



Rates for Effective Date - 1/1/2019 - 2/1/2019 - 3/1/2019
Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$1,067.25	\$2,129.55	\$1,810.87	\$3,032.50
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$893.28	\$1,781.61	\$1,515.11	\$2,536.69
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)	\$936.45	\$1,867.94	\$1,588.50	\$2,659.72
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)	\$819.21	\$1,633.46	\$1,389.18	\$2,325.57
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)	\$786.60	\$1,568.26	\$1,333.77	\$2,232.66
Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$813.36	\$1,621.78	\$1,379.24	\$2,308.92
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)	\$739.86	\$1,474.77	\$1,254.30	\$2,099.45
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)	\$691.57	\$1,378.20	\$1,172.22	\$1,961.82
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)	\$668.46	\$1,331.97	\$1,132.91	\$1,895.95
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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%	\$697.88	\$1,390.81	\$1,182.92	\$1,979.80
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%	\$550.87	\$1,096.79	\$933.02	\$1,560.82

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.
 ^This plan is not SHOP certified and is not qualified for the Small Business Health Care Tax Credit.