



Rates for Effective Dates - 7/1/2017 - 8/1/2017 - 9/1/2017

Four Tier - Nassau & Suffolk

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Standard Platinum EPO	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, 0% (10% DME/Ped Glasses) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$792.14	\$1,579.32	\$1,343.68	\$2,248.17
CareConnect Value Platinum EPO	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	\$764.35	\$1,523.75	\$1,296.35	\$2,168.94
Oxford Freedom Platinum EPO 5/15	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)	\$1,037.56	\$2,070.17	\$1,760.39	\$2,947.89
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Tradition Gold Copay EPO	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)	\$673.80	\$1,342.65	\$1,142.00	\$1,911.69
CareConnect Value Gold Copay EPO	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	\$651.16	\$1,297.37	\$1,103.92	\$1,846.86
Oxford Freedom Gold EPO 15/30	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)	\$891.42	\$1,777.90	\$1,511.95	\$2,531.40
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$1,000/\$2,000, 0% <i>Referral Required</i> Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$832.77	\$1,660.59	\$1,412.24	\$2,364.24
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)	\$753.06	\$1,501.18	\$1,276.74	\$2,137.08
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% <i>Referral Required</i> Max OOP: \$4,500/\$9,000 Rx: \$10/\$65/50%, max \$800 per script	\$718.21	\$1,431.47	\$1,217.49	\$2,037.75
Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Tradition Silver EPO 40/60 HRx	PCP/Specialist: \$40/\$60 Deductible, Coinsurance: \$4,250/\$8,500, 20% Max OOP: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$630.58	\$1,256.21	\$1,068.94	\$1,788.21
CareConnect Tradition Silver EPO HSA 100%	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$3,600/\$7,200, 0% Max OOP: \$3,600/\$7,200 Rx: Covered in full after deductible	\$588.39	\$1,171.84	\$996.91	\$1,667.81
CareConnect Value Silver EPO	PCP/Specialist: \$35/\$65 Deductible, Coinsurance: \$2,500/\$5,000, 20% Max OOP: \$7,100/\$14,200 Rx: \$0/\$50/50%, max \$500 per script	\$579.13	\$1,153.31	\$981.47	\$1,641.06
Oxford Freedom Silver PPO 40/70	PCP/Specialist: \$40/\$70 Ded, Coins: IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,850/\$13,700 OON \$10,000/\$20,000 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$814.90	\$1,624.84	\$1,381.85	\$2,313.30
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$731.14	\$1,457.32	\$1,239.46	\$2,074.58
Oxford Liberty Silver EPO HSA 80%	PCP/Specialist: Deductible then \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$15/\$35/\$75	\$699.61	\$1,394.26	\$1,185.87	\$1,984.73
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,500/\$5,000, 30% <i>Referral Required</i> Max OOP: \$6,850/\$13,700 Rx: \$10/\$65/50%, max \$800 per script	\$622.72	\$1,240.49	\$1,055.16	\$1,765.60
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Standard Bronze EPO	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,150/\$14,300 Rx: \$10/\$35/\$70 after deductible	\$504.02	\$1,003.08	\$853.88	\$1,427.03
CareConnect Tradition Bronze EPO HSA 100%	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,350/\$12,700, 0% Max OOP: \$6,350/\$12,700 Rx: Covered in full after deductible	\$490.64	\$976.33	\$830.21	\$1,388.96
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Deductible then 0% coinsurance <i>Referral Required</i> Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0	\$501.26	\$997.56	\$848.67	\$1,419.42

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.

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