Freedom Platinum EPO 10/25 | PCP/Specialist: $10/$25<br>Deductible, Coinsurance: $250/$500, 10%<br>Max OOP: $2,750/$5,500<br>Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1) | EPO | $1,711.02 | $3,416.10 | $2,904.57 | $4,865.41 |

G = Gated, ZD = Zero Deductible

# Monthly Rates for Effective Dates 1/1/2026, 2/1/2026 & 3/1/2026

## 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<br>Deductible, Coinsurance: $1,600/$3,200, 20%<br>Max OOP: $7,500/$15,000<br>Rx: $10/$50/50% after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,593.19 | $3,180.44 | $2,704.27 | $4,529.59 |
| Anthem Blue Access Gold EPO 30/60 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $0/$0, 0%<br>Max OOP: $9,150/$18,300<br>Rx: $10/$65/100 after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,647.62 | $3,289.28 | $2,796.78 | $4,684.70 |
| Anthem Blue Access Gold EPO 50/60 | PCP/Specialist: $50/$60<br>Deductible, Coinsurance: $1,200/$2,400, 10%<br>Max OOP: $7,000/$14,000<br>Rx: $10/$50/$90 after $150/member Rx deductible (n/a Tier 1) - Base | EPO | $1,570.57 | $3,135.18 | $2,665.79 | $4,465.10 |
| Anthem Blue Access Gold EPO 30/65 G | PCP/Specialist: $30/$65<br>Deductible, Coinsurance: $1,600/$3,200, 20%<br>Max OOP: $7,500/$15,000<br>Rx: $10/$50/50% after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,465.35 | $2,924.75 | $2,486.93 | $4,165.24 |
| Anthem Connection Gold EPO 30/60 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $0/$0, 0%<br>Max OOP: $9,150/$18,300<br>Rx: $10/$65/$100 after $200/member Rx deductible (n/a Tier 1) - Advantage | EPO | $1,566.29 | $3,126.64 | $2,658.54 | $4,452.93 |
| Anthem Connection Gold EPO 50/60 | PCP/Specialist: $50/$60<br>Deductible, Coinsurance: $1,200/$2,400, 10%<br>Max OOP: $7,000/$14,000<br>Rx: $10/$50/$90 after $150/member Rx deductible (n/a Tier 1) - Advantage | EPO | $1,493.04 | $2,980.13 | $2,534.01 | $4,244.15 |
| Anthem Connection Gold EPO 30/65 G | PCP/Specialist: $30/$65<br>Deductible, Coinsurance: $1,600/$3,200, 20%<br>Max OOP: $7,500/$15,000<br>Rx: $10/$50/50% after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,393.04 | $2,780.13 | $2,364.01 | $3,959.16 |
| EmblemHealth Select Care Gold Premier | PCP/Specialist: 3 free PCP visits then $25/$50<br>Deductible, Coinsurance: $500/$1,000, 30% - OON $6,000/$12,000, 50%<br>Max OOP: $8,650/$17,300 - OON $12,000/$24,000<br>Rx: $7/$40/$85 after $150/member Rx deductible (n/a Tier 1) | POS | $1,532.54 | $3,059.14 | $2,601.16 | $4,356.74 |
| Oxford Freedom Gold EPO 25/50 ZD | PCP/Specialist: $25/$50<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $7,300/$14,600<br>Rx: $10/$65/$95 after $150/member Rx deductible (n/a Tier 1) | EPO | $1,605.80 | $3,205.64 | $2,725.68 | $4,565.51 |
| Oxford Freedom Gold EPO 15/35 | PCP/Specialist: $15/$35<br>Deductible, Coinsurance: $1,750/$3,500, 10%<br>Max OOP: $8,000/$16,000<br>Rx: $10/$40/$80 after $150/member Rx deductible (n/a Tier 1) | EPO | $1,523.38 | $3,040.80 | $2,585.57 | $4,330.60 |
| Oxford Freedom Gold EPO 30/60 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $2,250/$4,500, 30%<br>Max OOP: $7,250/$14,500<br>Rx: $10/$40/$80 after $150/member Rx deductible (n/a Tier 1) | EPO | $1,466.33 | $2,926.70 | $2,488.60 | $4,168.03 |
| Oxford Freedom Gold HSA 1700 | PCP/Specialist: Deductible then 10% coinsurance<br>Deductible, Coinsurance: $1,700/$3,400, 10%<br>Max OOP: $5,750/$11,500<br>Rx: Deductible then $10/$40/$80 | EPO<br>HSA | $1,440.84 | $2,875.73 | $2,445.26 | $4,095.38 |
| Oxford Liberty Gold EPO 25/50 ZD | PCP/Specialist: $25/$50<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $7,300/$14,600<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,543.70 | $3,081.45 | $2,620.12 | $4,388.53 |
| Oxford Liberty Gold EPO 30/60/1250 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $1,250/$2,500, 0%<br>Max OOP: $7,000/$14,000<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,468.66 | $2,931.37 | $2,492.55 | $4,174.68 |
| Oxford Liberty Gold EPO 30/60/1800 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $1,800/$3,600, 30%<br>Max OOP: $7,500/$15,000<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,407.93 | $2,809.91 | $2,389.32 | $4,001.60 |
| Oxford Metro Gold EPO 25/40 | PCP/Specialist: $25/$40<br>Deductible, Coinsurance: $1,250/$2,500, 20%<br>Max OOP: $6,700/$13,400<br>Rx: $10/$65/$95 after $150/member Rx deductible (n/a Tier 1) | EPO | $1,368.85 | $2,731.74 | $2,322.88 | $3,890.21 |

G = Gated, ZD = Zero Deductible

# Monthly Rates for Effective Dates 1/1/2026, 2/1/2026 & 3/1/2026

**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<br>Deductible, Coinsurance: $3,450/$6,900, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,457.76 | $2,909.56 | $2,474.02 | $4,143.60 |
| Anthem Silver EPO 40/80 G | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,450/$6,900, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,412.50 | $2,819.05 | $2,397.09 | $4,014.62 |
| Anthem Silver EPO HSA 4100 | PCP/Specialist: Deductible then $20/$50<br>Deductible, Coinsurance: $4,100/$8,200, 30%<br>Max OOP: $8,450/$16,900<br>Rx: Deductible then $10/$50/$90 - Base | EPO<br>HSA | $1,344.79 | $2,683.63 | $2,281.98 | $3,821.65 |
| Anthem Blue Access Silver EPO 35/80 | PCP/Specialist: $35/$80<br>Deductible, Coinsurance: $4,650/$9,300, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/50% after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,311.72 | $2,617.49 | $2,225.76 | $3,727.39 |
| Anthem Blue Access Silver EPO 40/80 G | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,450/$6,900, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Base | EPO | $1,301.28 | $2,596.60 | $2,208.00 | $3,697.63 |
| Anthem Blue Access Silver EPO HSA 3300 | PCP/Specialist: Deductible then $30/$60<br>Deductible, Coinsurance: $3,300/$6,600, 30%<br>Max OOP: $8,450/$16,900<br>Rx: Deductible then $10/30%/50% - Base | EPO<br>HSA | $1,258.24 | $2,510.54 | $2,134.85 | $3,574.99 |
| Anthem Connection Silver EPO 40/80 | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,450/$6,900, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Advantage | EPO | $1,276.12 | $2,546.28 | $2,165.23 | $3,625.92 |
| Anthem Connection Silver EPO 40/80 G | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,450/$6,900, 50%<br>Max OOP: $9,700/$19,400<br>Rx: $25/$75/$90 after $200/member Rx deductible (n/a Tier 1) - Advantage | EPO | $1,237.05 | $2,468.14 | $2,098.81 | $3,514.57 |
| EmblemHealth Select Care Silver Premier | PCP/Specialist: 1 free PCP visit then $35/$75<br>Deductible, Coinsurance: $6,200/$12,400, 40% - OON $8,000/$16,000, 50%<br>Max OOP: $10,000/$20,000 - OON $18,000/$36,000<br>Rx: $20/$50/$120 after $250/member Rx deductible (n/a Tier 1) | POS | $1,286.55 | $2,567.15 | $2,182.97 | $3,655.66 |
| EmblemHealth Select Care Silver HSA | PCP/Specialist: Deductible then $30/$50<br>Deductible, Coinsurance: $3,500/$7,000, 40%<br>Max OOP: $8,000/$16,000<br>Rx: Deductible then $15/$45/$100 | HMO<br>HSA | $1,252.21 | $2,498.48 | $2,124.60 | $3,557.80 |
| Oxford Freedom Silver EPO 50/100 ZD | PCP/Specialist: $50/$100<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $9,300/$18,600<br>Rx: $15/$65/$95 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,432.57 | $2,859.17 | $2,431.19 | $4,071.80 |
| Oxford Freedom Silver EPO 40/80 | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,250/$6,500, 40%<br>Max OOP: $9,200/$18,400<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,293.54 | $2,581.14 | $2,194.86 | $3,675.58 |
| Oxford Liberty Silver EPO 50/100 ZD | PCP/Specialist: $50/$100<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $9,300/$18,600<br>Rx: $15/$65/$95 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,375.69 | $2,745.44 | $2,334.52 | $3,909.72 |
| Oxford Liberty Silver EPO 40/80 | PCP/Specialist: $40/$80<br>Deductible, Coinsurance: $3,250/$6,500, 40%<br>Max OOP: $9,200/$18,400<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,242.25 | $2,478.54 | $2,107.65 | $3,529.40 |
| Oxford Liberty Silver EPO 30/60 | PCP/Specialist: $30/$60<br>Deductible, Coinsurance: $4,500/$9,000, 50%<br>Max OOP: $9,800/$19,600<br>Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,232.88 | $2,459.80 | $2,091.72 | $3,502.68 |
| Oxford Liberty Silver HSA 4000 | PCP/Specialist: Deductible then 20% coinsurance<br>Deductible, Coinsurance: $4,000/$8,000, 20%<br>Max OOP: $8,000/$16,000<br>Rx: Deductible then $10/$50/$90 | EPO<br>HSA | $1,172.36 | $2,338.77 | $1,988.84 | $3,330.22 |
| Oxford Metro Silver EPO 50/100 ZD | PCP/Specialist: $50/$100<br>Deductible, Coinsurance: $0, 0%<br>Max OOP: $9,300/$18,600<br>Rx: $15/$65/$95 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,287.34 | $2,568.75 | $2,184.33 | $3,657.93 |
| Oxford Metro Silver EPO 30/80 | PCP/Specialist: $30/$80<br>Deductible, Coinsurance: $3,750/$7,500, 40%<br>Max OOP: $9,200/$18,400<br>Rx: $10/$65/$95 after $200/member Rx deductible (n/a Tier 1) | EPO | $1,156.34 | $2,306.73 | $1,961.62 | $3,284.56 |

G = Gated, ZD = Zero Deductible

# Monthly Rates for Effective Dates 1/1/2026, 2/1/2026 & 3/1/2026

## 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 |
|---|---|---|---|---|---|---|
| Anthem Blue Access Bronze EPO HSA 6300 | PCP/Specialist: Deductible then $25/$75<br>Deductible, Coinsurance: $6,300/$12,600, 50%<br>Max OOP: $8,450/$16,900<br>Rx: Deductible then $50%/50%/50% - Base | EPO<br>HSA | $1,174.23 | $2,342.50 | $1,992.02 | $3,335.54 |
| Anthem Connection Bronze EPO HSA 6300 | PCP/Specialist: Deductible then $25/$75<br>Deductible, Coinsurance: $6,300/$12,600, 50%<br>Max OOP: $8,450/$16,900<br>Rx: Deductible then $50%/50%/50% - Advantage | EPO<br>HSA | $1,116.32 | $2,226.70 | $1,893.59 | $3,170.52 |
| EmblemHealth Select Care Bronze HSA | PCP/Specialist: Deductible then 50% coinsurance<br>Deductible, Coinsurance: $8,000/$16,000, 50%<br>Max OOP: $8,500/$17,000<br>Rx: Deductible then $35/$65/$115 | HMO<br>HSA | $1,127.19 | $2,248.43 | $1,912.06 | $3,201.48 |
| EmblemHealth Select Care Bronze Premier | PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance<br>Deductible, Coinsurance: $8,400/$16,800, 50%<br>Max OOP: $10,000/$20,000<br>Rx: $50/Deductible then 50%/Deductible then 50% | HMO | $1,100.62 | $2,195.29 | $1,866.89 | $3,125.76 |
| Oxford Liberty Bronze HSA 5750 | PCP/Specialist: Deductible then $25/$75<br>Deductible, Coinsurance: $5,750/$11,500, 30%<br>Max OOP: $8,000/$16,000<br>Rx: Deductible then 30%/30%/30% | EPO<br>HSA | $1,118.74 | $2,231.53 | $1,897.69 | $3,177.41 |
| Oxford Metro Bronze HSA 6500 | PCP/Specialist: Deductible then $40/$75<br>Deductible, Coinsurance: $6,500/$13,000, 50%<br>Max OOP: $8,000/$16,000<br>Rx: Deductible then $10/$40/$80 | EPO<br>HSA | $1,044.41 | $2,082.87 | $1,771.33 | $2,965.56 |

G = Gated, ZD = Zero Deductible

**Anthem (Connection Only), EmblemHealth (All) and Oxford (Freedom 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 Anthem Plan Participation Requirements:**

**To include Anthem PPO/EPO and Blue Access:**

PPO/EPO and Blue Access Plans: Groups must have 10 or more employees 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.

**Additional Oxford Plan Participation Requirements:**

**To include Oxford Liberty and Metro Plans:**

Liberty/Metro Participation Requirement: 60% of the total eligible employees after valid waivers must enroll in a combination of Liberty, Freedom and/or Metro plans. Please note that the 60% participation requirement for Metro plans does not apply to groups with an original effective date prior to 1/1/2026.

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