



**Rates for Effective Dates - 10/1/2017 - 11/1/2017**  
**Four Tier - Nassau & Suffolk**

<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>CareConnect Standard Platinum EPO</b>	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, 0% (10% DME/Ped Glasses) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$807.57	\$1,610.19	\$1,369.40	\$2,292.42
<b>CareConnect Value Platinum EPO</b>	PCP/Specialist: \$20/\$30 Deductible, Coinsurance: \$0, 10% In-Out pt Hosp/DME/Ped Glasses Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/50%, max \$500 per script	\$779.79	\$1,554.62	\$1,322.07	\$2,213.18
<b>Oscar Market Platinum EPO</b>	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, Negotiated Rate Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$935.10	\$1,865.25	\$1,586.21	\$2,655.88
<b>Oscar Simple Platinum EPO</b>	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$1,500/\$3,000, n/a Max OOP: \$1,500/\$3,000 Rx: \$0/\$50/Deductible then Negotiated Rate	\$875.90	\$1,746.85	\$1,485.57	\$2,487.16
<b>Oxford Freedom Platinum EPO 5/15</b>	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$1,060.13	\$2,115.31	\$1,798.75	\$3,012.20
<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>CareConnect Tradition Gold Copay EPO</b>	PCP/Specialist: \$30/\$50 Deductible, Coinsurance: \$0, 0% (20% Ped Glasses) Max OOP: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$687.18	\$1,369.40	\$1,164.63	\$1,949.76
<b>CareConnect Value Gold Copay EPO</b>	PCP/Specialist: \$20/\$50 Deductible, Coinsurance: \$500, 20% In-Out pt Hosp/DME/Ped Glasses Max OOP: \$3,750/\$7,500 Rx: \$0/\$50/50%, max \$500 per script	\$663.51	\$1,322.07	\$1,124.50	\$1,881.85
<b>Oscar Market Gold EPO</b>	PCP/Specialist: Deductible then \$25/\$40 Deductible, Coinsurance: \$600/\$1,200, Negotiated Rate Max OOP: \$4,000/\$8,000 Rx: \$10/\$35/\$70	\$810.65	\$1,616.34	\$1,374.63	\$2,301.19
<b>Oscar Simple Gold EPO</b>	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$3,000/\$6,000, n/a Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/Deductible then Negotiated Rate	\$751.55	\$1,498.15	\$1,274.17	\$2,132.76
<b>Oxford Freedom Gold EPO 15/30</b>	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$910.79	\$1,816.63	\$1,544.88	\$2,586.59
<b>Oxford Liberty Gold EPO 30/60**</b>	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$850.86	\$1,696.77	\$1,443.00	\$2,415.79
<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)	\$769.41	\$1,533.88	\$1,304.54	\$2,183.67
<b>Oxford Metro Gold EPO 25/40**</b>	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$10/\$65/50%, max \$800 per script	\$733.79	\$1,462.63	\$1,243.98	\$2,082.15

<b>Silver</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>CareConnect Tradition Silver EPO 40/60 HRx</b>	<b>PCP/Specialist:</b> \$40/\$60 <b>Deductible, Coinsurance:</b> \$4,250/\$8,500, 20% <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$642.93	\$1,280.91	\$1,089.52	\$1,823.19
<b>CareConnect Tradition Silver EPO HSA 100%</b>	<b>PCP/Specialist:</b> Covered in full after deductible <b>Deductible, Coinsurance:</b> \$3,600/\$7,200, 0% <b>Max OOP:</b> \$3,600/\$7,200 <b>Rx:</b> Covered in full after deductible	\$599.71	\$1,194.47	\$1,016.46	\$1,699.71
<b>CareConnect Value Silver EPO</b>	<b>PCP/Specialist:</b> \$35/\$65 <b>Deductible, Coinsurance:</b> \$2,500/\$5,000, 20% <b>Max OOP:</b> \$7,100/\$14,200 <b>Rx:</b> \$0/\$50/50%, max \$500 per script	\$590.45	\$1,175.95	\$999.99	\$1,673.99
<b>Oscar Market Silver EPO</b>	<b>PCP/Specialist:</b> Deductible then \$30/\$50 <b>Deductible, Coinsurance:</b> \$2,000/\$4,000, Negotiated Rate <b>Max OOP:</b> \$6,750/\$13,500 <b>Rx:</b> \$10/\$35/\$70	\$639.45	\$1,273.95	\$1,083.60	\$1,813.28
<b>Oscar Simple Silver EPO</b>	<b>PCP/Specialist:</b> \$10/\$50 <b>Deductible, Coinsurance:</b> \$7,150/\$14,300, n/a <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$0/\$50/Deductible then Negotiated Rate	\$561.75	\$1,118.56	\$951.52	\$1,591.84
<b>Oxford Freedom Silver PPO 40/70</b>	<b>PCP/Specialist:</b> \$40/\$70 <b>Ded, Coins:</b> IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% <b>Max OOP:</b> IN \$6,850/\$13,700 OON \$10,000/\$20,000 <b>Rx:</b> \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$832.60	\$1,660.24	\$1,411.94	\$2,363.74
<b>Oxford Liberty Silver EPO 40/70</b>	<b>PCP/Specialist:</b> \$40/\$70 <b>Deductible, Coinsurance:</b> \$2,500/\$5,000, 30% <b>Max OOP:</b> \$6,850/\$13,700 <b>Rx:</b> \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$747.00	\$1,489.06	\$1,266.44	\$2,119.80
<b>Oxford Liberty Silver EPO HSA 80%</b>	<b>PCP/Specialist:</b> Deductible then \$25/\$50 <b>Deductible, Coinsurance:</b> \$2,000/\$4,000, 20% <b>Max OOP:</b> \$5,500/\$11,000 <b>Rx:</b> Deductible then \$15/\$35/\$75	\$714.79	\$1,424.62	\$1,211.67	\$2,027.98
<b>Oxford Metro Silver EPO 30/60**</b>	<b>PCP/Specialist:</b> \$30/\$60 <b>Deductible, Coinsurance:</b> \$2,500/\$5,000, 30% <b>Max OOP:</b> \$6,850/\$13,700 <b>Rx:</b> \$10/\$65/50%, max \$800 per script	\$636.21	\$1,267.47	\$1,078.09	\$1,804.04
<b>Bronze</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>CareConnect Standard Bronze EPO</b>	<b>PCP/Specialist:</b> Deductible then 50% coinsurance <b>Deductible, Coinsurance:</b> \$4,000/\$8,000, 50% <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$10/\$35/\$70 after deductible	\$514.31	\$1,023.66	\$871.37	\$1,456.87
<b>CareConnect Tradition Bronze EPO HSA 100%</b>	<b>PCP/Specialist:</b> Deductible then 0% coinsurance <b>Deductible, Coinsurance:</b> \$6,350/\$12,700, 0% <b>Max OOP:</b> \$6,350/\$12,700 <b>Rx:</b> Covered in full after deductible	\$500.93	\$996.91	\$847.70	\$1,418.80
<b>Oscar Market Bronze EPO</b>	<b>PCP/Specialist:</b> Deductible then 50% coinsurance <b>Deductible, Coinsurance:</b> \$4,000/\$8,000, 50% <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> Deductible then \$10/\$35/\$70	\$502.36	\$999.78	\$850.55	\$1,422.58
<b>Oscar Simple Bronze EPO</b>	<b>PCP/Specialist:</b> Covered in full after deductible <b>Deductible, Coinsurance:</b> \$7,150/\$14,300, n/a <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$5/Deductible/Deductible	\$495.53	\$986.11	\$838.93	\$1,403.10
<b>Oxford Metro Bronze EPO HSA 100%**</b>	<b>PCP/Specialist:</b> Deductible then 0% coinsurance <b>Deductible, Coinsurance:</b> \$6,550/\$13,100, 0% <b>Max OOP:</b> \$6,550/\$13,100, 0% <b>Rx:</b> Deductible then \$0/\$0/\$0	\$512.10	\$1,019.26	\$867.11	\$1,450.33

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).

\*\* Gated plan which requires the selection of a Primary Care Physician (PCP) and referrals to see specialists.