Monthly Rates for Effective Dates 1/1/2027, 2/1/2027 & 3/1/2027

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: $4,500/$9,000 Rx: $10/$35/$70 after $100/200 Rx deductible (n/a Tier 1) - Base	EPO	$2,282.40	$4,558.84	$3,875.91	$6,493.83
Anthem Blue Access Platinum EPO 5/25	PCP/Specialist: $5/$25 Deductible, Coinsurance: $0/$0, 0% Max OOP: $4,500/$9,000 Rx: $10/$35/$70 after $100/200 Rx deductible (n/a Tier 1) - Base	EPO	$2,095.85	$4,185.75	$3,558.78	$5,962.16
Anthem Connection Platinum EPO 20/40	PCP/Specialist: $20/$40 Deductible, Coinsurance: $0/$0, 0% Max OOP: $3,750/$7,500 Rx: $10/$35/$70 after $100/200 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,978.09	$3,950.23	$3,358.59	$5,626.55
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then $10/$35 Deductible, Coinsurance: $300/$600, 20% - OON $4,000/$8,000, 50% Max OOP: $3,500/$7,000 - OON $10,000/$20,000 Rx: $5/$30/$75 after $100/200 Rx deductible (n/a Tier 1)	POS	$1,900.82	$3,795.70	$3,227.23	$5,406.34
Oxford Freedom Platinum PPO 20/40	PCP/Specialist: $20/$40 Deductible, Coinsurance: $0/$0, 0% - OON $3,000/$6,000, 30% Max OOP: $3,250/$6,500 - OON $8,000/$16,000 Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1)	PPO	$1,913.01	$3,820.07	$3,247.95	$5,441.08
Oxford Freedom Platinum EPO 5/15 ZD	PCP/Specialist: $5/$15 Deductible, Coinsurance: $0, 0% Max OOP: $4,750/$9,500 Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1)	EPO	$1,892.95	$3,779.94	$3,213.85	$5,383.90
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	$1,864.77	$3,723.58	$3,165.94	$5,303.58
Oxford Freedom Platinum EPO 10/25	PCP/Specialist: $10/$25 Deductible, Coinsurance: $250/$500, 10% Max OOP: $3,750/$7,500 Rx: $5/$35/$70 after $100/member Rx deductible (n/a Tier 1)	EPO	$1,793.19	$3,580.44	$3,044.26	$5,099.59

ZD = Zero Deductible

Monthly Rates for Effective Dates 1/1/2027, 2/1/2027 & 3/1/2027

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	PCP/Specialist: $30/$65 Deductible, Coinsurance: $1,600/$3,200, 20% Max OOP: $7,500/$15,000 Rx: $10/$50/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,931.36	$3,856.78	$3,279.16	$5,493.38
Anthem Blue Access Gold EPO 30/60	PCP/Specialist: $30/$60 Deductible, Coinsurance: $0/$0, 0% Max OOP: $9,950/$19,900 Rx: $10/$65/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,860.16	$3,714.36	$3,158.11	$5,290.44
Anthem Blue Access Gold EPO 50/60	PCP/Specialist: $50/$60 Deductible, Coinsurance: $1,300/$2,600, 10% Max OOP: $7,750/$15,500 Rx: $10/$50/50% after $150/300 Rx deductible (n/a Tier 1) - Base	EPO	$1,784.68	$3,563.41	$3,029.79	$5,075.33
Anthem Blue Access Gold EPO 30/65	PCP/Specialist: $30/$65 Deductible, Coinsurance: $1,600/$3,200, 20% Max OOP: $7,500/$15,000 Rx: $10/$50/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,761.31	$3,516.67	$2,990.06	$5,008.73
Anthem Connection Gold EPO 30/60	PCP/Specialist: $30/$60 Deductible, Coinsurance: $0/$0, 0% Max OOP: $9,950/$19,900 Rx: $10/$65/50% after $200/400 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,766.32	$3,526.69	$2,998.58	$5,023.01
Anthem Connection Gold EPO 50/60	PCP/Specialist: $50/$60 Deductible, Coinsurance: $1,300/$2,600, 10% Max OOP: $7,750/$15,500 Rx: $10/$50/50% after $150/300 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,694.56	$3,383.17	$2,876.58	$4,818.49
Anthem Connection Gold EPO 30/65	PCP/Specialist: $30/$65 Deductible, Coinsurance: $1,600/$3,200, 20% Max OOP: $7,500/$15,000 Rx: $10/$50/50% after $200/400 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,672.49	$3,339.03	$2,839.06	$4,755.58
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: $8,250/$16,500 - OON $12,000/$24,000 Rx: $7/$40/$85 after $150/300 Rx deductible (n/a Tier 1)	POS	$1,529.69	$3,053.44	$2,596.31	$4,348.62
Oxford Freedom Gold PPO 25/40	PCP/Specialist: $25/$40 Deductible, Coinsurance: $1,500/$3,000, 20% - OON $4,000/$8,000, 40% Max OOP: $7,750/$15,500 - OON $10,500/$21,000 Rx: $10/$40/$80 after $150/member Rx deductible (n/a Tier 1)	PPO	$1,651.21	$3,296.47	$2,802.90	$4,694.94
Oxford Freedom Gold EPO 25/50 ZD	PCP/Specialist: $25/$50 Deductible, Coinsurance: $0, 0% Max OOP: $10,000/$20,000 Rx: $10/$65/$95 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,687.03	$3,368.09	$2,863.78	$4,797.00
Oxford Freedom Gold EPO 15/35	PCP/Specialist: $15/$35 Deductible, Coinsurance: $1,750/$3500, 10% Max OOP: $9,000/$18,000 Rx: $10/$40/$80 after $150/member Rx deductible (n/a Tier 1)	EPO	$1,608.00	$3,210.05	$2,729.44	$4,571.80
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	$1,552.86	$3,099.76	$2,635.68	$4,414.63
Oxford Freedom Gold EPO HSA 1800	PCP/Specialist: Deductible then $15/$30 Deductible, Coinsurance: $1,800/$3,600, 0% Max OOP: $5,500/$8,900 Rx: Deductible then $10/$50/$90	EPO HSA	$1,542.78	$3,079.62	$2,618.57	$4,385.93
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	$1,553.13	$3,100.32	$2,636.16	$4,415.41
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	$1,490.96	$2,975.96	$2,530.46	$4,238.23

ZD = Zero Deductible

Monthly Rates for Effective Dates 1/1/2027, 2/1/2027 & 3/1/2027

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: $3,700/$7,400, 50% Max OOP: $12,000/$24,000 Rx: $25/$75/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,632.99	$3,260.04	$2,771.92	$4,643.03
Anthem Silver EPO HSA 4100	PCP/Specialist: Deductible then $20/$50 Deductible, Coinsurance: $4,100/$8,200, 30% Max OOP: $8,500/$17,000 Rx: Deductible then $10/30%/50% - Base	EPO HSA	$1,564.38	$3,122.81	$2,655.29	$4,447.47
Anthem Blue Access Silver Guided Adv EPO 35(65)/50(100)	Preferred PCP/(PCP) $35/($65) | Preferred Specialist/(Specialist) $50/($100) Deductible, Coinsurance: $5,000/$10,000, 50% Max OOP: $9,500/$19,000 Rx: Deductible then $15/50%/50% - Base	EPO	$1,503.93	$3,001.90	$2,552.51	$4,275.19
Anthem Blue Access Silver EPO 40/80	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,700/$7,400, 50% Max OOP: $12,000/$24,000 Rx: $25/$75/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,489.27	$2,972.60	$2,527.60	$4,233.42
Anthem Blue Access Silver EPO 35/80	PCP/Specialist: $35/$80 Deductible, Coinsurance: $5,000/$10,000, 50% Max OOP: $12,000/$24,000 Rx: $20/$75/50% after $200/400 Rx deductible (n/a Tier 1) - Base	EPO	$1,477.22	$2,948.50	$2,507.12	$4,199.08
Anthem Blue Access Silver EPO HSA 3300	PCP/Specialist: Deductible then $30/$60 Deductible, Coinsurance: $3,300/$6,600, 30% Max OOP: $8,500/$17,000 Rx: Deductible then $10/30%/50% - Base	EPO HSA	$1,453.49	$2,901.02	$2,466.76	$4,131.43
Anthem Connection Silver EPO 60/125	PCP/Specialist: $60/$125 Deductible, Coinsurance: $0/$0, 0% Max OOP: $12,000/$24,000 Rx: $15/$75/50% after $200/400 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,576.06	$3,146.17	$2,675.13	$4,480.76
Anthem Connection Silver EPO 40/80	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,700/$7,400, 50% Max OOP: $12,000/$24,000 Rx: $25/$75/50% after $200/400 Rx deductible (n/a Tier 1) - Advantage	EPO	$1,414.18	$2,822.41	$2,399.94	$4,019.40
Anthem Connection Silver EPO HSA 4500	PCP/Specialist: Deductible then $50/$100 Deductible, Coinsurance: $4,500/$9,000, 30% Max OOP: $8,500/$17,000 Rx: Deductible then $10/30%/50% - Advantage	EPO HSA	$1,342.59	$2,679.23	$2,278.24	$3,815.37
Oxford Freedom Silver EPO 50/100 ZD	PCP/Specialist: $50/$100 Deductible, Coinsurance: $0, 0% Max OOP: $12,000/$24,000 Rx: $10/$65/$95 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,498.71	$2,991.46	$2,543.64	$4,260.31
Oxford Freedom Silver EPO 40/80	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,250/$6,500, 40% Max OOP: $10,600/$21,200 Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,352.99	$2,700.04	$2,295.93	$3,845.03
Oxford Liberty Silver EPO 50/100 ZD	PCP/Specialist: $50/$100 Deductible, Coinsurance: $0, 0% Max OOP: $12,000/$24,000 Rx: $10/$65/$95 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,439.21	$2,872.48	$2,442.49	$4,090.74
Oxford Liberty Silver EPO 40/80	PCP/Specialist: $40/$80 Deductible, Coinsurance: $3,250/$6,500, 40% Max OOP: $10,600/$21,200 Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,299.33	$2,592.71	$2,204.70	$3,692.09
Oxford Liberty Silver EPO 30/60	PCP/Specialist: $30/$60 Deductible, Coinsurance: $4,500/$9,000, 50% Max OOP: $12,000/$24,000 Rx: $10/$50/$90 after $200/member Rx deductible (n/a Tier 1)	EPO	$1,278.53	$2,551.11	$2,169.33	$3,632.80

ZD = Zero Deductible

Monthly Rates for Effective Dates 1/1/2027, 2/1/2027 & 3/1/2027

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: $8,500/$17,000 Rx: Deductible then 50%/50%/50% - Base	EPO HSA	$1,345.19	$2,684.44	$2,282.66	$3,822.80
Anthem Connection Bronze Guided Adv EPO 40(70)/80(120)	Preferred PCP/(PCP) $40/($70) | Preferred Specialist/(Specialist) $80/($120) Deductible, Coinsurance: $9,500/$19,000, 50% Max OOP: $12,000/$24,000 Rx: Deductible then $25/50%/50% - Advantage	EPO	$1,307.36	$2,608.76	$2,218.34	$3,714.96
Anthem Connection Bronze EPO HSA 6300	PCP/Specialist: Deductible then $25/$75 Deductible, Coinsurance: $6,300/$12,600, 50% Max OOP: $8,500/$17,000 Rx: Deductible then 50%/50%/50% - Advantage	EPO HSA	$1,277.51	$2,549.06	$2,167.59	$3,629.88
Anthem Connection Bronze EPO 11000	PCP/Specialist: Deductible then no charge Deductible, Coinsurance: $11,000/$22,000, 0% Max OOP: $11,000/$22,000 Rx: Deductible then $0/$0/$0 - Advantage	EPO	$1,252.47	$2,498.99	$2,125.03	$3,558.53

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 Plans:

Liberty Participation Requirement: 60% of the total eligible employees after valid waivers must enroll in a combination of Liberty and/or Freedom 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 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.