



**Monthly Rates for Effective Date - 9/1/2019**  
**Four Tier - Westchester & Rockland**

<b>Platinum</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth Prime Platinum Premier NG</b>	PCP/Specialist: \$15+/\$35 (+3 free PCP visits) HMO Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$15/\$30/\$70	\$1,102.46	\$2,199.99	\$1,870.73	\$3,132.86
<b>Oscar Circle Platinum</b>	PCP/Specialist: \$10/\$25 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$864.34	\$1,723.72	\$1,465.90	\$2,454.21
<b>Oscar Circle Plus Platinum</b>		\$961.21	\$1,917.47	\$1,630.60	\$2,730.30
<b>Oxford Liberty Advantage Platinum EPO 15/35 G</b>	PCP/Specialist: \$15/\$35 Referral Required Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,013.86	\$2,022.78	\$1,720.10	\$2,880.36
<b>Gold</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth Prime Gold Premier NG</b>	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$450/\$900, 0% Max OOP: \$4,000/\$8,000 Rx: \$10/\$30/\$70	\$969.29	\$1,933.60	\$1,644.31	\$2,753.29
<b>EmblemHealth Prime Gold Plus G</b>	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) HMO Deductible, Coinsurance: \$550/\$1,100, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$30/\$70	\$907.93	\$1,810.90	\$1,540.01	\$2,578.43
<b>EmblemHealth Prime Gold Plus 1 G</b>	PCP/Specialist: \$30/\$60 HMO Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35 after ded/\$75 after ded (Rx ded \$100/\$200)	\$847.97	\$1,691.00	\$1,438.09	\$2,407.55
<b>EmblemHealth Select Care Gold Choice NG</b>	PCP/Specialist: \$30+/\$50 (+3 free PCP visits) HMO Deductible, Coinsurance: \$750/\$1,500, 0% Max OOP: \$5,000/\$10,000 Rx: \$20/\$45 after Deductible/\$75 after Deductible	\$825.81	\$1,646.67	\$1,400.42	\$2,344.40
<b>Oscar Circle Gold</b>	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$25/\$100	\$771.59	\$1,538.23	\$1,308.24	\$2,189.87
<b>Oscar Circle Plus Gold</b>		\$860.53	\$1,716.12	\$1,459.44	\$2,443.36
<b>Oscar Circle Gold 750</b>	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$750/\$1,500, 20% Max OOP: \$7,500/\$15,000	\$725.72	\$1,446.50	\$1,230.26	\$2,059.15
<b>Oscar Circle Plus Gold 750</b>	Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$809.06	\$1,613.17	\$1,371.94	\$2,296.67
<b>Oscar Circle Gold 2000</b>	PCP/Specialist: \$25/\$50 EPO Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$7,000/\$14,000	\$702.96	\$1,400.98	\$1,191.58	\$1,994.30
<b>Oscar Circle Plus Gold 2000</b>	Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	\$784.48	\$1,564.02	\$1,330.16	\$2,226.62
<b>Oxford Liberty Gold EPO 30/60 NG</b>	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$848.64	\$1,692.31	\$1,439.21	\$2,409.45
<b>Oxford Liberty Gold EPO 30/60 G</b>	PCP/Specialist: \$30/\$60 Referral Required Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$889.64	\$1,774.33	\$1,508.92	\$2,526.32
<b>Oxford Metro Gold EPO 25/40 NG</b>	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$778.28	\$1,551.62	\$1,319.62	\$2,208.95
<b>Oxford Metro Gold EPO 25/40 G</b>	PCP/Specialist: \$25/\$40 Referral Required Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$747.32	\$1,489.68	\$1,266.98	\$2,120.71

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.  
 All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.  
 Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.  
 \* These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.



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Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Silver Premier NG	PCP/Specialist: \$30+/\$55 (+3 free PCP visits) HMO Deductible, Coinsurance: \$3,300/\$6,600, 0% Max OOP: \$7,000/\$14,000 Rx: \$15/\$35/\$75	\$756.12	\$1,507.31	\$1,281.95	\$2,145.79
EmblemHealth Prime Silver Plus G	PCP/Specialist: \$40+/\$60 (+3 free PCP visits) HMO Deductible, Coinsurance: \$2,550/\$5,100, 0% Max OOP: \$7,300/\$14,600 Rx: \$20/\$40/\$75	\$712.07	\$1,419.20	\$1,207.07	\$2,020.25
EmblemHealth Select Care Silver Value G	PCP/Specialist: \$35+/\$70 (+3 free PCP visits) HMO Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$10/\$0 after Deductible/\$0 after Deductible	\$622.35	\$1,239.77	\$1,054.55	\$1,764.56
Oscar Circle Silver	PCP/Specialist: \$50/\$75 EPO Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$7,900/\$15,800	\$666.93	\$1,328.90	\$1,130.31	\$1,891.58
Oscar Circle Plus Silver	Rx: \$20/\$50/Ded then 50% (Rx ded \$100/\$200)	\$747.82	\$1,490.68	\$1,267.82	\$2,122.11
Oscar Circle Silver 2700	PCP/Specialist: \$40/\$70 EPO Deductible, Coinsurance: \$2,700/\$5,400, 30% Max OOP: \$7,900/\$15,800	\$643.10	\$1,281.25	\$1,089.80	\$1,823.68
Oscar Circle Plus Silver 2700	Rx: \$20/\$50/\$100	\$719.24	\$1,433.54	\$1,219.25	\$2,040.69
Oscar Circle Silver 4500	PCP/Specialist: \$25/\$75 EPO Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,000/\$14,000	\$597.34	\$1,189.71	\$1,012.00	\$1,693.23
Oscar Circle Plus Silver 4500	Rx: \$10/Ded then 50%/Ded then 50%	\$675.06	\$1,345.16	\$1,144.13	\$1,914.74
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 20% coinsurance EPO Deductible, Coinsurance: \$3,000/\$6,000, 20% Max OOP: \$5,000/\$10,000	\$606.07	\$1,207.19	\$1,026.85	\$1,718.14
Oscar Circle Plus Silver HSA 3000	Rx: Ded then 20%/20%/20%	\$682.35	\$1,359.74	\$1,156.52	\$1,935.53
Oxford Liberty Silver EPO 40/70 NG	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$772.74	\$1,540.52	\$1,310.19	\$2,193.14
Oxford Liberty Advantage Silver EPO 30/70 G	PCP/Specialist: \$30/\$70 Referral Required Deductible, Coinsurance: \$4,000/\$8,000, 40% Max OOP: \$7,350/\$14,700 Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)	\$702.93	\$1,400.90	\$1,191.51	\$1,994.18
Oxford Metro Silver EPO 30/80 NG	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$657.07	\$1,309.18	\$1,113.54	\$1,863.48
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Referral Required Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$635.11	\$1,265.28	\$1,076.22	\$1,800.92
<b>Bronze</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth Prime Bronze Plus HSA G	PCP/Specialist: Deductible then 50% coinsurance HMO Deductible, Coinsurance: \$5,500/\$11,000, 50% Max OOP: \$6,550/\$13,100 Rx: \$10 after Deductible/\$35 after Deductible/\$75 after Deductible	\$613.70	\$1,222.44	\$1,039.82	\$1,739.89
Oscar Circle Bronze 4000	PCP/Specialist: Deductible then 50% coinsurance EPO Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,900/\$15,800	\$521.41	\$1,037.86	\$882.92	\$1,476.85
Oscar Circle Plus Bronze 4000	Rx: Ded then \$20/\$50/\$100	\$589.45	\$1,173.96	\$998.60	\$1,670.78
Oscar Circle Bronze 7900	PCP/Specialist: Deductible then \$0 copay EPO Deductible, Coinsurance: \$7,900/\$15,800, 0% Max OOP: \$7,900/\$15,800	\$496.50	\$988.05	\$840.59	\$1,405.87
Oscar Circle Plus Bronze 7900	Rx: Ded then \$0/\$0/\$0	\$564.84	\$1,124.72	\$956.75	\$1,600.62
Oscar Circle Bronze HSA 6650	PCP/Specialist: Deductible then \$0 coinsurance EPO Deductible, Coinsurance: \$6,650/\$13,300, 0% Max OOP: \$6,650/\$13,300	\$522.42	\$1,039.90	\$884.65	\$1,479.74
Oscar Circle Plus Bronze HSA 6650	Rx: Ded then \$0/\$0/\$0	\$592.38	\$1,179.79	\$1,003.56	\$1,679.10
Oxford Liberty Bronze EPO HSA 3300 NG	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$6,700/\$13,400 Rx: Deductible then 30%/30%/30%	\$663.06	\$1,321.16	\$1,123.73	\$1,880.55
Oxford Metro Bronze EPO HSA 6550 G	PCP/Specialist: Ded then 0% coins, Referral Required Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,700/\$13,400 Rx: Deductible then 0%/0%/0%	\$523.43	\$1,041.92	\$886.38	\$1,482.64

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.  
All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.  
Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.  
\* These are benefit highlights only. Please refer to the official SBC for summary of benefits at [www.healthpass.com/forms](http://www.healthpass.com/forms).