



**Rates for Effective Date - 1/1/2019 - 2/1/2019 - 3/1/2019**  
**Four Tier - Manhattan, Brooklyn, Queens, Staten Island, Bronx, 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>
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$927.56	\$1,850.17	\$1,573.39	\$2,634.39
Oscar Circle Platinum	PCP/Specialist: \$10/\$25 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$839.12	\$1,673.30	\$1,423.05	\$2,382.34
Oscar Circle Plus Platinum		\$933.16	\$1,861.37	\$1,582.90	\$2,650.34
Oxford Liberty Advantage Platinum EPO 15/35 G^	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)	\$969.71	\$1,934.46	\$1,645.03	\$2,754.50
<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>
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	\$790.03	\$1,575.10	\$1,339.58	\$2,242.42
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	\$758.62	\$1,512.29	\$1,286.19	\$2,152.92
Oscar Circle Gold	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$25/\$100	\$749.10	\$1,493.24	\$1,270.00	\$2,125.77
Oscar Circle Plus Gold		\$835.44	\$1,665.91	\$1,416.77	\$2,371.82
Oscar Circle Gold 750	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$750/\$1,500, 20% Max OOP: \$7,500/\$15,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$704.58	\$1,404.20	\$1,194.32	\$1,998.88
Oscar Circle Plus Gold 750		\$785.47	\$1,565.98	\$1,331.84	\$2,229.43
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	\$682.48	\$1,360.03	\$1,156.76	\$1,935.93
Oscar Circle Plus Gold 2000		\$761.61	\$1,518.28	\$1,291.27	\$2,161.44
Oxford Liberty Gold EPO 30/60 NG^	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)	\$811.71	\$1,618.46	\$1,376.43	\$2,304.21
Oxford Liberty Gold EPO 30/60 G^	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)	\$850.91	\$1,696.87	\$1,443.08	\$2,415.94
Oxford Metro Gold EPO 25/40 NG	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)	\$744.43	\$1,483.91	\$1,262.07	\$2,112.48
Oxford Metro Gold EPO 25/40 G	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)	\$714.83	\$1,424.70	\$1,211.74	\$2,028.10

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).  
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Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$2,950/\$5,900, 40% Max OOP: \$7,900/\$15,800 Rx: \$20/\$60/\$110	\$679.54	\$1,354.13	\$1,151.76	\$1,927.53
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	\$661.33	\$1,317.71	\$1,120.80	\$1,875.63
Oscar Circle Silver	PCP/Specialist: \$50/\$75 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$7,900/\$15,800	\$647.51	\$1,290.06	\$1,097.30	\$1,836.23
Oscar Circle Plus Silver	Rx: \$20/\$50/Ded then 50% (Rx ded \$100/\$200)	\$726.02	\$1,447.09	\$1,230.77	\$2,060.00
Oscar Circle Silver 2700	PCP/Specialist: \$40/\$70 (EPO) Deductible, Coinsurance: \$2,700/\$5,400, 30% Max OOP: \$7,900/\$15,800	\$624.38	\$1,243.80	\$1,057.98	\$1,770.32
Oscar Circle Plus Silver 2700	Rx: \$20/\$50/\$100	\$698.29	\$1,391.63	\$1,183.63	\$1,980.97
Oscar Circle Silver 4500	PCP/Specialist: \$25/\$75 (EPO) Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,000/\$14,000	\$579.96	\$1,154.95	\$982.45	\$1,643.70
Oscar Circle Plus Silver 4500	Rx: \$10/Ded then 50%/Ded then 50%	\$655.39	\$1,305.83	\$1,110.70	\$1,858.71
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	\$588.43	\$1,171.92	\$996.88	\$1,667.88
Oscar Circle Plus Silver HSA 3000	Rx: Ded then 20%/20%/20%	\$662.47	\$1,320.00	\$1,122.74	\$1,878.89
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)	\$739.14	\$1,473.32	\$1,253.08	\$2,097.38
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)	\$672.38	\$1,339.81	\$1,139.59	\$1,907.13
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)	\$628.52	\$1,252.11	\$1,065.03	\$1,782.15
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)	\$607.53	\$1,210.11	\$1,029.35	\$1,722.31

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<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>
Healthfirst Bronze Pro EPO HSA	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$6,650/\$13,300 Rx: Deductible then 20%/20%/20%	\$568.96	\$1,132.96	\$963.76	\$1,612.36
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%	\$539.06	\$1,073.05	\$912.94	\$1,527.17
Oscar Circle Bronze 4000	PCP/Specialist: Deductible then 50% coinsurance (EPO) Deductible, Coinsurance: \$4,000/\$8,000, 50%	\$506.26	\$1,007.56	\$857.17	\$1,433.67
Oscar Circle Plus Bronze 4000	Max OOP: \$7,900/\$15,800 Rx: Ded then \$20/\$50/\$100	\$572.30	\$1,139.66	\$969.45	\$1,621.91
Oscar Circle Bronze 7900	PCP/Specialist: Deductible then \$0 copay (EPO) Deductible, Coinsurance: \$7,900/\$15,800, 0%	\$482.08	\$959.20	\$816.07	\$1,364.76
Oscar Circle Plus Bronze 7900	Max OOP: \$7,900/\$15,800 Rx: Ded then \$0/\$0/\$0	\$548.41	\$1,091.87	\$928.83	\$1,553.81
Oscar Circle Bronze HSA 6650	PCP/Specialist: Deductible then \$0 coinsurance (EPO) Deductible, Coinsurance: \$6,650/\$13,300, 0%	\$507.25	\$1,009.53	\$858.85	\$1,436.48
Oscar Circle Plus Bronze HSA 6650	Max OOP: \$6,650/\$13,300 Rx: Ded then \$0/\$0/\$0	\$575.14	\$1,145.33	\$974.27	\$1,629.99
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%	\$634.26	\$1,263.55	\$1,074.77	\$1,798.47
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%	\$500.74	\$996.54	\$847.79	\$1,417.95

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