



## Rates for Effective Dates - 9/1/2017

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

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
<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	\$757.15	\$1,509.35	\$1,284.00	\$2,148.36
<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	\$731.42	\$1,457.90	\$1,239.75	\$2,075.30
<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	\$921.36	\$1,837.76	\$1,562.84	\$2,616.71
<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	\$863.03	\$1,721.11	\$1,463.69	\$2,450.48
<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)	\$1,037.56	\$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
<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)	\$644.99	\$1,285.03	\$1,092.60	\$1,829.37
<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	\$622.35	\$1,239.75	\$1,054.53	\$1,764.54
<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	\$798.74	\$1,592.53	\$1,354.39	\$2,267.25
<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	\$740.52	\$1,476.08	\$1,255.41	\$2,101.31
<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)	\$891.42	\$1,777.90	\$1,511.95	\$2,531.40
<b>Oxford Liberty Gold EPO 30/60**</b>	PCP/Specialist: \$30/\$60 <i>Referral Required</i> 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)	\$832.77	\$1,660.59	\$1,412.24	\$2,364.24
<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)	\$753.06	\$1,501.18	\$1,276.74	\$2,137.08
<b>Oxford Metro Gold EPO 25/40**</b>	PCP/Specialist: \$25/\$40 <i>Referral Required</i> Deductible, Coinsurance: \$1,250/\$2,500, 20% 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

<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)	\$603.83	\$1,202.71	\$1,022.63	\$1,712.06
<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	\$562.67	\$1,120.39	\$952.66	\$1,594.76
<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	\$554.44	\$1,103.92	\$939.28	\$1,571.09
<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	\$630.08	\$1,255.20	\$1,067.66	\$1,786.55
<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	\$553.52	\$1,102.10	\$937.52	\$1,568.39
<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)	\$814.90	\$1,624.84	\$1,381.85	\$2,313.30
<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)	\$731.14	\$1,457.32	\$1,239.46	\$2,074.58
<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	\$699.61	\$1,394.26	\$1,185.87	\$1,984.73
<b>Oxford Metro Silver EPO 30/60**</b>	<b>PCP/Specialist:</b> \$30/\$60 <i>Referral Required</i> <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	\$622.72	\$1,240.49	\$1,055.16	\$1,765.60
<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	\$482.41	\$959.86	\$816.83	\$1,365.29
<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	\$470.06	\$935.17	\$795.22	\$1,330.30
<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	\$495.01	\$985.07	\$838.06	\$1,401.63
<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	\$488.28	\$971.60	\$826.61	\$1,382.44
<b>Oxford Metro Bronze EPO HSA 100%**</b>	<b>PCP/Specialist:</b> Deductible then 0% coinsurance <i>Referral Required</i> <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	\$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](http://www.healthpass.com/forms).

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