



Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026

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 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	\$2,104.19	\$4,202.44	\$3,572.97	\$5,985.94
Anthem Blue Access 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	\$1,930.32	\$3,854.70	\$3,277.39	\$5,490.42
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	\$1,816.96	\$3,627.97	\$3,084.67	\$5,167.32
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$10/\$35 Deductible, Coinsurance: \$260/\$520, 20% - OON \$4,000/\$8,000, 50% Max OOP: \$2,800/\$5,600 - OON \$10,000/\$20,000 Rx: \$5/\$30/\$75 after \$100/member Rx deductible (n/a Tier 1)	POS	\$2,133.07	\$4,260.20	\$3,622.05	\$6,068.24
Oxford Freedom Platinum EPO 5/15 ZD	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,750/\$7,500 Rx: \$5/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,889.37	\$3,772.79	\$3,207.77	\$5,373.70
Oxford Freedom Platinum EPO 20/40 ZD	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,250/\$6,500 Rx: \$5/\$35/\$70 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,856.60	\$3,707.24	\$3,152.05	\$5,280.30
Oxford Freedom Platinum EPO 10/25	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	\$1,804.33	\$3,602.73	\$3,063.21	\$5,131.36

G = Gated, ZD = Zero Deductible

Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026

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 Deductible, Coinsurance: \$1,600/\$3,200, 20% Max OOP: \$7,500/\$15,000 Rx: \$10/\$50/\$50 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,673.51	\$3,341.06	\$2,840.79	\$4,758.49
Anthem Blue Access Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$9,150/\$18,300 Rx: \$10/\$65/\$100 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,730.69	\$3,455.43	\$2,938.00	\$4,921.45
Anthem Blue Access Gold EPO 50/60	PCP/Specialist: \$50/\$60 Deductible, Coinsurance: \$1,200/\$2,400, 10% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,649.74	\$3,293.52	\$2,800.38	\$4,690.74
Anthem Blue Access Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,600/\$3,200, 20% Max OOP: \$7,500/\$15,000 Rx: \$10/\$50/\$50 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,539.19	\$3,072.43	\$2,612.46	\$4,375.69
Anthem Connection Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$0/\$0, 0% Max OOP: \$9,150/\$18,300 Rx: \$10/\$65/\$100 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,645.25	\$3,284.55	\$2,792.76	\$4,677.96
Anthem Connection Gold EPO 50/60	PCP/Specialist: \$50/\$60 Deductible, Coinsurance: \$1,200/\$2,400, 10% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,568.28	\$3,130.61	\$2,661.91	\$4,458.60
Anthem Connection Gold EPO 30/65 G	PCP/Specialist: \$30/\$65 Deductible, Coinsurance: \$1,600/\$3,200, 20% Max OOP: \$7,500/\$15,000 Rx: \$10/\$50/\$50 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,463.23	\$2,920.51	\$2,483.33	\$4,159.20
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: \$8,650/\$17,300 - OON \$12,000/\$24,000 Rx: \$7/\$40/\$85 after \$150/member Rx deductible (n/a Tier 1)	POS	\$1,686.16	\$3,366.39	\$2,862.31	\$4,794.57
Oxford Freedom Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$7,300/\$14,600 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,693.36	\$3,380.76	\$2,874.53	\$4,815.05
Oxford Freedom Gold EPO 15/35	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$1,750/\$3,500, 10% Max OOP: \$8,000/\$16,000 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,606.42	\$3,206.89	\$2,726.75	\$4,567.29
Oxford Freedom Gold EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,250/\$4,500, 30% Max OOP: \$7,250/\$14,500 Rx: \$10/\$40/\$80 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,546.25	\$3,086.54	\$2,624.45	\$4,395.80
Oxford Freedom Gold HSA 1700	PCP/Specialist: Deductible then 10% coinsurance Deductible, Coinsurance: \$1,700/\$3,400, 10% Max OOP: \$5,750/\$11,500 Rx: Deductible then \$10/\$40/\$80	EPO HSA	\$1,519.36	\$3,032.77	\$2,578.75	\$4,319.18
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$7,300/\$14,600 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,627.85	\$3,249.75	\$2,763.19	\$4,628.37
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	\$1,548.72	\$3,091.49	\$2,628.65	\$4,402.85
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	\$1,484.65	\$2,963.37	\$2,519.75	\$4,220.26
Oxford Metro Gold EPO 25/40	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$6,700/\$13,400 Rx: \$10/\$65/\$95 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,443.44	\$2,880.92	\$2,449.68	\$4,102.79

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Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026

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 Deductible, Coinsurance: \$3,450/\$6,900, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,531.22	\$3,056.48	\$2,598.91	\$4,352.96
Anthem Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,450/\$6,900, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,483.68	\$2,961.40	\$2,518.09	\$4,217.47
Anthem Silver EPO HSA 4100	PCP/Specialist: Deductible then \$20/\$50 Deductible, Coinsurance: \$4,100/\$8,200, 30% Max OOP: \$8,450/\$16,900 Rx: Deductible then \$10/\$50/\$90 - Base	EPO HSA	\$1,412.53	\$2,819.11	\$2,397.14	\$4,014.71
Anthem Blue Access Silver EPO 35/80	PCP/Specialist: \$35/\$80 Deductible, Coinsurance: \$4,650/\$9,300, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/50% after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,377.79	\$2,749.63	\$2,338.09	\$3,915.70
Anthem Blue Access Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,450/\$6,900, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Base	EPO	\$1,366.82	\$2,727.70	\$2,319.43	\$3,884.44
Anthem Blue Access Silver EPO HSA 3300	PCP/Specialist: Deductible then \$30/\$60 Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$8,450/\$16,900 Rx: Deductible then \$10/30%/50% - Base	EPO HSA	\$1,321.61	\$2,637.27	\$2,242.57	\$3,755.57
Anthem Connection Silver EPO 40/80	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,450/\$6,900, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,340.39	\$2,674.83	\$2,274.49	\$3,809.10
Anthem Connection Silver EPO 40/80 G	PCP/Specialist: \$40/\$80 Deductible, Coinsurance: \$3,450/\$6,900, 50% Max OOP: \$9,700/\$19,400 Rx: \$25/\$75/\$90 after \$200/member Rx deductible (n/a Tier 1) - Advantage	EPO	\$1,299.33	\$2,592.71	\$2,204.70	\$3,692.09
EmblemHealth Select Care Silver Premier	PCP/Specialist: 1 free PCP visit then \$35/\$75 Deductible, Coinsurance: \$6,200/\$12,400, 40% - OON \$8,000/\$16,000, 50% Max OOP: \$10,000/\$20,000 - OON \$18,000/\$36,000 Rx: \$20/\$50/\$120 after \$250/member Rx deductible (n/a Tier 1)	POS	\$1,415.42	\$2,824.91	\$2,402.07	\$4,022.97
EmblemHealth Select Care Silver HSA	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 40% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$15/\$45/\$100	HMO HSA	\$1,377.64	\$2,749.34	\$2,337.83	\$3,915.28
Oxford Freedom Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,300/\$18,600 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,510.64	\$3,015.32	\$2,563.92	\$4,294.31
Oxford Freedom 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	\$1,364.01	\$2,722.08	\$2,314.66	\$3,876.42
Oxford Liberty Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,300/\$18,600 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,450.66	\$2,895.37	\$2,461.96	\$4,123.37
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	\$1,309.91	\$2,613.86	\$2,222.67	\$3,722.22
Oxford Liberty Silver EPO 30/60	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$9,800/\$19,600 Rx: \$10/\$50/\$90 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,300.03	\$2,594.11	\$2,205.89	\$3,694.07
Oxford Liberty Silver HSA 4000	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 HSA	\$1,236.19	\$2,466.43	\$2,097.36	\$3,512.13
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$9,300/\$18,600 Rx: \$15/\$65/\$95 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$1,357.48	\$2,709.01	\$2,303.54	\$3,857.81
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	\$1,219.30	\$2,432.64	\$2,068.64	\$3,463.99

G = Gated, ZD = Zero Deductible

Monthly Rates for Effective Dates 7/1/2026, 8/1/2026 & 9/1/2026 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 Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$8,450/\$16,900 Rx: Deductible then 50%/50%/50% - Base	EPO	\$1,233.34	\$2,460.73	\$2,092.52	\$3,504.01
		HSA				
Anthem Connection Bronze EPO HSA 6300	PCP/Specialist: Deductible then \$25/\$75 Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$8,450/\$16,900 Rx: Deductible then 50%/50%/50% - Advantage	EPO	\$1,172.51	\$2,339.06	\$1,989.10	\$3,330.64
		HSA				
EmblemHealth Select Care Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$8,000/\$16,000, 50% Max OOP: \$8,500/\$17,000 Rx: Deductible then \$35/\$65/\$115	HMO	\$1,240.02	\$2,474.09	\$2,103.85	\$3,523.04
		HSA				
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 1 free PCP, Deductible then 50% coinsurance Deductible, Coinsurance: \$8,400/\$16,800, 50% Max OOP: \$10,000/\$20,000 Rx: \$50/Deductible then 50%/Deductible then 50%	HMO	\$1,210.80	\$2,415.65	\$2,054.20	\$3,439.76
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	\$1,179.64	\$2,353.34	\$2,001.23	\$3,350.97
		HSA				
Oxford Metro Bronze HSA 6500	PCP/Specialist: Deductible then \$40/\$75 Deductible, Coinsurance: \$6,500/\$13,000, 50% Max OOP: \$8,000/\$16,000 Rx: Deductible then \$10/\$40/\$80	EPO	\$1,101.25	\$2,196.54	\$1,867.95	\$3,127.53
		HSA				

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.