



## Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

### Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Platinum POS	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% - OON \$2,600/\$5,200, 30% Max OOP: \$2,500/\$5,000 - OON \$5,000/\$10,000 Rx: \$0/\$30/\$60	POS	\$1,183.40	\$2,361.87	\$2,008.33	\$3,363.56
EmblemHealth Prime Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,123.58	\$2,242.20	\$1,906.61	\$3,193.03
EmblemHealth Select Care Platinum Premier	PCP/Specialist: 3 free PCP visits then \$15/\$35 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$0/\$30/\$60	HMO	\$1,030.56	\$2,056.18	\$1,748.50	\$2,927.96
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	EPO	\$912.41	\$1,819.88	\$1,547.64	\$2,591.23
Oscar Circle Platinum 2	PCP/Specialist: \$5/\$20 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$3/\$10/\$50	EPO	\$1,043.98	\$2,083.01	\$1,771.30	\$2,966.19
Oscar Circle Plus Platinum 2			\$1,159.93	\$2,314.91	\$1,968.42	\$3,296.65
Oscar Circle Platinum 1	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,400/\$4,800 Rx: \$10/\$30/\$75	EPO	\$1,012.34	\$2,019.73	\$1,717.51	\$2,876.01
Oscar Circle Plus Platinum 1			\$1,131.30	\$2,257.66	\$1,919.75	\$3,215.06
Oxford Liberty Platinum EPO 40/80 411	PCP/Specialist: \$40/\$80 (4 PCP \$5, 1 Spec \$25, 1 UC \$25) Deductible, Coinsurance: \$0, 20% Max OOP: \$2,000/\$4,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	EPO	\$1,114.00	\$2,223.03	\$1,890.32	\$3,165.72

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.  
 EmblemHealth POS plans are reimbursed at 80% FAIR Health.  
 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).



## Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

### Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Gold POS	PCP/Specialist: 3 free PCP visits then \$25/\$40 Deductible, Coinsurance: \$1,000/\$2,000, 30% - OON \$3,800/\$7,600, 40% Max OOP: \$5,000/\$10,000 - OON \$7,000/\$14,000 Rx: \$0/\$35/\$75	POS	\$977.29	\$1,949.63	\$1,657.93	\$2,776.12
EmblemHealth Prime Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: 0/\$40/\$80	HMO	\$919.35	\$1,833.75	\$1,559.43	\$2,610.99
EmblemHealth Select Care Gold Premier	PCP/Specialist: 3 free PCP visits then \$40/\$60 Deductible, Coinsurance: \$350/\$700, 30% Max OOP: \$5,300/\$10,600 Rx: \$0/\$40/\$80	HMO	\$843.53	\$1,682.14	\$1,430.56	\$2,394.94
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	EPO	\$777.14	\$1,549.33	\$1,317.68	\$2,205.70
Healthfirst Gold 25/50/0 Pro EPO	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$7,000/\$14,000 Rx: \$10/\$50/\$85	EPO	\$746.26	\$1,487.57	\$1,265.18	\$2,117.69
Oscar Circle Gold	PCP/Specialist: \$20/\$40 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300 Rx: \$10/\$35 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$897.82	\$1,790.71	\$1,522.84	\$2,549.65
Oscar Circle Plus Gold	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$1,013.25	\$2,021.54	\$1,719.05	\$2,878.59
Oscar Circle Gold 1000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$855.66	\$1,706.37	\$1,451.16	\$2,429.47
Oscar Circle Plus Gold 1000	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$966.90	\$1,928.84	\$1,640.26	\$2,746.49
Oscar Circle Gold 1250	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$813.49	\$1,622.03	\$1,379.47	\$2,309.29
Oscar Circle Plus Gold 1250	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$926.06	\$1,847.17	\$1,570.84	\$2,630.11
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$816.05	\$1,627.14	\$1,383.81	\$2,316.57
Oscar Circle Plus Gold 2000	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$928.87	\$1,852.80	\$1,575.62	\$2,638.13
Oxford Liberty Gold EPO 25/50 ZD	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$5,400/\$10,800 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$1,057.92	\$2,110.89	\$1,795.01	\$3,005.92
Oxford Liberty Gold EPO 30/60 G	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)	EPO	\$989.62	\$1,974.28	\$1,678.89	\$2,811.25
Oxford Liberty Gold EPO 30/60	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)	EPO	\$932.00	\$1,859.04	\$1,580.94	\$2,647.03
Oxford Metro Gold EPO 25/40	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)	EPO	\$868.94	\$1,732.93	\$1,473.73	\$2,467.32
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 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)	EPO	\$833.66	\$1,662.36	\$1,413.74	\$2,366.75

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.  
 EmblemHealth POS plans are reimbursed at 80% FAIR Health.  
 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).





## Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

### Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$775.11	\$1,545.26	\$1,314.22	\$2,199.90
EmblemHealth Select Care Silver Premier	PCP/Specialist: 3 free PCP visits then \$35/\$65 Deductible, Coinsurance: \$2,400/\$4,800, 40% Max OOP: \$7,800/\$15,600 Rx: \$0/\$40/\$80	HMO	\$711.46	\$1,417.95	\$1,206.00	\$2,018.49
EmblemHealth Select Care Silver Value	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$688.09	\$1,371.23	\$1,166.30	\$1,951.91
EmblemHealth Millennium Silver Value G	PCP/Specialist: 3 free PCP visits then \$10/\$55 Deductible, Coinsurance: \$6,300/\$12,600, 0% Max OOP: \$6,300/\$12,600 Rx: \$0/\$0 after Deductible/\$0 after Deductible	HMO	\$641.81	\$1,278.67	\$1,087.60	\$1,819.98
EmblemHealth Prime Silver HSA	PCP/Specialist: Deductible then \$30/\$50 copay Deductible, Coinsurance: \$2,800/\$5,200, 40% Max OOP: \$5,800/\$11,600 Rx: Deductible then \$15/\$45/\$80	HMO	\$745.76	\$1,486.59	\$1,264.34	\$2,116.27
Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$4,300/\$8,600, 40% Max OOP: \$8,150/\$16,300 Rx: \$20/\$60/\$110	EPO	\$668.46	\$1,331.97	\$1,132.92	\$1,895.95
Healthfirst Silver 40/75/4700 Pro EPO	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,700/\$9,400, 45% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110	EPO	\$650.54	\$1,296.14	\$1,102.46	\$1,844.89
Oscar Circle Silver	PCP/Specialist: \$50/\$80 Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$8,150/\$16,300 Rx: \$20/\$60 after ded/50% after ded (Rx ded \$100/\$200)	EPO	\$791.05	\$1,577.16	\$1,341.33	\$2,245.35
Oscar Circle Plus Silver			\$903.15	\$1,801.37	\$1,531.90	\$2,564.84
Oscar Circle Silver 3000	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$20/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	EPO	\$722.89	\$1,440.84	\$1,225.46	\$2,051.09
Oscar Circle Plus Silver 3000			\$830.41	\$1,655.89	\$1,408.25	\$2,357.53
Oscar Circle Silver 4500	PCP/Specialist: \$40/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300 Rx: \$10/50% after ded/50% after ded	EPO	\$676.05	\$1,347.16	\$1,145.83	\$1,917.60
Oscar Circle Plus Silver 4500			\$784.50	\$1,564.05	\$1,330.18	\$2,226.66
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%	EPO	\$664.69	\$1,324.44	\$1,126.52	\$1,885.22
Oscar Circle Plus Silver HSA 3000			\$765.90	\$1,526.83	\$1,298.56	\$2,173.64
Oxford Metro Silver EPO 50/100 ZD	PCP/Specialist: \$50/\$100 Deductible, Coinsurance: \$0, 0% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$826.56	\$1,648.17	\$1,401.68	\$2,346.54
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 35% Max OOP: \$8,150/\$16,300 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	EPO	\$828.51	\$1,652.06	\$1,405.00	\$2,352.09
Oxford Liberty Silver EPO 25/50 G	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$3,500/\$7,000, 50% Max OOP: \$8,150/\$16,300 Rx: \$15/\$65/\$85 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$793.35	\$1,581.75	\$1,345.22	\$2,251.87
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$8,150/\$16,300 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	EPO	\$694.12	\$1,383.31	\$1,176.55	\$1,969.11

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.  
 EmblemHealth POS plans are reimbursed at 80% FAIR Health.  
 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).





## Monthly Rates for Effective Date - 7/1/2020, 8/1/2020, 9/1/2020

### Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket		Employee	Emp/ Spouse	Emp/ Child(ren)	Family
EmblemHealth Prime Bronze HSA	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$6,300/\$12,600, 50% Max OOP: \$6,900/\$13,800 Rx: Deductible then \$15/\$65/\$80	HMO	\$660.13	\$1,315.32	\$1,118.76	\$1,872.22
EmblemHealth Select Care Bronze Premier	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	HMO	\$614.14	\$1,223.32	\$1,040.56	\$1,741.12
EmblemHealth Select Care Bronze Value	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	HMO	\$586.76	\$1,168.57	\$994.04	\$1,663.12
EmblemHealth Millennium Bronze Premier G	PCP/Specialist: 3 free PCP visits, Deductible then \$40/\$70 Deductible, Coinsurance: \$4,600/\$9,200, 50% Max OOP: \$7,900/\$15,800 Rx: Deductible then \$25/50%/50%	HMO	\$572.29	\$1,139.62	\$969.43	\$1,621.87
EmblemHealth Millennium Bronze Value G	PCP/Specialist: 3 free PCP visits, Deductible then 0% Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: \$35/0% after Deductible/0% after Deductible	HMO	\$546.56	\$1,088.18	\$925.70	\$1,548.56
Healthfirst Bronze Pro EPO HSA	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 20% Max OOP: \$6,750/\$13,500 Rx: Deductible then 20%/20%/20%	EPO	\$559.70	\$1,114.46	\$948.03	\$1,586.00
Healthfirst Bronze 6650 Pro EPO HSA	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,650/\$13,300, 0% Max OOP: \$6,650/\$13,300 Rx: Deductible then 0%/0%/0%	EPO	\$530.30	\$1,055.64	\$898.04	\$1,502.19
Healthfirst Bronze 8150 Pro EPO	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300 Rx: Deductible then 0%/0%/0%	EPO	\$510.95	\$1,016.95	\$865.15	\$1,447.05
Oscar Circle Bronze 4500	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$8,150/\$16,300	EPO	\$591.94	\$1,178.93	\$1,002.83	\$1,677.87
Oscar Circle Plus Bronze 4500	Rx: Deductible then \$20/\$50/\$100		\$685.65	\$1,366.35	\$1,162.14	\$1,944.94
Oscar Circle Bronze 8150	PCP/Specialist: Deductible then \$0 copay Deductible, Coinsurance: \$8,150/\$16,300, 0% Max OOP: \$8,150/\$16,300	EPO	\$566.23	\$1,127.50	\$959.12	\$1,604.58
Oscar Circle Plus Bronze 8150	Rx: Deductible then \$0/\$0/\$0		\$657.01	\$1,309.06	\$1,113.44	\$1,863.31
Oscar Circle Bronze HSA 6750	PCP/Specialist: Deductible then \$0 coinsurance Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500	EPO	\$604.26	\$1,203.56	\$1,023.77	\$1,712.98
Oscar Circle Plus Bronze HSA 6750	Rx: Deductible then \$0/\$0/\$0		\$698.09	\$1,391.24	\$1,183.30	\$1,980.41
Oxford Liberty Bronze EPO HSA 4000	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$4,000/\$8,000, 30% Max OOP: \$6,750/\$13,500 Rx: Deductible then 30%/30%/30%	EPO	\$714.51	\$1,424.05	\$1,211.20	\$2,027.18
Oxford Metro Bronze EPO HSA 6750 G	PCP/Specialist: Ded then 0% coins Deductible, Coinsurance: \$6,750/\$13,500, 0% Max OOP: \$6,750/\$13,500 Rx: Deductible then 0%/0%/0%	EPO	\$581.98	\$1,159.01	\$985.91	\$1,649.50

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.  
EmblemHealth POS plans are reimbursed at 80% FAIR Health.  
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).