



Rates for Effective Date - 4/1/2018 - 5/1/2018 - 6/1/2018

Four Tier - Rockland

| Platinum | BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|---|--|------------|------------|----------------|------------|
| Oscar Classic Platinum EPO 2K | PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75 | \$845.93 | \$1,686.90 | \$1,434.61 | \$2,401.74 |
| Oscar Classic Platinum EPO 3K | PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$10/\$30/\$75 | \$840.00 | \$1,675.05 | \$1,424.54 | \$2,384.84 |
| 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) | \$1,008.62 | \$2,012.29 | \$1,711.19 | \$2,865.41 |
| Gold | BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
| Oscar Classic Gold EPO | PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100 | \$757.66 | \$1,510.38 | \$1,284.56 | \$2,150.18 |
| 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 | \$714.82 | \$1,424.67 | \$1,211.72 | \$2,028.06 |
| 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 | \$697.69 | \$1,390.43 | \$1,182.61 | \$1,979.26 |
| 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) | \$872.44 | \$1,739.93 | \$1,479.68 | \$2,477.30 |
| 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) | \$830.90 | \$1,656.84 | \$1,409.06 | \$2,358.91 |
| 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) | \$768.33 | \$1,531.72 | \$1,302.70 | \$2,180.60 |
| 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 | \$726.24 | \$1,447.53 | \$1,231.14 | \$2,060.61 |

| Silver | BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
|---|---|----------|------------|----------------|------------|
| 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 | \$630.45 | \$1,255.95 | \$1,068.30 | \$1,787.63 |
| 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 | \$573.07 | \$1,141.19 | \$970.75 | \$1,624.09 |
| 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 | \$604.38 | \$1,203.83 | \$1,023.99 | \$1,713.35 |
| 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) | \$690.97 | \$1,377.00 | \$1,171.19 | \$1,960.11 |
| 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) | \$753.72 | \$1,502.51 | \$1,277.87 | \$2,138.96 |
| 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) | \$721.84 | \$1,438.73 | \$1,223.67 | \$2,048.09 |
| 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 | \$623.49 | \$1,242.03 | \$1,056.47 | \$1,767.80 |
| Bronze | BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket | Employee | Emp/Spouse | Emp/Child(ren) | Family |
| 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 | \$511.28 | \$1,017.61 | \$865.71 | \$1,447.99 |
| 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 | \$498.52 | \$992.09 | \$844.02 | \$1,411.63 |
| 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% | \$657.59 | \$1,310.25 | \$1,114.45 | \$1,865.00 |
| 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 | \$525.53 | \$1,046.12 | \$889.94 | \$1,488.61 |

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.

1/12/2018