



Rates for Effective Date - 1/1/2018 - 2/1/2018 - 3/1/2018

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

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$872.32	\$1,739.70	\$1,479.49	\$2,476.97
Oscar Classic Platinum EPO 2K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$829.44	\$1,653.92	\$1,406.58	\$2,354.73
Oscar Classic Platinum EPO 3K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$10/\$30/\$75	\$823.62	\$1,642.31	\$1,396.70	\$2,338.18
Oxford Liberty Advantage Platinum EPO 15/35**	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)	\$986.04	\$1,967.12	\$1,672.79	\$2,801.04
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	\$743.02	\$1,481.09	\$1,259.67	\$2,108.45
Oscar Classic Gold EPO	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100	\$742.91	\$1,480.85	\$1,259.47	\$2,108.11
Oscar Classic Gold EPO 1K	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100	\$700.89	\$1,396.84	\$1,188.05	\$1,988.39
Oscar Simple Gold EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$4,000/\$8,000, n/a Max OOP: \$4,000/\$8,000 Rx: \$10/\$50/Deductible	\$684.11	\$1,363.26	\$1,159.52	\$1,940.55
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 Referral Required 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)	\$852.92	\$1,700.88	\$1,446.49	\$2,421.65
Oxford Liberty Advantage Gold EPO 25/45**	PCP/Specialist: \$25/\$45 Referral Required Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$6,000/\$12,000 Rx: \$5/\$45/\$75 after \$150/member Rx deductible (n/a Tier 1)	\$812.30	\$1,619.66	\$1,377.45	\$2,305.91
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)	\$751.15	\$1,497.35	\$1,273.49	\$2,131.62
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 Referral Required Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/50%, max \$800 per script	\$710.00	\$1,415.05	\$1,203.53	\$2,014.34

Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Silver Pro EPO	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$2,600/\$5,200, 30% Max OOP: \$7,300/\$14,600 Rx: \$20/\$60/\$110	\$639.15	\$1,273.36	\$1,083.10	\$1,812.43
Oscar Classic Silver EPO 3K	PCP/Specialist: \$25/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,350/\$14,700 Rx: \$20/\$50/\$100	\$618.18	\$1,231.43	\$1,047.45	\$1,752.68
Oscar Classic Silver EPO 4.5K	PCP/Specialist: \$25/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,350/\$14,700 Rx: \$10/D&C/D&C	\$561.93	\$1,118.90	\$951.82	\$1,592.34
Oscar Simple Silver EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$7,000/\$14,000, n/a Max OOP: \$7,000/\$14,000 Rx: \$10/Deductible/Deductible	\$592.63	\$1,180.31	\$1,004.01	\$1,679.84
Oxford Liberty Advantage Silver EPO 30/70**	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)	\$675.54	\$1,346.12	\$1,144.95	\$1,916.11
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,150/\$14,300 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$736.88	\$1,468.81	\$1,249.23	\$2,090.95
Oxford Liberty Prim Adv Silver EPO 2K	PCP/Specialist: \$25/\$50 after deductible (n/a PCP) Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$6,000/\$12,000 Rx: \$15/\$35/\$75 after deductible (n/a Tier 1)	\$705.70	\$1,406.46	\$1,196.23	\$2,002.09
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 Referral Required Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,150/\$14,300 Rx: \$10/\$65/50%, max \$800 per script	\$609.56	\$1,214.18	\$1,032.80	\$1,728.10
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Bronze Pro EPO HSA	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$5,000/\$10,000, 20% Max OOP: \$6,550/\$13,100 Rx: Deductible then 20%/20%/20%	\$535.18	\$1,065.42	\$906.34	\$1,516.12
Oscar Classic Bronze EPO	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,350/\$14,700 Rx: Deductible then \$20/\$50/\$100	\$501.35	\$997.75	\$848.83	\$1,419.69
Oscar Simple Bronze EPO	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$7,350/\$14,700, n/a Max OOP: \$7,350/\$14,700 Rx: Deductible/Deductible/Deductible	\$488.85	\$972.73	\$827.57	\$1,384.05
Oxford Liberty Bronze EPO HSA 70%	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then 30%/30%/30%	\$642.91	\$1,280.87	\$1,089.47	\$1,823.13
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Ded then 0% coins, Referral Required Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0	\$513.81	\$1,022.68	\$870.02	\$1,455.21

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.

1/25/2018