



**Rates for Effective Date - 10/1/2018 - 11/1/2018 - 12/1/2018**

**Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange**

| <b>Platinum</b>                                      | <b>BENEFIT HIGHLIGHTS*</b><br>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>Oxford Liberty Advantage Platinum EPO 15/35**</b> | PCP/Specialist: \$15/\$35 Referral Required<br>Deductible, Coinsurance: \$250/\$500, 10%<br>Max OOP: \$3,000/\$6,000<br>Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)       | \$1,161.58      | \$2,318.20        | \$1,971.21            | \$3,301.33    |
| <b>Gold</b>  | <b>BENEFIT HIGHLIGHTS*</b><br>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>Oxford Liberty Gold EPO 30/60**</b>               | PCP/Specialist: \$30/\$60 Referral Required<br>Deductible, Coinsurance: \$1,000/\$2,000, 0%<br>Max OOP: \$4,000/\$8,000<br>Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)   | \$1,004.64      | \$2,004.34        | \$1,704.43            | \$2,854.08    |
| <b>Oxford Liberty Advantage Gold EPO 25/45**</b>     | PCP/Specialist: \$25/\$45 Referral Required<br>Deductible, Coinsurance: \$1,500/\$3,000, 20%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$5/\$45/\$75 after \$150/member Rx deductible (n/a Tier 1)  | \$956.76        | \$1,908.58        | \$1,623.04            | \$2,717.63    |
| <b>Oxford Metro Gold EPO 25/40 NG</b>                | PCP/Specialist: \$25/\$40<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$5,000/\$10,000<br>Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)                   | \$884.67        | \$1,764.39        | \$1,500.48            | \$2,512.15    |
| <b>Oxford Metro Gold EPO 25/40**</b>                 | PCP/Specialist: \$25/\$40 Referral Required<br>Deductible, Coinsurance: \$1,250/\$2,500, 20%<br>Max OOP: \$5,500/\$11,000<br>Rx: \$10/\$65/50%, max \$800 per script                          | \$836.16        | \$1,667.36        | \$1,418.00            | \$2,373.88    |
| <b>Silver</b>  | <b>BENEFIT HIGHLIGHTS*</b><br>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>Oxford Liberty Advantage Silver EPO 30/70**</b>   | PCP/Specialist: \$30/\$70 Referral Required<br>Deductible, Coinsurance: \$4,000/\$8,000, 40%<br>Max OOP: \$7,350/\$14,700<br>Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1) | \$795.52        | \$1,586.08        | \$1,348.92            | \$2,258.06    |
| <b>Oxford Liberty Silver EPO 40/70</b>               | PCP/Specialist: \$40/\$70<br>Deductible, Coinsurance: \$2,500/\$5,000, 30%<br>Max OOP: \$7,150/\$14,300<br>Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)                   | \$867.84        | \$1,730.74        | \$1,471.87            | \$2,464.20    |
| <b>Oxford Liberty Prim Adv Silver EPO 2K</b>         | PCP/Specialist: \$25/\$50 after deductible (n/a PCP)<br>Deductible, Coinsurance: \$2,000/\$4,000, 30%<br>Max OOP: \$6,000/\$12,000<br>Rx: \$15/\$35/\$75 after deductible (n/a Tier 1)        | \$831.09        | \$1,657.23        | \$1,409.39            | \$2,359.45    |
| <b>Oxford Metro Silver EPO 30/60**</b>               | PCP/Specialist: \$30/\$60 Referral Required<br>Deductible, Coinsurance: \$3,000/\$6,000, 30%<br>Max OOP: \$7,150/\$14,300<br>Rx: \$10/\$65/50%, max \$800 per script                          | \$717.75        | \$1,430.56        | \$1,216.72            | \$2,036.44    |
| <b>Bronze</b>  | <b>BENEFIT HIGHLIGHTS*</b><br>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>Oxford Liberty Bronze EPO HSA 70%</b>             | PCP/Specialist: \$25/\$75 after deductible<br>Deductible, Coinsurance: \$3,000/\$6,000, 30%<br>Max OOP: \$6,550/\$13,100, 0%<br>Rx: Deductible then 30%/30%/30%                               | \$757.07        | \$1,509.18        | \$1,283.54            | \$2,148.48    |
| <b>Oxford Metro Bronze EPO HSA 100%**</b>            | PCP/Specialist: Ded then 0% coins, Referral Required<br>Deductible, Coinsurance: \$6,550/\$13,100, 0%<br>Max OOP: \$6,550/\$13,100, 0%<br>Rx: Deductible then \$0/\$0/\$0                     | \$604.87        | \$1,204.78        | \$1,024.81            | \$1,714.72    |

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.

\* 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.